

# NHS FIFE CLINICAL GOVERNANCE COMMITTEE

Wed 07 July 2021, 14:00 - 17:00

MS TEAMS

## Agenda

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14:00 - 14:00  
0 min

### 1. APOLOGIES FOR ABSENCE

Dr Cargill, Dr Morrice

14:00 - 14:00  
0 min

### 2. DECLARATION OF MEMBERS' INTERESTS

14:00 - 14:00  
0 min

### 3. MINUTES OF LAST MEETING HELD ON 30 APRIL 2021

(enclosed)

 Item 3 - Unconfirmed Notes 30 April 2021 V3.pdf (17 pages)

14:00 - 14:00  
0 min

### 4. ACTION LIST / MATTERS ARISING

(enclosed)

 Item 4 - Action List 7 July 2021 V3.pdf (5 pages)

 Item 4 - 20210707 CGC Child protection update.pdf (8 pages)

 Item 4 - 20210707 CGC Participation UCR Update.pdf (3 pages)

14:00 - 14:00  
0 min

### 5. COVID19 - UPDATE

#### 5.1. Testing

(enclosed)


Joy Tomlinson

 Item 5.1 - CGC 070721 SBAR Testing.pdf (28 pages)

#### 5.2. Vaccination Programme

(enclosed)

Scott Garden

 Item 5.2 - July 2021 - COVID-19 Vaccination - Clinical Governance Committee v1.0.pdf (5 pages)

 Item 5.2 - Appendix One - Patient Experience Report.pdf (6 pages)

14:00 - 14:00  
0 min


### 6. GOVERNANCE

#### 6.1. Board Assurance Framework - Quality & Safety


(enclosed)

Chris McKenna/Janette Owens

 Item 6.1 - SBAR Quality & Safety BAF to NHS Fife Clinical Governance Committee on 070721 V1.0.pdf (3 pages)

 Item 6.1 - Appendix 1, NHS Fife Board Assurance Framework (BAF) Quality & Safety to NHS Fife CGC 070721 V1.0.pdf

(2 pages)

 Item 6.1 - Appendix 2, BAF Risks - Quality & Safety - Linked Operational Risks to NHS Fife CGC 070721 V1.0.pdf (2 pages)

## 6.2. Board Assurance Framework - Strategic Planning

(enclosed) *Margo McGurk*

 Item 6.2 - SBAR FPR BAF 5 110521 MM Clinical Governance.pdf (3 pages)

 Item 6.2 - 5. NHS Fife Board Assurance Framework (BAF) v25.0 060621 - Strategic Planning.pdf (2 pages)

## 6.3. Board Assurance Framework - Digital & Information

(enclosed) *Chris McKenna*

 Item 6.3 - BAF DI to Clinical Governance Committee July 2021 V1.0.pdf (4 pages)

 Item 6.3 - Appendix 1 - BAF Digital and Information V1.0.pdf (2 pages)

 Item 6.3 - Appendix 2 - Digital & Information Linked Operational Risks V1.0.pdf (9 pages)

## 6.4. Corporate Objectives 2021/22


(enclosed) *Carol Potter*

 Item 6.4 - SBAR CGC Corporate Objectives July 2021.pdf (14 pages)

## 6.5. Revised Draft Annual Assurance Statement for the Clinical Governance Committee

(enclosed) *Gillian MacIntosh*


 Item 6.5 - SBAR CGC Annual Report.pdf (3 pages)

 Item 6.5 - FINAL Clinical Gov Annual Assurance Statement 202021.pdf (18 pages)

## 6.6. East Region Formulary

(enclosed) *Scott Garden*

 Item 6.6 - CGC Paper East Region Formulary July 21.pdf (7 pages)

 Item 6.6 - Appendix 1 - EDG Paper East Region Formulary May 21.pdf (6 pages)

 Item 6.6 - Appendix 2 - ERF Risk and Issue Register.pdf (5 pages)

 Item 6.6 - Appendix 2 - ERF Risk Management Reference.pdf (1 pages)

 Item 6.6 - Appendix 3 - ERF Slides.pdf (14 pages)

## 6.7. NATIONAL SCREENING INCIDENT

(verbal) *Joy Tomlinson*

## 6.8. Immunisation Governance & Assurance

(enclosed) *Joy Tomlinson*

 Item 6.8 - CGC 070721 Immunisation Governance Report\_v2.1.pdf (13 pages)

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14:00 - 14:00  
0 min

## 7. STRATEGY / PLANNING

### 7.1. Development of the Population Health & Wellbeing Strategy

(verbal) *Margo McGurk*

### 7.2. Digital & Information Strategy Update

(enclosed) *Chris McKenna*

 Item 7.2 - D and I Strategy Update Clinical Governance Committee July 2021 V1.2.pdf (10 pages)

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14:00 - 14:00  
0 min

## 8. QUALITY / PERFORMANCE

### 8.1. Integrated Performance & Quality Report

(enclosed) *Margo McGurk*

- Item 8.1 - IPQR SBAR CG Committee.pdf (4 pages)
- Item 8.1 - IPQR June 2021.pdf (43 pages)

### 8.2. Healthcare Associated Infection Report (HAIRT)

(enclosed) *Janette Owens*

- Item 8.2 - 20210707 CGC HAirt Board Report SBAR.pdf (5 pages)
- Item 8.2 - 20210707 CGC HAIRT Report.pdf (19 pages)

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14:00 - 14:00  
0 min

## 9. DIGITAL & INFORMATION

### 9.1. Information Governance & Security Group Update

(enclosed) *Margo McGurk*

- Item 9.1 - IG and S Update July V1.0.pdf (14 pages)

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14:00 - 14:00  
0 min

## 10. PERSON CENTRED CARE, PARTICIPATION AND ENGAGEMENT

### 10.1. People & Planning Guidance

(enclosed) *Janette Owens*

- Item 10.1 - 20210707 CGC Community Engagement and Participation Guidance v1.0.pdf (7 pages)
- Item 10.1 - Planning with People.pdf (31 pages)

### 10.2. Complaints Report

(enclosed) *Janette Owens*

- Item 10.2 - 20210707 CGC Complaints.pdf (10 pages)
- Item 10.2 - CHP Day 1 - 10.pdf (1 pages)
- Item 10.2 - CHP Day 10 - 20.pdf (1 pages)

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14:00 - 14:00  
0 min

## 11. ANNUAL REPORTS

### 11.1. Annual Immunisation Report

(enclosed) *Joy Tomlinson*

- Item 11.1 - SBAR - Annual Immunisation Report for Clinical Governance Committee 7th July 2021\_v2.1.pdf (4 pages)
- Item 11.1 - Annual Immunisation Report.pdf (21 pages)

### 11.2. Clinical Advisory Panel Annual Report

(enclosed) *Chris McKenna*

- Item 11.2 - SBAR NHSFCGC 7 July 2021.pdf (2 pages)
  - Item 11.2 - Annual Report 20-21 for NHSFCGC 7 July 2021.pdf (4 pages)
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## 12. LINKED COMMITTEE MINUTES

### 12.1. Acute Services Division Clinical Governance Committee - 12.05.2021

(enclosed) *Robert Cargill*

 Item 12.1 - NHSF CGC RAS report 120521.pdf (2 pages)

 Item 12.1 - ASD CGC Minute - UNCONFIRMED 120521.pdf (22 pages)

### 12.2. Area Clinical Forum - 25.05.2021

(enclosed) *Aileen Lawrie*

 Item 12.2 - ACF Minutes 250521.pdf (3 pages)

### 12.3. Fife Drugs & Therapeutics Committee - 30.04.2021

(enclosed) *Chris McKenna*

 Item 12.3 - FIFE DTC CONFIRMED MINUTES 30 APRIL 2021.pdf (9 pages)

### 12.4. Fife HSCP Clinical and Care Governance Committee 16.04.2021

(enclosed) *Nicky Connor*

 Item 12.4 - Confirmed Minute C&CG 16.04.21.pdf (8 pages)

### 12.5. NHS Fife Clinical Governance Oversight Group - 22.04.2021

(enclosed) *Chris McKenna*

 Item 12.5 - Confirmed Meeting Note of NHS Fife Clinical Governance Oversight Group 22 04 2021.pdf (8 pages)

### 12.6. Infection Control Committee - 14.04.2021 & 02.06.2021

(enclosed) *Janette Owens*

 Item 12.6 - ICCNotes 14 04 2021.pdf (6 pages)

 Item 12.6 - ICCNotes 02 06 2021.pdf (8 pages)

### 12.7. Public Health Assurance Group - 08.04.2021

(enclosed) *Joy Tomlinson*

 Item 12.7 - PHAC Minutes 080421 DM.pdf (6 pages)

### 12.8. Information Governance & Security Steering Group - 23.03.2021

(enclosed) *Margo McGurk*

 Item 12.8 - Minutes IG&S Steering Grp 19.04.21 V0.1.pdf (2 pages)

### 12.9. Integration Joint Board - 26.03.2021 & 23.04.2021

(enclosed) *Nicky Connor*

 Item 12.9 - Final Minute of IJB Minute 26.03.21.pdf (7 pages)

 Item 12.9 - Final IJB Minute 230421.pdf (7 pages)

## 13. ITEMS FOR NOTING

### 13.1. Audit Report B12/21 Assurance Framework

(enclosed)

 Item 13.1 - B12-21 Assurance Framework.pdf (4 pages)



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

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14:00 - 14:00 0 min **15. ANY OTHER BUSINESS**

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14:00 - 14:00 0 min **16. PART 2 - PRIVATE SESSION**

**16.1. Minutes of Private Session Clinical Governance Committee - 11 March 2021**

*(enclosed)* *Christina Cooper*

**16.2. Minutes of Private Session Clinical Governance Committee - 30 April 2021**

*(enclosed)* *Christina Cooper*

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14:00 - 14:00 0 min **17. DATE OF NEXT MEETING: Wednesday 8 September 2021 at 2pm via MS Teams**

**Fife NHS Board**

UNCONFIRMED


**MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON 30 APRIL 2021 VIA MS TEAMS**
**Present:**

Christina Cooper, Chair	Martin Black, Non-Executive Member
Sinead Braiden, Non-Executive Member	David Graham, Non-Executive Member
Chris McKenna, Medical Director	Dona Milne, Director of Public Health
Janette Owens, Nurse Director	Margaret Wells, Non-Executive Member

**In Attendance:**

Gemma Couser, Interim Head of Quality & Clinical Governance	Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance (for Margo McGurk)	Scott Garden, Director of Pharmacy & Medicines
Helen Hellewell, AMD H&SCP	Gillian MacIntosh, Board Secretary
John Morrice, AMD, Women & Children Services	Elizabeth Muir, Clinical Effectiveness Co-ordinator
Norma Beveridge (for Lynn Campbell)	Heather Bett (for Nicky Connor, for Item 9.2)
Catriona Dziech, Note Taker	Hazel Thomson, Observer

Christina Cooper, as the new Chair of the Clinical Governance Committee, welcomed everyone to the meeting. She opened the meeting by thanking Dr Les Bisset, the previous Chair, for the huge contribution that he made to the Committee and to NHS Fife, wishing him well for the future.

Looking forward to the year ahead, with a new Chair and a new Head of Quality & Clinical Governance, there are a few workstreams that the Committee will be progressing. The Committee will have to continue to work against the background of an ever-evolving world following the Pandemic. NHS Fife has responded outstandingly over the past year and the Chair thanked all the staff for their incredible effort. The Committee will continue to be sighted on business relating to COVID but, in addition, there is a requirement to ensure that all other relevant business to the Committee is progressed.

This year will see the development of the NHS Fife Health & Wellbeing Strategy. The Committee will also be refreshing the Clinical Governance Strategy, which will involve consulting with key stakeholders. Development of these strategies will also include a review of all internal audit findings to date, with a view to ensuring that these are each addressed. Given the pivotal year that we have ahead, the Committee agenda has also been amended to ensure that the Committee is obtaining assurance in relation to all key business areas, including transformation. We will also be looking at the administrative support and processes for preparing Committee business, to enhance and clarify these. Christina Cooper advised she very much looks forward to working with Committee members going forward.

Members were advised that a recording pen would be in use at the meeting to assist with minute taking.

## **1. Apologies for Absence**

Apologies were noted from Wilma Brown, Rona Laing, Aileen Lawrie, Carol Potter and attendees Lynn Campbell, Dr Cargill, Nicky Connor and Margo McGurk.

## **2. Declaration of Members' Interests**

There were no declarations of interest made by members.

## **3. Minute of the Meeting held on 11 March 2021**

The note of the meeting held on 11 March 2021 was approved following an amendment to page 5, paragraph 2, where “workstreams provide the required levels of care and support patient satisfaction” should be amended to read “workstreams provide the required levels of care and take account of patient experience”. The Committee noted and approved this change.

### **3.1 Action (14.01.21) – Public Engagement & Consultation**

Janette Owens advised that this report, requested at the last meeting, had been prepared by Donna Hughes. In NHS Fife, a working model was put in place for participation and engagement, an Advisory Group was established, and processes put in place to support any service developments or change. The Participation & Engagement Advisory Group (PEAG) is made up of professionals across healthcare, health and social care and the localities. The model has been well received and there has been a request to share the model across Scotland, including support of a National review which is taking place in Moray. A part of the model is having a large directory of public contacts who are interested in supporting the work being taken forward in Fife.

Last year there were twenty-four requests to the PEAG and these were listed within the report. There are some larger pieces of work, one of which is to inform urgent care redesign. Two EQIAs have taken place for phase 1 and 2 and the first one has been completed, with a good number of participants from across a wide variety of community and voluntary sector groups. The participants provided a broad range of references to health access, inequalities, and possible recommendations for the urgent care work.

Moving forward, consideration is being given to setting up an inequalities group, as reflected currently within the vaccination group, which has been working well.

Janette Owens advised that she would be meeting with Nicky Connor, Dona Milne and others to look at how to complement the work that is already happening with Planning with People guidance, which has been issued around participation and engagement. This will be fed back to the Committee in due course. In taking comment it was noted it would be good to have feedback on patient experience, particularly in relation to the urgent care changes.

**Action: JO**

Christina Cooper advised that, following separate conversations with Janette Owens, she is assured there is integrated cross sector involvement in moving this forward and the Committee will await further updates.

#### **4. Action List**

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

#### **5 MATTERS ARISING**

There were no other matters arising.

#### **6 COVID-19 UPDATE**

##### **6.1 Covid-19 Vaccination Programme Update**

Scott Garden advised that, as at 30 April 2021, Fife has now given over 265,000 vaccine doses, including 70,000 completed courses, and continues to sit 'above average' nationally in number of vaccinations. The vast majority of those living and working in care homes have received two doses and the programme of second doses for health and social care staff is progressing as planned. With increased supply of vaccine, we have been able to significantly step up the pace of the programme from this week and we are now vaccinating, on average, around 4,000 people per day with a mix of first and second doses. 70,000 second dose appointments are currently scheduled for those who received their first vaccination in February, and GPs are expected to complete second dose vaccination of the vast majority of those over the age of 80 this week. Our community nursing teams continue to support the vaccination of our housebound patients.

This week we also started first dose vaccination of those aged 40-49 (cohort 10) at our four new large scale clinics in Kirkcaldy, Glenrothes, Dunfermline and Methil. Each of these clinics will open over two days this week as we appoint around 5,000 people across them, allowing us to test and embed our new systems and ready them for upscaling to 10,000 appointments next week (with a further 20,000 to be completed by 17 May 2021). Scottish Government has confirmed that cohorts 10-12 will be vaccinated sequentially, with Pfizer stock preserved where possible for cohort 12 (18-30s).

We continue to monitor our Do Not Attend (DNA) rate by venue on a daily basis. Fluctuations in the DNA rate have been noted; however, last week the average rate dropped to 3%, indicatively due to the focus on second doses. This is below the Scottish average of 5%. The National team will write to those who have DNA'd in the coming weeks offering the opportunity to book an appointment

Fife has responded quickly to changes in clinical guidance related to the Astra Zeneca vaccine and has rescheduled vaccination for those under 30 in community clinics and ensured other cohort pathways respond accordingly. There have been several changes to the guidance from the JCVI with respect to vaccination of pregnant women. The recommendation is that pregnant woman can now receive the

Pfizer vaccine at our vaccination clinics. In advance of their appointment, women are encouraged to speak to their midwife or GP or can speak to a vaccinator at their clinic appointment. Public Health Scotland has updated pregnancy leaflets to support these conversations for informed consent.

A public health led group focussing on inclusivity within the programme has been stood up and is progressing actions from the EQIA alongside development of pathways. The current area of focus is for those with learning difficulties and our homeless population. Links have been made across partner organisations, particularly Fife Council, to support agreed actions. The Fife approach to inclusivity was recently noted as an example of best practice at the National Programme Board. Scottish Government have issued a national inclusive planning action plan for Boards to use to assess planning in this area. A mapping exercise has been undertaken in Fife against this plan.

Arrangements have been put in place to safely vaccinate those patients at risk of anaphylaxis at the Emergency Department and the Victoria Hospital in Kirkcaldy. This is being managed through an appointments system.

The Board has total of 150 Healthcare Support Worker Vaccinators (Band 3) trained and available at present. However, with the majority of these individuals being part time, the programme is currently progressing recruitment of a further 55. Over 1000 people are now registered as vaccinators in the Board, lending resilience should this be needed.

Work has been progressing to review the future delivery model, associated structure and governance for immunisation programmes in Fife. The outputs of this work will be presented to the Executive Team next week and this will inform the transition to business as usual arrangements.

Christina Cooper thanked Scott Garden for his report and the continuing efforts of his team. In taking comment it was noted it was reassuring that DNAs were being followed up, to ensure widespread coverage of the vaccination programme across all age groups.

## **6.2 Expansion of Covid-19 Testing**

Dona Milne advised that, at the previous meeting, there had been discussion around the proposal going to SGHD for the extension of asymptomatic community testing sites. SGHD have now come back and asked that our proposal be submitted, confirming it will be for an initial period of six months, with the possibility of this extending to a year. The extended period would make it easier to manage workforce around the testing sites. We are aiming to have asymptomatic testing sites within the seven main localities in Fife and to locate these where they are needed. This will be decided by the Testing Oversight Group.

The testing programme is huge and not just for asymptomatic testing sites. Testing will continue for care home residents, occupational testing, health and social care, education and now food processing and other manufacturing workplaces. There is

also asymptomatic testing for vulnerable communities and the new universal test, which will be branded LFD elect / collect.

Testing is available to everyone and people can have lateral flow testing either delivered or collected. Work is still required in relation to policies and messages to the public. Work is underway with Comms to get the message out to the public that people who have been vaccinated still need to be tested.

There is a challenge around the low uptake of staff use of lateral flow devices. An extra piece of work is underway looking at how to increase staff awareness and uptake. This work is being led by Rhona Waugh in HR.

There has been lots of positive feedback from people coming into the Community testing centres. It is known that infections are being prevented and families are receiving support for isolation. The Team are preparing an evaluation report to try and answer some of the questions raised around impact. Learning has been received from the test sites used in Wales and the impact that those made in terms of identifying cases that might not have been detected and the prevention of onward transmission. Local evaluation will be fed into the Scottish evaluation, which will be doing the same work as the evaluation in Wales.

Dona Milne highlighted that there is a useful summary in the Elected Members briefing, which includes an update on testing in all of the testing sites currently available within NHS Fife. This brief is available on the website.

In taking comment it was noted there has been no change to the isolation guidance and this remained important. Noting the increasingly complex number of testing routes, the importance of working with Comms to simplify the message on testing for the public was recognised by members.

Christina Cooper thanked Dona Milne for her verbal update.

## **7 REMOBILISATION OF CLINICAL SERVICES**

This item was discussed in the Private Session held after the main meeting.

## **8 GOVERNANCE**

### **8.1 Board Assurance Framework – Quality & Safety**

Dr McKenna highlighted the changes to the current BAF. There have been changes to risk ownership for Risk ID 1652 – Community Paediatric Staffing – lack of medical capacity and Risk ID 1296 – Emergency Evacuation, Victoria Hospital, Phase 2, Tower Block.

Following review, two linked operational risks have been closed: namely Risk ID 1667 - Infusion pumps, volumisers and syringe drivers in Paediatrics and Neonatal Unit and Risk ID1514 - Impact of the UK's withdrawal from the EU on the availability and cost of medicines and medical devices. There are still a number of operational quality risks being reviewed, with decision still to be taken by the Medical Director

and the Director of Nursing as to whether to link them to the BAF. There are no new risks added to the BAF for Quality and Safety.

In taking comment it was noted that any changes to the BAF are set out within the paper, though this could be clearer in the actual document. Work has still to be done in highlighting gaps in control and assurance. Margo McGurk will be taking on the Executive lead for Risk and it is hoped in time to release the Risk Manager to do more of this work. The review of the risk process will be shared in due course.

The Committee noted the content and current position of the Quality & Safety BAF.

## **8.2 Board Assurance Framework – Strategic Planning**

Dr McKenna advised that reporting of the Strategic Planning BAF will change to Margo McGurk, Director of Finance & Strategy, as Executive Lead for Strategic Planning, with agreement from the Medical Director and Nurse Director.

Susan Fraser advised that the risk associated with this BAF has been reviewed and renewed. The previous risk which has been in place since 2017 was: *There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost with the consequence the clinical strategy does not reflect the current priorities.*

It was noted that we have been in emergency measures over the past year and, although transformation activity has happened at pace, it has not been within the boundaries of the original transformation programmes, so it was felt the time was right to look at this risk. The risk has been rewritten and now reads: *There is a risk that the development and the delivery of the new NHS Fife Population Health & Wellbeing strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements.* This is being brought to the Committee for consideration and to accept the changes within the BAF. The other columns within the BAF around the mitigation have also been updated to reflect what is happening now.

In taking comment it was noted this was a big change, but we should not lose sight of the good work that has already been undertaken and delivered via the existing strategies. It was noted that a piece of work is being undertaken reviewing the recommendations within the original workstreams and strategies, to ascertain where we have got to, which will act as a baseline for implementing the new strategy.

It was noted that the original historic risk may not be fully reflected in the proposed new risk, and there was thus some hesitancy about agreeing the suggested wording. Losing the reference to transformation was an issue. It was however noted that this does not mean transformation is not happening, though we remain in the process of developing this into a format with appropriate reporting and governance. The four risks are still part of the key strategic priorities for the organisation and will continue to be reported on.

It was agreed an adjusted version will be brought to the next meeting, taking account of the comments made.

**Action: CMcK/MMcG/SF**

### **8.3 Board Assurance Framework – Digital & Information**

Dr McKenna advised that there is a lot of work underway around the Digital & Information risks and the BAF. The Governance for Digital & Information and Information & Security have been revised, with the creation of two amended groups; the Digital & Information Board, which considers operational and strategic functions of digital, and the Information & Security Steering Group, which considers information governance and the security of our systems. Work is underway to align the risks to these new groups with the Associate Director of Digital and Information, the Medical Director and Margo McGurk as SIRO. Ongoing work continues with the Risk Manager and auditors to pilot a revised BAF for Digital and Information.

There are no significant changes to the current BAF, apart from a minor change in ownership to Risk 226.

The Committee noted the content and current assessment of the Digital & Information BAF.

### **8.4 Clinical Governance Committee Self-Assessment Report**

Gillian MacIntosh advised that members and attendees are asked annually to complete an online questionnaire on the Committee's performance. It was noted for this year timing wise had not been ideal, due to clashing with high activity around Covid, and the same high number of responses from previous years had not been received. The SBAR summarises some of the findings from the exercise but in general there had been positive feedback from Members about how the Committee had operated over the past year during the Pandemic. Members had been clear about their roles, scrutinised effectively and participated appropriately in discussion. There have been a few areas highlighted for improvement, as highlighted by Christina Cooper at the start of the meeting. Further work is required on agenda management and excessive data within reports. A new post is being brought into the Corporate Services Team at the end of May to take on the administration and minuting of the Committee, and the role holder will work closely with Gemma Couser and her team to bring forward more of the preparation and planning work.

The Committee noted the findings of the report.

### **8.5 Annual Assurance Statements/Reports from Sub Committees/Groups**

Gillian MacIntosh advised that the Committee has four formal sub groups who are each asked to provide an annual report on their activities. The reports are presented to provide assurance the sub groups are taking forward work on behalf of the Committee. As previously highlighted by Dr McKenna, there has been a lot of work done for Digital & Information and Information Governance. The sub groups have been asked to follow a standard format for these reports, as there has been variation



in previous years which has not been helpful. The sub groups have also been asked to reflect on the impact of the Pandemic on this year, so this is factored into each.

The one report that is slightly different in content is the Clinical & Care Governance report and Gillian MacIntosh suggested that she feed back to them with the request that they follow some of the same structures that are being used within NHS Fife to provide improved assurances and reflection on what business had been considered during the past year.

Christina Cooper thanked Gillian MacIntosh for the summary and said it was assuring to see the improved level of detail within the reports, which is very valuable and helpful to members.

Dr Hellewell advised that the Clinical & Care Governance Committee follows the assurance framework for the IJB and suggested it may be worth considering how they both align. It was agreed Dr Hellewell and Nicky Connor would discuss this further with Gillian MacIntosh outwith the meeting.

The Committee noted the paper and the assurances and information provided within.

## **8.6 Draft Assurance Statement for the Clinical Governance Committee**

Gillian MacIntosh advised that the annual accounts had once again been delayed due to the impact of the Pandemic. The annual accounts are normally approved in June but this year Audit Scotland will be reviewing these in September. Part of this report and previous ones are part of that that year-end process.

This report outlines the items the Committee has considered over the year, with particular reflection on the impact of the Pandemic. This is a draft version of the report and, given the papers on Glenrothes Hospital and Adamson Hospital Inspections tabled to this meeting, Gillian MacIntosh proposed that some of the detail be referenced within the Assurance Statement. The final report will then be brought back to the July meeting for final sign off.

**Action:GMacI**

Christina Cooper thanked Gillian MacIntosh for her update and supported the proposal to reference the inspections in more detail within the Assurance Statement.

Dr McKenna also supported this proposal and thanked Gillian MacIntosh for all her efforts in preparing the draft Assurance Statement. A lot work has gone in to preparing this robust and comprehensive report. Christina Cooper echoed Dr McKenna's comment.

## **8.7 Annual Workplan**

Gemma Couser advised that the Committee Workplan for 2021/22 has been developed with the input of the Chair, Dr McKenna and a number of other Directors. This is a sizeable agenda / workplan so it important to identify and ensure all relevant items are on the workplan and any items that are now reporting into other Committees have been removed.

Key changes have been amendments to reflect the new strategy and remobilisation plan, which will be a key focus of the Committee for the coming year. Following discussion with Janette Owens, the patient centredness and patient participation and engagement section have been augmented within the workplan. The workplan will require to be reviewed at regular stages throughout the year. Gemma Couser advised that after each meeting she will review all the items so as a Committee can be assured that key business has been covered and track any items that have been delayed.

Christina Cooper thanked Gemma Couser and her teams for their efforts in reviewing and pulling the workplan together.

The Committee noted and endorsed the workplan and approach to keep this under regular review.

## **9 REQUESTED PAPERS**

### **9.1 Guidance on Deceased Organ and Tissue Donation in Scotland: Authorisation Requirements for Donation and Pre Death Procedures**

Janette Owens advised that she chaired the Organ Donation Committee last year so was presenting the paper today. This paper has been prepared by Dr Thomson, who is a Consultant in Anaesthesia and Intensive Care Medicine in Fife and is also our Clinical Lead for Organ Donation. Jill Adikari is the Senior Nurse for Organ Donation.

The report has been prepared following changes to legislation, which came into effect on 26 March 2021. A core principle in current good practice, enshrined in the new duty to inquire under the Human Tissue (Authorisation) (Scotland) Act 2019, is that health workers should make every effort to establish the decision or views of the potential donor, and then to support their decision being fulfilled. Secondly, the 2019 Act moves towards a default position of deemed authorisation where the decision of the person to be an organ donor upon death is unknown: proceeding to authorisation should only occur following a discussion with the person's next of kin to ensure that donation does not take places against their wishes. Thirdly, the 2019 Act provides a new statutory framework for pre-death procedures, which is tailored to the practical and ethical issues relating to donation.

In NHS Fife there are presently around eight to ten organ retrievals performed per year and it is anticipated with the changes to legislation this may increase to around fifteen. All staff have attended seminars and completed on line training modules around the legislation to ensure they are up to date with the changes.

Going forward Nicola Robertson, Associate Director of Nursing, will chair the Organ Donation Committee. Nicola Robertson has already been in touch with

the Regional Lead for Scotland for Tissue and Organ Donation and also the Chair of the National Scotland Group to take issues forward.

Christina Cooper thanked Janette Owens for her update. The Committee noted the paper for awareness and noted the steps being taken in view of the changes in legislation.

In taking comment it was agreed Janette Owens and Dr McKenna would discuss amending the current text of Item 2.4 (*NHS Fife Board members and senior managers should be aware of the three noteworthy changes that the 2019 Act introduces (as detailed above), and **provide the support required to ensure that a high quality organ donation service is maintained***), to reflect that the Board will be supporting in principle the Organ Donation service (and that this should not be read as having financial consequences).

**Action: JO/CMcK**

## **9.2 Improvement of Healthcare & Forensic Medical Services for Adults, Children and Young People who have experienced Rape, Sexual Assault or Child Sexual Abuse**

Heather Bett joined the meeting for this item. She advised that this report is an update on progress made on this work over the last three years since the taskforce was established by the Chief Medical Officer, placing an emphasis on healthcare for people who suffer this experience.

A considerable amount of work has been undertaken in Fife over the last three years in order to progress and we have created facilities and services for patients who come to the service here, brought directly by the Police. There has been focus on the aftercare for patients, making sure it is as trauma informed as possible and reducing the impact of trauma of patients who undergo this experience. There are two aspects: care for adults and care for young people and children. The paper sets out the arrangements for both adults and children. In Fife the decision was taken to keep adults and children separate. There is a facility for adults at Queen Margaret Hospital and a facility for children at Victoria Hospital alongside the Paediatric ward.

The Gender Based Violence Team lead this work and prepare an annual report. The next stage in this work is to allow people who have experienced rape or sexual assault to self-refer. At the moment victims can only be referred through the Police. A newly passed Bill will allow for self-referral, which means that any individual can refer themselves to the Forensic Medical Examiner without Police involvement. This should allow victims to access healthcare and support without the need to report a crime and will allow forensic evidence to be collected at the time for a potential criminal prosecution in the next two years. It is unclear what the level of impact will be on the Service with this new Bill but work is ongoing to assess.

Christina Cooper thanked Heather Bett for her report and update and said it looks like a very proactive, integrated cross sector approach, which is holistic and person centred. In taking comment Heather Bett was asked to take

thanks back to the Team during this post Pandemic period. It was noted that regular updates, along with the Gender Based Violence Annual Report, will be brought to the Committee.

The Committee noted the information presented within the update, in particular the significant steps being undertaken to sustain, improve and develop the services delivered.

## **10 SAFETY, QUALITY AND PERFORMANCE**

### **10.1 Integrated Performance & Quality Report**

Dr McKenna advised that issues remain on a good or equal footing in terms of quality and performance, including performance around C Section SSIs (these remains consistent), SABs (which remain a good new story) and CDiff (these continue to remain positive for the organisation).

For Inpatient Falls, Janette Owens advised a considerable amount of work has been undertaken around falls. The increase in falls compared to the previous year has been around the changes in the hospital due to the Pandemic. A Falls Audit is underway and work is underway to re-establish the Falls Champion Network where there is a Falls Champion in each of the areas to drive forward the falls pathway. There is also an improvement collaborative in some of the mental health wards to support falls improvement work, so hopefully we will start to see the benefits going forward.

Complaints remain a challenge, particularly to clear the backlog from the Pandemic. There has been an increased in complaints due to treatment delays as we start to remobilise. Janette Owens will be meeting with Gemma Couser, Donna Hughes and the Associate Nurses to consider on how best to report lessons learned and themes. The Patient Relations Team is now back to full strength so this will hopefully reduce the delays in Stage 2 complaints.

Christina Cooper thanked Dr McKenna and Janette Owens for their updates. Christina Cooper welcomed the detail. There is a great deal of investment in joint working to manage complaints, compliments and patient opinion. Committee members would welcome some narrative to balance and explain the statistics. At present the report does not show the amount of investment, progression and developments that we invest in. This would provide assurance moving forward and provide a more balanced discussion rather than just looking at numbers. This was agreed as a helpful suggestion.

In taking comment Janette Owens advised the Patient Relations Team will be looked at to ensure there is the correct number of staff to support the complaints process.

The Committee noted the IPQR.

### **10.2 Winter Performance Report**

Claire Dobson highlighted that as the number of patients admitted to hospital with Covid-19 declines, there are still significant demand for other care pathways through the hospital. Emergency Care Department attendances are increasing as are admission rates. Close work continues with the H&SCP to manage delay in flow and this is shown in performance throughout the report. Services are remobilising as well as recovering and are mindful of this when deploying staff.

There were seventy attendees on Teams at the recent Winter event. It was a good opportunity to hear from staff and from groups across all care sectors about the Winter experience and understand what had worked well, less well, and what is required for planning moving forward. There was recognition that Winter is not just a season in terms of system pressure and is experienced throughout the year. There is therefore the opportunity for significant learning from Winter and Covid.

Christina Cooper thanked Claire Dobson for her update and said this gives the Committee assurance that planning of this nature is not just for Winter but for all-year flow and pressures. In taking comment, it was noted that Winter this year had been a huge piece of work, against the backdrop of the pandemic, and staff should be commended for their efforts. This was echoed by the Committee.

The Committee noted the content of the final Winter Report.

### **10.3 HAIRT Report**

Janette Owens highlighted that, in relation to the workforce challenges, four new trainee Infection Control Nurses have been recruited. There has been difficulty trying to recruit to a Lead Infection Control Nurse at a Band 8A, so this will be realigned to a Deputy Infection Control Manager, so hopefully this will help bolster the team. Nationally we are looking at workforce development for Infection Control Teams and building tools to work out how many staff are required.

Christina Cooper thanked Janette Owens for her update. The Committee noted the report.

### **10.4 Healthcare Improvement Scotland – Unannounced Inspection Glenrothes Hospital Report**

Janette Owens advise that this report provides an update on the HIS Inspection which took place at Glenrothes Hospital in July 2020. The inspection resulted in four areas of good practice and five requirements.

The five requirements were:

- 4 requirements in relation to people's health and wellbeing being supported and safeguarded during the Covid19 Pandemic;
- 1 requirement relates to the condition of the patient equipment

A robust Improvement Action Plan has been implemented, which outlined the prioritisation of actions aligned with each of the five requirements to ensure compliance with national standards, guidance and best practice in healthcare and nursing. HIS have fed back they are happy the actions have been completed.

The Committee noted the contents of the paper.

## **10.5 Healthcare Improvement Scotland – Unannounced Inspection Adamson Hospital Report**

Janette Owens advised that this report provides an update on the HIS Inspection which took place at Adamson Hospital in July 2020. This inspection resulted in three areas of good practice and eight requirements.

The eight requirements were as follows:

- 6 requirements in relation to people's health and wellbeing being supported and safeguarded during the COVID-19 pandemic
- 2 requirements in relation to infection control practices supporting a safe environment for both people experiencing care and staff

A robust Improvement Action Plan has been implemented, which outlined the prioritisation of actions aligned with each of the eight requirements to ensure compliance with national standards, guidance and best practice in healthcare and nursing. Feedback from HIS is still awaited.

The Committee noted the contents of the paper.

## **10.6 Tarvit SBAR**

It was highlighted that this report was not dated and is assigned to Helen Buchanan. Janette Owens advised this was the original report for the agenda item above, submitted in error, and apologised for that.

# **11 STRATEGIC PLANNING & TRANSFORMATION**

## **11.1 Corporate Objectives**

Dr McKenna advised that there are no further updates other than what has already been discussed and what was covered at the Board Development Session earlier in the week. Susan Fraser however advised the plan had been to have a verbal update around the Corporate Objectives and Strategy Development, as given at the Staff Governance Committee on 29 April 2021.

In relation to the Corporate Objectives, Susan Fraser advised there has been a delay in getting agreement from the Committee and Board. A process has been progressed around the Strategic Planning and Resource Allocation and from that process directorate objectives have been agreed for each of the Directors within NHS Fife. These have been used as a basis for many discussions with EDG.

The strategic priorities have been used and these are:

- 1 To Improve Health and Wellbeing
- 2 Improve the Quality of Health and Care Services
- 3 Improve Staff Experience and Wellbeing
- 4 Deliver Value and Sustainability

Each of the objectives agreed upon have been allocated to one of these four sections. EDG have met twice to discuss the Corporate Objectives and they have evolved through those conversations. As part of the discussion around the Corporate Objectives, there will be a Lead Director for each objective and then the other Directors will be contributors, supporters or for information. There will be a team approach to the objectives, so everyone has responsibility for the objectives.

Christine Cooper thanked Susan Fraser for her update and noted a written paper will come to the next meeting of the Committee, where more time can be allocated for further consideration.

## **11.2 Strategy Development**

Susan Fraser advised that we are in the process of developing our Population Health and Wellbeing Strategy. Those present at the Board Development Session will have noted Carol Potter's presentation about the background. Susan Fraser highlighted the key points.

The Corporate Objectives have been based on our four strategic priorities, so this will be followed through and aligned with the Population Health and Wellbeing Strategy. In terms of how this is being aligned nationally, there is a National Care Programme and the strategy will be aligned against those care programmes.

These care programmes are:

- 1 Healthy Living and Wellbeing
- 2 Preventative and Proactive Care
- 3 Integrated and Unscheduled Care
- 4 Integrated Planned Care

In terms of the guiding principles that will be used to develop the strategy, this will be values driven with collaboration and partnership with all our stakeholders. We will continue to embrace Research, Development and Innovation and put technology first. We will also be looking and using data analytics intelligently to move the strategy forward. In terms of approach, the Clinical Strategy will be reviewed and assessed and ascertain what progress has been made. A strategy will then be structured around the key priorities and linking the care programmes. Governance will be through the EDG Strategy meetings.

There has been discussion about whether we need to go out to consultation, but the agreement is that we will have an enhanced engagement with all our

stakeholders. As the strategy does not detail any major service change, enhanced engagement will be the way forward. In terms of a timeline we are looking to complete by March 2022. There is a draft timetable but this may change.

Dr McKenna highlighted that he wished to put a caveat under Susan Fraser's update, noting that this is a work in progress and high-level detail that still has to be agreed by the Directors. This is a very active process at the moment in its early stages. In due course a more detailed report with support from the Directors will come to the Committee.

In taking comment it was noted conversations are taking place to balance out the legislative requirements around strategy and planning for certain services.

Christina Cooper thanked Susan Fraser for her update and was assured everything will be aligned to other strategies that are being reviewed and implemented, with cross referencing to risk.

## **12 PUBLIC ENGAGEMENT & CONSULTATION**

### **12.1 Planning & People SBAR**

Janette Owens advised that 'Planning with People' (Community Engagement and Participation Guidance for NHS Boards, IJBs and Local Authorities that are planning and commissioning care services in Scotland) was published in March 2021. It has been ten years since guidance was last issued. A high level framework has been developed by Healthcare Improvement Scotland (HIS), and they are working with the Care Inspectorate and stakeholders to develop a quality framework for community engagement, ensuring it is aligned to the Human Rights approach and to Derek Feeley's recent report.

Janette Owens is meeting with Nicky Connor and Dona Milne and a written SBAR around Planning with People and the model for engagement will be brought to the next Committee meeting. Christina Cooper thanked Janette Owens for her update and welcomed a written report being brought to the next meeting.

## **13 DIGITAL & INFORMATION**

### **13.1 Information Governance & Security Steering Group – Terms of Reference (ToR)**

Dr McKenna, as Executive Lead for Digital, advised this update would normally be from Margo McGurk in her role as SIRO and Chair of the Information Governance and Security Steering Group. These ToR give assurance to the Committee that this new group has been formed and its ToR defined and agreed.

The Committee noted the revised ToR.



## **14 ANNUAL REPORTS**

### **14.1 Medical Education Report**

Dr McKenna advised that this abbreviated Medical Education Annual Report was being brought in SBAR format this year to keep the Committee up to date around the activities within medical education, medical students and junior doctors. Dr McKenna acknowledged the efforts that junior doctors have made in the last year. At the start of the Pandemic, registration was brought forward for junior doctors from August to April, which proved to be a challenging experience. This resulted them in not being afforded the same privileges as previous years due to social distancing. We have done our utmost to maintain the education they receive and Morwenna Wood and her team are dedicated to ensuring the quality of their education is maintained.

NHS Fife remains committed to teaching and training of undergraduates and the report sets out the large numbers of students who come to Fife every year. Scotgem is a graduate entry medical school delivered in partnership with St Andrews University, Edinburgh and Dundee. We are now into the third year, which is a more clinical year in secondary care, so we have had to adapt how we deliver secondary care teaching for St Andrews, Edinburgh and Dundee students. Undergraduate and post graduate training surveys are included and highlighted that these demonstrate the excellent quality of education that is provided in NHS Fife, along with the challenges faced.

One of the areas that does require improvement is around handover. With support from the digital team we are now going to be implementing within the next year a formal digital handover function from shift to shift. This will increase patient safety and junior doctor experience.

Christina Cooper thanked Dr McKenna for his update and welcomed the report's findings. The Committee noted the report.

### **14.2 Nursing, Midwifery, Allied Health Professionals – Professional Assurance Framework (PAF)**

Janette Owens advised that this report should have come to the Committee earlier but, due to the Pandemic, was delayed. The PAF was supported and approved by the Committee and Board in 2018. Each year we undertake a stocktake/survey to ensure we are meeting the four drivers that have been identified within the PAF, as set out in the report.

The survey was carried out electronically last year thanks to the Comms teams, which made it easier for people to access. There was a 77% return rate on the survey. Under each of the primary drivers within the report, actions are highlighted, which will or are being taken forward. There is no specific action plan against this as all actions are picked up within other action plans or objectives.

Going forward the PAF is being updated to ensure all the references in the framework are current and up to date. New models are being identified and the questions will be reframed for this survey this year.

Christina Cooper thanked Janette Owens for her introduction to the report. The Committee noted the report.

## **15 LINKED COMMITTEE MINUTES AND ANNUAL REPORTS – FOR INFORMATION**

All items under this section were taken without discussion.

- 15.1 Acute Services Division Clinical Governance Committee (17/03/2021)
- 15.2 Fife Drugs & Therapeutics Committee (03/02/2021)
- 15.3 Fife HSCP Clinical and Care Governance Committee (26/02/2021)
- 15.4 NHS Fife Clinical Governance Oversight Group (25/02/2021)
- 15.5 Research Governance Group (25/03/2021)
- 15.6 Health and Safety Sub-Committee (12/03/2021)
- 15.7 Integration Joint Board (IJB) (19/02/2021)
- 15.8 Digital and Information Board (16/02/2021)
- 15.9 Infection Control Committee (03/02/2021)
- 15.10 Public health Assurance Group (25/02/2021)

## **16 ITEMS FOR NOTING**

There were no items for noting.

## **17 ISSUES TO BE ESCALATED**

There were no items for escalation.

## **18 ANY OTHER BUSINESS**

There was no other business. In closing, Christina Cooper thanked everyone for their participation in what had been a lengthy meeting. Moving forward, efforts will be made to slim down the agenda for priority business and a short break factored in for members' comfort.

## **19 DATE OF NEXT MEETING**

Wednesday 7 July 2021 at 2pm via MS Teams

**TABLE OF ACTIONS FOR NHS FIFE CLINICAL GOVERNANCE COMMITTEE**  
**UPDATED ON 30 APRIL 2021**  
**FOR DISCUSSION ON 7 JULY 2021**

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
<b>Situation report for combining of key plans and programmes</b>	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	<del>November 2020</del> July 2021	4.11.2020 & 11.03.2021, 30.04.2021 To remain on Action List until Pandemic settles.
<b>BAF – eHealth</b>	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	<del>January 2021</del> <del>March 2021</del> <del>May 2021</del> July 2021	14.1.2020 CMcK advised no update at present. 11.03.2021 CMcK confirmed still work in progress. Update will be available at next meeting. 30.4.2021 CMcK confirmed work ongoing.

MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
<b>R&amp; D Annual Report 2019-2020 – St Andrews University</b>	4.11.2020	CMcK to update the Committee on the status of the Board as a teaching health Board.	CMcK	May 2021	
	30.4.2021	CMcK confirmed legislation changed in March 2021 that allows St Andrews University to award the Primary Medical Qualification (PMQ) allowing doctors to graduate from the University. While we currently have the ScotGem programme, the graduation is from Dundee University in combination with input from St Andrews. This is a major milestone for the University and starts to facilitate a conversation around progressing our status to a teaching Health Board. Work now needs to begin, which involves putting together a working group overseen by CP with input from Medical Education, Research, Development & Innovation and support from Communications and GMaCl to work together to understand what the strategy and implementation would be to achieve Health Board status. Relationships with the University are strengthening, and CMcK & CP have regular meetings with the Dean of the Medical School to develop plans to create a joint research office and other initiatives. This will be one of the corporate objectives for this year. A fuller report will be brought to the Committee in due course.	CMcK	July 2021	
<b>Fife Child Protection Annual Report 2019-20</b>	30.4.2021	JO advised she had met with Cecilia Rainey, Lead Nurse for Child Protection. The review of IRDs reported in the last year is reassuring. There was some fall in activity at the start of lockdown but over the year the number of IRDs carried out compared to 2019 / 2020 has increased from around 660 to 820. Cecilia Rainey suggests it is a bit early to undertake a review but would be happy to bring back a report on the impact of Covid to the next	JO	July 2021	

		meeting.			
MINUTE REFERENCE	DATE OF MTG	ACTION	LEAD	TIMESCALE	PROGRESS
IPQR	11.3.2021	JO to provide in depth report on how to improve complaints following her meeting with the Team.	JO	May 201	
	30.4.2021	JO advised complaints performance has slightly improved. Immediate action was taken with RC & LC for Acute Services and NC for the H&SCP. The Patient Relations Department is now up to full capacity. To look at different ways of working JO will link with GC. CP has asked JO to take a report back to EDG by the end of May with new processes and ways of working. This will then be brought to the next meeting of the Committee, along with suggested reporting content to be used within the IPQR.	JO	July 2021	
Public Engagement & Consultation	30.4.2021	JO to provide an update on feedback on patient experience, particularly in relation to the urgent care changes.	JO	July 2021	
Board Assurance Framework – Strategic Planning	30.4.2021	Adjusted version be brought to the next meeting, taking account of the comments made at meeting.	MMcG/SF	July 2021	
Draft Assurance Statement for the Clinical Governance Committee	30.4.2021	Final report will be brought back to the July meeting for final sign off.	GMacI	July 2021	
Guidance on Deceased Organ and Tissue Donation in Scotland: Authorisation Requirements for Donation and Pre Death Procedures	30.4.2021	JO and CMcK would discuss amending the current text of Item 2.4 ( <i>NHS Fife Board members and senior managers should be aware of the three noteworthy changes that the 2019 Act introduces (as detailed above), and <b>provide the support required</b> to ensure that a high quality organ donation service is maintained</i> ), to reflect that the Board will be supporting in principle the Organ Donation service (and that this should not be read as having financial consequences).	JO/CMcK	July 2021	

<b>Actions Closed 30.04.2021</b>					
<b>Redesign of Urgent Care – Flow &amp; Navigation Update</b>	11.3.2021	JO to check with Donna Hughes for any feedback garnered from Public Engagement.	JO	May 2021	30.4.2021 Already covered. Further updates around the work of redesign of urgent care will come as a matter of routine. As we move out of the command structure for governance and into a Programme Board structure for the work this will report to the Committee for assurance. Closed
	11.3.2021	Update report setting out further evidence and data as it is gathered around communicating with the public.  The National evaluation to be considered. (not available but part of work being undertaken)	CMcK  MMcG	May 2021  May 2021	
<b>Seasonal Flu Programme 2020 Review</b>	14.1.2021	It was noted several 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	<del>March 2021</del> May 2021	11.03.2021 Confident issues completed. For Governance purposes to remain on Action List and B/f to next meeting for final sign off.
	30.4.2021	DM confirmed the review of immunisation governance management and the infrastructure resource is almost complete and the report should be complete by 30 April 2021 with an SBAR being taken to EDG on 6 May 2021. DM has discussed with CP and agreed a process for EDG signing off the future arrangements and workforce requirements.			Closed

Actions Continued..	Closed	30.04.2021			
Public Engagement & Consultation	14.1.2021	Donna Hughes to bring a report on the work undertaken in the last year.	HB	<del>March 2021</del> May 2021	11.03.2021 B/f to next meeting. Main agenda item Closed
Information Governance & Security Group Terms of Reference	14.1.2021	Update will follow in due course.	CMcK	<del>March 2021</del> May 2021	11.03.2021 B/f to next meeting. 30.04.2021 Main Agenda Item Closed
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	<del>March 2021</del> May 2021	11.03.2021 To remain on Action List. Closed

Meeting:	NHS Fife Clinical Governance Committee
Meeting date:	7 July 2021
Title:	NHS Fife/H&SCP 2020 Child Protection Annual Clinical Governance Report - update June 2021
Responsible Executive:	Janette Owens, Director of Nursing
Report Author:	Cicilie Rainey, Lead Nurse Child Protection

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Emerging issue
- Government policy/directive

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

- Safe

## 2 Report summary

### 2.1 Situation

This report provides an update from the December 2020 Annual Report, as requested by the Committee. This will focus on what the [available] data tells us so far about risks to children and young people and possible hidden harm due to the pandemic, during this period of gradual easing of restrictions and re-opening of schools and nurseries.

This update draws on data published by Fife Child Protection Committee which was not available for the annual report, namely 2020 stats around child protection registration and compulsory measures, as well as our own intelligence, which we have further developed. This allows for a more robust analysis due to broader set of data, albeit with limitations due to lack of a complete dataset and the current 2way referral entry to child protection. Recent Case Reviews are also considered as a means of analysing safeguarding practice, as well as broader systems and organisational issues, such as workforce competence, recruitment and compliance with clinical processes. Finally, consideration will be given to the anticipated significant changes for Health when the new child protection guidance is launched this summer.

### 2.2 Background

Early data and anecdotal evidence highlighted an initial drop in IRDs and forensic medicals over late spring and early summer of 2020, which reinforced concerns regarding possible hidden harm.



A reduction in cases of physical harm and an increase in domestic abuse cases were noted, the latter mirroring national and international COVID predictions. However, by the end of December 2020 IRD trends were on a trajectory towards pre COVID levels.

In terms of workforce confidence and competence, face to face training was cancelled and staff were signposted to training via e-learning. This was further compounded by the need to minimise footfall, resulting in reduced home visiting and face to face contact by staff. That said, for the very vulnerable C&YP with a Child Protection Plan there was a coordinated effort to ensure they were seen throughout the pandemic, as evident in the SOLACE report from Scottish Government where Fife reported contact on average of 95% to this group of very vulnerable families.

It is noted that, following a draft report about hidden harm within children and families through a social work lens, for the Scottish Government Children and Families Leadership Group, discussion ensued about the role of health services in illuminating the understanding of child protection and hidden harm through a health lens. This has prompted an additional piece of work, entitled Hidden Harm, Child Protection and Health in the early years.

The aim of this work is to better and more fully understand any issues of harm to children that may have become apparent within universal and specialist health services that may impact on children's and child protection services.

The Scottish Government together with Public Health Scotland – proposed to undertake a consultation with key health groups to better understand what is happening amongst Scotland's vulnerable children and families during Covid-19 pandemic.

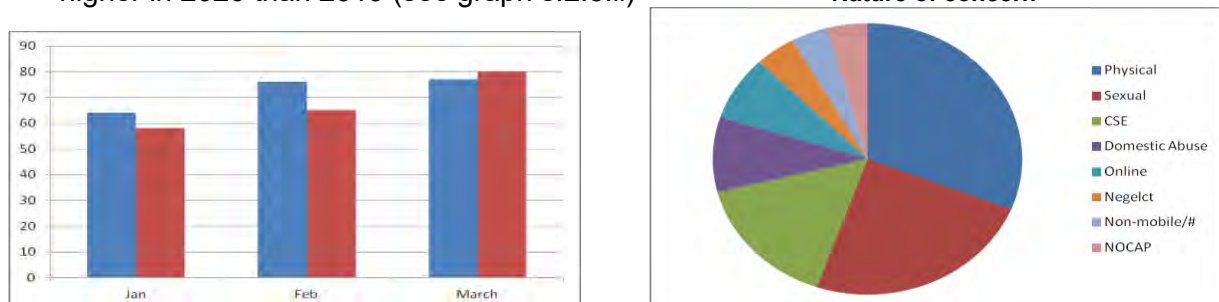
Scottish Government will lead on the production of a draft report detailing the findings of the Hidden Harm, Child Protection and Health in the early years by the end of July 2021, which will be presented at the Collective Leadership group thereafter.

## 2.3 Assessment

### 2.3.i Inter-agency Referral Discussions (IRDs)

As part of monitoring and improvement, the CP team now gather data relating to the nature of the IRD concern. This change was implemented in April 2020 within a Covid context, therefore a like for like quarterly comparison between Q1 2020 and Q1 2021 cannot be made, but will be available from Q2 2021.

A total of **203** IRDs (red column) were recorded during Jan- March 2021, this compares to **217** for the same time period 2020. However year by year comparison indicate number of IRDs were higher in 2020 than 2019 (see graph s.2.3.ii)

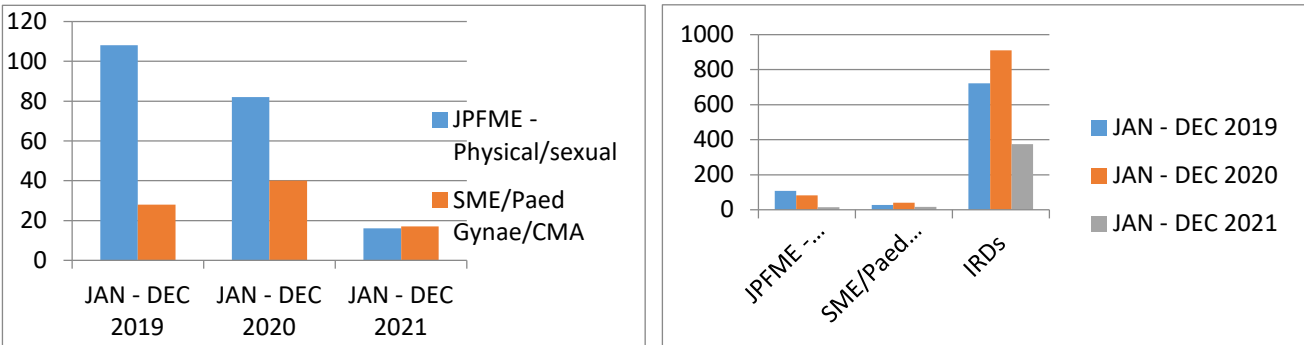


As highlighted in the Annual Report, 2020 saw a drop in IRDs relating to physical harm, nevertheless this remains the greatest proportion of cases raised via the IRD forum. There has been an increased number of IRDs relating to children and young people exposed to domestic abuse within the home, but conversion of IRDs to case conferencing and children placed on the Child Protection Register for same category indicates no increase (see s.2.3.iii). Conversely, this may suggest safeguarding practice has been successful, or indeed there has been a reduction of

risk harm for some. Nevertheless, staff must remain alert to the possibility of domestic abuse, as indeed highlighted in a recent case review

2.3.ii Forensic/specialist medicals

It was noted that the number of children subject to joint paediatric forensic medical examination (JPFME) was lower in 2020, with a mean of 13.3%, compared to 20.7% in 2019. Although by the end of 2020 data indicated a near return to pre COVID levels, the first quarter of 2021 has revealed a similar dip. IRDs meanwhile remain comparable with pre COVID levels.

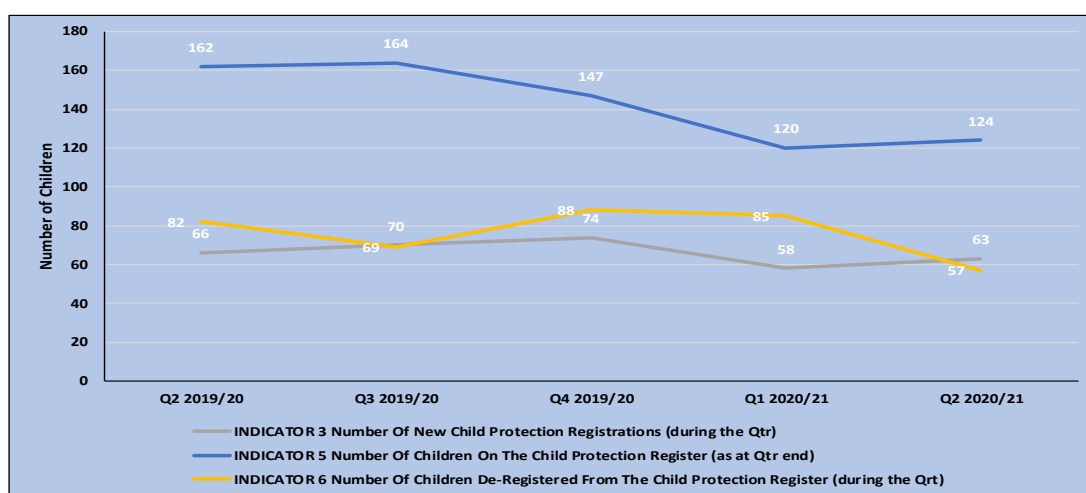
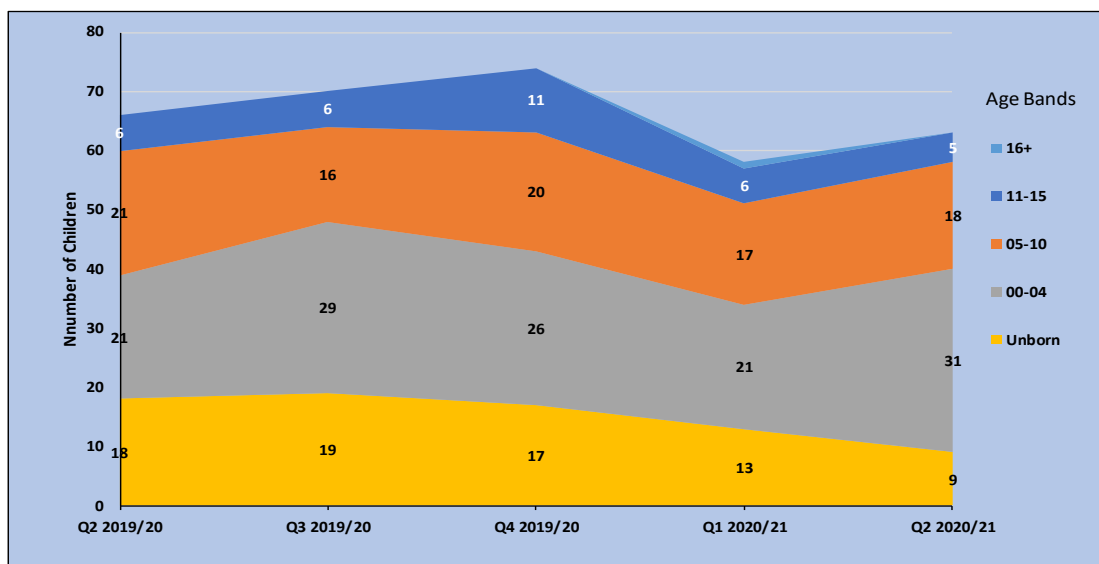


It is worth highlighting that due to some cancelled clinics during COVID this released capacity for the locum consultant paediatrician to participate more often in IRDs. This strengthened decision-making around medicals, hence the recent medical dip may be of little relevance.

2.3.iii CPC data – Main concern recorded at registration

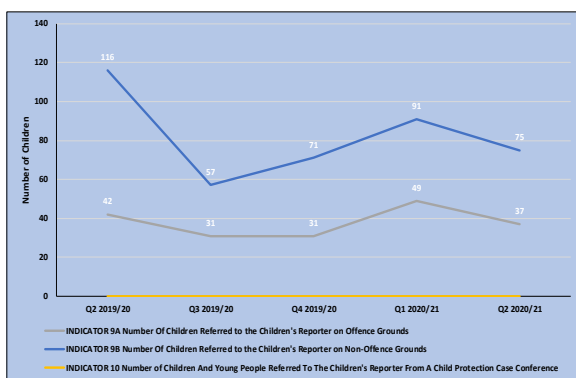
Further insight can be gained by reviewing thematic features of children placed on the Child Protection Register, as well as prevalence. Domestic abuse, emotional abuse and [parental] mental health were the most common concerns identified in Q2, which have remained the same over the past reporting year. As already highlighted, domestic abuse as the main reason for registration has remained fairly consistent since 2019 and there is no incremental rise since COVID 19. There may be incidents of domestic abuse in families however that haven't reached threshold of child protection registration, but are subject to a coordinated plan. Of note is the increase in registration under category of (parental/carer) alcohol or drug use. Anecdotally incidence of self harm and suicide attempt of young people has increased significantly in Fife. Going forward it will be imperative to prioritise mental health and prepare for the serious implications for those who may not have been adequately supported.

Concern	Nov-Jan	Feb-Apr	May-Jul	Aug-Oct	Nov-Jan
	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21
Domestic Abuse	54	41	40	40	43
Alcohol Abuse	24	22	14	19	28
Drug Abuse	29	34	33	26	35
Non-engaging	40	34	29	24	32
Mental Health	42	39	49	39	39
Own Risk	16	7	6	17	14
Sexual Abuse	21	10	8	19	13
Child Exploitation	17	6	6	16	11
Physical Abuse	37	28	29	28	24
Emotional Abuse	47	42	45	38	42
Neglect	35	35	48	29	37
Other	27	11	20	22	21
Total Concerns	389	309	327	317	339
Total Registrations	66	70	74	58	63



Following a downward trend, Q1 2020/21 saw a small increase in registration (blue line). This coincides with a drop in de-registration from **85 to 57** which is the lowest rate in the last year. Whether this could be attributed to for example seasonal influencers or further lockdown restrictions are as yet unknown.

#### 2.3.iv Number of children referred to the Children's Reporter on non-offence grounds (blue)



C&YP can be [referred to the Reporter](#) when compulsory measures may be required to keep them safe, i.e. in foster care or at home.

**112** referrals were received in Q2. This is a reduction from Q1 but may be explained by staff leave over December and would be expected to rise again in Q3.

**259** Children's Hearings were held in Q2, a decrease from Q1. Again this may be attributed to staff leave over the festive season, with the planned increase in Children's Hearing having to be due to the re-introduction of restrictions.

	Nov-Jan	Feb-Apr	May-Jul	Aug-Oct	Nov-Jan	Feb-Apr	May-Jul
	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21
<b>CPOs</b>	13	18	21	15	10		

Source: SCRA

Indicator 11

A Child Protection Order (CPO) is sought when there is an urgent need to accommodate a child to protect a child from actual or significant harm. 10 CPOs were granted in Q2. Whilst this is a reduction from the 15 granted in Q1 it is not envisaged that this is evidence of a trend – 10 CPOs have already been granted in the first month of Q3. Thus there appears to be no change in trend before, during and after the pandemic, so far.

## 2.3.1 Quality/ Patient Care

### Case Reviews

Although no direct impact on patient care as interventions promotes safeguarding of children, there sadly was an Initial Case Review (ICR) raised at the end of 2020 due to a sibling group found to have suffered significant chronic neglect. A further ICR was raised in March 2021 following a young child suffering significant injury. Again, chronic neglect was a dominant feature. Although there may be a possible COVID context to both these ICR's, the children were visible to some services and areas of learning and development is likely to be identified.

However, immediate actions have already been implemented, including the investment of a dedicated neglect assessment tool, and funding secured for Health Visiting Team Leaders to undertake a post graduate level module in professional supervision. Investment in Annexe 21 trainee Health Visitor posts, as well as external advertising of vacant posts is ongoing.

In spite of the 2 recent ICRs there is anecdotal evidence that learning from previous case reviews is having a protective effect, especially of the very young children and infants. An annual audit undertaken by the Lead Consultant for Child Protection concluded in December 2019 there was very good compliance with the Managed Clinical Network's Under 2 Fracture Protocol and the Non Mobile Infant Bruising Guidance. Unfortunately this audit did not take place in 2020 due to unforeseen circumstances, but is planned for August 2021.

## 2.3.2 Workforce

### 2.3.2.i Learning and Development

To keep children and young people safe, professionals need to be confident and competent in responding to indicators of harm. The 2020 Annual Report highlighted that due to a number of COVID related circumstances, including the cancellation of the CP team's training programme (replaced by e-learning modules in the first instance), workforce uptake to child protection training is unknown. Although it is still not possible to carry out face to face training, the CP team worked extremely hard to adapt and compile training compatible with MS Teams delivery, whilst cognizant of the emotive impact on staff. From February a total of **34** training sessions for 2021 are offered to all staff, encompassing the general, specific and intensive workforce. A full calendar is now available via our [webpage](#). Other relevant learning opportunities such as Domestic Abuse, delivered by Fife Violence against Women, and trauma awareness are also captured on our calendar. The CPC Learning and Development Coordinator post remains vacant, but it is anticipated will go out to advert imminently, and it is hoped that by autumn 2021 multi-agency training will also be available.

From a medical perspective, the monthly virtual peer reviews for all CP staff with our Lothian colleagues continued throughout. We hope to resurrect the 6 monthly twilight sessions for GPs, whilst the weekly Thursday training calendar within Paediatrics and ED has restarted, and will include local peer reviews, to which our police and social work colleagues will also be invited

### **2.3.2ii CP supervision:**

The CP team offered a total of **17** group supervision sessions in this quarter and seven 1:1 sessions (on request). In comparison, 14 group sessions were provided in Q1 of 2020, and no 1:1s. We offer group supervision to key disciplines, including Addictions Services. The Lead Nurse also provides monthly supervision for supervisors, as well as quarterly supervision to the Vulnerable in Pregnancy specialist Midwifery team.

We have now started collating attendance data to inform our work plan. As named person, supporting health visitors is a priority. In 2020, HV uptake to group supervision was approximately 16%, compared to 22% in Q1 of 2021. There are limitations to this as we do not capture the various other forms of supervision, ie clinical supervision with HV team Leader, VIP peer supervision etc.

### **2.3.2 iii Advice and support**

The CP team receive calls from health professionals across both adult and children's services. We received **177** calls for advice and support in 2020, which is a 16% increase from 2019.

The calls received were in relation to an array of diverse CP issues. No overt specific patterns are identifiable however certain themes were evident:

- Advice/ reassurance re escalation of concerns and/or progression to Social Work
- Conflicts with differing professional thresholds - potential for implementation of escalation policy
- Disclosure of historical sexual abuse
- Parental mental health
- Neglect, risk of harm, unseen child

### **2.3.3 Financial**

No current financial commitment, although likely financial impact due to implementation of new child protection guidance

### **2.3.4 Risk Assessment/Management**

#### **Building capacity/CP service provision**

2 Consultant Paediatricians have recently been appointed, both of whom have child protection as their area of special interest. Their appointment is a positive step towards the plan for a dedicated Consultant Paediatrician for Child Protection available Monday-Friday, along-side the team of nurses. This uplift is even more crucial due to the anticipated changes and resource implications for NHS Fife, due to the new national child protection guidance (due published early July 2021). Additional expectations will be placed on Health as an equal partner to Police and Social Work, which means Health will autonomously albeit collaboratively, raise, progress, close and quality assure IRDs. Currently this responsibility sits with police and social work. The new guidance will enable a change from the current two way entry of child protection referrals to a more consistent singular referral route, which will also include unborn babies. This is likely to have further resource implications for Health. Current IRD criteria results on average 1000 IRDs/year. *Hypothetically* this may triple the number of IRDs following implementation of the new guidance, which will have further implications for Health.

The guidance is welcomed. In terms of immediate response to child protection concerns, it is viewed as safer and more robust due to a more consistent and uniform approach to responding to children and young people at risk/have suffered harm, thus is likely to further improve outcomes. The new systems, which will need to be fully resourced, require a shared virtual platform for the key stakeholders. This is also likely to provide a better oversight and understanding of what data tells us, with respect to referrals and outcomes, compared to current systems.

### **2.3.5 Equality and Diversity, including health inequalities**

This report reflects the standards of the three Quality Ambitions as set out in the Healthcare Quality Strategy for Scotland

This proposal meets the HB objectives to pursue quality improvement across health and social care integration in accordance with the National Health and Wellbeing Outcomes Indicators. This proposal supports attainment of outcomes 3, 4, 5, 7, 8 and 9

### **2.3.6 Other impact**

Likely resource implications to resource capacity to implement systems changes and deliver the new standards of undertaking Inter-Agency Referral Discussions as directed by Scottish Government guidance

### **2.3.7 Communication, involvement, engagement and consultation**

### **2.3.8 Route to the Meeting**

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

- Child Protection Committee Self Evaluation and Improvement Subgroup (Source of Child Protection statistics)
- East Region Managed Clinical Network (CP team reporting of forensic medical statistics)
- Community Children's Services Interim Senior Service Manager
- Interim Child Protection Consultant Paediatrician Lead

## **2.4 Recommendation**

- **Awareness** – For Members' information only.
- Data available so far indicates no significant increase in children harmed, although our IRD stats remain high.
- The need to prioritise mental health and prepare for the serious implications for those who may not have been adequately supported
- Steps have been taken to resurrect the training programme to sustain and support strong safeguarding practice amongst staff, as remobilisation continues and restrictions eases;
- Staff continued to be offered advice and support and supervision from the CP team throughout the year
- The team now benefits from the recruitment of 2 consultant paediatricians, moving us a step closer to the current business plan, and one of the consultants will provide a strategic lead during our lead consultant's absence
- The anticipated impact and likely need to develop the capacity of the CP team in preparation for implementation of the new child protection guidance

### 3 List of appendices

#### Evidence base:

Children and Young People ( Scotland ) Act 2014  
Children's Hearing (Scotland) Act 2011  
Data Protection Act 2018  
Human Rights Act, 1998  
Children (Scotland) Act 1995;  
United Nations Convention on the Rights of the Child, 1991  
[Fife Inter-agency Child Protection Guidance 2016](#)  
Fife Children's Services Plan Updated March 2016  
[Getting it Right in Fife Framework](#)  
[National Guidance for Child Protection in Scotland](#)  
[Scottish Government \(2013\) Child Protection Guidance for Health Professionals](#)  
Vincent (2010) Learning from Child Deaths and Serious Abuse

#### Glossary of terms:

CSA: Child Sexual Abuse  
CPC: Child Protection Committee  
ED: Emergency Department  
ICR: Initial Case Review  
IRD: Inter-agency Referral Discussion  
MCN: Managed Clinical Network  
SCR: Significant Case Review

#### Report Contact

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<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting Date:</b>	<b>07 July 2021</b>
<b>Title:</b>	<b>Public Engagement &amp; Consultation Update</b>
<b>Responsible Executive:</b>	<b>Janette Owens, Director of Nursing</b>
<b>Report Author:</b>	<b>Donna Hughes, Head of Person-centred Care</b>

## 1. Purpose

**This is presented to the Clinical Governance Committee for:**

- Awareness

**This report relates to an:**

- NHS Board/Integration Joint Board Strategy or Direction

**This aligns to the following NHS Scotland quality ambitions:**

- Safe
- Effective
- Person Centred

## 2. Report Summary

### 2.1 Situation

This report has been prepared to update the Clinical Governance Committee on patient feedback on Urgent Care Redesign.

### 2.2 Background

The vision for the Redesign of Urgent Care Programme is:

“Collaborating across the whole health and social care system to design and implement a safe, sustainable, patient and outcomes focused system of urgent care access, pathways and treatment in Scotland that delivers better health, care and life outcomes for our patients, staff and their families and the wider community in which we all live, grow, learn, work and play.”



Whilst this immediate service redesign has been required to keep people and the NHS safe during the pandemic, the Scottish Government will continue to look at the long term redesign of urgent and unscheduled care over the next two years to ensure patients continue to receive the right care, at the right place, by the right healthcare professional.

To help achieve this, the Scottish Government are undertaking a user-centred service design approach. This approach aims to amplify the voice of users and their experiences; specifically, those most susceptible to health inequalities. This will provide a strong foundation when moving forward with the development of the service and will support identification of where pathways required refining to ensure this does not negatively impact on patient groups.

## **2.3 Assessment**

### **2.3.1 Quality / Patient Care**

Since Urgent Care Redesign was implemented in Fife, there has been a small number of complaints and concerns received. The main theme relates to access to ED as a result of the public / patient not following process.

### **2.3.2 Workforce**

n/a

### **2.3.3 Financial**

n/a

### **2.3.4 Risk Assessment / Management**

n/a

### **2.3.5 Equality and Diversity, including health inequalities**

Equality Impact Assessments are tools which help us to be fair and accountable. They ensure that our services, plans and policies meet the needs of staff and communities and that we do not discriminate against any particular group. All impact assessments must be done with public and staff involvement.

Urgent care redesign conducted an EQIA involving over 40 disciplines and agencies, which gave an opportunity to not only inform about the intended redesign but also to engage in meaningful dialogue. The EQIA process provided us with a significant insight and feedback from those attending, which has helped us to create further actions to reduce possible inequality within the service.

A range of issues were highlighted such as:

- the need for further communication and informing of the public and working with partners more closely to share this information in future.
- specific pathways for particular population groups.
- address the overuse of urgent care for specific conditions such as cancer especially during out of hours and weekends.
- provide additional support by sign posting to community services.
- improving communication methods such as access to interpreting.
- ensuring patients understand how to claim travel expenses.
- improving the categorisation of patients on data systems and patients who have reduced availability of digital and telephone means to access telephone triage

A separate action plan/tracker is in place and actions will be embedded into work plans of sub groups as well as taken separately according to subject.

## **2.4 Recommendation**

The Clinical Governance Committee is asked to note this update

## **3. List of Appendices**

**Report Contact:** Donna Hughes  
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# NHS Fife

Meeting:	Clinical Governance Committee
Meeting date:	7 July 2021
Title:	COVID-19 Testing in Fife
Responsible Executive:	Joy Tomlinson, Director of Public Health
Report Author:	Duncan Fortescue-Webb, Clinical Lead for Test & Protect

## 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

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

The vaccination programmes have so far achieved good coverage in older age groups, and continue to deliver second doses and reach younger age groups. This will reduce disease severity and fatality, but uncertainty remains about how effectively it prevents transmission of the virus, and how new disease variants may affect its efficacy. Therefore testing, tracing, isolation and support remain important.

Any COVID-19 testing intervention can only have an impact on transmission if it results in a behavioural change. Therefore our efforts continue to ensure timely: testing, communication of results, contact tracing, and provision of appropriate support (including financial and social support) to ensure people can isolate rapidly and effectively.

## 2.3 Assessment

Appendix 1 is a detailed table of current testing indicating the date the programme was started, rationale, and delivery model.

### 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 <b>UK Gov</b>	X2 per week
	Senior Pupils	X	X	For Symptomatic by <b>UK Gov</b>	X2 per week
Health Care Sector	Inpatients	X	On admission via <b>ED &amp; AU1 staff</b>	By Inpatient HCW	X
	Elective Patients	X	X	By <b>Community Testing Team</b>	X
	Health Care Workers	X	X	Occ Health by <b>Community Testing Team</b>	X2 per week
		X	X	<b>Possible Peer-to-Peer</b>	X

Social Care Sector	Care at home staff	X	X	Commenced, now rolling out	Commenced
	Care Home Visiting Professionals	X	X	X	Commenced
	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
	Staff	X	X	For Symptomatic by UK Gov	Satellite Testing
		X	X	By Community Testing Team	By University Team
Universities	Students	X	X	For Symptomatic by UK Gov	Satellite Testing
	Students	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 contacts	X	X	By Community Testing Team	X
	Asymptomatic	X	X	X	Community testing sites; LFD collect from test sites and pharmacies
	Underserved Communities	X	X	For Symptomatic by UK Gov	Satellite Testing; outreach testing
	Employer-led Testing	X	X	For Symptomatic by UK Gov	Amazon Other Employers
	High Prevalence Areas	X	X	MTU	Fixed and static sites; Roaming pilot to begin 21/6/21
	Community outbreak situations	X	X	Surge door-to-door delivery and collection of tests in planning 21/6/21	Door-to-door delivery and collection of tests in planning 21/6/21

	Contacts	X	X	For All by <b>UK Gov</b>	X
Workplaces	Food processors, food distributors	x	x	For Symptomatic by <b>UK Gov</b>	X
	Other workplaces				Commenced - Workplace Collect

### 2.3.2 Testing Programme Update of sites in Fife

The testing sites are reviewed weekly based on testing rates, case rates, known outbreaks, community vulnerabilities, and wastewater testing. We currently use a mixture of fixed sites, and mobile sites.

Funding has been secured to increase to seven fixed sites and three mobile sites until March 2022. (These are in addition to existing testing sites provided by UK Gov and SAS.) Suitable sites have been identified, equipment secured, and staff are being recruited. This will allow a hub and spoke model, with static sites acting as a base for more agile mobile testing units and initiatives such as door-to-door test delivery if required.

In order to increase the population able to access our testing sites, we have also begun a month-long 'South Fife Roaming Pilot'. In this, one mobile site moves between five sites in areas of high prevalence, visiting one each day of the week.

Following the experience in Glasgow, where door-to-door delivery and collection of test kits was successful in increasing testing coverage in selected areas in an outbreak situation, we are piloting a similar scheme in order to be prepared in the event this is required.

### 2.3.3 Community Testing

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 tested with a 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.

The testing sites also provide LDF kits for people to take home for regular self-testing, and support people to understand how to use and report the results of these.

### 2.3.4 Testing Programme Approach and Governance

Testing is overseen by the Fife Test & Protect Oversight Group, which includes partners from the NHS, health and social care partnership, and council. This group reviews testing data, changes to national and local guidance, and whether the testing programme is working efficiently and effectively. The group is chaired by a consultant in public health, and reports to senior NHS and council. The group reports via the Director of Public Health.

### 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. Currently laboratory capacity is good.

### 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 programmes are monitored and evaluated, including exit interviews with people who attend test sites.

### 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. Recruitment is ongoing, but increasingly difficult as seconded and interim staff increasingly return to their usual roles.

### 2.3.8 Financial

Finance aspects of specific testing programmes are reviewed through the appropriate management pathway. There are not acute funding pressures.

### 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 being updated.

Risk	Mitigation
<p>Results</p> <ul style="list-style-type: none"> <li>Concern regarding the quality and accuracy of Lateral Flow Devices</li> <li>Concern regarding the interpretation of Lateral Flow Devices is not standard, and can reduce the sensitivity and specificity of the test</li> </ul>	<ul style="list-style-type: none"> <li>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</li> <li>Consideration be given to the supervision of NHS staff who may be carrying out their first test. Extra training has been carried out for care home staff carrying out this test</li> </ul>

<ul style="list-style-type: none"> <li>Concerns in potential harms of false negatives in lateral flow devices – including individuals assuming a negative result equates to non-infectiousness</li> </ul>	<ul style="list-style-type: none"> <li>Suggested monitoring of all LFD programmes supported by Scottish Government – local discussion of digital and IG solutions to assist with this monitoring currently. Discordant LFD and PRC results are reviewed.</li> </ul>
<p>Data flow</p> <ul style="list-style-type: none"> <li>Tests via NHS Fife labs – person requesting the test gives result – potential for OOH delay for community cases</li> <li>Tests via UK programme – limited context information when results comes through to Test &amp; Protect team</li> <li>Long-term sustainability of staff testing programme</li> <li>Delay in data flow / national solutions</li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>Contact tracers obtain more contextual details</li> <li>Automated notification systems are available.</li> </ul>
<ul style="list-style-type: none"> <li>Vulnerable symptomatic groups in the community who can't access UK programme</li> </ul>	<ul style="list-style-type: none"> <li>Test and Protect Inclusion group set up and supported by mobile testing units, and supported by bid to Scottish Government</li> <li>Evaluation work with social care providers in Fife is ongoing around barriers to access and how best to resolve these</li> </ul>
<p>Transmission</p> <ul style="list-style-type: none"> <li>Symptomatic people attend asymptomatic testing, and therefore exposure at testing site</li> <li>Lateral flow tests have a higher rate of false negatives potentially creating the opportunity for further virus transmission.</li> </ul>	<ul style="list-style-type: none"> <li>Using lessons learned from other centres, having queue managers to identify these individuals and take them to a separated 'red zone' for PCR test, with red transport home.</li> <li>Careful communication in ongoing with the public that a negative LFD is not a 'all clear'</li> </ul>
<p>Staff who carry out testing</p> <ul style="list-style-type: none"> <li>Existing programmes identify that staff wellbeing is particularly important in test centres as they</li> </ul>	<ul style="list-style-type: none"> <li>Staff engaged around wellbeing and how to raise concerns.</li> </ul>



<p>are dealing with public with no break from this environment and this is challenging</p> <ul style="list-style-type: none"> <li>Recruitment of sufficient staff numbers for all sites is difficult.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing recruitment from the NHS, council, voluntary sector, and public.</li> </ul>
<p>Resilience</p> <ul style="list-style-type: none"> <li>Concern for resilience for staff absence at test sites</li> </ul>	<ul style="list-style-type: none"> <li>By design the mobile testing units will be able to be deployed at short notice to provide additional testing if required</li> <li>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</li> </ul>

### 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 Oversight Group or STAC meeting and escalated as required.

## 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
- Appendix 5: Community Testing Evaluation

### 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"> <li>To ensure patients receive the necessary and specific clinical care, and to protect against onward transmission.</li> </ul>	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"> <li>To enable health and social care staff to return to work when safe to do so.</li> </ul>	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"> <li>All symptomatic care home residents tested to ensure that all appropriate measures are then taken to protect residents.</li> </ul>	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"> <li>To provide reassurance for care home residents, families, and care home staff</li> <li>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.</li> <li>Discharge admissions to be accompanied by full risk assessment and 14 day isolation.</li> </ul>	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"> <li>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.</li> <li>If negative test, further tests conducted every four days to allow for potential false negatives and/or subsequent infection (subject to consent).</li> </ul>	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"> <li>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.</li> <li>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</li> </ul>	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"> <li>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.</li> </ul>	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"> <li>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.</li> </ul>	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"> <li>Identifying cases in the community through testing is integral part of Test and Protect approach</li> </ul>	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"> <li>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)</li> </ul>	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"> <li>Setting-specific testing arrangements may be required to ensure testing for large</li> </ul>	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"> <li>• They do not have access to a mobile phone</li> <li>• 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</li> <li>• They do not have the language skills to navigate the system</li> <li>• Their social circumstances are unstable</li> </ul>	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"> <li>• They have been assessed via the triage hub and given an appointment at the COVID Assessment centre based on clinical risk</li> <li>• Testing required as for all general public, but will also inform clinical management</li> </ul>	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"> <li>• 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</li> </ul>	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"> <li>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.</li> </ul>	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"> <li>Risk of transmission within a care home as a result of the contact from care workers.</li> </ul>	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"> <li>Test at 72 hours of age and repeat test 48 hours later</li> </ul>	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"> <li>To guide patient placement</li> <li>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</li> </ul>	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"> <li>To identify and isolate any COVID-19 cases prior to travel at end of term prior to travel home at end of term</li> </ul>	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"> <li>Detecting COVID-19 cases to enable appropriate patient placement</li> </ul>	Led by Andy Mackay & Lynn Garvie
Planned patient care	Hospital Admissions – planned	Mid December	<ul style="list-style-type: none"> <li>Detecting COVID-19 cases to enable appropriate patient placement</li> </ul>	Led by Andy Mackay & Lynn Garvie
Health care key workers	Healthcare Workers	01/12/2020	<ul style="list-style-type: none"> <li>add to the layers of protection in place for staff and patients via methods to ascertain asymptomatic cases of COVID-19 in staff</li> </ul>	Led by Rhona Waugh
General Public	Social Care - Care Home Visitors	07/12/2020	<ul style="list-style-type: none"> <li>add a layer of protection to those vulnerable care home residents via methods to ascertain asymptomatic cases of COVID-19 in lay visitors</li> </ul>	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"> <li>add a layer of protection to those vulnerable care home residents via methods to ascertain asymptomatic cases of COVID-19 in staff</li> </ul>	Led by HSCP
Health and social care key workers	Social Care – Care at Home	From 11 January 2021	<ul style="list-style-type: none"> <li>add a layer of protection to those vulnerable care home residents via methods to ascertain asymptomatic cases of COVID-19 in domiciliary staff</li> </ul>	Led by HSCP
General Public	Community Asymptomatic Testing	Early December	<ul style="list-style-type: none"> <li>case finding of cases of COVID-19</li> </ul>	Led by Fife Council
Education	School (staff and senior pupils)	February 2021	<ul style="list-style-type: none"> <li>case finding of cases of COVID-19 in education staff and senior pupils</li> </ul>	Led by Fife Council
Workplace	Food processors, Food distributors	March 2021	<ul style="list-style-type: none"> <li>Testing to support safe, essential services in a sector that is critical to ensure that the public can maintain access to food supplies.</li> </ul>	TBC
General population	Contacts of cases	February 2021	<ul style="list-style-type: none"> <li>Testing to case find in individuals known to be exposed to confirmed COVID-19 cases</li> </ul>	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"> <li>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)</li> <li>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.</li> </ul>	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 TERMS OF REFERENCE (Updated 21/6/2021 in yellow)

#### 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: Joy Tomlinson, 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**

- Duncan Fortescue-Webb      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 meets fortnightly. Meetings will be scheduled for 2 hours 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.



## **Local to National Reporting Proforma – Community Testing Evaluation**

### **Please submit by 1<sup>st</sup> June 2021**

To support further understanding of the Targeted Community Testing programme at this stage, we welcome your response to a number of questions. These are presented below a broad summary of understanding of Community Testing to date.

**Health Board/Local Authority: Fife**

**Contact: - Mhairi Gilmour, Public Health Research & Development Officer**

**Email: - mhairi.gilmour@nhs.scot**

**Date: - 1<sup>st</sup> June 2021**

### **Programme level understanding to date**

#### **Context in Scotland**

Restrictions are easing, compliance has improved recently after previously declining since January and contacts have increased – cases may be expected to rise, already being observed in some areas with concern about variant B.1.617.2 (“Indian variant”). Hospitalisations and deaths are low.

A sizeable gap still remains between modelled cases and those detected by testing.

A large proportion of the adult population has been vaccinated but many still remain at risk and vaccination impact on transmission is still to be fully understood.

Community testing is just one of many pathways of testing. Pathways are being developed continuously and of particular relevance is Universal testing, which was fully launched 26 April enabling anyone to obtain an LFD test kit by ordering online, or collecting from local/regional test sites and increasingly from MTUs. The vast majority to date have been ordered online.

**Targeted community testing** is intended to be data driven placement of testing capabilities to best support identification of cases, especially hidden (non-symptomatic) cases to stop chains of transmission.

Building capability is intended to help create the infrastructure to be able to detect cases now, but also better manage potential future rise in cases or outbreaks.

#### **Models of testing**

Models are varied across and within local partnerships and have evolved over time. Key changes are as follows, but different models exist in each local area:

- MTU only - the expansion of targeted community testing initially involved deployment of MTUs offering PCR tests only and testing both symptomatic and non-symptomatic people.
- MTU +/- ATS - From 11<sup>th</sup> February ATS started to be established in a few health boards and has since grown offering LFD testing for non-symptomatic people in targeted communities. Not all Boards have offered both.
- MTU +/- Pop-up/mobile ATS - ATS tended to be fixed but increasingly pop-up versions have been created. The next evolution has been to develop mobile ATS to reduce time to set up and avoid issues around availability of appropriate sites.



- MTU with LFD collect +/- mobile ATS - Most recently has been the addition of offering LFD kits to collect from MTUs in addition to their PCR testing. Only a few boards are trialling this at present.

### **Community testing understanding and impacts**

**Cases identified** – to 9 May 6,989 (2114 of which were non-symptomatic)

**Targeting** – Community testing has consistently had the highest positive case rate (0.7% as at 10 May) for its LFD testing when compared to other LFD pathways such as University testing (0.3%) and Healthcare workers (0.1%) and for total LFDs (0.1%).

Community testing has shown early encouraging signs of reaching more deprived groups (SIMD1) which other research indicate are typically less likely to come forward for testing. However, further analysis is required.

**Community testing trends** – testing had decreased from a peak in March in line with decreasing incidence. There is a tendency towards increased proportion of testing taking place through MTUs.

**Influences on uptake** – Overall, capacity appears much underutilised, but context is important to understanding this better and may change if prevalence increases again.

A range of barriers and motivations have been described and are being addressed through enhanced communications nationally and locally with communications and engagement remaining a key aspect of targeting.

**Unintended consequences** – a positive consequence is that some partnerships have used community testing as another opportunity to engage with some groups and offer wider well-being support.

## **Questions**

**As much as possible, please state the evidence on which your responses are based (where applicable) and feel free to illustrate with data**

NB: We acknowledge that partnerships are at different stages with Community Testing with different resources. Please complete as far as possible, but we accept there may be some gaps.

### **What helps support targeting to achieve case identification and good reach**

1. Given the primary aim of Community Testing is to find cases and break chains of transmission, how successful or not do you feel you have been at finding cases and why?

*Our weekly data review is used to identify locations for deployment of asymptomatic testing in Fife. We have identified COVID-19 cases across all sites and this will be in part attributable to the methodology used to identify locations. In addition, test sites are generally located in areas of vulnerability where people may have multiple barriers to accessing testing through alternative routes. Due to this, there will be cases identified who would have otherwise been missed.*

#### **Asymptomatic Test Sites: LFD Testing**

- 76 positive LFD results from 5583 LFD tests: 1.4% positivity
- From these, 69 positive PCR results (91%)
- 90% “British~ English~ Northern Irish~ Scottish~ or Welsh”



- Majority of uptake has been from most deprived areas

- Age profile:**

Age group	%
<15	8%
15-24	11%
25-34	15%
35-44	15%
45-54	18%
55-64	18%
65+	16%

**SIMD Profile**

SIMD Q	%
MDQ	34%
2	22%
3	17%
4	12%
5	13%

**Multiple visits (CHIs)**

Number	%
1	82%
2	12%
3	3%
4 or more	3%

**Asymptomatic Test Sites: PCR results (for people without LFD tests)**

- 65 cases found via PCR testing (for people without LFD tests) from 574 PCR tests: 11% positivity
- Majority of uptake has been from most deprived areas

- Age Profile**

Age Group	%
<15	21%
15-24	12%
25-34	15%
35-44	13%
45-54	15%
55-64	14%
65+	9%

**SIMD Profile**

SIMD Q	%
MDQ	38%
2	25%
3	14%
4	9%
LDQ	11%

- 98% of people visited once, 2% visited twice

**Community Response Units with PCR Testing:**

- 21 cases found from 1100 tests: 1.9% positivity
- Majority of uptake has been from most deprived areas

- Age profile**

Age group	%
<15	14%
15-24	6%
25-34	11%
35-44	14%
45-54	14%
55-64	19%
65+	22%

**SIMD Profile**

SIMD Q	%
MDQ	23%
2	25%
3	28%
4	13%
LDQ	9%

**Number of visits (CHIs)**

Number of visits	%
1	88%
2	8%
3	2%
4 or more	2%





2. How have you assessed success?

- *Case identification and uptake of testing.*
- *Uptake of support: 145 support forms completed, 69 mobile phones provided, 30 referrals to partner organisation for support re energy provision, 21 referrals for financial support, 24 referrals for food provision, 3 referrals for mental health support.*
- *More work is ongoing to support people to adhere to isolation.*

3. In your experience what has helped most to achieve good case detection?

- *Use of data to deploy testing resources*
- *Targeted testing at an early level of case detection to improve uptake and identify further cases*
- *There has been positive feedback from the community engagement sessions and anecdotal evidence of this encouraging people to come forward.*
- *Looking into effectiveness of community engagement events moving forward*

What has not worked so well?

- *Engagement could be improved with those who don't undertake testing – working on this for the next phase*
- *Being able to use data at an early stage to target community engagement. This was more challenging for the pop-up pop down approach.*

4. Any suggestions for changes to improve targeting? Eg what you may be planning to try or for others to consider?

- *Increasing the breadth of data that we use including vaccination uptake data and LFD deliver/ collect data.*
- *Developing relationships with partners who are already engaging with groups to allow us to build COVID testing into existing services/ pathways. Particularly for groups we traditionally find difficult to engage with.*
- *As we move to a new model we will be utilising a range of new communications channels to widen reach. Whilst social media proved effective during lockdown, the channels that we could use were more limited eg radio, leaflet drop and did not always result in increasing footfall. More visible channels such as outdoor advertising will be explored alongside additional routes for more targeted work, including building on the work we have undertaken with community leaders.*
- *Having static/fixed sites will give us an opportunity to do some stakeholder mapping and community profiling with colleagues in the Fife Council Community Teams. It will also be useful to build in systematic processes to move quickly to respond to the data to best target community engagement to those who are often less well served and traditionally reached by the Public Sector.*

5. Have you experienced any limitations on your ability to conduct effective targeted community testing?

**Yes**

a. If yes – please describe what these are/have been

- *Targeted testing is informed by the data which is reviewed on a weekly basis. The ability to review the data for testing as a whole is limited as we do not have access to LFD deliver and*



*LFD collect registrations. Therefore, we can only make decisions on deployment of resources based on limited information.*

- *We also do not have data on test site registrations who do not subsequently attend and this would be helpful in understanding the barriers to access and addressing these.*
- *The data review highlights areas and/or target cohorts within the community and whether these groups can readily access testing at existing ATSS or whether a Community Testing Response Unit or SAS MTU requires to be set up. As the lockdown restrictions ease the availability of community facilities for the required welfare to support these mobile testing units has become a challenge.*
- *Availability of venues for fixed sites is also a challenge as is availability of venues that meet SAS requirements when looking to deploy SAS resources (e.g. sufficient car park space, sites that a queue wouldn't impede traffic flow).*

b. What solutions, if any, have you planned or applied?

- *A number of solutions have been tried including the use of non-Council premises, however, the lead-in time increases and introduces delays. We have also/are also exploring collaboration with the vaccine centres to have co-located premises*
- *We also work with SAS when issues arise around deployment sites*
- *Two welfare vans have been ordered to support our Community Testing Response Units – this will greatly improve the speed of deployment and allow far more flexibility when selecting sites in the target areas.*

6. How aware are local communities of community testing in their neighbourhoods?

- *In the immediate neighbourhood there is generally good awareness. In the first phase of the programme a wide range of communications were undertaken. Analytics show engagement with audiences (particularly via social media) although this may not always be replicated in footfall. Following feedback from communities we revised our communications messaging to ensure that it was clearer and more concise.*
- *We have worked with community influencers and held community engagement events but more engagement work is required to understand knowledge of testing and the barriers to testing.*

7. What is helping most to ensure awareness and how do you know?

- *Social media has been a key channel to date in reaching people across Fife, as well as word of mouth. Web analytics and data from the exit survey has shown good engagement and, for social media, as the primary route individuals who attended a site found out about testing.*
- *Audience understanding has also improved – with fewer negative comments and queries around the community testing process.*
- *Community groups, leaders and influencers continue to play an invaluable role in pushing out the message.*
- *Going forward, we need to develop this and perhaps shift this role/focus to be more about those who don't attend the sites rather than those who do.*



## Public attitudes and behaviours

8. In your area, what is the level of public acceptability of community testing and willingness to get tested?
  - *People attend for testing and we have a good proportion of return visitors, building a pattern of routine testing in some people. More work is required in relation to those who don't attend for testing to understand this. Also need to appreciate the various options for different testing streams- e.g. workplace, healthcare*
  - *After short-term deployment of testing in specific areas, we would like to work to engage with the community on how they can use other testing streams such as LFD collect and deliver so they are not as reliant on services always coming to the community as we have limited resource for covering all of Fife.*
  - *Feedback from the national testing and attitudes survey would be welcomed.*
9. What is the level of people's understanding of where and how to get a test depending on whether they are symptomatic, a contact or have been offered asymptomatic community testing?
  - *PCR testing data shows people identify themselves according to whether they are symptomatic, a contact or asymptomatic (in the case of our Community Response Testing Unit)*
  - *More work required in relation to those who don't attend for testing to understand this.*
  - *Would welcome national feedback from attitudes survey- this may need to be repeated now we are in a different place from national lockdown*
10. Are there particular population groups who are not engaging either due to low awareness or for other reasons? **Don't know**
  - *At present, don't know. Need to do some work on uptake data for each area and compare to community profile. Need to understand who is coming for testing and from where. Although test site located in a particular geography, our experience is those keen for testing will come from other areas to access it.*
  - *To look at uptake of testing by particular group, we are limited on the data collected by UK system if we do not have our own in place e.g ethnic group which are not the standard categories*
    - a. If yes – what groups and why?
11. What are:
  - b. the top 5 motivations for getting tested at the community testing sites?  
*Exit interview data suggests people get tested "to find out if I have covid".*
  - c. the top 5 barriers to get tested?  
*Fear of having to self-isolate and not being able to work/care for loved ones*  
*Further work needed with those people who don't come forward for testing.*
  - d. What evidence are the responses to a and b based on?  
*Exit interview, Anecdotal evidence*



12. Are there particular motivations and/or barriers evident for specific population groups? **Don't Know**
13. If yes, please describe what you understand these to be and based on what evidence
  - *Don't know for sure but from local intelligence 'myths' around testing, inability to isolate due to requirement to work, concerns about immigration status, understanding of testing process, language barriers.*
14. How are barriers and motivations being addressed?
  - *Worked with comms to develop resources in different languages, worked with community influencers.*
15. What has worked well with communications and engagement around barriers and motivations, and how do you know?
  - *From the start of community testing we have ensured that all relevant materials – site booklets, leaflets/flyers etc were translated into community languages. In addition through our Equality and Human Rights team we have engaged with organisations for the blind and deaf blind to disseminate information. Our colleagues in Fife Voluntary Action have also helped to push out messaging.*
  - *Community influencers sessions with senior public health colleagues helped demystify peoples questions. Community leaders have been supportive of community testing and have helped to raise awareness within their own communities eg video with local Imam and then sent round networks, and we have completed targeted work with groups eg food banks. We have had a recent example with testing deployed to Mosque- working closely with community leaders, testing uptake from this and appetite for testing to continue.*
  - *The support aspect of community testing has been included in all messaging.*
  - *We will continue to work with different group and communities to break down barriers and look to gather evidence around these and motivators.*
16. Do you offer additional support to help self-isolate as part of community testing over and above what was already on offer in your area? (ie something more than additional signposting)? **Yes**
  - e. If yes, what is additional?
    - *1:1 support interview in person is not currently offered anywhere else - has generally been phone or online contact. Those requiring food support leave the centre with a food parcel to feed themselves and their family for 3 days. Whilst having the 1:1 support interview, staff members are able to identify if there are any other needs additional to those in the support forms (phone, food, fuel) and action what is needed there and then e.g. hardship fund applications, support to source other shopping deliveries that may be a significant barrier to self-isolation*
  - f. What, if any evidence, is there of whether it is helping or not?
    - *145 support forms completed, 69 mobile phones provided, 30 referrals to partner organisation for support re energy provision, 21 referrals for financial support, 24 referrals for food provision, 3 referrals for mental health support.*
    - *More work is ongoing to support people to adhere to isolation.*
    - *Also, work going on re: self isolation adherence. Plan for contact tracers to call on Day 5.*



- *Case study: Ms C*
  - *Ms C is a mum of 4 who came to the centre with 2 of her younger children. She identified at the initial stages of the process she would need food and would like a welfare support 1:1. After testing negative she talked to Steph who was on duty that day. Whilst initially it was difficult for Ms C to open up (she became very emotional) we discovered there were many things going on for her. She had been unable to work as one or other of the children had to self-isolate on pretty much a back to back basis, her benefits just weren't stretching as far as she was having to shop local due to asking neighbours for help when she had to stay indoors with her children (all under 12)*
  - *Ms C tested negative, however through her chat with Steph we were able to get her food for the next 3 days. She was also able to access the hardship fund which gave her monies to pay her bills. We also discovered in the conversation that she had limited online access and therefore could not order food online. We were able to link Ms C with the Connecting Scotland Programme and she has recently received a device and unlimited internet access. Our welfare support assistant also followed up with a call to do a benefits check with Ms C to ensure she was claiming everything she was entitled to.*

## Community testing in the longer term

17. How has the Universal Available Offer impacted how community testing is operating in your area?
  - *We have the LFD data by geography but at present we can't differentiate these two categories from the rest in 'Other' so unable to accurately gauge how Universal Available Offer has impact community testing*
18. What, if any, any unintended consequences are you aware of from community testing (both positive or negative)?
  - *Unconfirmed but anecdotal evidence of negative test results causing a change in behaviour in relation to no longer needing to follow government restrictions.*
  - *There will be an impact of false negatives and we're not able to accurately measure this at present which is a big limitation and risk of the programme.*

## General

19. If you wish, please provide comment on the understanding presented at the beginning and how that relates to your local partnership.
  - *The understanding presented at the beginning of this Reporting Proforma helps to add context and provides a wider picture of targeted community testing.*
  - *Test sites identified through the data appear to be more effective in identification of cases.*
  - *Test uptake does remain low but the identification of cases is arguably a more important outcome.*
  - *Multiple barriers and motivations to be addressed- main challenge at present is vaccination and the messages around testing post vaccination.*
20. If you wish, please provide any other feedback on community testing.



- *Testing overall would benefit from a more coherent and joined up approach across all policy areas to make it easier for the public to understand and take up the testing opportunities. By having multiple routes into testing to make, there are almost too many options for people to choose from which is confusing. Messaging needs to be clearer and simplified.*



# NHS Fife

<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting date:</b>	<b>7 July 2021</b>
<b>Title:</b>	<b>COVID-19 Vaccination</b>
<b>Responsible Executive:</b>	<b>Scott Garden, Director of Pharmacy &amp; Medicines</b>
<b>Report Authors:</b>	<b>Ben Hannan, Chief Pharmacist</b> <b>Jason Cormack, Pharmacy Business Manager</b>

## 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 has progressed significantly over the last three months. At time of writing (22 June 2021), the Board has given over 440,000 doses including 188,000 complete courses. The vast majority of those aged over 50, those at high risk, and health and social care workers have had two doses of vaccine. The Board will have completed vaccination of the final cohort in this first tranche, the 18-29 group, by the middle of July.

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 is 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 but has largely stabilised since April 2021. The Board has been able to continue vaccinating at pace while complying with clinical direction to wherever possible utilise Pfizer for those aged under 40, and AstraZeneca for those older than 40.

At present, there are no concerns about supply for first or second doses through the summer.

Fife has not been allocated any supply of the Moderna product: this is only being used in three Boards in Scotland, in the interests of simplifying the supply chain and storage requirements.

### **Vaccine Approval**

The MHRA have granted the Janssen Covid-19 vaccine, a Conditional Marketing Authorisation. Supply in Scotland is likely to start arriving later in the summer, with initial levels being low. It is possible that this product will play a role in a booster programme later in 2021.

### **Prioritisation of Cohorts**

The Board awaits direction from Scottish Government regarding vaccination of those aged under 18 (with the exception of health and social care staff, and unpaid carers ahead 16-17, who are already eligible).

## 2.3 Assessment

As at 22<sup>nd</sup> June over 440,000 people have been vaccinated in Fife, with only the 18-29 cohort to be provided with first doses, and those under 49 now beginning to receive second doses.

The Board is now entering a period of transition from the COVID vaccination programme towards a revised Flu/COVID programme (FVCV) beginning in Autumn 2021. A programme board has been formed and key leadership positions are being established, following a review of the previous provision. The existing COVID vaccination programme board will be stood down from the end of July and a revised programme established. It should be noted that we await clarity from Scottish Government regarding the shape of the future programme: while eligibility for flu vaccine has been released, there is no direction as yet regarding COVID boosters.

### **Logistics**



The Board has further developed its model of provision over the last few weeks. Most notably, with the opening of four large scale vaccination venues in Dunfermline, Kirkcaldy, Glenrothes and Methil, the number of sites has been rationalised. Alongside these four venues, existing clinics in St Andrews Community Hospital, Randolph Wemyss Memorial Hospital and Oakley Community Centre have been retained to ensure robust access across the Kingdom. The remaining ten sites will be returned to their community functions.

In further support of this, a number of “pop-up” clinics are being undertaken across Fife, the first of which was in Lochgelly and attracted an encouraging uptake. There are also several dates at which the public can attend for vaccination without an appointment across the venues, driving accessibility.

## **Scheduling**

Scheduling of cohorts has been a considerable challenge throughout the programme to date. While cohort 12 (18-29) has been managed relatively well, particularly via the online registration portal, there have been ongoing concerns throughout the last 8 months and it is valid for the Board to seek reassurance ahead of any future work with this system.

At present, there are ongoing issues with the vaccination status helpline and portal, which is driving further work for the local team. It is hoped that an international solution will be delivered later in the summer removing this issue.

Analysis of DNAs and work to drive uptake remains a high priority. Data is available noting areas of Fife which have lower uptake amongst recent cohorts and further drop-in clinics combined with enhanced local communications will aim to increase accessibility. It is worth noting that Fife's uptake and DNA rates compare favourably with other Boards. The current uptake rate in cohort 10 is 86.9%, lower than earlier cohorts which have been above 90%.

### **2.3.1 Quality/ Patient Care**

The Board has met Scottish Government demands on pace and currently has a rate of vaccination ahead of the national average. Several bespoke solutions have been developed to support more complex groups, including those with learning disabilities, and parents of neonatal babies. The Board is also developing a solution to vaccinate seasonal agricultural workers and is supporting uptake amongst this group.

A systematic review of Datix incidents has been undertaken. There was a total of 44 incidents involving patient care recorded between 1st January and 25th April – this equates to two incidents per 10,000 patients. Of these, 32 had no outcome in terms of harm, 8 with a minor outcome, 3 with a moderate outcome and 1 with a major outcome. Investigation of these has prompted action driving improved compliance with local standards which in turn has been seen in the data with very few repeated issues.

A comprehensive review of patient experience has been undertaken by NHS Fife's Head of Person-Centred Care and Director of Nursing. It is encouraging to note that most of the feedback received is positive. Full details can be seen in Appendix One.

### **2.3.2 Workforce**

The programme has now completed all recruitment and has a robust staffing model and a well-developed skill mix. Fife is in a leading position nationally regarding the new band 3 Healthcare Support Worker Vaccinator role and has 212 individuals employed in this role. There is no longer a significant reliance on contractors, whose support was critical earlier in the programme. With the bulk of staff being employed substantively for vaccination, the risk to the wider organisation and services is no longer of significant concern.

### **2.3.3 Financial**

The programme works closely with Finance colleagues to ensure costs are captured and reported to Scottish Government.

### **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 29 risks on the register; however, with pressure having eased, the number of high risks has reduced to two. The two high risks related to:

- The long-term infrastructure in the Board for management of mass vaccinations
- The concerns noted above regarding scheduling

### **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. The programme has an established Inclusivity group who drive local development in this area. Most recently, this group worked in partnership with Fife Council to deliver cards which local housing officers can distribute to those experiencing homelessness: this group can now access vaccination at any local clinic without an appointment.

### **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. The frequency of staff briefings has reduced recently: however correspondence from elected members has remained variable over the course of the programme. A number of media appearances from senior members of the team have been undertaken, notably on local radio. Journalists were invited to attend the new larger sites which has helped engagement with the community.

### **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, 24 June 2021
- EDG Gold Command, 24 June 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

Appendix One – Patient Experience Report

### Report Contact

Benjamin Hannan  
Chief Pharmacist  
benjamin.hannan2@nhs.scot

<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting date:</b>	<b>7 July 2021</b>
<b>Title:</b>	<b>Appendix One: COVID-19 Vaccination - Patient Experience Report</b>
<b>Responsible Executive:</b>	<b>Janette Owens, Director of Nursing</b>
<b>Report Author:</b>	<b>Donna Hughes, Head of Person-Centred Care</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Emerging issue
- Local policy

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

- Person Centred

## 2 Report summary

### 2.1 Situation

NHS Fife is committed to delivering safe and effective person-centred care and improve the quality of our health care services.

The Covid-19 Vaccination Programme commenced in late 2020 / early 2021 and was a programme that required implementation at pace. NHS Fife has received a significant number of contacts from the public, since the programme started. It was recognised there was public anxiety around the Covid-19 pandemic itself and the vaccination programme, with an increased urgency and appetite to receive the vaccination as quickly as possible.

### 2.2 Background

As the programme got underway for the vulnerable and 'at risk' cohorts, NHS Fife saw increased numbers of contact from the public and MSPs via phone, letter and email to enquire when they would get their vaccination and to try to arrange an appointment. There was also a perception that vaccines would be received in GP surgeries, as with the flu

vaccination. A standard response was created to explain why this was not possible, given the measures for dealing with the pandemic at that time. To further inform and relieve public anxieties, there were communications by the Chief Executive via social media.

It is clear there were some challenges created by inconsistencies in the National and Local approach. Several enquiries were received regarding the National Team not having patient data or details, which often came down to how a GP had categorised a patients requirement for vaccine within the Practice. NHS Fife also experienced errors with the National Scheduling process which resulted in the duplication of appointments at certain clinics. This caused some clinics to be over capacity, which caused public frustration and concern.

Attendance at clinics was also affected by poor weather, resulting in several people having to get their appointment rescheduled. Concerns were also raised about the accessibility of some clinics for those with additional mobility and communication needs, and for parking needs. An Equality Impact Assessment (EQIA) had been completed in preparation for the programme starting, and other issues which arose during public feedback and complaints were managed quickly by the programme team with input from subject matter experts as required.

2.3 Assessment

The tables below give an indication of the numbers and types of feedback and the themes relating to them via the Patient Relations Team

Table 1: Covid-19 Vaccination Cases via Patient Relations	
TYPE	NUMBER RECEIVED
Compliments	8
Enquiries	252
Concerns	47
Stage 1s	52
Stage 2s	7

Table 2: Themes
Some of the most common themes were around people trying to obtain a vaccination appointment and their details not being held by the national team; not receiving an appointment when they thought they should have; not being automatically sent an appointment for their 2 <sup>nd</sup> vaccine and dissatisfaction with The National and Local appointing system.
Overwhelming underlying theme is around the provision of appointments and the time people had to wait for them.
Some compliments were received via Patients Relations' however a higher volume was posted via the Care Opinion platform. Further data can be reviewed below.

NHS Fife remains committed to listening and learning from feedback. Local delivery teams encourage the public to provide feedback on their experience of the vaccination programme so that services can continually be improved and enhanced. The Patient Relations Team maintained direct contact with the Covid-19 PMO team and the local teams, in order to share feedback and support teams to listen and respond in a meaningful way. Working collaboratively has also allowed the Patient Relation Team to track and report on trends and themes of feedback from the public to drive improvement and change.

An example of improvement relates to feedback received by a member of the public following attendance for their second vaccination. The highlighted concern was the vaccination had not been administered correctly due to staff confidence. This was shared with the Covid-19 PMO team and following discussion with the staff member, additional training and support was provided. A follow up vaccination for the public member was also arranged. It was a positive outcome for all involved and thanks were received for efficiently handling the matter. As time has gone on and the programme has embedded and developed, the main reason for public contact has continued to be the provision of vaccination appointments. Currently as second vaccinations are underway, we are being contacted by people who have not been appointed automatically or received their letter. As people can now request a vaccination status via NHS Inform, NHS Fife is starting to see issues with inaccuracies in the data they are receiving.

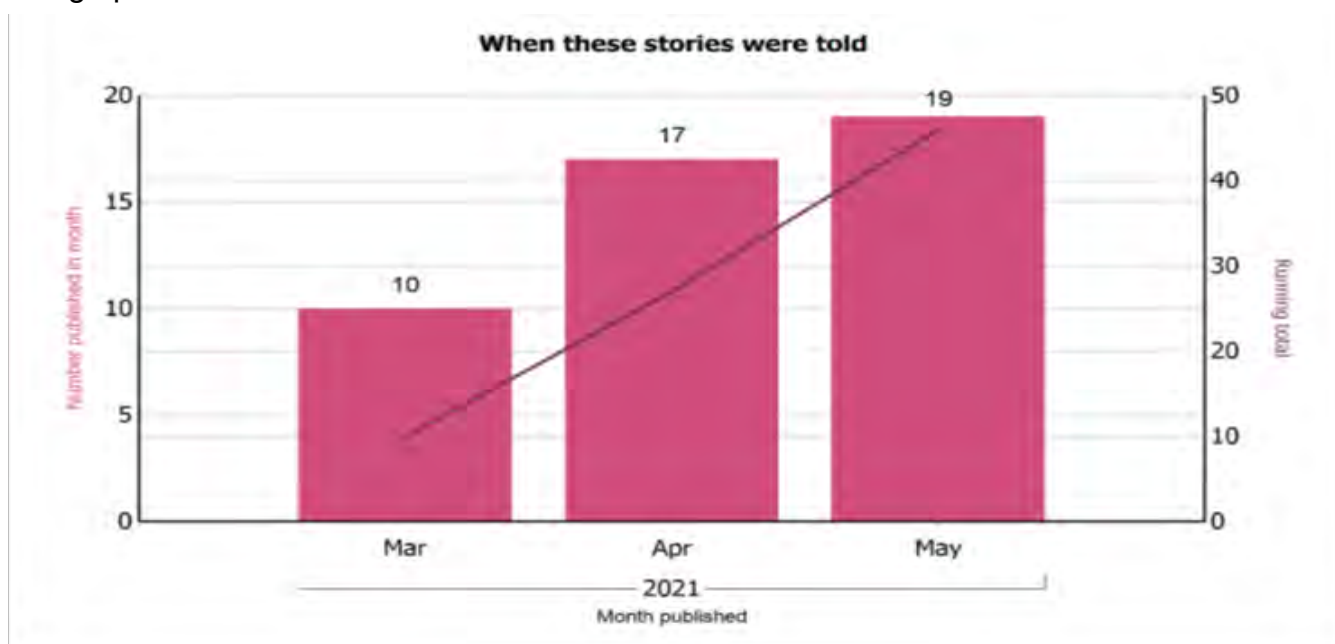
It is clear the overall challenges have been the sheer size of the task at hand, public anxiety and expectations and understanding of how the programme would work. National media input has driven additional confusion within the community. However, there continues to be a collective effort to progress with the vaccination programme and manage new challenges in a positive and timely way as they arise.

While we continue to receive enquires and concerns, it is worth noting the high volumes of compliments received via Care Opinion. Staff across vaccination centres have been encouraged to promote Care Opinion as it gives the public an opportunity to share their experience anonymously. It also allows frontline staff an opportunity to receive and respond to the feedback directly. It has been encouraging to note that the majority of feedback received is positive. The data below gives an indication of the number of stories, the themes, along with a few some examples.

### 2.3.1 Quality/ Patient Care

## Care Opinion - Covid 19 Vaccine Report

The graph below shows the distribution of stories received.



The graphic “Tag Bubbles” below highlights/themes information extracted from individual stories posted on Care Opinion. The green colour indicates positive opinions where individuals have stated what was good about their experience. The pink colour identifies what could be improved. Specific examples are:

- Staff: 19 positive opinions
- Friendly: 22 positive opinions
- Efficient: 10 positive opinions
- Social distancing: 1 positive opinions / 1 negative opinions
- Staff Attitude: 1 positive opinions / 1 negative opinions



## What was good?



Below are examples of stories received from vaccination centres across Fife:

**Corn Exchange, Cupar** - Couldn't fault our experience today when we got our Covid 19 vaccinations at the Corn Exchange, Cupar. We were telephoned at lunchtime and asked if we could bring our appointments forward by a couple of hours. This was no problem to us. When we arrived we were greeted by a very friendly and efficient young man who sanitised our hands and showed us where to go. Registration was efficient as was the vaccination itself, all done in a very efficient and friendly manner. Well done to the Immunisation Team of NHS Fife for a well organised process, it can't be easy handling so many people over a protracted period of time.

*Response - Many thanks for your positive comments, I am pleased to read your visit to our vaccination clinic in Cupar went so well, I will certainly feedback to the team.*

**Rothes Halls, Glenrothes** - I was at Rothes Halls today. I felt very anxious before and after the injection. The young girl Gemma who was in the seating area after the injection spoke to me and made me laugh and put all my anxiety at ease and answered all my questions. I ended up staying for half an hour and she made me laugh the whole time and kept checking on me whilst assisting other patients. She is a credit to the NHS! Thank you Gemma, not all heroes have capes! Xxx

*Response - Thank you for taking the time to post your feedback. I'm pleased to hear that you had a positive experience and hope that it will have alleviated your anxiety over attending for the 2nd vaccine. I will pass your feedback onto the team at Rothes*

**Dunfermline East Church** - Attended my Covid 19 vaccine appointment at Dunfermline East Church and have to say all staff were very respectful and very friendly, was in and vaccinated straight away so no waiting about, currently sitting 15 mins before leaving as advised by the staff, and they've been very hospitable!

*Response - Many thanks for taking the time to get in touch, putting your 15 minutes rest time to great use! It's great to hear that everything went without delay, and everything ran so smoothly.*



*we have a great friendly team supporting the vaccination programme and I am delighted that you saw this.*

### **2.3.2 Workforce**

Feedback is shared with the workforce.

### **2.3.3 Financial**

N/A

### **2.3.4 Risk Assessment/Management**

Themes are identified with lessons learned.

### **2.3.5 Equality and Diversity, including health inequalities**

Robust EQIA completed as part of programme

### **2.3.6 Other impact**

N/A

### **2.3.7 Communication, involvement, engagement and consultation**

### **2.3.8 Route to the Meeting**

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

Executive Directors Group – 10<sup>th</sup> June 2021

## **2.4 Recommendation**

Clinical Governance Committee are asked to consider this appended paper for **awareness**.

### **Report Contact**

Donna Hughes

Head of Person-centred Care

Email [donna.hughes@nhs.scot](mailto:donna.hughes@nhs.scot)

# NHS Fife

Meeting:	NHS Fife Clinical Governance Committee
Meeting date:	7 July 2021
Title:	Update on NHS Fife Board Assurance Framework (BAF) Quality & Safety
Responsible Executive:	Dr Chris McKenna, Medical Director & Janette Owens, Director of Nursing
Report Author:	Pauline Cumming, Risk Manager

## 1 Purpose

**This is presented to EDG for:**

- Discussion

**This report relates to a:**

- Local policy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

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

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

The Committee has a vital role in scrutinising the risk and where necessary, the chair should seek further information. The Committee is required to consider the following:

- Does the risk score feel right?
- Do the current controls match the stated risk?
- Will the mitigating actions bring the risk down to its target level?

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

This report provides the Committee with an update on the Quality & Safety BAF since the last report on 30 April 2021.

## 2.2 Background

This BAF brings together pertinent information on the above risk, integrating objectives, risks, controls, assurances and additional mitigating actions. Details are contained in Appendix 1 and 2.

## 2.3 Assessment

The committee can be assured there are systems and processes in place to monitor quality and safety, and that work relating to managing related risks continues.

### Linked Operational Risks:

Following review, 1 linked operational risk has been closed:

**Risk ID 1515:** Impact of the UK's withdrawal from the EU on Nuclear Medicine and the ability to provide diagnostic and treatment service(s). Post BREXIT, there were no immediate issues with the supply chain, apart from the supply of therapy capsules from General Electric (GE); these were due to changes in paperwork, but did not affect NHS Fife directly. Risk closed.

There are no changes to the risk level of the remaining risks.

At this time of reporting, no additional linked risks have been identified.

A meeting is planned with the Medical Director, the Director of Nursing, the Head of Quality and Clinical Governance and the Risk Manager, to undertake a full review of the BAF and associated linked risks.

Of note, the Internal Audit plan for 2021-2022 will consider the Quality & Safety BAF in line with assurance mapping principles, and assess whether the risk has been suitably updated to take account of the impact of COVID-19.

### 2.3.1 Quality/ Patient Care

Highlighting relevant high risks to the committee, ensures there is appropriate scrutiny and monitoring of the highest level of risks in the organisation which impact or potentially impact on the quality and safety of services and patient care delivery.

### 2.3.2 Workforce

No change

### 2.3.3 Financial

No change

#### **2.3.4 Risk Assessment/Management**

The risks associated with this BAF are assessed and managed at an operational level.

#### **2.3.5 Equality and Diversity, including health inequalities**

Equality and diversity are considered and managed operationally, and there are no assessments associated with this BAF.

#### **2.3.6 Other impact**

N/A

#### **2.3.7 Communication, involvement, engagement and consultation**

N/A

#### **2.3.8 Route to the Meeting**

This paper has been considered by the Head of Quality and Clinical Governance and the Director of Nursing on 28 June 2021.

### **2.4 Recommendation**

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

### **3 List of appendices**

Appendix 1, NHS Fife Board Assurance Framework (BAF) Quality & Safety to NHS Fife CGC 070721V1.0

Appendix 2, BAF Risks - Quality & Safety - Linked Operational Risks to NHS Fife CGC 070721V1.0

#### **Report Contact**

Pauline Cumming

Risk Manager

Email [pauline.cumming@nhs.scot](mailto:pauline.cumming@nhs.scot)

NHS Fife Board Assurance Framework (BAF)

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

Board Assurance Framework (BAF) - Quality & Safety

1674	Clinically Excellent, Person Centred	30/04/21	07/07/21	There is a risk that due to failure of clinical governance, performance and management systems (including information & information systems), NHS Fife may be unable to provide safe, effective, person centred care.	4 – Likely – Strong possibility this could occur	5 – Extreme	20	High Risk	3 – Possible – May occur occasionally – reasonable chance	5 – Extreme	15	High Risk	Failure in this area could have a direct impact on patients' health, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme harm can occur daily, the proportion of these in relation to overall patient activity is very small.	Christopher McKenna Medical Director	Clinical Governance Christina Cooper	<i>Ongoing actions designed to mitigate the risk including:</i>  1. Strategic Framework 2. Clinical Strategy 3. Clinical Governance Structures and operational governance arrangements 4. Clinical & Care Governance Strategy 5. Participation & Engagement Strategy 6. Risk Management Framework 7. Governance arrangements established to support delivery of the UK Coronavirus (COVID-19) action plan 8. Processes established for reporting and escalation of COVID-19 related incidents & risks 9. Remobilisation plan for clinical services  These are supported by the following: 10. Risk Registers 11. Integrated Performance and Quality Report (IPQR), Performance reports dashboard data 12. Performance Reviews 13. Adverse Events Policy 14. Scottish Patient Safety Programme 15. Implementation of SIGN and other evidence based guidance 16. Staff Learning & Development 17. System of governance arrangements for all clinical policies and procedures 18. Participation in relevant national and local audit 19. Complaints handling process 20. Using data to enhance quality control 21. HIS Quality of Care Approach & Framework, Sept 2018 22. Implementing Organisational Duty of Candour legislation 23. Adverse event management process 24. Sharing of learning summaries from adverse event reviews 25. Implementing Excellence in Care 26. Using Patient Opinion feedback 27. Acting on recommendations from internal & external agencies 28. Revalidation programmes for professional staff 29. Electronic dissemination of safety alerts	1.Reviewing together of patient experience, complaints, adverse events and risk information to provide an overview of good practice, themes, trends, and exceptions to the norm.  2.Weaknesses in the process for recording completion of actions from adverse event reviews including evidence of steps taken to implement and share learning from actions.  3.Weaknesses in related oversight and monitoring processes at operational level.  4.Risk Management Framework has been updated but to be rolled out.	1. Give due consideration to how to balance the remobilisation of clinical services and manage staff and public expectations, while dealing with the ongoing COVID-19 pandemic.  2. Continually review the Integrated Performance and Quality (IPQR) to ensure it provides an accurate, current picture of clinical quality / performance in priority areas.  3. Refresh the extant Clinical Governance structures and arrangements to ensure these are current and fit for purpose.  4..Review the coverage of mortality & morbidity meetings in line with national developments and best practice guidance  5. Review and refresh the current content and delivery models for key areas of training and development e.g. corporate induction, in house core, quality improvement, leadership development, clinical skills, interspecialty programmes.  6. Review annually, all technology & IT systems that support clinical governance e.g. Datix, Formic Fusion Pro.  7. Review our position against the Quality of Care Framework and understand our state of readiness.  8. Further develop the culture of person centred approach to care.  9. Only Executive commissioning of reviews as appropriate e.g. internal audit, external peer and 'deep dives'.	1. Assurance statements from clinical & clinical & care governance groups and committees.  2. Assurances obtained from all groups and committees that: i. they have a workplan ii. all elements of the work plan are addressed in year  3. Annual Assurance Statement  4. Annual NHS Fife CGC Self assessment  5. Reporting bi annually on adequacy of systems & processes to Audit & Risk Committee  6. Accreditation systems e.g.. Unicef - Accredited Baby Friendly Gold. UKAS Inspection for Labs.  7. External agency reports e.g. GMC  8. Quality of Care review	1. Internal Audit reviews and reports  2. External Audit reviews  3. HIS visits and reviews  4. Healthcare Environment Inspectorate (HEI) visits and reports  5. Health Protection Scotland (HPS) support  6. Health & Safety Executive  7. Scottish Patient Safety Programme (SPSP) visits and reviews  8. Scottish Govt DoC Annual Report  9. Scottish Public Service Ombudsman (SPSO)  10. Patient Opinion  11. Specific National reporting	1.Key performance indicators relating to corporate objectives e.g. person centred, clinically excellent, exemplar employer & sustainable.  2.We require additional assurances that there is a system in place for oversight of actions from a variety of sources e.g. audit, adverse events, SPSO.  3.We require additional assurances that there are systems in place for oversight of operational risks.	Overall, NHS Fife has in place sound systems of clinical governance and risk management as evidenced by Internal Audit and External Audit reports and the Statement of Annual Assurance to the Board.	2 – Unlikely – Not expected to happen – potential exists	5 – Extreme	10	Moderate Risk	The organisation can identify the actions required to strengthen the systems and processes to reduce the risk level.
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Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1652	Lack of Medical Capacity in Community Paediatric Service	Active Risk	High Risk	25	Dobson, Claire
1296	Emergency Evacuation, VHK Phase 2 Tower Block	Active Risk	High Risk	20	McCormick, Neil
43	Vascular access for haematology/Oncology	Active Risk	High Risk	20	Savage, Shirley-Anne
521	Capacity Planning	Active Risk	High Risk	16	Watts, Miriam
529	Information Security Risk	Active Risk	High Risk	16	McGurk, Margo
1287	Overcapacity in AU1 Assessment Unit	Active Risk	High Risk	16	Shepherd, Angie
1365	Cancer Waiting Times Access Standards	Active Risk	High Risk	15	Couser, Gemma
1670	Temperature within fluid storage room within critical care.	Active Risk	High Risk	15	Watts, Miriam

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
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1667	Infusion pumps, volumisers and Syringe Divers in Paediatrics and Neonatal Units	Closed Risk			
1514	Impact of the UK's withdrawal from the EU on the availability and cost of medicines and medical devices	Closed Risk			
356	Clinical Pharmacy Input	Closed Risk			
528	Pandemic Flu Planning	Active Risk	Moderate	12	Milne, Dona
637	SAB LDP standard	Active Risk	Moderate	9	Cook, Julia
1297	Obsolete Equipment In Use – No Replacement Plan In Place (Graseby 3000 Series)	Closed Risk			
1366	T34 syringe drivers in the Acute Division	Closed Risk			
1502	3D Temperature Monitoring System (South Lab)	Closed Risk			
1524	Oxygen Driven Suction	Closed Risk			
1515	Impact of the UK's withdrawal from the EU on Nuclear Medicine and the ability to provide diagnostic and treatment service(s	Closed Risk			

ID	1652	1296	43	521
Position of Risk (Risk Register)	Acute Services - Women Children and Clinical Services - Obstetrics, Gynae and Paeds Risk Register	CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register	Acute Services - EMERGENCY CARE & MEDICINE DIRECTORATE RISK REGISTER	Acute Services - EMERGENCY CARE & MEDICINE DIRECTORATE RISK REGISTER
Opened	12/11/2019	22/08/2016	24/03/2012	02/10/2012
Title	Lack of Medical Capacity in Community Paediatric Service	Emergency Evacuation, VHK Phase 2 Tower Block	Vascular access for heamatology/Oncology	Capacity Planning
Description	<p>The Community Paediatric Service staffing has reduced from 14wte in 2014 to 4.25 wte substantive general community paediatricians now in 2020. This is due to the service being unable to fill vacancies following retirals. Permanence and Child Protection specialist posts are delivered by 1.7 wte.</p> <p>The service is unable to meet demand both in terms of new patient and review patient caseloads. There is a risk that care will be compromised and patient safety impacted.</p> <p>Complaints are significant in number and many have been received from MSP's and local councillors.</p>	<p>There is a risk that a second stage fire evacuation, or complete emergency evacuation, of the upper floors of Phase 2 VHK, may cause further injury to frail and elderly patients, and/or to staff members from both clinical and non-clinical floors.</p>	<p>A lack of a vascular access service and access to timely Hickman line insertion poses a risk to the timely initiation of chemotherapy to Haematology/Oncology patients.</p>	<p>Capacity Planning: There is a risk of a mismatch between capacity and demand for elective and emergency activity which will lead to delays to admit emergency patients high levels of boarding, failure to meet 4 hour A&amp;E target and failure to meet waiting time standards including the 12 week legally binding guarantee</p>
Likelihood (initial)	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur
Consequence (initial)	5 - Extreme	5 - Extreme	4 - Major	4 - Major
Risk level (initial)	High Risk	High Risk	High Risk	High Risk
Rating (initial)	25	20	20	16
Current Management Actions	<p>New Consultant started in post 22/3/21 and Specialty Doctor post is currently out to advert again.</p> <p>Conversations regarding ADHD Service have still to take place with Divisional Manager Fife wide HSCP regarding governance and improvement actions required across HSCP and Community Paediatrics</p>	<p>JR - 22/06/2021 - Current management actions still apply. The fire safety advisors have visited ward 10 and all staff have completed recent fire training. An exercise to upgrade/repair all the compartment doors is underway and a survey to check for any breaches in compartmentation is also underway.</p>	<p>22/06/2021 Risk remains unchanged we are liaising closely with the vascular service within Ninewells to mitigate the risk but due to the inability to recruit to interventional radiology.</p>	<p>Due to COVID changes have been implemented regarding red and amber pathways tis is being managed on a daily basis, There is no longer boarding within surgical wards and elective surgery have a green pathway.</p>
Likelihood (current)	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur
Consequence (current)	5 - Extreme	5 - Extreme	4 - Major	4 - Major
Risk level (current)	High Risk	High Risk	High Risk	High Risk
Rating (current)	25	20	20	16
Likelihood (Target)	3 - Possible - May occur occasionally - reasonable chance	1 - Remote - Can't believe this event would happen	3 - Possible - May occur occasionally - reasonable chance	2 - Unlikely - Not expected to happen - potential exists
Consequence (Target)	4 - Major	5 - Extreme	4 - Major	4 - Major
Risk level (Target)	Moderate Risk	Low Risk	Moderate Risk	Moderate Risk
Rating (Target)	12	5	12	8
Risk Owner	Dobson, Claire	McCormick, Neil	Savage, Shirley-Anne	Watts, Miriam
Handler	Galloway, Donna	Ramsay, Jimmy	Davidson, Dr Kerri	Watts, Miriam
Previous Review Date	17/06/2021	22/06/2021	22/06/2021	22/06/2020
Next Review	31/12/2021	30/09/2021	01/12/2021	20/09/2021



1670	1365	1287	529	ID
Acute Services - EMERGENCY CARE & MEDICINE DIRECTORATE RISK REGISTER	Acute Services - ACUTE SERVICES DIVISION RISK REGISTER, NHSFBD - Cancer Services Risk Register, NHSFBD – COVID-19 Risk Register	Acute Services - EMERGENCY CARE & MEDICINE DIRECTORATE RISK REGISTER	CORPORATE RISK REGISTER, NHSFBD - Digital and Information Directorate Risk Register	Position of Risk (Risk Register)
11/12/2019	15/06/2017	18/08/2016	02/10/2012	Opened
Temperature within fluid storage room within critical care.	Cancer Waiting Times Access Standards	Overcapacity in AU1 Assessment Unit	Information Security Risk	Title
The temperature within the fluids storage room must be kept at 25degrees to maintain safe storage of IV fluids and Hemofiltration fluids. The temperature within this area continues to be at a level of 28 degrees which is not acceptable to reduce the temperature the clinical area is requiring to wedge open the door which allows the temperature to reduce to 26degrees. This presents a further risk that a fire door remains open.	There is a risk that NHS Fife will be unable to deliver and sustain Cancer Waiting Times Access Standards which will result in delays to patient appointments, investigations and treatment.	There is a risk to clinical care and patient/staff safety when there is overcrowding within AU1 assessment area.	There is a risk that NHS Fife's information or data assets including patient data, commercially sensitive data or personal data may be compromised through deliberate or accidental misuse of IT Systems, malicious attack designed to damage or steal electronic data, affect essential services, loss theft or misuse of paper based records during transportation, clinical processes or storage. This risk relates to the Networking and Information Systems(NIS)Regulations.	Description
5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur	5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (initial)
3 - Moderate	3 - Moderate	2 - Minor	3 - Moderate	Consequence (initial)
High Risk	High Risk	Moderate Risk	High Risk	Risk level (initial)
15	15	8	15	Rating (Initial)
Current Management Actions				
5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	Likelihood (current)
3 - Moderate	3 - Moderate	4 - Major	4 - Major	Consequence (current)
High Risk	High Risk	High Risk	High Risk	Risk level (current)
15	15	16	16	Rating (current)
2 - Unlikely - Not expected to happen - potential exists	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance	1 - Remote - Can't believe this event would happen	Likelihood (Target)
3 - Moderate	3 - Moderate	2 - Minor	4 - Major	Consequence (Target)
Low Risk	Moderate Risk	Low Risk	Low Risk	Risk level (Target)
6	9	6	4	Rating (Target)
Watts, Miriam	Couser, Gemma	Shepherd, Angie	McGurk, Margo	Risk Owner
Shepherd, Angie	Nicoll, Kathleen	Hutchison, Wendy	Irving, Kevin	Handler
03/01/2021	24/02/2021	03/01/2021	20/04/2021	Previous Review Date
31/07/2021	24/09/2021	31/07/2021	20/07/2021	Next Review



# NHS Fife

Meeting:	Clinical Governance Committee
Meeting date:	7 July 2021
Title:	NHS Fife Board Assurance Framework (BAF) Strategic Planning
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Susan Fraser, Associate Director of Planning and Performance

## 1 Purpose

**This is presented to the Committee for:**

- Discussion

**This report relates to a:**

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

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

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

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

## 2.2 Background

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

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

## 2.3 Assessment

There has been a revision of this BAF to reflect the changes that have happened over the COVID period and the strategic planning for the new Population Health and Wellbeing Strategy for NHS Fife.

The risk associated with this BAF has been reviewed and renewed. The previous risk which has been in place since 2017 was:

*There is a risk that NHS Fife will not deliver the recommendations made by the Clinical Strategy within a timeframe that supports the service transformation and redesign required to ensure service sustainability, quality and safety at lower cost.*

This no longer reflects that current position of strategic planning, the development of the strategy and associated changes. The proposed risk is:

*There is a risk that the development and the delivery of the new NHS Fife Population Health and Wellbeing strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements.*

The BAF and risk also describes how the Corporate Objectives have been derived from the Strategic Planning and Resource Allocation (SPRA) process and the Strategic Priorities form part of the strategic planning direction going forward for NHS Fife.

### 2.3.1 Quality/ Patient Care

Quality of Patient Care is part of the work of the Strategic Planning and Resource Allocation (SPRA) process.

### 2.3.2 Workforce

No change.

### 2.3.3 Financial

Financial implications are part of the work of the Strategic Planning and Resource Allocation (SPRA) process.

### 2.3.4 Risk Assessment/Management

Risk Assessment is part of the work of the Strategic Planning and Resource Allocation (SPRA) process.

### 2.3.5 Equality and Diversity, including health inequalities

Equality and Diversity is part of the work of the Strategic Planning and Resource Allocation (SPRA) process.

### 2.3.6 Other impact

n/a

### 2.3.7 Route to the Meeting

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

- Clinical Governance Committee, 30<sup>th</sup> April 2021
- Finance, Performance & Resources Committee, 11 May 2021
- EDG, 24 June 2021

## 2.4 Recommendation

The Committee is invited to:

- **Discuss and agree** the change in the risk associated with the BAF for Strategic Planning.

### Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email [susan.fraser3@nhs.scot](mailto:susan.fraser3@nhs.scot)

NHS Fife Board Assurance Framework (BAF)

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

Board Assurance Framework (BAF) - Strategic Planning

1675	Clinically Excellent, Exemplar Employer, Person Centred, Sustainable	20/6/21	1 September 2021	<p><b>Proposed New Risk</b> There is a risk that the development and the delivery of the new NHS Fife Population Health and Wellbeing strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements.</p> <p>Key Risks from previous BAFs will remain until committees are content they are covered in renewed PHW Strategy.</p> <p>1. Community/Mental Health redesign is the responsibility of the H&amp;SCP/IJB which hold the operational plans, delivery measures and timescales</p> <p>2. Governance of the transformation programmes remains between IJB and NHS Fife.</p> <p>3. Regional Planning - risks around alignment with regional plans are currently reduced as regional work is focussed on specific workstreams</p> <p>4. Clinical Strategy does not reflect that the strategic direction of the organisation following the COVID-19 pandemic.</p>	Likely	Major	16	High risk	Unlikely	Major	12	Medium risk	<p>The Board remains under the direction of Scottish Government will clear priorities established for 2021/22.</p> <p>The RMP3 sets out those priorities and is likely to be reviewed in September 2021.</p>	Margo McGurk Director of Finance	Clinical Governance. Christina Cooper.	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>1. Progress has been made in development of strategy and will progress shared at Board Development session in June 2021</p> <p>2. Corporate Objectives for 2021/22 to be agreed through committees in June 2021.</p> <p>1.</p>	EDG Strategy meetings will provide the required leadership and executive support to enable strategy development.	<p>EDG will engage in monthly sessions to ensure the ongoing development of the new strategy.</p> <p>The NHS Fife Board and Governance Committees will be fully engaged in this process throughout 2021/22 and will be responsible for approval of the emerging strategy.</p> <p>Work is ongoing to develop clarity on the system-wide governance arrangements in terms of the developing strategy.</p> <p>Joint session with NHS Fife and Fife Council Executive Teams in May 2021.</p> <p>Responsible Person: Director of Finance</p> <p>Timescale: 31/03/2022</p>	<p>1. Minutes of meetings record attendance, agenda and outcomes.</p> <p>2. Reporting of key priorities to governance groups from the SPRA process.</p>	<p>1. Internal Audit Report on Strategic Planning (no. B10/17)</p> <p>2. Governance Committee scrutiny and reporting.</p>	Governance of new arrangements will be agreed to deliver the required assurance.	<p>Work is ongoing to agree the corporate objectives through SPRA process and the development of the Population Health and Wellbeing Strategy.</p> <p>This will be supported by the corporate PMO.</p>	Unlikely	Moderate	9	Low risk	
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Linked Operational Risk(s)

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

Previously Linked Operational Risk(s)					
Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
	Nil applicable				

# NHS Fife

<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting date:</b>	<b>7 July 2021</b>
<b>Title:</b>	<b>Update on NHS Fife Board Assurance Framework (BAF) - Digital and Information (D&amp;I)</b>
<b>Responsible Executive:</b>	<b>Dr Chris McKenna – Medical Director</b>
<b>Report Author:</b>	<b>Alistair Graham – Associate Director of Digital and Information</b>

## 1 Purpose

**This is presented for:**

- Discussion

**This report relates to a:**

- Local Policy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

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

- NHS Fife Strategic Framework
- NHS Fife Clinical Strategy
- Fife Health & Social Care Integration Strategic Plan
- NHS Fife Digital & Information Strategy 2019 - 24

In addition, the BAF recognises the opportunity to integrate digital capability as part of the work relating to the development of the Population Health and Wellbeing Strategy.

The Committee has a key role in scrutinising the risk and where necessary, the chair should seek further information. The Committee is required to consider the following:

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

This report provides the Committee with an update on NHS Fife BAF in relation to Digital & Information (D&I) as at 15 June 2021.

## 2.2 Background

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

- Identifies and describes the key controls and actions in place to reduce or manage the risk
- Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect
- Links to performance reporting to the Committee and associated risks, legislation & standing orders or opportunities

## 2.3 Assessment

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

The high-level risks are set out in the BAF, together with the current risk assessment and the mitigating actions.

Changes since the last report to the Committee: -

### **Linked Operational Risks:**

Risk 885, Digital and Information Financial Position, has been reassessed following the financial allocations for 2021-22 and rated as High.

Risk 1338, NHS Fife is at increased risk to a targeted cyber intrusion, and the description has been revised to provide a clearer indication of the risk. The risk represents the threat landscape for public sector organisations and the weakness that legacy systems present at the current time.

Risk 1996, Office 365 – Unknown Financial Consequences, has been rated as high risk and linked to the BAF. This risk relates to the new nationally negotiated deal with Microsoft, the details of which are still to be formally communicated and implications to financial provision for licence access and other associated programme costs.

### **Previously Linked Operational Risks:**

During the period 2 Risks have been removed as Linked Operational Risk (226 and 1746), due to current risk rating being identified as Moderate.

As reported previously, Internal Audit continues to undertake an assurance mapping exercise and the BAF chosen as a pilot is the D&I BAF. This activity is ongoing and continues to make progress across the respective areas of Digital and Information Strategy and Operations and Information Governance and Security.

The BAF current risk level has been assessed at High with the target score remaining Moderate.

#### **2.3.1 Quality/ Patient Care**

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

#### **2.3.2 Workforce**

No change

#### **2.3.3 Financial**

D&I are continuing to identify and quantify the key financial exposures that present risks to be able to operate within the agreed budget. D&I looks to identifying additional funding allocations and changes to operating models to mitigate the levels of financial exposure.

#### **2.3.4 Risk Assessment/Management**

Please see attached risks and BAF.

#### **2.3.5 Equality and Diversity, including health inequalities**

N/A

#### **2.3.6 Other impact**

N/A

#### **2.3.7 Communication, involvement, engagement and consultation**

External stakeholders are engaged where appropriate:

#### **2.3.8 Route to the Meeting**

The BAF reflects the consideration and activities from the: -  
Digital & Information Board  
Information Governance & Security Steering Group



## 2.4 Recommendation

- **Discussion** – the content and current assessment of the Digital & Information BAF

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 - BAF Digital & Information
- Appendix 2 - Digital & Information linked operational risks

### Report Contact

Alistair Graham

Associate Director of Digital & Information

Email [alistair.graham@nhs.scot](mailto:alistair.graham@nhs.scot)

NHS Fife Board Assurance Framework (BAF)

					Initial Score				Current Score														Target Score				
Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Digital & Information																											
1677	Clinically Excellent, Exemplar Employer, Person Centred, Sustainable	09/04/ 2021	2 July 2021	There is a risk that the organisation will fail to recognise and afford the financial investment necessary to deliver its D&I Strategy and current operational lifecycle commitment to enable transformation across Health and Social care to deliver sustainable and integrated services that are safe, secure and compliant with governance frameworks and associated legislation.	Likely	Extreme	20	High risk	Possible	Extreme	15	High risk	Failure in this area could have a direct impact on patients care, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme can occur daily, the proportion of these in relation to overall activity is very small and reporting to competent authorities is minimal.	CMK Medical Director	Clinical Governance, Finance Performance & Resources (FP&R)	<i>Ongoing actions designed to mitigate the risk including:</i>  1. Consistent alignment of the D&I Strategy with the NHS Fife Corporate Objectives and developing Health & Wellbeing Strategy 2. Digital & Information Board Governance improvement with ongoing review 3. Information Governance & Security Governance improvement with assurance activity plans reviewed by Steering Group and Improvement measures agreed 4. Caldicott - register maintained and reviewed 5. Review of financial impact of D&I Strategy as part of annual deliver planning and areas of exposure quantified 6. Operational governance lead through SLT focusing on operation controls (finance & resource), lifecycle management, policy/procedure implementation a workforce development 7. Risk management arrangements underpinned by: Policy & Process, Adverse event management, Asset Management Controls, Monitoring and Detection, Defence in Depth security measures and technology; all of which are receiving a higher percentage of budget allocation. 8. Directive on security of network and information systems (NIS) & Cyber Essentials Compliance – Action Plan developed prioritising a series of Cyber workshops informing technical controls and organisational response to Cyber attacks 9. Additional resilience planning and disaster recovery work underway to update alignment to current operating priorities 10. FOI, records management, DPA improvements being lead through IG&S Steering and Operational Groups 11. Senior Management Team consideration of policy and procedure impact and associated implementation 12. Monthly risk reviews with Operational Leads and escalation/reporting to Governance Groups as necessary 13. Performance Review 14. Participation in national and local audit e.g. NISD Audit 15. Commitment to ensure appropriate implementation of Cyber Defence Measures, including support of national centralised cyber incident reporting and coordination protocols. 16. Staff Learning & Development, both Digital staff and the wider organisation including leadership skills. 17. Business Case development to include costed resilience by design and ongoing support activities. 18. Enhancing monitoring of our digital systems.	Lack of formal quantification of the financial impact of the Digital Strategy, inline with the current baseline of D&I Operating Costs  Lack of long term financial, lifecycle and workforce planning.  Lack of systems to maintain ongoing monitoring of compliance with the key controls: GDPR/DPA 2018 - Improvements noted in IG&S Assurance Report (Target June 2021)  Lack of consideration and commitment to unification of business process on strategic applications and the associated remove of duplicate or legacy systems  Lack of training and education resource to ensure our staff and patients are digitally ready - Business Case in consideration  Lack of resilience of key digital systems and technical recovery procedures and regular failover (DR) testing. - Plan to address agreed with EDG - April 2021- project now in initiation – Oct 2021  Governance and procedures do not fully follow ITIL professional standards - Internal Audit Findings being considered	1. Improving and maintaining strong governance, risk management and operating procedures following Information Technology Infrastructure Library (ITIL) professional standards within early adoption of continuous improvement assessment. (Governance and Risk plan to conclude September 2021. ITIL implementation - TBC)  2. Updated baseline of current operating financial commitments and assessment of financial implementation of Digital Strategy. (Target completion October 2021)  3. Develop long term financial, lifecycle and workforce planning - plan to address is in development (Target completion October 2021)  4. Ensure existing systems are considered first, prior to new systems introduced resulting in additional financial commitment to implementation and maintenance. The continual use of business case development and governance of digital requests by D&I Board will support this mitigation (Target completion February 2021)  5. Work to become fully compliant with GDPR, DPA 2018, NIS Directive, Information Security Policy Framework and thereafter maintain compliance. (Target completion February 2022)	Second line of Assurance: 1. Reporting to D&I SLT, D&I Board, Information Governance & Security Steering Group (IG&SG), EDG & Clinical Governance groups and committees. 2. Annual Assurance Statements for the D&I Board and IG&S Steering Group. 3. Locally designed subject specific audits. 4. Compliance and monitoring of policies & procedures to ensure these are up to date via D&I Senior Management Team. 5. Reporting bi annually on adequacy of risk management systems and processes to Audit & Risk Committee. 6. Monthly SIRO report 7. SGHSCD Annual review 8. SG Resilience Group Annual report on NIS & Cyber compliance 9. Quarterly performance report. 10. External Assurance on Delivery Plan by Scottish Government 12. Update to Assessment following June 2019-Digital Maturity Assessment 13 Periodic Benchmarking for areas of focus	Third line of Assurance : 1. Internal Audit reviews and reports on controls and process; including annual assurance and governance review / departmental reviews. 2. External Audit reviews. 3. Formal resilience testing / DR testing using an approved scope and measured success and mechanism for lessons learned and action plans. 4. Cyber Essentials/Plus Assessments. 5. NISD Audit Commissioned by the Competent Authority for Health. 6. Benchmarking with NHS Scotland's Boards	1. The D&I Strategy has not undergone a financial assessment against delivery. This work is now being progressed - target completion October 2021 2. Continual development of data assured performance is ongoing across all D&I Domains. Development of workplans aligned to risk continue to be developed. 3. Assurance reports are consistently provided to D&I SLT monthly and development of data/KPI reports to Governance Groups continue to be developed. These reports will ensure trend and analysis to highlight potential vulnerabilities and provide assurances (including assurances that confirm compliance with GDPR, DPA 2018, NIS Directive, the Information Security Policy Framework is being maintained). 4. Implementation of improvements as recommended in Internal and external ongoing. Adverse Events review to be included 5. Improvements to SLA's (in line with 'affordable performance')is that output still awaited from 4 to provide assurance or otherwise 6. Assurance on patients' readiness/equality impact in the adopt ion of digital care provision 6. Assurance on organisational readiness for further Digital Adoption	Overall, NHS Fife Digital has in place a sound systems of 1. Governance - agreed ToR and reporting 2. Improving security defences and risk management as evidenced by Internal Audit and External Audit reports 3. Attainment of the ISO27001 standard in the recent past and the Statement of Annual Assurance to the Board. 4. Investment has been made to support NIS, GDPR and Cyber resilience and some tools which will improve visibility of the Network. 5. Clear articulation of digital aspiration via the Digital Strategy 2019-2024 5. Extended corporate governance including EDG attendance 6. Meeting visibility through provision of minutes and delivery plans to EDG/CGC	Unlikely	Extreme	10	Moderate risk	1. Difficulty in securing investment in people, tools and maintaining systems that are resilient and always within support cycles. 2. Fully implementing resistance to attack through 'resilience by design', well practised response plans and recovery procedures. 3. Reduce the 'human factor' through ongoing 'user base education' and improving organisational digital readiness. 4. Enhanced controls and continuing improvements to systems and processes for improved usage, monitoring, reporting and learning are continually being put in place.  Aim for Moderate Risk as target rather than Low Risk is due to the fact that likelihood whilst unlikely may still happen and consequence will be extreme due to level of fines that may be imposed, reputational damage and patient harm.

Linked Operational Risk(s)					
Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
885	Digital & Information Financial Position	Active Risk	High Risk	20	Graham, Alistair
1504	Lack of a central IT location to store guidance documents	Active Risk	High Risk	20	McKenna, Christopher
1338	NHS Fife is at increased risk to a targeted cyber intrusion - due to legacy systems	Active Risk	High Risk	20	Young, Allan
1996	Office 365 - Unknown Financial Consequence and so risk to licence availability	Active Risk	High Risk	20	Graham, Alistair
1422	Unable to meet NIS & Cyber Essentials compliance	Active Risk	High Risk	20	Young, Allan
1424	End of support lifecycle for Microsoft Server Products	Active Risk	High Risk	16	Young, Allan
529	Information Security Risk	Active Risk	High Risk	16	McGurk, Margo
1934	Loss of Email & Collaboration Services	Active Risk	High Risk	16	Young, Allan
1393	Patch Management Risk	Active Risk	High Risk	16	Young, Allan
1576	Risk of not meeting SaMD full compliance	Active Risk	High Risk	16	McKenna, Christopher
1927	T1 - Deliberate unauthorised access or misuse by insiders (staff, contractors etc.)	Active Risk	High Risk	16	Fowles, Malcolm
1932	T4 - User error (including those supporting system)	Active Risk	High Risk	16	Fowles, Malcolm
537	Failure of Local Area Network causing loss of access to IT systems	Active Risk	High Risk	15	Young, Allan

Previously Linked Operational Risk(s)					
Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
913	MIDIS replacement	Closed Risk			
1928	T2 - Deliberate unauthorised access or misuse by outsiders (e.g. hackers)	Active Risk	Moderate Risk	12	Young, Allan
1929	T7 - Inadequate or absent audit trail	Closed Risk			
226	Security of data being transferred off/on site	Active Risk	Moderate Risk	12	Graham, Alistair
1746	O365 May Cause Disruptive Network Overhead	Active Risk	Moderate Risk	12	Young, Allan

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
885	NHSFBD - Digital and Information Directorate Risk Register	31/10/2014	Digital & Information Financial Position	<p>There is a risk that D&amp;I will not be able to provide funding for new IT initiatives due to flatlined or reducing budgets. This is due to the need to ensure the current production infrastructure is appropriately maintained, support contracts paid for and vulnerable equipment upgraded in order to remain safe &amp; secure.</p> <p>The D&amp;I financial position is heavily reliant on non-recurring money issued to the Board by Scottish Government eHealth Directorate. This funding is always subject to reduction and designed to support enablement and innovation within NHS Boards. However NHS Fife uses a significant proportion of this funding to run the operational digital service, thus restricting the Board's ability to embark on redesign / service developments, innovation and strategic aims.</p> <p>The D&amp;I department is forced to carry persistent high/red risks due to ever-competing funding challenges, which impact the ongoing ability maintain safe operations.</p>	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	<p>20/5/21 - Following receipt of the financial allocation letters from DoF for 2021-22, the AD of D&amp;I has highlighted concerns over level of exposure for capital and revenue allocation and the impact on the ability to deliver the D&amp;I Strategy 2019-24.</p> <p>Financial exposure review for Capital, Revenue and Strategic delivery underway (Completed by June 2021)</p> <p>Consideration of additional funding sources underway with support of Finance - includes ADEL funding, National Funding for projects - (Completion of investigation by August 2021)</p> <p>Assessment on ability to deliver Digital Strategic ongoing (Completion by September 2021)</p> <p>Capital Planning (5-7 years) ongoing (Completion by August 2021)</p>	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	2 - Unlikely - Not expected to happen - potential exists	2 - Minor	Low Risk	4	Graham, Alistair	Marshall, Shelley	16/10/2020	25/06/2021

1504	ID
NHSFBD - Prescribing & Medicines Management Risk Register	Position of Risk (Risk Register)
14/12/2018	Opened
Lack of a central IT location to store guidance documents	Title
Currently there is a lack of a central IT repository for NHS Fife guidance documents. Particularly in the acute setting leading to potential risk to the patients in delay of treatment or use of guidance documents from other areas which have not been through our medicines governance process. - Currently documents that go through MSDTC and are approved have no official place to be positioned where they can be easily accessed. - As we have no central repository the risk of old versions of documents still being in circulation is high	Description
3 - Possible - May occur occasionally - reasonable chance	Likelihood (initial)
4 - Major	Consequence (initial)
Moderate Risk	Risk level (initial)
12	Rating (initial)
09/06/21 - Digital & Information recruiting project and programme managers who will be assisting with implementation plan for Microguide.	Current Management Actions
5 - Almost Certain - Expected to occur frequently - more likely than not	Likelihood (current)
4 - Major	Consequence (current)
High Risk	Risk level (current)
20	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
4 - Major	Consequence (Target)
Low Risk	Risk level (Target)
4	Rating (Target)
McKenna, Christopher	Risk Owner
Reid, Euan	Handler
03/02/2021	Previous Review Date
30/06/2021	Next Review

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1338	NHSFBD - Digital and Information Directorate Risk Register	23/02/2017	NHS Fife is at increased risk to a targeted cyber intrusion - due to legacy systems	There is a risk that NHS Fife is victim of a targeted cyber intrusion from adversaries, because Microsoft has stopped supporting all Office 2007 products, this effectively ends the lifecycle of this product and sub-products including: MS Word 2007, MS Excel 2007, MS Powerpoint 2007, MS Publisher 2007, MS Access 2007 (Also lighter MS Office 2007 products like Picturemaker, Groove, One Note and InfoPath), although these products will continue to function after this date, organisations will no longer receive patches for security vulnerabilities identified in these products, resulting in a successful cyber attach and data breach.	3 - Possible - May occur occasionally - reasonable chance	4 - Major	Moderate Risk	12	02/03/2021 Time frame is now possibly by 31st March 2022. Earlier time frame estimates were based on just migration of NHSmail to O365, and whilst that is now complete, with users now either accessing email via Outlook Online (web) or Outlook for O365 (E3) or Outlook 2016 where applications don't support O365, although Office 2007 could now be removed from clients, the rest of Office 2007 needs to remain until H: and S: drive data has been moved to OneDrive & SharePoint. This part of the project is now underway, but only at an early stage. There are a number of dependencies such as data cleanse, business classification scheme, endpoint management, conditional access etc that need to be resolved/implemented first.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	2 - Unlikely - Not expected to happen - potential exists	2 - Minor	Low Risk	4	Young, Allan	Faichney, Brian	02/03/2021	10/01/2022

1996	ID
NHSFBD - Digital and Information Directorate Risk Register	Position of Risk (Risk Register)
17/11/2020	Opened
Office 365 - Unknown Financial Consequence and so risk to licence availability	Title
There is a risk that the cost to NHS Fife of adopting O365 is not able to be fully quantified, following the year 4 deal agreed nationally resulting in a user not being assign the correct Office 365 licences within the NHS Scotland tenancy and so are unable to access Teams, Outlook and other Office 365 tools.	Description
	Likelihood (initial)
	Consequence (initial)
	Risk level (initial)
	Rating (initial)
Current Management Actions	
27/5/21 - A new Year 4 deal has been agreed moving the current varied licence arrangement to a Frontline/Knowledge worker model. All users and being migrated to this model by 31/5/21. Risk requirement to be reviewed at this stage as financial risk of adopting O365 not fully known. Request made by NHS Boards for more user admin rights within the O365 tenancy.	Likelihood (current)
	Consequence (current)
	Risk level (current)
	Rating (current)
	Likelihood (Target)
	Consequence (Target)
	Risk level (Target)
	Rating (Target)
	Risk Owner
	Handler
	Previous Review Date
	Next Review

1424		1422	ID
NHSFBD - Digital and Information - Information Technology Risk Register, NHSFBD - Digital and Information Directorate Risk Register		NHSFBD - Digital and Information - Information Technology Risk Register, NHSFBD - Digital and Information Directorate Risk Register	
14/07/2015		19/02/2018	
End of support lifecycle for Microsoft Server Products		Unable to meet NIS & Cyber Essentials compliance	
There is a risk that NHS Fife is victim of a targeted cyber intrusion due to Microsoft Servers falling out of support lifecycle, but still remaining in Production. Microsoft stopped supporting all Server 2003 products from July 14th 2015 and Server 2008R2 from January 14th 2020. Although these products will continue to function after this date, organisations will no longer receive patches for security vulnerabilities identified in these products, resulting in a successful cyber attack and data breach. There is also a risk that running legacy versions will cause legislative issues under NIS.		There is a risk that not enough resource or funding will be available to implement requirements for the full NIS and Cyber Essentials legislation and standards.	
4 - Likely - Strong possibility this could occur		5 - Almost Certain - Expected to occur frequently - more likely than not	
4 - Major		4 - Major	
High Risk		High Risk	
16		20	
09/03/2021 - The replacement programme continues to progress slowly due to resourcing issues, some vendors being slow to align products with MS support lifecycles, and lack of funding for upgrades which need new licensing or professional services to progress. NHS Scotland is now subject to ongoing NIS Legislation Audit, which may help to attract funding. This risk is also tracked on the IT Operations Monthly Highlight Report. Current numbers = 20 SRV2003 & 149 SRV2008/R2.		March 2021 - NIS audit has been conducted, awaiting outcome with view to update plan.  Dec 2020 - No change from previous update	
4 - Likely - Strong possibility this could occur		5 - Almost Certain - Expected to occur frequently - more likely than not	
4 - Major		4 - Major	
High Risk		High Risk	
16		20	
2 - Unlikely - Not expected to happen - potential exists		2 - Unlikely - Not expected to happen - potential exists	
2 - Minor		4 - Major	
Low Risk		Moderate Risk	
4		8	
Young, Allan		Young, Allan	
Fowles, Malcolm		Davies, John	
09/03/2021		17/03/2021	
01/03/2022		13/09/2021	



ID		Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review		
529			02/10/2012				Information Security Risk	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate		High Risk	15	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	1 - Remote - Can't believe this event would happen	4 - Major	Low Risk	4	McGurk, Margo	Irving, Kevin	20/04/2021	20/07/2021
CORPORATE RISK REGISTER, NHSFBD - Digital and Information Directorate Risk Register			Information Security Risk				5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk		15	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	1 - Remote - Can't believe this event would happen	4 - Major	Low Risk	4	McGurk, Margo	Irving, Kevin	20/04/2021	20/07/2021	
			Information Security Risk				5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk		15	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	1 - Remote - Can't believe this event would happen	4 - Major	Low Risk	4	McGurk, Margo	Irving, Kevin	20/04/2021	20/07/2021	
1934		NHSFBD - Digital and Information - Information Technology Risk Register	08/09/2020	Loss of Email & Collaboration Services	There is a risk that NHS Fife's information or data assets including patient data, commercially sensitive data or personal data may be compromised through deliberate or accidental misuse of IT Systems, malicious attack designed to damage or steal electronic data, affect essential services, loss theft or misuse of paper based records during transportation, clinical processes or storage. This risk relates to the Networking and Information Systems(NIS)Regulations.	There is a risk that NHS Fife users and services could be prevented from using Email and Collaboration solutions (such as Teams) due to a loss of connectivity to the Internet or Microsoft Azure Infrastructure, resulting in a negative impact upon services, collaboration and communication.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	Dec 2020 - Initial work has begun to design and cost secondary connections to the Internet using resilient design and auto failover.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	Young, Allan	Fowles, Malcolm	01/07/2021		

1576	1393	ID
NHSFBD - Digital and Information - Information Services Risk Register, NHSFBD - Digital and Information Directorate Risk Register	NHSFBD - Digital and Information - Information Technology Risk Register	Position of Risk (Risk Register)
03/07/2019	30/10/2017	Opened
Risk of not meeting SaMD full compliance	Patch Management Risk	Title
There is a risk that NHS Fife will not be able to comply with Software as Medical Device (SaMD) regulations before the Medical Device Regulations (MDR) come into full effect on 26th May 2020.	There is a risk that software, hardware and firmware patches are not applied correctly because of: <ul style="list-style-type: none"><li>• Patching not being applied consistently, especially non-Microsoft</li><li>• Patches may not be rolled out on legacy servers due to their fragility, high availability requirements or lapsed support lifecycle</li><li>• Some third party suppliers of IT services or systems will not support the patching of their infrastructure due to insufficient support contracts</li><li>• Limited test environments to test patches</li><li>• Inability to fully test all patches due to the number of systems maintained by the D&amp;I department</li><li>• Third parties deploying patches without applying the change management process</li><li>• Servers using operating systems/applications that are no longer supported by the vendor i.e. no longer providing patches resulting in NHS Fife's software, hardware and firmware having reduced functionality and exposure to security vulnerabilities.</li></ul>	Description
4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	Likelihood (initial)
4 - Major	4 - Major	Consequence (initial)
High Risk	High Risk	Risk level (initial)
16	16	Rating (initial)
Current Management Actions		
July 2019 - Acknowledgement that there is currently no programme or resources allocated to carrying out the identification and assessment of software to determine whether it is a Medical Device; then to determine classification based on the MDR criterion.	[Dec 2020] The current patch management strategy is constantly under review and updated to reflect the current situation. Continuous improvements are being made to Microsoft patching scope and schedule.	
4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	Likelihood (current)
4 - Major	4 - Major	Consequence (current)
High Risk	High Risk	Risk level (current)
16	16	Rating (current)
3 - Possible - May occur occasionally - reasonable chance	1 - Remote - Can't believe this event would happen	Likelihood (Target)
4 - Major	3 - Moderate	Consequence (Target)
Moderate Risk	Very Low Risk	Risk level (Target)
12	3	Rating (Target)
McKenna, Christopher	Young, Allan	Risk Owner
McKenna, Christopher	Fowles, Malcolm	Handler
	01/12/2020	Previous Review Date
06/01/2020	01/07/2021	Next Review

1932	1927	ID
NHSFBD - Digital and Information - Information Technology Risk Register	NHSFBD - Digital and Information - Information Technology Risk Register	Position of Risk (Risk Register)
08/09/2020	08/09/2020	Opened
T4 - User error (including those supporting system)	T1 - Deliberate unauthorised access or misuse by insiders (staff, contractors etc.)	Title
There is a risk that users may send emails with personal data to incorrect email addresses, because of out of date demographics or human error, resulting in a data breach.	Personal and special data will be processed via emails sent using the O365 Email service. There is a risk disgruntled staff, contractors, volunteers etc. may attempt to access other users email accounts to access information they are not entitled to read.	Description
4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	Likelihood (initial)
4 - Major	4 - Major	Consequence (initial)
High Risk	High Risk	Risk level (initial)
16	16	Rating (initial)
Classification of information (ISO 27002: A.8.2.1) (CAF: B3.a) : NHS Fife has adopted the Scottish Government Mobile Data Standard (CEL 25, 2012), which is reference in GP/E6 Email Policy, Appendix 1. Information transfer policies and procedures (ISO 27002: A.13.2.1) (CAF: B3.b) GP/M4 Media Handling Policy; GP/M5 Mobile Device Management Policy GP/E6 Email Policy; SWAN SFT service;	Use of secret authentication information (ISO 27002: A.9.3.1) This control is managed by the GP/P2 Password Policy and GP/I5 Information Security Policy. These policies will need to be reviewed to ensure that they are in sync with the O365 Email service and training reviewed to ensure that staff understand them. This control would be implemented by Microsoft as part of its ISO 27001 certification as well as implementing the 14 NCSC cloud security principals which includes identity and authentication for O365 Email software.  Access control policy (ISO: A.9.1.1) (CAF: B2.d) The GP/D3-2 Access Controls for Information Systems and the GP/I5 Information Security Policy address this control.  Access to networks and network services (ISO 27002: A.9.1.2) (CAF: B2.d) IT access to networks and network services requires an IT login account, which is covered by the following policies: GP/D3-13 System Access Provisioning Procedure; GP/D3 Data Protection and Confidentiality Policy - Appendix 2 NHS Fife IG structure, roles and responsibilities; GP/I5 Information Security Policy; FairWarning monitors inappropriate access.  Termination or change of employment responsibilities (ISO: A.7.3.1) The NHS Fife Confidentiality Statement for Employees & Contractors needs to be updated to cover non-disclosure of information security measures and vulnerabilities after leaving its employment. Leavers and Movers form  Outstanding Mitigations:	Current Management Actions
4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	Likelihood (current)
4 - Major	4 - Major	Consequence (current)
High Risk	High Risk	Risk level (current)
16	16	Rating (current)
4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur	Likelihood (Target)
4 - Major	4 - Major	Consequence (Target)
High Risk	High Risk	Risk level (Target)
16	16	Rating (Target)
Fowles, Malcolm	Fowles, Malcolm	Risk Owner
Callaghan, Sarah	Fowles, Malcolm	Handler
15/10/2020	15/10/2020	Previous Review Date
	15/10/2020	Next Review

537	ID
NHSFBD - Digital and Information Directorate Risk Register	Position of Risk (Risk Register)
02/05/2006	Opened
Failure of Local Area Network causing loss of access to IT systems	Title
There is a risk of localised or widespread extensive and persistent IT network failure caused by failure of any of Local Area Networks within NHS Fife. Thus resulting in clinicians / admin staff being unable to access data which is pertinent to patient care and administrative services being significantly hindered.	Description
3 - Possible - May occur occasionally - reasonable chance	Likelihood (initial)
5 - Extreme	Consequence (initial)
High Risk	Risk level (initial)
15	Rating (initial)
09/03/2021 - Some investment has been made in the LAN switches throughout Fife and replacement of any end of life appliances is planned. There will also be work ongoing to virtually segregate the LAN in order to make it more modular.	Current Management Actions
3 - Possible - May occur occasionally - reasonable chance	Likelihood (current)
5 - Extreme	Consequence (current)
High Risk	Risk level (current)
15	Rating (current)
1 - Remote - Can't believe this event would happen	Likelihood (Target)
5 - Extreme	Consequence (Target)
Low Risk	Risk level (Target)
5	Rating (Target)
Young, Allan	Risk Owner
Fowles, Malcolm	Handler
09/03/2021	Previous Review Date
01/03/2022	Next Review

# NHS Fife

<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting date:</b>	<b>7 July 2021</b>
<b>Title:</b>	<b>Corporate Objectives 2021/22</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance and Strategy</b>
<b>Report Author:</b>	<b>Susan Fraser, Associate Director of Planning and Performance</b>

## 1 Purpose

**This is presented to Committee for:**

- Awareness
- Discussion

**This report relates to:**

- Corporate Objectives

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Corporate Objectives 2021/22 have been developed through the Strategic Planning and Resource Allocation process and represent the key objectives to be delivered in 2021/22.

This paper describes the process to agree the collated corporate objectives through the SPRA process for 2021/22 and also includes a reflection and review on the delivery of last year's Corporate Objectives for approval by the Board.

### 2.2 Background

Each year a review and objective setting exercise is completed for the Corporate Objectives. 2019/20 and 2020/21 were years characterised by a major disruption of services due to COVID-19. The immediate response and subsequent planning for

remobilisation of services has resulted in significant changes in service models and, in some cases, delivery.

The SPRA process completed by all NHS Fife services provided key service objectives and this was shared with EDG in March. Continued discussions throughout April, May and June with directors at EDG meetings refined the objectives further to their current state.

## **2.3 Assessment**

Each director reflected and reviewed their corporate objectives for 2020/21 and their reflections can be found in Appendix 1 of this paper. COVID -19 had a significant impact on all aspects of health care and the review of the corporate objectives describes the increase in pace of some clinical transformation and the slowing down of progress against other objectives. These changes have been taken forward to next year's objectives.

As previously mentioned, the process for developing the corporate objectives was approached differently this year using the SPRA process. Earlier in March 2021, an EDG workshop agreed the Strategic Priorities for the Organisation going forward and this will be the framework used to provide assurance to the board of the delivery of the Corporate Objectives. The Strategic Priorities are:

1. To Improve Health and Wellbeing
2. To Improve the Quality of Health and Care Services
3. To Improve Staff Experience and Wellbeing
4. To Deliver Value and Sustainability

Each director was asked to confirm the corporate objectives they were the lead for and then were asked to identify their role in the other corporate objectives. The roles covered L for lead, C for contributing director, S for supporting director and I for information.

The Corporate Objectives have been discussed in detail with the director over the past few months at EDG meeting and the proposed objectives have been agreed including the role of each director against each Corporate Objective.

The proposed Corporate Objectives for 2021/22 can be found in Appendix 2.

### **Summary**

The review of the corporate objectives for 2020/21 provides assurance to the Board that the objectives for the organisation are still relevant and appropriate. The objectives for 2021/22 are now aligned to NHS Fife's Strategic Priorities and will be aligned to the 'in development' Population Health and Wellbeing Strategy.

#### **2.3.1 Quality/ Patient Care**

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

#### **2.3.2 Workforce**

Corporate Objectives are aligned with workforce development and support

#### **2.3.3 Financial**

Corporate Objectives are aligned with financial implications

#### **2.3.4 Risk Assessment/Management**

n/a

#### **2.3.5 Equality and Diversity, including health inequalities**

Corporate Objectives are aligned with equality and diversity

#### **2.3.6 Other impact**

N/A

#### **2.3.7 Communication, involvement, engagement and consultation**

#### **2.3.8 Route to the Meeting**

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

- EDG Corporate Objective meetings 26/28 April 2021
- EDG Strategy meeting 7 June 2021

### **2.4 Recommendation**

The Committee is asked to

- **Agree** to the Corporate Objective for 2021/22 and note the review of the Corporate Objectives 2020/21.

### **3 List of appendices**

The following appendices are included with this report:

- Corporate Objective 2021/22
- Review of Corporate Objectives 2020/21

#### **Report Contact**

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Associate Director of Planning and Performance

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APPENDIX 1: Corporate Objectives 2020/21 REVIEW		Lead Director
PERSON CENTRED		
Improve complaints process to respond more effectively and efficiently to patient issues	Director of Nursing	
<i>Review:</i> COVID-19 had a significant effect on the complaints process. The process was put ‘on hold’ as clinicians’ focus was on dealing with the pandemic. Holding letters went out to complainants explaining the situation to them. Some members of the patient relations team were redeployed into other teams to support services.		
Improve patient, public and partner engagement and participation with on-going strategic change agenda	Director of Nursing	
<i>Review:</i> Over the last year there has been 24 requests to the Participation & Engagement Advisory Group (PEAG) for support. Most notable are the large pieces of work such as the development of the Lochgelly and Kincardine health and wellbeing centres, the mental health strategy and urgent care redesign.		
To work with local partner to address the wider determinants of health in order to prevent and reduce health inequalities in Fife.	Director of Public Health	
<i>Review:</i> <ul style="list-style-type: none"><li>- Key member of Fife Partnership Board and Communities and Wellbeing Partnership, Opportunities Fife, Economic Partnership, Children’s Partnership and Welfare Reform and Anti Poverty partnerships looking at how our partnership work can prevent and reduce inequalities</li><li>- Joint lead with Fife Council of Fife Child Poverty Action Plan</li><li>- Lead for Food Insecurity work in Fife ensuring access to food and support for families who need it</li><li>- Lead for whole systems approach to obesity prevention amongst children and young people working with local authority, health and social care and voluntary sector partners</li><li>- Key member of Food for Fife partnership development group linking together environment, sustainability, climate change, access to affordable healthy food, the food economy and procurement</li><li>- Chair of Community Safety Partnership</li><li>- Employability – health promotion service workplace team needs assessment determining workforce needs with employers across Fife</li><li>- Financial inclusion – working with voluntary sector to provide financial advice to staff and to patients</li><li>- Fuel poverty – working with colleagues in Fife Council housing services to improve information on housing and health to staff and to patients</li></ul>		
CLINICALLY EXCELLENT		
Create and nurture a culture of person-centred approach to care recognising the COVID-19 sensitive situation	Medical Director/ Director of Nursing	



<p><i>Review:</i></p> <p>Promoted use of digital technology to facilitate contact between patients and their families. Supported compassionate / essential visiting, understanding how difficult this was for patients, their families and staff.</p>	
Realising Realistic Medicine – embed within NHS Fife linked to transformation & sustainability	Medical Director
<p><i>Review:</i></p> <p>Due to the pandemic this objective has been slower to progress, however the leads remain in position and a recently appointed project manager will facilitate the work moving forward.</p>	
Phased implementation in line with Phase 1 of the refreshed mental health strategy for Fife ensuring more people are supported in the community and that people requiring more intensive care receive that more quickly	Director of Health and Social Care
<p>The Fife Mental Health Strategy 2020/24 was formally approved by the (IJB) on 28th February 2020.</p> <p><b>20/21 was dominated by impact of COVID:</b> Some of the positive progress that has been made in response to COVID is: Reduction in acute admission beds by 26% to meet infection control standards; Need to manage more activity in the community and ensure good patient flow; Positive impact on the quality of care – staff patient ratios improved; 24 bedded units rather than 30. (Optimal 18-20); Rapid acceleration of alternatives to face-to-face contacts; Use of Near Me increased; Use of telephone contacts significantly increased; Use of MS Teams for Clinical Team Meetings and Management Meetings; Digital is not a panacea but a platform for a blended model going forward. Increased focus nationally on mental health and wellbeing / estimate of 9% increase in incidence of mental health issues related to pandemic; Directive to fully mobilise mental health services during pandemic, Commitment to increased funding for mental health services including staff support; £1.3 million to Fife for Community Living Fund; Action 15 funding used to support primary care/A&amp;E and work with 3rd sector; Development of an Emergent MH in Primary Care Recommendations supporting primary care transformation and early intervention</p> <p><b>CAMHS/PT</b> - Comprehensive review of need undertaken with national team. Additional funding in 21/22 to assist with CAMHS and PT waiting times.</p> <p><b>Estates Redesign:</b> The estates project is at Stage 1; Initial Agreement; Options Appraisal; Public Consultation</p> <p><b>Development of community mental health teams:</b> Commenced whole system redesign across all care groups, supports Multidisciplinary Working, Embedding AHPs within Teams; Development of Duty Worker System and Review of specialist roles/functions</p> <p><b>Growing Care home liaison team:</b> Redesigning support for care home residents; Enhanced workforce skills; Nursing team able to provide support and advice; focusing on both preventing deterioration and support during acute episodes; Aim to maintain in community where possible and appropriate; Accelerate discharge with support; Directly linked to OA CMHTs</p> <p><b>Unscheduled Care:</b> Expansion of Unscheduled Care Team Supported by Action 15 monies; Introduction of ANP posts to support A&amp;E; Closer links with Primary Care and the Unscheduled Care Hub' Mental Health Emergency Service</p> <p><b>Inpatient services:</b> Wards operating with reduced bed numbers; Reduced incidents; Increased therapeutic activity; Reduced lengths of stay; Environmental improvements; Green Gyms installed; Focus on Physical Health Care improvements</p>	
To ensure effective resilience capacity in Fife and ensure the effective delivery of the COVID -19 Strategic Framework for Fife	Director of Public Health

<p><i>Review:</i></p> <ul style="list-style-type: none"> <li>- Co-chair of Fife Resilience Partnership</li> <li>- Chair of Fife Resilience Partnership COVID Subgroup covering local incidence, response, testing and partnership working around matters such as support for those who are shielding</li> <li>- New system in place for Business Continuity Assurance within NHS Fife</li> <li>- NHS Fife Resilience Forum continues to have oversight of resilience matters in Fife</li> <li>- Care for People Group – a few different people attended over the year (George, Neil, Lucy, me)</li> <li>- Community Assistance Hubs saw development and establishment of multidisciplinary teams in 7 local areas</li> </ul>	
Maintain and audit the system of Safe & Secure Use of Medicines Management	Director of Pharmacy
<p><i>Review:</i></p> <p>As a result of the COVID19 pandemic the Safe and Secure Use of Medicines Audit Programme was disrupted. However, the audit programme was re-prioritised to ensure that areas of highest risk were taken forward in line with available capacity. A new timetable for the audit and assurance program has been developed and has been signed off by the Safe Use of Medicines Group for 21-24.</p> <p>The following audits were completed in 20/21</p> <ul style="list-style-type: none"> <li>• Ward CD audits; Fridge audits and medical gas audits</li> <li>• Observation audit for Controlled drugs administration in Theatres</li> <li>• Audit of keys safes across all wards and departments was completed</li> </ul> <p>The SUMPP document has been maintained updated with Covid-19 changes throughout the last 12 months by the group and through Pharmacy Silver throughout the pandemic.</p>	
Reduce Healthcare Associated Infections recognising the COVID-19 sensitive environment	Director of Nursing
<p><i>Review:</i></p> <p>The IPCT supported NHS Fife with best practice in line with national guidance as per the four UK countries COVID-19 guidance for IPC in healthcare settings/ the mandated National Infection Prevention and Control Manual. This guidance is in line with current IPC advice and guidance that is used by NHS Scotland to manage the response to COVID-19 as the situation evolves:</p> <p>The IPCT surveillance programme has continued throughout 2020/21 in line with the CNO letter (2020) Scottish Government temporary changes to routine surveillance requirements, with a pause in Surgical Site Infection Surveillance as requested.</p>	
Continue to refine the NHS framework for risk management to include the Board risk tolerance and appetite and keep the Board Assurance Framework up to date	Director of Nursing

<p><i>Review:</i> Framework refined following Board Development Sessions focussing on risk tolerance and risk appetite. Board Assurance Framework is reviewed regularly by relevant Committees.</p>	
Continue to implement Excellence in Care to provide assurance to the organisation of nursing and midwifery care	Director of Nursing
<p><i>Review:</i> The Excellence in Care Programme is currently on hold due to the pandemic response. NHS Fife has, however, continued to collect data which is displayed on the CAIR dashboard. The Senior Nurse for Excellence in Care has provided support and training for areas in relation to EiC and quality improvement.</p>	
Work to develop and embed systems & services to reduce avoidable hospital admissions supporting winter pressures, sustainability and value	Director of Health and Social Care
	Director of Acute Services

*Review:*

The COVID pandemic resulted in significant changes to the way hospital admissions are managed. Initially Emergency Department attendances and hospital admissions reduced. The Acute Services Division introduced a Medical Admissions Co-ordinator (MAC) role to support the flow of patients into the hospital ensuring that patients would receive the right care, in the right place and by the right person. This role was undertaken by a senior clinical decision maker, Consultants in the main and supported access to the acute setting. This role has continued across the year and is viewed as supporting emergency access appropriately.

Managing this year's winter pressures and delay has required significant whole system working. The Directors Oversight group and weekly and daily operational meeting worked well and have informed a platform for this coming year to move towards 365 planning.

Positive feedback from winter review event that took place in April 2021. Some of the key highlights include

**Commencing unscheduled care transformation & Establish Flow and Navigation hub**

**Urgent Care Services Fife (UCSF):** supports COVID community pathway, palliative care support line, Flow navigation hub (01/12/20) and MIU at SACH OOH; Care delivered via telephone/Near me consultation, assessment centres or home visits. Clinically lead with consistent oversight real time and retrospectively – assurance re safe service' Activity over winter remained constant but due to pandemic majority of care managed initially via telephone consultation to support safe appointing and flow; Reduction in admissions maintained over winter – well below KPI of 10%

**Length of Stay and Delayed Discharge:** Length of stay in Community Hospitals significantly reduced from previous year consistently over winter. Over the past 12 months Fife, with the exception of a few spikes there has been Tangible reductions in Delay evidenced in both acute and community hospitals. With only a few expectations, the discharge performance over the past year has significantly exceeded previous performance. This is despite having to open surge beds at QMH over the winter.

**Established and maintained a multi-agency care home hub.** Supporting reviews in all care homes and now established until 2022 in first instance. There have been significant care home closures throughout winter 2021 and through the daily huddles, assurance group and directors oversight group there is significant support been offered. Close working with Scottish care to support partnership working.

**Home care services** including managed and external providers have been supported and using business intelligence have been able to be more sustainable in maximising capacity in local runs.

The MAC role worked well in conjunction with the COVID hub and assessment centre over both waves of the pandemic with a direct professional to professional line to support the appropriate direction of patients and to expedite the transfer of patients from the COVID assessment centre to the Emergency Department.

To support demand, capacity and flow across the system an integrated capacity tool was developed. This tool incorporates data from across community and acute services and it supports service planning to manage foreseeable operational pressures. The Acute Services Division and the HSCP meet daily to look at the tool and to plan accordingly.

Develop links with St Andrews University medical school through the SCOTGEM programme aspiring towards university status

Medical Director

*Review:*

This objective remains a live issue with the announcement in the change in legislation allowing STA University to once again award a Primary Medical Qualification.

This objective will be adjusted and carried forward into 2021/22

Provide clinical support and professional leadership to Care Homes during 2020/21

Director of Nursing

<p><i>Review:</i> Care Home team established with Head of Nursing, Care Home Lead Nurse and Care Home Liaison nurses appointed. Infection Control Nurses appointed to support infection control practice in Care Homes. Excellent working relationship between the nursing team and the Care Homes.</p>	
<b>EXEMPLAR EMPLOYER</b>	
Review and update the existing workforce strategy which supports the strategic and transformational plans of Fife	Director of Workforce
<p><i>Review:</i> A light workforce strategy was produced reflecting the transformation plans due to the pandemic.</p>	
Develop arrangements which support effective Talent Management and Succession Planning requirements	Director of Workforce
<p><i>Review:</i> This objective was superseded by work in response to COVID-19 including, fast track induction, L&amp;D revised delivery model and development of digital delivery. The foundations of the framework are in place and manager have a range of tools available to them currently to enable talent management and succession planning to be undertaken.</p>	
Ensure compliance with Staff Governance standards and the principles and values of the 2020 / Everybody Matters strategy in line with national policy.	Director of Workforce
<p><i>Review:</i> This work was successfully completed and compliance with SG Standards maintained.</p>	
Ensure NHS Fife has the appropriate infrastructure and training environment to continue to meet professional standards for all staff	Director of Workforce
<p><i>Review:</i> A desktop exercise was completed to ensure the infrastructure and training environment was appropriate. Changes were made in some aspect of the learning and development (training) environment to account for the restrictions during COVID-19 pandemic. See section 1 above</p>	
Maximise participation in the staff engagement survey and ensure feedback received informs workforce practice for 2020/21	Director of Workforce
<p><i>Review:</i> This was completed. Nationally the decision was taken to conduct a Pulse Survey, instead of the iMatter survey, this was successfully undertaken. Results were published at a directorate level, support provided to reflect on and consider the data provided from the survey results and for team to action as/if appropriate.</p>	
Ensure effective staff engagement and communication – develop and implement an effective internal communications strategy	Director of Workforce
<p><i>Review:</i> The focus of this work during the year was to maintain effective communication with our staff and recruits on the impact and changes as a result of COVID-19 as well as ensuring StaffLink was effectively used. There has been early engagement with Head of Comms on the further development of an internal communication strategy.</p>	
Implement statutory safe staffing across all wards in accordance with new legislation	Director of Nursing

<p><i>Review:</i>  Legislation currently on hold however workforce planning training and supporting staff and clinical areas is ongoing.  Work ongoing to develop Realtime risk assessment process for inpatient wards with scope to develop in community areas.  Use of workforce tools to support vaccination programme.</p>	
<b>SUSTAINABLE</b>	
Refresh and embed the joint Transformation Plan for NHS Fife to deliver the triple aim supporting sustainability and value recognising the COVID-19 sensitive environment whilst continuing the re-design and transformation of services following COVID-19	Director of Finance and Strategy,
<p><i>Review:</i>  Due to COVID the transformation programme was paused. However, the pandemic enabled the acceleration of other transformation work which has been captured in the Remobilisation Plan. The Strategic Planning and Resource Allocation (SPRA) was implemented in 2020 and will be used to shape the change programme in Fife along with the developing Population Health and Wellbeing Strategy, Strategic Priorities and Remobilisation Plan.</p>	
Review and refresh Fife's Clinical Strategy for 2021-2026	Medical Director
<p><i>Review:</i>  This objective will be carried forward into 2021/22</p>	
Develop the Property and Asset Management Strategy to support strategic transformation & performance	Director of Estates and Facilities
<p><i>Review:</i></p> <ul style="list-style-type: none"> <li>• A further iteration of the PAMS was developed as an interim document and approved by the NHS Board in March 2021.</li> <li>• The document and work behind the strategy support the transformation agenda and detail the key risks and performance of the estate</li> <li>• The PAMS was delivered later in the year than anticipated due to the Covid-19 Pandemic</li> <li>• Work is already ongoing in relation to next year's iteration of the PAMS</li> </ul>	
Deliver Full Business Case for the Fife Elective Orthopaedic Centre	Director of Nursing
<p><i>Review:</i>  Programme on track.</p>	
Develop the eHealth, Information & Digital Strategy to support strategic transformation & performance	Medical Director
<p><i>Review:</i>  Digital and Information Strategy agreed and published in 2020.</p>	
Deliver medium term strategies for revenue and capital	Director of Finance & Strategy
<p><i>Review:</i>  This has been completed for 2020/21</p>	

Develop performance framework to support delivery of Remobilisation Plan	Director of Finance & Strategy
<i>Review:</i> Performance updates reported and incorporated in the Integrated Performance and Quality Report during 2020/21 and updates on actions included in subsequent remobilisation plans.	
Deliver effective corporate governance to the organisation	Director of Finance & Strategy
<i>Review:</i> Review has been undertaken and completed for 2020/21	
Ensure NHS Fife is in full compliance with Health and Safety legislation and best practice including governance and ensure key training compliance targets are in place	Director of Estates and Facilities
<i>Review:</i> <ul style="list-style-type: none"> <li>NHS Fife remains in compliance with Health and Safety legislation</li> <li>The organisation (one of 2 Health Boards) was visited by the HSE in November/December 2020 and they carried out an inspection of our Covid-19 arrangements in clinical and non-clinical areas. This resulted in an Action Plan to address any deficiencies and a management response was given at the end of January 2021. Any remedial actions have been addressed and so far have satisfied the HSE to date.</li> <li>All key training requirements were met in full for Authorised Persons (AP) and Authorised Engineers (AE) to ensure compliant safe and effective management of our estate.</li> </ul>	
Evidence progress against 6 outcomes of Integration in line with 2020/21 delivery plan.	Director of Health and Social Care

<p><i>Review:</i></p> <p><b>Integration Scheme:</b> The position of the Integration Scheme in Fife has been accepted by Scottish Government acknowledging the work will be concluded in coming months.</p> <p><b>Development Sessions and Scheme of Delegation with IJB:</b> The development sessions with the IJB has led to shared understanding of the future governance structure which will be able to be implemented pending conclusion of Integration Scheme.</p> <p><b>MSG Indicators:</b> Progress can be evidenced across the range of areas outlined above demonstrating that despite COVID there has been improvement in both pace and scale of integration in Fife.</p> <p><b>MSG - Finance Indicators</b> - Agreement has been reached with partners for the CFO to have a post to support the role - further discussion with partners on how to build this team will progress through the regular meetings with CEO and DOF and CFO that are now in place. Discussion in principle re progressing set aside in year 2021/22. The IJB budget was set by 31 March 2021. For the first time since the IJB began the reserves policy has been utilised. There has been discussion with partners and the IJB regarding "the Fife pound". Whilst further work to be done - there has been progress on MSG financial Indicators.</p> <p><b>MSG Collaborative Leadership Indicators:</b> Well established COCO and CFO/DOF, and HRD meetings. Winter has demonstrated strong working with acute services. COVID has demonstrated strong whole system working including independent and vol sector. - need to build on this into the coming year. The development of an extended leadership team has supported discussion regarding leadership/culture/workforce.</p> <p><b>MSG Indicators for Governance:</b> Agreed the approach to Clinical and Care Governance which will be brought formally to the IJB following completion of the integration scheme. Directions policy has been developed which will be signed off at April IJB. Further work needed in relation to a shared understanding of the IJB role with partners.</p> <p><b>MSG Indicator Engagement:</b> Have worked with the Carers rep to develop and review induction and support in line with the national standards. Participation and engagement process being reviewed following publication of the new planning with people policy framework.</p>	
HEPMA Full Business Case to be completed and approved through governance committees and Fife Health Board. Plan for implementation developed.	Director of Pharmacy
<p><i>Review:</i></p> <p>Full Business Case approved by Fife Health Board in November 2020. Programme Dashboard attached with progress.</p>	



## APPENDIX 2

### NHS Fife Corporate Objectives 2021/22

	Medical Director	Director of Nursing	Dir of Public Health	Dir of Fin & Strategy	Director of Workforce	Dir of Pharmacy & Medicines	Dir of Property Asset management	Dir of Acute Services	Dir of Health and Care Services
<b>1. To Improve Health and Wellbeing</b>									
1.1. Work to address poverty and inequality through ensuring the prioritisation of income, housing, education and employment programmes as part of the Plan 4 Fife	C	C	L	C	C	C	C	C	C
1.2. Establish NHS Fife as an Anchor Institution in order to use our influence, spend, employment practices to address inequalities.	C	C	L	C	C	C	C	C	C
1.3. Collaborate in the East of Scotland Partnership for the prevention and reversal of Type 2 Diabetes	C	C	L	C	S	C	S	C	C
1.4. Provide an effective dental public health function for Fife and the East Region dental public health network	C	C	L	C	S	C	S	S	S
1.5. Deliver the Fife Child Poverty Plan with Fife Council and other partners	S	S	L	S	S	C	S	C	C
1.6. Establish a new system for the review of drug related deaths and increase prevention activity jointly with the Alcohol and Drug Partnership	C	C	L	S	S	C	S	C	C
1.7. Deliver an effective health protection function, including an enhanced COVID response, the Test and Protect programme and immunisation programme	S	S	L	S	C	C	S	C	S
1.8. Develop and implement a system wide medicines safety programme with an initial focus on high risk pain medicines	C	C	C	S	S	L	S	C	S
1.9. Plan and deliver the COVID vaccination programme, before handing over to operational delivery	C	C	C	C	C	L	C	C	C
<b>2. Improve the Quality of Health and Care Services</b>									
2.1. Collaborate and redesign urgent care services supported by the Acute Service and HSCP teams	L	S	S	C	S	C	S	C	C
2.2. Identify priorities to deliver high quality, patient centred, sustainable cancer services to the people of Fife.	L	C	C	C	S	C	S	C	C
2.3. Develop feasibility and implementation plan for transition to Teaching and Research (University) Health Board status	L	C	C	C	C	C	C	C	C
2.4. Develop workforce capabilities and capacity to support research, development, and innovation growth, including creation of an NHS Fife innovation framework.	L	C	S	S	S	C	S	C	C
2.5. Ensure the Digital Delivery Plan is aligned to the Strategic Priorities and enables the remobilisation and redesign of plans for services	L	C	C	C	C	C	S	C	C
2.6. Develop and commence the implementation of a digital learning and education framework	L	C	C	C	C	C	S	C	C
2.7. Provide clinical support and professional leadership for Care Homes	S	L	C	S	S	C	S	S	C
2.8. Reduce Healthcare Associated Infections	C	L	S	S	S	C	S	C	C
2.9. Provide assurance on the quality of care delivered by nurses, midwives and AHP	S	L	S	S	S	S	S	S	S
2.10. Promote Person Centred Care in COVID and post COVID environment	S	L	C	S	C	S	S	S	S
2.11. Implement Safe Staffing legislation	C	C	S	S	L	C	S	C	C
2.12. Develop and implement an integrated pharmacy strategy and re-design of services that transforms the way we care for patients and their medicines	C	S	C	C	C	L	S	C	C
2.13. Deliver HEPMA implementation plan	C	C	S	C	S	L	S	C	C
2.14. Initial agreement (IA) and Outline Business Case (OBC) developed and approved for the automation of the pharmaceutical supply chain (Robotics)	S	S	S	C	S	L	S	S	S
2.15. Deliver Pharmacotherapy service in line with national direction and GMS contract	S	S	S	S	S	L	S	S	S
2.16. Redesign the front door of the Acute Services to improve performance and patient experience	S	S	S	C	S	C	S	L	C
2.17. Establish a Rapid Assessment and Discharge Unit to schedule the unscheduled urgent care of frail people	C	C	S	C	S	C	S	L	C
2.18. Implement Phase 1 of the refreshed mental health strategic framework for Fife	C	C	S	C	S	C	C	C	L
2.19. Implement a Home First Initiative for Fife	S	C	S	S	S	C	S	C	L
<b>3. Improve Staff Experience and Wellbeing</b>									
3.1. Enhance Staff Health and Wellbeing	C	C	C	C	L	C	C	C	C
3.2. Develop and deliver Phase 1 of the framework to improve leadership capability and embed talent management and succession planning	C	C	C	C	L	C	C	C	C
3.3. Attract, recruit and retain a high-quality Workforce	C	C	C	C	L	C	C	C	C

NHS Fife Corporate Objectives 2021/22										Medical Director	Director of Nursing	Dir of Public Health	Dir of Fin & Strategy	Director of Workforce	Dir of Pharmacy & Medicines	Dir of Property Asset management	Dir of Acute Services	Dir of Health and Care Services
<b>4. Deliver Value &amp; Sustainability</b>																		
4.1. Deliver planned elective Orthopaedic centre build										C	L	S	C	S	C	C	C	C
4.2. Deliver timely and accessible communications with stakeholders on the delivery and development of person-centred health and care services										C	L	C	C	C	C	C	C	C
4.3. Deliver an effective resilience function for NHS Fife										C	C	L	C	C	C	C	C	C
4.4. Supporting the development of the Health Hub business plans for Lochgelly and Kincardine - OBC September 2021										S	S	L	C	S	S	C	S	C
4.5. Develop the medium-term financial strategy										C	C	C	L	C	C	C	C	C
4.6. Develop the Population Health and Wellbeing Strategy										C	C	C	L	C	C	C	C	C
4.7. Deliver improved governance across all aspects of procurement										C	C	C	L	C	C	C	C	C
4.8. Deliver the Strategic Planning and Resource Allocation process for 2022/23										C	C	C	L	C	C	C	C	C
4.9. Develop and deliver corporate PMO capacity and capability										S	S	S	L	C	S	S	S	S
4.10. Develop the NHS Fife Workforce Strategy 2022-25										C	C	C	C	L	C	C	C	C
4.11. Develop the Property & Asset Management Strategy										C	C	C	C	C	C	L	C	C
4.12. Ensure the maintenance and improvement of the condition of NHS Fife's estate supported by the 5-year capital plan										S	S	S	C	S	S	L	C	C
4.13. Remobilise elective outpatients, diagnostics and inpatient/daycases in line with government guidelines										C	C	S	C	S	C	S	L	S
4.14. Support Primary Care providers to reform service delivery for people in Fife in line with the Primary Care Transformation Plan and MoU										C	C	C	C	C	C	C	C	L
4.15. Evidence improved understanding and joint working between partners to deliver the ambitions of integration across the health and care system in Fife										C	C	C	C	C	C	C	C	L

Meeting:	Clinical Governance Committee
Meeting date:	7 July 2021
Title:	Clinical Governance Committee Annual Statement of Assurance 2020-21
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Author:	Gillian MacIntosh, Board Secretary

## 1 Purpose

**This is presented to the Board for:**

- Assurance

**This report relates to a:**

- Legal requirement
- Local policy

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

- Effective

## 2 Report summary

### 2.1 Situation

All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board, which is considered initially by the Audit & Risk Committee. The requirement for these statements is set out in the Code of Corporate Governance. The Clinical Governance Committee is invited to review a final draft of this year's report and comment on its content, with a view to approving the report for onward submission.

### 2.2 Background

Each Committee must consider its proposed Annual Statement at the first Committee meeting of the new financial year. The Committee previously reviewed an initial draft at its April 2021 meeting, where it was agreed some further information would be included before being finally reviewed at the July meeting. Further text has therefore been added to cover the Committee's consideration of the potential for unintended harm by the pausing of services during the Covid pandemic (clause 4.8) and more detail has been provided on the

HIS inspections of Adamson and Glenrothes Hospitals (clause 4.14), building on the reports presented by the Director of Nursing at the Committee's April meeting.

## **2.3 Assessment**

The content of the annual reports from the Committee's sub-groups has also been considered in the drafting of this report. In addition to recording practical details such as membership and rates of attendance, the format of the report includes a more reflective and detailed section (Section 4) on agenda business covered in the course of 2020-21, with a view to improving the level of assurance given to the NHS Board, expanded from the April version as per 2.2. above.

### **2.3.1 Quality/ Patient Care**

Delivering robust governance across the organisation is supportive of enhanced patient care and quality standards.

### **2.3.2 Workforce**

N/A.

### **2.3.3 Financial**

The production and review of year-end assurance statements are a key part of the financial year-end process.

### **2.3.4 Risk Assessment/Management**

The identification and management of risk is an important factor in providing appropriate assurance to the NHS 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 in draft by the Committee Chair, Executive Lead and the Internal Auditors and takes account of any comments thus received. The paper was also considered in draft form at the Clinical Governance Committee meeting on 30 April.

## 2.4 Recommendation

The paper is provided for:

- **Approval** – for final sign-off by the Chair and submission to the Audit & Risk Committee.

### Report Contact

Dr Gillian MacIntosh

Head of Corporate Governance & Board Secretary

[gillian.macintosh@nhs.scot](mailto:gillian.macintosh@nhs.scot)

## ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE CLINICAL GOVERNANCE COMMITTEE 2020/21

### 1. Purpose

- 1.1 To provide the Board with the assurance 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.

### 2. Membership

- 2.1 During the financial year to 31 March 2021, membership of the Clinical Governance Committee comprised: -

Dr Leslie Bisset	Chair / Non-Executive Member
Martin Black	Non-Executive Member
Sinead Braiden	Non-Executive Member
Wilma Brown	Area Partnership Forum Representative
Helen Buchanan	Director of Nursing (to February 2021)
Cllr David Graham	Non-Executive Member
Rona Laing	Non-Executive Member
Aileen Lawrie	Area Clinical Forum Representative (from March 2021)
Dr Christopher McKenna	Medical Director
Dona Milne	Director of Public Health
Janette Owens	Area Clinical Forum Representative / Director of Nursing (from March 2021)
Carol Potter	Chief Executive
John Stobbs	Patient Representative
Margaret Wells	Non-Executive Member

- 2.2 The Committee may invite individuals to attend the Committee meetings for particular agenda items, but the Director of Acute Services, Director of Health & Social Care, Director of Pharmacy & Medicines, Associate Medical Director (Acute Services Division), Associate Medical Director (Fife Health & Social Care Partnership), Head of Quality & Clinical Governance and Board Secretary will normally be in attendance at Committee meetings. Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

### 3. Meetings

- 3.1 The Committee met on seven occasions during the financial year to 31 March 2021, on the undernoted dates:
- 15 June 2020
  - 8 July 2020
  - 7 September 2020
  - 4 November 2020
  - 18 November 2020
  - 14 January 2021
  - 11 March 2021

3.2 The attendance schedule is attached at Appendix 1.

#### **4. Business**

- 4.1 The business of the Committee during the year has been impacted greatly by the need for NHS Fife as a whole to address the ongoing challenges of the global Coronavirus pandemic. In recognition of the rapid mobilisation of services to tackle rising rates of Covid-19 infection, approval to revise governance arrangements across NHS Boards was given by the Scottish Government in a letter to Board Chairs in late March 2020 (the NHS in Scotland has remained on an Emergency Footing continually since that date). At their April 2020 meeting, the Board approved a 'governance-lite' approach aimed at allowing NHS Fife to effectively respond to Covid-19 pressures, maximise the time available for management and operational staff to deal with the significant challenges of addressing demand within clinical services, and, at the same time, allow the Board to appropriately discharge its governance responsibilities.
- 4.2 Whilst the scheduled dates in May 2020 for the Board's governance committees were stood down due to the ongoing impact of the pandemic, a series of Covid-19 related briefing sessions were held for each Board Committee in June, tailored to each Committee's specific remit. Committee meetings largely resumed on their regular schedule from July 2020 onwards. Agendas for Committee meetings since that time have reflected the priorities of the Board's ongoing response to Covid-19, in addition to the consideration of business otherwise requiring formal approval or scrutiny for assurance purposes. The Chair, Vice-Chair and Committee Chairs have liaised closely with the Executive Team to identify what business must be considered by the Board and its committees and what must be prioritised in agenda planning. In the period covered by this report, some routine business has been suspended or deferred. Each Committee's workplan has however been reviewed to ensure that new items related to Covid-19 are covered appropriately and that the required assurances can still be provided to the Board as part of the year-end process. Each Committee has also actively considered a governance checklist, prepared initially by Internal Audit, to help enhance agenda planning and ensure that no areas of risk have been overlooked.
- 4.3 The Clinical Governance Committee's first meeting of the 2020-21 reporting year took place in June 2020, where a briefing was given on the changes made to the Board's usual governance arrangements and structures in consequence of Covid-19. The report included detail on the Gold / Silver / Bronze Command groups set up to manage the day-to-day response to the pandemic, including how this structure enhanced agile operational decision-making to support a rapid response to the increase in clinical activity, and detailing also the reporting routes to established groups that provide formal assurance to the Board.
- 4.4 At the June 2020 meeting, the Committee also received individual updates from the respective Directors on: the shielding of vulnerable patients from Covid-19; community testing arrangements (including Test & Protect work); care home support and changes to the professional responsibilities of Nurse Directors in relation to this area; learning from outbreaks of Covid within the hospital setting; ensuring PPE and Medicines availability; and plans for the gradual remobilisation of services, as the first wave of Covid reduced from its initial peak. At the Committee's request, many of the reports given to members were delivered verbally or via a presentation, to ensure that the Committee had the most up-to-date information on what was a fast-developing and rapidly changing situation.
- 4.5 At its scheduled July 2020 meeting, the Committee's agenda was prioritised to review further updates on the organisation's ongoing response to Covid-19 and also governance-related items linked to the 2019-20 year-end process. Written briefings on testing policy and delivery arrangements for Covid-19 in Fife, care home support arrangements and a Lessons Learned

report on hospital onset coronavirus infections were carefully scrutinised by the Committee. In relation to the latter report, the complex network of potential transmission of infection in a hospital setting was highlighted, and key learning was outlined in the areas of atypical presentation of coronavirus symptoms, movement of staff and patients, social distancing, cleaning protocols, and the reduction of the bed base, to increase spacing, particularly in the community setting.

- 4.6 The new responsibility placed on the Board around nursing leadership and infection control arrangements in support of care homes also received detailed scrutiny, with the Committee congratulating the work done in partnership with colleagues in the social care sector aimed at protecting vulnerable residents in the care home setting. All 76 individual care homes in Fife received an assurance visit, where a supportive and collaborative approach was undertaken to provide advice and guidance around Covid-19 prevention. A Specialist Nursing Support team was put in place to give assistance to those homes identified with areas to improve, again taken forward in a collaborative manner. The Committee received the required assurance that the Board's new responsibilities in this area have been met in a robust and thorough way, in accordance with the Cabinet Secretary's instruction.
- 4.7 A draft of the remobilisation plan for restarting clinical services, formally agreed with the Scottish Government in June 2020, was reviewed by the Committee at its meeting in July. The Plan detailed the adopted methodology around the planning for resumption of normal services, based around a 'Respond, Recover and Renew' approach. To ensure governance around the restart of clinical services, the Remobilisation Oversight Group was initially established to oversee the restarting of health and care services in Fife during this phase. This group was intended to drive the reintroduction of clinical services in a safe, measured and Covid-19 sensitive way, with a wide representation of clinical leaders, and it has overseen the whole system restart to improve integrated pathways from primary care, community, social care and secondary care, adhering to our routine governance arrangements and with learning from our Covid-19 response.
- 4.8 During the pandemic, strategic decisions were made in relation to both the configuration of services and which services could reasonably be provided. Changes to service provision were risk assessed and the Committee has recognised that some patients may be affected by these decisions. As such, any consequences that resulted would not be considered avoidable given that this was based on the strategic decision to prioritise services to address the pandemic. Importantly, actions to mitigate identified risks were implemented at all opportunity. The Committee considers that the local response to the pandemic was appropriate, considered and aligned to Scottish Government direction. Throughout the pandemic urgent services such as cancer services and urgent care were prioritised. The governance route for changing or stopping services were carefully scrutinised through the pandemic response structures of Bronze, Silver and Gold Command groups. Critically, clinical teams and leaders were central to decision-making, to ensure that any potential harm resulting from cessation or service change was appropriately mitigated. Examples of mitigation include the nationally-agreed surgical prioritisation framework, use of Near Me for the continuance of remote appointments, and outpatient prioritisation. The dynamic nature of the pandemic and the evolving understanding of the virus has necessitated a continual review of changes, which were considered through the command structures described and discussed by the Committee during the year. As services continue to remobilise, the Clinical Governance Committee will receive an overview at each meeting, to provide assurance in relation to the recovery of services.
- 4.9 Also discussed in July 2020 was the Joint Health Protection Plan 2020-22, as developed between Fife Council Environmental Health and NHS Fife Public Health departments, which provided an overview of health protection priorities, provision and preparedness for the NHS Fife Board area. Although drafted before the full impact of the coronavirus pandemic became



clear, the greater priority of public health-related measures in light of society's response to Covid has been appropriately reflected in the Committee's schedule of business, with appropriate consideration of reports such as this.

- 4.10 In relation to Seasonal Flu Immunisation, the Committee considered at its September 2020 meeting the delivery plan and governance around this year's programme, noting that the campaign was expected to be more challenging than previous years, due to the ongoing restrictions of the pandemic, and with a different model of delivery from the previous GP-led clinics. On the programme's launch in mid-September, the increased demand for flu vaccinations quickly overwhelmed the planned delivery model and communications hub, resulting in a less than satisfactory patient experience and reputational damage to the Board. An independent review into the seasonal flu programme was commissioned in October 2020 and a Lessons Learned report considered in depth by the Committee at its meeting in early November. The report made a number of important recommendations in the areas of governance, reporting routes and clarity of roles and responsibilities; planning and project management support; workforce; communications; and IT support. A related Action Plan has been developed, and regular reporting on addressing these individual improvement actions has continued to the Committee. In addition, an external review has since been commissioned to consider how the Board delivers immunisation programmes in general (noting the additional activity due to Covid), and in particular clarifying the respective responsibilities for Public Health and colleagues in the Partnership. The outcome and recommendations from this will be considered at a future meeting of the Committee.
- 4.11 An Extraordinary Meeting of the Committee was held on 18 November 2020, for members to specifically consider the arrangements for the imminent launch and delivery of the Covid-19 vaccination programme, the single largest public health intervention in modern times. Members discussed issues ranging from the availability of vaccine, the prioritisation of cohorts, the governance, risk and project management arrangements for the roll-out of the programme, planning for venues, scheduling and appointing mechanisms, and the likely workforce and financial implications. Noting the vital importance of learning from the challenges faced with the delivery of the 2020 seasonal flu vaccination, and in particular the recommendations of the independent review into that programme considered in depth at the Committee's previous meeting on 4 November, the Committee took assurance from the risk-focused approach of planning for the Covid programme, and in particular the enhanced support offered by a dedicated Programme Management Office. Meetings of the Committee since the Covid vaccination launch have continued to focus attention on the effective delivery of the vaccine to the people of Fife, in a person-centred, responsive manner. The strong performance of the Board when compared with other nationally has given the appropriate assurance that the planning and implementation of the large-scale programme has taken due cognisance of the lessons learned from the review of seasonal flu immunisation, in addition to benefitting from the expertise, dedication and knowledge of staff from across a range of services, including many volunteer vaccinators.
- 4.12 A presentation by the Medical Director on the Redesign of Urgent Care was delivered to members in November 2020, with a further update given in January 2021. Noting the challenges of making these service changes as Covid-related activity increased with the second wave of widespread infection, the planned 'hard' launch of the service was postponed, due to challenges with the resilience of NHS24 services. A soft launch of the programme, however, gave the opportunity to test the model and ensure local readiness. In March 2021, the Committee considered a further report on the design and operation of the Flow & Navigation Hub within the Urgent Care Service, following Scottish Government guidance for all Boards to establish a local hub to ensure patients are directed to the appropriate point of care. This continues to operate successfully, helping ensure A&E attendances are managed and patients are directed to the right forms of support for their own individual needs.

- 4.13 The Committee carefully scrutinises at each meeting key indicators in areas such as performance in relation to falls, pressure ulcers, complaints and the number of Adverse Events, via the Integrated Performance & Quality Report. Specific scrutiny has been given in recent meetings to the rate of Staphylococcus aureus Bacteraemia (SABs), with members receiving an update at its July 2020 meeting on community C.Diff cases, with detail on how an increase in cases pre-Covid was being addressed and monitored. Despite the challenges of the pandemic, the Board has had the lowest number of SABs since 2005, with no MRSA case within the 2020 calendar year. Staff were congratulated for their successful work aimed at reducing cases to a minimal level.
- 4.14 The Committee noted that robust action plans have been developed following Health Improvement Scotland HAI inspection visits to Glenrothes Hospital (7-8 July 2020) and to Adamson Hospital (28 October 2020), with members receiving an update on progress in addressing actions at their May 2021 meeting. The Glenrothes Hospital Inspection resulted in the identification of four areas of good practice (particularly around hospital cleanliness and infection control support) and five requirements in areas to be improved (the majority related to improved documentation to ensure that people's health and wellbeing were being supported and safeguarded during the pandemic). The Adamson Hospital Inspection highlighted three areas of good practice (including robust standards of hospital cleanliness and thorough completion of assessment such falls, oral care and pressure ulcers prevention) and eight requirements to be followed up. Six requirements related to improved documentation to ensure that people's health and wellbeing were being supported and safeguarded during the pandemic and two requirements were in relation to infection control practices supporting a safe environment for patients and staff. At their May 2021 meeting, the Committee were pleased to note that the action plan in relation to the Glenrothes Hospital inspection has been fully completed, and that for Adamson Hospital is well advanced towards full completion.
- 4.15 The preparation of a robust plan for dealing with Winter demand was covered by the Committee at their meeting in November 2020, and regular performance reports have followed since. Despite the operational challenges of dealing with increased demand due to coronavirus activity, the delay position in general has been an improving one, recognising the close partnership working across health and social care.
- 4.16 Papers were provided to the Committee on various capital projects, including, in November 2020, the full business case for large-scale Elective Orthopaedic Centre to be established at Victoria Hospital and the full business case for the implementation of Hospital Electronic Prescribing & Medicines Administration (HEPMA). Both projects were recommended for approval by the Committee to the Board, noting the potential transformational nature of both initiatives for patient care in Fife.
- 4.17 Annual reports were received on the subjects of the work of the Clinical Advisory Panel, Equality Outcomes, Fife Child Protection, Integrated Screening, Radiation Protection, Medical Revalidation, Prevention & Control of Infection, Organisational Duty of Candour, Research & Development Strategy & Annual Review, and any relevant Internal Audit reports that fall under the Committee's remit, such as that on Adverse Events Management (in which the Committee commissioned a separate update on progress made in addressing the various action points). Updates were also provided on public engagement matters, including, in January 2021, dedicated reports on Equality Outcomes and Mainstreaming Equality across the organisation.
- 4.18 The Committee has received minutes and assurance reports from its three sub-groups, namely the Digital & Information Board, Health & Safety Sub-Committee, and the Information Governance & Security Steering Group, detailing their business during the reporting year. Updates to Terms of Reference and workplans for these groups have also been considered

when necessary. As agreed last year, guidance and a template for the format of sub-groups annual assurance statements has been created for the groups to follow, to improve the consistency and content of information provided, and the annual reports of each of the groups have been reviewed at the Committee's May 2021 meeting.

- 4.19 In reference to the Health & Safety Sub-Committee, their work has been detailed in their annual report to the Committee. Whilst Covid has dominated their proceedings, including HSE visits to check compliance, the policy and procedure reviews scheduled for this year have been completed. In November 2020, NHS Fife received a Covid Management 'spot check' visit to the Victoria Hospital site from HSE inspectors. The visit resulted in a 'Notice of Contravention' being issued to the organisation with a requirement for actions to be taken. The December 2020 sub-committee meeting was therefore given over to discussion on the detail of the Notice to ensure that actions were being addressed and that appropriate managers and staff were involved in this work, and updates on the delivery of this action plan were given to the sub-committee in March, with progress noted in the implementation of the HSE's recommendations.
- 4.20 Over the past year, the Digital & Information Board has developed the governance, process and controls necessary to assure the organisation about the consideration and delivery of the Digital Strategy and associated delivery plan, as outlined in a report submitted in July 2020 on the eHealth Governance Review. This work has included consideration of a number of significant and outstanding Internal Audit findings given in previous reports, as well as the action points from the NIS audit carried out in March 2020. The Digital & Information Strategy 2019-2024 was presented to the NHS Fife Board and approved on 30 September 2020. The necessity to support the Covid-19 pandemic response has impacted the planned activities of the group and the delivery plan associated with implementing the Strategy, as outlined in a report submitted to the Clinical Governance Committee in September 2020. The group noted there had been considerable benefits to digital adoption in many key areas during this time, supported by key financial investment decisions. The Board recognised that the lessons learnt through this year should have significant impact on Digital delivery going forward.
- 4.21 In relation to Digital enhancements, the Committee has received updates on the hospital electronic prescribing and medicines administration system (HEPMA) being introduced in Fife. In September 2020 the Committee noted progress and approved a revised timeframe for submission of the business case. The full business case was considered and approved in November 2020. The Digital & Information Board's annual report has also detailed areas of significant activity across the organisation, particularly those in support of enabling enhancements for remote working / patient consultation and in implementing O365 roll-out etc. The Committee has noted that the new Associate Director of Digital & Information has initiated a full risk audit within the areas of Digital & Information, with particular attention being given to the correct ownership of the risks within the organisation and being able to evidence the mitigation actions being planned and taken. An early focus is a financial assessment of the Digital and Information Strategy, to ensure affordability can be matched with expectation and ambition. It is also anticipated that this work will ensure the completion of a number of outstanding internal audit recommendations, to enhance the overall control environment and governance structures of this key directorate. Reporting arrangements to the Clinical Governance Committee will also be part of this work, to ensure appropriate scrutiny and oversight.
- 4.22 The Clinical Governance Committee has also considered the annual report from the Information Governance & Security Steering Group, which has been restructured during the reporting year. The newly refreshed Group first met in October 2020 and has developed appropriate Terms of Reference for itself and its supporting operational groups. The Group has reviewed a report detailing the current baseline of performance and controls within the remit of

the Information Governance & Security activities, recognising that whilst compliance and assurance in some areas is effective, in others improvement is necessary to ensure the confidentiality, availability and integrity of patient, corporate and staff information. Whilst the appropriate governance structures and controls are now in place, the production of evidence to the Steering Group on all matters under its remit remains a work in process. Therefore, the Clinical Governance Committee notes that the assurance the Steering Group is in a position to provide this year is necessarily partial, though there are no significant issues that would otherwise merit a disclosure in the Governance Statement.

- 4.23 An annual statement of assurance has also been received and considered from the Clinical & Care Governance Committee of the Integration Joint Board, detailing how Clinical & Care Governance mechanisms are in place within all Divisions of the Fife Health & Social Care Partnership and that systems exist to make these effective throughout their areas of responsibility. Updates have also been given to the Committee on the ongoing review of the Fife Integration Scheme, which has been delayed from its original timeline due to Covid-related pressures. The new Scheme will seek to further clarify clinical governance assurance mechanisms and reporting routes and will reflect input from the Board's internal auditors and Central Legal Office, in addition to recommendations made from the Council side.
- 4.24 Minutes of Clinical Governance Committee meetings have been subsequently approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings.

## **5. Best Value**

- 5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 2 provides evidence of where and when the Committee considered the relevant characteristics during 2020/21.

## **6. Risk Management**

- 6.1 In line with the Board's agreed risk management arrangements, NHS Fife Clinical Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail of the Board Assurance Framework in the areas of Quality & Safety, Strategic Planning and Digital & Information. Progress and appropriate actions were noted. In addition, many of the Committee's requested reports in relation to Covid have been commissioned on a risk-based approach, to focus members' attention on areas that were central to the Board's priorities around care, service delivery and vaccination during the height of the pandemic. Examples include requested reports on arrangements for shielding individuals, progress updates on the roll-out of Test & Protect programme, detail on the preparedness of Acute Services for a resurgence in Covid-related activity, and an assessment of laboratory capacity to handle an upsurge in demand.
- 6.2 During the year, in relation to Quality & Safety, the Committee has specifically considered the risk of lack of medical capacity in both the Community Paediatrics and Child Protection services. In relation to the former, an update was given on potential collaborative approaches with other Boards and the resilience that could be offered by utilising hospital-based paediatricians. The absence of the Board's Clinical Lead for Child Protection has resulted in help and support being sought from a neighbouring Board, to improve capacity. Members took

assurance from the mitigating actions and supported the planned programme of service improvement work going forward.

- 6.3 The Committee recognises that, as mentioned above, further work is required around the reporting of Digital and Information Governance & Security risks and also those related to transformation programmes, noting that the ongoing strategy review will bring an overall focus and direction to a number of hitherto individual strands of work. Updates have been given to the Committee on the new Strategic Planning & Resource Allocation process, which has linkages to the overall Remobilisation planning, and the Committee looks forward to being a central part of the development of the new Health & Well-Being Strategy currently under preparation. It is considered that this focus will improve the overall lines of reporting and assurance to the Committee over the forthcoming year.

## **7. Self-Assessment**

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily-accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its May 2021 meeting, and action points are being taken forward at both Committee and Board level.

## **8. Conclusion**

- 8.1 As current Chair of the Clinical Governance Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year.
- 8.2 I can confirm that there were no significant control weaknesses or issues at the year-end which the Committee considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.
- 8.3 I would pay tribute to the dedication and commitment of fellow members of the Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the Committee, particularly in this most challenging of years, set against the backdrop of the Coronavirus pandemic.

Signed: *Christina Cooper* Date: 7 July 2021

**Christina Cooper, Chair**

On behalf of the Clinical Governance Committee

**Appendix 1 – Attendance Schedule**

**Appendix 2 – Best Value**

**NHS Fife Clinical Governance Committee Attendance Record**  
**1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021**

	15.06.20	08.07.20	07.09.20	04.11.20	18.11.20 (private)	14.01.21	11.03.21
Dr L Bisset (Chair)	√	√	√	√	√	√	√
M Black	√	√	√	√	√	√	√
S Braiden	√	√	√	√	x	√	x
W Brown	√	√	√	√	√	√	x
H Buchanan	√	√	√	x	√	√	x
Cllr D Graham	√	x	√	√	√	√	x
R Laing	√	√	√	√	√	√	√
A Lawrie							√
Dr C McKenna	√	√	x	√	x	√	√
D Milne	x	√	√	√	√	√	√
J Owens	√	√	√	√	√	√	√
C Potter	√	√	√	x	√	√	√
J Stobbs	√	√	√	√	√	√	√
M Wells	√	√	√	√	√	√	√

**In attendance**

N Connor, Director of H&SC	√	x	√	√	√	√	√
C Dobson, Director of Acute Services				√	√	√	√
L Douglas, Director of Workforce							√
S Garden, Director of Pharmacy & Medicines	√	x	√	√		√	√
Dr R Cargill, AMD, ASD			√	√		√	√
Dr L Campbell, ADN, ASD		√	x	√		x	x
Dr H Hellewell, AMD, H&SCP		√	√			x	x
J Morrice, AMD, Women & Children's Services							√
A Mackay, Deputy Chief Operating Officer	√	√	√				
S Fraser, Ass. Director of Planning & Performance		√	√	x	√		x

APPENDIX 1

	15.06.20	08.07.20	07.09.20	04.11.20	18.11.20 (private)	14.01.21	11.03.21
<b>In attendance (cont.)</b>							
M McGurk, Director of Finance & Strategy		√					√
Dr E Curnock, Deputy Director of Public Health	√	√					
Dr G MacIntosh, Board Secretary	√	√	√	√	√	√	√
H Woodburn, Head of Quality & Clinical Governance	√	√	√	√		√	
G Couser, Head of Quality & Clinical Governance							√
A Ballantyne, Clinical Lead				√			
L Barker, AND, H&SCP		√		√			
J Crichton, Interim Director, Project Management Office		√					
L Donovan, eHealth General Manager		√	√				
B Hannan, Chief Pharmacist					√		
B Johnston, Project Manager				√			
E Muir, Clinical Effectiveness Coordinator						√	√
BA Nelson, Independent Reviewer				√			
G Smith, Lead Pharmacist, Medicine Governance & Education		√					

## Best Value Framework

### Vision and Leadership

A Best Value organisation will have in place a clear vision and strategic direction for what it will do to contribute to the delivery of improved outcomes for Scotland's people, making Scotland a better place to live and a more prosperous and successful country. The strategy will display a clear sense of purpose and place and be effectively communicated to all staff and stakeholders. The strategy will show a clear direction of travel and will be led by Senior Staff in an open and inclusive leadership approach, underpinned by clear plans and strategies (aligned to resources) which reflect a commitment to continuous improvement.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action.	Winter Plan  Capacity Plan	<b>FINANCE, PERFORMANCE &amp; RESOURCES COMMITTEE</b>  <b>CLINICAL GOVERNANCE COMMITTEE</b>  <b>BOARD</b>	Annual  Bi-monthly  Bi-monthly	Winter Plan review  NHS Fife Clinical Governance Workplan is approved annually and kept up-to-date on a rolling basis  Minutes from Linked Committees e.g. <ul style="list-style-type: none"> <li>• NHS Fife Area Drugs &amp; Therapeutics Committee</li> <li>• Acute Services Division, Clinical Governance Committee</li> <li>• NHS Fife Infection Control Committee</li> <li>• NHS Fife H&amp;SCP Care &amp; Clinical Governance Committee</li> </ul> NHS Fife Integrated Performance & Quality Report is considered at every meeting



## GOVERNANCE AND ACCOUNTABILITY

The “Governance and Accountability” theme focuses on how a Best Value organisation achieves effective governance arrangements, which help support Executive and Non-Executive leadership decision-making, provide suitable assurances to stakeholders on how all available resources are being used in delivering outcomes and give accessible explanation of the activities of the organisation and the outcomes delivered.

### OVERVIEW

A Best Value organisation will be able to demonstrate structures, policies and leadership behaviours which support the application of good standards of governance and accountability in how the organisation is improving efficiency, focusing on priorities and achieving value for money in delivering its outcomes. These good standards will be reflected in clear roles, responsibilities and relationships within the organisation. Good governance arrangements will provide the supporting framework for the overall delivery of Best Value and will ensure openness and transparency. Public reporting should show the impact of the organisations activities, with clear links between the activities and what outcomes are being delivered to customers and stakeholders. Good governance provides an assurance that the organisation has a suitable focus on continuous improvement and quality. Out with the organisation, good governance will show itself through an organisational commitment to public performance reporting about the quality of activities being delivered and commitments for future delivery.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Board and Committee decision-making processes are open and transparent.	Board meetings are held in open session and minutes are publicly available.  Committee papers and minutes are publicly available	<b>BOARD</b>  <b>COMMITTEES</b>	Ongoing	Clinical Strategy updates considered regularly  Via the NHS Fife website
Board and Committee decision-making processes are based on evidence that can show clear links between activities and outcomes	Reports for decision to be considered by Board and Committees should clearly describe the evidence underpinning the proposed decision.	<b>BOARD</b>  <b>COMMITTEES</b>	Ongoing	SBAR reports  EQIA section on all reports

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife has developed and implemented an effective and accessible complaints system in line with Scottish Public Services Ombudsman guidance.	Complaints system in place and regular complaints monitoring.	<b>CLINICAL GOVERNANCE COMMITTEE</b>	Ongoing  Bi-monthly	Single complaints process across Fife health & social care system  NHS Fife Integrated Performance & Quality Report is discussed at every meeting. Complaints are monitored through the report.
NHS Fife can demonstrate that it has clear mechanisms for receiving feedback from service users and responds positively to issues raised.	Annual feedback  Individual feedback	<b>CLINICAL GOVERNANCE COMMITTEE</b>	Ongoing  Bi-monthly	Update on Participation & Engagement processes and groups undertaken during the reporting year  NHS Fife Integrated Performance & Quality Report is discussed at every meeting. Complaints are monitored through the report.

## USE OF RESOURCES

The “Use of Resources” theme focuses on how a Best Value organisation ensures that it makes effective, risk-aware and evidence-based decisions on the use of all of its resources.

### OVERVIEW

A Best Value organisation will show that it is conscious of being publicly funded in everything it does. The organisation will be able to show how its effective management of all resources (including staff, assets, information and communications technology (ICT), procurement and knowledge) is contributing to delivery of specific outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
There is a robust information governance framework in place that ensures proper recording and transparency of all NHS Fife’s activities.	Information & Security Governance Steering Group Annual Report  Digital & Information Board Annual Report  Digital & Information Board minutes	<b>CLINICAL GOVERNANCE COMMITTEE</b>	Annual	Minutes and Annual Report considered, in addition to related Internal Audit reports
NHS Fife understands and exploits the value of the data and information it holds.	Remobilisation Plan  Integrated Performance & Quality Report	<b>BOARD COMMITTEES</b>	Annual  Bi-monthly	Integrated Performance & Quality Report considered at every meeting  Particular review of performance in relation to SSIs and community-based SABs undertaken in current year

## PERFORMANCE MANAGEMENT

The “Performance Management” theme focuses on how a Best Value organisation embeds a culture and supporting processes which ensures that it has a clear and accurate understanding of how all parts of the organisation are performing and that, based on this knowledge, it takes action that leads to demonstrable continuous improvement in performance and outcomes.

### OVERVIEW

A Best Value organisation will ensure that robust arrangements are in place to monitor the achievement of outcomes (possibly delivered across multiple partnerships) as well as reporting on specific activities and projects. It will use intelligence to make open and transparent decisions within a culture which is action and improvement oriented and manages risk. The organisation will provide a clear line of sight from individual actions through to the National Outcomes and the National Performance Framework. The measures used to manage and report on performance will also enable the organisation to provide assurances on quality and link this to continuous improvement and the delivery of efficient and effective outcomes.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Performance is systematically measured across all key areas of activity and associated reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives	<p>Integrated Performance &amp; Quality Report encompassing all aspects of operational performance, Annual Operational Plan targets / measures, and financial, clinical and staff governance metrics.</p> <p>The Board delegates to Committees the scrutiny of performance</p> <p>Board receives full Integrated Performance &amp; Quality Report and notification of any issues for escalation from Committees.</p>	<b>COMMITTEES</b> <b>BOARD</b>	Every meeting	<p>Integrated Performance &amp; Quality Report considered at every meeting</p> <p>Minutes from Linked Committees e.g.</p> <ul style="list-style-type: none"> <li>• Area Drugs &amp; Therapeutics Committee</li> <li>• Acute Services Division, Clinical Governance Committee</li> <li>• Digital &amp; Information Board</li> <li>• Infection Control Committee</li> <li>• Information Governance &amp; Security Steering Group</li> </ul>
The Board and its Committees approve the format and content of the performance reports they receive	The Board / Committees review the Integrated Performance & Quality Report and agree the measures.	<b>COMMITTEES</b> <b>BOARD</b>	Annual	Integrated Performance & Quality Report considered at every meetings. Review of format undertaken in reporting year

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Reports are honest and balanced and subject to proportionate and appropriate scrutiny and challenge from the Board and its Committees.	Committee Minutes show scrutiny and challenge when performance is poor as well as good; with escalation of issues to the Board as required	<b>COMMITTEES</b> <b>BOARD</b>	Every meeting	Integrated Performance & Quality Report considered at every meetings  Minutes of Linked Committees are reported at every meeting
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	<b>COMMITTEES</b> <b>BOARD</b>	Every meeting  Annual	Integrated Performance & Quality Report considered at every meeting  The Committee commissions further reports on any areas of concern, e.g. as with adverse events
NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.	Encompassed within the Integrated Performance & Quality Report	<b>COMMITTEES</b> <b>BOARD</b>	Every meeting	Integrated Performance & Quality Report considered at every meeting  Minutes of Linked Committees <ul style="list-style-type: none"> <li>• Area Clinical Forum</li> <li>• Acute Services Division, Clinical Governance Committee</li> <li>• Area Drugs &amp; Therapeutics Committee</li> <li>• Fife Resilience Forum</li> </ul>

## CROSS-CUTTING THEME – EQUALITY

The “Equality” theme is one of the two cross-cutting themes and focuses on how a Best Value organisation has embedded an equalities focus which will secure continuous improvement in delivering equality.

### OVERVIEW

Equality is integral to all our work as demonstrated by its positioning as a cross-cutting theme. Public Bodies have a range of legal duties and responsibilities with regard to equality. A Best Value organisation will demonstrate that consideration of equality issues is embedded in its vision and strategic direction and throughout all of its work.

The equality impact of policies and practices delivered through partnerships should always be considered. A focus on setting equality outcomes at the individual Public Body level will also encourage equality to be considered at the partnership level.

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.		<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	Clinical Strategy updates regularly considered  Digital & Information Strategy reviewed in current year  All strategies have a completed EQIA
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	Clinical Strategy updates regularly considered  Digital & Information Strategy reviewed in current year  All strategies have a completed EQIA
NHS Fife’s policies, functions and service planning overtly consider the different	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and	<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	All NHS Fife policies have a EQIA completed and approved. The EQIA is published alongside the policy

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
current and future needs and access requirements of groups within the community.	access requirements of the groups within the community.			when uploaded onto the website
Wherever relevant, NHS Fife collects information and data on the impact of policies, services and functions on different equality groups to help inform future decisions.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments will collect this information to inform future decisions.	<b>BOARD</b> <b>COMMITTEES</b>	Ongoing	Update on Participation & Engagement processes and groups undertaken during the reporting year, which encompassed effectiveness of engagement with key groups of users

<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting date:</b>	<b>7 July 2021</b>
<b>Title:</b>	<b>East Region Formulary</b>
<b>Responsible Executive:</b>	<b>Scott Garden – Director of Pharmacy and Medicines</b>
<b>Report Author:</b>	<b>Euan Reid – Lead Pharmacist Medicines Management</b>

## 1 Purpose

**This is presented to EDG for:**

- Awareness

**This report relates to a:**

- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

NHS Fife Executive Directors Group (EDG) have agreed that NHS Fife should develop and implement a new East Region Formulary in collaboration with NHS Borders and NHS Lothian that will replace the current Fife Formulary. The Group also endorsed the proposed governance structure for the East Region Formulary.

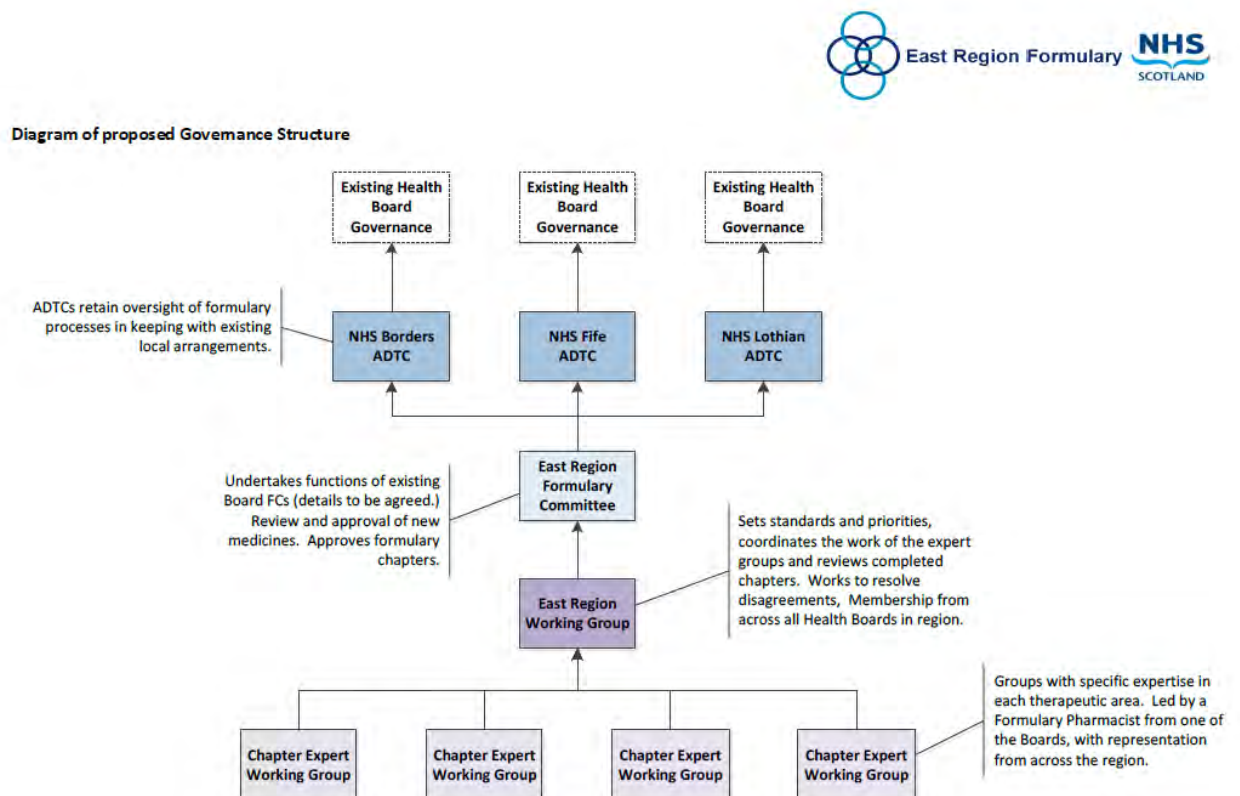
### 2.2 Background

A proposal for NHS Fife to develop and implement a new East Region Formulary in collaboration with NHS Borders and NHS Lothian that will replace the current Fife Formulary was discussed at EDG on 20 May 2021 (appendix 1). Further information was requested by EDG along with mitigation of risks locally. A further discussion on 24 June 2021 resulted in EDG supporting the proposal.



The proposed governance structure includes the creation of a new East Region Formulary Committee (ERFC) to replace the existing Formulary Committees in each of the three Boards, which will be disbanded. Membership of the new Regional Formulary Committee will, where possible, be taken from existing Board formulary committees to retain expertise, enthusiasm and local buy-in. The ERFC will have overall responsibility for formulary decisions, with local ADTCs retaining oversight of formulary processes. Financial responsibility remains with each individual Health Board. Chapter Expert Working Groups are a network of groups responsible for the development, content and detail of specific therapeutic areas of the East Region Formulary. Their work is co-ordinated by the East Region Working Group that is responsible for the development, maintenance and communication to support implementation of the East Region Formulary (see Figure 1).

Figure 1



Fife ADTC was supportive of the proposed governance structure. The Directors of Pharmacy from Borders, Lothian and Fife are all in agreement of the proposed governance structure.

The scope of the Regional Formulary will include:

- 14 adult chapters
- 11 paediatric chapters
- Minor ailments (Pharmacy First)

There is a willingness to include non-medicine formularies, i.e. woundcare, catheters, gluten free. These are currently within the Fife Formulary.

Currently NHS Fife does not have a dedicated paediatric formulary, though it does contain advice on paediatric medicines.

Formulary decisions on oncology medicines are currently undertaken on an East Region basis by the Lothian Formulary Committee.

In an email dated 9<sup>th</sup> June 2021, the Interim Chief Pharmaceutical Officer (iCPO) stated that the Scottish Government made Programme for Government commitments to develop a Single National Formulary (SNF). This is an ongoing work programme, based in the Pharmacy and Medicines Division, which is supporting Health Boards to evolve formularies, with a key aim of reducing unwarranted variation in the medicines prescribed in different parts of the country. There is a clear alignment also with the principles of Realistic Medicine.

The programme of work for SNF has been revised with a focus on regional formulary development. The three Health Boards in the East of Scotland region have been asked to by the CPO to be the first to come together under a collaborative consensus model for regional formulary development.

Expectation from Scottish Government is that the East Region formulary will be operational within the 2021-22 financial year. However, recognising the scale and complexity of the programme the iCPO has confirmed that Scottish Government will be able to commit resources to this work for as long as necessary.

## **2.3 Assessment**

A formulary is an important tool to influence safe, cost-effective and quality prescribing. It should be more than just a “list of drugs”. How medicines are used and supplied are important considerations.

Medicines can be supplied through the hospital pharmacy (including homecare), through community pharmacy, and for non-medicines, through non-prescription ordering routes. Shared Care arrangements for medicines that have a relatively high adverse effect profile, and may require specific monitoring, aim to facilitate the seamless transfer of individual patient care from secondary care to general practice. Where medicines are prescribed and supplied is an important formulary consideration to ensure safe prescribing and to control costs.

Focusing on clinical pathways and where the medicines sits in the pathway is integral in the design of the new formulary digital platform. This would allow social prescribing to be considered. Importantly, the ERF will not have an additional list (historically part of Lothian Joint Formulary).

### Linkages to other medicines governance committees

The East Region Formulary Committee replaces the existing Formulary Committee. There is no intention from the Regional Formulary project perspective to propose changes to the other committees that the three Boards have to support their medicine governance processes.

### Clinical Guidelines

Prior to a medicine being added to the Fife Formulary a clinical guideline is required that includes starting and stopping criteria along with monitoring requirements. Recently frailty prescribing guidance has been developed reflecting realistic medicine principles. The new Regional Formulary platform involves creating new condition and treatment pathway structures, which help to align formulary recommendations to the treatment of the patient. NHS Fife believes that medicines added to the ERF should have an associated clinical guideline to ensure medicines are used safely and effectively, maximising the benefits to patients and minimising risks. There is a clear alignment with the principles of Realistic Medicine.

This has been discussed with the East Region Formulary team and whilst clinical guidelines are not part of East Region Formulary development and is for each individual board to manage, there is recognition that this is a core component of the current Fife medicines governance process. As such, work has been carried out on the proposed governance/operational processes and timings to illustrate at what points it will be able to identify the need for a local guideline to support practice where needed. There was also consideration that as part of future development of the East Region Formulary the stop / start / review information could also be incorporated into the 'Treatment Pathways' presented on the website, by including when/how a patient gets the medicine. This would make key information from a guideline a standard part of what is presented on the formulary.

### Medicine Safety

Formulary decisions must always give consideration to whether a medicine can be delivered safely across the East Region. It is possible to include within the pathways to show where treatment is in primary care, secondary care or tertiary care. A medicine would be categorised "tertiary care" recognising that it should only be prescribed in this setting or until local business cases are approved to ensure a medicine can be implemented and delivered safely within the board.

### Lack of agreement

The proposed governance structure for the East Region Formulary with the East Region Working Group and the East Region Formulary Committee allows for escalation and resolution of disagreements.

Discussion at Fife ADTC highlighted the potential need for local medicine choices, for example antimicrobial choices based on local resistance patterns.

The move to a regional formulary has the potential to deliver significant benefits to the Health Boards in the East region. Sharing the development of a formulary allows the content to be informed by a wider pool of expertise. Collaboration between the formulary management teams supports an overall reduction in the administrative burden, while enabling a more regular review of recommendations. Patients will also see increased consistency in the recommendations followed between neighbouring Health Boards within the region.

### Financial Controls

The Regional Formulary content will be agreed by all three boards, through consensus of Chapter Expert Working Groups (CEWG). The CEWG will take into account cost effectiveness in deciding which medicines to include. If a more expensive drug (list price) is picked, it will be because the health benefits are greater, and this is a positive for patient care.

NHS Fife's formulary applications require confirmation by the relevant Clinical Director that introduction of a medicine into the Fife Formulary is clinically appropriate and that the necessary budget provision is in place and available if the Formulary Committee approve the application. This confirmation of necessary budget provision will not be sought by the East Region Formulary Committee for the various prescribing budgets across the East Region. Formulary decisions will be based on safety and clinical and cost-effectiveness.

Further supporting information has been provided by the East Region Formulary Team (Appendix 3).

### **2.3.1 Quality/ Patient Care**

The aim is to reduce variation between local Health Board formularies in the East Region and therefore unwarranted variation in the medicines prescribed. Patients will see increased consistency in the recommendations followed between neighbouring Health Boards within the region. Note some Fife patients receive treatment in other Health Board areas currently not part of the East Region Formulary, including patients that receive healthcare from NHS Tayside (approximately 20% of Fife population) *Risk Register ID014*.

Medicines not listed on local formularies can be accessed through non-formulary processes and patient treatment requests (PACS2 and SMC non-submission treatment requests).

It is uncertain if differences in local formularies have led to differences in patient outcomes.

### **2.3.2 Workforce**

An initial increase in workload for Health Boards within the East region during the development and delivery of the regional formulary. This is expected to be temporary and the longer-term workload implications for individual Boards is expected to be favourable.

Sharing the development of a formulary allows the content to be informed by a wider pool of expertise. Collaboration between the formulary management teams supports an overall reduction in the administrative burden, while enabling a more regular review of recommendations.

Consistency in medicine choices across the region will aid healthcare staff working across or transferring between East Region Boards, for example junior doctors.

### **2.3.3 Financial**

There is a risk that Health Boards see an increase in costs in some therapeutic areas as a result of changes to formulary choices (*Risk Register ID012*). The converse may also occur. Financial responsibility remains with individual Health Boards and accountable budget holders.

There is no-cost transition to the new digital platform, with a modern website and mobile app.

### **2.3.4 Risk Assessment/Management**

The East Region Formulary Risk Register provided by the East Region Formulary Team is in Appendix 2.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed for this work however the East Region Formulary will provide greater consistency across the East Region and has the potential to reduce variation in prescribing practice.

### **2.3.6 Other impact**

N/A

### **2.3.7 Communication, involvement, engagement and consultation**

EDG 20 May 2021 & 24 June 2021

Fife ADTC (Governance Paper) 30 April 2021

NHS Fife Pharmacy Senior Leadership Team (Governance Paper) 7 April 2021

Fife ADTC (Update on progress of Regional Formulary Project) 2 December 2020

Fife Formulary Committee (Update on progress of Regional Formulary Project) 25 November 2020

### **2.3.8 Route to the Meeting**

EDG Paper (Appendix 1).

Area Drug and Therapeutics Committee – Governance Paper was considered by Fife ADTC on 30 April 2021 and supported the recommendations.

## **2.4 Recommendation**

- **For information**

1. NHS Fife will develop and implement a new East Region Formulary in collaboration with NHS Borders and NHS Lothian that will replace the current Fife Formulary.
2. The proposed governance structure for the East Region Formulary has been endorsed by NHS Fife.

### 3 List of appendices

The following appendices are included with this report:

- Appendix No 1, EDG Paper East Region Formulary May 21



EDG Paper East  
Region Formulary 201

- Appendix No 2, East Region Formulary – Risk Register



ERF - Risk and Issue  
Register.pdf



ERF - Risk  
Management Referen

- Appendix No 3, ERF Slides



ERF - NHS Fife Slides  
June 2021.pptx

#### Report Contact

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Author's Job Title Lead Pharmacist – Medicines Management

Email [euaneid@nhs.scot](mailto:euaneid@nhs.scot)

# NHS Fife

Meeting:	Executive Directors Group
Meeting date:	20 May 2021
Title:	East Region Formulary
Responsible Executive:	Scott Garden – Director of Pharmacy and Medicines
Report Author:	Euan Reid – Lead Pharmacist Medicines Management

## 1 Purpose

**This is presented to EDG for:**

- Decision

**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

A decision is required on NHS Fife moving to a new East Region Formulary.

### 2.2 Background

In its Programme for Government in 2016, 2017 and 2018, the Scottish Government included a commitment to introduce a single national formulary (SNF) with the latter suggesting this would be in place in 2019. However, the Programme for Government in 2019-20 did not contain reference to this work.

The Health and Sports Committee of the Scottish Parliament in their [Supply and Demand for Medicines inquiry](#) (2020) asked the Scottish Government to clarify the purpose of the Single National Formulary (SNF). It recommended that the SNF should be more than a

“list of drugs that is developed centrally” and it should include condition based pathways. The Committee also recommended that the SNF should include non-medicines. The Committee received mixed views on the introduction of the national formulary. It was thought this would bring many benefits, including consistency across the country and unwanted variation, information sharing, nationalised governance on the prescription of non-medicines, work better for patients, reduce duplication and be more cost-effective. There were also concerns from various stakeholders about the lack of local decision making, the education role and local perspectives on pathways into formularies. The opportunities to share best practice was also feared to be a casualty of the introduction of an SNF. It was proposed clinicians may find it difficult to support a SNF and keeping local versions of national formularies stocked could prove challenging, particularly if there were shortages. There were also suggestions an SNF may not be clinically or cost effective.

A revised approach to developing a SNF to initially develop regional formularies has therefore been progressed. A regional approach will utilise a collaborative consensus model for formulary development based on local and regional cooperation between existing local Health Board governance and decision making processes.

The first region to develop a regional formulary and utilise a new national platform will be the East of Scotland. An East Region Formulary team, hosted by NHS Lothian and funded by the Scottish Government, has successfully migrated the existing Lothian Joint Formulary (LJF) to the new digital platform, the first step in establishing a new East Region Formulary ([www.formulary.nhs.scot/east/](http://www.formulary.nhs.scot/east/)). The next step is to scope and establish an East Region Formulary in collaboration with the formulary teams in NHS Lothian, NHS Borders and NHS Fife. Progress and learnings will be shared throughout with the other Health Boards, with a view to informing an approach to replicating this model in the West and North regions.

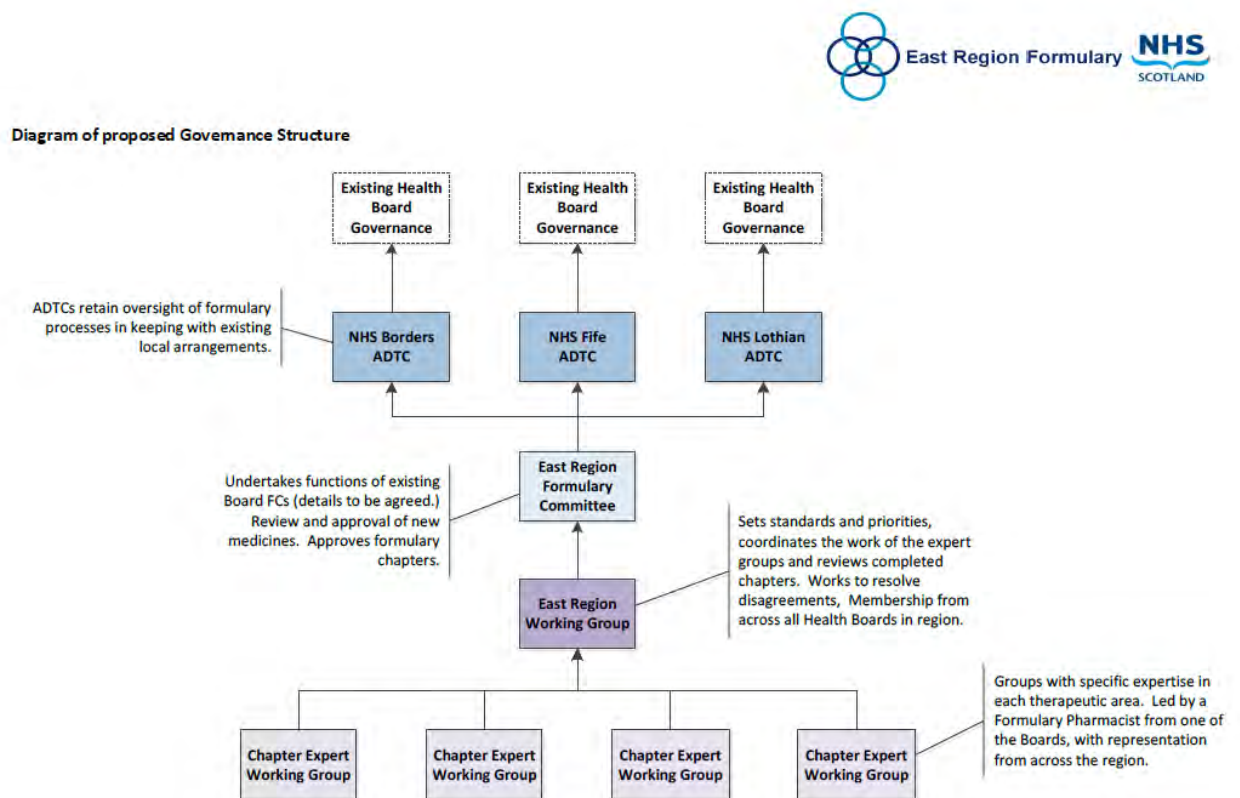
The new national formulary platform uses the NHS Business Services Authority “Dictionary of Medicines and Devices” (dm+d) as its underlying data source, providing a robust recognised NHS standard for uniquely identifying medicines. In practice this means that the medicines recommended on the formulary, including the specific formulation of each medicine, can be extracted from the formulary platform in a format that is recognised by clinical systems such as HEPMA, which will support integration with HEPMA and other systems. The platform expands the traditional formulary structure, based around BNF chapters, by presenting condition-based medicine recommendations. These place each formulary recommendation in context to illustrate how the medicine is used in the treatment of patients with common conditions. A new “NHS Scotland Formulary” mobile app is also available, designed to be used by multiple Health Boards, with NHS Lothian being the first to adopt the new platform.

An East Region Formulary governance paper (appendix 1) was discussed at the Fife Area Drug and Therapeutics Committee (ADTC) on 30th April 2021. The proposed governance structure includes the creation of a new East Region Formulary Committee (ERFC) to replace the existing Formulary Committees in each of the three Boards, which will be



disbanded. Membership of the new Regional Formulary Committee will, where possible, be taken from existing Board formulary committees to retain expertise, enthusiasm and local buy-in. The ERFC will have overall responsibility for formulary decisions, with local ADTCs retaining oversight of formulary processes. Financial responsibility remains with each individual Health Board. Chapter Expert Working Groups are a network of groups responsible for the development, content and detail of specific therapeutic areas of the East Region Formulary. Their work is co-ordinated by the East Region Working Group that is responsible for the development, maintenance and communication to support implementation of the East Region Formulary (see Figure 1).

Figure 1



Fife ADTC was supportive of the proposed governance structure. The Directors of Pharmacy from Borders, Lothian and Fife are all in agreement of the proposed governance structure.

The scope of the Regional Formulary will include:

- 14 adult chapters
- 11 paediatric chapters
- Minor ailments (Pharmacy First)

There is a willingness to include non-medicine formularies, i.e. woundcare, catheters, gluten free. These are currently within the Fife Formulary.

Currently NHS Fife does not have a dedicated paediatric formulary, though it does contain advice on paediatric medicines.

Formulary decisions on oncology medicines are currently undertaken on an East Region basis by the Lothian Formulary Committee.

Expectation from Scottish Government is that the East Region formulary will be operational within the 2021-22 financial year.

## 2.3 Assessment

A formulary is an important tool to influence safe, cost-effective and quality prescribing. It should be more than just a “list of drugs”. How medicines are used and supplied are important considerations.

Medicines can be supplied through the hospital pharmacy (including homecare), through community pharmacy, and for non-medicines, through non-prescription ordering routes. Shared Care arrangements for medicines that have a relatively high adverse effect profile, and may require specific monitoring, aim to facilitate the seamless transfer of individual patient care from secondary care to general practice. Where medicines are prescribed and supplied is an important formulary consideration to ensure safe prescribing and to control costs.

Focusing on clinical pathways and where the medicines sits in the pathway is integral in the design of the new digital platform. This would probably allow social prescribing to be considered.

### Financial Controls

NHS Fife’s formulary applications require confirmation by the relevant Clinical Director that introduction of a medicine into the Fife Formulary is clinically appropriate and that the necessary budget provision is in place and available if the Formulary Committee approve the application. This confirmation of necessary budget provision will not be sought by the East Region Formulary Committee for the various prescribing budgets across the East Region. Formulary decisions will be based on safety and clinical and cost-effectiveness.  
*Risk Register ID R017*

### Implementation

The Clinical Director sign off (as described above) also is to ensure the implementation and delivery of the medicine has been established, for example day unit capacity or clinic staff availability. There has been instances locally where a Clinical Director sign off has been temporarily held until these arrangements have been established.

Prior to a medicine being added to the Fife Formulary a clinical guideline is required that includes starting and stopping criteria along with monitoring requirements. Recently frailty prescribing guidance have been developed reflecting realistic medicine principles. The

new Regional Formulary platform involves creating new condition and treatment pathway structures, which help to align formulary recommendations to the treatment of the patient.

#### Lack of agreement

The proposed governance structure for the East Region Formulary with the East Region Working Group and the East Region Formulary Committee allows for escalation and resolution of disagreements.

Discussion at Fife ADTC highlighted the potential need for local medicine choices, for example antimicrobial choices based on local resistance patterns.

### **2.3.1 Quality/ Patient Care**

The aim is to reduce variation between local Health Board formularies in the East Region. Note some Fife patients receive treatment in other Health Board areas currently not part of the East Region Formulary, including patients that receive healthcare from NHS Tayside (approximately 20% of Fife population) *Risk Register ID014*.

Medicines not listed on local formularies can be accessed through non-formulary processes and patient treatment requests (PACS2 and SMC non-submission treatment requests).

It is uncertain if differences in local formularies have led to differences in patient outcomes.

### **2.3.2 Workforce**

An initial increase in workload for Health Boards within the East region during the development and delivery of the regional formulary. This is expected to be temporary and the longer-term workload implications for individual Boards is expected to be favourable.

Consistency in medicine choices across the region will aid healthcare staff working across or transferring between East Region Boards, for example junior doctors.

### **2.3.3 Financial**

There is a risk that Health Boards see an increase in costs in some therapeutic areas as a result of changes to formulary choices (*Risk Register ID012*). The converse may also occur. Financial responsibility remains with individual Health Boards and accountable budget holders.

There is no-cost transition to the new digital platform, with a modern website and mobile app.

### **2.3.4 Risk Assessment/Management**

The East Region Formulary Risk Register provided by the East Region Formulary Team is in Appendix 2.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed for this work however the East Region Formulary will provide greater consistency across the East Region and has the potential to reduce variation in prescribing practice.

### 2.3.6 Other impact

N/A

### 2.3.7 Communication, involvement, engagement and consultation

Fife ADTC (Governance Paper) 30 April 2021

NHS Fife Pharmacy Senior Leadership Team (Governance Paper) 7 April 2021

Fife ADTC (Update on progress of Regional Formulary Project) 2 December 2020

Fife Formulary Committee (Update on progress of Regional Formulary Project) 25 November 2020

### 2.3.8 Route to the Meeting

Area Drug and Therapeutics Committee – Governance Paper (appendix 1) was considered by Fife ADTC on 30 April 2021 and supported the recommendations.

## 2.4 Recommendation

- **Decision**

1. Agree that NHS Fife should develop and implement a new East Region Formulary in collaboration with NHS Borders and NHS Lothian that will replace the current Fife Formulary.
2. Endorse the proposed governance structure for the East Region Formulary.

## 3 List of appendices

The following appendices are included with this report:

- Appendix No 1, Area Drug and Therapeutics Committee – Governance Paper



SBAR regional  
formulary ADTC Marc

- Appendix No 2, East Region Formulary – Risk Register



ERF - Risk and Issue  
Register.pdf



ERF - Risk  
Management Referen

### Report Contact

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Author's Job Title Lead Pharmacist – Medicines Management

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# Risk Register

Initiative:	East Region Formulary
Project:	East Region Formulary

Request ID				Risk & Impact Description		Action Plan & Updates		Scoring and Approach				
ID	Risk Owner	Date Raised	Status	Risk Description	Impact Description	Action Plan	Action Plan Update	Likelihood	Impact	Score	Category	Mitigation
R011	TBC	02-Mar-21	Open	There is a risk of a loss of local engagement or ownership as the formulary moves to a regional model.	Formulary users may become disengaged from the formulary process resulting in less use of the recommendations. This could see a reduction in formulary adherence with resulting impacts on clinical outcomes and cost.	<ul style="list-style-type: none"><li>- Ensure resource for the development, governance and ongoing management of the formulary have suitable representation from all three Boards.</li><li>- Ensure discussions around formulary medicine choice reflect existing formulary choices and prescribing practice within each Board.</li><li>- Maintain regular two-way communication with all Boards during the development of the formulary.</li></ul>	<ul style="list-style-type: none"><li>- Work ongoing to draft membership of all groups in the governance chart, utilising membership from all three Boards and retaining those engaged in existing local formulary processes.</li><li>- Pre-development work ongoing to capture comparisons of all three local formularies, existing prescribing practice and also consider current prescribing notes.</li><li>- Regular meetings being held between project team and all three formulary teams.</li></ul>	3	4	12	Clinical	Prevention
R013	TBC	02-Mar-21	Open	There is a risk that the global pandemic may lead to the formulary work being paused, delayed or cancelled	A delay or complete halt to the work may occur, meaning efforts to date may have been wasted, or roll out may be restricted to only one or two Health Boards	<ul style="list-style-type: none"><li>- Clarify potential impact on project resource and funding.</li><li>- Consider possible impact on wider formulary and medicines management activities within all three Health Boards.</li><li>- Maintain regular communications between Health Board formulary teams to ensure early awareness of possible pandemic impact.</li></ul>	<ul style="list-style-type: none"><li>- Project resource remains available to continue the work, subject to occasional demands to support to other activities. No impact on funding from SG.</li><li>- Regular catch-up meetings in place with formulary pharmacists from Borders, Fife and Lothian to discuss project and wider work priorities.</li></ul>	3	4	12	Business	Reduction
R012	TBC	02-Mar-21	Open	There is a risk that Health Boards see an increase in costs in some therapeutic areas as a result of changes to formulary choices.	A move to a more expensive formulary choice may have a detrimental impact on medicine costs within one or more Health Board.	<ul style="list-style-type: none"><li>- Ensure formulary development groups take cost-effectiveness into consideration as part of the decision making process.</li><li>- Ensure the financial impact of formulary choices is provided to governance groups to support sign-off of formulary chapters.</li><li>- Monitor compliance with formulary choices on live chapters to ensure practice is following the recommendations presented.</li></ul>	<ul style="list-style-type: none"><li>- Cost comparison charts to be developed as guided by the lead pharmacist for each chapter.</li><li>- Guidance drafted for Chapter Expert Group members to clarify expectations around decision making.</li><li>- ISD dashboard in development to support monitoring of formulary adherence.</li></ul>	3	3	9	Business	Prevention
R015	TBC	02-Mar-21	Open	There is a risk of users referring to contradictory, or outdated, formulary content due to old and new websites/apps being available at the same time.	Users accessing the wrong website or app may refer to content that is outdated, or not applicable to their Health Board. This could result in out of date content being consulted and non-current formulary medicines being prescribed (i.e. not as clinically or cost-effective as current choices).	<ul style="list-style-type: none"><li>- Ensure clear branding and guidance within the new website and app to assist users.</li><li>- Prepare interim content arrangements for Borders and Fife during development.</li><li>- Risk assess and agree migration process to support Borders and Fife in moving to the new formulary.</li><li>- Check status of current formulary apps and plan retirement process.</li><li>- Link in with Borders and Fife web teams to plan managed redirection and retirement of existing websites.</li></ul>	<ul style="list-style-type: none"><li>- New website and app content branded 'LJF' at present and will not change to 'East Region' until agreed.</li><li>- Initial discussions held around interim content process that would allow new regional chapters to be updated to old local websites prior to transition to new website and app.</li><li>- Old NHS Lothian app now retired.</li></ul>	3	3	9	Clinical	Prevention
R014	TBC	02-Mar-21	Open	There is a risk that the use of specialty services from Health Boards outwith the region may impact on the ability to agree formulary choices for those specialisms.	The specific medicines used by a Health Board outwith the East Region may not agree with preferred East Region choices, making agreement on choices more difficult.	<ul style="list-style-type: none"><li>- Identify specialty services in question.</li><li>- Consider how these services are currently represented within formularies.</li></ul>	<ul style="list-style-type: none"><li>- Scoping of services to be scheduled.</li><li>- Project update provided on 22/04/21 to ADTC at NHS Tayside, who provide specialty services for NHS Fife patients.</li></ul>	3	2	6	Clinical	Prevention

Request ID				Risk & Impact Description		Action Plan & Updates		Scoring and Approach				
ID	Risk Owner	Date Raised	Status	Risk Description	Impact Description	Action Plan	Action Plan Update	Likelihood	Impact	Score	Category	Mitigation
R017	TBC	09-Apr-21	Open	There is a risk that the regional formulary will result in a loss of financial control on prescribing for a Board.	The introduction of a shared decision making process may reduce the financial control each Board has over formulary decisions.	<ul style="list-style-type: none"> <li>- Review existing Health Board formulary governance and processes to understand measures already in place.</li> <li>- Draft shared governance proposals that do not reduce robustness of financial controls.</li> <li>- Review formulary applications forms for all three Boards to understand financial details which are captured.</li> <li>- Consider existing prescribing costs as part of preparation for chapter development.</li> </ul>	<ul style="list-style-type: none"> <li>- Review of existing formulary processes has highlighted existing controls that are in place.</li> <li>- New governance arrangements drafted to mirror existing systems at a regional level, while continuing to report into each Board via ADTCs.</li> <li>- Existing formulary application forms being reviewed to consider financial questions and how the answers are used in decision making process.</li> <li>- Early review of prescribing for initial therapeutic chapters show similarities in which drugs are being prescribed.</li> </ul>	2	3	6	Business	Prevention
R016	TBC	02-Mar-21	Open	There is a risk that one Health Board may exert more control over the process to the detriment of the others.	The end product may be dominated by processes or formulary choices which previously belonged to a single Board, rather than a genuine collaboration. This could result in disagreements and a disengagement from the other Boards.	<ul style="list-style-type: none"> <li>- Ensure a balanced representation in all groups that are part of the development process.</li> <li>- Consider how best to present formulary comparisons to Chapter Expert Groups to limit bias towards a specific formulary.</li> </ul>	<ul style="list-style-type: none"> <li>- Membership of existing local formulary groups being collated to support a balanced representation.</li> <li>- A draft PowerPoint format has been prepared that compares formulary choices without specifying any Health Board.</li> </ul>	2	2	4	Reputational	Prevention
R002	Jane Browning	15-Mar-20	Closed	There is a risk that the global pandemic may lead to the NHS Lothian formulary work being paused, delayed or cancelled	A delay or complete halt to the work in NHS Lothian may occur, meaning efforts to date may have been wasted or take longer to deliver.	<ul style="list-style-type: none"> <li>- Clarify potential impact on project resource and funding.</li> <li>- Consider possible impact on wider formulary and medicines management activities within NHS Lothian.</li> <li>- Build contingency into chapter development to account for unexpected delays.</li> </ul>	<ul style="list-style-type: none"> <li>- Project resource remains available to continue the work, subject to occasional demands to support to other activities. No impact on funding from SG.</li> <li>- Project team in daily contact with NHS Lothian MMT.</li> <li>- Chapter development timelines for Lothian were scheduled up to December 2020 to allow contingency.</li> <li>- Additional resource arranged within NHS Lothian to support clinical and quality checking processes.</li> </ul>	3	2	6	Business	Reduction
R007	Steven Fenton	01-Jul-20	Closed	There is a risk that colleagues from other Health Boards may use the new mobile app due to the general NHS Scotland branding.	The new mobile app has been given general NHS Scotland branding to allow it to be rolled out across multiple Health Boards. This may lead to colleagues from Health Boards not using the app downloading it for use, resulting in them following formulary guidance that is not applicable to their Health Board.	<ul style="list-style-type: none"> <li>- Launch the app via the NHS Lothian App Store accounts.</li> <li>- Ensure the App Store listing makes it clear which Board should use the app.</li> <li>- Deploy a splash screen on first start-up of the newly installed app that confirms which Board should use the app.</li> <li>- Require user confirmation of this message before allowing access to content.</li> <li>- Ensure the formulary name is made clear on every app screen to clarify which formulary the user is viewing.</li> </ul>	<ul style="list-style-type: none"> <li>- Access to NHS Lothian app store accounts in place.</li> <li>- App store listing prepared with clear explanation of only Lothian using app at this time.</li> <li>- Splash screen developed and tested for initial launch of app.</li> <li>- Splash screen cannot be bypassed and will stop formulary content being accessed unless the user confirms the message.</li> <li>- Title of formulary being viewed (currently 'Lothian Joint Formulary') appears on every page of the app.</li> </ul>	2	3	6	Clinical	Prevention
R006	Steven Fenton	16-Jun-20	Closed	There is a risk that the website will not be able to go live as the necessary Elasticsearch service cannot be put in place.	A delay to the launch of the website and therefore the new formulary, due to the essential nature of the Elasticsearch service for the site.	<ul style="list-style-type: none"> <li>- Identify potential options.</li> <li>- Assess options to identify preferred approach.</li> <li>- Take steps to prepare both preferred and fall-back options.</li> </ul>	<ul style="list-style-type: none"> <li>- Direct service from Elastic possible, but NSS have advised of cumbersome nature of billing arrangements.</li> <li>- Removal of Elasticsearch from site considered, but not desirable due to extensive redevelopment work.</li> <li>- Hosting the service on NSS Azure environment preferred due to website already being hosted there and benefits in terms of support, cost and billing.</li> <li>- Discussions ongoing with NSS Cloud team, but will take time to implement.</li> <li>- Tactuum confirmed their Elasticsearch service can be used as launch option, allowing time for NSS solution to be explored. This means website launch will not be delayed.</li> </ul>	1	4	4	Reputational	Prevention



Request ID				Risk & Impact Description		Action Plan & Updates		Scoring and Approach				
ID	Risk Owner	Date Raised	Status	Risk Description	Impact Description	Action Plan	Action Plan Update	Likelihood	Impact	Score	Category	Mitigation
R001	Jane Browning	05-Feb-20	Closed	There is a risk that the launch of the new formulary within NHS Lothian will be delayed due to content not being ready on time.	Delays in content being ready will result in the formulary not being able to launch, as there is a requirement to have a complete formulary in place to enable the switch over from the LJF.	<ul style="list-style-type: none"> <li>- Appraise existing formulary to understand volume of chapters/sections to be prepared.</li> <li>- Work through initial chapters to get a feel for development timescales.</li> <li>- Schedule chapter development work.</li> <li>- Identify and recruit additional resource to support development and checking process.</li> </ul>	<ul style="list-style-type: none"> <li>- LJF content mapped out and progress chart developed to visualise achievements.</li> <li>- Initial chapters developed and schedule in place for remaining content.</li> <li>- Additional pharmacist recruited to project team, with additional clinical support from within NHS Lothian secured.</li> <li>- All content developed by December 2020, so risk can be closed.</li> </ul>	1	4	4	Reputational	Prevention
R003	Steven Fenton	25-Mar-20	Closed	There is a risk of NHS Lothian users referring to outdated formulary content due to confusion around old and new websites and apps being available.	Users accessing the wrong NHS Lothian app or website could result in out of date content being consulted and non-current formulary medicines being prescribed (i.e. not as clinically or cost-effective as current choices).	<ul style="list-style-type: none"> <li>- Give termination notice to existing NHS Lothian app vendor.</li> <li>- Prepare awareness communications for NHS Lothian users.</li> <li>- Prepare to pull old app from app stores.</li> <li>- Prepare redirects for existing LJF website URLs.</li> <li>- Identify and update documents that refer to the old website or mobile app.</li> </ul>	<ul style="list-style-type: none"> <li>- Notice given to LJF app vendor.</li> <li>- App store contact identified in NHS Lothian eHealth team.</li> <li>- Old Apple app deleted by us, Android app deleted by vendor.</li> <li>- NHS Lothian web team have arranged redirects from old web URLs to new site.</li> <li>- New website URL provided to Lothian MMT to begin process of updating hyperlinks on documents and templates.</li> </ul>	1	3	3	Clinical	Prevention
R008	Steven Fenton	01-Jul-20	Closed	There is a risk that colleagues from other Health Boards may use the new website due to the general formulary.nhs.scot domain name.	Colleagues from other Health Boards may find the website via a search engine and access the content, resulting in them following formulary guidance that is not applicable to their Health Board.	<ul style="list-style-type: none"> <li>- Ensure traffic to the top level domain (formulary.nhs.scot) is diverted to the East region site.</li> <li>- Ensure East site is clearly branded Lothian Joint Formulary for initial launch (header and footer of every page).</li> <li>- Ensure currently unused regions within the site are locked down with a password to stop them being accessed in error.</li> </ul>	<ul style="list-style-type: none"> <li>- Top level domain redirect in place.</li> <li>- Lothian branding appearing on site header and footer.</li> <li>- Other site regions have been locked down via Umbraco and will request a user name and password if someone enters their URL in a web browser.</li> </ul>	1	3	3	Clinical	Prevention
R005	Steven Fenton	16-Jun-20	Closed	There is a risk that the formulary Mobile App will be delayed due to difficulties in agreeing an app store account for publishing.	A delay to the full launch of the platform in NHS Lothian due to the requirement to have both the website and app available.	<ul style="list-style-type: none"> <li>- Identify app store publishing options.</li> <li>- Assess options to identify preferred approach.</li> <li>- Take steps to implement app store access.</li> </ul>	<ul style="list-style-type: none"> <li>- NSS, NES or NHS Lothian possible app store account options for initial launch.</li> <li>- NHS Lothian account easiest option for initial launch, with ability to move app to a national app store account at a later date.</li> <li>- Historic issues with 'NHS Lothian' and 'Lothian Health Board' accounts identified, but being resolved by Lothian eHealth team.</li> <li>- Alison McAulay at Lothian eHealth team has confirmed problems resolved and arranged access to app store account.</li> <li>- App submitted, so risk can be closed.</li> </ul>	1	3	3	Reputational	Prevention
R010	Steven Fenton	07-Jan-21	Closed	There is a risk of a gap in IT support for the website and mobile app due to the existing supplier contract expiring on 31/03/2021.	An inability to fix bugs, resolve issues or enhance the website and mobile app.	<ul style="list-style-type: none"> <li>- Engage with National Procurement to confirm latest framework requirements for new tender process.</li> <li>- Seek approval from SG to tender.</li> <li>- Develop invitation to tender documentation.</li> <li>- Complete tender process and appoint supplier.</li> </ul>	<ul style="list-style-type: none"> <li>- NP confirmed we should use the Digital &amp; Technology Services Dynamic Purchasing System to invite bids.</li> <li>- Approval received from Head of Medicines Policy at SG that we can tender.</li> <li>- Tender document prepared.</li> <li>- Tender process complete with Tactuum being appointed to continue service.</li> </ul>	1	3	3	Business	Prevention
R004	Steven Fenton	16-Jun-20	Closed	There is a risk that the formulary Mobile App will be delayed as it may be refused by app stores.	A delay to the launch of the formulary due to the requirement to have both the website and app available.	<ul style="list-style-type: none"> <li>- Ensure product offers functionality to justify app store inclusion over use of a mobile website.</li> <li>- Check typical timelines for app store assessment.</li> <li>- Ensure app developed in time to meet submission timelines including potential delay.</li> </ul>	<ul style="list-style-type: none"> <li>- Offline functionality developed with easy formulary switching and app specific user interface to differentiate from mobile website.</li> <li>- Indicative app store review timelines up to two weeks.</li> <li>- Phase one app developed and bug fixes complete.</li> <li>- App store submission prepared including all necessary screen images.</li> <li>- Apps now approved by Apple and Google, so can be launched at any time.</li> </ul>	1	2	2	Reputational	Prevention

Request ID				Risk & Impact Description		Action Plan & Updates		Scoring and Approach				
ID	Risk Owner	Date Raised	Status	Risk Description	Impact Description	Action Plan	Action Plan Update	Likelihood	Impact	Score	Category	Mitigation
R009	Steven Fenton	29-Jul-20	Closed	There is a risk that the website will not be able to handle a surge in traffic following the formulary going live.	Slow responses or even site downtime which damages confidence in the new site.	<ul style="list-style-type: none"><li>- Obtain analytics for existing LJF website.</li><li>- Discuss Azure service plan spec with NSS IT.</li><li>- Understand process for 'dialling up' spec to anticipate demand.</li><li>- Arrange load testing of development site by Tactuum.</li></ul>	<ul style="list-style-type: none"><li>- Analytics for existing LJF site obtained.</li><li>- Requirements prepared for website load testing.</li><li>- Tactuum completed load test and site is able to comfortably handle in excess of anticipated volumes.</li><li>- Tactuum confirmed they are able to dial up Azure service plan on NSS environment, NSS advised it is okay for Tactuum to do this.</li></ul>	1	2	2	Reputational	Prevention



# Issue Register

Initiative:	East Region Formulary
Project:	East Region Formulary

Request ID				Issue & Impact Description		Action Plan & Updates		Scoring		
ID	Issue Owner	Date Raised	Status	Issue Description	Impact Description	Action Plan	Action Plan Update	Severity	Status	Closure Date
I002	Jane Browning	30-Apr-21	Open	Delays in agreeing governance arrangements are impacting on the ability to schedule or commence development work.	We are unable to form governance or development groups until agreement is confirmed, which will impact on timescales due to lead times for future meetings.	- Engage with NHS Fife re outstanding ADTC queries. - Engage with East Region Project Board re queries raised during 30/04/21 meeting.	- Work ongoing.	High	RED	
I001	Steven Fenton	12-Jan-21	Closed	Google Play store has rejected test track version of app due to NHS Scotland branding on app logo.	Potential delay or inability to launch app, resulting in a delay to fully launching the updated formulary in NHS Lothian	- Raise appeal to Google clarifying branding	- Google have confirmed appeal successful	Medium	GREEN	18-Jan-21

## Appendix A. Risk Management Reference Guide

			Likelihood				
			Rare	Unlikely	Possible	Likely	Almost Certain
		Score	1	2	3	4	5
Impact	Catastrophic	5	5	10	15	20	25
	Major	4	4	8	12	16	20
	Moderate	3	3	6	9	12	15
	Minor	2	2	4	6	8	10
	Negligible	1	1	2	3	4	5

Risk Rating	Combined Score	Action/Treatment
High	15-25	Poses a serious threat. Requires immediate action to reduce/mitigate the risk.
Medium	9-12	Poses a threat and should be pro-actively managed to reduce/mitigate the risk.
Low	1-8	Poses a low threat and should continue to be monitored.

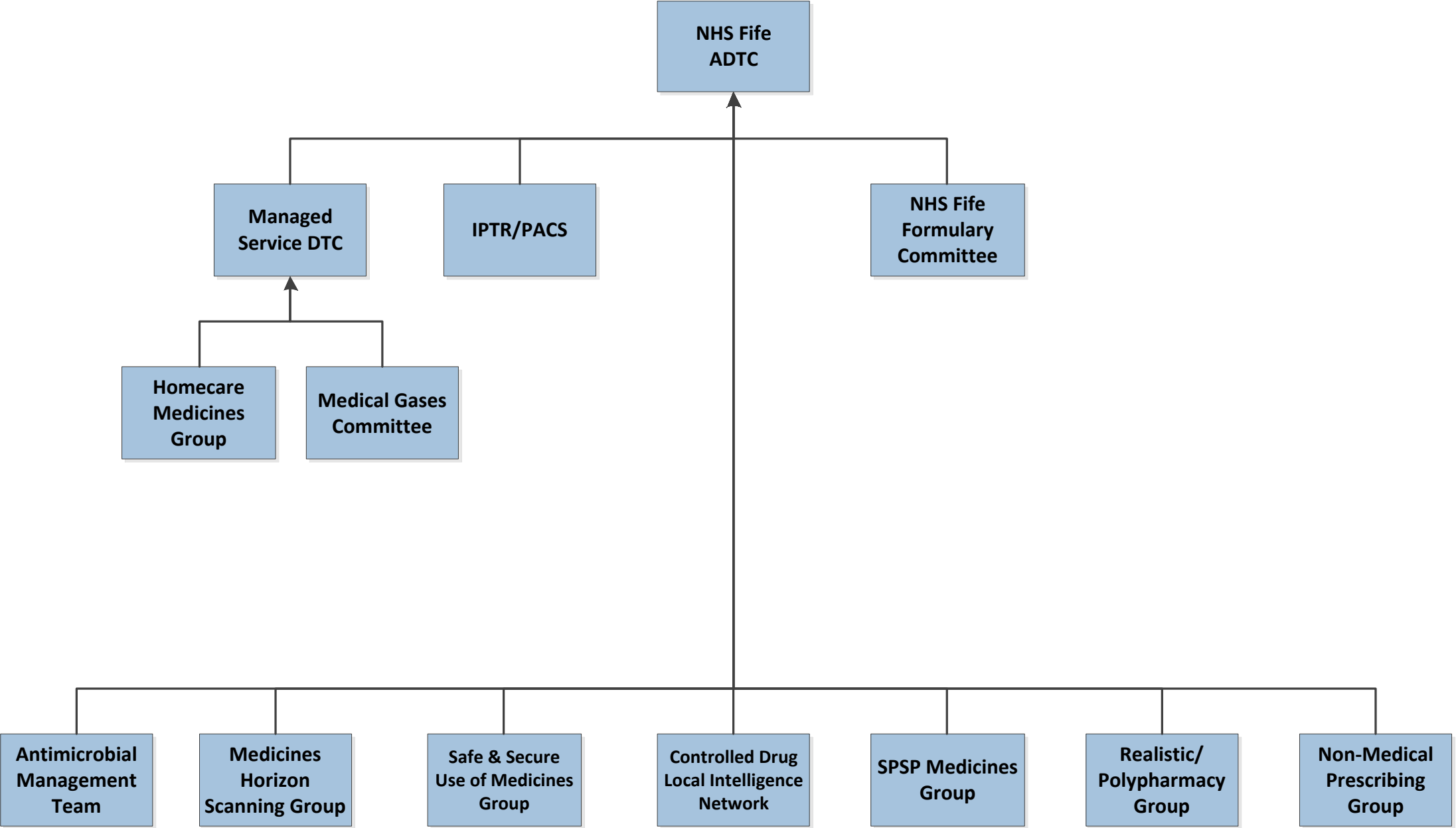
Likelihood			
Score	Description	% Occurrence	Criteria
5	Almost Certain	80 – 100%	Hard to imagine this event not happening.
4	Likely	60 – 80%	More likely to occur than not.
3	Possible	35 – 60%	May occur – reasonable chance of occurring.
2	Unlikely	15 – 35%	Not expected to occur but might – unlikely to happen.
1	Rare	0 – 15%	Hard to imagine this event happening – will only happen in exceptional circumstances.

Impact		
Score	Description	Criteria
5	Catastrophic	Destructive and unacceptable impact on objectives that would result in a major change to overall approach. Potentially large resource consequences that outweigh current operational circumstances.
4	Major	Significant and unacceptable impact on objectives that would require a material change to critical approach/procedure/process. Resource implications would be challenging to absorb within current operational circumstances.
3	Moderate	Moderate impact on objectives that may require multiple changes in approach/procedure/process. Acceptable level of resource consequences.
2	Minor	Minor impact on objectives, requires little overall change in approach. Few resource consequences.
1	Negligible	No real impact on achieving objectives.

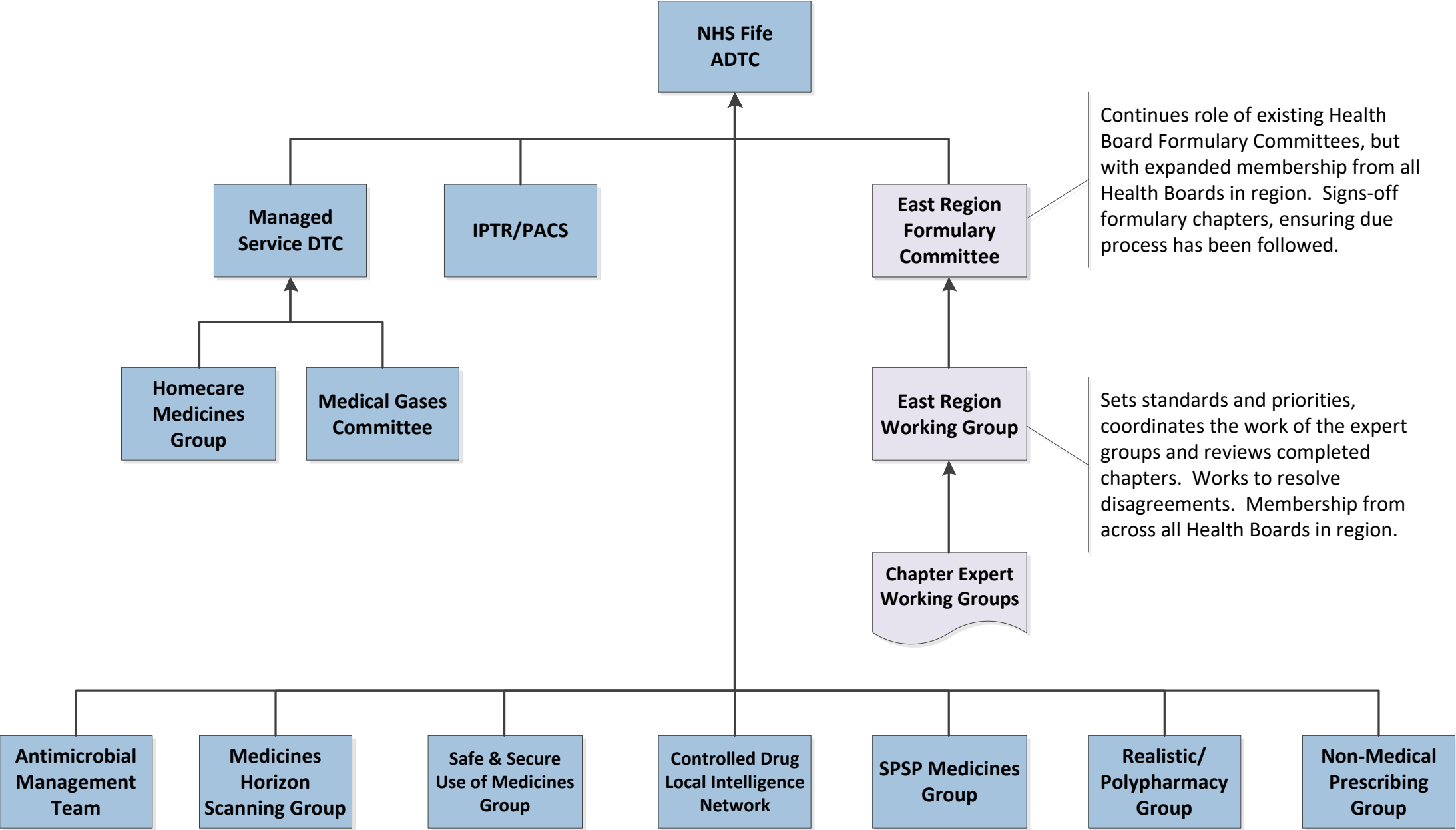
# Relationship with other Medicine Governance Committees.

- The East Region Formulary Committee replaces the existing Formulary Committee. There is no intention from the Regional Formulary project perspective to propose changes to the other committees that the three Boards have to support their medicine governance processes.
- The following two slides represent the existing NHS Fife medicines governance committee structure and how the East Region Formulary committee would be incorporated.

# NHS FIFE – EXISTING MEDICINES GOVERNANCE



# NHS FIFE – INCORPORATING REGIONAL FORMULARY INTO GOVERNANCE



# Formulary Classifications

- The intention for the Regional Formulary is to show the place in therapy for medicines in the treatment of the condition in question. This means that there should be no need going forward for the use of Lothian's Additional List classification.
- (Currently this is/was used for approving medicines that fell outwith the previous formulary structure or for specialist medicines like oncology where management guidelines are in place.)
- The classifications used by the new Regional Formulary Committee will be as per SGHD/CMO (2012)<sup>1</sup>. All boards have been using this guidance.

- The new format of the website around conditions and pathways, allows a clear place in therapy to be stipulated. It will be possible to include pathways to show where treatment is in primary care, secondary care or tertiary centres.
- Using Rheumatoid arthritis as an example, there are currently 5 pathways <https://formulary.nhs.scot/east/musculoskeletal-and-joint-diseases/musculoskeletal-and-joint-diseases/rheumatoid-arthritis/>.
  - Treatment of Rheumatoid Arthritis with a NSAID
    - primary or secondary care prescribing
  - Treatment of Rheumatoid Arthritis with systemic corticosteroids
    - primary or secondary care prescribing
  - Treatment of Rheumatoid Arthritis with local corticosteroids
    - primary or secondary care prescribing
  - Treatment of Rheumatoid Arthritis with DMARDs
    - secondary care prescribing or primary care after initiation by a specialist. Drugs are currently labelled 'Specialist Initiation' and there are shared care agreements in place.
  - Treatment of Rheumatoid Arthritis with biologics
    - secondary care. Drugs are currently labelled as 'Specialist Use Only'. If this was a tertiary care centre, then that information could be included in the pathway. Could be included in the pathway title or in the pathway content.

# Mitigating concerns re financial risk

- The Regional Formulary content will be agreed by all three boards, through consensus of Chapter Expert Working Groups. The CEWG will take into account cost effectiveness in deciding which medicines to include.
- The following slides illustrate the pathway for a therapeutic chapter/ pathways to be agreed and where costs are considered. Cost is part of the consideration/ review at all stages of the process.



# EAST REGION FORMULARY – CHAPTER JOURNEY



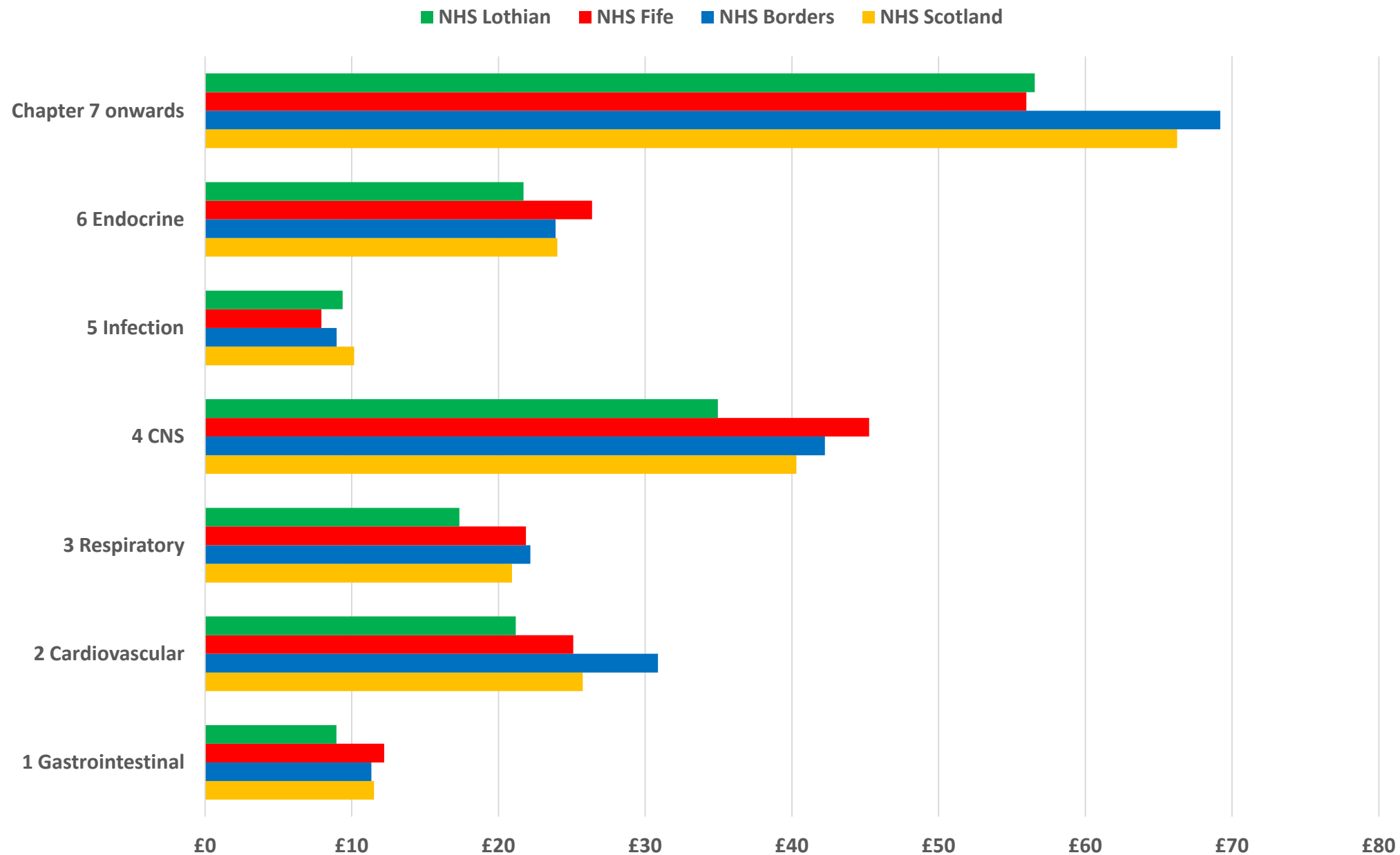
# EAST REGION FORMULARY – CONSIDERING COST AT EACH STEP



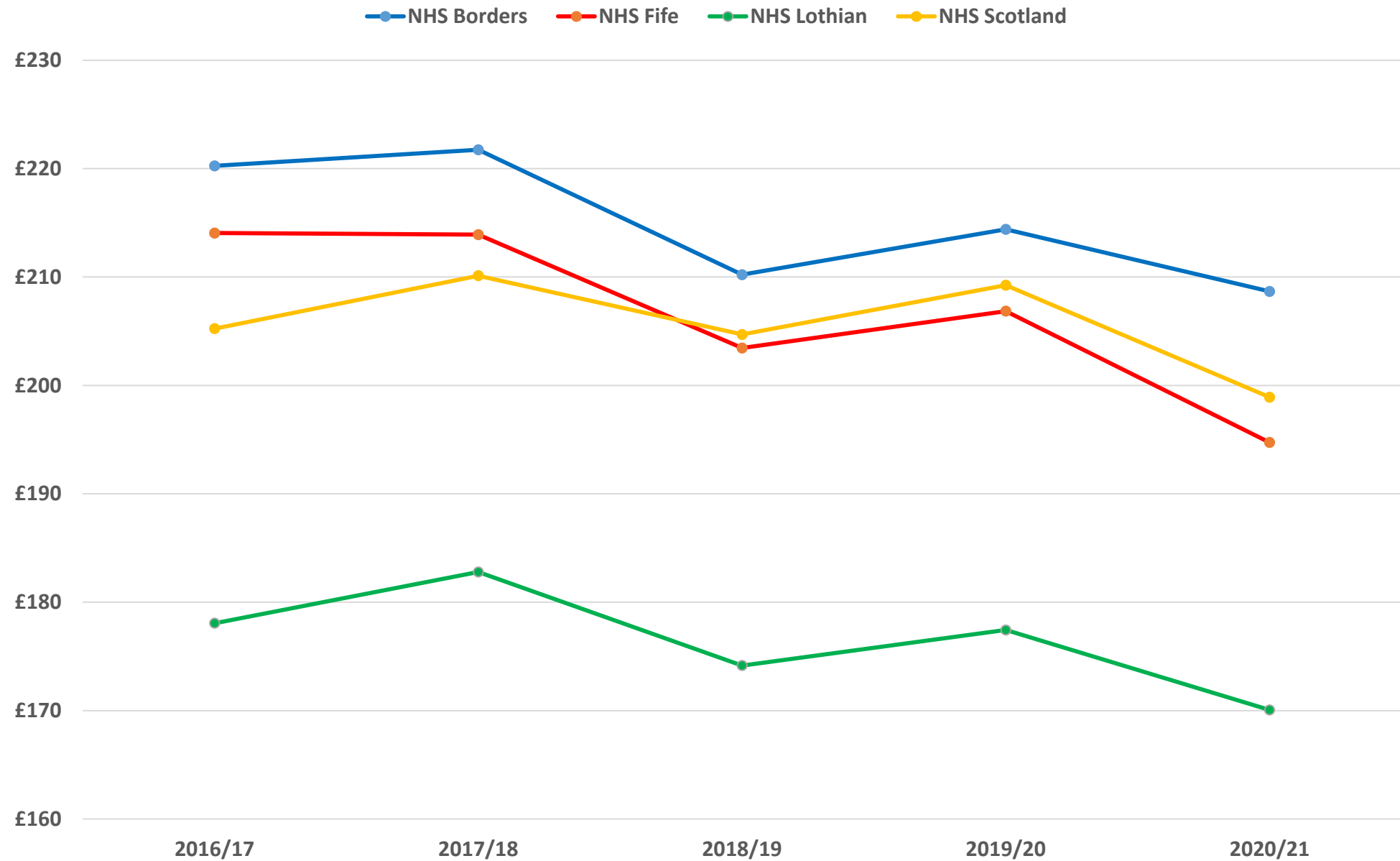
# Primary care prescribing data

- Looking at primary care data from PRISMS for the 3 boards, there is variation across the three boards.
- New formulary content will reflect current choices and practice across the region.
- When the CEWG are discussing product selection they will take cost effectiveness into account. If a more expensive drug (list price) is picked, it will be because the health benefits are greater, and this is a positive for patient care.

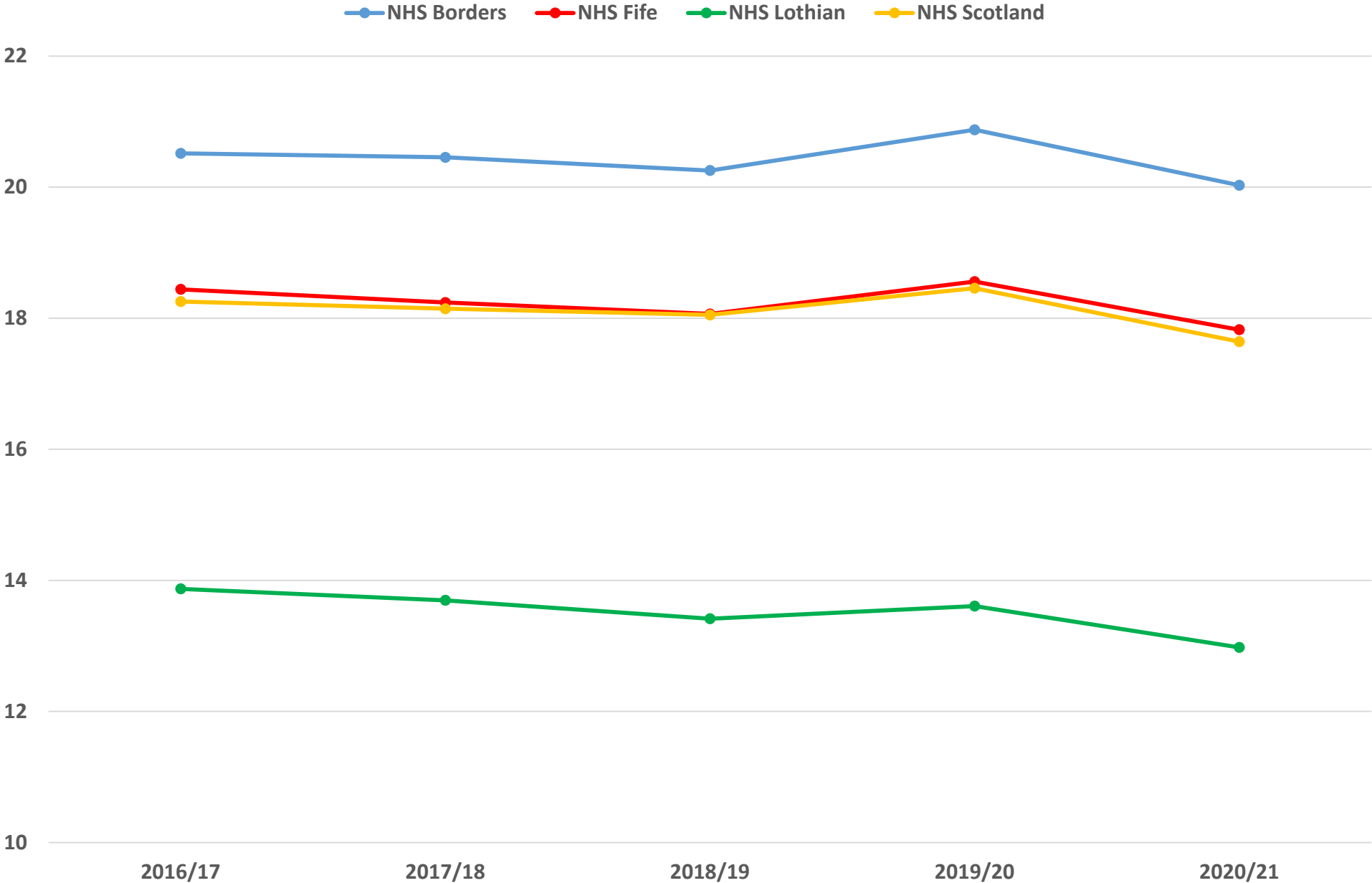
## Cost per patient by BNF chapter (April 2020 – March 2021)



## Full BNF Cost (GIC) per patient over the last 5 years



Items/patient over the last 5 years



Preliminary work in preparation for chapter work shows the similarity the Boards in have in both formulary content and what is actually being prescribed. Using GI chapter as an example and focussing on Fife primary care prescribing data, information presented below. The high commonality across the 3 formularies is evident, by line two of the table.

Nov 19 – Dec 20	Fife	Other Boards
Total spend on GI chapter from PRISMS	£6,389,458	
Expenditure on medicines that are in <b>all</b> 3 formularies	£3,902,334 (61%)	Borders (63%) Lothian (62%)
Expenditure on medicines <b>not</b> in any of the 3 formularies	£881,767 (14%)	Borders (7%) Lothian (13%)
Expenditure on medicines in own formulary alone	£4,625,925 (72%)	Borders (81%) Lothian (74%)

- Note this data has not been fully quality checked, and some is derived from a new app developed in conjunction with the formulary website to enable easier monitoring of formulary prescribing data. There may be valid reasons for non-formulary prescribing and this will always include legacy prescribing, where patients are not switched treatment when formulary choices change.

# Lothian - Secondary Care

- Concerns were raised around controls that are in place in secondary care in NHS Lothian. The following information is shared to provide assurance, however these processes in place in NHS Lothian are separate, but complimentary, to the East Region Formulary.
- Acute Prescribing Forum meets monthly to review prescribing expenditure, efficiency plans and new medicines. The group also link with Medicines Utilisation Review Group, where expenditure against formulary applications is reviewed and formulary adherence is monitored.
- Speciality areas report back on a rolling programme on prescribing budget and benchmarking; progress and delivery against medicines efficiency projects; new medicine ideas or service initiatives; and pressures for escalation.



<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting date:</b>	<b>7<sup>th</sup> July 2021</b>
<b>Title:</b>	<b>Immunisation Leadership and Governance</b>
<b>Responsible Executive:</b>	<b>Joy Tomlinson, Director of Public Health; Nicky Connor, Director of Fife Health and Social Care Partnership</b>
<b>Report Author:</b>	<b>Carol Bebbington, Consultant Immunisation Review</b>

## 1 Purpose

**This is presented to the Clinical Governance Committee for:**

- Awareness
- Discussion

**This report relates to a:**

- Government policy/directive
- 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

An independent review was undertaken to consider the significant difficulties experienced in delivery of the Seasonal Flu Programme in 2020-21. In response to the recommendations of this review the Director of Public Health and Director of Fife Health and Social Care Partnership (HSCP) jointly commissioned an independent external consultant to undertake a review of the immunisation resources and structures in order to make recommendations to NHS Fife to meet the increasing demands and expectations of all childhood and adult immunisation programmes in Fife.

This paper provides a summary of the findings and recommendations in relation to the structure and governance requirements for immunisation in Fife.

The Clinical Governance Committee are asked to consider the findings and support the recommendations.

## 2.2 Background

The requirement for the review was shaped by:

1. The extension of the seasonal flu programme and the recommendations of the Independent Review of NHS Fife Seasonal Influenza Vaccination Programme 2020-21.
2. The development of a new population COVID vaccination programme with establishment of a Project Management Office (PMO).
3. The national Vaccine Transformation Programme (VTP) and the transition of delivery from General Practice under the new GMS contract to be delivered by end of March 2022).

The scope of the immunisation review included the governance, planning and delivery aspects of all childhood and adult immunisations in Fife.

## 2.3 Assessment

The review has taken account of the learning from the Seasonal Flu Review 2020-21 and has made recommendations related to: -

- the leadership and management of the immunisation programmes including a revised structure and description of key roles and responsibilities.
- the governance structure along with summary of remits of the proposed and existing groups and committees.
- the planning requirements to develop a cohesive immunisation strategy.

### **Immunisation Leadership and Management Roles and Responsibilities**

The Director of Public Health has the accountability and governance oversight for immunisation at Board level and undertakes the role of Executive Lead which is consistent with other NHS Boards. However, there has been a lack of clarity of that role in conjunction with the delivery responsibility held by the Director of Health and Social Care leading to the potential for misunderstanding in terms of governance and escalation of issues for action.

The operational delivery of immunisation is largely organised through the HSCP with the Director for Health and Social Care being accountable for ensuring the immunisation programme meets its objectives, delivers the required outcomes and realises the required benefits and therefore it is recommended that they are assigned and recognised as the Senior Responsible Owner (SRO).

The Director of Pharmacy & Medicines has undertaken the SRO role for the COVID-19 vaccine programme. The responsibilities and accountabilities for this mass vaccination programme have been well defined (as a result of learning from the Seasonal Flu Review) within a clear command structure, supported by a Project Management Office (PMO) and three key workstreams focussed on workforce, scheduling and logistics. To ensure there

is appropriate oversight and alignment with all other delivery aspects of the immunisation programme, the independent review made a strong recommendation that the SRO role should be embedded within the 'business as usual' aspects of operational services. The Executive Director Group (EDG) have therefore agreed that once cohorts 1-12 have been delivered the SRO role will move across to the Director of Health and Social Care who will take forward phase 2 of the COVID-19 programme in conjunction with the Seasonal Flu Programme and will continue to be supported by the PMO and the key workstreams.

The Director of Health and Social Care has recently undertaken a restructuring of the directorates and senior management team within the HSCP to support further integration. The new Heads of Service have come into post in June 2021 and will need time and support to develop into their new roles and responsibilities.

Given the complexity and breadth of the immunisation programmes the existing immunisation team will move from being under the management of Children's Services to the portfolio of the Head of Integrated Primary Care & Prevention Services. This takes account of the close linkages with Primary Care and the transformation required to deliver all childhood and adult immunisation programmes for the population of Fife. It is recognised that a new clinical service management structure needs to be established to support effective and efficient delivery of this rapidly expanding service area.

A key principle for effective immunisation programme delivery is that all accountabilities and responsibilities are defined, mutually consistent and traceable across all levels of management. Clarification of roles and responsibilities is critical to success and a summary of these is contained in Appendix 1 along with the revised organisational chart in Appendix 2.

### **Governance Arrangements**

A Fife-wide Area Immunisation Steering Group has been established, which includes whole-system input from all parts of NHS Fife (HSCP, Acute Services and Public Health) to cover the full range of national programmes delivered. This is chaired by the Consultant in Public Health - Immunisation Coordinator. An integrated immunisation report is submitted annually to the Clinical Governance Committee to provide Fife NHS Board with oversight across all programmes. This report is appraised firstly by the Public Health Assurance Committee, which has input from the HSCP Senior Leadership Team and is also submitted to the IJB's Clinical & Care Governance Committee (this will change to the Quality & Communities Committee following approval of the revised Integration Scheme) for information.

A Major Change Immunisation Programme (MCIP) Group was set up to implement the national Vaccine Transformation Programme. This group has been jointly chaired by the Business Change Manager and a Cluster Lead GP and reports to the Area Immunisation Steering Group and the GMS Quality Group and then onto the Primary Care Implementation Group. There has been a lack of clarity on senior management involvement in decision making for this programme and this needs to be strengthened particularly given the requirement to deliver the full VTP by March 2022. It has been agreed that the MCIP be stood down and a Vaccination Transformation Board is convened with senior clinical and management leadership to drive forward the changes required and support effective prioritisation and decision making.

The Seasonal Flu Review 2020-21 noted that the significant differences in the delivery of the seasonal flu programme meant that the programme should have been treated as if it were a major transformational change project, with widespread support from across the

organisation and the resultant investment in resource. Learning from the experience last year is critical for this year's seasonal flu programme particularly as the eligible cohorts have been further extended for 2021-22.

With responsibility for the COVID-19 Programme transitioning to the HSCP a Flu Vaccine & Covid Vaccine (FVCV) Programme Board has been established in early May chaired by the Director of Health and Social Care. This will enable the synergies across these two large population-based programmes to be maximised and aligns with the national FVCV programme.

The Board will provide regular reports to the Executive Director Group, the Area Immunisation Steering Group, the Clinical Governance Committee and the IJB for scrutiny and assurance.

The models of delivery for this year's programme are in development and will be brought forward to EDG and the Clinical Governance Committee prior to commencement of the Autumn programme.

An Immunisation Strategic Plan is in development as the next stage of implementing the recommendations of the review and will be brought to EDG and Clinical Governance Committee in due course.

The Director of Health and Social Care has established new governance and scrutiny arrangements within the Partnership and the Vaccination Programme Boards will report through to the Transformation Board and Senior Leadership Team.

The governance structure is shown in Appendix 3 and a summary of the remits of the Boards and Committees is detailed in Appendix 4.

### **2.3.1 Quality/ Patient Care**

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

### **2.3.2 Workforce**

Recommendations relating to planning for the future workforce necessary for successful delivery of vaccination programmes are key. The review recognised that the transformation of delivery from the previous General Practice preferred provider model to designated teams with the HSCP and NHS Fife requires fundamental redesign to reflect the reduced involvement of General Medical Practitioners and their teams.

The workforce delivering the mass vaccination COVID-19 programme is very broadly diversified with dentists, allied health professionals, optometrists, pharmacists, military staff, students, retired doctors and nurses and more recently Health Care Support Workers, working alongside nursing teams. The use of that variety of workforce has brought up issues around pay disparity, varying training and development needs, and additional regulation and legislation to enable these different workforce colleagues to provide vaccinations.

A significant proportion of the current workforce are in post on temporary contracts to March 2022 and there is a clear imperative to develop a comprehensive workforce plan for the whole immunisation service taking account of learning from COVID-19, seasonal flu and other programmes on models of delivery.

It is recognised that the Director of Health and Social Care in their capacity as SRO requires to have the necessary infrastructure in place to manage the complexity of the immunisation programme delivery. EDG have agreed to the recruitment of new posts to support the SRO and enable the smooth transition from the existing COVID-19 structure to the HSCP and provide the necessary leadership and management capacity to manage the transformational change required across all immunisation programmes.

The nationally agreed definition of the Consultant Public Health - Immunisation Coordinator role includes the oversight of the quality and effectiveness of immunisation programmes (both routine and selective) for the population and are responsible for the local implementation of the national immunisation programmes and for monitoring and improving vaccination uptake locally and addressing any issues that might have an adverse effect on uptake. It is recognised that the Immunisation Coordinator role in Public Health needs to be strengthened with more hours to be allocated to this role and for a public health practitioner to support the planning, development, delivery and evaluation of public health programmes including immunisations.

### **2.3.3 Financial**

Within the review a number of requirements have been identified to support the delivery of the immunisation programme through an increase in infrastructure, firstly to meet the requirements of the seasonal flu review and secondly the increased immunisation expectations of Scottish Government.

It is noted that further work is required to determine the workforce plan for immunisation programmes and associated budget requirements taking account of the national direction with regard to immunisation programmes and clearer understanding of the requirement for COVID-19 Booster programme. The working assumption is that both seasonal flu vaccination and a COVID-19 booster programme will align in the autumn resulting in a significant peak of activity. The interplay between the two vaccines and their ability to be administered at the same time or if a break between each is required has significant implications for the workforce required and impact on individuals receiving the vaccines which may affect uptake.

### **2.3.4 Risk Assessment/Management**

The identification and management of risk is an important factor. Recommendations have been made for improved risk management of future programmes, via the use of an approved Project Management methodology and formal risk register reporting tools.

One of the recommendations of the Seasonal Flu Review was to establish robust operational management structures for delivery of large immunisation programmes, there is a risk that not having this in place will have a detrimental impact on delivery with poor operational management oversight.

The Seasonal Flu Review also recommended that a substantive workforce be identified to support large scale immunisation programmes going forward to reduce the risk in terms of capacity to deliver and impact on other aspects of the organisation in particular in relation to winter planning. Decisions are still to be finalised on the national programmes in respect of boosters, timing and concurrency with other programmes as well as the legislative changes required for continuance of new roles such as the HCSW vaccinator.

The management team in conjunction with workforce planning and finance will need to develop a robust workforce plan once there is more clarity on the programmes to be delivered and likely timescales. It is recognised that the current temporary workforce arrangements and reliance on ad hoc and bank staff to support the programmes poses a significant risk and therefore the workforce plan will be a key priority for the operational management team to mitigate this.

The transition of responsibility for the COVID-19 programme needs to be carefully managed and supported to ensure continuity and successful transition of lead roles and responsibilities.

A review of the COVID19 vaccine programme risk register will be carried out on completion of cohorts 10-12. The PMO team will conduct a review of the risks and propose recommendations to the programme director of those no longer relevant and those recommended for inclusion in the FVCV programme register.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed for this report but will be completed for each of the immunisation programmes.

It is recognised that further work is required for future programmes to improve patient consultation in this regard, particularly around changed models of delivery and local input into clinic sites.

The C19 Vaccine programme conducted a robust EQIA to cover COVID vaccination that has been upheld nationally as best-practice. An inclusion working group has formed to regularly review and implement the actions identified by the EQIA to ensure the programme is inclusive and promotes equity of access to vaccination in Fife. For the FVCV programme it is recommended that a full EQIA review is undertaken for the context of the flu/ COVID programme using the COVID vaccination programme's EQIA as a starting point and review of the previous flu EQIA, as many issues will cross over. It is recommended that the inclusion group be retained to support this EQIA and associated actions reporting via the FVCV group.

### **2.3.6 Other impact**

The previous issues with the seasonal flu programme caused reputational damage to NHS Fife and caused anxiety to individual patients. It is critical that learning from this and the large-scale delivery of the COVID -19 programme enables mitigating factors to be put in place to prevent similar reoccurrence in future immunisation programmes.

### **2.3.7 Communication, involvement, engagement and consultation**

A range of stakeholders have been involved in the review process through individual interviews and participation in a flu workshop on 1 April 2021. The reviewer has met with the commissioners on a fortnightly basis to discuss progress.

### **2.3.8 Route to the Meeting**

This paper has been considered by the Director of Public Health, Director of Health and Social Care and the Director of Pharmacy & Medicines as part of the Immunisation Review process.

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

- EDG, 24 June 2021

## 2.4 Recommendation

This report is provided to the Clinical Governance Committee for

- **Awareness** – For Members' information only.
- **Discussion** – Examine and consider the implications of a matter.

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1, Key Roles and Responsibilities
- Appendix 2, Management Structure
- Appendix 3, Governance Structure
- Appendix 4, Summary Remits of Governance Groups

### Report Contact

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## Appendix 1 Key Roles and Responsibilities

Public Health

HSCP

The Director of Public Health is the **Executive Lead** for universal and targeted delivery of statutory public health functions associated with public health protection and has overall accountability for the Immunisation Programme. The Executive Lead: -

- Provides strategic oversight of the coordination and effectiveness of the Immunisation Programme
- Provides assurance that the population is protected from communicable disease through the implementation of efficient and effective immunisation programmes
- Provides expert public health advice and leadership to support and inform an evidence-based approach to the development, prioritisation and delivery of high-quality equitable services
- Is accountable to the Board for ensuring Immunisation Programme objectives are aligned with NHS Fife's strategic goals, and ensuring the programmes are designed to meet and support those goals
- Approves significant changes to the programme plan and reviews the impact of all major changes prior to approval

The **Consultant Public Health- Immunisation Coordinator** oversees the quality and effectiveness of immunisation programmes (both routine and selective) for the population of Fife. The Immunisation Coordinator: -

- Ensures programmes are delivered in a way that achieves equity of access and outcomes amongst the eligible population and ensures all aspects of the programmes are monitored against appropriate quality standards
- Provides evidence-based advice to improve the effectiveness of the programme
- Collaborates in the Scottish Health Protection Network to ensure representation across all appropriate decision-making systems and processes in the Scottish Immunisation Programme.
- Contributes to the planning, implementation and coordination of delivery of any newly recommended immunisation programme at a national and local level
- Sets targets for immunisation programmes in Fife, taking into account the need to improve health and reduce health inequalities.
- Leads, plans and designs agreed aspects of the assessment of health needs, health inequalities, and health impact assessments with respect to immunisation, to identify areas for action within the local population based on the best available evidence.
- Leads on the management of vaccine-preventable outbreaks, supports case management, and co-ordinates relevant health protection actions, working closely with the wider Health Protection Team, chairing a Problem Assessment Group or Incident Management Team as required.
- Authorises Patient Group Directives (PGDs) for vaccines for NHS Fife

The Director of the Health and Social Care Partnership is the **Senior Responsible Owner (SRO)** and is accountable for ensuring the Immunisation Programme meets its objectives, delivers the projected outcomes and realises the required benefits. The SRO responsibilities include:

- Defining & communicating the vision & business objectives
- Assuring ongoing viability & taking necessary decisions
- Engaging key stakeholders
- Providing leadership & direction to the team
- Ensuring the delivered solution meets the needs of the business
- Ensuring the programme has in place a governance & assurance regime that is effective, proportionate & appropriate
- Chairs the Programme Board; responsible for ensuring the right expertise throughout the programme
- Ensure programme risk is managed throughout with appropriate assurance reviews and decision points

The **Immunisation Programme Director** is accountable to the SRO for driving, on a day-to-day basis, the delivery of the project outcomes within agreed time, cost and quality constraints.

The Programme Director directs the programme, is responsible for all day-to-day decisions and will ensure that:

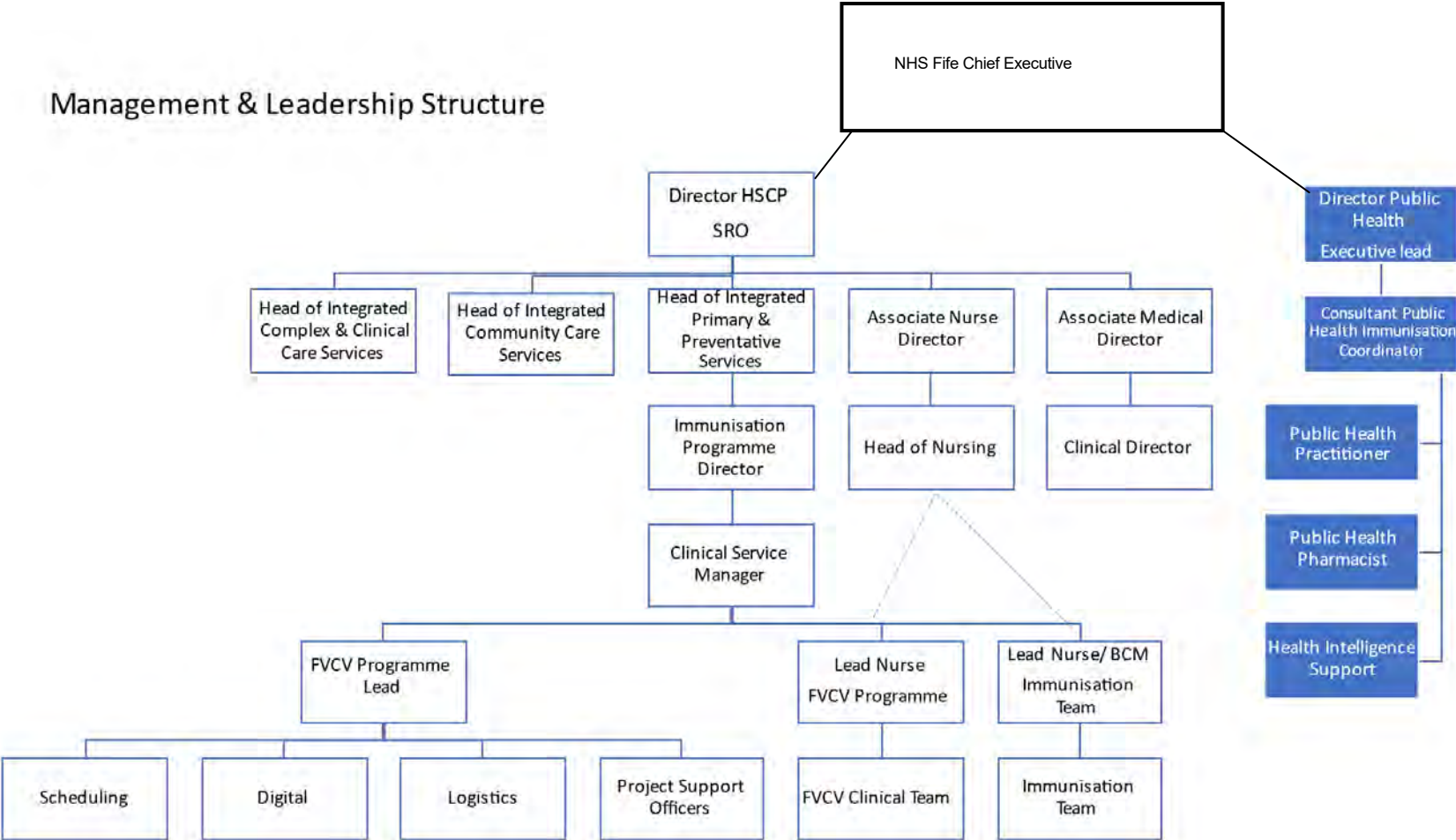
- The programme is appropriately resourced and organised
- The budget requirements are defined and managed within agreed limits
- Risks and issues are identified and managed
- There is effective communication with key stakeholders
- Effective programme controls are in place
- Accurate and timely reporting is carried out
- All responsibilities in the programme are adequately assigned and undertaken
- The reporting relationship with the senior responsible owner is maintained.



<p>The <b>Senior Public Health Practitioner</b> will contribute to the planning, development, delivery and evaluation of public health programmes and initiatives to promote health and well-being across all sectors and in line with agreed local and national priorities. They will take a lead role on projects or programmes within the annual work plan including immunisations and support the implementation and delivery of public health programmes in a range of different settings and with identified target groups in line with key local priorities.</p> <p>The role will also contribute to the Public Health team's regional response to the pandemic.</p>	<p>The <b>Immunisation Clinical Service Manager</b> is accountable for the operational management of the Immunisation Service and is responsible for: -</p> <ul style="list-style-type: none"> <li>• Effective and efficient utilisation of all resources to deliver the immunisation service</li> <li>• Ensuring effective governance of the service to meet the quality standards and supports service and organisational priorities.</li> <li>• Working in partnership with Head of Nursing to ensure patient care is delivered at the highest level</li> <li>• Working with clinical leads to ensure that the service is designed to provide strong leadership for all clinical and non-clinical staff</li> <li>• Monitoring performance and identification of areas for improvement in delivery of immunisation</li> </ul>
<p>The <b>Business Change Manager</b> works with their local Health and Social Care partners and Integration Boards to redesign vaccination service delivery models in accordance with the Vaccination Transformation Programme (VTP). It is expected that Health and Social Care Partnerships (HSCPs) and NHS Boards will have all programmes transformed by March 2022.</p> <p>The VTP is divided into different workstreams:</p> <ul style="list-style-type: none"> <li>• pre-school programme</li> <li>• school-based programme</li> <li>• travel vaccinations and travel health advice</li> <li>• influenza programme</li> <li>• at risk and age group programmes (shingles, pneumococcal, hepatitis B).</li> </ul>	<p>The <b>Lead Nurses</b> for Flu/Covid and other Immunisation Programme are responsible for the safe and effective delivery of vaccination programmes across Fife. They are responsible for</p> <ul style="list-style-type: none"> <li>• Leading the development, management and implementation of the immunisation programme in a manner that is consistent with established evidence and developing national and local policy.</li> <li>• Managing a multidisciplinary team of immunisers</li> <li>• Recruitment, training, development and clinical supervision of the team</li> <li>• Delivery of a safe immunisation service, ensuring all clinics are staffed appropriately and that clinical care and quality standards are met</li> <li>• Investigation of adverse events and promotion of learning for service improvement and mitigation of risk</li> </ul>
<p>The <b>Covid Programme Manager</b> will take the lead on all aspects of the strategic and operational planning, management, coordination of the COVID vaccination programme across the NHS Fife Board area. The Programme Manager will be responsible for:-</p> <ul style="list-style-type: none"> <li>• Ensuring the Board's achievement of national vaccination uptake targets</li> <li>• Planning for a transition into a routine population COVID immunisation programme if required.</li> <li>• Leading on the development of effective vaccination promotion and marketing strategies for all target groups/cohorts;</li> <li>• Leading on programme implementation planning/project planning and be responsible for the coordination and leadership of multidisciplinary programme planning groups, engaging and liaising with key stakeholders.</li> <li>• Programme risk identification, mitigation and contingency planning and day-to-day operational issue management and resolution.</li> <li>• The management, monitoring and review of programme budgets and expenditure and will lead the COVID Vaccination Programme Management Office team.</li> </ul>	

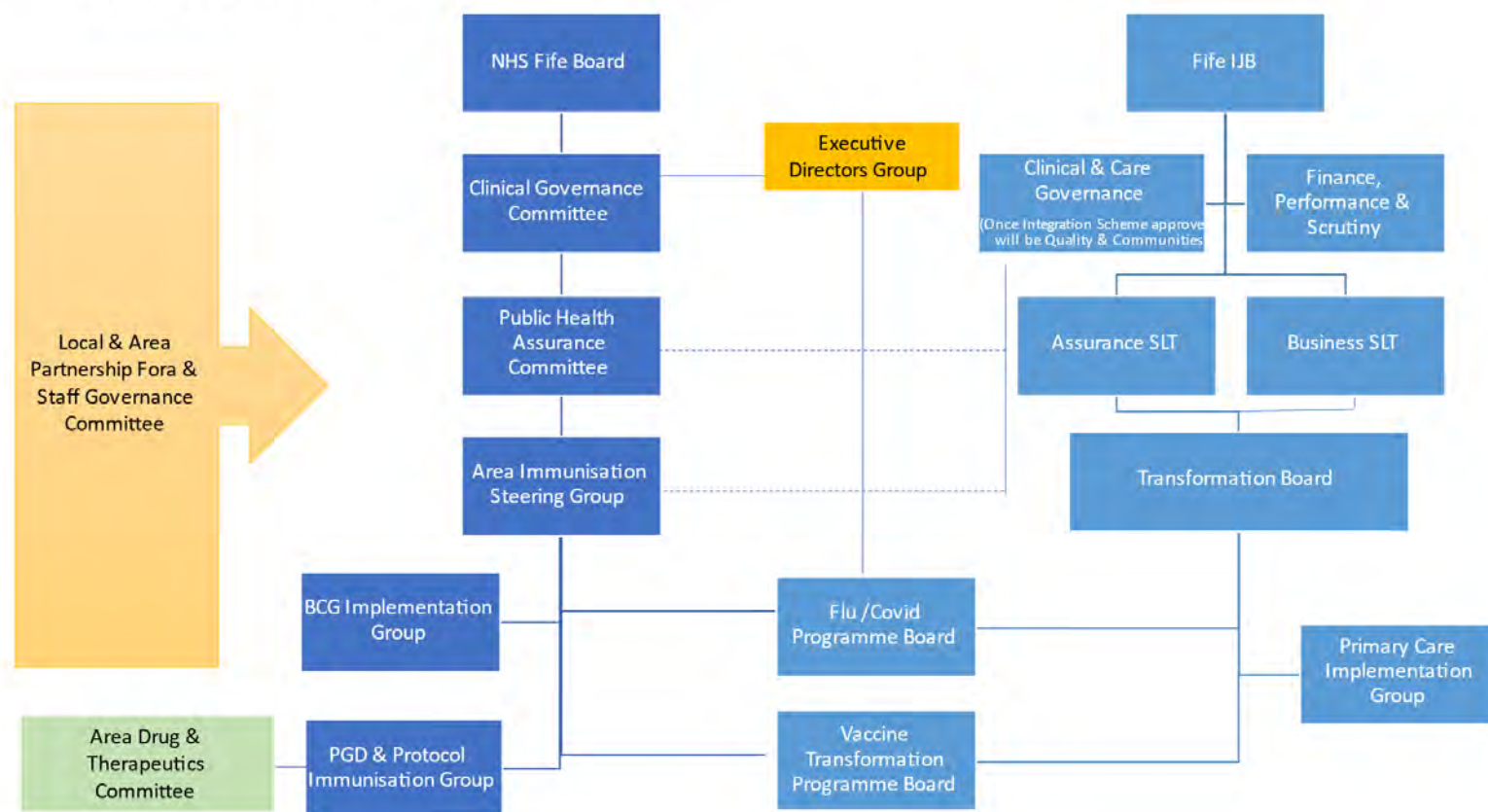
Appendix 2: Management & Leadership Structure

Management & Leadership Structure



## Appendix 3: Governance Structure

### Governance Structure







# NHS Fife

Meeting:	Clinical Governance Committee
Meeting date:	7 July 2021
Title:	Digital and Information (D&I) Strategy Update
Responsible Executive:	Dr Chris McKenna – Medical Director
Report Author:	Alistair Graham – Associate Director of Digital and Information

## 1 Purpose

### **This is presented for:**

- Awareness

### **This report relates to a:**

- NHS Board/Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

This report provides an update on the factors influencing NHS Fife's Digital Strategy - 2019-2024, for the Committee's consideration and awareness.

The report considers the current impact from the COVID-19 pandemic response, the changing national digital landscape and the evolution of strategies and initiatives that will impact on the delivery of services through digital means.

This report focusses on the strategic intent stated within the Digital & Information Strategy and describes the digital capabilities that exist and require development during the period of the strategy, 2019 – 2024.

The report provides a consideration on the Digital Strategy's robustness at this time.

The report highlights areas of reprioritisation, either in support of the Remobilisation Plans or due to the current risk profile within Digital and Information and identifies areas of opportunity that have presented themselves to provide additional digital capability.

Further reports will be provided, as per the Committee's workplan, in September 2021 and March 2022, detailing the progress with the associated delivery plan.

Risks associated with the Strategy delivery are also contained within the report and are reflective of the current status within the Digital and Information Board Assurance Framework (BAF).

The report is provided for the Committee's awareness.

## 2.2 Background

The strategy, references the key ambitions in the domains of: -

- **Modernising Patient Delivery** – ensuring service users and provided with a modern, fit for purpose healthcare service, using digital
- **Joined Up Care** – utilising digital capability to provide joined up services across primary, community, acute and social care to ensure all relevant information is available digitally
- **Information & Informatics** – effective, safe and governed use of information is key in its support the planning and management of services and providing key insights to ensure improvements in outcomes, levels of care and costs.
- **Technical Infrastructure** – the requirement for “safe and secure” infrastructure, platforms and systems that are maintained and developed to enable the delivery of our services is of critical importance
- **Workforce Business Systems** – supporting our workforce by providing them with digital system designed for their needs and to ensure the workforce is deployed with the correct skills and resource levels to support the demands of the services and the needs of our patients.

While these domains were aligned to the national and local strategies available at the time of creation, the key ambitions remain pertinent to revised strategies within Scotland, support the Re-mobilise, Recover, Re-design framework and will be further tested through the development of the Population Health and Wellbeing Strategy for NHS Fife.

### National Digital Landscape

A refreshed **Digital Strategy for Scotland** was delivered by Scottish Government and COSLA providing a shared vision of a modern, digital and collaborative Scotland. The revised strategy had the opportunity to be enhanced through the learning and insight provided through the COVID-19 pandemic response and the necessary rapid adoption of new technologies.

Within that period and reflected in the “No One Left Behind” section, the strategy seeks to mitigate the risks associated with inequalities and digital exclusion and highlights the need for action in this area to avoid an increase in inequality that further digital adoption may bring.



NHS Fife's desire to establish itself as an Anchor Institution and emerging Population Health and Wellbeing strategy, provides opportunity to ensure digital exclusion is addressed as part of tackling health inequalities.

This strategy is also being considered as part of a current iteration of the Digital Health & Care Strategy refresh following its original publication in 2018.

The revised Digital Strategy for Scotland can be found: -

<https://www.gov.scot/publications/a-changing-nation-how-scotland-will-thrive-in-a-digital-world/>

The first **Artificial Intelligence (AI) Strategy** for Scotland has also been published (March 2021). This strategy details how Scotland will establish itself as a leader in this area and most importantly considers how we will ensure the development of trustworthy, ethical and inclusive AI. The strategy references the work already underway within Health, with insight into the work being undertaken within diagnostic areas a primary focus.

Often seen as an area of innovation, the pace of development of AI services for operational use has accelerated and it is key that NHS Scotland's and NHS Fife's digital systems are ready to support its adoption.

Our inclusion in the Health Innovation South East Scotland collaborative (HISES) provides access to several AI initiatives, the most prominent being in the area of Dermatology.

The new AI Strategy for Scotland can be found: -

<https://www.gov.scot/publications/scotlands-ai-strategy-trustworthy-ethical-inclusive/>

## **Remobilise, Recover, Re-design**

The pandemic response has seen the rapid adoption of additional digital capability both at a local and national level. The acceleration of agile working methods across the whole system, facilitated through the adoption of Microsoft Teams and Near Me for staff and patients, the extension of infrastructure to provide devices, suitable network capacity and secure connections, the implementation and reconfiguration of systems and the reorganisation of clinical activity was all required at significant pace.

As we moved into the recover stage, we were required to adopt additional national solutions being created at pace to support handling of COVID-19 testing, the Test and Protect solutions, the National Vaccination Schedule System (NVSS) and associated Vaccine Management Tool (VMT) for recording of vaccine activity. The opportunity was also taken to implement a new model of providing Urgent Care with the implementation of the Navigation Flow Centre and the modification of systems to support.

While being develop in an agile manner these solutions presented Board's with challenges in their operational adoption, workforce availability, cohort identification and the prioritisation of the new functionality, however, the scale and pace of development for these solutions provides new capability and technical design that has opportunities for the future.

When you consider the NVSS will alone have handled, on average, in excess of 18,000 appointments per week for NHS Fife during the COVID Vaccination programme (more than twice the volumes of other scheduling systems e.g. TrakCare) it provides an indication of the scale and opportunity for the solution. The VMT, developed on the



TURAS platform, is also being adapted and piloted to support digital data capture in Care Home settings.

The creation of the new national Centre for Sustainable Delivery (CfSD) in 2020, also impacts on the role digital will play in the re-design stage, as can be seen from their initial workplan seeking to support activities within Planned Care.

Many of these programmes have seen significant engagement and interest from the patients and public in their adoption of digital tools, to support their Health and Wellbeing. With Near Me reaching the 1million consultation landmark just recently, many of these programmes challenge the myths about digital adoption based on age and highlight the necessary requirement to ensure patient engagement and adoption are at the heart of digital design and development - a principle that should include our clinical users too.

The public evaluation (September 2020) on video consultations showed in excess of 70% of the 65-74 and the 75+ age ranges stating a recurring commitment to the use of video consultation.

The pace, scale and agile nature of delivery, along with the opportunity to enhance that approach through the critical lessons that can be learnt during the last 15 months, present a new model of digital delivery that should be assessed, adapted and embedded within NHS Fife's own approach to digital readiness and adoption.

## **2.3 Assessment**

To deliver the key ambitions detailed in the Digital Strategy, the Digital and Information team require to have available the necessary digital capabilities designed, resourced and financed in a sustainable manner. These capabilities are considerate of how we provide support to our staff across different settings to access the digital tools necessary in their work and care for patients.

Appendix 1 details an emerging capability model that requires to be developed within NHS Fife in order to deliver the key ambitions stated within the Digital & Information Strategy.

This section of the report details the current assessment and key strategic priorities within each capability group.

The capability groups are: -

- Enabling Infrastructure
- Clinical & Care Digital Pathways
- Corporate & Business
- Public Facing Digital Services ("Digital Front Door")
- Data, Analytics & Insight
- National & Regional

### **Enabling Infrastructure**

NHS Fife has invested in its enabling infrastructure and is adequately provisioned in its role as the foundations that allow transformation to be achieved, ensure digital services are safe and secure and systems can be available at the point of care. However, this current status can be quickly affected if this investment is not maintained to allow the

infrastructure to remain available across all Primary Care, Community, Social Care and Acute setting as well as more recently from staff and patient's homes. (Risk 885)

The infrastructure landscape is complex and varied and presents challenges in ensuring the technologies are always within support. The current cyber threat landscape for the NHS is high. The cost of maintaining this infrastructure, to ensure it keeps our data secure and is always available, is significant, but increasingly important given the volume of digital interactions in place across the organisation. The maturity and size of the 5-year rolling capital plan continues to develop but presents risk in affordability given the scale of investment needed. (Risk 885)

It is key we continue to unify our enabling infrastructure, remove legacy technologies and increase the security and technical thresholds for adopting new technologies onto our infrastructure. Our regulatory compliance, security audits and responsibilities to national standards will have an impact for the replacement/procurement of medical devices and the pace legacy systems, that are considered critical to service provision, are decommissioned at. (Risk 1338)

In recognition of the scale of digital interactions now in place, renewed assessment of our business continuity and disaster recovery plans have been prioritised. (Risk 537)

## **Clinical Care and Digital Pathways**

NHS Fife has a strong suite of clinical applications. The Health & Social Care Clinical Portal, Patient Management System, Inpatient Management and Community System including GPs are supplemented through national systems including referral management (SCI Gateway) and document storage (SCI Store).

These systems have provided both administration and electronic patient record capability, but for many service areas their implementation has not been complete across all potential service users or where adoption has taken place, we are failing to full utilise the system's capability. This provides risk as patients move through clinical services with records existing on a mixture of paper and digital media. As part of this capability it is critical, we develop plans and system design that supports the integration of health, social care and other providers in their support of patient centred care, within the community and home setting.

Of note in the development of this system landscape is a lack of recurring funding available to fund the core financial costs associated with the support maintenance and licencing of these solutions. This cost is covered through a non-recurring source from within Scottish Government's annual allocation for strategic digital initiatives. Given this source is fully committed for the payment of systems and partially to fund the Hospital Electronic Pharmacy Medical Administration system (HEPMA) the ability to fund new digital solutions is reliant on Business Case development. (Risk 885)

This will negatively impact the Paperlite ambition and timescale detailed in the Digital Strategy and the ability to adopt improvements within TrakCare, Morse and the Health & Social Care Portal that are necessary to support services in their planning for re-cover and redesign stages.

Opportunities to develop capability do exist and the HEPMA programme delivery provides such an example. A user focussed engagement will ensure the solution is keenly adopted

and provided with supporting infrastructure through a model ward initiative and investment in mobile devices in the last financial year.

## **Corporate and Business**

The key element of note in this capability area is the mandating of solutions nationally for systems in the area of Finance, Payroll and HR services. While challenges exist with the legacy nature of these solutions and the limited users design, the potential from the data contained is significant and impactful when considering planning and for workforce strategy development.

Opportunities within the Digital Strategy timeline also present themselves as we see the benefits available via National Rostering systems and in the areas of Inventory Management Systems and across Facilities Management areas in general.

Key integrations between current and potential future system e.g. National Rostering could have a significant reduction in the time spent maintaining multiple systems with the same data.

An emerging priority in this area is to assess the short and medium term impact on our physical estate. With new, more agile working methods being adopted through necessity, the opportunity to embrace these patterns of work medium term, while being supportive of the wellbeing of staff in this continued transition, provides opportunity for how our premises are enabled and support new ways of working.

Given the learning evidenced and the requirement for digital inclusion for both staff and patients, we intend to develop an enhanced learning and education system, that supports the national staff governance standard, to ensure staff are appropriately trained and developed in their readiness to adopt digital tools and extends its reach to support our patients in their ability to access our services digital. Synergy with approaches within Fife Council will be actively sought to support this work as well as consideration of other partners and agency support.

## **Public Facing Digital Services**

Increasing referenced as the “digital front door”, Public Facing Digital Services represent the Health and Care equivalent of the digitisation of services we have experienced in many aspects of our own lives, even before the pandemic. If it's banking, shopping, ordering food, booking tickets, engaging with schools, colleges and universities, watching entertainment, keeping in touch, paying bills, consuming news we have all adapted to the consumption of services through digital means, with significant benefit for providers and consumers of services.

As NHS Fife continues to consider its responsibilities within a revised Population Health and Wellbeing Strategy the primary conduit for engagement has to be digital as our services are asked to consider how they will reach into the areas of Health, Wellness, Prevention, Patient Self Treatment and Monitoring (both before and after the more traditional clinical interventions).

As an example, the use of Near Me as a video consultation platform, gives an indication of demand from patients for the use of digital technologies. 75% of patients expect remote consultation to continue and to be of convenience to them as they access care services.

Table 1 below, extracted from the Near Me Public Engagement Report (September 2020), also highlights users considered benefits.

Table 1- Public and Health Professional Views on Near Me Benefits

Top five benefits of Near Me video consulting (in descending order, biggest benefit first)		
Public views	Health professionals' views on benefits for their patients	Health professionals' views on benefits for themselves
1. Lower infection risk 2. Improves access to services 3. More convenient 4. Saves time 5. Better for the environment	1. Lower infection risk 2. Reduces the need for patients to travel 3. Reduces the need for patients to take time off work 4. Saves patient time 5. Improves access to services	1. Lower infection risk 2. Enables wider access to my service 3. Helps me deliver a service my patients have requested 4. Better for the environment 5. Frees up resources within my service through reduced travel

The demand from clinical teams, for Public Facing Digital services is also increasing, through the re-design stages and current programme priorities look to design a digital first approach in many of their pathways.

However, the current level of capability in this area is lacking and needing addressed to match the ambition of services as the seek to modernise patient delivery. In the absence of a single unifying patient portal in NHS Scotland, the development of capability is being considered careful to present a unifying platform to our patients and staff in a consistent manner.

**Data, Analytics & Insight**

Data and Analytics continues to be a key enabler to current and future organisational performance and helps inform the future from access to retrospective data.

The design of agile data modelling and capture methods will be key as we seek to move our use of data from historic or current performance indicators to one of predictive modelling, that seeks to ensure the correct staff, skills and services are in place tomorrow, next week, next year and into the future.

The critical design elements also help to assure we are capturing data one and making it available across clinical services and will also be key as we begin to implement clinical decision support and intelligent automation in supporting our users in achieving high quality outcomes for patients.

**National & Regional**

The national and regional capabilities remain complex and every evolving. With more modern platforms being accessible such as Office 365, Digital Health Exchange for public facing services and the rapid development of services in support of digital tools for pandemic response along with the legacy groups of applications currently in use the national digital landscape and “once for Scotland” ethos, creates uncertainty and complexity when seeking to develop new capabilities.

The National Digital Platform, referenced in the National Digital Health and Care Strategy 2018, has acted as a disruptor in the digital landscape and while the implementation of the Office 365 has seen rapid deployment in the last year, a programme that is now into its 4<sup>th</sup>

Year, questions still remain about its affordability and security as a tool for use with patient identifiable data.

Current and near future significant programmes of national and regional work will consume finance and resources and these include: -

- CHI Replacement Programme
- Child Health Replacement System
- Office 365 Extension
- Laboratory Information Management Systems
- GP IT Re-provisioning
- PACS Replacement
- Redevelopment/Replacement of legacy national applications

It is critical that the National and Regional programmes continue to be considered as part of the future capability to deliver the digital strategy for NHS Fife. However, with programmes, such as GP IT Re-provisioning significantly extending their delivery plans in excess of a year, the ability to reliably plan is challenging. With the new capabilities delivered rapidly during the last 15 months we await confirmation how these will be made available to Boards for adoption.

In summary: -

- The key ambitions of the digital strategy remain relevant and aligned to the strategies, remobilisation plans and corporate objectives within NHS Fife, its partners and NHS Scotland
- The ambitions will continue to be reviewed in line with the development of the Population Health and Wellbeing strategy
- Re-prioritisation requires an acceleration in the provision of Public Facing Digital Services
- Re-prioritisation requires acceleration in the Technical Infrastructure ambition given the number of legacy applications, risk landscape from cyber intrusion and lifecycle costs
- A more agile delivery method will be essential to deliver the capabilities designed by staff and patients
- The delivery method must also address the digital readiness of our staff and patients, and specifically address the challenges of digital exclusion
- A multiyear Digital and Information finance framework is required to minimise the risks associated with the current financial exposure, the deficit created through the mandated national digital solutions as part to the pandemic response and to inform the Digital Strategy delivery
- NHS Fife Digital and Information Senior Leadership team, through their regional alliance, must ensure the national programmes deliver digital solutions in a prompt and sustainable manner

### **2.3.1 Quality/ Patient Care**

Failure to deliver the digital strategy will result in an impact to the enhancement and redesign ambitions of services across Health and Social care.

### **2.3.2 Workforce**

No change

### 2.3.3 Financial

D&I are continuing to identify and quantify the key financial exposures that present risks to current operations and the delivery of the Digital Strategy ambitions. D&I looks to identifying additional funding allocations and changes to operating models to mitigate the levels of financial exposure. A financial framework must be developed.

### 2.3.4 Risk Assessment/Management

The key risk associated with the delivery of the digital strategy are contained within the Board Assurance Framework for Digital and Information and are included in Item 6.3 of the agenda.

### 2.3.5 Equality and Diversity, including health inequalities

Each key programme associated with the Digital and Information Strategy will undergo the necessary Equality Impact Assessment (EQIA)

### 2.3.6 Other impact

N/A

### 2.3.7 Communication, involvement, engagement and consultation

External stakeholders are engaged where appropriate and consideration as part of the readiness and digital exclusions will include a requirement for patient engagement.

### 2.3.8 Route to the Meeting

This paper has been presented directly to the Chair of the Digital and Information Board – Medical Director

This paper has been presented to EDG (June 2021)

## 2.4 Recommendation

- **Awareness** – the content and current assessment of the Digital and Information Strategy 2019-2024 is provided for awareness

## 3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Digital Capabilities Model

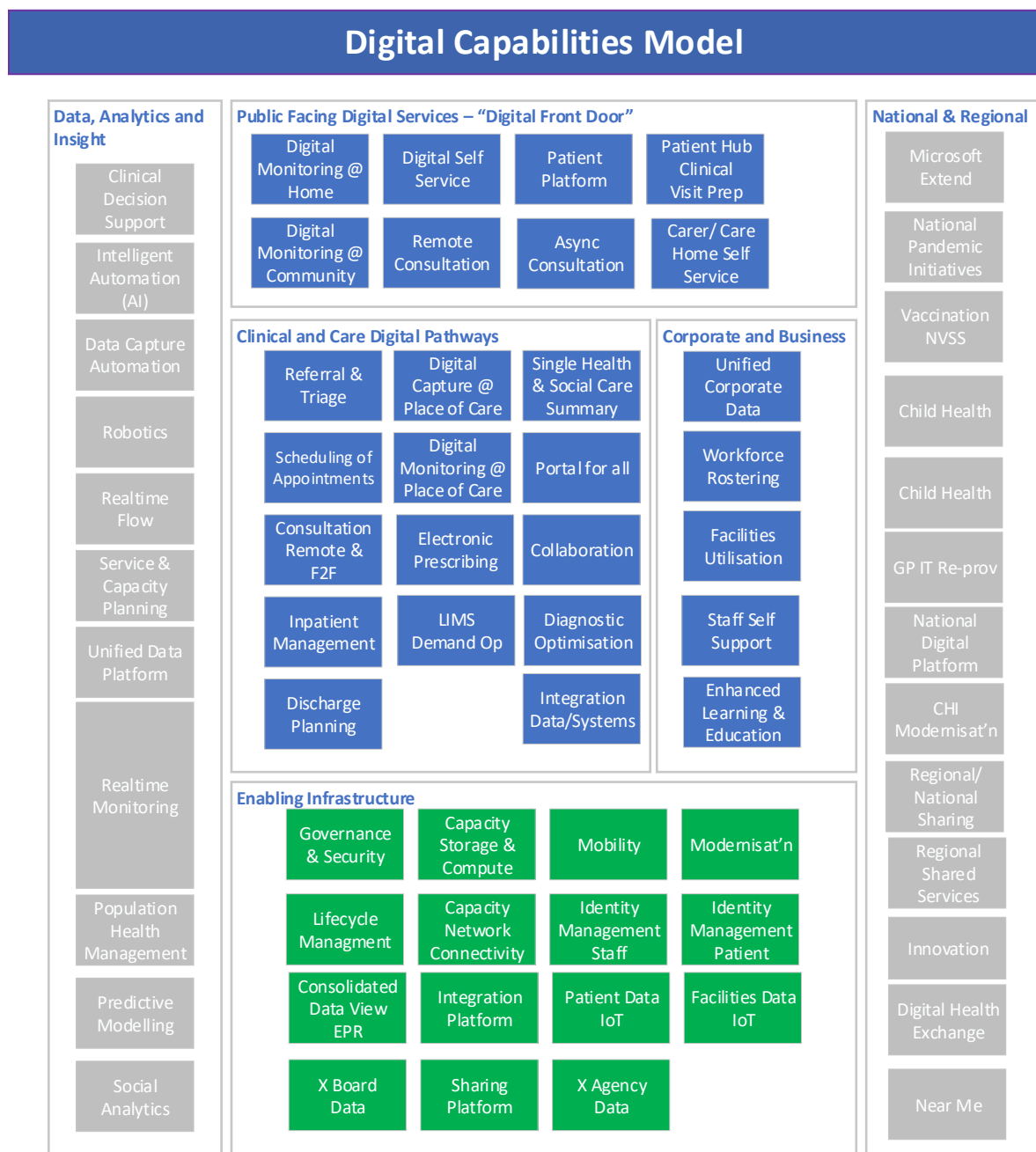
### Report Contact

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## Appendix 1 – Digital Capabilities Model



# NHS Fife

<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting date:</b>	<b>7 July 2021</b>
<b>Title:</b>	<b>Integrated Performance &amp; Quality Report</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Performance</b>
<b>Report Author:</b>	<b>Susan Fraser, Associate Director of Planning &amp; Performance</b>

## 1 Purpose

**This is presented to the Clinical Governance Committee for:**

- Discussion

**This report relates to the:**

- Joint Fife Remobilisation Plan for 2021/22 (RMP3)

**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 April 2021.

### 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.



## 2.3 Assessment

The IPQR has been refreshed in appearance for FY 2021/22. While the content is unchanged in terms of measures covered, the presentation of information has undergone a number of cosmetic changes in order to provide clearer information, particularly in the drill-down section. Some measures have revised targets for FY 2021/22, reflecting performance and challenges in the previous year.

Performance, particularly in relation to Waiting Times across Acute Services and the Health & Social Care Partnership has been hugely affected during the pandemic. NHS Fife is now working according to the Joint Fife Remobilisation Plan for 2021/22 (RMP3), and the IPQR provides a high-level activity summary on Page 4. This will be updated monthly as the year progresses, and forecasts may change in accordance with guidance from 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. Discussions around a target for Adverse Events are continuing, against a background of reviewing the overall policy.

Measure	Update	Local/National Target	Current Status
HSMR	Quarterly	1.00 (Scotland average)	Above Scottish average
Falls	Monthly	7.68 per 1,000 TOBD *** <b>NEW TARGET FOR FY 2021/22</b> ***	Not achieving
Falls With Harm	Monthly	1.65 per 1,000 TOBD *** <b>NEW TARGET FOR FY 2021/22</b> ***	Achieving
Pressure Ulcers	Monthly	0.42 per 1,000 TOBD	Not achieving
CS SSI <sup>1</sup>	Quarterly	2.5%	Achieving
SAB (HAI/HCAI)	Monthly	18.8 per 100,000 TOBD *** <b>NEW TARGET FOR FY 2021/22</b> ***	Achieving
ECB (HAI/HCAI)	Monthly	33.0 per 100,000 TOBD *** <b>NEW TARGET FOR FY 2021/22</b> ***	Achieving
C Diff (HAI/HCAI)	Monthly	6.5 per 100,000 TOBD *** <b>NEW TARGET FOR FY 2021/22</b> ***	Not achieving
Complaints (S1)	Monthly	80%	Achieving
Complaints (S2) <sup>2</sup>	Monthly	65%	Not achieving

<sup>1</sup> 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

<sup>2</sup> Following discussion with the Nursing Director, we agreed to work towards achieving the 65% target by March 2021; the impact of the second wave of the pandemic has

severely affected progress, and we have agreed the target should be extended to March 2022, with a mid-year target of 50%

#### **2.3.1 Quality/ Patient Care**

Not applicable.

#### **2.3.2 Workforce**

Not applicable.

#### **2.3.3 Financial**

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

#### **2.3.4 Risk Assessment/Management**

Not applicable.

#### **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 June IPQR will be available for discussion at the round of June/July 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 24 June. 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**

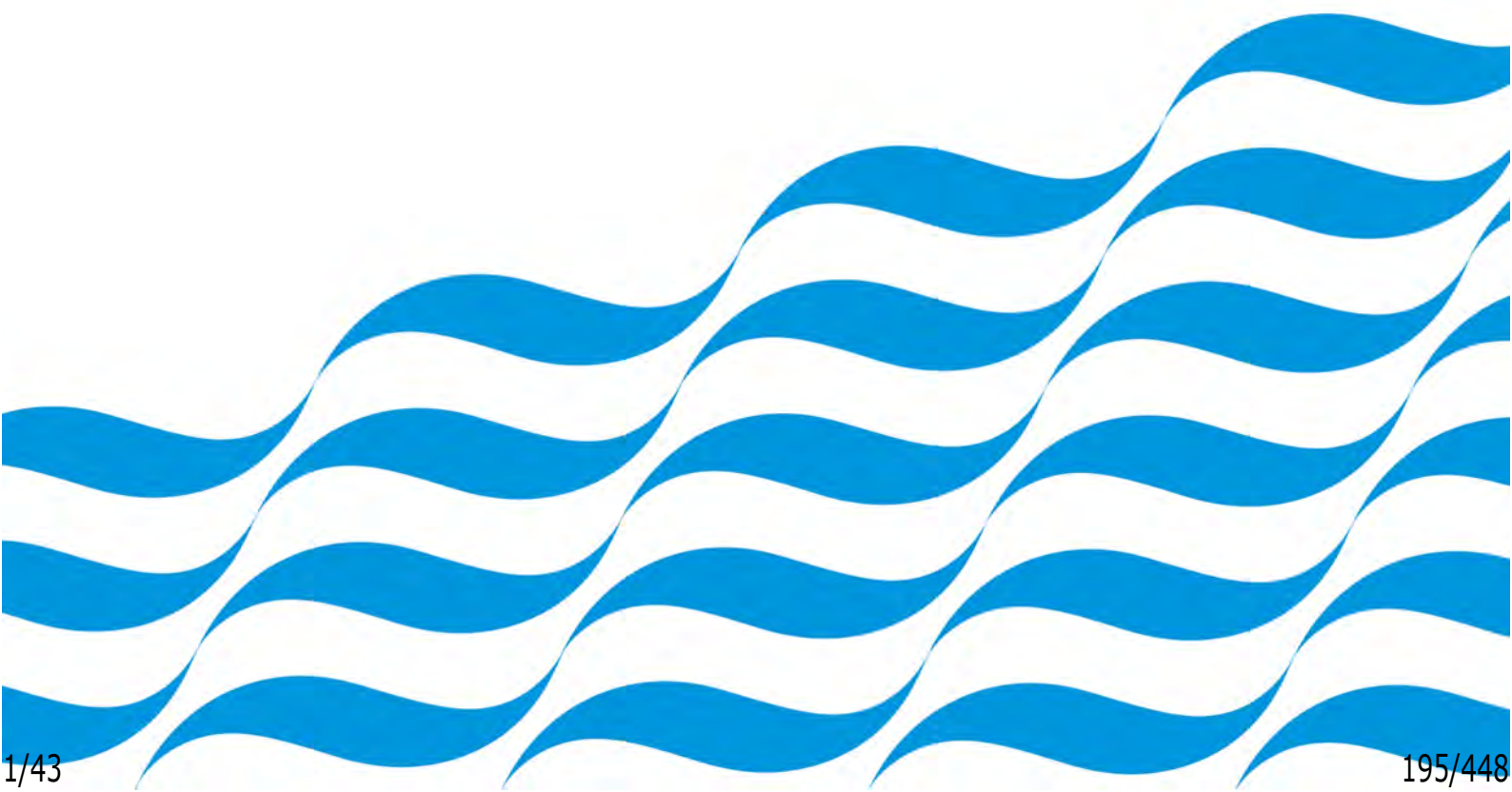
Bryan Archibald

Head of Performance

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# **Fife Integrated Performance & Quality Report**

**Produced in June 2021**



# Introduction

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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. Remobilisation Summary
- e. 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.

Health Boards are planning the recovery of services following the first and second waves of the COVID-19 Pandemic. NHS Fife has agreed its Joint Remobilisation (RMP3) for 2021/22, and this effectively replaces the previous 1-year or 3-year Annual Operational Plans. It includes forecasts for activity across key outpatient and inpatient services, and progress against these forecasts is included in this document by two methods:

- Update of monthly activity (Remobilisation Summary)
- Enhancement of drill-downs to illustrate actual v forecast activity

The RMP provides a detailed, strategic view of how NHS Fife will approach the recovery, while the IPQR drills down to a level where specific Improvement Actions are identified and tracked. In order to provide continuity between the IPQR from version to version (year to year), Improvement Actions carry a '20', '21' or '22' prefix, to identify their year of origin. They are shaded in **BLUE** if they are assessed as being complete or no longer relevant.

## a. LDP Standards & Key Performance Indicators

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The current performance status of the 29 indicators within this report is 10 (34%) classified as **GREEN**, 4 (14%) **AMBER** and 15 (52%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

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

- Falls With Harm – falls rate below the new (reduced) target for FY 2021/22
- ECB – infection rate continued to be significantly under the FY 2021/22 target following a low number of infections in the 3-month period from February to April
- Cancer 31-day DTT – continued to exceed the 95% Standard, for the 9<sup>th</sup> month in succession

## b. National Benchmarking

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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, 15 (50%) in mid-range and 7 (25%) in lower quartile.

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

c. Indicator Summary			Performance							Benchmarking			
			meets / exceeds the required Standard / on schedule to meet its annual Target							●	Upper Quartile		
			behind (but within 5% of) the Standard / Delivery Trajectory							●	Mid Range		
			more than 5% behind the Standard / Delivery Trajectory							●	Lower Quartile		
Section	Measure	Target 2021/22	Reporting Period	Year Previous		Previous		Current		Trend	Reporting Period	Fife	Scotland
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Apr-20	26	Mar-21	32	Apr-21	23	↑	N/A		
	HSMR	N/A	Year Ending	Dec-19	1.02	Sep-20	1.01	Dec-20	1.01	↔	YE Dec-20	1.01	1.00
	Inpatient Falls	7.68	Month	Apr-20	7.50	Mar-21	8.01	Apr-21	7.82	↑	N/A		
	Inpatient Falls with Harm	1.65	Month	Apr-20	1.56	Mar-21	1.68	Apr-21	1.26	↑	N/A		
	Pressure Ulcers	0.42	Month	Apr-20	1.02	Mar-21	1.22	Apr-21	1.30	↓	N/A		
	Caesarean Section SSI	2.5%	Quarter Ending	Dec-19	2.3%	Sep-20	2.2%	Dec-20	2.4%	↓	QE Dec-19	2.3%	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Apr-20	10.6	Mar-21	16.5	Apr-21	16.8	↓	QE Dec-20	20.6	18.8
	SAB - Community	N/A	Quarter Ending	Apr-20	15.9	Mar-21	13.0	Apr-21	11.0	↑	QE Dec-20	12.8	9.6
	C Diff - HAI/HCAI	6.5	Quarter Ending	Apr-20	9.3	Mar-21	10.2	Apr-21	14.2	↓	QE Dec-20	7.7	16.1
	C Diff - Community	N/A	Quarter Ending	Apr-20	1.1	Mar-21	7.6	Apr-21	6.6	↑	QE Dec-20	2.1	4.3
	ECB - HAI/HCAI	33.0	Quarter Ending	Apr-20	33.0	Mar-21	21.6	Apr-21	16.8	↑	QE Dec-20	50.3	40.9
	ECB - Community	N/A	Quarter Ending	Apr-20	26.1	Mar-21	33.7	Apr-21	25.3	↑	QE Dec-20	27.0	37.9
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Apr-20	68.8%	Mar-21	87.1%	Apr-21	80.3%	↓	2019/20	71.5%	79.9%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Apr-20	22.9%	Mar-21	25.0%	Apr-21	21.6%	↓	2019/20	35.7%	51.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Apr-20	100.0%	Mar-21	100.0%	Apr-21	100.0%	↔	N/A		
	4-Hour Emergency Access	95%	Month	Apr-20	96.8%	Mar-21	90.8%	Apr-21	91.9%	↑	Apr-21	91.9%	88.7%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Apr-20	57.3%	Mar-21	49.7%	Apr-21	54.1%	↑	Mar-21	51.7%	34.7%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Apr-20	74.8%	Mar-21	53.4%	Apr-21	56.4%	↑	Mar-21	52.6%	48.1%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Apr-20	46.3%	Mar-21	80.6%	Apr-21	85.3%	↑	Mar-21	80.7%	61.4%
	18 Weeks RTT	90%	Month	Apr-20	90.1%	Mar-21	72.4%	Apr-21	69.2%	↓	QE Mar-21	73.2%	75.9%
	Cancer 31-Day DTT	95%	Month	Apr-20	94.5%	Mar-21	100.0%	Apr-21	97.8%	↓	QE Dec-20	99.0%	98.6%
	Cancer 62-Day RTT	95%	Month	Apr-20	67.5%	Mar-21	80.3%	Apr-21	78.1%	↓	QE Dec-20	84.5%	86.2%
	Detect Cancer Early	29%	Year Ending	Jun-19	27.2%	Mar-20	24.6%	Jun-20	23.5%	↓	2018, 2019	26.1%	25.6%
	Freedom of Information Requests	85%	Quarter Ending	Apr-20	81.0%	Mar-21	95.1%	Apr-21	95.4%	↑	N/A		
	Delayed Discharge (% Bed Days Lost)	5%	Month	Apr-20	5.6%	Mar-21	5.9%	Apr-21	8.2%	↓	QE Dec-20	5.5%	4.8%
	Delayed Discharge (# Standard Delays)	N/A	Month	Apr-20	24	Mar-21	48	Apr-21	78	↓	Apr-21	20.88	13.49
	Antenatal Access	80%	Month	Feb-20	84.4%	Jan-21	87.2%	Feb-21	78.8%	↓	FY 2019/20	89.0%	88.3%
	Smoking Cessation	473	YTD	Feb-20	95.4%	Jan-21	52.1%	Feb-21	53.3%	↑	FY 2019/20	92.8%	97.2%
	CAMHS Waiting Times	90%	Month	Apr-20	67.0%	Mar-21	73.0%	Apr-21	68.4%	↓	QE Mar-21	76.0%	65.1%
	Psychological Therapies Waiting Times	90%	Month	Apr-20	74.2%	Mar-21	84.3%	Apr-21	78.2%	↓	QE Mar-21	82.0%	80.4%
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑	FY 2019/20	79.2%	83.2%
	Drugs & Alcohol Treatment Waiting Times	90%	Month	Feb-20	96.2%	Jan-21	92.4%	Feb-21	93.9%	↑	QE Dec-20	94.3%	95.7%
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	92.7%	2021/21	98.4%	↑	2018/19	93.7%	75.1%
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.2%	2020/21	48.9%	↓	2018/19	60.9%	43.4%
Finance	Revenue Expenditure	-£13.8	Month	May-20	N/A	Apr-21	N/A	May-21	-£7.2	N/A	N/A		
	Capital Expenditure	£25.3	Month	May-20	N/A	Apr-21	N/A	May-21	£1.2	N/A	N/A		
Staff Governance	Sickness Absence	3.89%	Month	Apr-20	4.95%	Mar-21	4.43%	Apr-21	5.07%	↓	YE Mar-21	4.77%	4.67%



## d. NHS Fife Remobilisation Summary – Position at end of May 2021

Higher than Projected | Lower than Projected

TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected
	Actual
	Variance
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected
	Actual
	Variance
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected
	Actual
	Variance
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected
	Actual
	Variance
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected
	Actual
	Variance
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected
	Actual
	Variance
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected
	Actual
	Variance
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected
	Actual
	Variance
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected
	Actual
	Variance
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected
	Actual
	Variance

Month End			Quarter End	Quarter End	Quarter End	Quarter End
Apr-21	May-21	Jun-21	Jun-21	Sep-21	Dec-21	Mar-22
862	950	989	2,801	2,828	3,033	3,355
955	1,081		2,036			
93	131					
4,537	4,946	5,133	14,616	15,804	19,003	20,361
5,944	6,080		12,024			
1,407	1,134					
579	611	611	1,801	1,833	1,833	1,833
436	495		931			
-143	-116					
3,450	3,650	3,750	10,850	11,250	11,250	11,250
4,216	4,303		8,519			
766	653					
5,350	5,780	5,980	17,110	19,110	18,370	18,490
6,209	7,039		13,248			
859	1,259					
2,790	2,650	2,600	8,040	8,320	8,680	8,830
3,229	3,531		6,760			
439	881					
780	820	850	2,450	2,610	2,610	2,610
965	949		1,914			
185	129					
130	140	145	415	435	435	435
93			93			
-37						
91	131	84	306	291	346	298
136	143		279			
45	12					
465	477	427	1,369	1,422	1,905	1,780
578			578			
113						

Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) <sup>1</sup>	Projected
	Actual
	Variance

Month End			Month End	Month End	Month End	Month End
Apr-21	May-21	Jun-21	Jun-21	Sep-21	Dec-21	Mar-22
43	41	37	37	36	42	43
78	88					
35	47					

<sup>1</sup> 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



## e. Assessment – Clinical Governance

		Target	Current
<b>HSMR</b>		<b>1.00</b>	<b>1.01</b>
<p>The HSMR for NHS Fife for the year ending December 2020 was unchanged from that for the year ending September 2020 and was marginally above the Scotland average. The drill-down narrative provides a detailed explanation of the measure and limitations associated with it.</p>			
<b>Inpatient Falls (with Harm)</b>	<i>Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21</i>	<b>1.65</b>	<b>1.26</b>
<p>As services continue to remobilise, the steering group have updated their annual workplan which includes a focus on care approaches in the context of the current environment to support a reduction in falls with harm. This provides the overarching focus and in addition, local improvement work is underway in focussed in-patient areas where the number of falls has been higher.</p> <p>Work being led by the National Falls Group has representation from NHS Fife and at present this group are updating/redeveloping the National Improvement Driver Diagram. This will be supported by a new measurement plan and audit tool and will closely align with the Excellence in Care programme.</p>			
<b>Pressure Ulcers</b>	<i>50% reduction by December 2020</i>	<b>TBC</b>	<b>1.30</b>
<p>Two clinical areas with Acute have been identified to participate in the next pressure ulcer improvement project. Project teams were given 4-6 weeks to carry out preparatory study before the project period began. Regular meetings are scheduled throughout the project.</p> <p>The pressure ulcer rate in the community inpatient setting was 0.31 in April 2021. This has shown a consecutive reduction in the rate of pressure ulcers – developed on ward, since February 2021. The last recorded grade 3 pressure ulcer – developed on ward, was in February 2021 and no further pressure ulcers – on ward, graded major or extreme.</p>			
<b>Caesarean Section SSI</b>	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	<b>2.5%</b>	<b>2.4%</b>
<p>All mandatory SSI surveillance has been paused since the start of the Covid-19 pandemic. This remains the case until further instruction from the Scottish Government. However, Maternity Services have continued to monitor their Caesarean Section SSI cases and, where necessary (i.e deep or organ space SSIs) carry out Clinical Reviews. Note that the performance data provided is non-validated and does not follow the NHS Fife Methodology, and that no national comparison data has been published since Q4 2019.</p>			
<b>SAB (MRSA/MSSA)</b>	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	<b>18.8</b>	<b>16.8</b>
<p>Surveillance of SABs has continued throughout the COVID-19 pandemic. For April, NHS Fife is successfully achieving the trajectory for the 10% reduction target, to be met by March 2022. There have been no further ventilator associated pneumonias, PVC or CVC SABs since March 2021.</p>			
<b>C Diff</b>	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	<b>6.5</b>	<b>14.2</b>
<p>NHS Fife is currently above the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022 due to a raised incidence of 9 CDI in March. Two CDIs were recurrences and one case was a Fife resident being treated in another Health Board. Reducing the incidence of recurrence of infection continues to be addressed, to assist with reducing the rates further.</p>			
<b>ECB</b>	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i>	<b>33.0</b>	<b>16.8</b>
<p>ECB surveillance has continued throughout the pandemic. The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. For April, NHS Fife is below the trajectory line and in line to achieve this target. Reducing CAUTI ECBs is the focus for quality improvement.</p>			
<b>Complaints – Stage 2</b>	<i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i>	<b>65%</b>	<b>21.6%</b>
<p>There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescale. Complaint numbers continue to rise and there is a noted increase in the complexity of the complaints received. Although starting to reduce, PRD has responded to a high number of concerns and Stage 1 complaints relating to Covid vaccination appointments.</p>			

## e. Assessment (cont.) – Operational Performance

		Target	Current
<b>Acute Services</b>			
<b>4-Hour Emergency Access</b>	95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer	95%	91.9%
<p>Attendances continue to rise, averaging around 200 per day at the ED, a 35% increase since January, with most attendees being self-presenters. Despite the increased demand, performance against the National Standard improved in April. Several improvements are being tested to improve flow to our onward assessment areas and reduce waits for beds. The Redesign of Urgent Care (RUC) has supported improvements for minor flow and will be scaled up by the addition of a sustainable staffing model. Redirections to MIUs have increased across Fife and referral pathways are being developed with primary care to enable the Flow and Navigation Hub (FNH) and ED to access support for patients.</p>			
<b>Patient TTG (Waiting)</b>	All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat	100%	54.1%
<p>Performance recovery slowed in January and February as the Acute Hospital had to contend with the second wave of COVID-19 and cancelled non-urgent elective surgery. At the end of April, the waiting list was 20% lower than at the end of May 2020 and performance had begun to recover with 54% waiting greater than 12 weeks for treatment compared to 26.8% in May 2020 as theatres were remobilised. Particular attention continues to be focused on clinical priorities whilst routine activity recommenced in March. A recovery plan is being implemented and discussions are underway with Scottish Government to secure the additional resources required to fully deliver the plan.</p>			
<b>New Outpatients</b>	95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment	95%	56.4%
<p>Performance recovery slowed in January and February as the Acute Hospital had to contend with the second wave of COVID-19 which resulted in the suspension of routine activity. At the end of April, the waiting list was 71% higher than at the end of May 2020 and performance had begun to recover, with 56.4 % waiting less than 12 weeks compared to 40.9% waiting less than 12 weeks in May 2020. Particular attention continues to be focused on urgent referrals whilst routine activity recommenced in March. Referrals are rising and activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and discussions are underway with Scottish Government to secure the additional resources required to fully deliver the plan.</p>			
<b>Diagnostics</b>	100% of patients to wait no longer than 6 weeks from referral to key diagnostic test	100%	85.3%
<p>Having recovered performance for diagnostics in Q3 of 2020/21 the onset of the second wave of the COVID-19 pandemic resulted in the suspension of routine activity during January and February and a resultant deterioration in performance. At the end of April performance had begun to recover with 85.3% of patients waiting less than 6 weeks compared to 31% in May 2020. Urgent (including urgent cancer) diagnostic tests continue to be prioritised. Referrals are rising and activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and discussions are underway with Scottish Government to secure the additional resources required to fully deliver the plan.</p>			
<b>Corporate Services</b>			
<b>Cancer 62-Day RTT</b>	95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral	95%	78.1%
<p>April continued to see performance challenges. An increase in referrals and a consultant vacancy impacted on the Breast service, while there were delays to Oncology appointments in Colorectal due to annual leave and in Urology due to lack of capacity. Full staging requirements contributed to the Cervical breach. Initial referral to another specialty and delay to referral to tertiary Board resulted in the breaches for Lymphoma and Lung respectively. Lack of resources and routine staging and investigations contributed to the remaining breaches. The range of breaches were 4 to 70 days, with an average breach time of 20 days.</p>			

		Target	Current
<b>FOI Requests</b>	<i>At least 85% of Freedom of Information Requests are completed within 20 working days</i>	<b>85%</b>	<b>95.4%</b>
<p>Since the implementation of AXLR8 in NHS Fife, 349 requests have been responded to. Of those, 316 (90.5%) have been responded to on time and 33 (9.5%) have been late. 45 requests are currently active, of which 7 (16%) are already late.</p> <p>FOISA training for NHS and IJB personnel has been completed and the delivery of a new Publication Scheme for NHS Fife is underway, with EDG review and sign off to be completed in July.</p>			
<b>Health &amp; Social Care</b>			
<b>Delayed Discharges</b>	<i>The % of Bed Days 'lost' due to Patients in Delay is to reduce</i>	<b>5%</b>	<b>8.2%</b>
<p>The number of bed days lost due to patients in delay rose sharply in April and is again above the target 5%. This is in part due to a rise in the number of unplanned attendances at the emergency department, which has resulted in an increase in hospital admissions.</p>			
<b>Smoking Cessation</b>	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	<b>473</b>	<b>226</b>
<p>Although the non-pharmacy service was available throughout the pandemic, only a limited number of clients looked for support in the early days of lockdown although we have seen this increase over time. It has been much more difficult to factor in 40% most deprived clients as we do not know who will be contacting us seeking support (therefore supporting all who request help due to limited provision elsewhere). Initially there was client hesitancy to seek support due to limited understanding of the pandemic and the messaging of 'stay at home' (quitting maybe not seen as a priority during lockdown). The last 12 months has highlighted that service visibility and ease of access is key and being sited in GP practices/ Health Centre/community venues and the hospital setting means we can have wider reach and engagement.</p>			
<b>CAMHS Waiting Times</b>	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	<b>90%</b>	<b>68.4%</b>
<p>Fife CAMHS RTT% figure has begun to drop against the national standard as work gets underway to address the longest waits. Whilst the focus of the majority of the workforce remains on those requiring urgent and priority interventions, the recruitment of staff to specifically address the longest waits has resulted in increased overall activity but a drop in RTT%. This pattern will continue as work progresses on the longest waits and new staff are recruited to meet ongoing demands.</p>			
<b>Psychological Therapies</b>	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	<b>90%</b>	<b>78.2%</b>
<p>The reduced performance on the PT target in April was due to a larger proportion of the activity comprising people who have waited over 18 weeks. This impacted the target % within the psychology service tiers offering highly specialist therapy and within CAMHS. This reduction in performance was anticipated and had already been highlighted in CAMHS and PT recovery papers as an unavoidable consequence of tackling the backlog on waiting lists.</p>			

## e. Assessment (cont.) – Finance

		Target	Current
<b>Revenue Expenditure</b>	<i>Work within the revenue resource limits set by the SG Health &amp; Social Care Directorates</i>	<b>-£13.8</b>	<b>-£7.2</b>

### Month 2 financial position

The revenue position for the 2 months to 31 May reflects an overspend of £7.442m; which comprises; a core overspend of £0.780m; Covid-19 spend of £4.386m; and £2.276m underlying unachieved 'long Covid' savings.

The total capital resource limit for 2021/22 is £25.319m. The capital position for the 2 months to May shows spend of £1.251m.

<b>Capital Expenditure</b>	<i>Work within the capital resource limits set by the SG Health &amp; Social Care Directorates</i>	<b>£25.3</b>	<b>£1.2</b>
The overall capital budget including the Elective Orthopaedic Centre for 2021/22 is £25.319m. The capital position for the year to May records spend of £1.251m. Therefore, 4.94% of the anticipated total capital allocation has been spent to M2.			

## e. Assessment (cont.) – Staff Governance

		Target	Current
<b>Sickness Absence</b>	<i>To achieve a sickness absence rate of 4% or less</i>	<b>3.89%</b>	<b>5.07%</b>

Sickness absence levels continued to fluctuate during FY 2020/21. It is positive to note that the rates have improved when compared with FY 2019/20, with a reduction of 0.53% from the average rate. This is the best yearly average since FY 2016/17.

The sickness absence rate in April was 5.07%, 0.64% higher than in March, while COVID-19 related absence in the month affected approximately 1.22% of the NHS Fife workforce.

## II. Performance Exception Reports

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### Finance, Performance & Resources: Finance

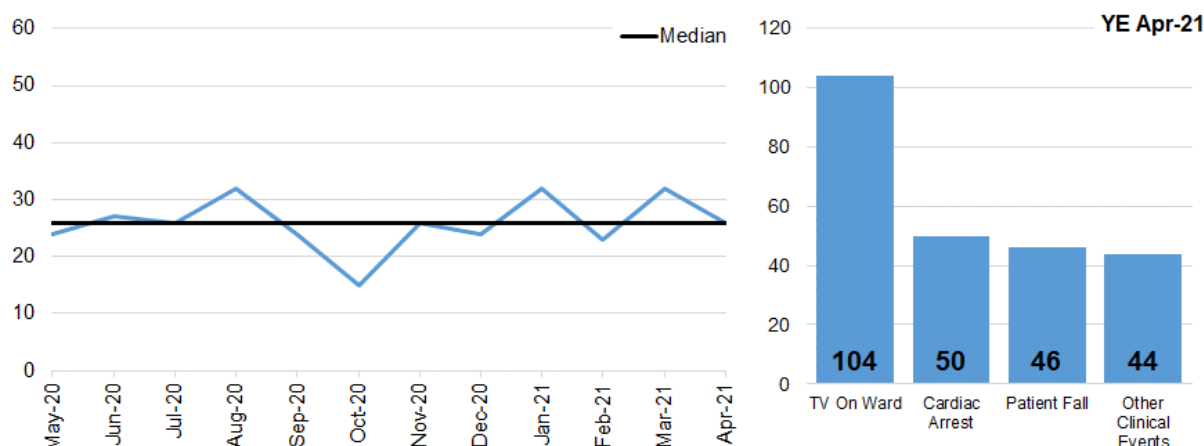
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### Staff Governance

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## Adverse Events

### Major and Extreme Adverse Events



### All Adverse Events

	Month	2020/21											
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
ALL	NHS Fife	1067	1123	1329	1243	1288	1339	1303	1247	1286	1209	1362	1341
	Acute Services	476	463	561	506	606	557	637	599	571	531	631	587
	HSCP	559	627	730	695	640	748	635	621	694	652	704	716
	Corporate	32	33	38	42	42	34	31	27	21	26	27	38
CLINICAL	NHS Fife	727	740	909	837	925	901	951	926	902	853	951	920
	Acute Services	433	421	515	469	558	508	593	556	532	495	589	540
	HSCP	279	299	373	352	349	377	341	360	359	344	349	362
	Corporate	15	20	21	16	18	16	17	10	11	14	13	18

### Commentary

Local and significant adverse event reviews are progressing in accordance with a prioritised schedule.

A SLWG to review the Adverse Event Policy and associated processes has been set up, and its work is outlined below:

- June 2021 - map the current process
- June/July 2021- SLWG to map future state and develop an implementation plan
- Aug 2021- look to pilot any new ways of working
- Sep 2021- update the Adverse Events policy
- Nov 2021- submit new policy through governance structures



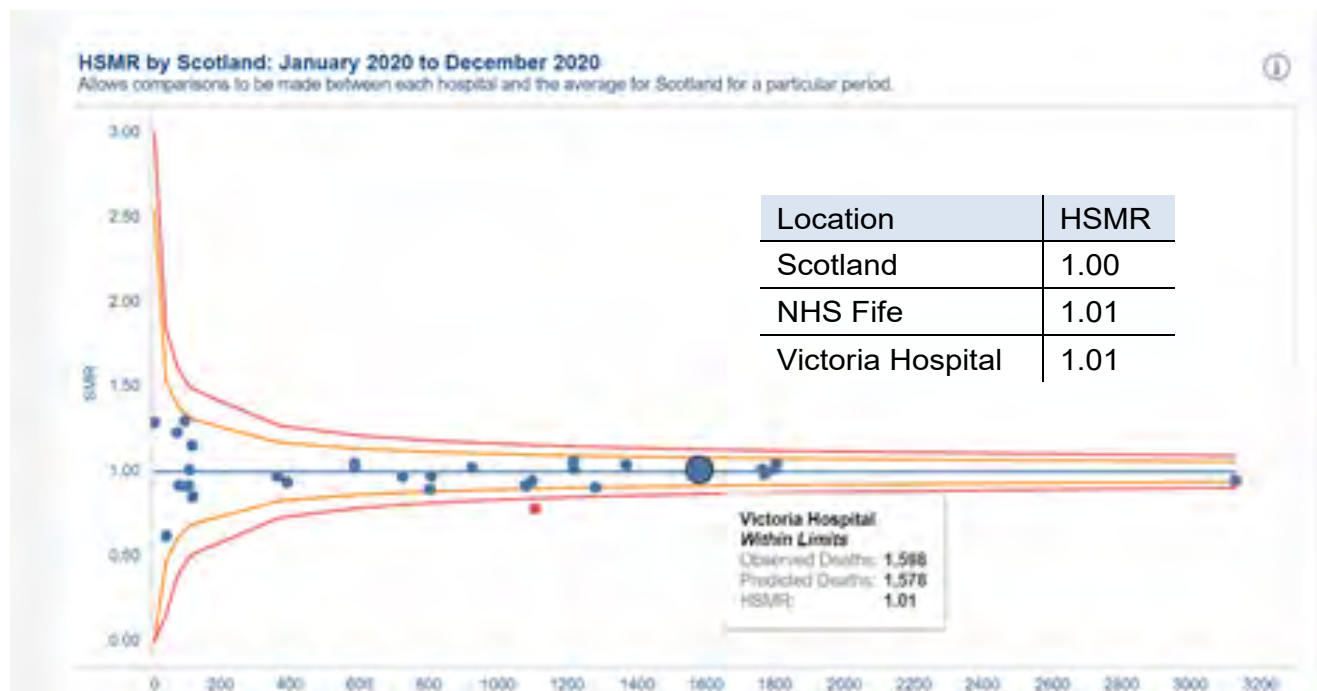
## HSMR

*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; January 2020 to December 2020<sup>P</sup>

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

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



### Commentary

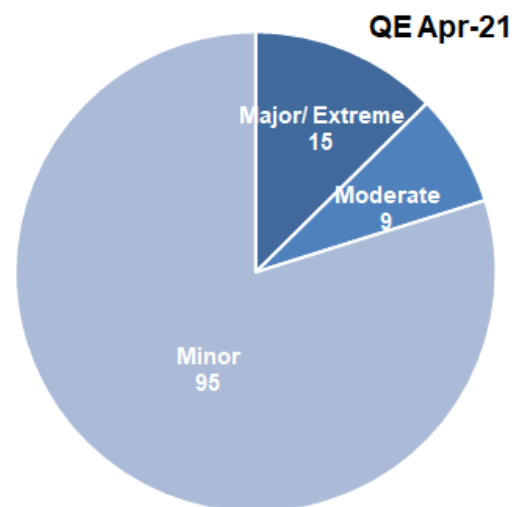
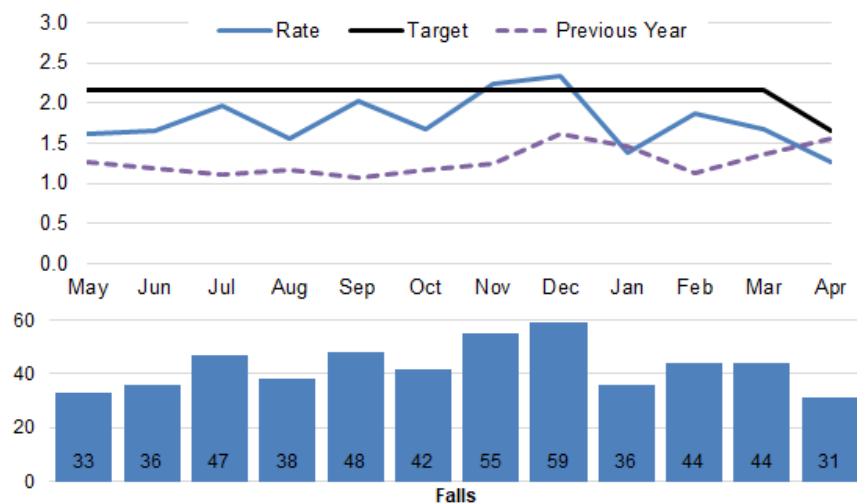
The annual HSMR for NHS Fife remained unchanged from Q3 to Q4 of 2020, with the difference between actual and predicted number of deaths producing a ratio just over 1. This should be seen as normal variation, but we will continue to monitor this closely.

## Inpatient Falls with Harm

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

Target Rate (by end March 2022) = 1.65 per 1,000 OBD

### Local Performance



### Performance by Service Area

		2020/21												2021/22
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
With Harm	NHS Fife	1.62	1.66	1.97	1.56	2.03	1.68	2.24	2.35	1.39	1.87	1.68	1.26	
	Acute Services	1.21	1.18	1.17	1.08	1.37	1.11	1.54	1.67	1.24	1.18	0.98	0.86	
	HSCP	1.95	2.08	2.66	1.96	2.62	2.17	2.87	2.96	1.53	2.47	2.29	1.62	

### KEY CHALLENGE(S) IN 2021/22

- Continued 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 and this will be reviewed in line with the national work expected later this year
- Ongoing combined challenges of the dynamic nature of provision of care while ensuring COVID measures are firmly in place, and remobilisation of services
- Re-establishing the Falls Champion Network across all in-patient areas to support local work and support how to address the challenges noted

### IMPROVEMENT ACTIONS

<b>20.3 Falls Audit</b>	<b>By Jul-21</b>
A new national driver diagram and measurement package are about to be finalised and are being tested in four boards across Scotland in May and June. On completion, NHS Fife documentation will be reviewed (July 21) and an audit will then follow (August 21).	
<b>20.5 Improve effectiveness of Falls Champion Network</b>	<b>By Jul-21</b>
This work has been significantly delayed and opportunities to refresh are being explored. Ongoing work to encourage attendance at the falls champion meetings, CNMs will now support. Further meetings still to be scheduled.	
<b>21.2 Falls Reduction Initiative</b>	<b>By Jul-21</b>
A Falls Reduction Initiative has commenced in three Mental Health Inpatient wards with the aim of reducing all falls by 25% by July	
<b>21.3 Integrated Improvement Collaborative</b>	<b>By Jun-21</b>
An Integrated Improvement Collaborative involving three community inpatient wards within the East was introduced last September but was paused as a result of COVID. The work has re-commenced and is due to complete in May, with results assessed in June.	

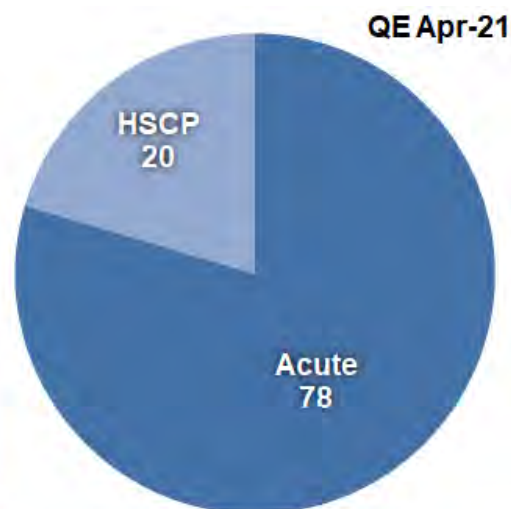
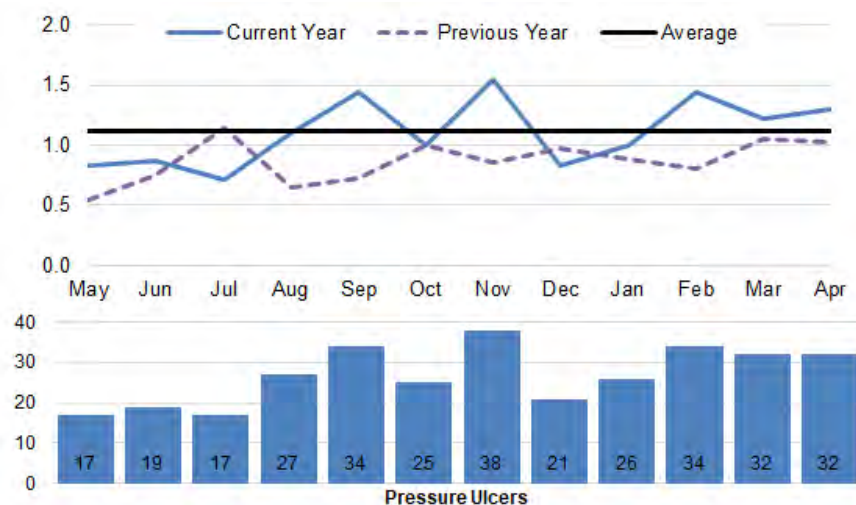


## Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting

Target Rate (by end March 2022) = TBD per 1,000 OBD

### Local Performance



### Performance by Service Area

		2020/21												2021/22
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
Grade 2 to 4	NHS Fife	0.83	0.88	0.71	1.11	1.44	1.00	1.55	0.83	1.00	1.44	1.22	1.30	
	Acute Services	1.21	1.57	1.17	1.98	2.64	1.20	2.39	1.17	2.06	2.18	2.12	2.42	
	HSCP	0.53	0.26	0.31	0.38	0.40	0.82	0.78	0.53	0.07	0.80	0.43	0.31	

### KEY CHALLENGE(S) IN 2021/22

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

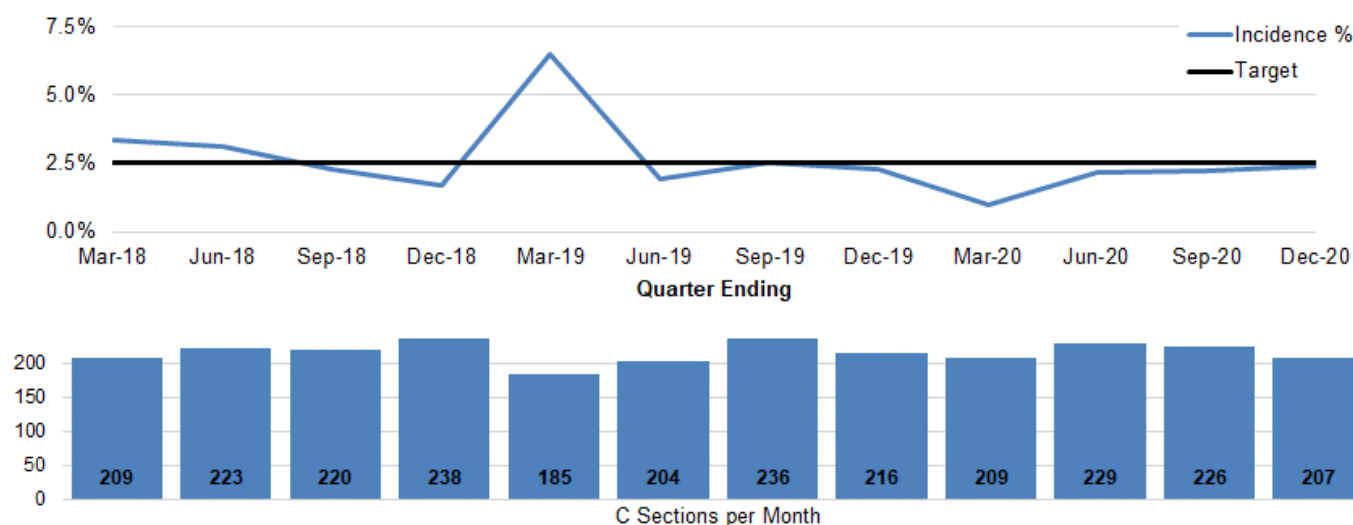
### IMPROVEMENT ACTIONS

<b>21.2 Integrated Improvement Collaborative</b>	<b>Complete</b>
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. First cohort completed and onto the 2 <sup>nd</sup> cohort.	
<b>21.3 Implementation of robust audit programme for audit of documentation</b>	<b>Complete</b>
A rolling programme of documentation audit has been developed. 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 has begun across the HSCP and will be reviewed using PDSA quality improvement cycle.	
<b>22.1 Improvement Collaboratives</b>	<b>Sep-21</b>
Community inpatients wards within HSCP are undertaking self-assessment against the Prevention & Management of Pressure Ulcers to enhance good practice and identify opportunities for improvement, aligned to the current improvement collaborative work ongoing across a number of wards in East and West Divisions.	

## Caesarean Section SSI

Sustain C-Section SSI incidence for inpatients and post discharge surveillance (day 10) below 2.5% during FY 2021/22

### Local Performance



### National Benchmarking

Quarter Ending	2017/18		2018/19				2019/20				2020/21		
	Dec-17	Mar-18	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19	Mar-20	Jun-20	Sep-20	Dec-20
NHS Fife	4.0%	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%	1.6%	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%				

### KEY CHALLENGE(S) IN 2021/22

Resumption of SSI surveillance (when agreed) will require a review of the previously established methodology (adopted in Q4 2019 and paused during Q1 2020 due to the pandemic response), with regards to possible subsequent changes both nationally and locally. Then training of staff in the definitions of C-section SSI and the surveillance programme, areas include; Maternity Assessment, Maternity Ward, Observation Ward and the Community Midwives.

### IMPROVEMENT ACTIONS

#### 20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan

By Mar-22

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 (LAER) any Deep or Organ Space SSI cases. The group will re-establish if any future concerns develop.

On resumption of the C-section SSI surveillance programme, the IPCT will review the surveillance methodology (which was established in Q4 2019) to capture any practice/patient pathway changes due to the pandemic response and/or any alterations to the case definition. This will ensure that the methodology remains the most effective means of capturing SSI cases.

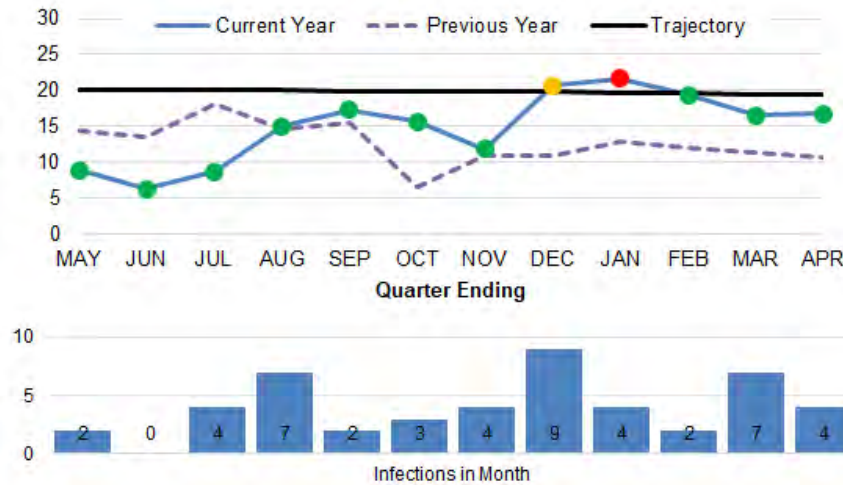
The IPCT will resume staff training on the surveillance methodology and SSI case definitions.

Action paused due to COVID-19

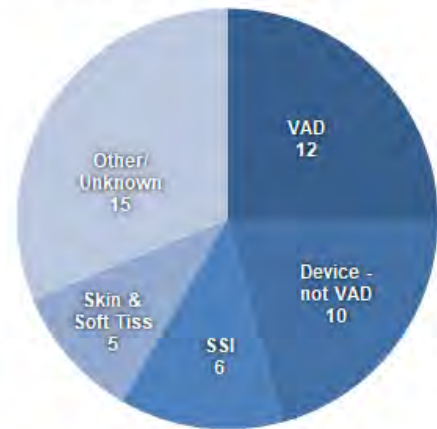
## SAB (HAI/HCAI)

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 Apr-21



### National Benchmarking

Quarter Ending	2019/20				2020/21		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	13.7	15.5	10.9	12.5	6.3	18.7	20.6
Scotland	16.7	17.5	15.2	16.3	20.3	17.3	18.8

### KEY CHALLENGE(S) IN 2021/22

Vascular access devices and medical devices such as urinary catheters are risk factors identified for SAB, and infections in these areas need to be minimised in order to achieve the 10% reduction by March 2022

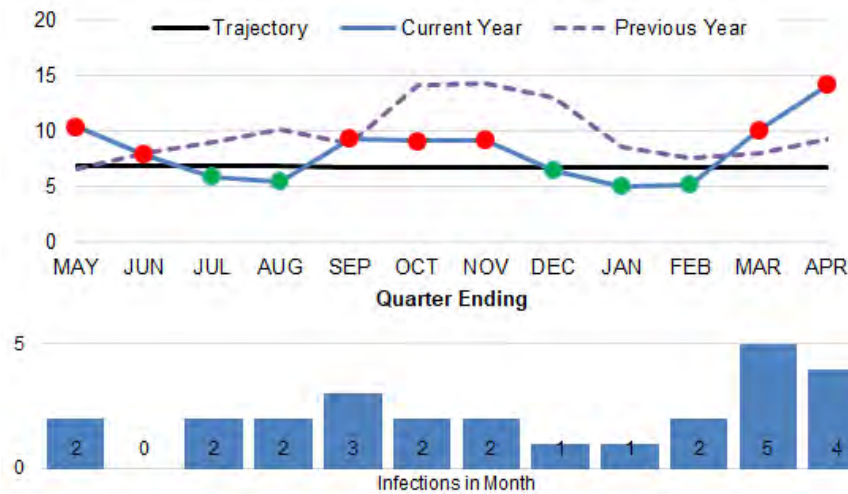
### IMPROVEMENT ACTIONS

<b>20.1 Reduce the number of SAB in PWIDs</b>	<b>By Mar-22</b>
<p>There has been ongoing improvements in the incidence of SAB in PWIDs, with only 2 cases identified in 2021 to date (compared to 5 in 2020 and 14 in 2019). Addiction services continue to be supported by the IPCT with the SAB improvement project, last meeting May.</p> <p>The Addiction outreach team "We are With You" is available to support PWID.</p> <p>The rollout of PGDs for non-medical prescribing of antibiotics by ANPs is planned for July, while the IPCT is to provide updated wound care training for ANPs.</p>	
<b>20.2 Ongoing surveillance of all VAD-related infections</b>	<b>By Mar-22</b>
<p>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.</p>	
<b>20.3 Ongoing surveillance of all CAUTI</b>	<b>By Mar-22</b>
<p>Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions regarding catheter &amp; urinary care. The group last met May.</p> <p>This Quality Improvement group is contributed to by the ECB data.</p>	
<b>20.4 Optimise comms with all clinical teams in ASD &amp; the HSCP</b>	<b>By Mar-22</b>
<p>Monthly SAB reports distributed with Microbiology comments, to gain better understanding of disease process and those most at risk. 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 displayed for public assurance.</p>	
<b>22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters</b>	<b>By Mar-22</b>
<p>Electronic insertion and maintenance bundles for PVCs available on patienttrack to support best practice. All areas with patienttrack generate an ePVC weekly report, which is highlighted to Senior Charge Nurses and Senior Teams if their ward has failed to achieve 90% of all PVC being removed prior to the 72hr breach. There are Quality Improvement (QI) projects to support areas which are not achieving best practice. Similar electronic insertion and maintenance bundles are planned for in-dwelling urinary catheters to promote and support best practice, reduce avoidable harm and improve quality of care. Then aim to develop similar electronic bundles for CVCs.</p>	

## 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



### CDI Recurrence: YE Apr-21



### National Benchmarking

Quarter Ending	2019/20				2020/21		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	8.0	8.9	13.1	8.0	7.9	9.3	7.7
Scotland	12.3	13.7	15.1	13.6	15.4	17.4	16.1

### KEY CHALLENGE(S) IN 2021/22

Sustain and further reduce healthcare-associated CDI and recurrent CDI in order to achieve the 10% reduction target by March 2022

### IMPROVEMENT ACTIONS

#### 20.1 Reducing recurrence of CDI

**By Mar-22**

Each CDI occurrence is reviewed by a consultant microbiologist. The patient's clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection.

To reduce recurrence of CDI Infection for patients at high risk of recurrent infection, two treatments are utilised in Fife, Fidaxomicin and Bezlotoxumab. The latter is can be prescribed whilst faecal microbiota transplantation is unavailable during the COVID-19 pandemic.

#### 20.2 Reduce overall prescribing of antibiotics

**By Mar-22**

NHS Fife utilises National antimicrobial prescribing targets by NHS Fife microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage.

Empirical antibiotic guidance has been circulated to all GP practices and the Microguide app has been revised.

#### 20.3 Optimise communications with all clinical teams in ASD & the HSCP

**By Mar-22**

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 transmission-based precautions, provide education to staff to promote optimum CDI management and daily Medical Management form completion.

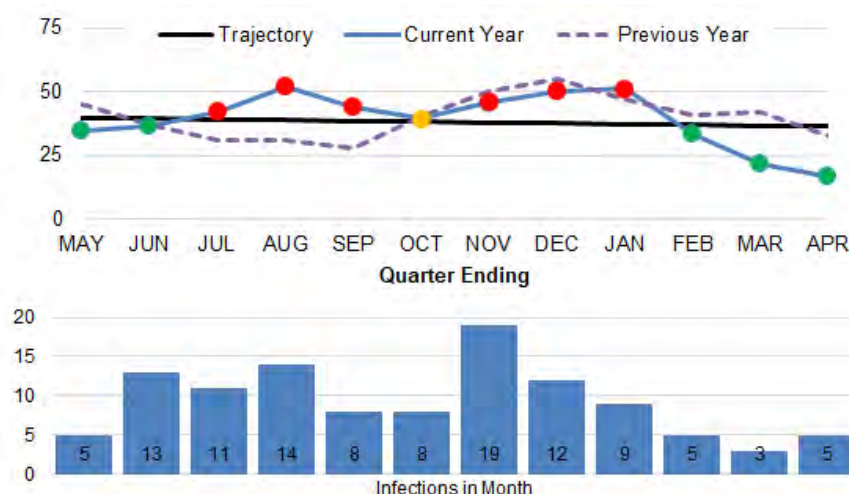
The Ward Dashboard is continuously updated, for clinical staff to access CDI incidence by ward and is also displayed for public assurance.



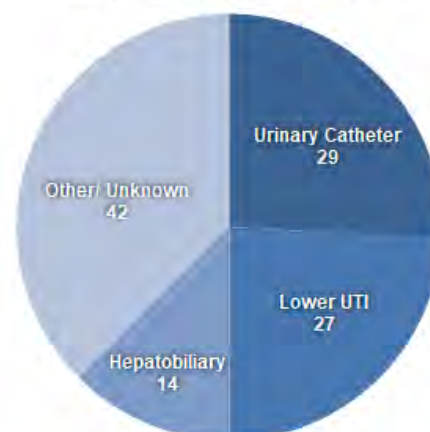
## ECB (HAI/HCAI)

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 Apr-21



### National Benchmarking

Quarter Ending	2019/20				2020/21		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	42.1	31.0	60.0	47.9	36.4	45.3	50.3
Scotland	38.9	40.3	40.8	36.4	39.7	42.0	40.9

### KEY CHALLENGE(S) IN 2021/22

Lower Urinary tract Infections (UTIs) and Catheter associated UTIs (CAUTI) remain the prevalent source of ECBs and are therefore the areas to address to reduce the healthcare-associated infection ECB rate

### IMPROVEMENT ACTIONS

#### 20.1 Optimise communications with all clinical teams in ASD & the HSCP

By Mar-22

Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. 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 for DATIX to assist understanding & learning.

#### 20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)

By Mar-22

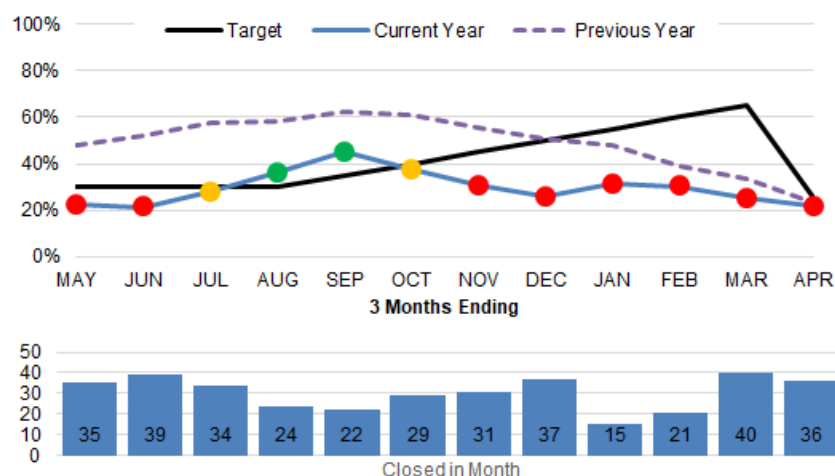
The UCIG meeting last met in May to review the following topics:

- A CAUTI project has commenced in Kelty MP (a Cowdenbeath GP practice QI programme is currently paused)
- E-documentation for urinary catheter insertion and maintenance bundles is in place for district nurses on Morse, with plans for Patienttrack documentation for the acute and community hospitals in development.
- Continence services continue to support all care/nursing homes across Fife to promote catheter care and adequate hydration. Continence/hydration folders are in use at all care and residential homes.
- Education 'Top Tips' videos and newsletters published on BLINK
- Catheter passports in use across the whole of Fife for patient education and information and for documentation of care
- Plans for a continence champions competency framework in development
- Guidance on catheter maintenance solutions and Pathways for the management of difficult insertions have been completed
- New representation for private and NHS care homes at UCIGs to help promote work within care home settings

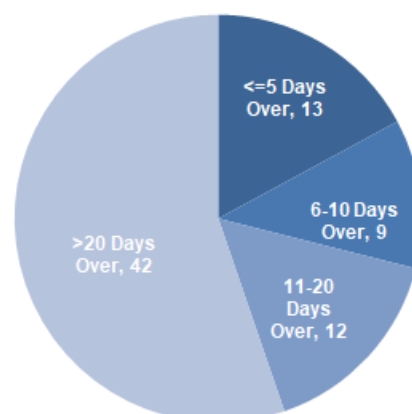
## Complaints | Stage 2

At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)

### Local Performance



### Closure Breaches; QE Apr-21



### Performance by Service Area

3-Month Ending	2020/21												2021/22
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
NHS Fife	22.2%	21.3%	27.8%	36.1%	45.0%	37.3%	30.5%	25.8%	31.3%	30.1%	25.0%	21.6%	
Ack <= 3 Days (Monthly)	97.1%	87.2%	97.1%	100.0%	95.5%	93.1%	100.0%	100.0%	93.3%	95.2%	95.0%	100.0%	
ASD	22.9%	22.8%	35.9%	44.1%	52.8%	39.6%	34.0%	30.5%	36.5%	34.0%	17.5%	15.7%	
HSCP	20.8%	16.7%	14.3%	20.6%	26.1%	26.1%	15.4%	13.9%	20.0%	18.2%	50.0%	38.1%	

### KEY CHALLENGE(S) IN 2021/22

- Service recovery following Covid-19 pandemic
- Improve the quality of complaint handling
- Complex complaints / Multi-Directorate Complaints

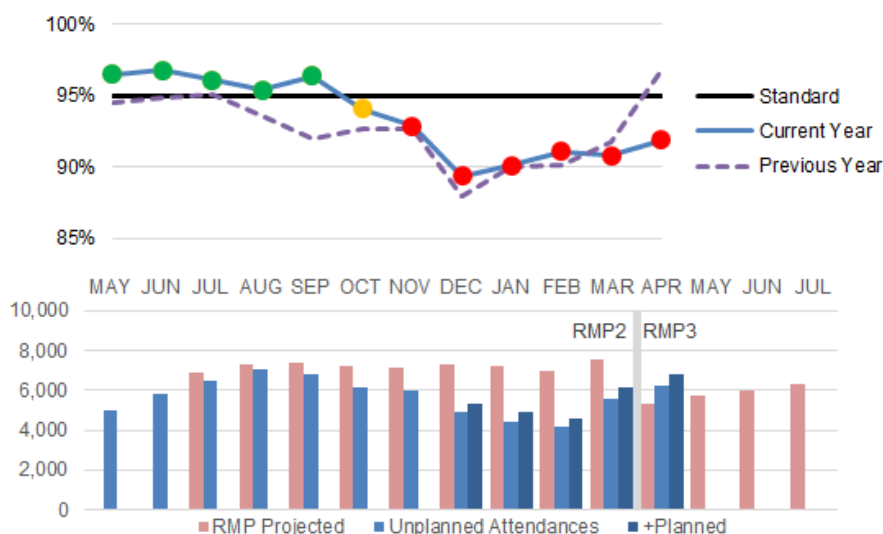
### IMPROVEMENT ACTIONS

<b>21.1 Agree process for managing complaint performance and quality of complaint responses</b>	<b>N/A</b>
Complaint wording revised and reflected in new Action 22.1	
<b>21.2 Deliver virtual training on complaints handling</b>	<b>N/A</b>
Complaint wording revised and reflected in new Action 22.2	
<b>22.1 Review complaint handling process and agree measures to ensure quality</b>	<b>By Dec-21</b>
<p>Patient Relations are completing in-house QA checks on draft final responses. There is a review of the current complaint handling process being undertaken by Clinical Governance and Patient Relations and regular review meetings take place with Clinical Services and Senior Management.</p> <p>This work is underway with the aim of driving improvement in the quality of complaint handling, identify learning from complaints within the Patient Relations team and wider Clinical Services and ensure a streamline process for all that cuts out waste.</p>	
<b>22.2 Improve education of complaint handling</b>	<b>By Dec-21</b>
<p>This will be by the delivery of education programmes at induction and bespoke training sessions across the Clinical Services.</p> <p>This action aims 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. Bespoke training sessions with Fife Wide &amp; Fife East have been scheduled for May and June, and the aim is that this will continue throughout the remainder of 2021.</p>	

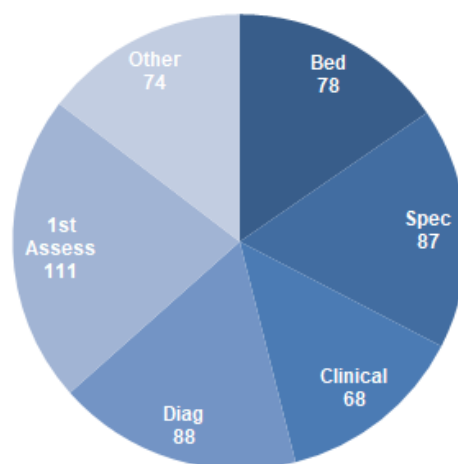
## 4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

### Local Performance



### Breach Reason; Apr-21



### National Benchmarking

Month	2020/21											2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	96.5%	96.8%	96.1%	95.4%	96.4%	94.1%	92.9%	89.4%	90.1%	91.1%	90.8%	91.9%
Scotland	95.7%	95.6%	95.1%	92.9%	92.1%	89.6%	89.8%	86.4%	86.0%	86.2%	88.5%	88.7%

### KEY CHALLENGE(S) IN 2021/22

- Achievement of 4-hour access Standard
- Delivery of an integrated Flow and Navigation HUB
- Increased patient demand for urgent care

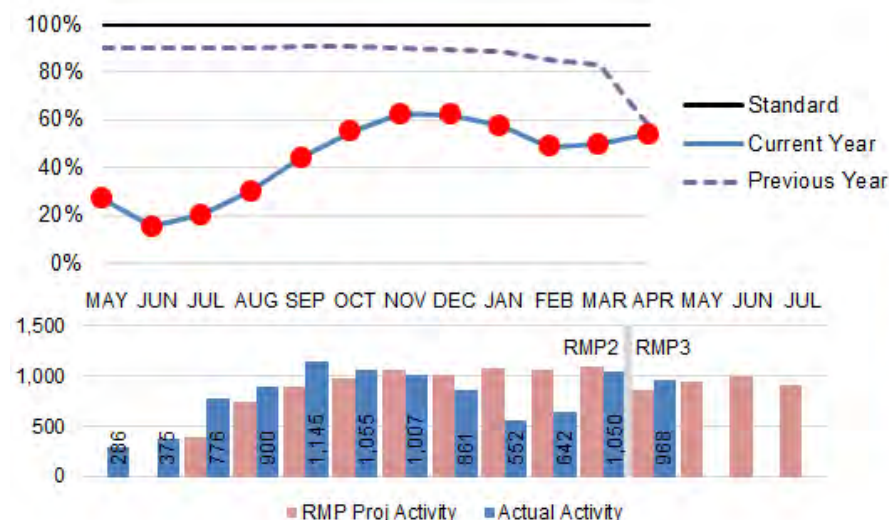
### IMPROVEMENT ACTIONS

<b>21.2 Integration of the Redesign of Urgent Care model and the Flow &amp; Navigation Hub</b>	<b>By Mar-22</b>
Local Boards have been asked to implement a Flow Navigation Centre (Hub) that will directly receive clinical referrals from NHS24 and offer rapid access for patients to urgent care. Lessons from an ED Test of Change is being scaled up which demonstrates an increasing number of patients are being re directed and appointed. Approval being sought for full model roll out to accommodate phase 2 work including GP admissions and primary care pathway developments.	
<b>22.1 Co-produce (with NHS 24) patient criteria for access to ED via 1-hr and 4-hr pathways</b>	<b>By Aug-21</b>
Access to ED will be available through a national Single Point of Access though NHS24/111. Through safe space conversations and feedback, NHS 24 and NHS Fife will co-produce criteria for VHK ED and MIUs across Fife.	
<b>22.2 Reduce number of patients breaching at 4 hrs, 8 hrs, and waits for beds</b>	<b>By Aug-21</b>
Improved handover procedures are being tested and duplication in the system reduced. Improvement actions focussing on reductions in LoS in our medical admission unit, implementation of criteria led discharge and a review of speciality pathways will further reduce breach numbers.	

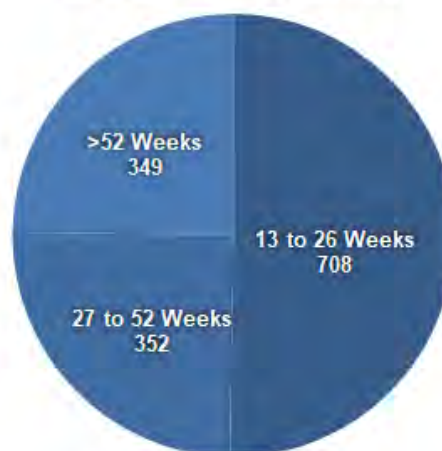
## Patient TTG

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

### Local Performance



### Breaches Breakdown Apr-21



### National Benchmarking

	2020/21												2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
NHS Fife	26.8%	15.4%	20.2%	30.0%	44.1%	54.9%	62.3%	62.3%	57.4%	48.6%	49.7%	54.1%	
Scotland	24.8%	17.3%	20.6%	24.9%	30.0%	34.2%	37.4%	37.0%	35.9%	33.5%	34.7%		

### KEY CHALLENGE(S) IN 2021/22

- Reduced Theatre Capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of backlog in outpatients and change in case mix
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

### IMPROVEMENT ACTIONS

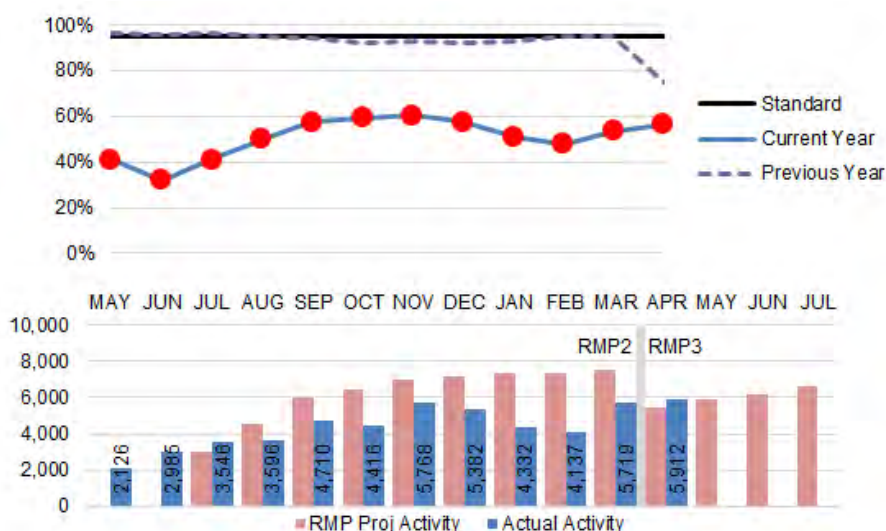
22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in Sept 2021	By Sep-21
Monthly DCAQ monitoring in place, discussions underway with Scottish Government about funding	
22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling	By Mar-22
Not yet started	
22.3 Undertake waiting list validation against agreed criteria	By Sep-21
Clinical teams review lists and prioritise patients, Clinical Prioritisation Group meet regularly	



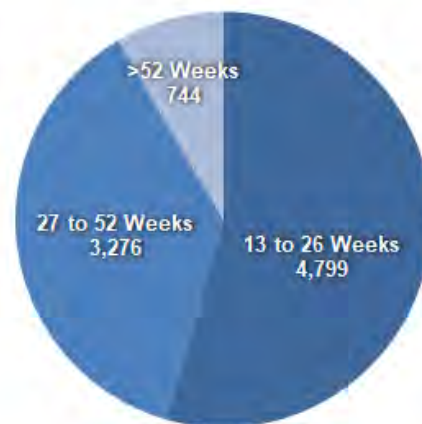
## New Outpatients

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

### Local Performance



### Breaches Breakdown Apr-21



### National Benchmarking

	2020/21												2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
NHS Fife	40.9%	32.0%	41.1%	50.0%	57.4%	59.3%	60.3%	57.5%	51.2%	48.0%	53.4%	56.4%	
Scotland	34.9%	28.5%			46.5%			47.8%			48.1%		

### KEY CHALLENGE(S) IN 2021/22

- Reduced Clinic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need and change in case mix of referrals
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

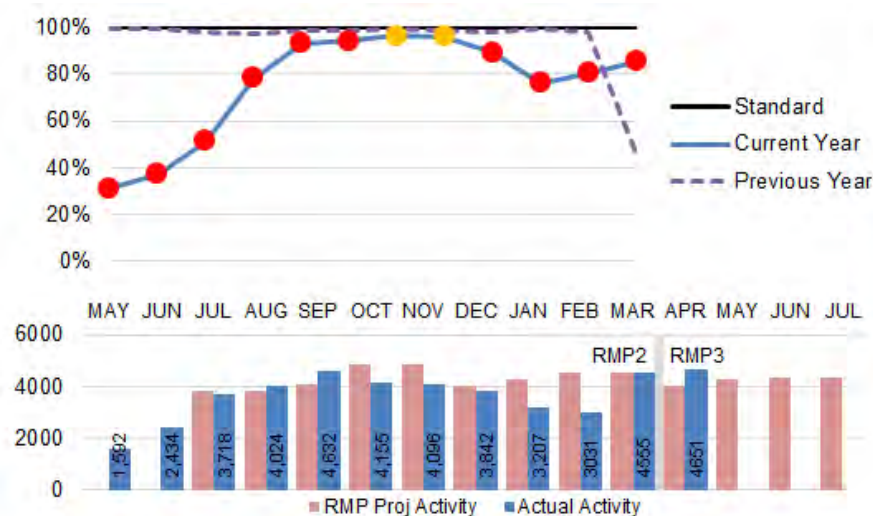
### IMPROVEMENT ACTIONS

<b>22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in Sept 2021</b>	<b>By Sep-21</b>
Monthly DCAQ monitoring in place, discussions underway with Scottish Government about funding	
<b>22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity</b>	<b>By Mar-22</b>
Unscheduled care project underway, ACRT and PIR being progressed in Directorates and waiting list validation continues	
<b>22.3 Actively promote and support staff wellbeing initiatives within the acute division</b>	<b>By Mar-22</b>
Directorates promoting and supporting initiatives	

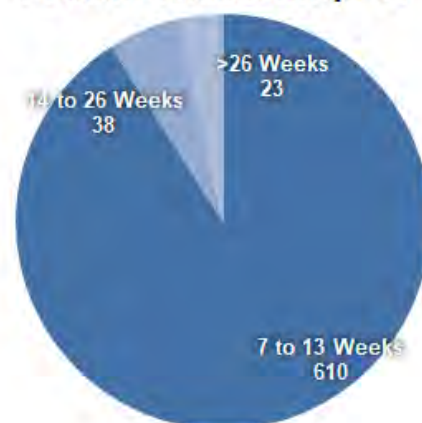
## Diagnostics Waiting Times

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

### Local Performance



### Breach Breakdown Apr-21



### National Benchmarking

	2020/21												2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
NHS Fife	31.1%	37.4%	51.4%	78.3%	93.1%	94.3%	96.5%	95.9%	89.2%	76.2%	80.6%	85.3%	
Scotland	27.9%	35.4%	42.9%	49.3%	53.3%	52.3%	57.2%	55.9%	52.0%	57.8%	61.4%		

### KEY CHALLENGE(S) IN 2021/22

- Reduced diagnostic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need, backlog in outpatients and change in case mix of referrals
- Staff vacancies, absence and fatigue

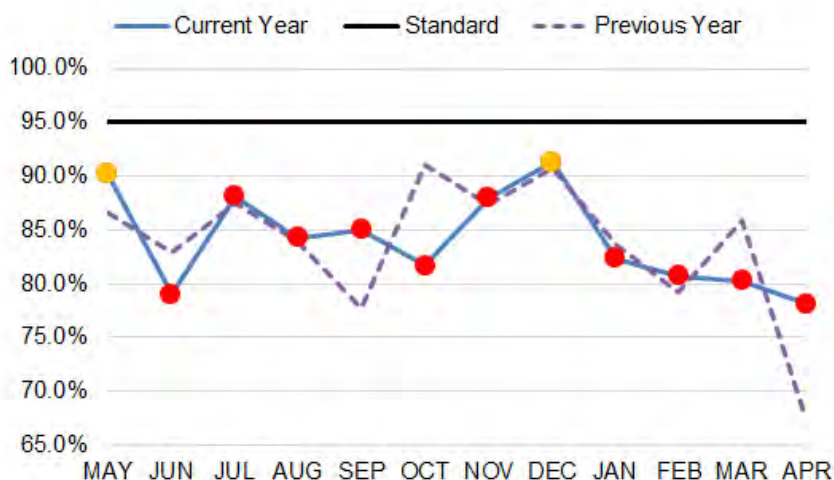
### IMPROVEMENT ACTIONS

<b>22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in Sept 2021</b>	<b>By Sep-21</b>
Monthly DCAQ monitoring in place, discussions underway with Scottish Government about funding	
<b>22.2 Explore implementation of point of care testing in endoscopy</b>	<b>By Mar-22</b>
Discussion initiated and options being scoped	
<b>22.3 Actively promote and support staff wellbeing initiatives within the acute division</b>	<b>By Mar-22</b>
Directorates promoting and supporting initiatives	

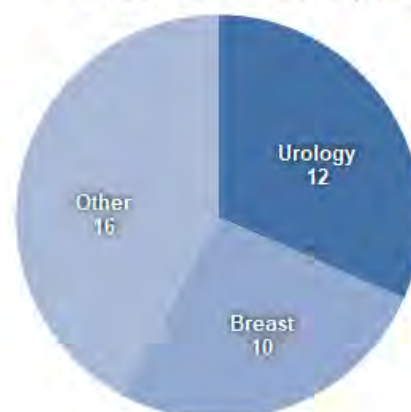
## Cancer 62-Day Referral to Treatment

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

### Local Performance



### Breaches: Feb to Apr 21



### National Benchmarking

Month	2020/21											2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	90.2%	79.0%	88.2%	84.3%	85.0%	81.7%	88.0%	91.3%	82.4%	80.7%	80.3%	78.1%
Scotland	83.8%	84.3%	87.1%	86.6%	86.5%	84.9%	84.8%	85.3%	81.6%	81.9%	83.0%	84.5%

### KEY CHALLENGE(S) IN 2021/22

- Prostate cancer pathway (remains the most challenged pathway in NHS Fife)
- Increased number of referrals into the breast service, converting to cancers
- Catch up with the paused screening services (which will increase the number of patients requiring to be seen)
- Social distancing will (impact on the number of patients that can be seen and treated within hospitals)
- Introduction of the robot may impact on waits to surgical treatment due to training requirements

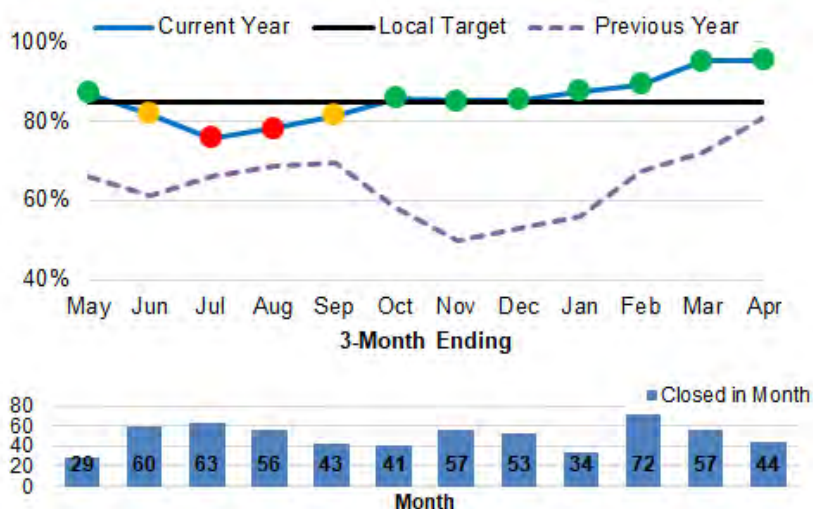
### IMPROVEMENT ACTIONS

<b>20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points</b>	<b>By Sep-21</b>
This will be addressed as part of the overall recovery work and in line with priorities set within the Cancer Recovery Plan and by the leadership team. Priority will be given to the most challenging pathways.	
<b>20.4 Prostate Improvement Group to continue to review prostate pathway</b>	<b>By Sep-21</b>
This is ongoing work related to Action 20.3, with the specific aim being to improve the delays within the whole pathway. A national review of the prostate pathway will be undertaken as part of the Recovery Plan.	
<b>21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan</b>	<b>By Sep-21</b>
The National Cancer Recovery Plan was published in December 2020. A Strategic & Governance Cancer Group has been established with a Cancer Framework Core Group to develop and take forward the NHS Fife Cancer Framework and annual delivery plan for cancer services in Fife.	
<b>22.1 Effective Cancer Management Review</b>	<b>By Mar-22</b>
The Scottish Government Effective Cancer Management Framework review to improve cancer waiting times performance is underway. The recommendations from the review will be addressed as part of the improvement process.	

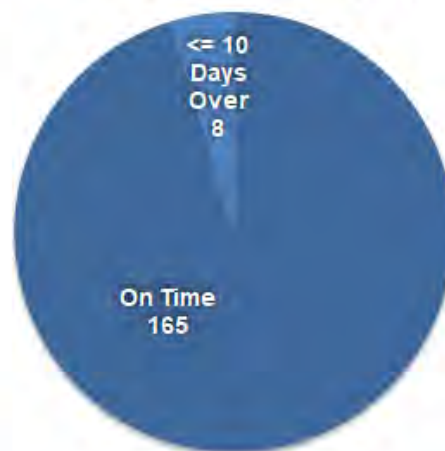
## Freedom of Information Requests

We will respond to a minimum of 85% of FOI Requests within 20 working days

### Local Performance



### Closure Period, QE Apr-21



### Performance by Service Area

Monthly	2020/21											2021/22
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Health Board	81.8%	72.7%	72.0%	93.6%	82.1%	96.8%	87.5%	93.5%	93.5%	91.0%	100.0%	94.7%
IJB	100.0%	60.0%	84.6%	66.7%	75.0%	50.0%	88.9%	14.3%	100.0%	100.0%	100.0%	100.0%

### KEY CHALLENGE(S) IN 2021/22

Establishment of a permanent resource level for all Information Governance and Security activities. Within the area of Freedom of Information, the temporary appointment has left the organisation and a replacement is now in place. The route to a permanent post is still going through Human Resources and it is hoped that this will be ready for advertisement soon.

### IMPROVEMENT ACTIONS

#### 21.1 Organisation-wide Publication Scheme to be introduced

By Jul-21

The Model Publications Scheme is near completion and work is ongoing with Communications and the FOI Officer. The document will be ready for EDG Review in July. The Information Governance & Security Operational and Steering Groups will provide support for the planning and implementation of the Publication Scheme.

#### 21.2 Improve communications relating to FOISA work

By Dec-21

The first EDG Paper (1.0 - Process) passed through EDG in February. The Scottish Information Commissioner's Office has commended the work NHS Fife has undertaken so far to remedy the Board's previous low level of FOISA compliance.

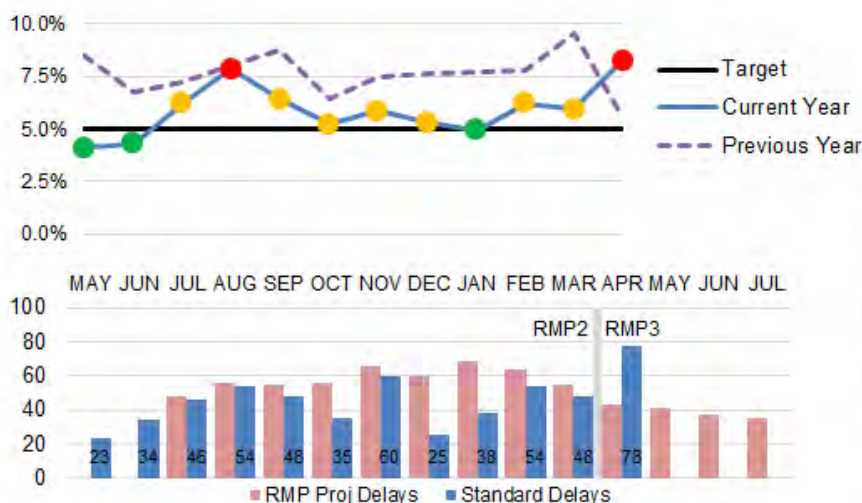
FOI Training in both AXLR8 and legislation was undertaken by the FOI Officer which can be evidenced in the overall compliance within the organisation.



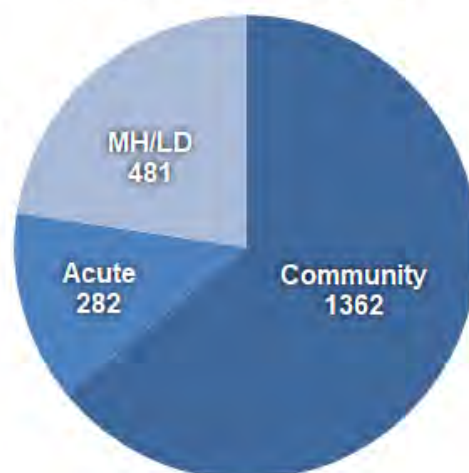
## Delayed Discharges (Bed Days Lost)

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

### Local Performance



### Bed Days Lost | Apr-21



### National Benchmarking

		Quarter Ending	2018/19		2019/20				2020/21		
			Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec
% Bed Days Lost		NHS Fife	7.4%	8.9%	7.6%	8.0%	7.2%	8.3%	4.6%	6.8%	5.5%
% Bed Days Lost		Scotland	7.0%	6.5%	6.8%	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%

### KEY CHALLENGE(S) IN 2021/22

- Capacity in the community – demand for complex packages of care has increased significantly
- Information sharing – H&SC workforce having access to a shared IT, for example Trak, Clinical Portal
- Workforce – Ensuring adequate and safe staffing levels to cover the additional demand to facilitate discharge from the acute setting to the community hospitals and social care provision

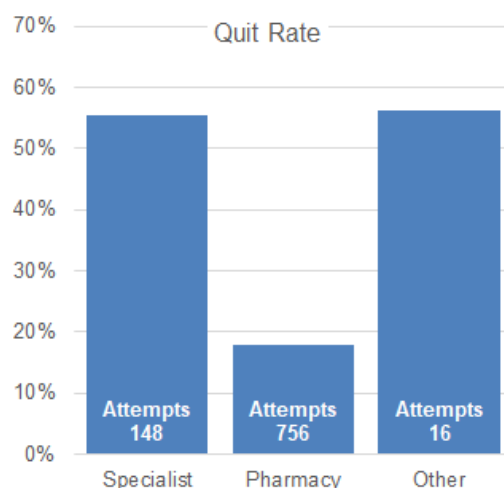
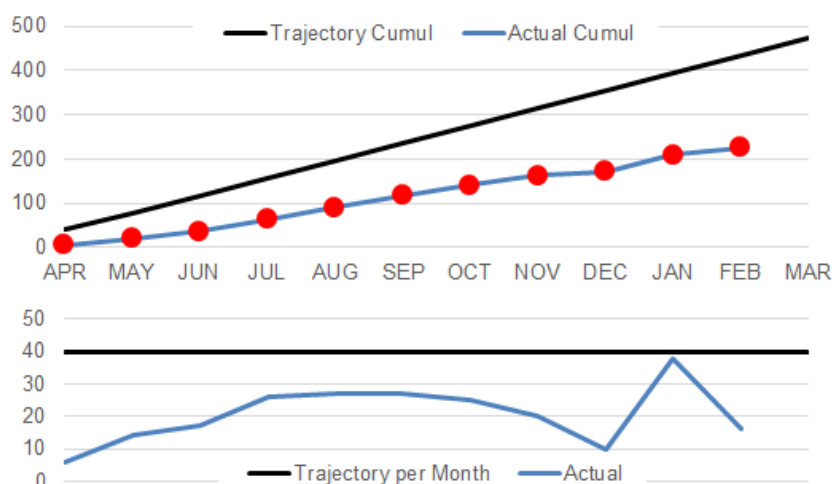
### IMPROVEMENT ACTIONS

<b>21.1 Progress HomeFirst model / Develop a 'Home First' Strategy</b>	<b>By Jul-21</b>
The Oversight "Home First" group meeting with H&SC, NHS Fife, Fife Council and Scottish Care took place in April. Five subgroups will take forward the operational actions to bring together the "Home First" strategy for Fife. A further meeting has been scheduled for 30 June.	
<b>22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals</b>	<b>By Jul-21</b>
A test of change is currently underway in VHK Ward 41. The Moving On policy will be circulated to VHK and Community Hospitals, with a 'go live' date of 5 July.	
<b>22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community</b>	<b>By Nov-21</b>
An SBAR will be submitted to the Senior leadership Team in July and the TOC will start in August, lasting 3 months.	

## Smoking Cessation

In 2020/21, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

### Local Performance



### National Benchmarking

		2020/21											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	6	14	17	26	27	27	25	20	10	38	16	
	Actual Cumul	6	20	37	63	90	117	142	162	172	210	226	
	Trajectory 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%	51.4%	51.4%	48.6%	53.3%	52.1%	
Scotland	Achieved												

### KEY CHALLENGE(S) IN 2021/22

- Remobilising face to face delivery in a variety of settings due to venue availability and capacity
- Moving from remote delivery to face to face provision, patients having confidence in returning to a medical setting
- Potential for slower recovery for services as they may require to rebuild trust in the brand
- Re-establishment of outreach work

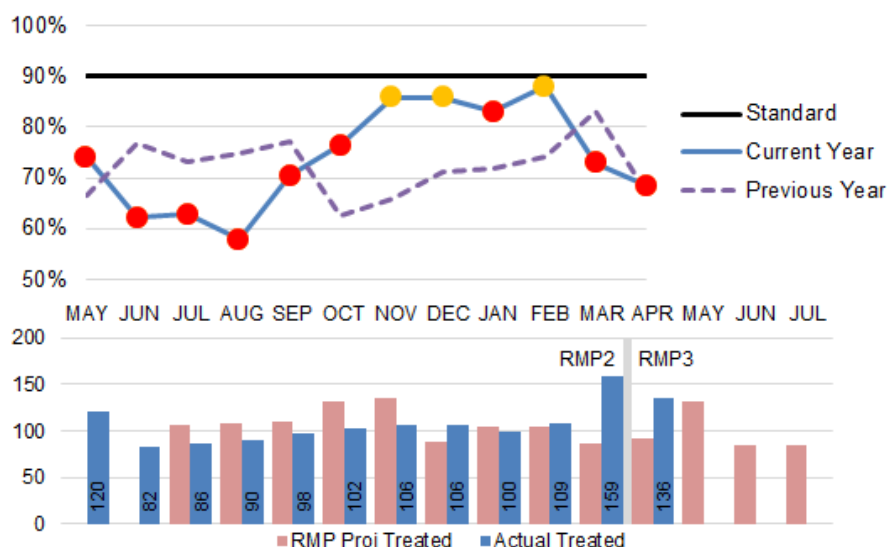
### IMPROVEMENT ACTIONS

20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	By TBD
Action paused due to COVID-19	
20.3 'Better Beginnings' class for pregnant women	By TBD
Action paused due to COVID-19	
20.4 Enable staff access to medication whilst at work	By TBD
Action paused due to COVID-19	
21.1 Assess use of Near Me to train staff	By Jul-21
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. Near Me used as part of new staff training.	
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative	By Jul-21
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 known to improve quality outcomes for patients. Patients identified as smokers and interested in quitting will have rapid access to support. New funding has been made available from April; to date, five prehabilitation patients have engaged with the service.	

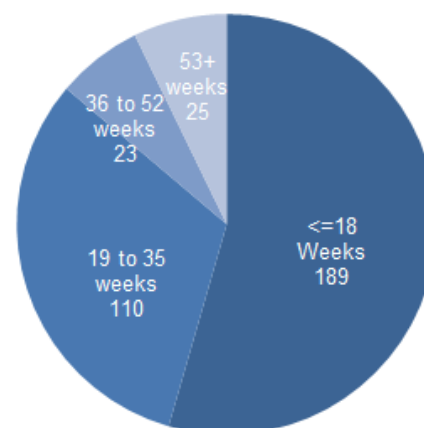
## CAMHS 18 weeks RTT

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

### Local Performance



### Waiting List (347) Apr-21



### National Benchmarking

Month	2020/21											2020/21
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	74.2%	62.2%	62.8%	57.8%	70.4%	76.5%	85.8%	85.8%	83.0%	88.1%	73.0%	68.4%
Scotland	58.2%	50.5%	57.9%	57.2%	65.9%	73.4%	72.9%	72.9%	67.5%	63.8%	67.5%	

### KEY CHALLENGE(S) IN 2021/22

- Implementation of additional resources to meet demand
- Development of workforce to meet National CAMHS Service Specification
- Impact of COVID-19 relaxation on referrals
- Change to delivery 'models' to reflect social distancing

### IMPROVEMENT ACTIONS

#### 21.1 Re-design of Group Therapy Programme

By Jul-21

Alternative delivery models of group therapy have been designed with Decider Skills Training now being delivered by CAMHS Self Harm Service as a pilot in addition to Anxiety Management group and Mindfulness group trials. Successful delivery and assessment of impact will dictate wider roll-out across Fife CAMHS.

#### 21.3 Build CAMHS Urgent Response Team

By Jul-21

The plan to develop a CAMHS URT was postponed due to the absence of key staff. The existing Self Harm Service has been supported to continue to deliver urgent assessments and interventions for children and young people who present with suicidal or self-harming behaviour, through the urgent referral process and within acute hospital settings. Redesign of the service was reviewed again in March, however the ongoing COVID-19 position and the pending increase of the CAMHS staffing compliment has resulted in any change being postponed until normal service delivery is resumed and new staff are in post. Position will be reviewed again in July.

#### 22.1 Recruitment of Additional Workforce

By Sep-21

Investment from Fife HSCP has resulted in resources being made available to recruit an additional 8 permanent and 3 temporary staff to achieve the National Referral to Treatment standard. Additional workspace and re-design of East and West CAMHS geographical boundaries has started, to accommodate staff and balance the population of referrals to best meet the ongoing demand.

#### 22.2 Workforce Development

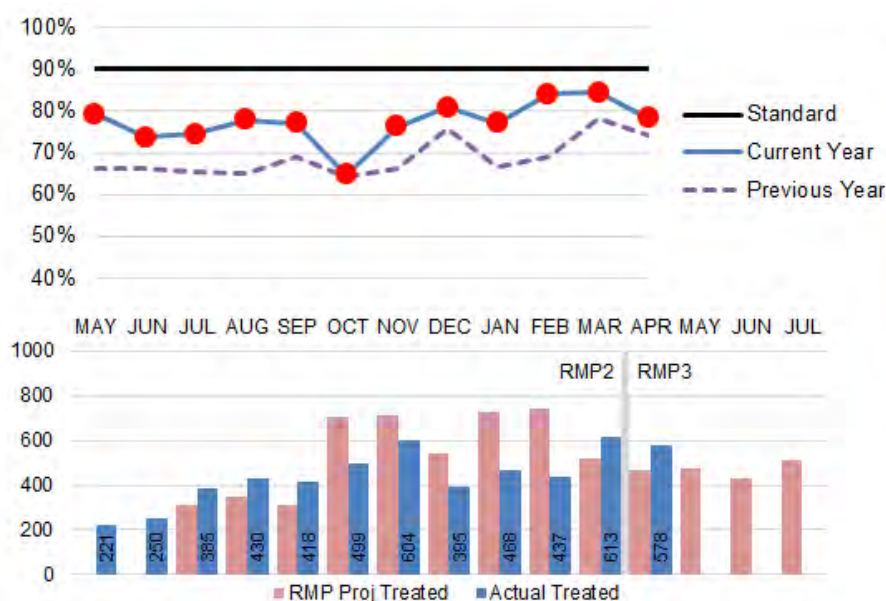
By Dec-21

Programme of development has been instigated to ensure new and existing staff are functioning at optimal level and hold competencies to deliver evidence-based practice against the priorities established by the Scottish Governments CAMHS National Service Specification. Training programme for new and existing staff is under development which combines NES Essential CAMHS Training Programme, NES Funded certified therapy training and Fife CAMHS skills development programme. Training needs analysis will be re-run to ensure the right skills and competencies exist in the range of teams across CAMHS and targeted at staff where gaps are identified.

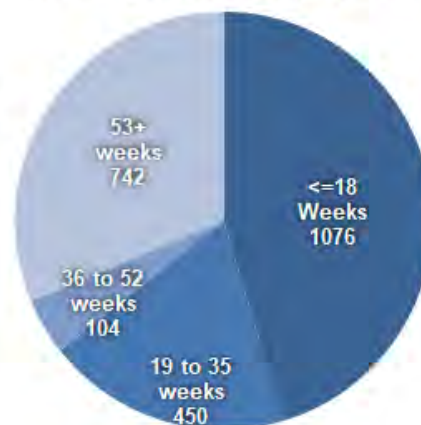
## Psychological Therapies 18 weeks RTT

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

### Local Performance



### Waiting List (2372) Apr-21



### National Benchmarking

Month	2020/21											2021/22
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	79.2%	73.6%	74.5%	77.9%	77.0%	64.7%	76.3%	80.8%	77.1%	84.0%	84.3%	78.2%
Scotland	76.5%	72.7%	74.1%	75.2%	75.8%	79.4%	78.1%	83.2%	79.3%	80.9%	80.9%	

### KEY CHALLENGE(S) IN 2021/22

- Meeting waiting times and waiting list trajectories in line with timescales set out for allocation of new resource
- Recruitment of staff required to achieve the above at a time of national workforce pressures
- Progressing vision for PTs within the timeframe required to sustain improved performance

### IMPROVEMENT ACTIONS

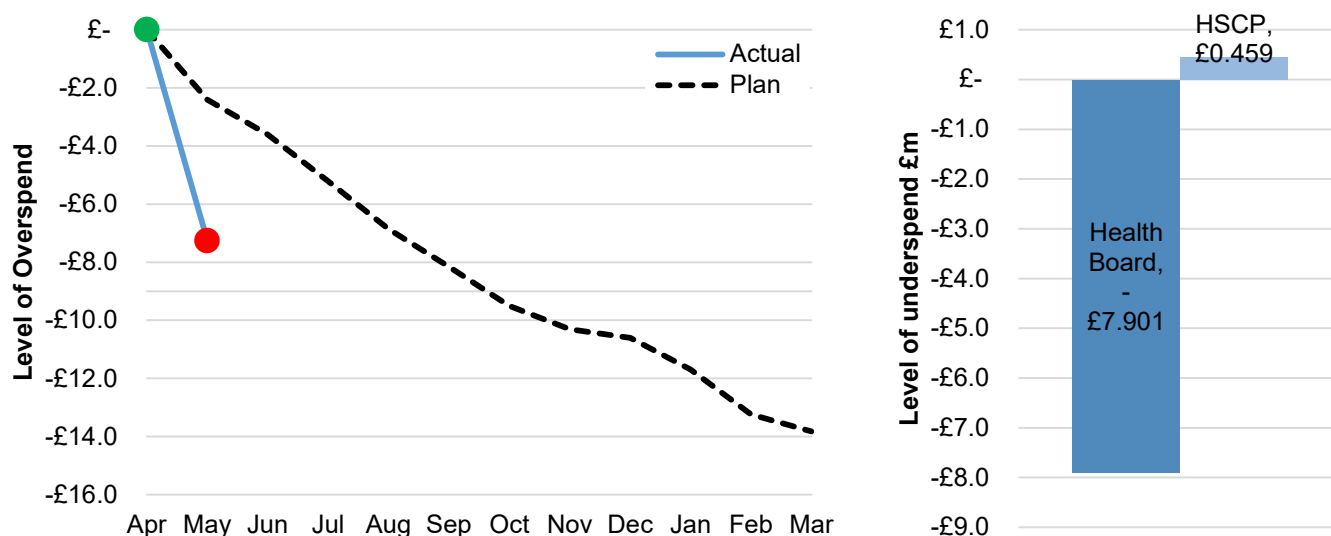
<b>20.5 Trial of new group-based PT options</b>	<b>By Oct-21</b>
Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Pilot of Schema therapy group complete. Analysis of outcome data in progress. Pilot of Compassion Focused therapy group was delayed due to COVID. Due to start in September.	
<b>22.1 Increase access via Guided self-help service</b>	<b>By Jul-21</b>
Roll out of Guided Self-Help tier of PT service across Fife through recruitment of 2.0 wte Band 5 staff (via change in skills mix and new funding)	
<b>22.2 Expansion of skill mix model to increase delivery of low intensity interventions in Clinical Health Psychology service</b>	<b>By Nov-21</b>
A change in establishment in the two Clinical Health specialties (General Medical and Pain Management) that are not meeting the RTT has allowed an expansion in capacity for low intensity psychological interventions and the introduction of a tiered service model of 1:1 psychological therapies. The impact of these changes is being evaluated.	
<b>22.3 Recruit new staff as per Psychological Therapies Recovery Plan</b>	<b>By Dec-21</b>
Recruitment is underway for staff trained to provide specialist and highly specialist PTs (as per Scottish Government definitions). Increased capacity in this tier of service is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the RTT in a sustainable fashion.	



## Revenue Expenditure

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

### Local Performance



### Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	434,888	451,635	73,251	81,152	-7,901	-10.79%	-4,848	-3,053
Integration Joint Board (Health)	355,679	354,299	61,001	60,542	459	0.75%	459	0
Risk Share	0	0	0	0	0	0.00%	0	0
<b>Total</b>	<b>790,567</b>	<b>805,934</b>	<b>134,252</b>	<b>141,694</b>	<b>-7,442</b>	<b>-5.54%</b>	<b>-4,389</b>	<b>-3,053</b>

### Assessment

Our 2021/22 financial plan shows an unmet savings target of £21.7m and assumes £4m will be met on a recurring basis. There continues to be significant uncertainty about the financial impact of Covid in both the short and longer-term, and its impact on both service delivery and financial plans. Progress against the plan will be assessed through the Scottish Government formal Quarter 1 review process.

### Key challenges in 2021/22

Availability of Covid-19 funding to match our net additional costs; and our underlying unachieved savings are significant risks to the financial position.

Informing a reliable and robust forecast position to the year-end given the complexities of establishing (i) SG funding; and (ii) the respective: core; Covid-19; recovery, remobilisation, and redesign positions.

NHS Fife and Fife Council continue to review the Integration Scheme and in particular the risk share agreement to inform arrangements moving forward. Good progress has been made and plans are in place to propose a final position on this matter to both NHS Fife Board and Fife Council in September 2021.

Recruiting to the Corporate PMO the required capacity and capability to support the development of plans to deliver the pre-Covid efficiency savings on a recurring basis.

### Improvement Actions

### Progress

<b>22.1</b> RMP4	Partnering with the services to: <ul style="list-style-type: none"> <li>Identify additional spend relating to Covid-19</li> <li>Identify offsets against core positions</li> <li>Understand and quantify the financial implications of recovery and remobilisation of core services across NHSF</li> <li>Inform forecast outturn positions to the year-end; in support of our statutory requirement to deliver a balanced RRL position.</li> </ul>
<b>22.2</b> Savings	The total NHS Fife efficiency requirement for 2021/22 including legacy unmet savings is £21.7m. As part of the RMP financial plan submission, we have requested Scottish Government support for £13.7m underlying unachieved savings.

## 1. RMP3 Joint Fife Mobilisation Plan

- 1.1 The Remobilisation Plan (RMP) process commenced last financial year. Our third iteration (RMP3) was submitted in February 2021 with formal feedback from Scottish Government received in April 2021. The RMP3 sets out a proposal which requests support from Scottish Government in 2021/22 in respect of the underlying unachieved savings funded as part of Covid-19 in 2020/21, with a commitment to deliver the recurring saving requirement across the medium-term financial planning period. This will be reviewed through the formal Quarter 1 review process. In parallel, Scottish Government aim to return to three-year financial planning over the coming months.

## 2. Financial Allocations

### 2.1 Revenue Resource Limit (RRL)

NHS Fife received confirmation of the May core revenue amount on 8 June. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £712.534m; and anticipated allocations total £82.874m. The anticipated allocations include Primary Medical Services and Waiting List funding.

### 2.2 Non-Core Revenue Resource Limit

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 non-core RRL anticipated funding totals £10.526m.

### 2.3 Total RRL

The total current year budget at 31 May is therefore £805.934m detailed in Appendix 1a.

### 2.4 Anticipated Funding from Health Delegated earmarked reserve

The earmarked health delegated reserve created last year and carried forward by the Local Authority Partner on behalf of the Integration Joint Board was clearly itemised and earmarked for specific purposes in this financial year. Whilst discussions continue IJB CFO, the earmarked reserve and agreed anticipated funding is detailed per Appendix 1b.

## 3. Summary Position

- 3.1 The revenue position for the 2 months to 31 May reflects an overspend of £7.442m; which comprises a core overspend of £0.780m (£0.003m run rate overspend, and £0.777m unmet savings); and Covid-19 costs of £6.662m (£4.386m Covid spend, and £2.276m underlying unachieved 'long Covid' savings).
- 3.2 Table 1 below provides a summary of the position across the constituent parts of the system for the year to date and includes both the core and the Covid-19 financial positions. An overspend of £7.901m is attributable to Health Board retained budgets; and an underspend of £0.459m is attributable to the health budgets delegated to the IJB.

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

**Table 1: Summary Combined Financial Position for the period ended May 2021**

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	434,888	451,635	73,251	81,152	-7,901	-10.79%	-4,848	-3,053
Integration Joint Board (Health)	355,679	354,299	61,001	60,542	459	0.75%	459	0
Risk Share	0	0	0	0	0	0.00%	0	0
<b>Total</b>	<b>790,567</b>	<b>805,934</b>	<b>134,252</b>	<b>141,694</b>	<b>-7,442</b>	<b>-5.54%</b>	<b>-4,389</b>	<b>-3,053</b>

Combined Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	205,612	211,221	35,759	40,352	-4,593	-12.84%	-2,041	-2,552
IJB Non-Delegated	8,829	8,830	1,467	1,441	26	1.77%	32	-6
Estates & Facilities	75,939	75,966	12,407	12,448	-41	-0.33%	108	-149
Board Admin & Other Services	65,914	69,851	12,779	15,582	-2,803	-21.93%	-2,707	-96
Non-Fife & Other Healthcare Providers	90,837	90,709	15,107	15,788	-681	-4.51%	-431	-250
Financial Flexibility & Allocations	13,653	21,850	195	0	195	100.00%	195	0
<b>Health Board</b>	<b>460,784</b>	<b>478,427</b>	<b>77,714</b>	<b>85,611</b>	<b>-7,897</b>	<b>-10.16%</b>	<b>-4,844</b>	<b>-3,053</b>
Integration Joint Board - Core	377,533	408,994	68,766	68,307	459	0.67%	459	0
HSCP offsets	0	115	0	0	0		0	0
Integration Fund & Other Allocations	16,863	4,291	0	0	0	0.00%	0	0
<b>Sub-total Integration Joint Board Core</b>	<b>394,396</b>	<b>413,400</b>	<b>68,766</b>	<b>68,307</b>	<b>459</b>	<b>0.67%</b>	<b>459</b>	<b>0</b>
IJB Risk Share Arrangement	0	0	0	0	0		0	0
<b>Total Integration Joint Board - Health</b>	<b>394,396</b>	<b>413,400</b>	<b>68,766</b>	<b>68,307</b>	<b>459</b>	<b>0.67%</b>	<b>459</b>	<b>0</b>
<b>Total Expenditure</b>	<b>855,180</b>	<b>891,827</b>	<b>146,480</b>	<b>153,918</b>	<b>-7,438</b>	<b>-5.08%</b>	<b>-4,385</b>	<b>-3,053</b>
<b>IJB - Health</b>	<b>-38,717</b>	<b>-59,101</b>	<b>-7,765</b>	<b>-7,765</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>
<b>Health Board</b>	<b>-25,896</b>	<b>-26,792</b>	<b>-4,463</b>	<b>-4,459</b>	<b>-4</b>	<b>0.09%</b>	<b>-4</b>	<b>0</b>
<b>Miscellaneous Income</b>	<b>-64,613</b>	<b>-85,893</b>	<b>-12,228</b>	<b>-12,224</b>	<b>-4</b>	<b>0.03%</b>	<b>-4</b>	<b>0</b>
<b>Net Position Including Income</b>	<b>790,567</b>	<b>805,934</b>	<b>134,252</b>	<b>141,694</b>	<b>-7,442</b>	<b>-5.54%</b>	<b>-4,389</b>	<b>-3,053</b>

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

**Table 2: Summary Core Financial Position for the period ended May 2021**

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	205,612	211,221	35,759	37,170	-1,411	-3.94%	-986	-425
IJB Non-Delegated	8,829	8,830	1,467	1,435	32	2.18%	32	0
Estates & Facilities	75,939	75,966	12,407	12,190	217	1.75%	280	-63
Board Admin & Other Services	65,914	69,194	12,122	11,931	191	1.58%	230	-39
Non-Fife & Other Healthcare Providers	90,837	90,709	15,107	15,788	-681	-4.51%	-431	-250
Financial Flexibility & Allocations	13,653	21,850	195	0	195	100.00%	195	0
<b>Health Board</b>	<b>460,784</b>	<b>477,770</b>	<b>77,057</b>	<b>78,514</b>	<b>-1,457</b>	<b>-1.89%</b>	<b>-680</b>	<b>-777</b>
Integration Joint Board - Core	377,533	408,994	68,766	68,085	681	0.99%	681	0
Integration Fund & Other Allocations	16,863	4,291	0	0	0	0.00%	0	0
<b>Sub-total Integration Joint Board Core</b>	<b>394,396</b>	<b>413,285</b>	<b>68,766</b>	<b>68,085</b>	<b>681</b>	<b>0.99%</b>	<b>681</b>	<b>0</b>
IJB Risk Share Arrangement	0	0	0	0	0		0	0
<b>Total Integration Joint Board - Health</b>	<b>394,396</b>	<b>413,285</b>	<b>68,766</b>	<b>68,085</b>	<b>681</b>	<b>0.99%</b>	<b>681</b>	<b>0</b>
<b>Total Expenditure</b>	<b>855,180</b>	<b>891,055</b>	<b>145,823</b>	<b>146,599</b>	<b>-776</b>	<b>-0.53%</b>	<b>1</b>	<b>-777</b>
<b>IJB - Health</b>	<b>-38,717</b>	<b>-59,101</b>	<b>-7,765</b>	<b>-7,765</b>	<b>0</b>	<b>0.00%</b>	<b>0</b>	<b>0</b>
<b>Health Board</b>	<b>-25,896</b>	<b>-26,792</b>	<b>-4,463</b>	<b>-4,459</b>	<b>-4</b>	<b>0.09%</b>	<b>-4</b>	<b>0</b>
<b>Miscellaneous Income</b>	<b>-64,613</b>	<b>-85,893</b>	<b>-12,228</b>	<b>-12,224</b>	<b>-4</b>	<b>0.03%</b>	<b>-4</b>	<b>0</b>
<b>Net Position Including Income</b>	<b>790,567</b>	<b>805,162</b>	<b>133,595</b>	<b>134,375</b>	<b>-780</b>	<b>-0.58%</b>	<b>-3</b>	<b>-777</b>

**Table 3: Summary Covid-19 Financial Position for the period ended May 2021**

COVID position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	0	0	0	3,182	-3,182		-1,055	-2,127
IJB Non-Delegated	0	0	0	6	-6		0	-6
Estates & Facilities	0	0	0	258	-258		-172	-86
Board Admin & Other Services	0	657	657	3,651	-2,994		-2,937	-57
Non-Fife & Other Healthcare Providers	0	0	0	0	0		0	0
Financial Flexibility & Allocations	0	0	0	0	0		0	0
<b>Health Board</b>	<b>0</b>	<b>657</b>	<b>657</b>	<b>7,097</b>	<b>-6,440</b>		<b>-4,164</b>	<b>-2,276</b>
Integration Joint Board - Core	0	0	0	222	-222		-222	0
Integration Fund & Other Allocations	0	0	0	0	0		0	0
<b>Sub-total Integration Joint Board Core</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>222</b>	<b>-222</b>		<b>-222</b>	<b>0</b>
IJB Risk Share Arrangement	0	0	0	0	0		0	0
<b>Total Integration Joint Board - Health</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>222</b>	<b>-222</b>		<b>-222</b>	<b>0</b>
IJB - Health	0	0	0	0	0		0	0
Health Board	0	0	0	0	0		0	0
Miscellaneous Income	0	0	0	0	0		0	0
<b>Total Expenditure</b>	<b>0</b>	<b>657</b>	<b>657</b>	<b>7,319</b>	<b>-6,662</b>		<b>-4,386</b>	<b>-2,276</b>

## 4. Operational Financial Performance for the year (section 4 narrative is based on core position – Table 2 above)

### 4.1 Acute Services

The Acute Services Division reports a **net overspend of £1.411m for the year**. This reflects an overspend in core run rate performance of £0.986m, and unachieved savings of £0.425m per Table 2. The core run rate position is mainly driven by pay across three staffing groups; Nursing £0.465m, Junior Medical and Dental £0.310m and Senior Medical £0.060m. Nursing overspend is prominent across Care of the Elderly, Obs and Gynae and Colorectal due to unfunded cost pressures and safer staffing. Junior medical and dental continue to receive banding supplements in Emergency Care, with unfunded clinical fellows also contributing to the cost pressure. Elderly medicine consultant costs are partially offset by Acute vacancies in Emergency Care, and WCCS have cost pressures against Paediatric consultants. Non pay cost pressures total £0.146m, with medicines overspend of £0.640m, partially offset by underspend on surgical sundries £0.221m, and diagnostic supplies £0.135m in Planned Care.

**Table 4: Acute Division Financial Position for the year ended May 2021**

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
<b>Acute Services Division</b>								
Planned Care & Surgery	71,546	74,211	12,381	12,295	86	0.69%	35	51
Emergency Care & Medicine	75,905	77,967	13,648	14,826	-1,178	-8.63%	-1,029	-149
Women, Children & Clinical Services	55,591	56,469	9,374	9,788	-414	-4.42%	-87	-327
Acute Nursing	866	866	142	126	16	11.27%	16	0
Other	1,704	1,708	214	135	79	37.12%	79	0
<b>Total</b>	<b>205,612</b>	<b>211,221</b>	<b>35,759</b>	<b>37,170</b>	<b>-1,411</b>	<b>-3.94%</b>	<b>-986</b>	<b>-425</b>

### 4.2 IJB Non-Delegated

The IJB Non-Delegated budget reports an **underspend of £0.032m**. Daleview Regional Unit are reporting an underspend of £0.018m against nursing vacancies and AHP's, which partially offset overspend in medical and other therapeutic staffing. Acute Outpatients report an underspend of £0.015m comprising of non-pay expenditure £0.007m against drugs and £0.008m on medical supplies.

### 4.3 Estates & Facilities

The Estates and Facilities budgets report an **underspend of £0.217m**. This is predominantly attributable to pay underspend of £0.145m across several services including catering, laundry, transport and domestics, with non-pay underspend of £0.084m on PPP and £0.064m on rates. This position is offset by £0.063m of year to date unachieved savings.

## 4.4 Corporate Services

Within the Board's corporate services there is an **underspend of £0.191m**. Further analysis of the Corporate Directorates core position is detailed per Appendix 2. The main driver for this underspend is the level of vacancies across Finance (£0.061m), Workforce (£0.036m) and Nursing (£0.102m) directorates. Areas of overspend include interpreting services and E- job plan. As highlighted through the SPRA process, and in turn our financial planning process, investment has been made in additional governance posts and Project Management Office (PMO) capability. The development of the PMO capacity and capability will further support and drive service transformation.

Digital and Information are overspent by £0.076m attributable to unmet core savings and an overspend in pay budgets. Further analytical work will be carried out in this area.

The Pharmacy professional service has transferred to Health Board retained from Health Delegated wef 1 April 2021. Pharmacy Services have incurred a small underspend of £0.014m to month 2.

## 4.5 Non-Fife and Other Healthcare Providers

The budget for healthcare services provided out with NHS Fife is **overspent by £0.681** per Appendix 3. The main driver of this position is savings yet to be delivered of £0.250m. The figures include the assumption NHS Fife will commence financial contributions in respect of the Royal Hospital for Sick Children in Edinburgh (annual cost £1.4m) this year. There are increased costs in cancer drugs (annual cost £0.250m) and cystic fibrosis (annual cost £0.700m) and an increase in Tayside unplanned activity (UNPACS) in respect of a particular patient (annual cost £0.350m in paediatrics).

## 4.6 Financial Plan Reserves & Allocations

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 £0.195m** has been released at month 2, full detail is shown in Appendix 4.

## 4.7 Integration Services

A restructure within the Health & Social Care Partnership (HSCP) has been implemented with effect from 7 June 2021. Its purpose is to realign the healthcare service portfolios to ensure a streamlined approach to healthcare delivery, which is more aligned to patient pathways.

The directorates previously known as East, West, Fife-Wide and Prescribing will no longer exist. The services within these directorates have been redistributed to one of four new Directorates: Primary and Preventative Care Services; Complex and Critical Services; Community Care Services; and Professional and Business Enabling.

The health budgets delegated to the Integration Joint Board shows an **underspend of £0.681m**. The underlying drivers for the run rate underspend include vacancies in sexual health and rheumatology, all AHP services, child health, community nursing, learning disabilities, psychology, community, and general dental services. In Community, underspends are, nursing vacancies across various Teams and the changes within Randolph Wemyss. The impact of lockdown on areas such as the childhood vaccination programme are still being worked through. Within the Primary Care there are increasing pressures relating to 2c Practices (these are Practices no longer managed by the GPs) and potential issues around back scanning of documents to free up physical space within Practices.

## 4.8 Income

A small over recovery in income of £0.004m is shown for the year to date.

## 5 Pan Fife Analysis

### 5.1 Analysis of the pan NHS Fife financial position by subjective heading is summarised in Table 5 below.

**Table 5: Subjective Analysis for the year ended May 2021**

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under Spend
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	401,980	68,202	71,131	-2,929
GP Prescribing	74,688	12,573	12,575	-2
Drugs	31,359	5,648	6,151	-503
Other Non Pay	375,978	62,914	64,061	-1,146
Efficiency Savings	-18,318	-3,053	0	-3,053
Commitments	26,141	195	0	195
Income	-85,893	-12,228	-12,224	-4
<b>Net overspend</b>	<b>805,934</b>	<b>134,252</b>	<b>141,693</b>	<b>-7,442</b>

**5.2 Pay**

The overall pay budget reflects an overspend of £2.929m. The main areas of overspend are within nursing covid expenditure £1.565m, junior medical and dental £0.397m, domestics covid expenditure £0.218m and senior medical staff across both Complex and Critical Care £0.379m and WCCS £0.137m.

Against a total funded establishment of 8,153 wte across all staff groups, there was an average 8,508 wte staff in post in May (based on permanent staff plus additional hours worked and bank staff).

**5.3 Drugs & Prescribing**

Across the system there is a net overspend of £0.498m on medicines. Prescribing data and ISD phasing recommendations for 21/22 are not yet available. Based on e-prescribing data and previous reporting trends the GP prescribing position to May 21 is predicted to be breakeven. It is anticipated that influencing factors reported last year will be ongoing but contained with financial planning resources. Significantly higher drug prices will be experienced ongoing, likely exacerbated by the impact of Covid-19 on supply and demand, raw material availability, transportation and production. Opportunity to release planned saving schemes will remain diminished as workforce focus on Covid-19 services and patient care. Implementation of Freestyle Libre continues to exceed original forecast and funding provided. Over the year the ongoing impact and appropriate recharges of Covid-19 costs will be monitored based on national guidance and local analysis. Previous year recharges were implemented based on price impact, drug switch requirements (primarily to minimise healthcare contacts) and increased usage.

Acute medicines reflect an overspend of £0.640m. The main overspend is in Haematology which is over budget by £0.391m partly due to changes to chemotherapy during Covid-19 based on national guidance, and partly due to unconfirmed spend on drugs requiring funding from the new medicines reserve. Neurology is overspent at £0.109m, where a high-cost drug is being used by a small number of patients and is an ongoing cost pressure from prior years. As a continuation from 20/21, Dermatology, GI, Neurology and Respiratory all present increased costs due to the volume of patients being treated and new drugs that are being made available via homecare. The Ophthalmology overspend of £0.120m reflects a return to normal activity, as this service had an overspend pre-covid.

There is a separate New Medicines Fund/Horizon Scanning fund of £5m which has been in place for a number of years. This budget has been protected at £5m for the 2021/22 financial year and is expected to be committed in full on qualifying drug spend. Scottish Government has indicated that funding for New Medicines will be reduced by £2.0m this financial year. This has been factored into the financial planning for this year.

**5.4 Other Non-Pay**

Other non-pay budgets across NHS Fife are collectively overspent by £1.146m. A significant element of overspend was on equipment for covid expenditure £0.444m and complex and critical services £0.104m. Overspend of £0.375m was reported against out of area UNPACS, with the remaining balance due to professional fees £0.272m.

**5.5 Efficiency Savings**

The unmet efficiency savings of £3.053m comprise unmet core savings of £0.777m and unachieved legacy savings for which we seek funding support of £2.276m.



## 6 Other Funding Allocations

### 6.1 Covid-19 funding allocation

Whilst, as part of our financial planning process, we have signalled our potential requirement for Covid-19 support (based on broad Scottish Government informed assumptions), funding will be informed following the Scottish Government formal quarter one review process. As part of our financial monitoring process it is reasonable to assume the spend to month 2 of £4.386m will be funded. The long Covid unmet savings to month 2 of £2.276m remains as a gap until the formal quarter one process is concluded. Separately Test and Protect costs incurred by HB retained of £0.657m to M2 will be match funded following receipt of a firm funding letter.

Covid offset budget continues to be identified where services are not fully operational at pre-covid levels. Remobilisation continues to be monitored to identify services which may have an opportunity to contribute further budget towards covid expenditure.

### 6.2 Waiting List Funding

We anticipate waiting list funding based on our RMP3 submission however further clarification will follow over the coming weeks and months.

### 6.3 Redesign of Urgent Care Funding

A funding letter has been received from SG which we are treating as an interim letter pending further clarity. Work continues on the Redesign of Urgent Care agenda.

## 7 Financial Sustainability

7.1 The overall financial planning process and corporate position was approved by the NHS Fife Board at its meeting on 31 March 2021. The Financial Plan highlighted the requirement for £21.837m cash efficiency savings to support financial balance in 2021/22. Our planning assumptions reflected an achievable £8.181m of the target (£4.015m on a recurring basis), with an underlying unachieved 'long Covid' savings of £13.656m for which we have requested funding support.

7.2 As part of the financial planning process, agreement was reached to reduce budgets to allocate shares of the vacancy factor of £3.1m to devolved budgets. As such budget holders need to operate within this reduced pay budget.

7.3 Table 6 summaries the position for the 2021/22 financial year.

**Table 6: Savings 21/22**

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 May £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	3,519	0	3,519	4,662
					0		0
<b>Total Savings</b>	<b>21,837</b>	<b>8,181</b>	<b>13,656</b>	<b>3,519</b>	<b>0</b>	<b>3,519</b>	<b>4,662</b>

## 8 Recommendation

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

- **Note** the reported core overspend of £0.780m for the 2 months to date
- **Note** the Covid-19 additional spend of £4.386m; and the £2.276m underlying unachieved 'long Covid' savings, to month 2
- **Note** the combined position of the core and Covid-19 position inform an overall overspend of £7.442m

## Appendix 1 a: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total
		£'000	£'000	£'000	£'000
May-21	Initial Baseline Allocation	712,534			712,534
					0
	<b>Total Core RRL Allocations</b>	<b>712,534</b>	<b>0</b>	<b>0</b>	<b>712,534</b>
Anticipated	Primary Medical Services		56,994		56,994
Anticipated	Outcomes Framework		4,166		4,166
Anticipated	Mental Health Bundle		1,363		1,363
Anticipated	Salaried Dental		2,091		2,091
Anticipated	Distinction Awards		193		193
Anticipated	Research & development		822		822
Anticipated	Community Pharmacy Champions		20		20
Anticipated	NSS Discovery		-39		-39
Anticipated	Pharmacy Global Sum Calculation		-204		-204
Anticipated	NDC Contribution		-842		-842
Anticipated	Community Pharmacy Pre-Reg Training		-159		-159
Anticipated	Patient Advice & Support Service		-39		-39
Anticipated	FNP		1,276		1,276
Anticipated	New Medicine Fund		3,415		3,415
Anticipated	Golden Jubilee SLA		-24		-24
Anticipated	PCIF		5,440		5,440
Anticipated	Action 15 Mental Health strategy		884		884
Anticipated	ADP:seek & treat		1,159		1,159
Anticipated	Veterans First Point Transisition Funding		116		116
Anticipated	£20m 18-19 tariff reduction to global sum		-4,245		-4,245
Anticipated	District Nurses		152		152
Anticipated	Waiting List		6,700	7,100	13,800
Anticipated	Infant Mental Health		785		785
Anticipated	Public Health		755		755
Anticipated	NSD Adjustments		-5,005		-5,005
		<b>0</b>	<b>75,774</b>	<b>7,100</b>	<b>82,874</b>
Anticipated	IFRS			9,352	<b>9,352</b>
Anticipated	Donated Asset Depreciation			174	<b>174</b>
Anticipated	Impairment			500	<b>500</b>
Anticipated	AME Provisions			500	<b>500</b>
	<b>Total Anticipated Non-Core RRL Allocations</b>	<b>0</b>	<b>0</b>	<b>10,526</b>	<b>10,526</b>
	<b>Grand Total</b>	<b>712,534</b>	<b>75,774</b>	<b>17,626</b>	<b>805,934</b>



# FINANCE, PERFORMANCE & RESOURCES: FINANCE

## Appendix 1b: Anticipated Funding from Health Delegated Earmarked Reserve

Health Delegated Earmarked Reserve	Total	To M2	Anticipated	Balance
	£000's	£000's	£000's	£000's
Vaccine	740		740	0
Care homes	526			526
Urgent Care Redesign	935			935
Flu	203			203
Primary Care Improvement Fund	2,524	1,011	1,513	0
Action 15	1,315			1,315
RT Funding	1,500			1,500
FSL	500		500	0
District Nurses	30			30
Fluenz	18			18
Core run rate	1,767			1,767
Core (covid offsets)	1,250			1,250
<b>Total</b>	<b>11,308</b>	<b>1,011</b>	<b>2,753</b>	<b>7,544</b>

## Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Digital & Information	10,794	2,057	2,133	-76
Nhs Fife Chief Executive	215	36	34	2
Nhs Fife Finance Director	6,287	1,052	991	61
Nhs Fife Medical Director	6,176	1,141	1,170	-29
Nhs Fife Nurse Director	4,072	704	602	102
Legal Liabilities	4,137	699	631	68
Early Retirements & Injury Benefits	822	137	112	25
Regional Funding	179	37	37	0
Depreciation	19,283	3,170	3,170	0
Nhs Fife Public Health	2,202	478	488	-10
Nhs Fife Workforce Directorate	3,156	709	673	36
Pharmacy Services	11,871	1,904	1,890	14
<b>Total</b>	<b>69,194</b>	<b>12,122</b>	<b>11,931</b>	<b>191</b>

## Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
<b>Health Board</b>				
Ayrshire & Arran	99	17	16	1
Borders	45	8	9	-1
Dumfries & Galloway	25	4	9	-5
Forth Valley	3,227	538	628	-90
Grampian	365	61	46	15
Greater Glasgow & Clyde	1,680	280	274	6
Highland	137	23	16	7
Lanarkshire	117	19	42	-23
Lothian	31,991	5,332	5,215	117
Scottish Ambulance Service	103	17	16	1
Tayside	41,584	6,930	6,927	3
Savings	-1,500	-250		-250
	<b>77,873</b>	<b>12,979</b>	<b>13,198</b>	<b>-219</b>
<b>UNPACS</b>				
Health Boards	10,801	1,800	2,212	-412
Private Sector	1,249	208	261	-53
	<b>12,050</b>	<b>2,008</b>	<b>2,473</b>	<b>-465</b>
<b>OATS</b>				
	721	120	118	2
<b>Grants</b>				
	65			0
<b>Total</b>	<b>90,709</b>	<b>15,107</b>	<b>15,788</b>	<b>-681</b>

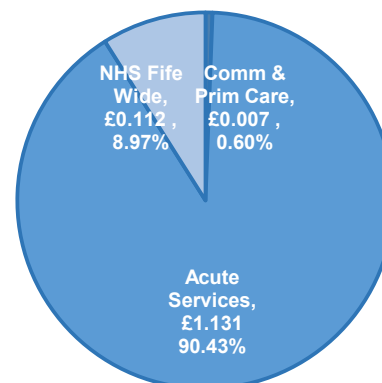
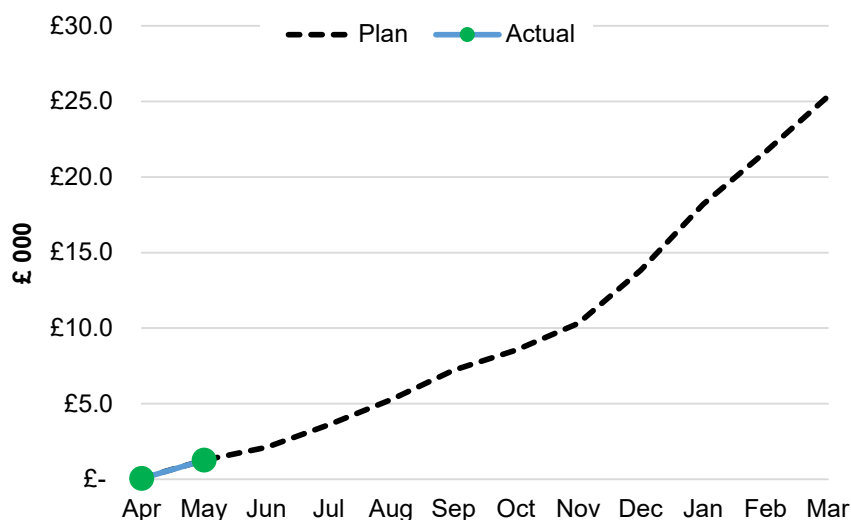
## Appendix 4 - Financial Flexibility & Allocations

	£'000	Flexibility Released to May-21 £'000
<b>Financial Plan</b>		
Drugs	3,786	0
CHAS	408	0
Junior Doctor Travel	42	0
Discretionary Points	162	0
Consultant Increments	368	0
Cost Pressures	4,317	195
Developments	2,198	0
<b>Sub Total Financial Plan</b>	<b>11,281</b>	<b>195</b>
<b>Allocations</b>		
Waiting List	9,414	0
AME: Impairment	500	0
AME: Provisions	540	0
Insulin Pumps	96	0
Community Pharmacy Champion	19	0
<b>Sub Total Allocations</b>	<b>10,569</b>	<b>0</b>
<b>Total</b>	<b>21,850</b>	<b>195</b>

## 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



### 1. Annual Operational Plan

The capital plan for 2021/22 is pending approval by the FP&R Committee in July and the NHS Fife Board thereafter. NHS Fife has assumed a programme of £25.319m being the normal routine capital allocation less £0.200m payback and the Elective Orthopaedic funding of £18.125m. NHS Fife is also anticipating allocations of HEPMA £1.1m, Mental Health Review £0.076m, Lochgelly Health Centre £0.517m and Kincardine Health Centre £0.323m.

### 2. Capital Receipts

2.1 Work continues into the new financial year on asset sales re disposals:

- Lynebank Hospital Land (Plot 1) (North) – discussions are ongoing as to whether to remarket, there are also discussions ongoing around the potential possibility of HFS constructing a new sterilising unit for East Scotland on the site.
- Skeith Land – offer has been accepted subject to conditions.

### 3. Expenditure / Major Scheme Progress

3.1 The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £1.251m this equates to 4.94% of the total capital allocation, as illustrated in the spend profile graph above.

3.2 The main areas of spend to date include:

Statutory Compliance	£0.223m
Equipment	£0.169m
E-health	£0.102m
Elective Orthopaedic Centre	£0.758m

### 4. Recommendation

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

**note** the capital expenditure position to 31 May 2021 of £1.251m and the year end spend of the total anticipated capital resource allocation of £25.319m.

## Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2021/22 £'000
<b>COMMUNITY &amp; PRIMARY CARE</b>			
Clinical Prioritisation	0	0	0
Statutory Compliance	310	0	310
Capital Equipment	72	7	72
Condemned Equipment	0	0	0
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
<b>Total Community &amp; Primary Care</b>	<b>382</b>	<b>7</b>	<b>382</b>
<b>ACUTE SERVICES DIVISION</b>			
Elective Orthopaedic Centre	18,125	758	18,125
Statutory Compliance	2,925	212	2,925
Capital Equipment	1,252	162	1,252
Clinical Prioritisation	0	0	0
Condemned Equipment	9	0	9
<b>Total Acute Services Division</b>	<b>22,311</b>	<b>1,131</b>	<b>22,311</b>
<b>NHS FIFE WIDE SCHEMES</b>			
Equipment Balance	481	0	481
Information Technology	1,000	102	1,000
Clinical Prioritisation	500	0	500
Statutory Compliance	95	0	95
General Reserve - Equipment	94	0	94
Pharmacy Equipment	205	0	205
Condemned Equipment	81	0	81
Fire Safety	60	11	60
Vehicles	60	0	60
Wash Hand Basin Replacement	50	0	50
<b>Total NHS Fife Wide Schemes</b>	<b>2,626</b>	<b>112</b>	<b>2,626</b>
<b>TOTAL ANTICIPATED CAPITAL RESOURCE FOR 2021/22</b>	<b>25,319</b>	<b>1,251</b>	<b>25,319</b>
<b>ANTICIPATED ALLOCATIONS 2021/22</b>			
HEPMA	1,100	0	1,100
Mental Health Review	76	0	76
Lochgelly Health Centre	517	0	517
Kincardine Health Centre	323	0	323
<b>Anticipated Allocations for 2021/22</b>	<b>2,016</b>	<b>0</b>	<b>2,016</b>
<b>Total Anticipated Allocation for 2021/22</b>	<b>27,335</b>	<b>1,251</b>	<b>27,335</b>

# FINANCE, PERFORMANCE & RESOURCES: FINANCE

## Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22	Pending Board Approval	Cumulative Adjustment to April	May Adjustment	Total May
Routine Expenditure	£'000	£'000	£'000	£'000
<b>Community &amp; Primary Care</b>				
Capital Equipment	0	0	72	72
Condemned Equipment	0	0	0	0
Minor Capital	0	0	0	0
Covid Equipment	0	0	0	0
Statutory Compliance	0	0	310	310
Lochgelly Health Centre	0	0	0	0
Kincardine Health Centre	0	0	0	0
<b>Total Community &amp; Primary Care</b>	<b>0</b>	<b>0</b>	<b>382</b>	<b>382</b>
<b>Acute Services Division</b>				
Capital Equipment	0	36	1,216	1,252
Condemned Equipment	0	0	9	9
Cancer Waiting Times Equipment	0	0	0	0
Minor Capital	0	0	0	0
Statutory Compliance	0	0	2,925	2,925
Elective Orthopaedic Centre	18,125	0	0	18,125
	<b>18,125</b>	<b>36</b>	<b>4,150</b>	<b>22,311</b>
<b>Fife Wide</b>				
Backlog Maintenance / Statutory Compliance	3,500	0	-3,405	95
Fife Wide Equipment	1,805	-37	-1,288	480
Information Technology	1,000	0	0	1,000
Clinical Prioritisation	500	0	0	500
Condemned Equipment	90	0	-9	81
Scheme Development	0	0	0	0
Fife Wide Asbestos Management	0	0	0	0
Fife Wide Fire Safety	0	0	60	60
General Reserve Equipment	94	0	0	94
Pharmacy Equipment	205	0	0	205
Fife Wide Vehicles	0	0	60	60
Wash Hand Basin Replacement	0	0	50	50
<b>Total Fife Wide</b>	<b>7,194</b>	<b>-37</b>	<b>-4,532</b>	<b>2,625</b>
<b>Total Anticipated Capital Resource 2021/22</b>	<b>25,319</b>	<b>0</b>	<b>0</b>	<b>25,319</b>

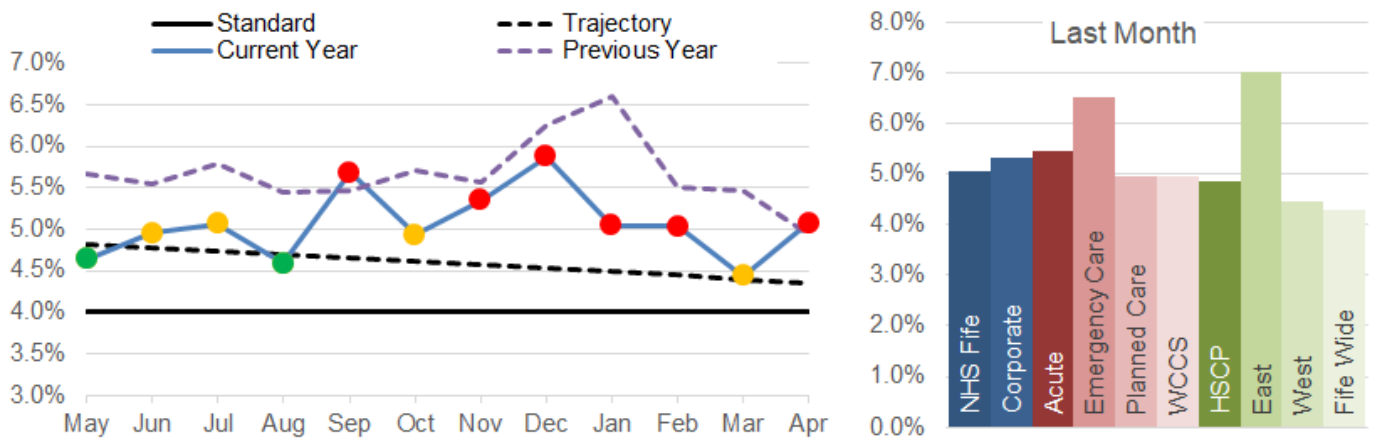
<b>ANTICIPATED ALLOCATIONS 2021/22</b>				
HEPMA	1,100	0	0	1,100
Mental Health Review	76	0	0	76
Lochgelly Health Centre	517	0	0	517
Kincardine Health Centre	323	0	0	323
<b>Anticipated Allocations for 2021/22</b>	<b>2,016</b>	<b>0</b>	<b>0</b>	<b>2,016</b>

<b>Total Planned Expenditure for 2021/22</b>	<b>27,335</b>	<b>0</b>	<b>0</b>	<b>27,335</b>
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## Sickness Absence

To achieve a sickness absence rate of 4% or less  
Improvement Target for 2021/22 = 3.89%

### Local Performance



### National Benchmarking

Month	2020/21											2021/22
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	4.64%	4.96%	5.06%	4.58%	5.69%	4.93%	5.35%	5.87%	5.04%	5.03%	4.43%	5.07%
Scotland	4.54%	4.49%	4.57%	4.64%	4.96%	4.93%	4.96%	5.18%	4.82%	4.30%	4.56%	0.00%

### KEY CHALLENGE(S) IN 2021/22

To secure an ongoing reduction in the current levels of sickness absence performance, as services remobilise, working towards the third-year trajectory for the Board of 3.89% in with NHS Circular PCS (AfC) 2019/2

### IMPROVEMENT ACTIONS

<b>22.1 Work towards an improvement in long term sickness absence relating to mental health, using our Occupational Health service and other support services and interventions</b>	<b>By Mar-22</b>
---	------------------

There is ongoing case work with Occupational Health, local managers and HR Officers and Advisors in support of this action, with input from specialist Occupational Health Mental Health Nurse.

<b>22.2 Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence. The means of achieving this include continuation of Promoting Attendance Review and Improvement Panels, Promoting Attendance Groups, training for managers and continued application of the Once for Scotland Attendance Management Policy and scrutiny of "hot spots" / priority areas through analysis of management information and effective reporting systems.</b>	<b>By Mar-22</b>
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All actions above are progressing, with Promoting Attendance Review and Improvement Panels meeting regularly to review cases and actions, on-going monthly and bespoke training sessions, alongside use of Tableau and Attendance Management system to identify and analyse "hot spots" / priority areas and trajectory setting / reporting.

**MARGO MCGURK**

Director of Finance and Performance

22<sup>nd</sup> June 2021

Prepared by:

**SUSAN FRASER**

Associate Director of Planning & Performance

<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting date:</b>	<b>7 July 2021</b>
<b>Title:</b>	<b>Infection Prevention and Control Update for Clinical Governance Committee</b>
<b>Responsible Executive:</b>	<b>Janette Owens, Director of Nursing</b>
<b>Report Author:</b>	<b>Julia Cook, Infection Control Manager</b>

## 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 July 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 June 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 CDI, SAB and 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.

## **2.3 Assessment**

### **Novel coronavirus (COVID-19) pandemic**

As the prevalence of COVID-19 reduces across Scotland in 2021, the IPCT shall continue to 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
- 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**

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 and Orthopaedic Surgery SSI**

Surveillance has been temporarily paused due to the COVID-19 pandemic as per CNO letter.

## **SAB**

For Quarter 4 2020 (October – December 2020)

NHS Fife was above the Scottish rate for HCAI and CAI SABs.

However during 2020, NHS Fife was below the national rate for HCAI & CAI SABs.

During April 2021, there was one bloodstream infection due to an MRSA. This was the first MRSA SAB recorded in over 2 years.

*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 Q4 2020, (October – December 2020)

### **NHS Fife rates for HCAI and CAI BELOW National comparator**

#### **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 (EPPFX) 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 4 2020 (October – December 2020)

NHS Fife rates for HCAI above the National comparator, however December 2020 (year ending Q4 2020) saw a reduction compared to year-ending December 2019.

#### **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.

3<sup>rd</sup> 'Tip top' video has been published on 'catheter choice'

Cowdenbeath practice: CAUTI Quality improvement program commenced August 2020- on hold

#### **Outbreaks (from March - end of April 2021)**

- **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 and clusters of COVID-19 is detailed in the HIIAT for March – end of April 2021

### **Hospital Inspection Team**

#### **Unannounced Hospital Inspection to: Victoria Hospital, NHS Fife on 4<sup>th</sup> – 6<sup>th</sup> May**

The inspection team thanked the staff for their contribution and assistance with the organisation and planning around the hospital inspection to Victoria Hospital.

- The report and improvement action plan was published on 3 June 2021

### **Hand Hygiene**

- Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections.
- 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'
- 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 4<sup>th</sup> Quarter (Jan-March 2021) was **95.9%**.

### **National Cleaning Services Specification**

- The National Cleaning Services Specification – quarterly compliance report result for Jan – March 2021 (Q4) shows NHS Fife achieving **Green** status.

### **Estates Monitoring**

- The National Cleaning Services Specification – quarterly compliance report result for Quarter 4 Jan - march 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 June 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.scot](mailto:Julia.Cook@nhs.scot)

## Final Report for ICC on 14<sup>th</sup> April 2021 (Validated Data up to 28<sup>th</sup> February 2021)

### Section 1– Board Wide Issues

#### Key Healthcare Associated Infection Headlines up to 02 December 2020

##### 1. Achievements:

The World Health Organization's Hand Hygiene day on 5th May 2021, globally promoted the message 'SAVE LIVES: Clean your hands'. NHS Fife's IPCT promoted this Hand Hygiene message for the week of 3/5/21 with twice-daily live Microsoft Teams presentations available for all staff to attend. WHO Hand hygiene promotional posters & videos were also posted on BLINK to raise awareness to staff that now more than ever the importance of clean hands.

The much awaited Care Home National Infection Control Manual and Safe Management of the Care Environment Cleaning Specification for Older People and Adult Care Homes were published on 24<sup>th</sup> of May 2021. The Care Home IPCNs have attended the national workshops run by NES and ARHAI Scotland and look forward to supporting the rollout of these new guidance documents to Care Homes.

Team development:

The IPCT are happy to welcome 2 new trainee IPCNs who joined the team May 2021.

Two of the non-clinical IPC team members are partaking in the NHS Fife course Supporting HCSW Development - Essential Skills for the Role. The aim of the programme is to enable participants to fulfil the leadership potential of their roles and to provide practical tools to work effectively across their teams to improve patient/client experiences and services.

A NHS Fife IPCT representative was able to attend the Inspiring Kindness Conference and workshops, who has shared key messages of the benefits of kindness and the 7 day kindness challenge.

The 2021 has saw the recommencement of the IPCT 'Lunch and Learn' sessions in the IPCT department to support team and professional development. These sessions have been supported by internal speakers and planning for external speakers such as Health Facilities Scotland.

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

During 2020, Fife was below the national rate for HCAI & CAI SABs.

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

During 2020, Fife was below the national rate for HCAI & CAI CDIs.

##### 1.1 Challenges:

###### **SABs**

- Vascular access devices (VAD) remain the greatest challenge for Hospital acquired SABs, ongoing improvement works.
- For Q4 2020, Fife was above the Scottish rate for HCAI and CAI SABs.
- During April 2021, there was one bloodstream infection due to an MRSA. This was the first MRSA SAB recorded in over 2 years.

###### **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.

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**CDI**

- Whilst Fife's CDI rates are well below the national rates, the HCAI incidence must still reduce 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.

**COVID-19 pandemic**

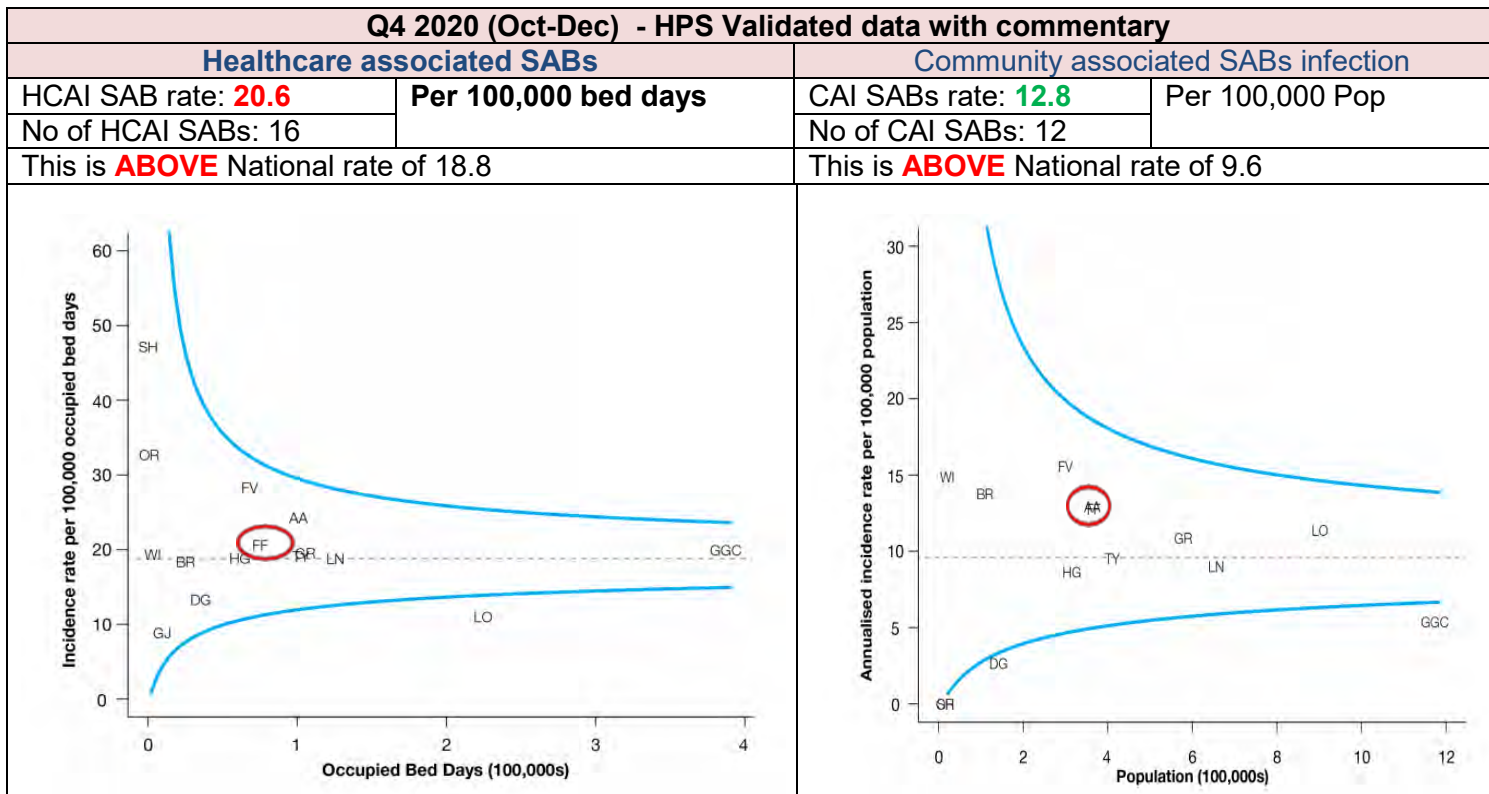
As the prevalence of COVID-19 reduces across Scotland in 2021, the IPCT shall continue to support the safe remobilization of services.

- The IPCT shall undertake patient contact tracing in the hospital environment for patients and support Occupational Health where necessary with HCWs
- 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

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**2. Staphylococcus aureus incorporating MRSA/CPE screening compliance**  
**2.1 Trends – Quarterly**

<b>Staphylococcus aureus Bacteraemias (SABs)</b>				
<b>Local Data: Q4 Oct-Dec 2020 (Q1 2021 HPS National comparison awaited)</b>				
In Q1 2021 NHS Fife had:	25 SABs	14 HCAI/HAI 11 CAI	This is <b>DOWN</b> from	27 Cases in Q4 2020



For HCAI & CAI SABs: NHS Fife was **WITHIN** the 95% confidence interval in the funnel plot analysis

<b>New standards for reducing all Healthcare Associated SAB by 10% by 2022 (from 2018/2019 baseline)</b>		
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
<b>Current 12 Monthly HCAI SAB rates for Year ending Dec 2020 (HPS)</b>		
SAB by rate 100,000 Total bed days	14.8 per 100,000 TBDs	
SAB by Number of HCAI cases	45	

**Local Device related SAB surveillance**

- Localised enhanced surveillance focuses on high-risk clinical areas and vascular line SABs.
- Weekly reports issued to Senior Charge Nurses if their ward has failed to achieve **90%** of all PVC being removed prior to the 72hr breach.
- PVC & CVC related SABs will continue to be Datix'd by Dr Morris and undergo a SAER.

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- There have been no further dialysis line related SABs since the most recent case in January. The IPCT continues ongoing surveillance and provides support to the renal staff around VAD care.

As of <b>10/05/2021</b> the number of days since the last confirmed SAB is as follows:	
CVC SABs	45 Days
PWID (IVDU)	76 Days
Renal Services Dialysis Line SABs	105 Days
Acute services PVC (Peripheral venous cannula) SABs	57 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 – May 2021 – PGDs for non-medical prescribing antibiotics by ANPs rollout planned for July 2021. IPCT to provide update wound care training for ANPs prior to July.

### 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 <b>95%</b> compliance with the <b>MRSA</b> CRA in Q1 (Jan-Mar) 2021									
This was <b>DOWN</b> on Q4 2020 (98%) & <b>ABOVE</b> the compliance target of 90%.									
This National Scottish average for Q1 2021 is still to be published.									
MRSA Critical risk assessment (CRA) screening KPI compliance summary:									
Quarter	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	Q1 2021 Jan-Mar
Fife	88%	93%	93%	93%	83%	98%	88%	98%	95%
Scotland	83%	89%	88%	88%	87%	84%	86%	82%	n/k

CPE (Carbapenemase Producing Enterobacteriaceae)									
From April 2018, CRA has also included screening for CPE.									
NHS Fife achieved <b>88%</b> compliance with the <b>CPE</b> CRA for Q1 2021 (Jan-Mar)									
This is <b>DOWN</b> from 98% in Q4 2020									
The National Scottish average for Q1 2021 is still to be published.									
Quarter	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	Q1 2021 Jan-Mar
Fife	73%	75%	83%	80%*	93%	95%	85%	98%	88%
Scotland	81%	86%	86%	85%	85%	80%	85%	79%	n/k
CPE CRA screening KPI compliance Summary- Commenced from April 2018									

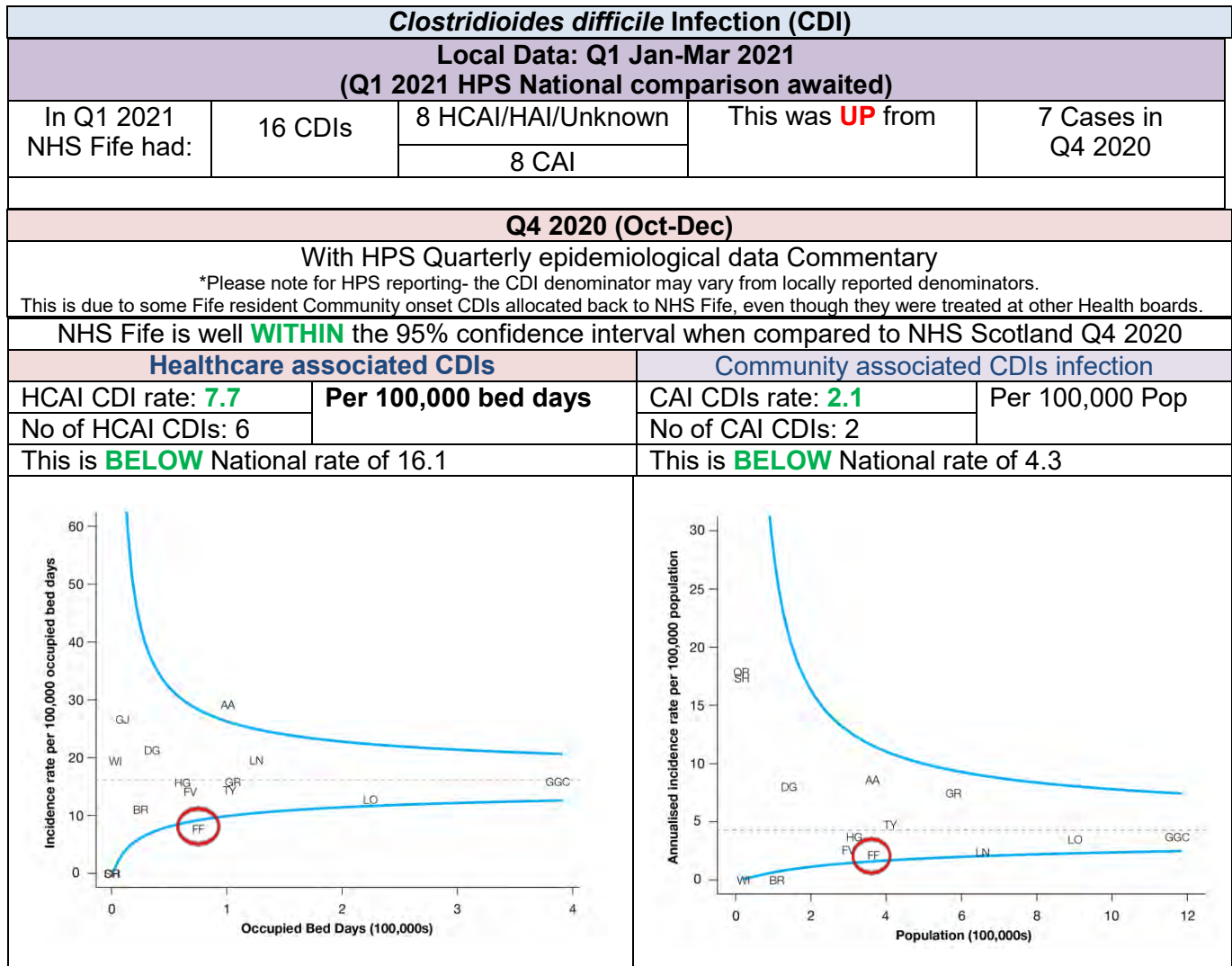
### MDRO CRA Patienttrack Update

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- Patienttrack 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

### 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 December 2020 (HPS)		
CDI by rate 100,000 Total bed days	8.2 per 100,000 TBDs	
CDI by Number of HCAI cases	25	

#### 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"> <li>• Monthly CDI reporting to Acute Services &amp; HSCP with summary of all CDI cases</li> <li>• Enhanced surveillance &amp; HPS trigger tool completion for any triggers/ areas of concerns.</li> <li>• Dr Venkatesh establishing optimum antimicrobial therapy for multiple recurrence CDI case.</li> <li>• In 2021 innovative work will be focused on our patients with recurrent CDI.</li> </ul>



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- From October 2019 each CDI case is assessed for suitability of extended pulsed Fidaxomicin (EPFX) regime aiming to prevent recurrent disease in high risk patients.
- Bezlotoxumab for recurrent CDI currently used in Fife.

#### 4.0 *Escherichia coli* Bacteraemias (ECB)

##### 4.1 Trends:

##### *Escherichia coli* Bacteraemias (ECB)

**Local Data: Q1 Jan-Mar 2021**

**(Q4 2020 HPS National comparison awaited)**

In Q1 2021 NHS Fife had:	48 ECBs	17 HAI/HCAIs 31 CAIs	This is <b>DOWN</b> from	63 Cases in Q4 2020
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**Q1 2021** There were 4 Urinary catheter associated ECBs. (2 x HAI & 2 x HCAI)

The 2 hospital CAUTIs were at QMH ward 5 and QMH ward 7

Unfortunately, there was 1 trauma associated CAUTI in Q1 2021. This case has been reported on Datix.

##### **Q4 2020 (Oct-Dec) 2020**

##### **HPS Validated data ECBs with HPS commentary**

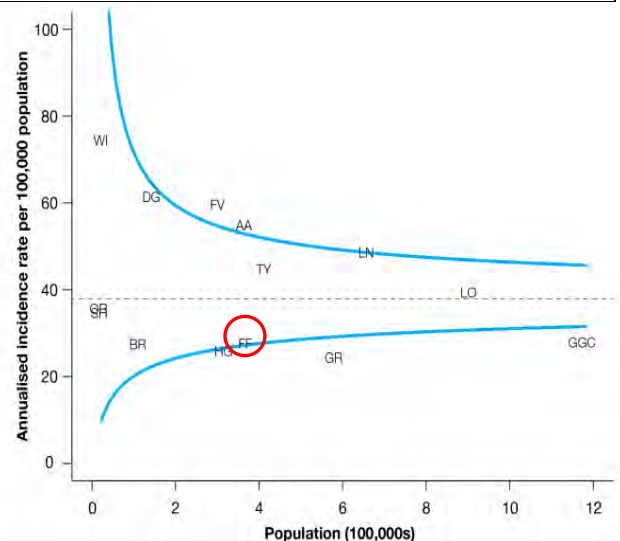
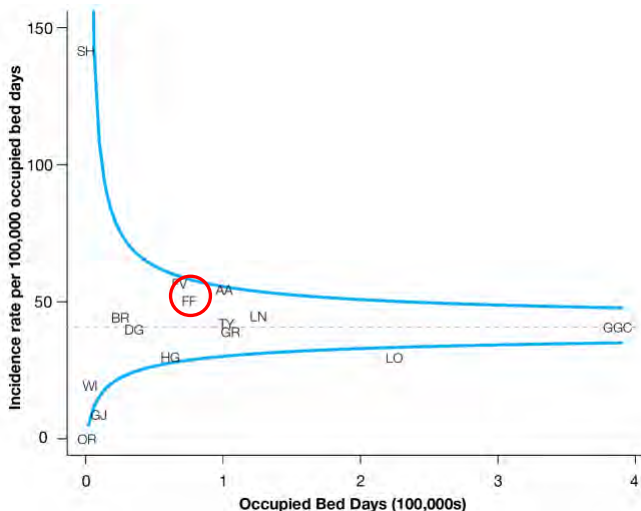
\*Please note for HPS reporting- the ECB denominator may vary from locally reported denominators.

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: <b>50.3</b>	<b>Per 100,000 bed days</b>	CAI ECBs rate: <b>27.7</b>	<b>Per 100,000 Pop</b>
No of HCAI ECBs: 39		No of CAI ECBs: 26	
This is <b>ABOVE</b> National rate of 40.9		This is <b>BELOW</b> National rate of 37.9	



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 December 2020 (HPS)**

ECB by rate 100,000 Total bed days	45.5 per 100,000 TBDs
ECB by Number of HCAI cases	138

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<b>2) 50% Reduction ECBs - 2023/2024</b>		
<b>New standards for reducing all Healthcare Associated ECB by 50% by 2023/2024</b> (from 2018/2019 baseline)		
<b>Standards application for Fife:</b>	<b>ECB Rate Baseline 2018/2019</b>	<b>ECB 50% reduction target by 2023/4</b>
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

<b>2020-2017 NHS Fife's Urinary catheter Associated ECBs –</b> HPS data Q2 data still awaited			
<b>Hospital Acquired Infections (HAI) (Acute &amp; HSCP Hospitals)</b> CATHETER Device related <i>E.coli</i> Bacteraemia Count of Device- Catheter over Total Fife HAI ECBs			
	NHS Scotland	NHS Fife	Rate calculation
2021 Q1		<b>*16.7%</b>	
2020 Q4	17.1%	<b>30%</b>	
2020 Q3	14.6%	<b>33 %</b>	
2020 Q2	22.4 %	<b>25.5 %</b>	* Locally calculated data- TBC by HPS when Q1 data published on Discovery
2020 Q1	16.7 %	<b>35.7 %</b>	
2019 TOTAL	16.1 %	<b>24.5 %</b>	
2018 TOTAL	14.5 %	<b>24.2 %</b>	
2017 -TOTAL	11.8 %	<b>10.4 %</b>	
Data from NSS Discovery ARHAI Indicators			
<b>Healthcare Associated Infections (HCAI)</b> CATHETER Device related <i>E.coli</i> Bacteraemia Count of Device- Catheter over Total Fife HCAI ECBs			
	NHS Scotland	NHS Fife	Rate calculation
2021 Q1		<b>*40%</b>	
2020 Q4	19.8%	<b>17.2%</b>	
2020 Q3	25.9%	<b>36.4 %</b>	* Locally calculated data- TBC by HPS when Q1 data published on Discovery
2020 Q2	17.5 %	<b>13.3 %</b>	
2020 Q1	24.1 %	<b>17.9 %</b>	
2019 TOTAL	22.8 %	<b>28.0 %</b>	
2018 TOTAL	22.1%	<b>36.6 %</b>	
2017 TOTAL	18.3 %	<b>35.3 %</b>	
Data from NSS Discovery ARHAI Indicators			

#### **4.2 Current ECB Initiatives**

##### **Urinary catheter Group work following raised ECB CAUTI incidence**

The IPC Surveillance team continue to liaise with the Urinary Catheter Improvement Group. This group aims to minimize urinary catheters to prevent catheter associated healthcare infections & trauma associated with UC insertion/maintenance/ removal & self-removal & to establish Catheter Improvement work in Fife.

The Infection control team continue to work with the Urinary Catheter Improvement group meeting- last held on **21<sup>st</sup> May 2021**.

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 01.05.2020: There have been **THREE** trauma associated CAUTIs in 2020 & one 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:

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- 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<sup>rd</sup> 'Tip top' video has been published on 'catheter choice'

Cowdenbeath practice: CAUTI Quality improvement program commenced Augt 2020- currently on hold due to pandemic response.

#### 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 4th Quarter (Jan-Mar 2021) was **95.9%**.
- 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	Q4 Jan-Mar 21	Q3 Oct-Dec 20
Fife	95.9 ↑	95.8
Scotland	95.7	95.7

- The National Cleaning Services Specification – quarterly compliance report result for Q4 (Jan-Mar) 2021 shows NHS Fife achieving **GREEN** status.

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- **Estates Monitoring**

Estates Location	Q4 Jan-Mar 21	Q3 Oct-Dec 20
Fife	↑96.2	96.0
Scotland	96.9	96.8

- The National Cleaning Services Specification – quarterly compliance report result for Quarter 4 (Jan-Mar) 2021 shows NHS Fife achieving **GREEN** status.

## **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

### March - April 2021

## **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 in Scotland up to the end of week 20 of 2021 (week ending 16 May 2021) is 19.**

- In comparison, to the end of week 19 in 2020 PHS received 193 laboratory reports of norovirus.
- The five-year average for the same time period between years 2015 and 2019 was 730.

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**Weekly national seasonal respiratory report- week 19 (week ending 16 May 2021):**

**Overall assessment:**

- Influenza activity is currently at Baseline level.
- Unlike SARS-CoV-2 surveillance data, influenza is reported in a seasonal cycle which, this season, runs from week 40 (28/09/20) to week 20 (17/05/21).

**In week 19:**

- There was one influenza case detected this week, which was influenza type A (H3). The low numbers of influenza may be related to current restrictions and an increased uptake of flu vaccine; however, data are provisional and may be subject to change.
- The proportion of total NHS24 calls for respiratory symptoms remained at Baseline activity level. For those aged 1 -4 years, calls for respiratory symptoms increased to Moderate activity level.
- Rhinovirus and parainfluenza were at Low activity level; whereas all other non-flu pathogens remained at Baseline activity level.
- Influenza vaccine uptake up to end of week 15 in Scotland in most eligible cohorts was higher than in previous seasons, although the data are not directly comparable

**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 March – April 2021

Please note HPS/ARHAI Scotland no longer request the reporting of single cases of COVID-19 out with the RED pathway

Hospital and Ward	Patient cases	Staff cases	Date of first reporting to ARHAI	Date incident closed with ARHAI Scotland
Glenrothes Hospital – Ward 1	3	0	12/03/2021	05/04/2021
St Andrews Community Hospital – Ward 2	7	3	15/03/2021	08/04/2021

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**8) Surgical Site Infection Surveillance Programme**

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

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

<b>8 a)</b>	<b>Caesarean section SSI</b>
<b>All Caesarean Section surveillance has been postponed due to the COVID19 pandemic until further notice</b>	
<b>8 b)</b>	<b>Hip Arthroplasty SSI</b>
<b>All Orthopaedic surveillance has been postponed due to the COVID19 pandemic until further notice</b>	
<b>8 c)</b>	<b>Hemi arthroplasty SSI</b>
<b>All Orthopaedic surveillance has been postponed due to the COVID19 pandemic until further notice</b>	
<b>8 d)</b>	<b>Knees SSI</b>
<b>All Orthopaedic surveillance has been postponed due to the COVID19 pandemic until further notice</b>	
<b>8 e)</b>	<b>Large Bowel SSI</b>
<b>All large bowel surveillance has been postponed due to the COVID19 pandemic until further notice</b>	

**9. Hospital Inspection Team**

**No further inspections for NHS Fife since last report**

**10. Assessment**

- **CDIs:** The number of *Clostridioides difficile* cases has risen in Q1 2021. Monitoring will continue to assess if this trend continues. The number of 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

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- Local data collection will resume for quality assurance from October 2020
- Feedback forums to clinical teams for all SSIs is firmly established to address SSI challenges where they occur.

## **11. Healthcare Associated Infection Reporting Template (HAIRT)**

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

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

ECBs, CDIs & SABs are categorized as:

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

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

The 2019 Scottish Government's new standards aim to reduce the Healthcare Associated Infections.

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

Hand hygiene and cleaning compliances are shown by Total Fife, VHK & QMH.

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## NHS Fife TOTAL

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

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	4	4	8	1	1	2	9	13	22
Feb-21	2	4	6	2	3	5	5	7	12
Mar-21	8	3	11	5	4	9	3	11	14
Apr-21	4	2	6	4	0	4	5	5	10

Hand Hygiene Monitoring Compliance (%) TOTAL FIFE											
	May-20	Jun-20	July-20	Aug-20	Sept-20	Oct -20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Overall	100	99	99	99	98	99	99	98	99	99	99
AHP	100	100	100	99	99	98	99	98	98	100	97
Medical	99	99	99	99	99	99	99	97	100	97	99
Nurse	100	100	99	99	99	100	100	100	100	100	99
Other	99	100	97	96	96	99	100	95	100	100	100

Please note: there is no hand hygiene information since December 2020, available on 'Ward Dashboard'.

Cleaning Compliance (%) TOTAL FIFE												
	May-20	June-20	July-20	Aug-20	Sept-20	Oct -20	Nov 20	Dec 20	Jan-21	Feb-21	Mar-21	Apr-21
Overall	*	95.3	95.2	95.1	95.6	95.8	95.7	96.0	95.8	95.9	95.9	95.6

Estates Monitoring Compliance (%) TOTAL FIFE												
	May-	June-	July-	Aug-20	Sept-	Oct -	Nov	Dec 20	Jan-	Feb-	Mar-21	Apr-21



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	20	20	20		20	20	20		21	21		
<b>Overall</b>	*	96.7	94.1	94.5	95.8	96.0	95.7	96.2	95.7	96.3	96.5	96.3

\* 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.

**Victoria Hospital**

Month	VHK					
	SAB >48hrs admx		CDI >48hrs admx		ECB >48hrs admx	
	HAI	Community / Not Known	HAI	Community	HAI	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	5	n/a	0	n/a	2	n/a
Jan-21	4	n/a	1	n/a	6	n/a
Feb-21	0	n/a	1	n/a	2	n/a
Mar-21	4	n/a	2	n/a	0	n/a
Apr-21	2	n/a	0	n/a	0	n/a

Cleaning Compliance (%) Victoria Hospital														
	Mar-20	Apr-20	May-20	June-20	July-20	Aug-20	Sept-20	Oct -20	Nov 20	Dec 20	Jan-21	Feb-21	Mar-21	Apr-21
Overall	95.4	*	*	*	96.9	94.6	95.6	95.1	95.4	95.8	95.8	95.9	96.1	95.9

Estates Monitoring Compliance (%) Victoria Hospital														
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	May-20	June-20	July-20	Aug-20	Sept-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Jan-21	Feb-21	Mar-21	Apr-21
<b>Overall</b>	*	*	97.5	94.2	95.6	95.8	96	96.4	95.2	96.9	95.2	96.9	96.9	96.5

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

**Queen Margaret's Hospital**

Month	QMH					
	SAB >48hrs		CDI >48hrs admx		ECB >48hrs admx	
	<u>HAI</u>	Community /	<u>HAI</u>	Community	<u>HAI</u>	Community /
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	0	n/a	0	n/a	2	n/a
Feb-21	0	n/a	0	n/a	1	n/a
Mar-21	1	n/a	0	n/a	1	n/a
Apr-21	0	n/a	0	n/a	0	n/a

Cleaning Compliance (%) Queen Margaret's hospital												
	May-20	June-20	July-20	Aug-20	Sept-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21
<b>Overall</b>	*	95.9	95.8	96.1	96.3	96.9	96.2	96.9	96.1	96.5	96.5	96.0

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Estates Monitoring Compliance (%)Queen Margaret's hospital												
	May-20	June-20	July-20	Aug-20	Sept-20	Oct -20	Nov 20	Dec 20	Jan - 21	Feb - 21	Mar-21	Apr-21
Overall	*	95.3	94.2	95.7	96.3	96.9	96.1	97.1	96.2	95.6	97.1	95.5

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

## Community Hospitals

	COMMUNITY HOSPITALS					
	SAB >48hrs admx		CDI >48hrs admx		ECB >48hrs admx	
	HAI	Community /	HAI	Community	HAI	Community /
Month						
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
Jan-21	0	n/a	0	n/a	0	n/a
Feb-21	0	n/a	0	n/a	0	n/a
Mar-21	1	n/a	1	n/a	0	n/a
Apr-21	0	n/a	1	n/a	0	n/a

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**Outs of Hospital Infections**

	OUT OF HOSPITAL					
	SAB <48hrs admx		CDI <48hrs admx		ECB <48hrs admx	
	<u>HCAI</u>	Commu nity /	<u>HCAI / UnKno</u>	Commu nity	<u>HCAI</u>	Commu nity /
Month						
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	4	2	1	1	8	7
Jan-21	0	4	0	1	1	13
Feb-21	2	4	1	3	2	7
Mar-21	1	4	2	3	2	11
Apr-21	2	2	3	0	5	5

References & Links
<b>Understanding the Report Cards – Infection Case Numbers</b> <i>Clostridioides difficile</i> infections (CDI) and <i>Staphylococcus aureus</i> 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:

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*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 <sup>1</sup> Enhanced ECB <sup>2</sup> Enhanced SAB <sup>3</sup> surveillance category	Hospital acquired infection (HAI)	X	
	Healthcare associated infection (HCAI)	X	
	Community infection (CA)		X
	ECB/SAB not known		X
	CDI unknown	X <sup>1</sup>	

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

### Hospital Acquired Infection (HAI):

Positive Blood culture obtained from patient who has been  
-Hospitalised for >48 hours  
If the patient was transferred from another hospital

### 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.

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<p>the duration of the in-patient stay is calculated from the date of the first hospital admission</p> <p style="text-align: center;">OR</p> <p>-The patient was discharged from hospital in the 48 hours prior to the positive blood culture being obtained</p> <p style="text-align: center;">OR</p> <p>-A patient receives regular haemodialysis as an outpatient</p> <p><b>Community Infection</b></p> <p>-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><b>Not known:</b></p> <p>-Only to be used if the ECB is not a HAI and unable to determine if community or HCAI</p>	<p style="text-align: center;">OR</p> <p>-Resides in a Nursing home, long term facility or residential home</p> <p style="text-align: center;">OR</p> <p>-IV,IM, Intra-articular or sub cut medication in the 30 days prior to the positive blood culture, but EXCLUDING IV illicit drug use.</p> <p style="text-align: center;">OR</p> <p>-Underwent venepuncture in the 30 days before +ve BC</p> <p style="text-align: center;">OR</p> <p>-Underwent medical procedure which broke mucous or skin barrier i.e. biopsies or dental extraction in the 30 days before +ve BC</p> <p style="text-align: center;">OR</p> <p>-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</p> <p style="text-align: center;">OR</p> <p>-Has a long term indwelling device (i.e. catheter, central line, drain (excluding a haemodialysis line)</p>
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**HPS CDI Definition for Hospital Acquired, Healthcare Associated, Unknown or Community onset**

**HPS Linkage Origin Definitions**

CDI Origin	Origin sub category : definitions
<b>Healthcare</b>	<p><b>HAI</b> : Specimen taken after more than 2 days in hospital (day three or later following admission on day one)</p> <p><b>HCAI</b> : 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</p> <p><b>Unknown</b> : 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</p>
<b>Community</b>	<p><b>CAI</b> : 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.</p>

**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:	7 July 2021
Title:	Information Governance and Security Steering Group Update
Responsible Executive:	Margo McGurk - SIRO
Report Author:	Alistair Graham – Associate Director of Digital & Information

## 1 Purpose

**This is presented to Information Governance & Security Steering Group for:**

- Awareness

**This report relates to a:**

- Government policy/directive
- Legal requirement
- Local policy

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

- Safe
- Effective

## 2 Report summary

### 2.1 Situation

The Information Governance & Security (IG&S) Steering Group has been asked to provide an update on its progress following the development and implementation of the revised governance arrangements and to confirm the key priorities for the year.

The Steering Group continue to support the tasks, activities and projects that are key to the continuous improvement, mitigation of risk and evidence of improved controls for the areas of IG&S. The Group have now had informed discussion around the measures necessary to evidence assurance, the current and emerging risk profile for IG&S and conducted a critical review of an annual activity tracker that will be implemented by the IG&S Operational Group, the Digital and Information Senior Leadership Team and with the support of all services within NHS Fife.

The reporting to the Steering Group covers the following areas: -

- Data Protection & GDPR
- Freedom of Information Requests
- Public Records
- NHS Scotland Information Security Policy Framework

Within each area, consideration has been given to the necessary activities and evidence of compliance, reporting, training and education, quality assurance through audit or assessment and policy, guideline and operating procedure creation and review.

The prioritisation of activities has been based on the current risk profile within IG&S, though direct instruction by competent or audit authority or via the guidance of the IG&S Steering Group.

## 2.2 Background

### Risk Management

Discussion has taken place between the Digital and Information Board (April 2021) and the IG&S Steering Group (June 2021) to confirm the areas of responsibility within each group and to ensure the risks reporting is aligned to each group's Terms of Reference (ToR).

This work ensures that IG&S Steering Group can support the risk mitigation activities specific to the IG&S domains.

In addition, new categorisations for risks will be introduced into Datix to ease reporting and trend analysis as risks are mitigated towards their target risk level.

The summary risk position for IG&S is currently: -

Categorisation	Total Risks	Current Risk Level Breakdown
<b>DPA and GDPR</b> Risk that data maybe lost, used inappropriately or retained for longer than necessary	13	High Risk – 5 Moderate Risk – 6 Low Risk – 2
<b>Freedom of Information</b> Risk that inhibit or threat the organisations ability to comply with the statutory requirements and proactive publication of information	1	High Risk – 0 Moderate Risk – 1 Low Risk – 0
<b>Public Records</b> Risks that inhibit the organisations ability to create, maintain and comply with a Records Management Policy	3	High Risk – 2 Moderate Risk – 1 Low Risk – 0
<b>NISD</b> Risks that inhibits the organisations ability to comply with the necessary security controls protecting access to data and digital assets including user behaviour	12	High Risk – 3 Moderate Risk – 7 Low Risk – 2



## **Key Priorities**

At the June 2021 meeting of the Steering Group, a summary Activity Tracker was provided to demonstrate the planned improvement activities across the year 2021-22. A summary of the tracker is provided in Appendix 1.

The key areas of action in the early part of the year have been identified as:-

- Review the management and implement an improvement plan for Subject Access Requests
- Develop a Governance Gate assurance framework to support adoption of new technologies
- Planned improvement to Information Asset Recording and associated Service Catalogue
- Development and issue of Model Publication Scheme
- Policy review
- Records Management Action Plan
- NISD Action Plan Implementation
- Review of Cyber Response activities

All these priorities will be supported by appropriate training and communication plans.

The activity tracker prompted discussion on the priorities identified and the opportunity to mitigate risks and improve compliance against the assurance measures (considered at the March meeting of the group).

The group requested that the tracker continue to be cross-referenced to the risks and include the compliance measures, that some of the measures be considered for inclusion in the Integrated Performance Quality Report (IPQR), that the reports presented in March 2021 and June 2021 now be combined for all future meetings to provide to link activities and assurance evidence required.

The IG&S Operational Group now has a clear work plan to implement, support and adapt.

## **Assurance Measures**

At the March meeting of the Steering Group, a set of assurance measures were presented to help formulate the development and reporting required to continue to provide assurance and evidence the impact of improvement plan, the controls and performance. The measures continue to be developed into a form of a summary dashboard and aligned and cross-referenced with the activity tracker which will give clear indications of performance levels across the IG&S areas.

The IG&S Operational and Steering groups will use these measures to adapt priority activities ensuring a continuation of improved performance from the baseline highlighted in Internal Audit reports in 2019/20 and 2020/21.

The summary matrix of assurance measures is presented in Appendix 2. There are 11 current measurements able to be reported on, with 5 in a complete state and 6 recognised as being able to be improved.

The matrix also identifies a set of future assurance measures that will develop with our maturity of practice and ongoing work plans.

## **2.3 Assessment**

Through the work summarised in this report and with the support of the Information Governance & Security Operational and Steering Group, the documentation of controls, work plans and consideration of risk has allowed the Group to have visibility of the activity and performance reporting and prioritise the areas for improvement.

This work has ensured the establishment of a baseline of consistent and reliable assurance and the improvement plans summarised in this paper will further enhance performance as we embedded these activities in practice.

### **2.3.1 Quality/ Patient Care**

A culture that is supported in understanding its collective and individual responsibilities for Information Governance and Security is necessary to ensure services can consistently provide high levels of care and services and are not impacted by disruption, financial loss or reputational damage.

### **2.3.2 Workforce**

The available resource within IG&S is limited when baselined with other NHS Boards of a comparative size and structure. Recommendations will be considered within the Digital and Information Senior Leadership team to address this issue, that is limiting the pace of improvement given the business as usual demands and improvement work required.

### **2.3.3 Financial**

Some of the activities to mitigate risk and support compliance may incur additional costs.

### **2.3.4 Risk Assessment/Management**

The risk management approach continues to be developed through the support of the Steering Group and implemented via the Digital and Information Senior Leadership Team.

### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been considered in the creation of this report.

### **2.3.6 Other impact**

No other impact considered.

### 2.3.7 Communication, involvement, engagement and consultation

- Report creation reflects the work undertaken by the IG&S Team, view of the Information Governance Steering Group and associated stakeholders.

### 2.3.8 Route to the Meeting

- This paper has been presented directly to the Chair of the IG&S Steering Group/SIRO
- This paper has been presented to EDG (June 2021)

## 2.4 Recommendation

- **Awareness** – the Committee are asked to note the progress being made with the governance and assurance activities within the newly revised IG&S Governance framework.

## 3 List of appendices

**Appendix 1** – IG&S Steering Group Summary Activity Tracker

**Appendix 2** – Assurance Measures – Current and Future

### Report Contact

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## Appendix 1 – IG&S Steering Group Summary Activity Tracker

### Data Protection and GDPR - Action Tracker (QC Measure – source Appendix 2)

Officer/Team	Description	Actions	Target Completion	Comments/Updates	Risk Relationship	Status	Compliance Target/ QC - Assurance Measure
DPO & IG&S Team	Review management of Subject Access Requests and develop improvement plan.	Improvement plan should support improved compliance	Q2	Item will be prioritised Potential target for AXLR8		Ongoing	100% compliance to SAR completion (30days) QC 3.2
DPO & IG&S Team	Implement Subject Access Requests improvement plan.	Consideration to use of AXLR8 to support improvement to be considered	Q3			Not Started	100% compliance to SAR completion QC 3.2
DPO & IG&S Team	Develop a Governance Gate quality assurance framework to support adoption of new technologies	In Progress - this will take into consideration a similar approach being discussed nationally.	Q2	Meeting with National Team. Framework can be adopted within NHS Fife prior to national team agreement.	2109	Ongoing	New technologies introduced with suitable DPIA, DSA, IS Design, Training Assurance & Caldicott approvals QC Future 5
DPO & IG&S Team	Review all organisational contracts to ensure compliance documentation is in place and forms part of IAR/Service Catalogue	In Progress - this will include the same approach for National contracts. This is further required for EU Exit and NIS D.	Q2-Q4	This process is followed for all new contracts/systems work has commenced on historic contract/systems with the most recent first – extended to Service Catalogue work Support response to Urgent NIS D control	2103 2109 1994 1911 1528	Ongoing	Existing technologies introduced with suitable DPIA, DSA, IS Design, Training Assurance & Caldicott approvals % age improvement completion to be reported QC 1.4
DPO & IG&S Team	Develop action plan for compliance with emerging requirements for EU Exit	Scoping of the work underway and being supported by	Q3	Some actions underway around contractual review and appropriate documentation	1994	Ongoing	Alignment of plan with emerging requirements from SG DPO. Resource impact
DPO / IG&S Staff	Ensure Data Protection Training is reviewed and updated as required	Added to workplan	Q2	Effective knowledge and understanding required by users.	1932 1594 225	Not Started	QC 5.1
DPO / IG&S Staff	Ensure regular communications to services to support training uptake	Added to workplan	Q2 & Q4	Communication to be agreed	1932	Not Started	Collaborate with Learning and Development to receive a monthly report QC 5.1

Officer/Team	Description	Actions	Target Completion	Comments/Updates		Status	Compliance Target/ QC - Assurance Measure
DPO / IG&S Staff	Provide training to all D&I staff on commencement of employment	This is in place for Project Managers, a further proposal is required for remaining areas	Q2	A discussion is required at the D&I SLT to establish the needs of each area	226	Ongoing	QC 5.1
DPO / IG&S Staff	Provide bespoke training to departments throughout the business	This has been completed in some areas	Q2 & Q4	Regular communication required to ensure the organisation is aware this service is available. Outcomes from reportable incidents should also be used	1932	Ongoing	Uptake statistics to be confirmed QC 5.1

## Freedom of Information - Action Tracker

Officer/Team	Description	Actions	Target Completion	Comments/Updates	Risk Relationship	Status	Compliance Target/ QC - Assurance Measure
FOI Officer	Develop and issue a compliant Model Publication Scheme	Continue the engagement across several teams to develop and issue NHS Fife's Model Publication scheme	Q2 14/07/2021	Item prioritised as per Scottish Information Commissioner's office	305	Ongoing	Compliance through publication. Revised designed to Internet site QC 2.1
FOI Officer	Seek appropriate sign off for Model Publication, including review frequency	Item to be progressed through EDG/NHS Fife Board as appropriate	Q2 14/7/2021	Item to be considered at IG&S Steering Group and EDG as minimum	305	Not Started	Compliance through publication and review and comment from SIC QC 3.3
FOI Officer	Maintain compliance with FOI Responses	Further review and development of FOI process across all areas	Q2 – Q3	Include in the remit clarity on escalation and sign off procedure for each area/Director	305	Not Started	85% of responses achieved within the statutory timeframe. Quarterly Reports to SIC QC 2.1
FOI Officer	Ensure FOI Training is reviewed and updated as required and included as part of induction	Added to workplan	Q1 & Q3	Effective knowledge and understanding required by users.	1932 1594 225	Ongoing	Item included in Induction Training QC 5.1
FOI Officer	Following review of process and agreement on escalations provide FOI operating procedures	Some work completed in 2020-21 Added to workplan	Q3	Also include consideration of review process	305	Not Started	Futures 6

Officer/Team	Description	Actions	Target Completion	Comments/Updates	Risk Relationship	Status	Compliance Target/ QC - Assurance Measure
FOI Officer	Communication Plans developed in support of FOI Compliance	Added to workplan	Q3		305	Not Started	QC5.1

## Public Records Management – Action Tracker

Officer/Team	Description	Actions	Target Completion	Comments/Updates	Risk Relationship	Status	Compliance Target/ QC - Assurance Measure
DPO & IG&S Team	Timely Review of NHS Fife IG&S policies	Added to Workplan – Annual review as per policy review dates	Annual Timetable	Policies reviewed and await confirmation of publication	2082 2086 529	Ongoing	All policies reviewed and published with future review date QC 3.3
DPO & IG&S Team	Ad-hoc review of NHS Fife's IG&S policies following change in requirements or technologies introduced	Ad-hoc review as required	No current requirement	Likely review following national guidance from Office 365 programme	2082	No current requirement	QC 3.3
DPO & IG&S Team	Detailed action plan for Records Management to be created for implementation by the IG&S Operational Group	Continue to await feedback from Keeper following submission in March 2021	Q2	Records management remains a significant area of work. Some activities underway while formal review outstanding	1911 2082 2086	Ongoing	Await feedback QC 3.1
DPO & IG&S Team	Implementation of Records Management Action Plan	Significant undertaking expected	Q2 – Q4	Wide reaching impact within NHS Fife. Some associated activities in DP and GDPR stream will assist	2082 2086	Not Started	Already known delivery risk due to size of compliant records management activity Records and data cleansing tools expensive – particularly for support to O365 move to Cloud storage QC 3.1
DPO & IG&S Team	Some technical controls and technologies may offer limited RM assurance following extended use of systems e.g. Fairwarning	List of systems for review to be developed and consideration of mitigations/redesigns to be considered	Q3	Will require alignment of resource across multiple teams	1292 1609	Not Started	QC 3.1
DPO & IG&S Team	The training and education support required to compliant records management needs to be developed	Consideration on effective approach giving resource limitations will be considered	Q2		2103	Not started	QC 5.1

Officer/Team	Description	Actions	Target Completion	Comments/Updates	Risk Relationship	Status	Compliance Target/ QC - Assurance Measure
DPO & IG&S Team	A communication plan required to support compliance with records management needs to be developed	Consideration on effective approach giving resource limitations will be considered	Q3		2086	Not started	QC 5.1

## NIS D – Action Tracker

Officer/Team	Description	Actions	Target Completion	Comments/Updates	Risk Relationship	Status	Compliance Target/ QC - Assurance Measure
Info. Security Manager & Cyber Team	Creation of action plan following NIS D audit (March 2021)	Audit report provided May 2021 noting rise to 69% compliance (Previously 53% in 2020)	Q2	As action plan is created activities and underway to address the key priorities	529 217 541 1499 1500	Ongoing	Identified as Amber as known risks in legacy technologies/ systems QC 4.1
Info. Security Manager & Cyber Team	Implementation of action plan following NIS D audit (March 2021)	Audit report provided May 2021 noting rise to 69% compliance (Previously 53% in 2020)	Q2 – Q4	Full action plan will include assessment of resource and funding required	529 217 541 542	Ongoing	Identified as Amber as known risks in legacy technologies/ systems QC 4.1
Info. Security Manager & Cyber Team	Commencement of activities in support of priority recommendations following NIS D audit report (May 2021) 6 x Urgent & 1 x Critical	Commence IS & Cyber response workshops x 3 Commence Technical tabletop exercises following emerging threat scenarios Reconfiguration of Datix to support incident review process	Q2	Cyber response Workshop 1 - Complete Emerging threat workshop - 2 & 3 June Penetration Test conducted – 27/5/21 Await Datix being updated – ongoing Reviews to inform BC & DR Plans for Services and Digital & Information	529 541	Ongoing	Priority Area Summary Report provided for EDG/NHS Fife Board Consideration QC 5.1
Info. Security Manager & Cyber Team	Develop a consistent approach to post incident review and learning, including reportable incidents and near misses	Ensure action plans are developed for incident review and learning so actions, educational activities and design alterations can be evidenced	Q2	Reconfiguration of Datix to support incident review process requested	529	Ongoing	Priority Area Evidence of approach to be provided QC 1.1
Associate Director of Digital & Information	Implementation of defined, documented risk management framework for identification and management of risk	Reconfiguration of Datix to support accurate capture, reporting and management of risk required	Q1	Work underway and planned completion by June 2021 Includes all areas of Digital & Information at a corporate level		Ongoing	Support risk appetite discussions Futures 6

Officer/Team	Description	Actions	Target Completion	Comments/Updates	Risk Relationship	Status	Compliance Target/ QC - Assurance Measure
Associate Director of Digital & Information	Additional controls and design consideration for all new technologies being considered	Consideration of formal Technical Design Architecture group, additional gateways during procurement including enforcement of NHS Scotland Infrastructure and IS Standards	Q3	Additional Stakeholders involved earlier in technology/system consideration. Resource requirements being considered as part of TOM	2109	Not Started	Future 5
Info. Security Manager & Cyber Team	Additional controls and design consideration for all existing technologies to assess current risk	Assessment of systems against existing NHS Scotland Infrastructure and IS Standards	Q3-Q4	Additional Stakeholders need to be involved, including National, Regional and Local Information Asset Owners, Labs, Medical Devices etc	2109	Not Started	Resource Impact significant Future 7
Info. Security Manager & Cyber Team	Action plan for mitigation of risks associated with Legacy systems identified	Completion of the W10 replacement project will also identify legacy systems	Q3-Q4	Links to lifecycle management work and Service Catalogue	529 541 542 1499	Not Started	Future 7
Info. Security Manager & Cyber Team	Further controls and guidance on the use of personal devices to be established	Acceptable standard to be adopted given the range of technologies and system that can be connected to from a personal device	Q4	Expected implementation of technologies by National Team as part of O365 programme	1932 225	Not Started	QC 3.3
Info. Security Manager & Cyber Team	Development of Information Security awareness training to be developed for LearnPro/Turas	Consideration of modules from other Boards to be considered	Q2		541	Not Started	QC 5.1
Info. Security Manager & Cyber Team	Development of bespoke training for specific information security concerns e.g. Phishing attack	Consideration of modules from other Boards to be considered	Q3- Q4		541 542	Not Started	QC 5.1
Info. Security Manager & Cyber Team	Review and guidance provided to project implementation to ensure appropriate IS considerations as part of system training	This work will be considered within approach to HEPMA and O365 training	Q1-Q4	Evidence of assurance/controls to be reviewed as part of system training assessment	2103	Ongoing	Improved awareness of IS education and impact of users on behaviours/reduced reportable incidents Limitations due to lack of training team QC 5.1
Info. Security Manager & Cyber Team	Develop ongoing schedule of cyber event simulations to help inform response and service preparedness	Utilise learning from other Public Sector events Consider regional simulations for some key service areas	Q4	Scoping consideration required	529	Not Started	QC 5.1



## Appendix 2 – Assurance Measures – Current and Future

### Current Assurance Measures

IG&S Domain	Quality Control (QC)	Current Status	Source	Assurance Measures
Data Protection SIRO Report	<b>1.1 Adverse Events</b>	Reporting Available - Complete	NHS Fife IG&Sec as per existing reporting requirements.	# Total # Category/type % Internal/External % Resolution time Method of resolution # Reported to regulator # Actions for follow up # Reported to law enforcement
Data Protection	<b>1.2 DPIA Process:</b>	Reporting Available - Improvement	NHS Fife IG&Sec as per existing reporting requirements.  Peer review, documentation, legal and commercial, contractor map, topology, data flow, compliance, responsibility, project management, technical solution and controls, organisational controls, consultation	# Total Avg. completion time against target. % completed. % successful % success pending improvement. % failure. Failure categories
Data Protection	<b>1.3 Caldicott</b>	Reporting Available - Improvement	Case and document Management	#Total # Complete # Outstanding Avg. completion time against target. % completed % successful % success pending improvement. % failure and reasons.
Data Protection	<b>1.4 Information Asset Register</b>	Reporting Available – Improvement	Register of Information Asset and associated data set	# Expected number of IA entries # Completed IA entries % improvement target per quarter
Data Protection	<b>1.5 Acceptable Use Policies</b>	Reporting Available - Improvement	NHS Fife IG&Sec as per existing reporting requirements.  Shared development	# Total Avg. completion time against target. % completed. % Approved
Freedom of Information	<b>2.1 Freedom of Information Requests</b>	Reporting Available - Complete	NHS Fife IG&Sec as per existing reporting requirements.	# Total Avg. completion time against target. % completed. % success. % ongoing % refused

IG&S Domain	Quality Control (QC)	Current Status	Source	Assurance Measures
Public Records	<b>3.1 Records and Document Management</b>	Reporting Available – Improvement	NHS Fife IG&Sec as per existing reporting requirements.	# Total # Document category types (confidential, shared etc.) % Duplications. % Storage % Distribution Availability time % Access
Public Records	<b>3.2 SARs</b>	Reporting Available – Complete (Improvement Plan ongoing)	NHS Fife IG&Sec as per existing reporting requirements.	# Total received Avg. completion time against target. % completed. % Ongoing % Denied and reasons.
Public Records	<b>3.3 Policy management</b>	Reporting Available - Complete	Creation and, adaptation of Health Board Policy and Guidelines as required.	# of general policies % reviewed/changed. % approved/rejected and why
NIS D	<b>4.1 Internal and External Audits</b>	Reporting Available – Complete (Improvement Plan ongoing)	Audit selection, process and standards. Case management and communication	Total Overall measure. # category of measurement/improvement # improvements made in period % completed. % success. % success pending improvement. % failure. Failures type.
Culture/Compliance	<b>5.1 Training and Education</b>	Reporting Available – Improvement	Measure of general uptake and education across all IG&S domains, including online training, training courses and workshop/awareness activities	Number of updates to training materials Number of courses completed # Courses completed by new starts in period # of New Starts in current period

## Future Assurance Measures

Quality Control (QC)	Source	Assurance Measures
<b>1. National and international legal and regulatory requirements</b>	Monitor and be aware of national and international Information Governance and Privacy laws and regulations: <ul style="list-style-type: none"> <li>• Scottish/UK Laws and Courts</li> <li>• Scottish Government</li> <li>• Information Commissioner (ICO)</li> <li>• MHRA</li> <li>• Others include EC, ECHR, EDPB, FDA etc.</li> </ul>	# Briefings per quarter. # of internal and external news articles. # of training sessions and type. # awards. # conference attendance.
<b>2. Industry and professional best practice and standards</b>	Monitor and be aware of industry best practice and standards: <ul style="list-style-type: none"> <li>• NHS Digital</li> <li>• ISO</li> <li>• NIST</li> <li>• IG Toolkit</li> <li>• CISSP</li> <li>• IAPP</li> <li>• IG Toolkit</li> </ul>	% Professional membership % Certifications # Training activities # ISO certifications
<b>3. Quality Assurance and Control Framework</b>	Establish and agree framework within NHS Fife.	% Compliance cost reduction % risk mitigation by project Score quality and documentation % approval/non approvals. Avg. delivery time against target. # Fines and penalties. % Compliance rectification cost reduction. # Communications per quarter. # Internal and external surveys (Executive, staff, patients and suppliers) # Documents/categories eLibrary # Access to eLibrary by volumes and area.
<b>4. IG&amp;Sec Code of Conduct</b>	Establish and agree Code of Conduct within NHS Fife.	# of IG&Sec officers signed to Code of Conduct
<b>5. Control Gate Mapping</b>	Map key activities and control activities for all IG&Sec processes.	# of mapped processes.
<b>6. SOPs</b>	NHS Fife IG&Sec as per existing reporting requirements.  Shared development	# Total Avg. completion time against target. % completed. % Approved

DELIVERABLES	ACTIVITIES	POTENTIAL METRICS
7. Technology Solutions	<p>NHS Fife IG&amp;Sec Quality Assurance check.</p> <p>NHS Fife Supply Chain awareness and pre-assessment of technology solutions including:</p> <ul style="list-style-type: none"><li>• Internal development.</li><li>• Third party commercial solutions and services.</li><li>• Applications.</li><li>• Integrated devices</li><li>• Mobile devices</li></ul> <p>National Procurement Quality Assurance Solution Documentation.</p>	<p># QC checks performed.</p> <p># Supply chain awareness events</p> <p># National and Board Use cases</p>

<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting Date:</b>	<b>7 July 2021</b>
<b>Title:</b>	<b>Publication of Community Engagement and Participation Guidance for Health and Social Care “Planning with People”</b>
<b>Responsible Executive:</b>	<b>Janette Owens, Director of Nursing</b>
<b>Report Author:</b>	<b>Janette Owens, Director of Nursing Donna Hughes, Head of Person-centred Care</b>

## 1. Purpose

**This is presented to the Clinical Governance Committee for:**

- Awareness
- Discussion

**This report relates to an:**

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

**This aligns to the following NHS Scotland quality ambitions:**

- Safe
- Effective
- Person Centred

## 2. Report Summary

### 2.1 Situation

This report has been prepared to update the Clinical Governance Committee on the publication of community engagement and participation guidance for health and social care.

“Planning with People, Community engagement and participation guidance for NHS Boards, Integration Joint Boards and Local Authorities that are

planning and commissioning care services in Scotland” was published in March 2021.

## 2.2 Background

It is more than 10 years since guidance on community engagement for healthcare was last issued by the Scottish Government (CEL4 2010). A great deal has changed since February 2010 – not least the integration of health and social care services. This document replaces previous guidance on engagement, and represents real partnership working in action.

“Planning with People” is co-owned by The Scottish Government and COSLA. Although not legally binding, this guidance supports organisations to deliver their existing statutory duties for engagement and public involvement. Organisational leaders should therefore regard effective engagement as a priority.

This guidance applies to all health and care services and promotes working with people as equal partners whilst embedding consistency, culture change and collaboration. Although not legally binding, the guidance supports organisations to deliver their existing statutory duties for engagement and public involvement.

It is identified within the recommendations of the Independent Review of Adult Social Care in Scotland that it is vital that the voices of people who require to use services, carers and the public are heard in shaping and developing health and social care services in Scotland.

Meaningful and sustained engagement practice will ensure that a person-centred approach is undertaken in the planning and delivery of services. The guidance will support the delivery of existing statutory duties for engagement and public involvement. **Planning with People** sets out how members of the public can expect to be engaged by NHS Boards, Integration Joint Boards and Local Authorities. It encourages close working between bodies to minimise duplication and share learning.

A high-level framework for engagement has been developed which includes:

- The importance of community engagement and participation
- A principles-based approach, which underpins and supports robust evidence based, high quality and meaningful engagement.
- An overview of the differing governance arrangements for NHS Boards, Local Authorities and Integration Authorities, including the major service change provision for NHS Boards (the process for major service change within NHS Boards remains unchanged).

Healthcare Improvement Scotland and the Care Inspectorate are working with stakeholders to develop a Quality Framework for Community Engagement. This will support NHS Boards, Local Authorities and Integration Joint Boards to carry out effective community engagement and demonstrate how these organisations are meeting their statutory responsibilities to engage. In addition, the Quality Framework will provide opportunities to develop practice and share learning.

During 2021 **Planning with People** will itself be subject to wide consultation, to ensure that this guidance supports the Human Rights approach and is aligned to the recommendations in Derek Feeley’s report. Progress of this will be reviewed by the Scottish Government and reported over 2022.

## 2.3 Assessment

### Purpose of the guidance

Effective community engagement and the active participation of people is essential to ensure that care services are fit for purpose and lead to better outcomes for people. The guidance supports public service planners, commissioners and providers to consider how to continually improve the ways in which people and communities can become involved in developing services that meet their needs.

As well as improving practice, this guidance supports existing legal obligations for engagement and participation

### Statutory Duties and Governance

The duty to involve people and communities in planning how their public services are provided is enshrined in law in Scotland. The guidance supports organisations to meet their legal responsibilities.

The tables below demonstrate the statutory duties of community engagement and the governance and decision making for Fife NHS Board and the Integrated Joint Board (IJB).

Fife NHS Board	
Statutory Duties	Bound by duties of public involvement set out in the <b>NHS (Scotland) Act 1978 as amended by National Health Service Reform (Scotland) Act 2004</b>
	<b>The Community Empowerment (Scotland) Act 2015</b> requires equal duties when it comes to participation
	Participation is also a key element of a <b>Human Rights</b> based approach
Governance and Decision-making: <b>Major Service Change</b>	<p>Identifying <b>major service change</b>:            There is a range of factors that Fife NHS Board will consider to be important drivers for change, including workforce issues and clinical standards. However the guidance concentrates on key issues that are relevant for identifying when a proposed service change might be classed as major. These include:</p> <ul style="list-style-type: none"> <li>• The impact on patients and carers</li> <li>• Changes to the accessibility of services</li> <li>• Emergency and unscheduled care</li> <li>• Public or political concern</li> <li>• Changes to how services are delivered</li> <li>• Financial implications</li> <li>• Consequences for other services</li> </ul> <p>NHS Boards can designate proposals as major change themselves, as informed by the Healthcare Improvement Scotland - <b>Community Engagement guidance</b>.</p> <p>Proposals for major service change in the NHS must be subject to at least <b>three months</b> of public consultation and, ultimately, Ministerial approval</p> <p>Following the public consultation, a full meeting of the NHS Board will then consider the proposals and make a decision. A range of information, including responses to the consultation and a report from Healthcare Improvement Scotland – Community Engagement, will help to inform the Board’s decision.</p>

	<p>Following the Board decision, the major service change proposal must be submitted to Scottish Ministers for final approval. Ministers will take all the available information and representations into account, including the report of Healthcare Improvement Scotland – Community Engagement. The proposals may ultimately be approved or rejected by Scottish Ministers. Where appropriate, they may also instruct the relevant NHS Board to carry out further engagement activity.</p>
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Integrated Joint Board	
Statutory Duties	Engagement and participation duties are specified by the <b>Public Bodies (Joint Working) (Scotland) Act 2014</b> .
	The duty was strengthened with the introduction of the <b>Community Empowerment (Scotland) Act 2015</b>
	Participation is also a key element of a <b>Human Rights</b> based approach
Governance and Decision-making	<p>Specific requirements (known as <b>Planning Principles</b>) are laid out for involvement and participation of a range of stakeholders. Integration Joint Boards are required to have as members a carer representative, a person using social care services, a patient using health care services and third sector representatives.</p> <p><b>Each Integration Joint Board should have its own strategy for community engagement and participation</b>, which should be taking place on a regular and routine basis and not just at time of change. Strategies must take this guidance into account.</p>
Planning Principles	<p>The guidance treats the <b>principles as a single set of shared values</b> which, taken together as a whole, will span every activity relating to integrated health and social care.</p> <p>The integration planning and delivery principles are:</p> <ul style="list-style-type: none"> <li>(a) the main purpose of services which are provided in pursuance of integration functions is to improve the wellbeing of service-users</li> <li>(b) those services should be provided in a way which, so far as possible <ul style="list-style-type: none"> <li>(i) is integrated from the point of view of service-users</li> <li>(ii) takes account of the particular needs of different service-users, (iii) takes account of the particular needs of service-users in different parts of the area in which the service is being provided, (iv) takes account of the particular characteristics and circumstances of different service-users</li> <li>(v) respects the rights of service-users</li> <li>(vi) takes account of the dignity of service-users</li> <li>(vii) takes account of the participation by service-users in the community in which service-users live</li> <li>(viii) protects and improves the safety of service-users</li> <li>(ix) improves the quality of the service</li> <li>(x) is planned and led locally in a way which is engaged with the community (including in particular service-users, those who look after service-users and those who are involved in the provision of health or social care)</li> <li>(xi) best anticipates needs and prevents them arising, and (xii) makes the best use of the available facilities, people and other</li> </ul> </li> </ul>



	resources.
<b>Strategic Commissioning Planning</b>	<p>Decision-making by the IJB takes place within the context of strategic commissioning, and so it is important that community engagement is part of this process.</p> <p>There is a duty on the IJB to create strategic commissioning plans for the functions and budgets it controls, which must be reviewed every three years. This requires close working with professionals and local communities to deliver sustainable new models of care and support that are focused on improving outcomes for people.</p> <p>A key principle of the commissioning process is that it should be equitable and transparent. It must be open to influence from all stakeholders, including the community, via ongoing dialogue with people who use services, their carers and service providers.</p> <p>During the development of their strategic plan, each Integration Joint Board is required to run consultations on various drafts of the document.</p>
<b>Locality arrangements</b>	<p>Another important route for community engagement is through locality arrangements. The IJB divides its geographical area into seven localities, and the views of people who live there must be taken into account as part of the strategic commissioning process to inform strategic thinking.</p>

## Next Steps

Over last 18 months a model for participation and engagement has been designed and tested with National Standards for Community Engagement as the basis, in the anticipation for the replacement of CEL 4 2010.

The Participation & Engagement Advisory Group (PEAG) was established and is made up of professional staff who acts as a single point of contact for services seeking public participation across Acute Services, HSCP Services, Corporate Services and Localities.

NHS Fife has been selected as a pilot Board to test the Quality Framework for Community Engagement and Participation” which forms part of “Planning with People”. This involves self-evaluation, discussions with Healthcare Improvement Scotland and the development of improvement plans. This framework and the accompanying evaluation cycle will provide assurance to NHS Fife and the IJB.

The IJB is developing its strategy for community engagement and participation taking this guidance into account. NHS Fife’s participation and engagement model will dovetail with the strategy. An initial meeting with key stakeholders has been held to review the requirements of “Planning with People” and take forward the model of participation.

### 2.3.1 Quality / Patient Care

As highlighted in the Feeley Report, “Service design and delivery can only improve if people with lived experience are involved in the process. It is impossible to address inequality if the people who experience it are not in the room”

### 2.3.2 Workforce

The guidance supports our workforce to consider how to continually improve the ways in which people and communities can become involved in developing services that meet their needs.

### 2.3.3 Financial

Major service change can carry significant financial risk. Proposals for major service change in the NHS must be subject to at least **three months** of public consultation and, ultimately, Ministerial approval.

### 2.3.4 Risk Assessment / Management

The duty to involve people and communities in planning how their public services are provided is enshrined in law in Scotland. “Planning with People” supports organisations to deliver their existing statutory duties for engagement and public involvement.

### 2.3.5 Equality and Diversity, including health inequalities

The guidance respects the rights of service-users. People can expect to experience integrated care and support services that are underpinned by a Human Rights Based Approach, in which:

- People’s rights are respected, protected and fulfilled
- Providers of care clearly inform people of their rights and entitlements
- People are supported to be fully involved in decisions that affect them

- Providers of care and support respect, protect and fulfil people's rights and are accountable for doing this
- People do not experience discrimination in any form
- People are clear about how they can seek redress if they believe their rights are being infringed or denied

### **2.3.6 Other Impact**

### **2.3.7 Communication, Involvement, Engagement and Consultation**

The guidance states that NHS Boards, Integration Joint Boards and Local Authorities should explore the opportunities for joined-up engagement activities. Where a number of organisations are undertaking community engagement in a local area the engagement activity should be aligned, where possible. This can help reduce 'engagement fatigue' among communities.

### **2.3.8 Route to the Meeting**

EDG 24 June 2021

## **2.4 Recommendation**

The Clinical Governance Committee is asked to note the contents of the report

## **3. List of Appendices**

"Planning with People"

**Report Contact:** Janette Owens  
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# PLANNING WITH PEOPLE

**Community engagement and participation guidance**  
for NHS Boards, Integration Joint Boards and Local Authorities that are  
planning and commissioning care services in Scotland



CofSLA 

@COSLA 

[www.cosla.gov.uk](http://www.cosla.gov.uk)

TheScottishGovernment 

@ScotGov 

[www.gov.scot](http://www.gov.scot)

## PLANNING WITH PEOPLE – JOINT FOREWORD

Scotland's national and local governments are committed to improving the ways individual people, and communities of people, can be involved in decision-making that affects them.

Nowhere is that more vital than when it comes to the development of the health and social care services upon which we all rely.

Our response to the COVID-19 pandemic has shown that Scotland's public services can come together to address challenges. Across the country, we have been doing things differently to engage people in communities about decisions that affect them,

We know that by working together care providers can transform the experience of people who use services as well as the experience of those who deliver them. This guidance will help us achieve that widely and with consistency.

The days of health services and social care services operating in isolation are gone. Now, people expect their care providers to collaborate to develop 'seamless' care. That demands a joint commitment to working in partnership with people themselves to co-create services that suit everyone.

Listening to the views of people who use services, and actively involving them throughout the process of planning care delivery, is a key improvement recommendation of the recent [Independent Review of Adult Social Care in Scotland](#).

During 2021 Planning with people will itself be subject to wide consultation, to ensure that this guidance supports the Human Rights approach and is aligned to the recommendations in Derek Feeley's report. Progress of this will be reviewed and reported over 2022.

Planning with people promotes real collaboration between NHS Boards, Integration Joint Boards and Local Authorities. It sets out the responsibilities each organisation has to community engagement when services are being planned, or changes to services are being planned, and supports them to involve people meaningfully.

Applying this guidance wholeheartedly will help to ensure these legal duties are met, and it will be used to inform assessment of organisational performance.

Fundamentally, good engagement means that services are developed which are effective, safe, value-for-money and meet individuals' needs. And there is no doubt that greater participation brings better outcomes for communities all round.

So, we encourage people in communities across the country to read Planning with people and join the drive to shape the way Scotland's citizens are engaged in shaping the care services they receive. Ultimately, it is their experience that will be the real measure of what impact it is making.

Signed



Jeane Freeman, Cabinet Secretary for Health and Sport, Scottish Government

A handwritten signature in black ink, appearing to read 'Jeane'.



Cllr Stuart Currie, Health and Social Care Spokesperson, COSLA

A handwritten signature in black ink, appearing to read 'Stuart Currie'.

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## PART 1 - PLANNING WITH PEOPLE

### About Planning with People

It is more than 10 years since guidance on community engagement for healthcare was last issued by the Scottish Government. A great deal has changed since February 2010 – not least the integration of health and social care services.

This document replaces previous guidance on engagement, and represents real partnership working in action. Its content has been produced by people from right across the health and social care spectrum, and it will continue to develop as experience of collaborative community engagement grows.

**Planning with People** is co-owned by The Scottish Government and COSLA.

Although not legally binding, this guidance supports organisations to deliver their existing statutory duties for engagement and public involvement. Organisational leaders should therefore regard effective engagement as a priority.

This guidance applies to all care services – for children, young people and adults. It should be followed not only by health and social care providers but also by local, regional and national planners, Special Boards and all independent contractors and suppliers such as care homes, pharmacies and general practices.

To be heartfelt and effective, engagement cannot be prescriptive. So **Planning with People** represents a new way of doing things. It promotes consistency, culture change and true collaboration and encourages creativity and innovation, based on best practice. Putting people and communities at the centre of the process delivers the best results.

**Planning with people** sets out how members of the public can expect to be engaged by NHS Boards, Integration Joint Boards and Local Authorities. Recognising all the good work that is taking place, the guidance is designed to complement and strengthen organisations' existing engagement strategies. It also encourages close working between bodies to minimise duplication and share learning.

who might wish to refer to it, the language used in this guidance is deliberately accessible and jargon-light. [Scotland's Health and Social Care Standards](#) use 'care' to encompass both health and social care, so this terminology is used throughout.

The guidance has been developed during the COVID-19 pandemic, which has transformed methods of engagement. Digital approaches, including the use of social media, are fast being adopted and **Planning with People** acknowledges that trend.

It is important that guidance on community engagement evolves with experience, and there will be dedicated forums where people involved in consultation and engagement activity can share their learning and ask questions. Case studies will illustrate best practice and capture impacts on communities and engaging organisations.

**Planning with People** will be reviewed in January 2022 and refreshed in the light of experience. Please share your feedback – [CEdocumentfeedback@gov.scot](mailto:CEdocumentfeedback@gov.scot)

## Defining community engagement

In order to be effective, community engagement must be relevant, meaningful and

NHS Boards, Local Authorities and Integration Joint Boards should engage with the communities they serve following the principles set out in the [National Standards for Community Engagement](#).

*‘A purposeful process which develops a working relationship between communities, community organisations and public and private bodies to help them to identify and act on community needs and ambitions. It involves respectful dialogue between everyone involved, aimed at improving understanding between them and taking joint action to achieve positive change.’*

## Purpose of the guidance

Effective community engagement and the active participation of people is essential to ensure that Scotland’  
for people.

The Scottish Government and COSLA have developed this guidance to support greater collaboration between those making decisions about care services in Scotland, those delivering services, and people in communities who are affected.

This guidance supports public service planners, commissioners and providers to consider how to continually improve the ways in which people and communities can become involved in developing services that meet their needs.

To achieve meaningful and effective engagement, leaders must demonstrate a commitment to it and take action to embed it within their organisations. As well as improving practice, this guidance supports existing legal obligations for engagement and participation.

**Engagement that takes place routinely helps to develop trust between communities and public bodies, fosters mutual understanding, and makes it easier to identify sustainable service improvements.**

## Using the guidance

The guidance is intended for use by people who are experienced in engagement, development. The purpose is to promote ongoing learning and

The guidance applies where decisions are being made about the planning or development of care services. It complements and supports existing local engagement plans, providing a foundation of shared principles that Integration Joint Boards, Local

Organisations involved in developing integrated care services in Scotland are expected to follow relevant aspects of the guidance as they plan future engagement activities.

The guidance must be understood and adopted by all stakeholders, and there are

Local Authority Chief Executives who must ensure that engagement is undertaken effectively.

Key statutory responsibilities involving engagement, such as [Joint Strategic Needs Assessment](#) and [Strategic Commissioning Planning](#) can sometimes be met in the letter of the legislation but not the spirit of the legislation. Organisational barriers to 'walking the talk' effective leadership.

In recognition of health and social care integration this guidance updates existing guidance and replaces Chief Executive Letter 4 (2010) for NHS Boards.

**The established major service change decision-making process for NHS Boards remains unchanged.**

## When to use the guidance

This guidance aims to improve general understanding of what 'effective community engagement' means in relation to the development of care services. Supported by more detailed information, tools and resources, it can be used to develop organisational culture, act as a good practice guide and extend staff training.

It can be applied in any context where community engagement might inform service planning, from large-scale to local initiatives. Key steps in the community engagement process that should be followed in any engagement cycle are outlined below, and more detail can be found in [Part 3 - Supporting Information](#).

NHS Boards, Integration Joint Boards and Local Authorities should explore the opportunities for joined-up engagement activities. Where a number of organisations are undertaking community engagement in a local area the engagement activity should be aligned, where possible. This can help reduce 'engagement fatigue' among communities.

Organisations should work collaboratively to draw on their existing collective expertise and infrastructures to support community engagement. For example, there will be parts of Health Boards and Local Authorities with a strong track record of

Before embarking on the community engagement improvement journey, it is important for organisations to objectively assess how they currently involve and engage with people. T

[Part 4 –](#)

[Policy, legislation and principles.](#)

## Policy and legislative context

This guidance has been developed in response to the Ministerial Strategic Group for Health and Community Care [Review of Progress with Integration of Health and Social Care](#) (published February 2019), which urges an increase in the pace and effectiveness of integration across Scotland. That includes a proposal to develop revised guidance on local community engagement and participation based on existing good practice, to apply across health and social care bodies.

NHS Boards, Integration Joint Boards and Local Authorities all have a statutory responsibility to involve people in developing and delivering care services.

All relevant public bodies are expected to demonstrate how they are engaging with communities, and to evidence the impact of engagement.

This guidance takes account of relevant recent policy drivers and legislation (see Part 4) and promotes a shared understanding among Scotland's care planners and commissioners to support consistently high-quality engagement with communities.

### - Statutory duties of community engagement

The duty to involve people and communities in planning how their public services are provided is enshrined in law in Scotland. This guidance supports care organisations to meet their legal responsibilities.

**NHS Boards** are bound by duties of public involvement set out in the [NHS \(Scotland\) Act 1978](#) as amended by [National Health Service Reform \(Scotland\) Act 2004](#).

For **Integration Joint Boards** engagement and participation duties are [Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#). Integration Joint Boards are expected to apply this guidance and work with colleagues in Health Boards and Local Authorities to share learning and develop best practice.

The duty to involve people in the design and delivery of care services was strengthened with the introduction of the [Community Empowerment \(Scotland\) Act 2015](#).

Participation is also a key element of a [Human Rights](#) based approach, which requires that people are supported to be active citizens and that they are involved in decisions that affect their lives.

## Assurance, support and oversight

[Healthcare Improvement Scotland](#) and the [Care Inspectorate](#) have statutory responsibilities to assure and support improvement in the quality of care services. Where appropriate they collaborate in the delivery of these duties.

**Healthcare Improvement Scotland – Community Engagement** (formerly the Scottish Health Council), has a legal duty to support, ensure and monitor public involvement in respect of health services across NHS Boards and Integration Joint Boards.

The **Care Inspectorate** is responsible for inspecting and improving social care and social work services and regulates all registered services for adults and children.

Healthcare Improvement Scotland and the Care Inspectorate are working with stakeholders to develop a [Quality Framework for Community Engagement](#). This will support NHS Boards, Local Authorities and Integration Joint Boards to carry out effective community engagement and demonstrate how these organisations are meeting their statutory responsibilities to engage. In addition the Quality Framework will provide opportunities to develop practice and share learning.

In partnership with other scrutiny bodies, Healthcare Improvement Scotland and the Care Inspectorate also carry out joint strategic inspections for care services of NHS Boards, Local Authorities and Integration Joint Boards. These inspections examine how integrated services are planned, commissioned and delivered to meet people's needs, and meaningful engagement is taken into account.

Healthcare Improvement Scotland and the Care Inspectorate both work to the [Health and Social Care Standards](#) in their scrutiny and improvement activities. The rights of people to be involved in decision-making regarding the provision of care underpin the joint standards, which also require people to be supported to participate fully.

## PART 2 - ENGAGING WITH PEOPLE

This guidance supports NHS Boards, Local Authorities and Integration Joint Boards to build strong two-way dialogue with the diverse communities they work alongside and serve.

**Engagement should not be a one-off event or only used for high-profile projects. High-quality and ongoing community engagement builds relationships and trust.**

Individual engagement projects must be planned as part of the organisation's wider engagement strategy. Leaders must commit the necessary resources - people, time and money.

It is important that community groups are involved throughout the development, planning and decision-making process for service change. Involving representatives of communities to the engagement planning team at the earliest possible stage informs an effective approach.

cases a range of different engagement tools will be necessary to reach the right people. Further information is attached in [Part 3 - Supporting information](#).

Healthcare Improvement Scotland - Community Engagement can provide advice on the type of involvement it would expect to see for proposed engagement by health bodies. It can give views on similar work and best practice elsewhere, support meaningful engagement to take place at a distance, and offer guidance on the evaluation process.

The [Participation Toolkit](#) published by Healthcare Improvement Scotland – Community Engagement also provides detail on a range of engagement methods, tools and best practice.

Alongside Healthcare Improvement Scotland – Community Engagement, the Care Inspectorate can provide advice and guidance on community engagement to local authorities and Integration Joint Boards through its [link teams](#).

Link teams recognise multiple services of different types, and the need for regular planned contact to discuss emerging issues. They consist of a strategic inspector, responsible for scrutiny carried out at authority or strategic partnership level; a relationship manager for adult care services and complaints about care services; and a relationship manager for children's care services and registration.

### Digital engagement – pandemic learning

The onset of COVID-19 inspired greater collaborative working across all health and social care organisations, and a more joined-up approach in terms of communications and engagement has been evident.

Due to COVID-19 limitations on face-to-face meetings and events, organisations have had to adapt their approach to engagement and have used digital technology, including social media, more than ever before. Although digital technologies will not meet everyone'

engagement and detailed guidance is being drafted, drawing on the pandemic experience.

Healthcare Improvement Scotland has completed an [Equality Impact Assessment of to community engagement](#) which will be of value in planning and designing such activity.

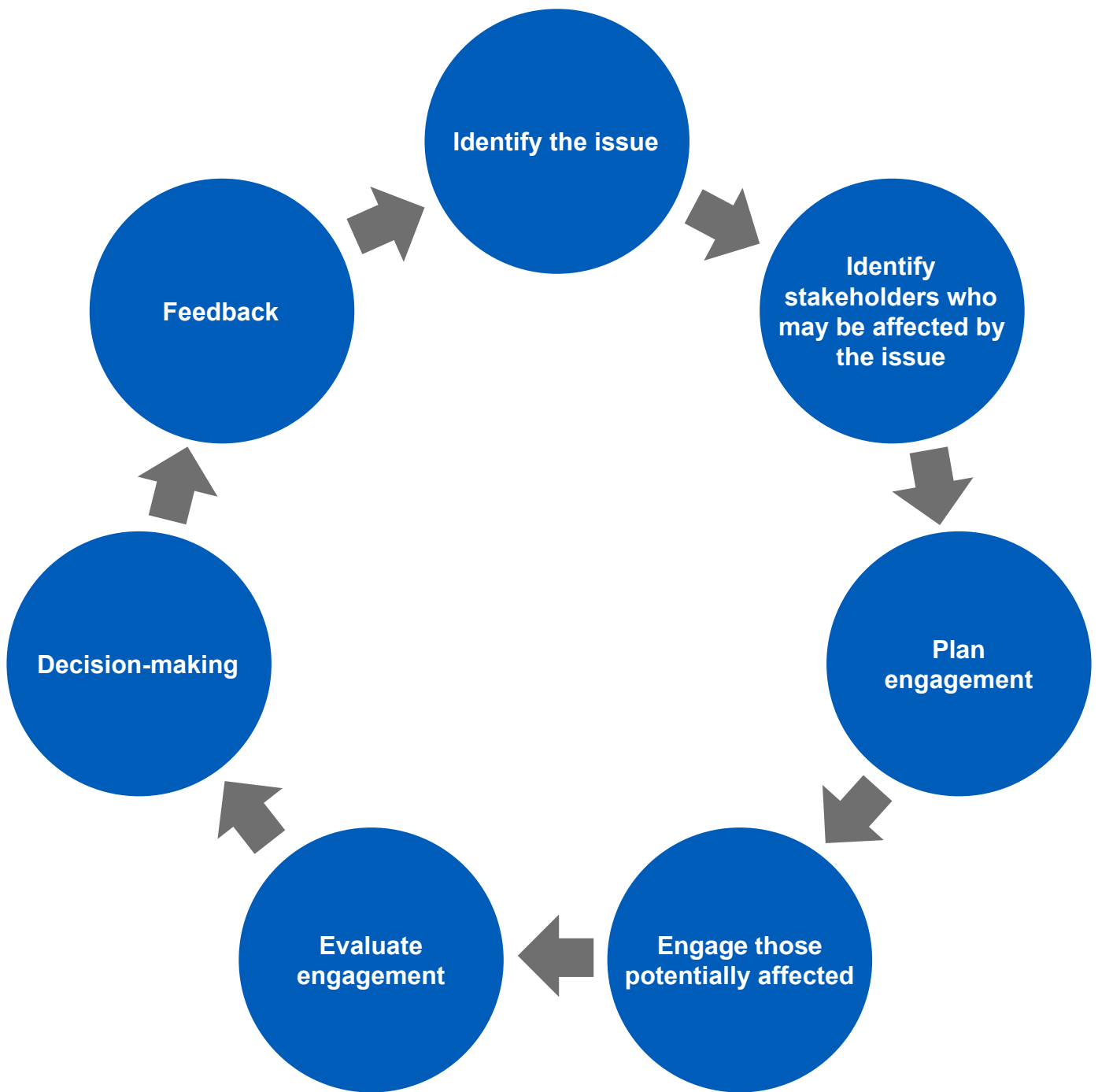
Healthcare Improvement Scotland produced [Engaging Differently](#) for digital engagement during the pandemic.

### Steps to good engagement

[The National Standards for Engagement](#) set out a staged approach to the engagement journey. Each step in the process is underpinned by principles that should be followed in order to demonstrate good practice.

All steps are important and should be applied proportionately to the scale of the activity and level of change proposed.

Links to more detailed implementation guidance can be found in [Part 3 - Supporting information](#).





- **Identify the issue** Clarity about the reason for engagement is essential. Shared understanding of the objectives will inform the planning process and determine the engagement methods to be used, maintaining focus throughout. Rigorous and wide-ranging impact assessment is vital.
- **Identify stakeholders who may be affected by the issue** It is important to identify all groups and individuals within the community who will be affected, or who might have an interest in the decision being made. Recruiting representatives of communities to the engagement planning team at the earliest possible stage informs the process and helps to ensure an effective approach.
- **Plan engagement** Identifying the best approaches to reach the people whose views need to be shared is vital. Involving community representatives from the outset of planning, and encouraging their ideas, results in better engagement and robust and sustainable outcomes.
- **Engage those potentially affected** Routinely assessing the impact of engagement activity ensures that the right people are being involved, and their experience is monitored. If original goals are not being met additional support may be necessary, or other methods used.
- **Evaluating engagement** Ongoing evaluation of engagement improves project monitor progress towards the goals outlined at the planning stage and improves accountability by fully reporting what is being done and what is being achieved.
- **Decision-making** Throughout the engagement process, decisions will need to be made and community representatives must be involved so that robust, evidence-based and person-centred outcomes are achieved. When engagement activity concludes it is NHS Boards, Integration Joint Boards and Local Authorities that must approve or reject recommendations. The quality of the engagement process will be taken into account.
- **Feedback** Keeping participants informed about the progress of engagement is an important part of the cycle and should take place throughout. When decisions are reached, speedy information should be provided explaining the impact of community engagement on the outcome. Views should be sought from communities on the effectiveness of any engagement to encourage two-way feedback and learning.

## Governance and decision-making

NHS Boards, Local Authorities and Integration Joint Boards are required to make decisions about how any changes should be taken forward.

Although there are separate processes each must follow, they are the public bodies that must decide on proposed service changes and developments. In all cases, the decision-making process must be transparent and clearly demonstrate that the views of communities have been taken into account. Organisations will be required to show that these principles are embedded in their practice.

Healthcare Improvement Scotland – Community Engagement has a statutory role across NHS Boards and Integration Joint Boards to support, ensure and monitor patient focus and public involvement activities relating to health services. NHS Boards and Integration Joint Boards should therefore keep Healthcare Improvement Scotland – Community Engagement informed about proposed service changes from the earliest possible stage.

NHS Boards and Integration Joint Boards should have ‘engagement leads’, members of staff who can provide relevant links.

[The Quality Framework for Community Engagement](#), developed by the Care Inspectorate and Healthcare Improvement Scotland, is aligned to this guidance. It supports NHS Boards, Integration Joint Boards and Local Authorities to meet their legal duties with regard to community engagement, and to continually improve their engagement practices.

The Quality Framework is designed to support both self-evaluation and external quality assurance and improvement activity in relation to routine engagement;

internal governance systems for community engagement activity.

The framework will be used to identify and support improvement in community engagement practice, as well as identify and share good practice.

**The decision-making process for NHS major service change is unchanged.**

approve proposed service changes by NHS Boards that will have a major impact on people and communities.

**NHS Boards** will continue to make most decisions about how health services should be delivered locally. The outcome of community engagement and other relevant information must inform these decisions.

**Integration Authorities** were established under the [Public Bodies \(Joint Working\) \(Scotland\) 2014 Act](#) and include Integration Joint Boards and, in the case of Highland, lead agency partnership agreements. The Act does not identify a process for engagement that must be adhered to for community engagement. It recognises that Integration Joint Boards will have the local knowledge to undertake engagement that best suits their local population.

**Local Authorities** are responsible for the provision of a wide range of public services. There is no requirement for these bodies, led by elected councils, to adopt a particular decision-making and scrutiny structure. Each council decides the most appropriate structure suited to its particular circumstances and must be transparent about decisions made and the quality of services provided.

Local authorities work with other public bodies to deliver services and are required by law to deliver an integrated approach, along with care providers, through [Health and Social Care Partnerships](#). They are expected to work together to develop common engagement approaches.

## PART 3 – SUPPORTING INFORMATION

There is a growing body of expertise in community engagement developing within Scotland's public organisations. Sharing learning and best practice across the care sector is an objective of integration, and forums are being developed to support ongoing practice improvement.

This section develops key points outlined in the preceding guidance. Further detail can be accessed via the attached links and tools.

### Defining community engagement

The principles that inform this guidance promote a change of focus from a culture of 'telling' to one of really listening when it comes to community engagement. Consistent, relevant, open communication between all parties is vital, and there is an expectation for organisations to do more.

- **Community** refers to a group of people who share a common place, a common interest, or a common identity. There are also individuals and groups with common needs. It is important to recognise that communities are diverse and that people can belong to several at one time.
- **Engagement** covers a range of activities that encourage and enable people to be involved in decisions that affect them. This can range from encouraging

how services should be delivered, to giving communities the power to inform decisions and even provide services.

Co-production is key to successful community engagement. It has been described as the process of active dialogue and engagement between people who use services, and those who provide them.

### The case for community engagement

Eff

- Organisations hear new ideas and understand all the issues for communities, creating opportunities to identify sustainable solutions to service challenges
- Communities, especially vulnerable and seldom-reached groups, are connected and engaged with services, improving access to care services and health outcomes
- Community ownership of decisions and 'direction of travel'
- Reduced public resistance to change due to better awareness and understanding of the reasons for change
- 
- Reduced risk of legal challenge resulting from concern about the process of engagement
- Change that can be implemented and services that meet the needs of communities

## Clarity of purpose

It is important, from the outset, to be very clear about the reason for engagement. The issue under consideration may be better suited to formal consultation, or another approach to gathering community views.

### Consultation

ongoing period of engagement, but it is a process in its own right. Its remit should

requirement for NHS Boards to formally consult on issues which are considered major service change – the process for that has not changed.

**Engagement** is a broader term, encompassing a range of activities. It is an approach that encourages productive relationships between communities and public bodies.

## Organisational self-evaluation

It is important to understand how well your organisation is currently engaging. That can be done systematically. You might want to know:

- What role do communities have in your organisational structures? How do people respond when you communicate with them? Are levels of public satisfaction and trust high or low?
- How does your organisation view engagement? Is it regarded as important and is there a shared view of what it means? Has there been a culture of tokenism?
- 

Assessing the views of all stakeholders is essential. This can be done via surveys and interviews, or data reviews and reference to good practice. Following the self-evaluation process will help to identify good practice and show where improvement is required.

[The Quality Framework](#) supports self-evaluation in three areas:

- Ongoing engagement and service user involvement
- Involvement of people in service planning and design
- Governance/Organisational Culture and Leadership

The framework will be a guide for improving the quality of engagement. It will help NHS Boards, Local Authorities and Integration Joint Boards to understand what good engagement involves and how it can be evaluated and demonstrated.

## Planning engagement

Clear goals set at the start of engagement planning shape the process and indicate the best methods to use to reach the right people and communities of interest. Project goals may evolve as engagement progresses, but they are necessary to keep the process focused.

issue. In other cases, communities will raise issues that matter to them and it is important that they have ways in which they can be easily heard.

**It is important to involve community representatives in engagement planning from the outset. As part of the planning team, they can help to inform the design of an inclusive process.**

Questions to consider:

- What are the challenges you want engagement to address?
- What would you like engagement to achieve?
- What level of engagement is considered proportionate?
- 

for instance safety, working practices or budgetary restraints, they must be clearly explained. Any such limitations should be evidenced, and organisations receptive to challenge over scope. It is important to be ready to revisit assumptions or decisions following discussions with the community, or the emergence of new evidence.

Trusted and open dialogue achieves:

- Clear communication and information sharing to achieve mutual understanding of challenges
- Agreement about what is out of scope - the more non-negotiable elements there are, the less likely members of the community will want to participate
- 

## Who to involve

Not all stakeholders will want to be engaged in the same way, so it is important to identify their needs to determine what engagement activities might be required, and at which stage of the project.

Existing networks can help to identify potentially affected people, including those who from community groups, localities, third sector organisations or Community Councils. Identifying and building relationship with key individuals who can act as links for information-sharing makes a huge difference.

Consider:

- Who is directly impacted by this work?
- Who is indirectly impacted?
- Whose engagement is essential?
- What are the key issues or areas of interest?
- What is the level of public interest?
- Who are the key contacts?

Once stakeholder analysis is complete, it may be necessary to revisit the original objectives of the engagement and review any negotiable and non-negotiable goals.

**In time, effective engagement should become routine, with fewer decisions being challenged and referred for review, which can carry significant costs.**

NHS Health Scotland [Stakeholder Mapping Template](#)

[VOiCE Tool](#) a planning and recording software that assists individuals, organisations and partnerships to design and deliver effective community engagement

[The Engagement Matrix](#) guidance for improving engagement between health boards and the third sector

The [National Involvement Network](#)

## Impact assessment

Impact assessment examines how policy or service design proposals may affect different communities taking into consideration equality, human rights, sustainability and the environment. It must be started well before any engagement activity begins, and be updated throughout.

The [Equality and Human Rights Commission](#) guidance to help public authorities in Scotland meet their public equality duties.

[Scottish Government](#) guidance on the Fairer Scotland duty.

## Methods of engagement

Choosing a method, or combination of methods, for engaging is a critical step in the planning process. There are many models to choose from, and the best ones to select will depend on the issues being discussed and the communities involved.

Consider:

- The scope, context and improvement sought
- Who you seek to engage, and the local context

- Budget, timeline and resources allocated
- Skills of team and their availability to lead events at times and in locations to maximise attendance

People's needs will vary. Involving community representatives in the planning process will make it easier to choose appropriate engagement methods.

Consider:

- Given the timeframe, budget and resources which engagement technique(s) might work best?
- What are the strengths and weaknesses of these?
- Will the people to be engaged feel comfortable with this approach?
- Will it reach the target group?
- Will it help to achieve the stated improvements sought?

Ideally, engagement is personal and relational and should be ongoing. Sometimes, however, it may be appropriate to seek independent external support. Consideration of this option, potentially less effective than using existing methods and working with people who are known to the community. Alternatively, independence of the organisation can be an advantage if there is community mistrust.

Any methods chosen should be continually reviewed throughout the engagement activity and changed or adapted based on community feedback.

Healthcare Improvement Scotland – Community Engagement [Participation Toolkit](#)

The [Place Standard](#) is useful in helping generate the discussions required to understand the assets of a place and ensuring the experiences of people living in a particular place are captured, valued and integrated into the heart of decision-making processes.

- 
- The information provided must relate to the consultation and must be available, accessible, and easy to interpret to enable consultees to provide an informed response
- 
- Decision-makers must be able to provide evidence that they took consultation responses into account

[Right First Time: A practical guide for public authorities in Scotland to decision-making and the law](#)



## Options appraisal

Organisations need to consider a wide range of options to decide what care services to provide for their local populations and how best to deliver them. Local people should be involved in developing options that are robust, evidence-based and person-centred.

[Options Appraisal Guidance](#)

## Timeframes and budgets

The length of time it will take to engage the community, and the budget that will require, is dependent on a range of factors including the level of impact, level of public participation required and the community engagement tools and techniques chosen for each stakeholder group. Consideration must also be given to any legislative requirements and timeframes which may apply.

The higher the level of impact and more stakeholders there are, the more time and resources will need to be allocated to community engagement.

Timeframes must take into account key events such as school holidays, public holidays or religious festivals. These should be avoided to maximise people's ability to participate.

When considering budget and resource allocation, the types of engagement tool . Each tool requires different levels of practitioner skill, time and budget.

**There is no handy formula to work out what an engagement project might cost. Each element has to be assessed separately to project an accurate budget.**

## Resourcing engagement

To engage effectively, organisations must be committed to supporting and improving the participation of people. That means dedicating resources to engagement activity, which may include:

- **Engagement and inclusion champions** – senior staff to promote and support meaningful engagement and inclusion. Executives and Board non-executives need to understand why engagement is essential and may require training in order to ensure effective delivery.
- **Engagement and inclusion leads** – members of staff who know how to help individual services to reach communities and access any support that may be required.
- **Skilled staff** – the right number of skilled staff ensure that engagement activity is conducted in depth, monitored and evaluated. Training may be required.
- **Dedicated budget** – there are costs associated with community engagement, depending on the scale. Realistic budgets have to be agreed.
- **Sufficient time** – effective engagement cannot be rushed. Adequate time is required to reach af approaches may be required.

Depending on the capacity within organisations and the scale of the engagement activity it may be appropriate to procure the services of specialist providers to deliver some services. Any independent or external contractors will be expected to follow this guidance and to adhere to its principles.

### Accessible information

Everyone needs access to accurate information in order to engage effectively. Transparency is essential to generate trust, and to promote equity all information should be made available in a variety of formats and languages. If there are reasons

must be clearly explained.

data. So, it is important to present background information in a variety of formats – online, on paper or by another means – on request.

It is important to welcome critical challenges and respond to them by demonstrating a willingness to answer questions openly and to consider adapting plans according to emerging evidence.

### Communication and feedback

Providing regular updates and feedback to participants in the engagement process should happen regularly and be planned into engagement activity. All information should be co-produced, presented clearly, and made widely available.

[The Scottish Co-production Network](#) describes co-production using a variety of sources.

be anonymised unless there is the written consent of each individual to publish or release their personal information.

[Patient and Service User Feedback](#)

[Scottish Co-Production Network: What is Co-production?](#)

## Evaluation

All information gathered from the engagement process should be captured. That can be done by:

- Surveys
- Reports
- Themes
- Audio and/or video recordings
- Graphics

It is important that engagement activity is continually assessed and that evaluation arrangements are part of the initial plan for engagement. The key to successful evaluation is to monitor progress and act on lessons that emerge during the process.

Consider:

- Are we meeting our objectives?
- Are we reaching all the people we need to reach?
- Are we developing our knowledge of communities and gathering useful data?

Undertaking evaluation helps to improve your organisation's community engagement processes, and supports learning.

### [Evaluation Toolkit](#)

[VOiCE Tool](#) a planning and recording software that assists individuals, organisations and partnerships to design and deliver effective community engagement.

## Governance and decision-making

While different organisations may have evolved with different ways of working, and may have different [Community Empowerment \(Scotland\) Act 2015](#) requires equal duties when it comes to participation.

### NHS Boards: major service change

#### - Identifying major service change

Healthcare Improvement Scotland - Community Engagement provides [guidance](#) to help identify potentially major service changes. There is a range of factors that NHS Boards will consider to be important drivers for change, including workforce issues and clinical standards. However the guidance concentrates on key issues that are relevant for identifying when a proposed service change might be classed as major.

These include:

- The impact on patients and carers
- Changes to the accessibility of services
- Emergency and unscheduled care
- Public or political concern
- Changes to how services are delivered
- Financial implications
- Consequences for other services.

NHS Boards can designate proposals as major change themselves, as informed by the Healthcare Improvement Scotland - Community Engagement guidance, and then follow the process detailed below.

While Healthcare Improvement Scotland - Community Engagement can offer a view proposals should be considered major, this should be sought from the Scottish Government.

#### **- Major service change process**

Proposals for major service change in the NHS must be subject to at least three months of public consultation and, ultimately, Ministerial approval.

Where a proposed service change will have a major impact, Healthcare Improvement Scotland - Community Engagement is required to quality assure the process. It can advise on the nature and extent of the process considered appropriate in similar cases.

For any service changes considered to be major, NHS Boards should not move to Scotland – Community Engagement that their engagement up to that point has been in accordance with this guidance.

Following the public consultation, a full meeting of the NHS Board will then consider the proposals and make a decision. A range of information, including responses to the consultation and a report from Healthcare Improvement Scotland – Community Engagement, will help to inform the Board's decision.

Healthcare Improvement Scotland - Community Engagement does not comment on the effectiveness of an organisation's engagement with its own staff. It will, however, look to the organisation to provide evidence that the views of potentially affected people and communities have been sought, listened to and acted on, and treated with the same priority (unless in exceptional

Healthcare Improvement Scotland – Community Engagement will set out its views in its report as to whether the relevant NHS Board has appropriately involved local patients, carers and communities in line with this guidance.

Following the Board decision, the major service change proposal must be submitted and representations into account, including the report of Healthcare Improvement Scotland – Community Engagement.

The proposals may ultimately be approved or rejected by Scottish Ministers. Where appropriate, they may also instruct the relevant NHS Board to carry out further engagement activity.

## Integration Joint Board decision-making

[Planning Principles](#)) are laid out for involvement and participation of a range of stakeholders. Integration Joint Boards are required to have as members a carer representative, a person using social care services, a patient using health care services and third sector representatives.

Each Integration Joint Board should have its own strategy for community engagement and participation, which should be taking place on a regular and routine basis and not just at time of change. Strategies must take this guidance into account.

### - Strategic Commissioning Planning

Decision-making by Integration Joint Boards takes place within the context of strategic commissioning, and so it is important that community engagement is part of this process.

Strategic commissioning is the term used for all activities involved in assessing and forecasting needs, linking investment to agreed outcomes, considering options, planning the nature, range and quality of future services, and working in partnership to put these in place.

There is a duty on Integration Joint Boards to create strategic commissioning plans for the functions and budgets they control, which must be reviewed every three years. This requires close working with professionals and local communities to deliver sustainable new models of care and support that are focused on improving outcomes for people.

A key principle of the commissioning process is that it should be equitable and transparent. the community, via ongoing dialogue with people who use services, their carers and service providers.

During the development of their strategic plan, each Integration Joint Board is required to run consultations on various drafts of the document.

The role and minimum composition of a Strategic Planning Group can be found in [Strategic Commissioning Plans: Guidance](#).

It is important that Integration Joint Boards develop agreed communication and engagement plans at an early stage to suit the needs and makeup of their community. Boards should use this guidance to help develop their approach to engagement.

## - Localities

Another important route for community engagement is through locality arrangements. Each Integration Joint Board divides its geographical area into at least two localities, and the views of people who live there must be taken into account as part of the strategic commissioning process to inform strategic thinking.

Many Integration Joint Boards have well established locality planning forums that bring together professionals and local community representatives involved in strategic commissioning planning.

Further information can be found in [Health and social care integration - localities: guidance.](#)

## - Significant decisions outwith the Strategic Commissioning Plan

Sometimes, an Integration Joint Board must make a decision that would have a effect on the provision of an integrated service, outwith the context of the strategic planning cycle. It must then involve and consult its Strategic Planning Group, along with users (or potential users) of the service.

## - Decisions for specific services and functions

While the Strategic Commissioning Plan provides the direction of travel and ambition for the Integration Joint Board, decisions about service change, service redesign, and investment and disinvestment may be made at regular meetings. These are open to members of the public who may attend but not participate, with papers and minutes available online.

Alongside this, Integration Joint Boards are required to undertake ongoing engagement and feedback with the local community, so that the views of service users, their carers and service providers are taken into account in this continuous process of decision-making. The form of this engagement will vary between Boards

## Local Authority decision-making

A full council meeting is the key governing body of a Local Authority, where councillors debate and take key decisions. The Local Government (Scotland) Act 1973 allows Local Authorities to devolve most decision-making to committees, sub-

delegation to committees in their internal governance documents.

Legislation has been introduced to give communities a stronger say in how public services are planned and provided and to allow communities to have a greater say in local decisions and in scrutinising local services.

[The Local Government \(Scotland\) Act 2003](#) gave a statutory basis to partnership working between all agencies responsible for delivering public services in an area, including Health Boards. This act established the role of councils in facilitating the community planning process, at the heart of which is 'making sure people and communities are genuinely engaged in decisions made on public services which will affect them'.

The duty to involve people in the design and delivery of services has increased since the publication of the [Christie Report](#) in 2011 and subsequently the enactment of [the Community Empowerment \(Scotland\) Act 2015](#).

### **- Community Planning Partnerships**

There are 32 Community Planning Partnerships across Scotland, one for each council area, which represent all the services that come together to take part in community planning. Each focuses on where partners' collective efforts and resources can add the most value to their local communities, with particular emphasis on reducing inequality.

## PART 4 - POLICY, LEGISLATION AND PRINCIPLES

In addition to national policy each Health Board, Integration Joint Board and Local Authority will have local policies on communication and engagement that should be referred to.

This guidance takes account of relevant legislation, including:

[NHS \(Scotland\) Act 1978](#) as amended by the NHS Reform (Scotland) Act 2004

[Equality Act 2010](#)

[Public Services Reform \(Scotland\) Act 2010](#)

[Patient Rights \(Scotland\) Act 2011](#)

[The Local Government \(Scotland\) Act 2003](#) gave a statutory basis to partnership working between all agencies responsible for delivering public services in an area, including health boards. This act established the role of Councils in facilitating the Community Planning process, at the heart of which is 'making sure people and communities are genuinely engaged in decisions made on public services which will affect them'.

[The Community Empowerment \(Scotland\) Act 2015](#) gave new rights to community bodies and new duties to public sector authorities to help empower communities by strengthening their voices in decisions about public services.

[The Islands \(Scotland\) Act 2018](#) introduced measures to support and help meet the unique needs of Scotland's islands now and in the future.

[The Public Bodies \(Joint Working\) \(Scotland\) Act 2014](#) put in place a requirement for NHS Boards and Local Authorities to work together to deliver integrated health and social care services through Health and Social Care Partnerships.

### Principles of Engagement and Participation

A number of standards and principles should be read alongside this guidance to help plan engagement, identify who should be involved and make sure engagement activity is meaningful.

[Health and Social Care Standards](#)

[Joint Strategic Needs Assessment](#)

[Strategic Commissioning Planning](#)

[Link Inspectors](#)

[Planning Principles](#) The Public Bodies (Joint Working) (Scotland) Act 2014 contains the 'Planning Principles': Planning and delivering integrated health and social care: guidance'

[Localities Guidance](#)



[Co-production Scotland](#)

[Participation Toolkit](#)

[Reporting on participation](#)

[Engaging Differently](#)

[Evaluating Participation Toolkit](#)

[Producing \\_\\_\\_\\_\\_](#)

[Quality Framework for Community Engagement](#)

Scottish Community Development Centre - [The National Standards for Community Engagement](#)

[National Involvement Network](#)

[Principles for Community Empowerment](#) aims to raise awareness of community empowerment and promote such a shared understanding across scrutiny bodies to support high-quality scrutiny of community empowerment.

[PANEL principles](#) a human rights based approach to ensure that people's rights are at the centre of policies and practices.

[Place Standard](#) a simple framework to structure conversations about place, this tool provides prompts for discussions.

[The Scottish Approach to Service Design](#) a framework to guide how to design user-centred public services.

[Gunning Principles](#) a strong legal foundation from which the legitimacy of public consultations is assessed.

[Principles of Inclusive Communication](#) produced to help public authorities deliver effective, well organised and equally accessible services that provide value for money.

[Principles of health and social integration](#) The Public Bodies (Joint Working) (Scotland) Act 2014, sets out 12 principles for health and social care integration.

[National health and wellbeing outcomes](#) NHS Boards, Local Authorities and Integration Joint Boards work together to ensure that key outcomes are meaningful to the people they serve.

[Visioning Outcomes in Community Engagement \(VOiCE\)](#) can be used to plan community engagement and service user participation, conduct it effectively, monitor progress and evaluate outcomes.

[Christie Report](#)



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<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting date:</b>	<b>07 July 2021</b>
<b>Title:</b>	<b>Complaints Report</b>
<b>Responsible Executive:</b>	<b>Janette Owens, Director of Nursing</b>
<b>Report Author:</b>	<b>Donna Hughes, Head of Person-centred Care Elizabeth Gray, Complaints Manager</b>

## 1 Purpose

The purpose of this paper is to provide an update on actions being taken to improve complaints performance

**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):**

- Person Centred

## 2 Report summary

### 2.1 Situation

Complaints performance is reported on a monthly basis through the Fife Integrated Performance and Quality Report. The indicators are identified as:

- Stage 1 Closure rate (target 80%)
- Stage 2 Closure rate (target 65%)

Concern has been raised about the level of performance and a review is underway to improve the complaint handling performance in line with national standards, and to provide more meaningful data to the Committee. The review will consider the current process, and the quality measures that are currently reported.

## 2.2 Background

Complaints response activity was paused during 2020 because of the focused response required by the COVID-19 pandemic. This led to a backlog of complaints which has taken some time to work through. There is some evidence that there is a level of recovery.

	2020	2020	2020	2020	2020	2020	2020	2020	2020	2021	2021	2021	2021	2021
STAGE 1	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
Closed Complaint	23	24	41	44	52	95	45	28	27	31	44	47	54	
% closed within timescale	87.0	70.8	65.9	86.4	69.2	87.4	71.1	82.1	88.9	93.5	79.5	70.2	79.6	

	2020	2020	2020	2020	2020	2020	2020	2020	2020	2021	2021	2021	2021	2021
STAGE 2	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
Closed Complaint	35	39	34	24	22	29	31	37	15	21	40	35	46	
% closed within timescales	22.9	20.5	41.2	54.2	40.9	20.7	32.3	24.3	46.7	28.6	15.0	22.9	32.6	

However, it is recognised that reporting on the 'percentage of complaints closed within timescales' does not provide a full picture of patient experience and feedback.

The SPSO, in a letter to Board Chief Executives in May, stated that the SPSO *"recognises that the pressures put on public services by the COVID-19 pandemic are still very real, and that organisations are continuing to adapt as the situation evolves. I also recognise that public services have to prioritise resources and will continue to do so as lockdown is eased. I thought it would be helpful to remind public bodies of their complaint handling responsibilities. The five working-day and 20 working-day timescales for handling complaints still stand. However, it is worth remembering that the MCHP gives flexibility to extend them with certain conditions, particularly in relation to communication. While I understand that over the last year public bodies have made their own decisions about what work to prioritise at the time, I still expect organisations to have developed/be developing recovery plans for how to restore complaint handling services to normal and to communicate well."*

### NHS Model Complaints Handling Procedures (CHP) (Appendix 1)

The standardised NHS Model Complaints Handling Procedure (CHP) was implemented across Scotland from 1 April 2017. This complaints procedure offers a person-centred and effective way of ensuring that complaints are thoroughly investigated and that areas for learning and improvement are identified and actioned.

## 2.3 Assessment

The model CHP introduced nine key performance indicators, by which NHS Boards and service providers should measure and report performance. These indicators are a mix of quantitative and qualitative measures, which taken together with reports on actions taken to improve services as a result of feedback, comments and concerns should provide valuable performance information about the effectiveness of the process, the quality of decision-making, learning opportunities and continuous improvement.

## 9 KEY PERFORMANCE INDICATORS

1. Learning from complaints
2. Complaint process experience
3. Staff awareness and training
4. The total number of complaints received
5. Complaints closed at stage one and stage two as a percentage of all complaints closed
6. Complaints upheld, partially upheld and not upheld at each stage as a percentage of complaints closed in full at each stage
7. Average times
8. The number and percentage of complaints at each stage that were closed in full within the set timescales of 5 and 20 working days.
9. Number of cases where an extension is authorised

A dashboard, which captures these indicators, is being developed. The complaints module in DATIX is being adapted to provide data on communication points with complainants.

### UNDERSTANDING DELAY

A process mapping exercise has been carried out which identified where delays are happening in the complaints process. A deeper dive into this work is being undertaken with the support of the Quality Improvement team. A more in-depth process mapping and redesign approach will be taken with key stakeholders.

The What, Why, Where, When, Who of Delays	
WHAT?	The complexity of complaints
WHY?	COVID-19 pause
WHERE?	Approval lines – process map
WHEN?	Complaints span specialities, directorates, divisions
WHO?	Patient Relations Team resilience; if response person dependent

### 2.3.1 Quality/ Patient Care

#### QUALITY IMPROVEMENT

The Patient Relations Team has been working with Mental Health services on a quality improvement project. The process for responding to complaints, which are specific to mental health services, has been changed. Training was offered in May and is being repeated this month. There were 11 active complaints, 8 of which were closed within 20 days. The remaining 3 complaints are subject to LAER or SAER.

#### LEARNING OPPORTUNITIES

The importance of learning from complaints, analysing themes and trends, does not happen in a structured, cohesive way. Themes can be identified from DATIX but this is not routinely actioned. To address this, an Organisational Learning Group, under the leadership of the Head of Quality and Clinical Governance, is being established.

Although still in the initial stages of formation, the remit of the group will include:

- Review and understand themes and trends of incidents reported through DATIX
- Review and understand themes of feedback received by patients and service users
- Review trends in SAER commission reasons and recommendations from SAER completion
- Support joined up learning from the above processes supporting future learning in practice across the organisation
- Look for common themes and develop organisation wide strategies for sharing learning
- Develop an approach to supporting staff learning from events including education and development
- Ensure that the learning processes, and the actions created as a result, are being robustly followed, actioned and reported to minimise recurrence

## PATIENT FEEDBACK

### Compliments

'Compliments', another vital component of patient feedback, is not routinely reported on. There is a 'compliments' section in the Datix Complaints module which is not widely used and the following table only provides a small glimpse of positive patient feedback.

### Summary of Compliments recorded on Datix – 2021

Compliments recorded in Datix by Organisation level - 2021	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Total
Acute Services Division - Planned Care & Surgery	2	9	20	15	17	8	71
Community Services (West)	2	6	4	6	22	4	44
No value	5	10	5	4	12	2	38
Community Services (Fife-Wide)	1	5	10	9	5	3	33
Community Services (East)	0	1	5	2	9	5	22
Corporate Directorates	1	1	4	1	2	6	15
Acute Services Division - Emergency Care & Medicine	1	0	0	1	9	2	13
Acute Services Division - Women, Children and Clinical Services	2	0	1	1	1	0	5
Total	14	32	49	39	77	30	241

Praise and thanks to Tracey Thomson, continence nurse specialist, for her input and success with the family. Parent stated that the team had 'changed their life' and were forever grateful for their input and help.

A thank you to everyone who was involved with the care of my mother. a particular thank you to Haleigh. Being hundreds of miles away made my time less stressful knowing my mum was in such good caring hands and it was never any bother whenever I called to speak with mum. Thank you all so very much your all angels particularly in this challenging time.

I am writing to express a sincere thank you to all the staff on Ward 32 who provided the best support to my dad and our family on his recent passing in April. We wanted to thank all the staff for their professionalism, patience and kindness even whilst rushed off their feet. Our family will never be able to express enough gratitude for the time we were able to spend with our beloved dad and grandad in the last week of his life. Most of us had not seen him for over a year and the time we were able to have has helped enormously with closure and coming to terms with a huge sense of

loss.

I would like to make a special mention for nurse Jane and her team who were with us when my dad died, Jane is one of the nicest, kindest most caring people we have ever met and it was a privilege to meet her. Also Morgan, Nurse Practitioner for his honesty and humility in helping me myself personally to understand what was happening and bringing a sense of clarity that helped me to find the courage to be with my dad at the end. I had been struggling a great deal mentally with this but in hindsight am so glad that I was able to be there. A moment I will never forget. The staff provided the very best level of care and kindness and are a credit to our NHS and humankind. I would be grateful if you could pass on our thanks to you and let the staff know that I have ordered a hamper of goodies for them to share on the ward. This should arrive within the next week or so.

**Care Opinion** (Appendix 3) is promoted across the organisation  
NHS Fife's Care Opinion highlights 2020/21 include:

- 402 stories posted during the year
- 185 responders
- 100% of stories responded to (87% within 5 days)

### 2.3.2 Workforce

#### **Workforce planning**

The Patient Relations Team establishment is under review, examining workload and workforce planning. The team consists of a Band 7 team leader; 3.4wte band 6 Patient relations officers; 1.8 WTE band 4 Patient relations support officers; 2wte band 3 administrators.

#### **Education and Training**

A number of different education and training opportunities are available and will be promoted going forward. The patient relations team are considering online training to support access for staff. Training includes / will include:

- Complaints handling
- The Power of Apology
- Whistleblowing
- Good conversations

### 2.3.3 Financial

n/a

### 2.3.4 Risk Assessment/Management

Complaints handling and learning from complaints are vitally important in reducing reputational risk.

### 2.3.5 Equality and Diversity, including health inequalities

People can expect to experience integrated care and support services that are underpinned by a Human Rights Based Approach, in which:

- People's rights are respected, protected and fulfilled
- Providers of care clearly inform people of their rights and entitlements
- People are supported to be fully involved in decisions that affect them

- Providers of care and support respect, protect and fulfil people's rights and are accountable for doing this
- People do not experience discrimination in any form
- People are clear about how they can seek redress if they believe their rights are being infringed or denied

### 2.3.6 Other impact

n/a

### 2.3.7 Communication, involvement, engagement and consultation

NMAHP leadership group has been involved in discussions and improvement action planning.

### 2.3.8 Route to the Meeting

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

- Meetings with NMAHP Leadership Group
- Meetings with Head of Quality and Clinical Governance and Head of Person-centred care
- Meeting with Head of Person-centred Care and Patient Relations Team Leader
- EDG 24/06/21

## 2.4 Recommendation

The Committee is asked to support the direction of travel indicated in the report:

- To continue with quality improvement work, streamlining and enhancing processes
- To provide more meaningful data that considers patient feedback and experience
- To provide analysis and learning from themes and trends; progressing with the Organisational Learning Group

#### Report Contact

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Author's Head of Person centred Care

Email [donna.hughes@nhs.net](mailto:donna.hughes@nhs.net)

## The NHS Model Complaints Handling Procedure Appendix 1

### Early Resolution 5 working days

For issues that are straightforward and easily resolved, requiring little or no investigation.

'On-the-spot' apology, explanation, or other action to resolve the complaint

### Investigation 20 working days

For issues that have not been resolved at the early resolution stage or that are complex, serious or 'high risk'.

A definitive response provided within 20

### Independent External Review

#### Ombudsman

For issues that have not been resolved.

Complaints progressing to the Ombudsman will have been thoroughly



- ensure **ALL** complaints are recorded;
- report performance and

## Care Opinion Report - 01/04/2020 – 31/03/2021

## Appendix 2

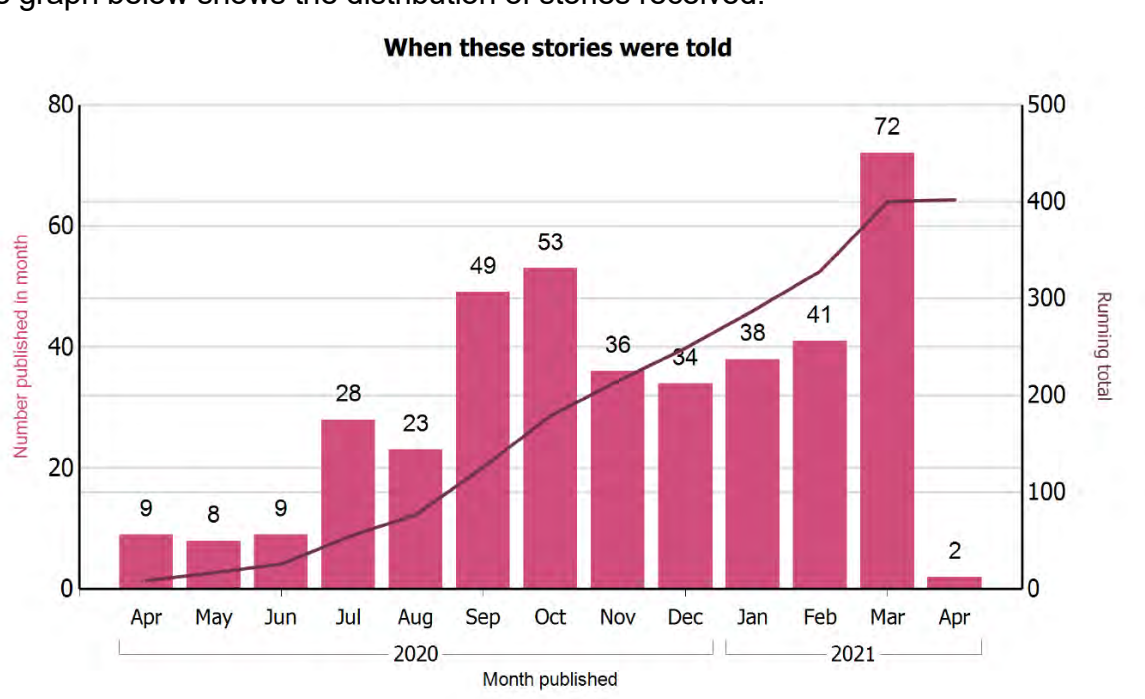
During 2020/21 NHS Fife continued to promote Care Opinion (an independent social media site developed to give people a way of sharing their healthcare experiences) as a means of providing anonymous feedback across all acute and community settings, as well as using other media forms such as NHS Fife's website and twitter to raise awareness and generate interest.

Work is ongoing to promote awareness of Care Opinion and to introduce new responders across the Board with 264 subscribed members of which 185 are responders.

NHS Fife's Care Opinion highlights include:

- 402 stories posted during the year
- 185 responders
- 100% of stories responded to (87% within 5 days)

The graph below shows the distribution of stories received.



The graphic "Tag Bubbles" below highlights/themes information extracted from individual stories posted on Care Opinion. The green colour indicates positive opinions where individuals have stated what was good about their experience. The pink colour identifies what could be improved. Specific examples are:

- Staff: 170 positive opinions
- Friendly: 68 positive opinions
- Care: 114 positive opinions / 6 negative opinions
- Communication: 27 positive opinions / 5 negative opinions
- Staff Attitude: 10 positive opinions / 5 negative opinions



staff for making me feel as relaxed as possible during my short stay at Queen Margaret's Hospital.

**Response** - Thank you for taking the time to post about your recent stay in day surgery. I'm delighted to see everyone made you feel as relaxed as possible it is very daunting and scary coming into hospital.

I will pass on your lovely comments to the ward and theatre staff

Wishing you well in your recovery

**Story about - Pre-assessment Unit, Victoria Hospital** - I saw Jackie for my pre op assessment and she is wonderful. She explained everything clearly, she is very upbeat and friendly, just what I needed.

Then I went to ward 10 for my RTKR 9 weeks ago and they were ALL equally as lovely as Jackie. I was thoroughly looked after and couldn't have asked for better.

Today I went for another pre op assessment and Jackie was looking after me again and just as kind, considerate and calming as the first time. It has all been an amazing experience and I really want to thank you all.

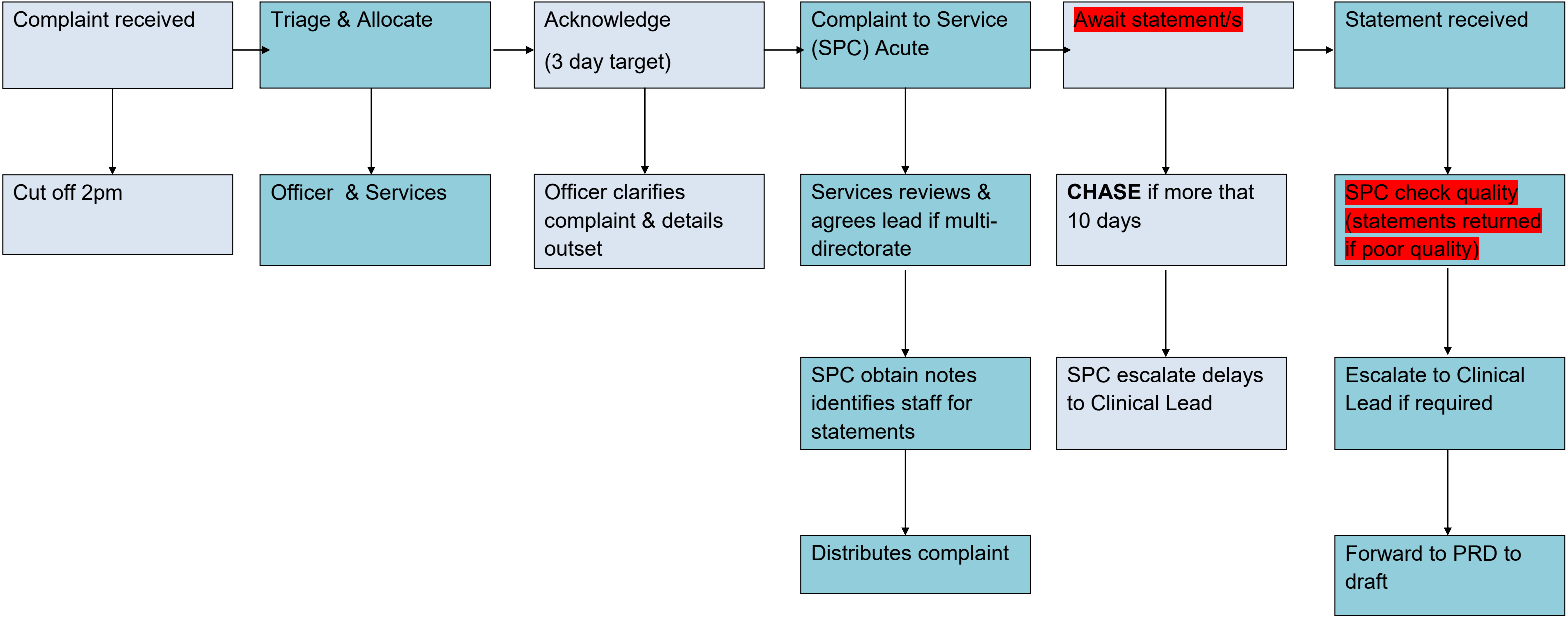
**Response** - Thank you very much for taking the time to post on care opinion. I am so glad that both your experiences attending the pre-assessment unit were positive and that everything was explained clearly. It is very reassuring to know that you were greeted in an upbeat and friendly manner and treated with kindness and consideration which provided calmness. I will proudly pass on your comments to the team and let them know you had an amazing experience throughout your journey.

I wish you well in your recovery for both procedures.

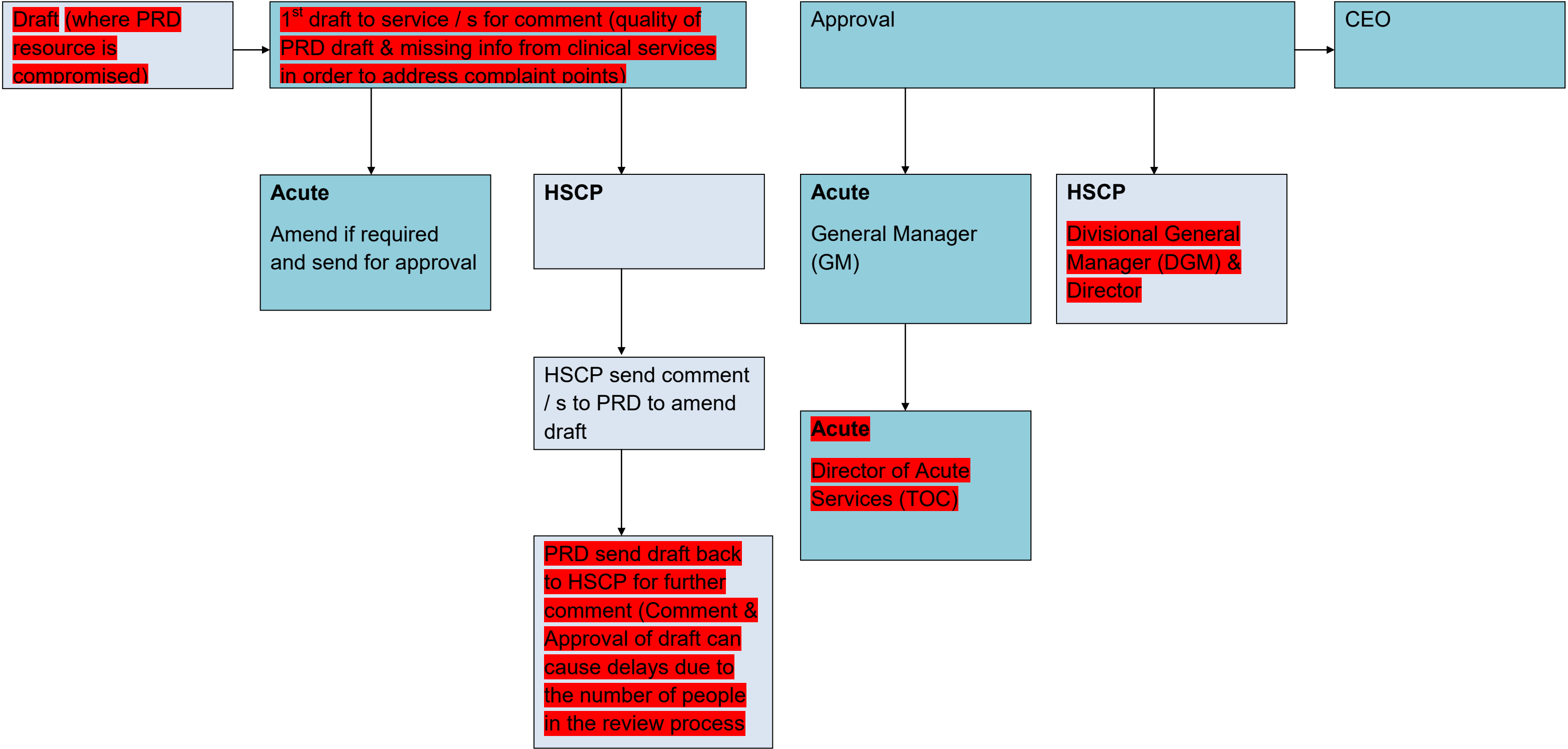
NHS Fife were approached by the Care Opinion Team to provide feedback from staff responding to posts, the following was submitted:

*'It's a real honour when a patient, or their carer, takes their own time to provide us with feedback about our service. We all get a real 'buzz' if we are mentioned personally. Whether the feedback is positive or constructive, it can help us shape our service delivery in a way that is patient centred. We are thrilled if we can make a change, however small, that enhances our patient experience when using our service'*

Day 1 - 10



Day 10 - 20



N.B.

Multi Directorate / Division complaints are currently problematic and more complex due to the involvement of multi services / care journey. This is currently causing delays, but more due to individuals as opposed to the process.

# NHS Fife

<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting date:</b>	<b>7<sup>th</sup> July 2021</b>
<b>Title:</b>	<b>NHS Fife Immunisation Annual Report 2020</b>
<b>Responsible Executive:</b>	<b>Dr Joy Tomlinson, Director of Public Health</b>
<b>Report Author:</b>	<b>Dr Esther Curnock, Deputy Director of Public Health Medicine / Fife Immunisation Coordinator</b>

## 1 Purpose

**This is presented to Clinical Governance Committee for:**

- Awareness

**This report relates to a:**

- Government policy/directive

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The purpose of this paper is to provide an annual monitoring report of vaccine preventable disease surveillance data and vaccine uptake data vaccine (including inequality data where this is available), and summarise the key developments and learning in relation to the delivery of immunisation programmes in NHS Fife.

The Clinical Governance Committee are asked to note this report for awareness.

### 2.2 Background

Delivery of effective population immunisation programmes is an NHS Scotland priority. Vaccination programmes aim both to protect the individual and to prevent the spread of these diseases within the wider population. As a public health measure, immunisations are very effective in reducing the burden of disease.

Monitoring the proportion of the eligible population vaccinated is a key measure of the immunisation programme performance, as well as monitoring of vaccine preventable

disease surveillance data. It is of public health concern should immunisation rates decrease, as this makes the possibility of disease transmission more likely.

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

## **2.3 Assessment**

The report highlights the findings from surveillance data on vaccine preventable disease in Fife, as well as vaccine uptake rates across childhood, teenage and adult immunisation programmes. Surveillance data demonstrate low incidence rates of vaccine preventable disease during 2020 in Scotland and in Fife. This is likely due to the impact of social distancing and the extended period of lockdown including closed schools and childcare facilities where infections are most likely to spread.

Despite the challenges of the pandemic immunisations have continued to be delivered in Fife through 2020 without a substantial drop-off in uptake in the childhood programme. The teenage programme delivered in Spring 2020 within schools experienced greater disruption and mop-up activity is ongoing in 2021. Further work is needed to explore and address inequality in childhood and teenage immunisation rates in Fife. Lower uptake in the most deprived groups is consistent across vaccines and increases with age.

It is clear that over the next two years it will be essential that close monitoring of uptake rates continues, immunisation services are as accessible and flexible as possible, and that inequalities are addressed in the new models of delivery. An independent review was undertaken to consider the significant difficulties experienced in delivery of the Seasonal Flu Programme in 2020-21. In response a review of the immunisation resources and structures has taken place in 2021. Recommendations from this review have led to changes in governance and will be reported on separately. There has also been significant learning relevant to the wider immunisations programme from the roll-out of the COVID vaccination to the adult population, including targeted inclusivity work. A strategic action based on the recommendations of the review, including actions to address inequalities, is in development.

### **2.3.1 Quality/ Patient Care**

This report is part of governance arrangements for the public health function in NHS Fife which aim to ensure that the immunisation programmes are operating to the highest standards and that there is equity of provision across Fife

### **2.3.2 Workforce**

Workforce issues from the Immunisation Review are noted in a separate paper.

### **2.3.3 Financial**

This report has no direct financial impact or capital requirements



#### **2.3.4 Risk Assessment/Management**

Strategic oversight of risk appraisal and management is provided by the Area Immunisation Steering Group. Roles and responsibilities for risk management have been reviewed within the Immunisation Review and are noted in a separate paper.

#### **2.3.5 Equality and Diversity, including health inequalities**

An impact assessment has not been completed because the does not alter service delivery. The report includes analysis of the uptake of immunisation programmes by socio-economic deprivation where possible. Inequalities in vaccine uptake are a significant concern and a framework for addressing these will be incorporated into the strategic plan currently in development.

#### **2.3.6 Other impact**

Nil

#### **2.3.7 Communication, involvement, engagement and consultation**

No additional engagement other than route to meeting as below. The report acknowledges the multidisciplinary input into the delivery of immunisation programmes in Fife.

#### **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.

- Area Immunisation Steering Group, 18 June 2021

The Public Health Assurance Committee were given a verbal overview with a focus on the childhood inequalities data on 8<sup>th</sup> June 2021.

### **2.4 Recommendation**

The Clinical Governance Committee are asked to note this content of this report for information only.

## **3 List of appendices**

The following appendices are included with this report:

- Appendix 1, NHS Fife Immunisation Annual Report 2020



NHS Fife Annual  
Immunisation Report

**Report Contact**

Dr Esther Curnock

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## **IMMUNISATION ANNUAL REPORT 2020**

**Esther Curnock**

Deputy Director of Public Health / NHS Fife Immunisation Coordinator

Public Health Department, NHS Fife

Version 2.1, June 2021

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## **NHS FIFE IMMUNISATION ANNUAL REPORT 2020**

### **1 INTRODUCTION**

- 1.1 This is the third annual immunisation report for NHS Fife. The report summarises surveillance data on vaccine preventable disease; uptake rates for each vaccine (including inequality data where this is available); and key developments and learning across the programmes.
- 1.2 Vaccination programmes aim both to protect the individual and to prevent the spread of diseases within the wider population. As a public health measure, immunisations are very effective in reducing the burden of disease. Monitoring the proportion of the eligible population vaccinated is a key measure of the immunisation programme performance, as well as monitoring of vaccine preventable disease surveillance data.
- 1.3 December 2019 saw the emergence of a new virus COVID-19 leading to a global pandemic during 2020 & 2021. Services across Scotland have been impacted by the pandemic and non-essential health care services were paused to allow resources to be redirected. Delivery of effective population immunisation programmes is a key NHS Scotland priority. Childhood immunisation programmes were categorised as essential services and in Fife and across Scotland this service has continued to be delivered during the COVID-19 pandemic. However, the challenge of COVID has had a significant impact on delivery models and workforce pressures.
- 1.4 Variation in the timing and reporting intervals of vaccination uptake data release mean that the period covered in this report varies by programme. The section of the report covering vaccination uptake data focuses on childhood and teenage routine immunisations as data release for the adult & selective immunisation programmes has been disrupted by the pandemic.
- 1.5 The report does not include uptake data for 2021 from the COVID vaccination programme. Phase 1 of the roll-out of the COVID-19 vaccination programme commenced in December 2020 with priority eligible groups invited as per the Joint Committee for Vaccinations and Immunisations. Detailed reporting of this programme will be included in the 2021 annual report. Monitoring of the impact of the pandemic on the uptake of immunisations and impact on inequalities is a priority.

## 2 VACCINE PREVENTABLE DISEASE

- 2.1 Data for vaccine preventable diseases are summarised at both a national and Fife level where data is available. Cases notified to Public Health, meeting clinical case definitions but without laboratory confirmation are not included, and individuals may not present to healthcare, or be tested if they have milder presentations of diseases. Disease incidence in the population is likely to be higher.

### Haemophilus influenza

- 2.2 *Haemophilus influenzae* can cause acute invasive disease including meningitis and septicaemia. Vaccination provides the most effective strategy for prevention of the most severe type (*H. influenzae* type b). In Fife, there have been <5 cases of invasive *H. influenzae* type b infection since 2009. The number of all invasive *H. influenzae* cases reported in Scotland in 2020 was lower than the cumulative case numbers for the same period in the previous four years.

### Measles

- 2.3 Measles virus can affect people of all ages but infants less than one year are at increased risk of complications and death. It is a highly communicable disease in susceptible populations. Vaccination with measles-mumps-rubella (MMR) vaccine is the most effective strategy for preventing measles transmission, however, outbreaks still occur in under immunised populations. In 2019 there were a small number of confirmed cases in Fife (<5) with limited secondary transmission. The identified exposure for the index cases were outwith Scotland; extensive contact tracing and isolation of contacts was carried out to ensure there was not wider community transmission. There were no confirmed cases of measles in Fife in 2020, or elsewhere within Scotland.

### Meningococcal disease

- 2.4 Meningococcal disease can be a significant cause of morbidity and mortality in children and young people. Vaccinations for the most common serogroups form part of the routine childhood (MenB, MenC) and teenage (MenACWY) programmes. Chemoprophylaxis and vaccination for close contacts is arranged for all probable and confirmed cases where appropriate. In Fife there were <5 cases of invasive meningococcal infection in 2019 (age range 5 to 75 years) and 5 cases in 2020 (age range 3 to 84 years). Across Scotland the cumulative number of cases in 2020 was lower than the previous 3 years.

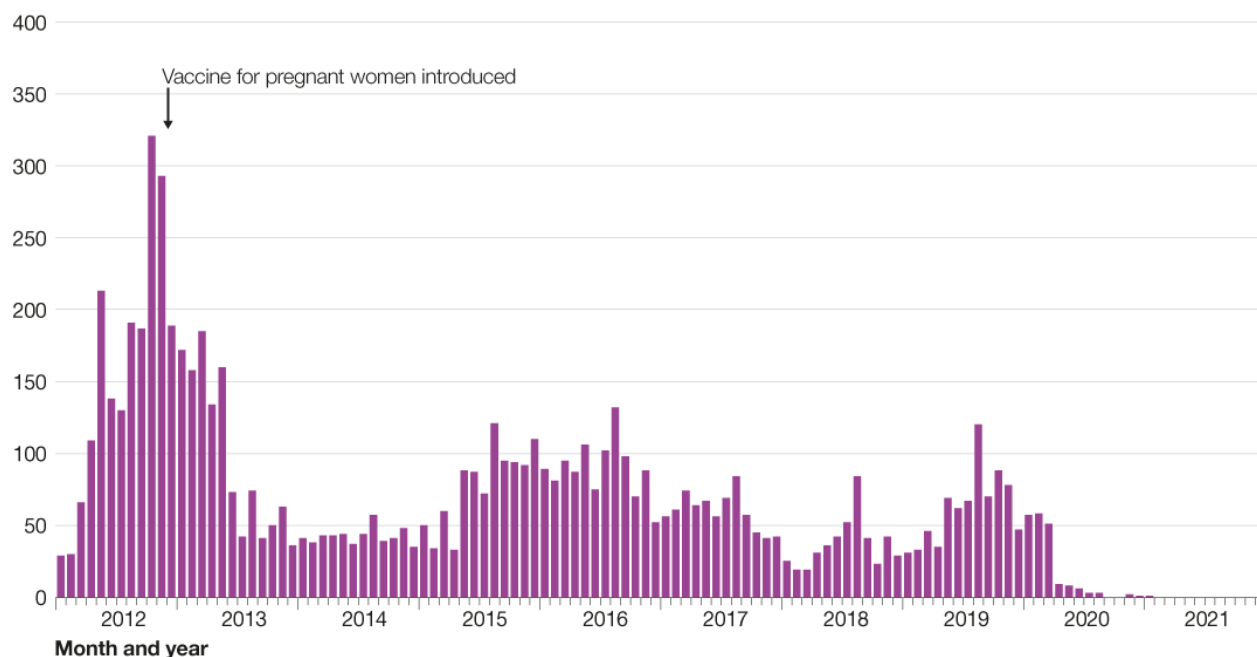
### Pneumococcal disease

- 2.5 Invasive pneumococcal disease (IPD) is caused by infection with the bacterium *Streptococcus pneumoniae* in normally sterile sites and can be a cause of morbidity and mortality among the very young, the elderly and those with impaired immunity. Two pneumococcal vaccines are available, PCV13 (now delivered as a primary dose at 12 weeks followed by a booster dose at between 12 and 13 months), and PPV23 (one off vaccine for those aged 65 years and over and those under 65 with underlying conditions). Across both Scotland and Fife there has been a much lower number of IPD cases in 2020 than in the previous four years (<5 confirmed cases in Fife).

## Pertussis (whooping cough)

- 2.6 Young infants are at particular risk of complications from infection with pertussis. Since 2012 pertussis vaccination has been offered to all pregnant women. Across Scotland there were 198 laboratory reports reported in 2020, the majority of which were in the first quarter of the year. Numbers since the lockdown measures were introduced have been very low (figure 1). In Fife there were <5 confirmed cases in 2020.

Figure 1: Number of laboratory reports of *Bordetella pertussis* by month in Scotland from 2012 to 2021 (week 13)



Source: Health Protection Scotland <https://www.hps.scot.nhs.uk/media/2478/pertussis-fig-1.png>

## Human Papilloma Virus (HPV)

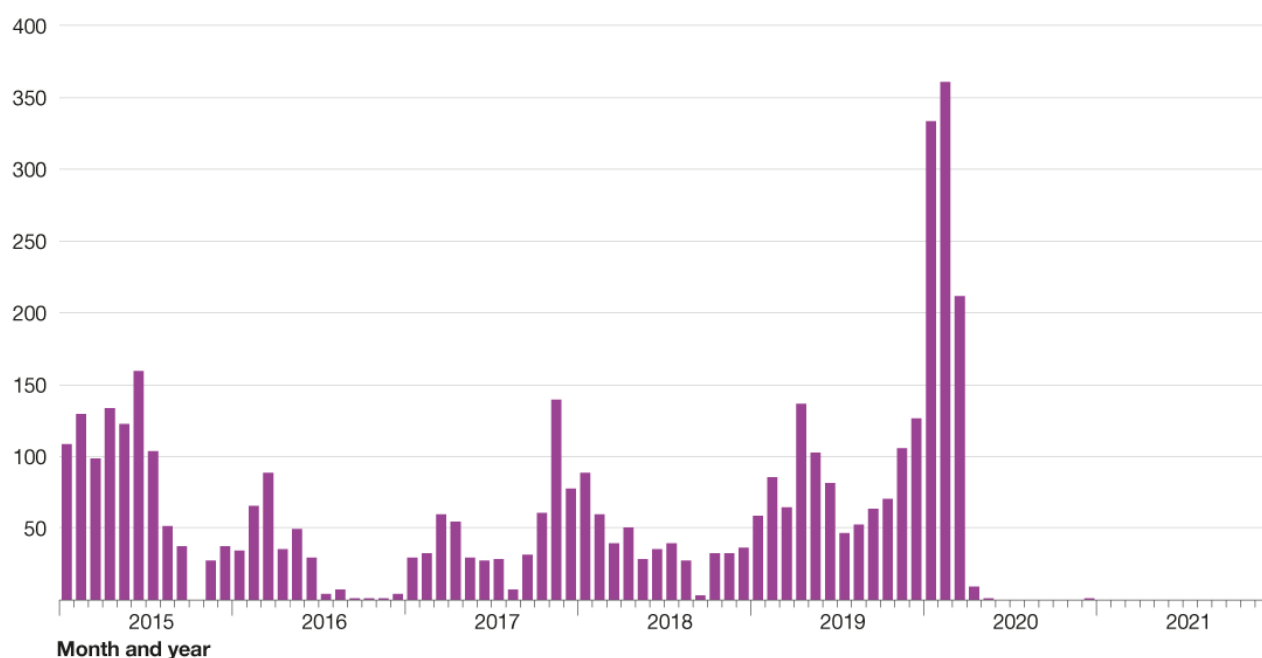
- 2.7 Human papillomavirus (HPV) infections are very common and over 225 types of HPV have been identified, 40 of which infect the genital tract. HPV types 16 and 18 are responsible for approximately 75% of cervical cancer cases, 90% of anal cancer cases, 85% of head and neck cancers and 50% of penile cancers; HPV types 6 and 11 are responsible for approximately 90% of genital wart cases. The Scottish HPV immunisation programme started in 2008. A vaccine offering protection against types 6, 11, 16 & 18 is now offered to all secondary school pupils (boys included since 2020). In 2017 an HPV vaccination programme was introduced for men up to 45 years who have sex with men via sexual health clinics. Surveillance has shown that the HPV vaccine has reduced the highest grade of cervical pre-cancer at age 20 by almost 90% in Scotland.

## Mumps

- 2.8 Whilst mumps infection may be mild, it can lead to serious complications. Following the introduction of the MMR vaccine in 1988, the incidence of mumps substantially decreased. However, since 2004, there has been ongoing widespread increased incidence of mumps throughout the UK. There was a high number of laboratory confirmed mumps cases in the first quarter of 2020 (853) in Scotland, with higher incidence in certain Boards. In Fife there

were 14 cases of mumps in 2020, all of which were in the first quarter. Incidence across Scotland reduced after April 2020 (figure 2), this is likely to reflect both interruption of mumps transmission due to social distancing but also reduced attendance at primary care to diagnose.

Figure 2: Number of laboratory-confirmed cases of mumps in Scotland by month and year, 2015 to 2021 (to week 13)



Source: Health Protection Scotland <https://www.hps.scot.nhs.uk/media/2474/mumps-fig-2.png>

## Rotavirus

2.9 Rotavirus infections can cause severe diarrhoea, vomiting, stomach cramps and mild fever. Prior to the introduction of a national infant rotavirus vaccination programme in 2013, an estimated 55,000 episodes of rotavirus-induced gastroenteritis occurred each year in children of less than 5 years in Scotland. Following the introduction of the immunisation programme there has been a reduction in numbers of hospital admissions in children under 5 years, and numbers of GP consultations for gastrointestinal illness in infants under 1 year in Scotland. The number of reports of confirmed rotavirus in 2020 remained low.

## Rubella

2.10 Rubella is generally a mild illness, but if acquired by women in early pregnancy (in the first 16 weeks) can cause congenital rubella syndrome leading to serious birth defects. Before the introduction of rubella vaccination, more than 80% of adults had evidence of previous exposure to rubella. The last reported case of laboratory-confirmed rubella in Scotland was in 2017.



## Shingles

- 2.11 Herpes zoster or shingles is caused by reactivation of latent varicella zoster virus. The main complication of shingles is post-herpetic neuralgia which can persist. The vaccination programme was introduced in 2013 with a routine offer to those aged 70 and opportunistic offer to those aged 71 to 79 who have not been immunised. Rates of admissions and GP consultations for shingles remained fairly static during the period 2010 to 2017 in Scotland, with higher rates in the more susceptible older age groups; more recent surveillance data has not yet been published.

## Tetanus

- 2.12 Tetanus is a rare disease resulting from a neurotoxin produced during infection with *Clostridium tetani*. Immunisation against tetanus is the most effective method of disease prevention, and has been part of the childhood immunisation schedule since 1961. There have been no confirmed cases of tetanus in Fife since 2009.

## Tuberculosis

- 2.13 Transmission of tuberculosis (TB) is by inhalation of infected droplets. After infection, the bacteria can remain latent in the body for a long time causing no symptoms of disease. People with latent TB infection are not infectious. BCG vaccine is offered to those babies who are more likely than the general population to come into contact with someone with TB. The number of TB notifications in Scotland has shown a consistent downward trend during the period 2010 to 2019, but an increasing proportion are born outside the UK and more than a third of cases live in the most deprived quintile on the Scottish Index of Multiple Deprivation (2020 data not published). Incidence in Fife is lower than the Scottish average.

## Influenza

- 2.14 Influenza is associated with significant morbidity and mortality during the winter months, particularly in those at risk of complications of flu, e.g. the elderly, those with chronic health problems, and pregnant women. The spectrum of influenza illness varies from asymptomatic illness to mild/moderate symptoms to severe complications, including death. Spread can occur rapidly in the community, and especially in hospital and institutional settings. The most effective means of prevention is flu vaccine, which is tailored to the likely viruses in circulation each season. In the 2019 to 2020 season, low levels of influenza activity were observed in the community with circulation of influenza A(H3N2) dominating the season, peaking in week 51 2019. Influenza activity in 2020/21 has remained at baseline.

### 3 VACCINE UPTAKE

- 3.1 Immunisation uptake is the proportion of the eligible population who have received the recommended doses of the relevant vaccines. The risk to public health increases if immunisation rates fall below herd immunity levels as this makes the possibility of communicable disease transmission more likely. This has been a concern during the Covid-19 pandemic and measures have been taken to ensure that immunisations continue to be delivered.
- 3.2 In Scotland the target of the national childhood immunisation programme is for 95% of children to complete courses of the following childhood immunisations by 24 months of age: diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b (Hib), Hepatitis B and Meningococcal group B (MenB). This aligns with the European Region of the World Health Organisation recommendations for vaccine uptake. An additional national target of 95% uptake of one dose of MMR vaccine by 5 years of age (with a supplementary measure at 24 months) was introduced in 2006 to focus efforts on reducing the number of susceptible children entering primary school.
- 3.3 The UK immunisation schedule is continually reviewed and updated<sup>1</sup>, and appendix 2 describes the childhood schedule since spring 2020. Changes in the schedule such as the introduction of new vaccines, changes to the number of doses required and/or the timing of vaccines need to be considered when interpreting trends in uptake rates.

#### Childhood routine immunisations

- 3.4 The standard reporting ages for childhood vaccine completion rates in the UK is 12 months, 24 months and five years of age. The childhood immunisation statistics are taken from the annual published data which covers data to year end 31<sup>st</sup> December 2020.
- 3.5 Overall in 2020, the 95% target for uptake at 12 months was met for DTP/Pol/Hib/Hep B PCV and MenB in Fife (table 1). Rotavirus vaccine should be given within strict age limits, with the first dose before 15 weeks and second dose before 24 weeks of age. It is also a live vaccine and so is may be contraindicated if a child has other health conditions. This explains why uptake of the completed two dose course of rotavirus vaccine is slightly lower than completed courses of the other vaccines offered in the first year of life.

Table 1: Immunisation uptake rates by 12 months of age in NHS Fife, by year

	2015	2016	2017	2018	2019	2020
<b>5-in-1/ 6-in-1<sup>2</sup></b>	97.2	96.4	95.8	95.7	95.7	95.3
<b>MenC</b>	98.0	97.1	..	..	..	..
<b>PCV</b>	97.2	96.1	95.9	96.0	96.2	96.0
<b>Rotavirus</b>	94.6	94.0	94.0	93.7	94.0	94.3
<b>MenB</b>	..	..	95.6	95.6	95.9	95.7

<sup>1</sup> Complete schedule (children & adults) available here: <https://www.gov.uk/government/publications/the-complete-routine-immunisation-schedule>

<sup>2</sup> 6-in-1: Diphtheria, tetanus, pertussis (whooping cough), polio, Haemophilus influenzae type b and Hepatitis B (DTaP/IPV/Hib/HepB)

3.6 Scottish Index of Multiple Deprivation (SIMD) data is available based on GP practice level data, these are matched onto national reference files to obtain information on SIMD, with SIMD quintile assigned based on the postcode of the practice. SIMD data across the childhood programme demonstrates a socioeconomic gradient, with drop-off in rates in quintiles 1 & 2 (most deprived) in Fife that is more pronounced than that seen in the rest of Scotland for the 6-in-1 and Men B vaccinations (figures 3 & 5). Uptake rates in quintiles 1 & 2 are consistently below the 95% target across all vaccines given in the first year of life.

Figure 3: 6-in-1 vaccine uptake rates by 12 months of age by SIMD quintile in NHS Fife, 2020

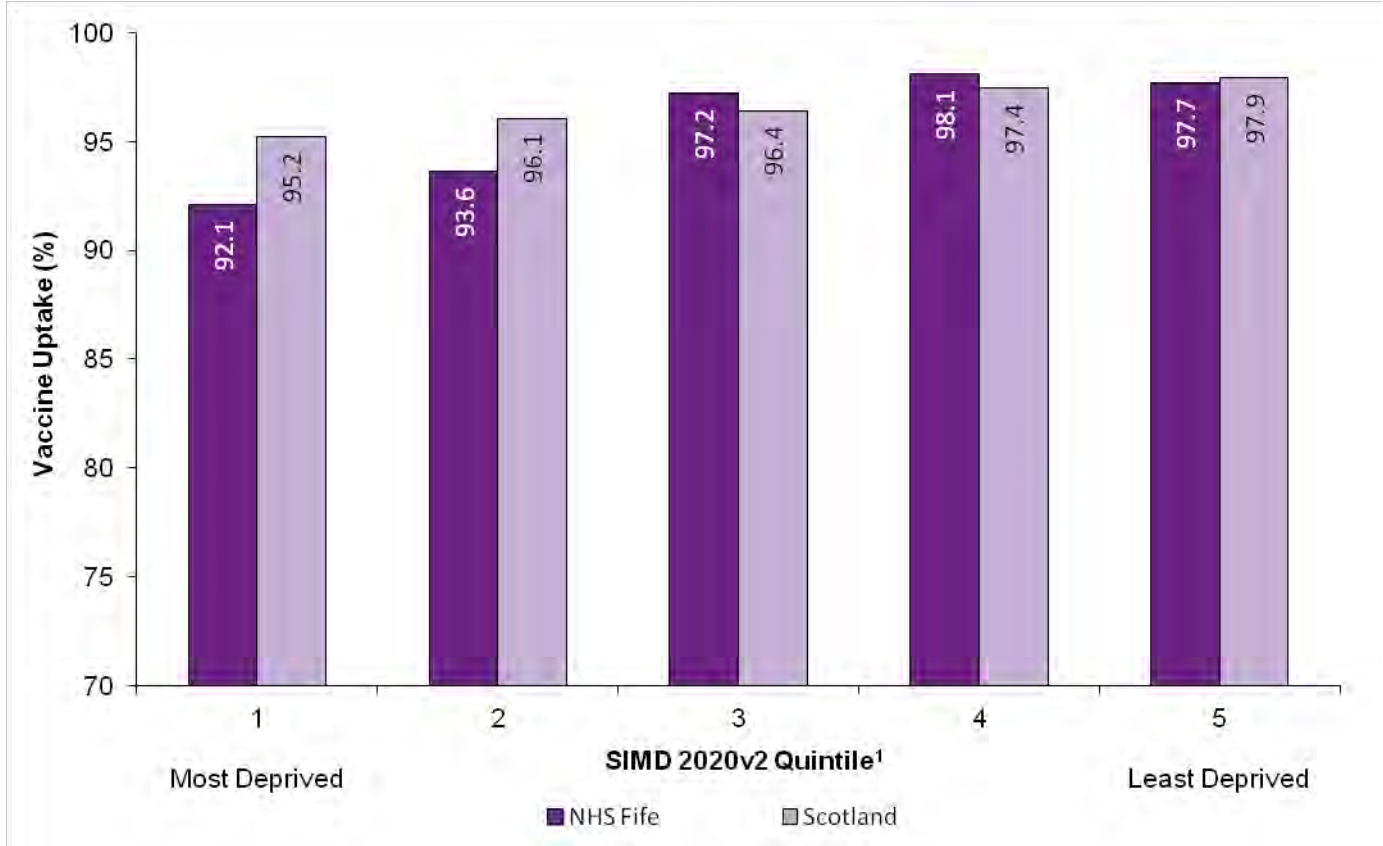


Figure 4: Rotavirus vaccine uptake rates by 12 months of age by SIMD quintile in NHS Fife, 2020

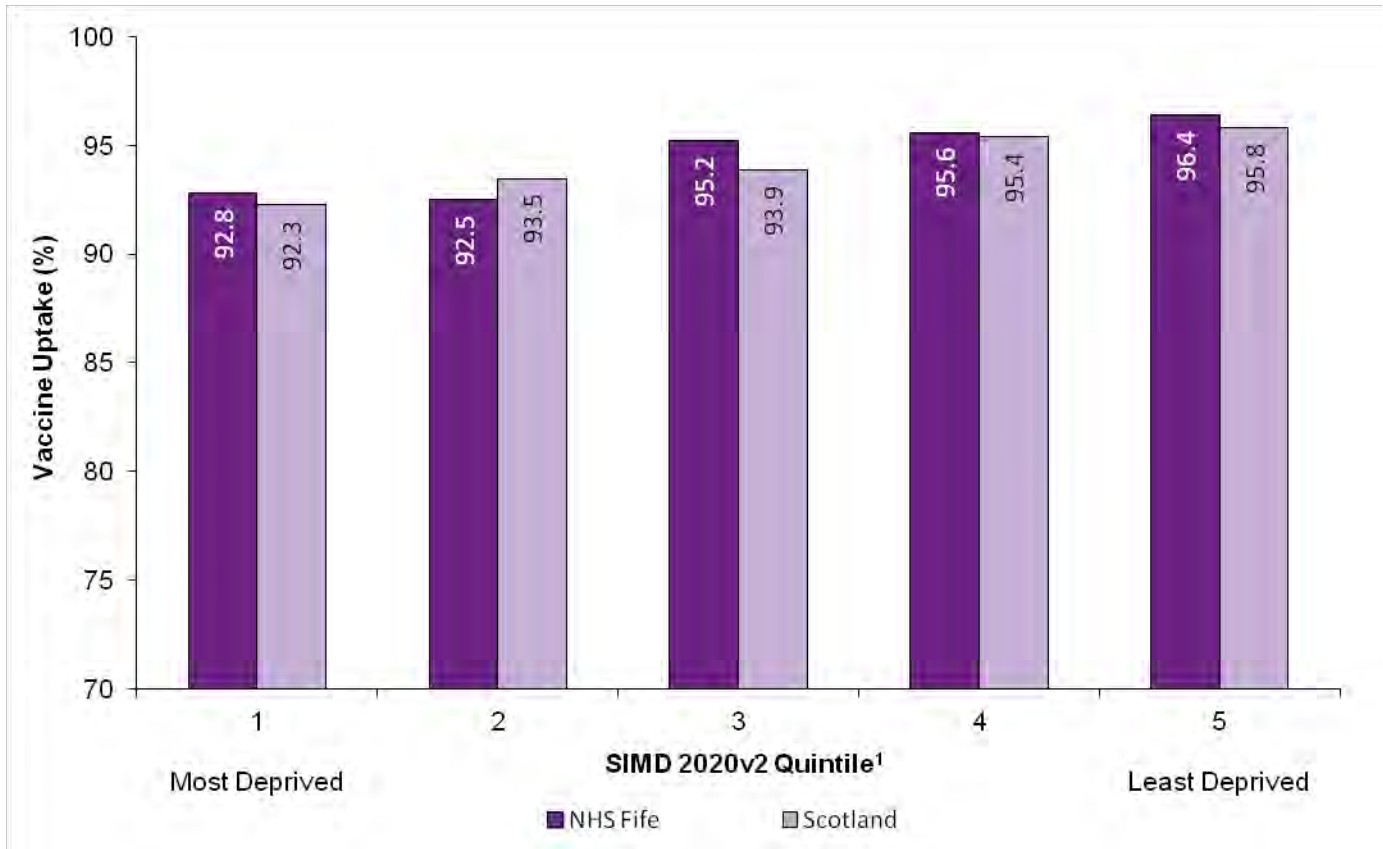
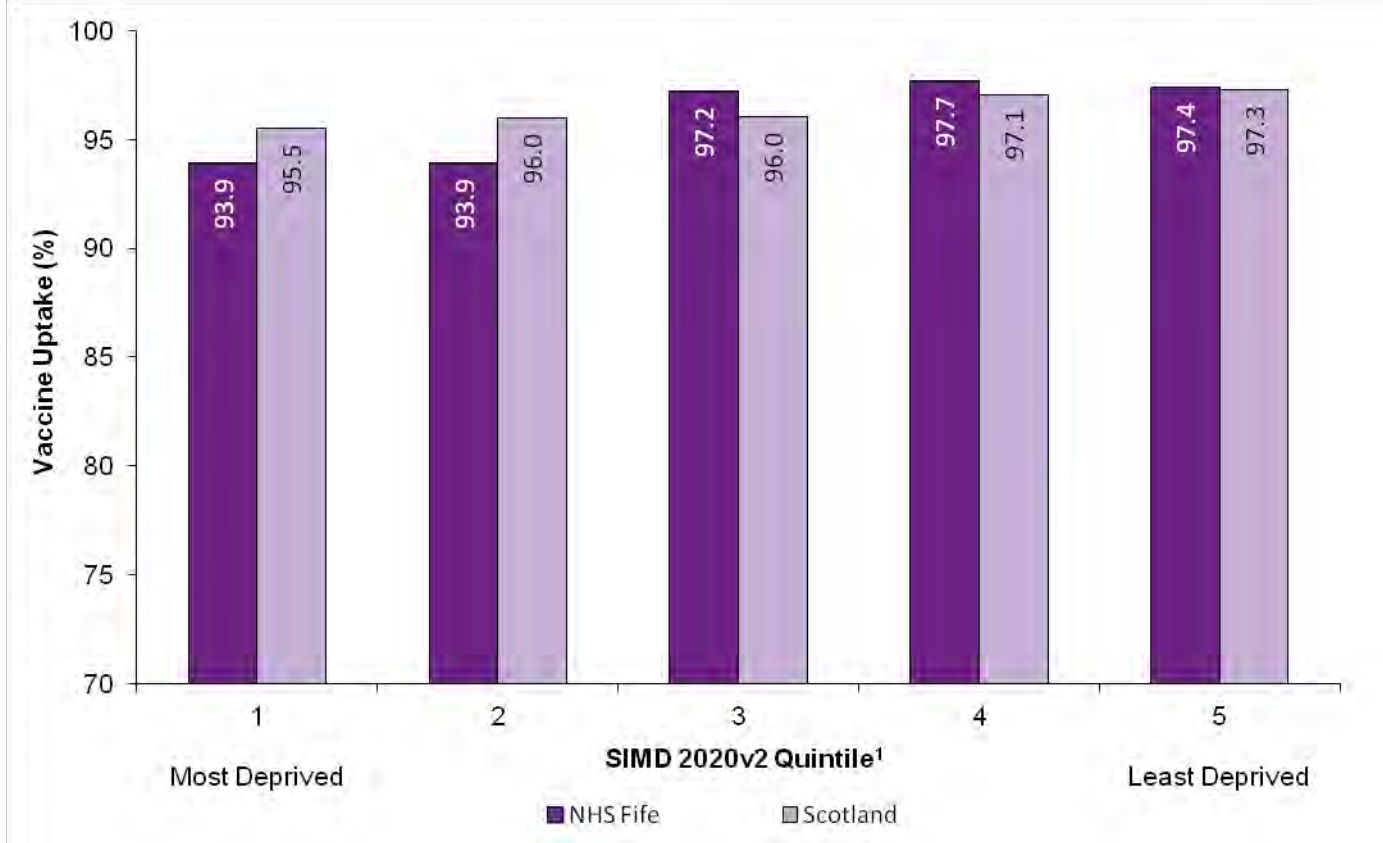


Figure 5: MenB vaccine uptake rates by 12 months of age by SIMD quintile in NHS Fife, 2020



3.7 Uptake rates in 2020 by 24 months of age (table 2) are below 95% for first dose of MMR vaccine, Hib/MenC, PCV boosters, and Men B booster. SIMD data shows that at 24 month the 95% target is met for first dose MMR, Hib/MenB, PCV booster and MenB booster within quintiles 3-5, i.e. those least deprived, but not quintiles 1 & 2 (figure 6-9). Again there is a more pronounced drop-off in vaccination rates in quintiles 1 & 2 in Fife than is seen in the rest of Scotland. This trend has been seen in previous years so can not be attributed to the impact of the pandemic.

Table 2: Immunisation uptake rates by 24 months of age in NHS Fife, by year

		2015	2016	2017	2018	2019	2020
Primary Course:	5-in-1/ 6-in-1	97.8	97.7	97.4	97.3	96.8	96.5
	MMR1	94.1	93.9	93.0	93.2	93.9	93.7
Booster:	Hib/MenC	94.1	93.9	93.3	93.2	94.0	93.7
	PCVB	94.0	93.7	93.0	93.3	93.7	93.6
	MenB Booster	..	..	..	92.6	93.3	93.2

Figure 6: MMR1 vaccine uptake rates by 24 months of age by SIMD quintile in NHS Fife, 2020

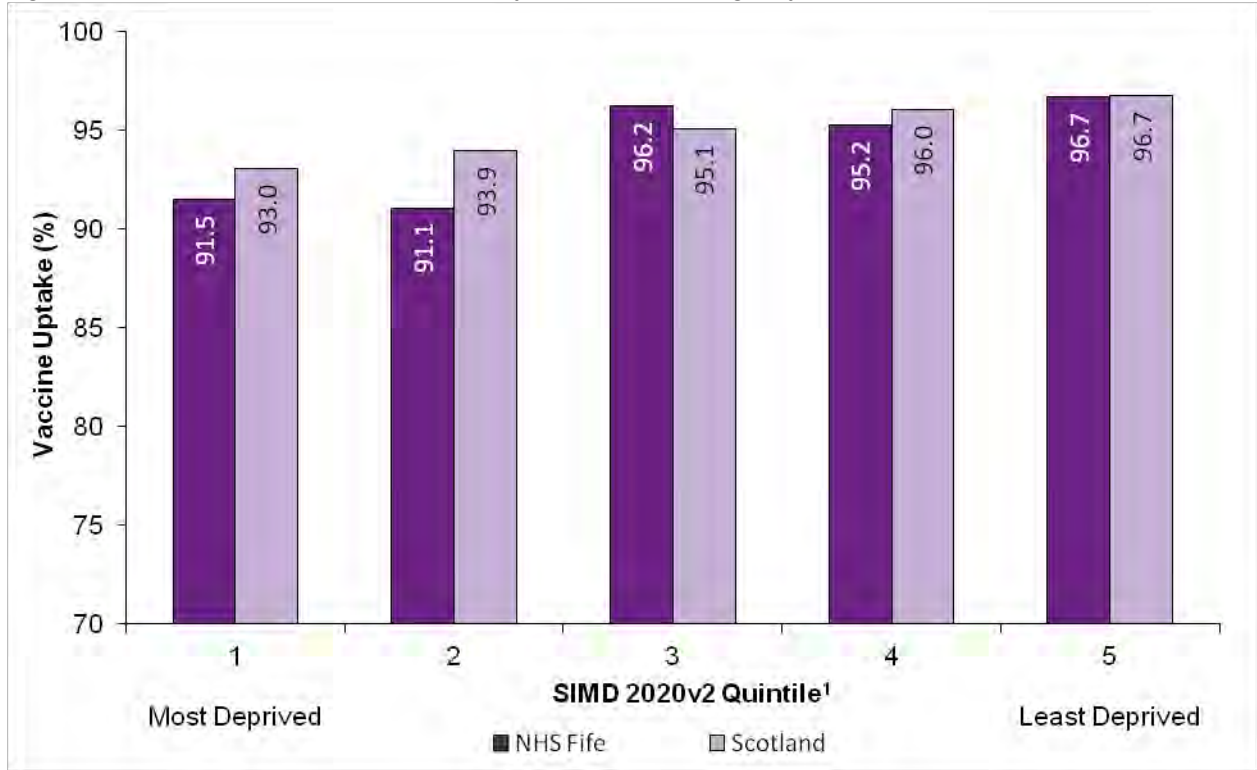


Figure 7: Hib/MenC vaccine uptake rates by 24 months of age by SIMD quintile in NHS Fife, 2020

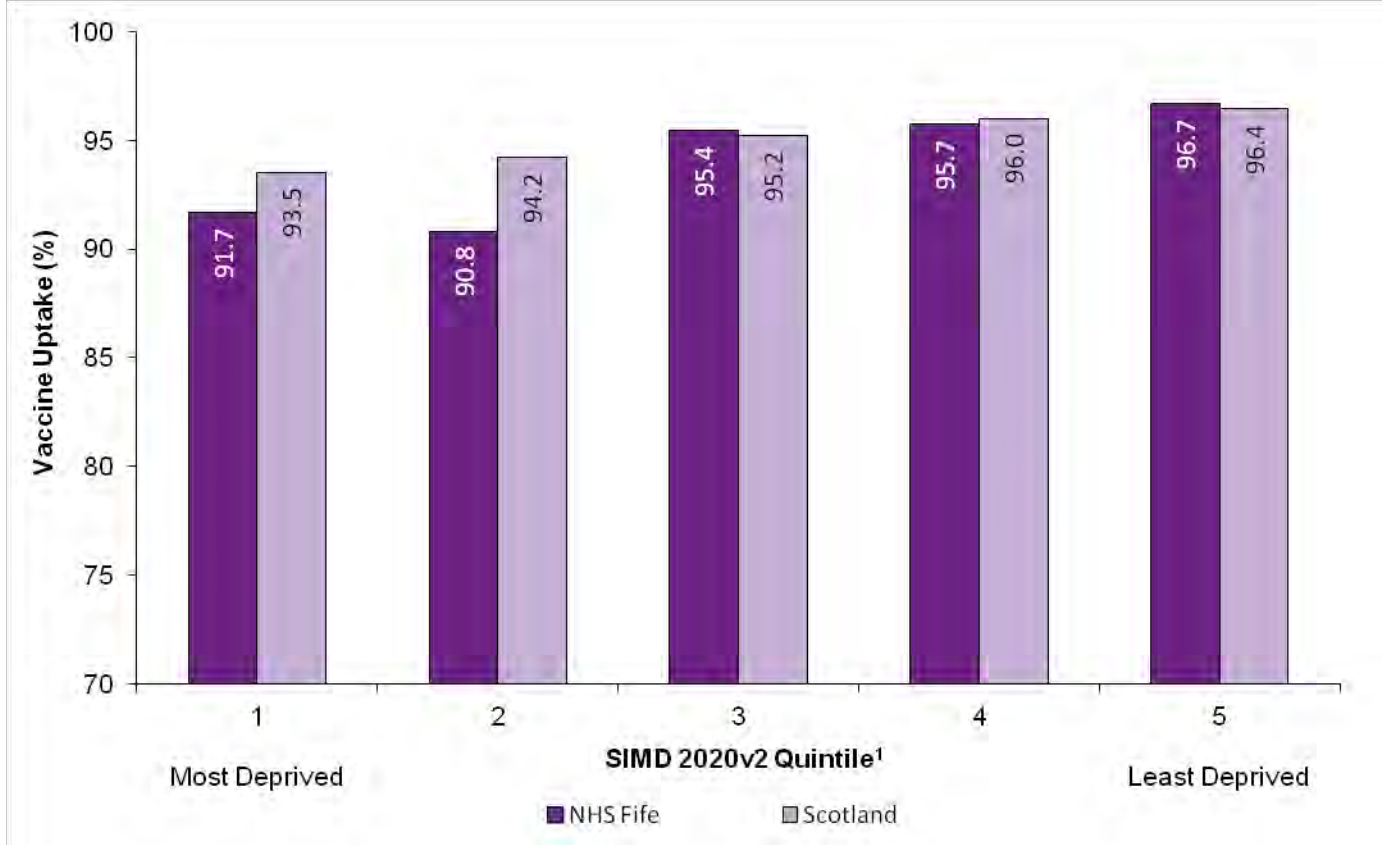


Figure 8: PCV booster vaccine uptake rates by 24 months of age by SIMD quintile in NHS Fife, 2020

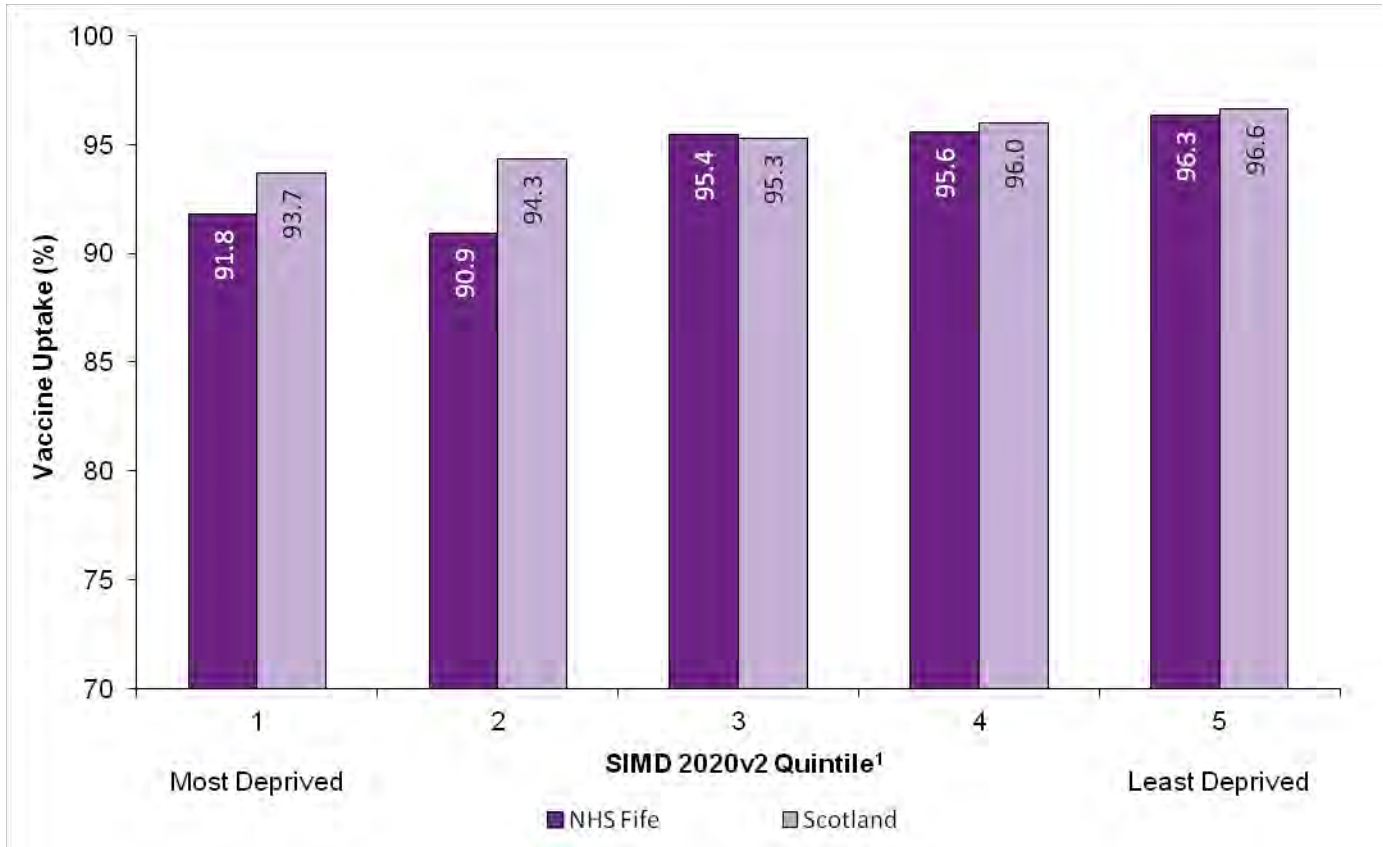
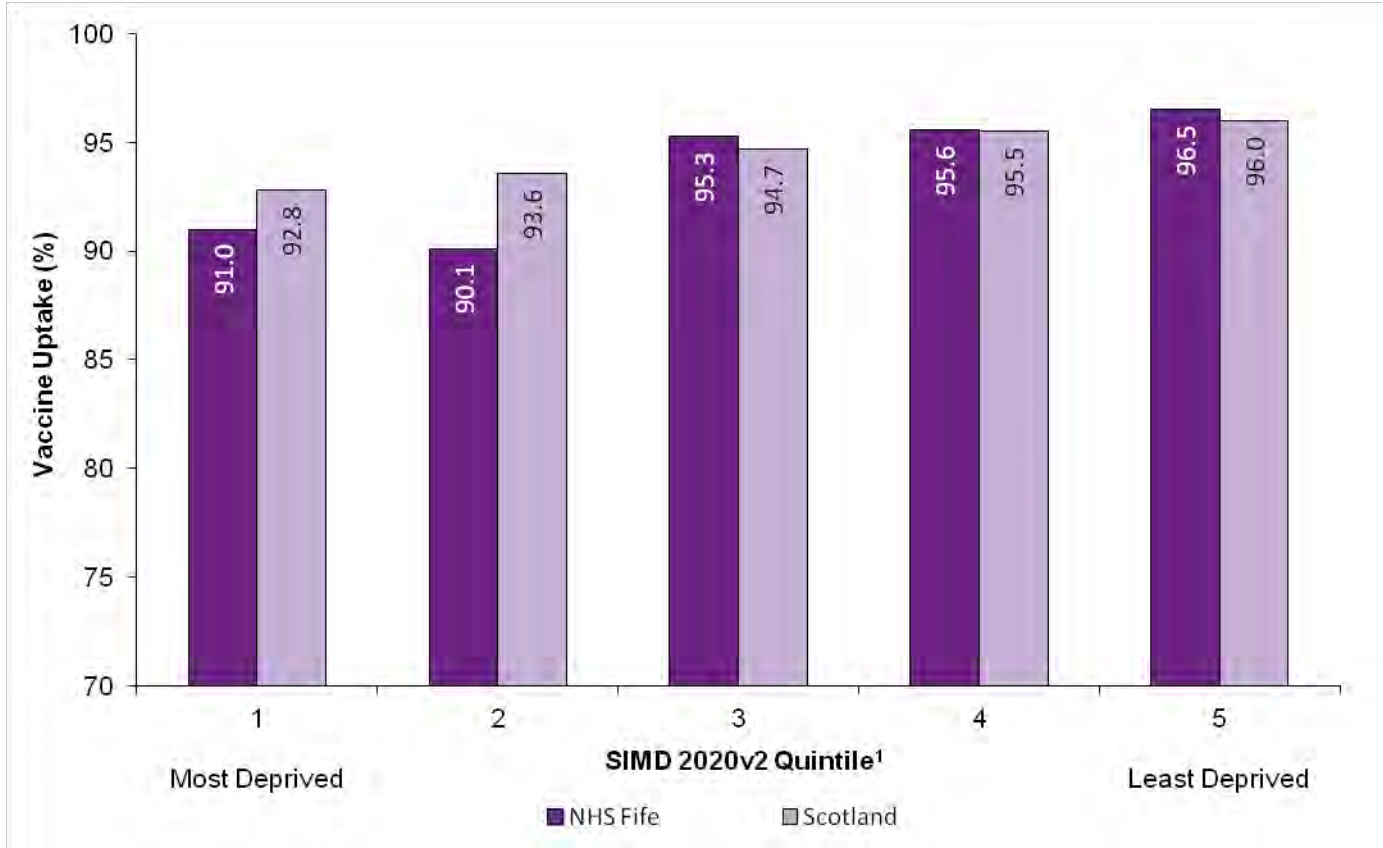


Figure 9: MenB (booster) vaccine uptake rates by 24 months of age by SIMD quintile in NHS Fife, 2020



3.8 Uptake of the vaccines normally given around three years four months of age (4-in-1<sup>3</sup> and 2<sup>nd</sup> dose MMR) remains below 95% at 5 years, though there has been a slight increase on uptake since 2019 (table 3).

Table 3: Immunisation uptake rates by 5 years of age in NHS Fife, by year

	2016	2017	2018	2019	2020
MMR1	97.2	96.9	96.3	96.4	96.1
Hib/MenC	96.7	96.6	95.5	96.1	95.6
4-in-1 <sup>3</sup>	92.4	90.4	88.7	87.6	88.7
MMR2	92.0	89.7	88.4	87.4	88.4

3.9 Data is also available at six years of age (prior to 2006 this was the standard reporting age instead of five years); rates are slightly improved at this age indicating that some children are receiving pre-school immunisations after 5 years (table 4).

<sup>3</sup> Diphtheria, tetanus, pertussis (whooping cough), and polio

- 3.10 An action plan for improving childhood uptake rates was developed in 2019, with a particular focus on MMR uptake. Whilst some of the actions have been disrupted by the pandemic, others have been implemented and are now part of routine practice. It is difficult to assess the impact of the actions implemented given the context of the pandemic and the disruption to delivery models during this time.

Table 4: Immunisation uptake rates by 6 years of age in NHS Fife, by year

	2016	2017	2018	2019	2020
<b>MMR1</b>	96.8	96.5	96.3	96.4	96.2
<b>4-in-1</b>	93.5	93.7	92.8	91.6	90.9
<b>MMR2</b>	93.0	93.1	92.0	91.2	90.7

### Teenage routine immunisations

- 3.11 The teenage immunisation schedule includes a combined booster immunisation for tetanus, diphtheria and polio (Td/IPV, given around 14 years of age); an immunisation protecting against four strains of meningococcal bacteria (MenACWY) and two doses of HPV vaccine, which is now offered to all children in Fife in S1 and S2.
- 3.12 Difficulties with ensuring accurate denominator pupil figures (for example, ongoing inclusion of children who are no longer at school) are estimated to contribute a potential 2-3% margin of error. Efforts were made for the 2019-20 school year to cross-check against September school census data in order to provide more accurate figures.
- 3.13 Due to the pandemic, delivery of the teenage programme was disrupted to varying degrees across health boards in Scotland depending on where they were in their delivery plans at the time of lockdown. This should be considered when comparing the Fife data to the Scottish average (table 5). The teenage booster programme in Fife demonstrates clear socioeconomic gradient in vaccination uptake that is similar to that seen in the rest of Scotland (table 5). Mop-up activity means that by the end of S4 the uptake rates are slightly higher (Td/IPV booster uptake 83.1% and MenACWY uptake 83.5% in Fife at S4).

Table 5: Td/IPV and MenACWY immunisation uptake rates by the end of the S3 school year 2019/20, by Scottish Index of Multiple Deprivation quintile, NHS Fife &amp; Scotland

		Td/IPV uptake rate (%)	MenACWY uptake rate (%)
Fife (Board of School)	1=most deprived	70.9	71.7
	2	77.6	77.9
	3	83	83.3
	4	82	82.1
	5=least deprived	88.9	88.9
	<b>Total</b>	<b>80.1</b>	<b>80.4</b>
Scotland	1=most deprived	71.6	71.6
	2	76	76.2
	3	80.1	80.3
	4	82.9	83.1
	5=least deprived	87.3	87.6
	<b>Total</b>	<b>79.6</b>	<b>79.8</b>



3.14 HPV vaccination in Fife at S1 and S2 over the previous 3 school years is shown in table 6. HPV vaccines for S1 boys was offered for the first time in spring 2020, however, due to a delay in the consent forms, delivery to boys was more disrupted than delivery to girls due to the timing of the introduction of lockdown measures and school closure in 2020. It will be important to monitor uptake rates among boys compared with girls when the mop-up activities are complete to see if the gender uptake gap remains.

3.15 Follow up opportunities are offered for those that miss their HPV vaccination at S1 or S2. Female S4 data for Fife at the end of the school year 2019/20 show that 88.2% of those first offered 1<sup>st</sup> dose in 2016/17 had received 1<sup>st</sup> dose (Scotland S4 1<sup>st</sup> dose uptake 91.9%) and 81.7% had received 2<sup>nd</sup> dose (first offer of 2<sup>nd</sup> dose in 2017/18; Scotland S4 2<sup>nd</sup> dose uptake 87.3%).

3.16 There is a substantial socioeconomic gradient with an almost 15% difference in 2<sup>nd</sup> dose uptake between the least and most deprived quintiles at S4 (table 8). This difference is greater than seen elsewhere in Scotland (figure 10).

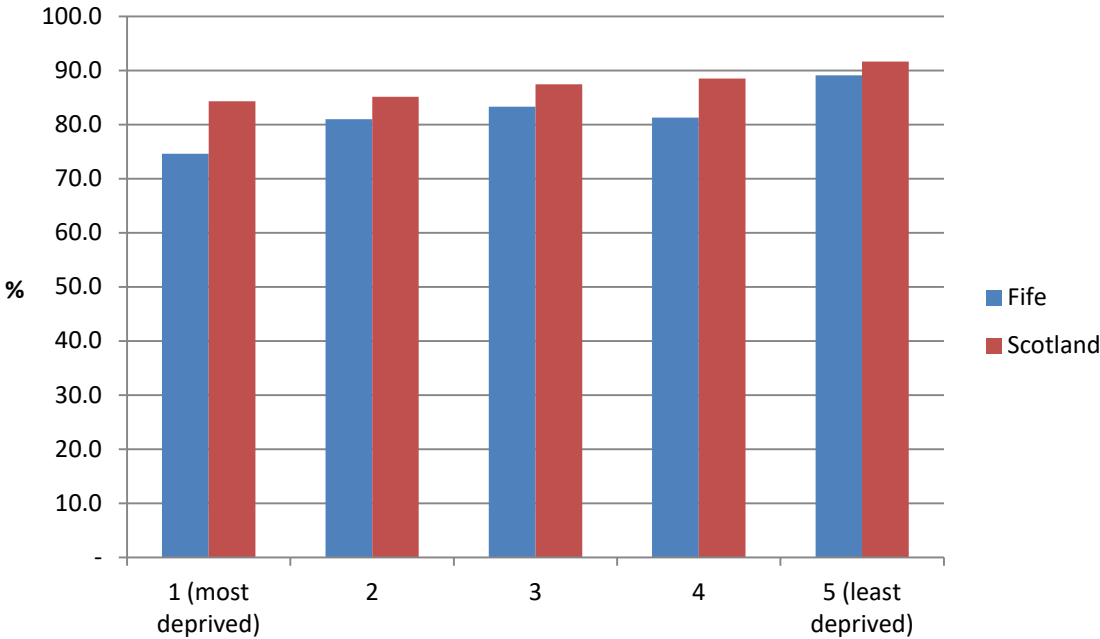
Table 6: 1<sup>st</sup> and 2<sup>nd</sup> dose HPV immunisation uptake rates by the end of the school year 2017/2018, 2018/2019 & 2019/20, at S1 and S2, NHS Fife

Year	Year group	1st Dose uptake	2 <sup>nd</sup> dose uptake
2017/2018	S1	75.8%	N/A
2018/2019	S1	82.0%	N/A
2019/2020	S1	67.3% (72.7 female; 62.2% male)	N/A
2017/2018	S2	84.8%	70.5%
2018/2019	S2	86.0%	73.1%
2019/2020	S2	90.2%	75.0%
2017/2018	S3	87.8%	79.1%
2018/2019	S3	87.3%	79.4%
2019/2020	S3	86.8%	76.5%

Table 7: Uptake of first and second dose HPV vaccination in Fife by the end of the 2019/20 school year by SIMD, females in S4

SIMD	1st dose % (first offered 2016/17)	2nd dose % (first offered 2017/18)
1 (most deprived)	82.2	74.6
2	88.1	81.0
3	89.9	83.3
4	89.7	81.3
5 (least deprived)	92.0	89.1
<b>Total</b>	<b>88.2</b>	<b>81.7</b>

Figure 10: Uptake of second dose HPV immunisation at the end of the 2019/20 school year by SIMD, for females in S4 Fife & Scotland



*Summary of childhood & teenage programmes*

3.17 The data demonstrate substantial socioeconomic inequalities across the childhood and teenage immunisation programme, and these increase with age. There are multiple causes behind this, including lower school attendance in teenage years for children from more deprived areas. Since 2019 a system has been put in place to proactively follow-up non-attendeess on the day for the teenage programme, either in school or by a telephone call to their parent to help ensure that the pupil is reappointed for vaccination either at another time in school or at a community clinic. Catch-up opportunities for vaccination are offered through to S6 through a call-recall system, and further work was under way in 2019 to improve teenage uptake and recall all young people who have outstanding vaccinations. The extended school closures and lockdown measures in 2020 disrupted follow-up opportunities like these, therefore plans for catch up appointments are required when restrictions and workforce resources enable this in 2021.

**Adult and selective immunisation programmes**

3.18 Data for the adult pneumococcal (PPV23) have not been shown, as there was significant disruption due to reduced primary care activity due to the pandemic as well as ongoing national supply constraints of PPV23.

3.19 There was a formal temporary suspension of the shingles programme in Scotland from 09/04/20 to 01/09/20 due to the pandemic, and although opportunistic vaccination could take place if the patient presented for another scheduled appointment and was well, activity during this period was very limited. Shingles vaccination coverage among individuals aged 70 to 79 years in NHS Fife, for season 2020/2021 (September 2020 to March 2021) was 56.8% (Scotland 53.5%). There is a large back log of residents aged 70-79 who are eligible

for shingles vaccination but have not yet received it. This has built up over several years, but has been exacerbated by the pandemic. A new non-live shingles vaccine (Shingrix®) may be available later from September 2021 for those immunocompromised who have a contraindication for the routine live vaccine.

- 3.20 The delivery model required for seasonal flu vaccination in 2020/21 was more complex than previous years due to the physical distancing and infection control measures in place required due to COVID-19 and the extension of eligibility to additional cohorts. Most of the adult programme took place in community clinics for the first time rather than GP practices, and significant vaccination activity also took place in community pharmacies. A large workforce was required to support this model of delivery and staff had to work in new and exceptional ways across all services. Identifying the workforce required for the community clinics for the adult programme was challenging, and initial difficulties were encountered with the appointment booking system. A revised oversight structure was implemented at the start of the delivery phase to help address these challenges and an independent review of the programme was commissioned to ensure learning was identified.
- 3.21 Whilst the focus of flu vaccine delivery was during the period September 2020 to December 2020, activity continues until end of March 2021. During the 2020-21 season, uptake of seasonal flu vaccine for the cohort of those aged 65 and over was 78.0% in Fife, this was an increase from 2019/20 (74.5%). Uptake of seasonal flu vaccine in those falling into under 65 at-risk groups (excludes healthy pregnant women and carers) was lower at 47.2% which is well below the target of 75%, but an increase on the 38.3% uptake in 2019-20 among this cohort. Uptake by carers in 2020-21 was at 51.1%. Flu uptake of primary school aged children was 76.4%. Pre-school seasonal flu vaccine was delivered by the Fife immunisation team rather than GP practices for the first time in 2020 as part of the transfer of immunisation under the national Vaccine Transformation Programme, uptake in this cohort was 58.9% in Fife which is higher than previous years but remains below target. Accurate comparison data with uptake elsewhere in Scotland is not yet available for the 2020-21 season.
- 3.22 The NHS Fife frontline healthcare staff flu uptake rate was 69.8% overall, exceeding the 60% national target and 65% local target. Substantial efforts were put into achieving this in the context of the pandemic restrictions, including the extension of peer vaccination activity to all clinical areas and appointment-only clinics run by occupational health for non-clinical areas. Opportunities for vaccination of frontline social care staff were offered through on-site delivery in care homes and via community pharmacies for care at home and the wider social care sector. Whilst higher numbers of vaccine were delivered than previous years it is difficult to provide a meaningful denominator for this workforce which spans council, private and voluntary sector organisations.
- 3.23 Pertussis vaccine uptake among pregnant women during 2019 in Fife was 66.7% (Scotland 67.2%) Data on pertussis vaccination for pregnant women, hepatitis B vaccination programme for infants born to hepatitis B positive mothers and HPV vaccination for men who have sex with men aged ≤45 years attending sexual health clinics is not available for 2020.
- 3.24 In September 2019 the immunisation team continued to collaborate with the Student Support Service at St Andrew's University to support immunisation of new students that had not received MenACWY vaccination prior to arrival, but it was not possible to offer this input in September 2020 due to the pandemic.

## 4 CONCLUSIONS

- 4.1 This report has highlighted the findings from surveillance data on vaccine preventable disease in Fife, as well as vaccine uptake rates across childhood, teenage and adult immunisation programmes. Surveillance data demonstrate low incidence rates of vaccine preventable disease during 2020 in Scotland and in Fife. This is likely due to the impact of social distancing and the extended period of lockdown including closed schools and childcare facilities where infections are most likely to spread. Whilst rates of vaccine preventable disease are generally low, outbreaks elsewhere in the UK and Europe in recent years are a reminder of the importance of maintaining high vaccination uptake rates in the population.
- 4.2 Historically Scotland has generally performed strongly for vaccination uptake rates of the childhood programme, compared to the rest of the UK. However, whilst uptake still remains high, there have been recent concerns that completion rates in the childhood programme are showing a gradual decline. In Fife, performance on many of the routine childhood immunisations is slightly below the Scottish average, and uptake in the most deprived quintiles is a particular concern. However, despite the challenges of the pandemic immunisations have continued to be delivered in Fife through 2020 without a substantial drop-off in uptake in the childhood programme. This achievement reflects a significant amount of work by the immunisation team. The teenage programme delivered in Spring 2020 within schools experienced greater disruption with the lockdown and mop-up activity is ongoing in 2021. Further work is needed to explore and understand areas of inequality in childhood and teenage immunisation rates in Fife.
- 4.3 The Vaccination Transformation Programme which aims to transfer vaccine delivery from General Practice was disrupted in 2020 due to the pandemic. Transfer of all routine infant, pre-school booster and school age vaccinations had already been completed in Fife prior to 2020. Transfer of 2-5 year flu vaccine delivery was completed in autumn 2020 but other transfer plans in 2020 were delayed, including transfer of shingles and pneumococcal vaccine. The national programme has been extended by a year with completion date now March 2022. This timeline remains challenging and the backlog of unvaccinated adults in eligible groups for pneumococcal and shingles has grown.
- 4.4 It is clear that over the next two years it will be essential that close monitoring of uptake rates continues, immunisation services are as accessible and flexible as possible, and that inequalities are addressed in the new models of delivery. An independent review was undertaken to consider the significant difficulties experienced in delivery of the Seasonal Flu Programme in 2020-21. In response to the recommendations of this review in 2021 the Director of Public Health and Director of the Fife Health and Social Care Partnership jointly commissioned a review of the immunisation resources and structures in order to make recommendations to NHS Fife to meet the increasing demands and expectations of all childhood and adult immunisation programmes in Fife. Recommendations from this review have led to changes in governance and will be reported on separately. There has also been significant learning relevant to the wider immunisations programme from the roll-out of the COVID vaccination to the adult population, including targeted inclusivity work. A strategic action based on the recommendations of the review, including actions to address inequalities, is in development.

## **5 ACKNOWLEDGEMENTS**

5.1 The provision of immunisation programmes in Fife is dependent on the combined continued efforts of:

- Fife General practitioners, practice nurses, and practice administration staff
- Fife Immunisation Team
- Child Health Department, Children's Services
- Pharmacy, Community Services
- Public Health Department, NHS Fife
- Immunisation and Vaccine Preventable Diseases Team at Health Protection Scotland
- Population Health Analytics and Intelligence, NHS National Services Scotland
- Scottish Immunisation Programme, Scottish Health Protection Network

## **Appendix 1: Abbreviations**

Hib = Haemophilus influenzae type b (Hib) vaccine

DTP/Pol/Hib = the 5-in-1 vaccine which protects against diphtheria, tetanus, pertussis, polio and Haemophilus influenzae type b (Hib).

DTP/Pol/Hib/Hep B = the 6-in-1 vaccine which protects against diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b (Hib) and Hepatitis B.

MenC = Meningococcal serogroup C conjugate vaccine

PCV = Pneumococcal conjugate vaccine

MenB = Meningococcal Group B

MMR1 = Measles, mumps, and rubella vaccine (1st dose)

Hib/MenC = Hib/MenC booster vaccine

PCVB = Pneumococcal conjugate vaccine booster

MenB (Booster) = Meningococcal Group B booster

DTP/Pol = the 4-in-1 booster vaccine which protects against diphtheria, tetanus, pertussis and polio.

MMR2 = Measles, mumps, and rubella vaccine (2nd dose).

**Appendix 2: Routine childhood immunisation schedule from Spring 2020**

When to immunise	What vaccine is given
8 weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b and Hepatitis B (DTaP/IPV/Hib/HepB)
	Rotavirus
	Meningococcal group B (MenB)
12 weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b and Hepatitis B (DTaP/IPV/Hib/HepB)
	Pneumococcal (PCV)
	Rotavirus
16 weeks old	Diphtheria, tetanus, pertussis (whooping cough), polio, <i>Haemophilus influenzae</i> type b and Hepatitis B (DTaP/IPV/Hib/HepB)
	Meningococcal group B (MenB)
12 to 13 months old	<i>Haemophilus influenzae</i> type b and meningococcal group C (Hib/MenC)
	Pneumococcal (PCV)
	Measles, mumps and rubella (MMR)
	Meningococcal group B (MenB)
2 to 11 years - annually	Influenza (flu)
3 years 4 months old or soon after	Diphtheria, tetanus, pertussis (whooping cough), and polio (DTaP/IPV or dTaP/IPV)
	Measles, mumps and rubella (MMR)
11 to 13 years old	Human Papillomavirus (HPV)
Around 14 years old	Tetanus, diphtheria and polio (Td/IPV)
	Meningococcal groups A, C, W and Y (MenACWY)

**Non-routine immunisations for babies at higher risk from certain diseases**

When to immunise	What vaccine is given
At birth	BCG (against tuberculosis)
At birth, 4 weeks and 12 months old	Additional doses of Hepatitis B
6 months old to 2 years - annually	Influenza (flu)

Source: <https://www.isdscotland.org/Health-Topics/Child-Health/Immunisation/schedule.asp>

# NHS Fife

Meeting:	NHS Fife Clinical Governance Committee
Meeting date:	7 July 2021
Title:	NHS Fife Clinical Advisory Panel Annual Report 2020 / 2021
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Author:	Catriona Dziech, PA

## 1 Purpose

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

**This is presented to the Board for:**

- Discussion

**This report relates to a:**

- Local policy

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Clinical Advisory Panel overseas requests for out of area treatment for Fife patients to ensure there is a governance process for decision making about these requests.

### 2.2 Background

The Panel considers applications from clinicians to refer patients to Service Providers outwith Fife and has a membership to enable objective decisions based on a set of principles to be made in each case. The Panel regularly reviews the types of referrals to determine if there is a gap in service delivery, which should be addressed locally.

### 2.3 Assessment

The attached report summarises the activity of the Panel for year 2020/2021 it also gives details of the expenditure incurred as a result of the decisions.

The Panel provides a clinical review process to balance the needs of individual patients and the best use of available resources.

During the period, 2020/2021 there were no Appeals made to the Chief Executive.



### **2.3.1 Quality/ Patient Care**

Safe clinical expert care outwith NHS Fife or its Regional SLA arrangements.

### **2.3.2 Workforce**

No issues

### **2.3.3 Financial**

For 2020/21, £1,883,559 was spent on out of area referrals to the independent sector.

### **2.3.4 Risk Assessment/Management**

There can be appeals to the Chief Executive if patients do not agree with the decision.

### **2.3.5 Equality and Diversity, including health inequalities**

The Panel see all requests anonymously and describes the diversity of the Panel.

### **2.3.6 Other impact**

n/a

### **2.3.7 Communication, involvement, engagement and consultation**

n/a

### **2.3.8 Route to the Meeting**

This paper has been previously considered by the 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.

- NHS Fife Clinical Advisory Panel on 2 June 2021.

## **2.4 Recommendation**

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

### **Report Contact**

Dr C McKenna

Medical Director NHS Fife

Christopher.mckenna@nhs.scot

## **CLINICAL ADVISORY PANEL ANNUAL REPORT 2020 / 2021**

### **TO BE CONSIDERED BY NHS FIFE CLINICAL GOVERNANCE COMMITTEE ON 7 JULY 2021**

#### **PURPOSE**

- To provide assurance that a clinical review process is in place and effective in balancing the needs of individual patients and the best use of available resources.
- The work of the Clinical Advisory Panel (CAP) is subject to annual review.

#### **1 BACKGROUND**

- 1.1 The CAP considers applications from clinicians to refer patients to service providers outwith Fife. In general, this is to access services such as investigations, assessments, treatments or placements not routinely provided in Fife. On occasion patients may be considered to display exceptionality, to be highly complex or to have exhausted conventional options.
- 1.2 Requests are also received from clinicians outwith Fife often in tertiary centres seeking clinical support for funding of onward referral or for specialised equipment.
- 1.3 In some instances, requests to access second opinions are made but in general, these are not granted if a second opinion is available within Fife.
- 1.4 Cases for exceptionality may be made when it is felt that standard referral or access criteria do not apply in individual circumstances and CAP is asked to take a view.
- 1.5 CAP's decision making is driven by consideration of clinical and cost effectiveness. Absolute cost is not the major consideration.
- 1.6 The facility exists, where cases are considered urgent, for cases to be considered virtually outwith formal meetings. Details are circulated by email to CAP members and opinions collated. In extreme circumstances, the Medical Director can provide instant decisions, which are subsequently reported to CAP for ratification.

#### **2 ACTIVITY IN 2020-2021**

- 2.1 CAP meets every six weeks. In 2020/21 there were 8 meetings and CAP considered a total of 36 new requests for out-of-area and

exceptional referrals. Seven of the meetings were held in person and one meeting was held virtually.

- 2.2 The cases considered by CAP in 2020/21 can be broken down as shown in Table 1 below.

Table 1	
<b>Total number of cases considered</b>	<b>36</b>
Number of cases considered in formal meetings	16
Direct Referrals brought to CAP for Ratification	17
Number of cases approved	27
Number of cases declined	6
Number of Cases Outstanding	<5
Number of Cases withdrawn	<5

- 2.3 The clinical areas considered by CAP vary considerably. The breakdown by diagnostic grouping is shown in Table 2 below.

Table 2
Child Health
Medical – General
Medical – Cardiology
Medical – Neurology
Medical – Dermatology
Surgical – General
Surgical – Orthopaedic
Surgical – Plastic Surgery
Treatment of Cancer
Psychiatry – General
Rehabilitation
Any Other Treatment

- 2.4 In the course of 2020 / 2021 a number of cases which had been considered by CAP in previous years came back to CAP for consideration of additional treatment. These are summarised in table 3 below.

Table 3			
<b>MEETING DATES</b>	<b>TOTAL NUMBER OF CASES</b>	<b>APPROVED</b>	<b>DECLINED</b>
Between April 2020 and April 2021	<b>20</b>	<b>18</b>	<b>&lt;5</b>

- 2.5 The number of Panel referrals has fallen this year which is likely due to the Covid-19 Pandemic, with reduction in routine health care activity.

## FINANCIAL

The CAP considers applications from clinicians to refer Fife patients to services in other NHS Scotland Boards, to other NHS providers within the UK and to the Independent Sector providers.

There are established referral pathways for a wide range of specialist services to other Boards and such referrals do not require coming to the CAP.

There will however be times where the circumstances dictate the need for an application to CAP. Referrals to Scottish Boards will fall under the existing Service Agreement arrangements and referrals elsewhere in the UK will be on a cost per case basis.

All Elective referrals outside Scotland require prior authorisation and NHS Scotland's policy (supported by NHS England) is that without such prior authorisation we are entitled to withhold payment.

Table 4 below provides the financial details for referrals to the Independent Sector for 2019/20 and as a comparator 2018/19.

Table 4		
	2019/20	2020/21
<b><u>Mental Health</u></b>		
Ayr Clinic	£730,133	£808,876
The Priory		£47,227
Harris Howard Psychology	£27,300	£26,700
	<b>£757,433</b>	<b>£882,803</b>
<b><u>Learning Disability</u></b>		
Ayr Clinic	£439,946	£409,058
Wallace Hospital	£380,710	£336,002
	<b>£820,656</b>	<b>£745,060</b>
<b><u>Neuro Rehab</u></b>		
Chaseley Trust	£81,850	£75,253
<b><u>Neurophysiology</u></b>		
Quarriers	£139,728	£139,420
<b><u>Plastic Surgery</u></b>		
Spire Laser	£58,150	£14,537
BPAS	£29,483	£21,798
Other	£17,560	£4,688
<b>Total</b>	<b>£1,904,860</b>	<b>£1,883,559</b>

This paper provides a clear description of the purpose and activity of the CAP and assurance that it's work is subject to regular review.

**DR C McKENNA**

Medical Director NHS Fife

May 2021

# NHS Fife

<b>Meeting:</b>	<b>Clinical Governance Committee</b>
<b>Meeting date:</b>	<b>07 July 2021</b>
<b>Title:</b>	<b>ASD CGC Minutes 12/5/21</b>
<b>Responsible Executive:</b>	<b>Dr R Cargill/Mrs L Campbell</b>
<b>Report Author:</b>	<b>RC/LC</b>

## 1 Purpose

**This is presented to the Board for:**

- Awareness

**This report relates to a:**

- Local policy

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

- Safe

## 2 Report summary

Robotic Assisted Surgery is developing as standard of care in a number of clinical settings. Implementing these safely requires appropriate governance, oversight and reporting to be in place.

### 2.1 Situation

NHS Fife Acute Services have taken delivery of a surgical robot and the clinical implementation of Robotic Assisted Surgery has commenced.

### 2.2 Background

The clinical governance framework in which this will be introduced fits with the Novel Procedures approval process. This ensures service planning, education and training, and clinical safety are considered and reported within the acute division clinical governance framework.

A separate process for each of colorectal, urologic and gynaecologic procedures has been requested with routine reporting of activity, incidents, and prospective audit of clinical outcomes presented to the ASD CGC. The minute from this committee forms a standing item on the agenda of the NHSF CGC, with additional exception reporting as required.

## 2.3 Assessment

See attached ASD CGC minutes for May 2021, describing how the novel procedures governance framework will be used to support the safe implementation of Robotic Surgery in Fife.

## 2.4 Recommendation

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

## 3 List of appendices

The following appendices are included with this report:

ASD CGC minutes 120521

### Report Contact

Dr R Cargill  
Associate Medical Director

Lynn Campbell  
Associate Director of Nursing

**A NOTE OF THE ACUTE SERVICES DIVISION CLINICAL GOVERNANCE COMMITTEE HELD ON WEDNESDAY 12<sup>th</sup> MAY 2021 AT 2.00PM VIA MS TEAMS**

**Present**

Dr Annette Alfonzo  
Mrs Norma Beveridge  
Mrs Lynn Campbell  
Dr Robert Cargill  
Mrs Donna Galloway  
Mrs Aileen Lawrie  
Mrs Elizabeth Muir  
Dr Sally McCormack  
Mrs Gill Ogden  
Ms Marie Paterson  
Ms Arlene Saunderson  
Mr Satheesh Yalamarthy  
Mrs Miriam Watts

**Designation**

Clinical Director – Emergency Care Directorate  
Head of Nursing – Emergency Care Directorate  
Associate Director of Nursing – Acute Services Division  
Associate Medical Director – Acute Services Division  
General Manager – Women, Children & Clinical Services  
Associate Director of Midwifery  
Clinical Effectiveness Co-ordinator  
Clinical Director – Emergency Care Directorate (until 3pm)  
Head of Nursing – Planned Care Directorate  
Head of Nursing - Acute  
Head of Nursing – Planned Care Directorate  
Clinical Director – Planned Care Directorate  
General Manager – Emergency Care Directorate

**Apologies**

Mrs Jane Anderson  
Mr Ben Hannan  
Dr John Morrice  
Professor Morwenna Wood

**Designation**

Radiology Clinical Services Manager  
Chief Pharmacist – Acute Services Division  
Associate Medical Director – Women & Children  
Director of Medical Education

**In Attendance:**

Mrs Margaret Dodds  
Ms Fiona Forrest  
Miss Lynn Godsell

Senior Nurse – Quality & Risk – Emergency Care Directorate  
Lead Pharmacist (rep Ben Hannan) (until 3.40pm)  
PA to the Associate Medical Director & Associate Director of Nursing (minutes)  
Consultant Mammographer (rep Jane Anderson)

Ms Elizabeth Marriot

**ACTION**

**1 Welcome and Introductions**

Dr Cargill welcomed everyone to the meeting.

Mrs Campbell advised that the Echo Pen was being used for assisting with the note taking process.

**2 Apologies for Absence**

Apologies for absence were noted from the above named members.

**3 Unconfirmed Minute of ASDCGC Meeting held on 17<sup>th</sup> March 2021**

Dr Cargill referred to the previous meeting held on 17<sup>th</sup> March 2021 and asked members for any comments or corrections regarding the minutes. There were no comments.

The minutes were approved as an accurate record.

**4 Matters Arising**

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by: LG
Meeting – 24/7/19	1	Created on : 23/07/19



## 4.1 Action List

Action 311 - T&O donation – Dr Cargill noted that the Chairperson for this Committee will be the Director of Nursing so we are no longer seeking an Executive colleague to take on the role. Regard as complete.

Action 319 - EIDO consent process – Dr Cargill noted this was a work in progress however, there were no live actions associated with it. There was no update available from Surgical colleagues. Dr Cargill suggested that this action was closed. Regard as complete.

Action 330 – CWT – Cancer Waiting Times and the inclusion of Endometrial Cancer Waiting Times. Dr Cargill said that this was an action for Gynaecology/Women & Children's Directorate to ascertain if this is data that they want to bring forward within their submissions. There is no action for this Committee. Regard as complete.

Action 334 - Penicillin De-labelling Business Case - Dr Alfonzo said this action remained live, the business case was being submitted to the Managed Services Drugs & Therapeutics Committee (MSDTC) and then to the Medicines Committee so is progressing through that process. Dr Cargill said it may come back to this Committee so we can diary this for 2 months time.

LG

Action 335 - Botox Migraine – Dr Cargill said that this submission has been to the MSDTC. Dr Cargill was content to let this run through the medicines governance process and then come to this Committee thereafter. Dr McCormack thought that it had been signed off appropriately as the clinics are starting but will check and confirm with Miss Godsell.

SMcC

Action 336 – PCD Projects – Ms Saunderson said she was the sole representative at the ASD CGC in March and was surprised to see the volume of projects within PCD that seemed to be either ongoing, not concluded or no reporting mechanism. Ms Saunderson said that she did not have any further information and acknowledged that the Directorate need to have an improved process to drive improvements and chase updates and one that is not reliant on the Personal Assistant to the HONs. Ms Saunderson said that she would take this forward and discuss with Mrs Ogden & Mr Yalamarathi.

AS

Action 337 - SAER Learn Summaries – Ms Saunderson advised that there are no recurring themes identified that require to be shared by exception. Mrs Campbell said that she was comfortable that this action was closed off but asked that the Directorate continue to monitor. Regard as complete.

AS

Action 338 – SAER Learn Summaries – Ms Saunderson had not picked up this action and therefore no conversation has taken place between Pharmacy & the Directorate. Ms Saunderson will follow up.

Action 339 – Colon Capsule Procedure - Ms Saunderson reported that one of the Consultant Surgeons has met with the Director of Pharmacy & Medicines and the Chief Pharmacist in relation to the prescribing and this has now been resolved. This will be done completely in house and will not involve Ninewells now. Ms Saunderson added that a paper is being prepared for the MSDTC although it was reported that the Pharmacy Leads were content with everything in principle and aim to commence this procedure in mid June with around 14 patients per month and in

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 12/05/21	2	Created on : 11/05/21

relation to the risks – they are minimal. NHS Fife will be adapting a national consent form for use. Dr Cargill asked Ms Saunderson if this information was captured within the procedure document as that was the original action and required for formal approval of the procedure. Ms Saunderson advised that it was and requested if this could be approved out with the formal Committee to save delaying until July. Dr Cargill said it was more helpful if this is done within the context of the meeting but if there is a service imperative that it cannot wait until the next meeting, Dr Cargill will consider the alternatives. Ms Saunderson to advise.

AS

Action 341 - Radiology Report – Dr Cargill said this related to referring women known to be pregnant and how this can be captured. This was still under discussion with the clinical group and no solution was found apart from a manual one.

Action 342 – Radiology Report – Mrs Beveridge & Mrs Anderson have discussed the issue of AHP's requesting plain film x-rays. Mrs Beveridge said that there is some work to do regarding the varying levels of permissions but need to collectively agree what is required.

Actions 343, 344, 345 & 346– Radiology Report – Mrs Beveridge referred to the action around Email reminder alerts and noted that she and Mrs Anderson have also had a discussion which was as a result of a Datix sent to Critical Care colleagues and the discovery of several alerts within a generic inbox. Mrs Beveridge said there was some work to do around that process and reported that Mrs Anderson had had a conversation with the Critical Care team about alert findings and a separate communication has gone out about this via the Clinical Leads. Mrs Beveridge said that this will require monitoring. Mrs Galloway added that they are now being Datixed and the numbers have reduced in April, it seems to be making a difference but will continue to monitor it.

Mrs Galloway said in relation to the non-medical referring that a Short Life Working Group was being set up and an SBAR has been done in relation to this.

LG

Dr Cargill suggested that Actions 342 – 346 were closed off on the action list and these will remain a vigilance issue rather than an action.

Mrs Campbell said that she was thoughtful as there have been a couple of examples in recent weeks around generic inboxes and issues with growing numbers of emails and from a clinical aspect asked if there were any other potential areas or risks that are similar to this that we may need to consider or assure ourselves. Dr Cargill suggested that they raise that question at the Clinical Governance Oversight Group as the issue around results reconciliation has never been resolved.

LC/RC

Action 347 - Labs Report – Mrs Galloway said they had been asked to do a refresh on the Patient ID incidents and that is embedded within the Directorate information. Mrs Galloway highlighted that there are still some issues but there have also been some successes in some areas. Regard as complete.

Action 348 - TOR for ASD CGC – Agenda Item.

## 5 Hospital/Board or Population Level Reports:

### Scheduled Governance Items:

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 12/05/21	3	Created on : 11/05/21

- **Mortality Report (PH Intelligence)**

Dr Cargill advised that this was the report which was to accompany his report at the March meeting. This is Public Health's colleagues analysis of mortality patterns at the beginning of 2021 during COVID-19.

The report was for noting as it was discussed at the previous meeting without the data to support it.

There were no questions raised.

- **Integrated Performance & Quality Report (IPQR)**

Dr Cargill referred to the latest version (May) of the Integrated Performance & Quality Report which selects a number of the high level quality and safety indicators for the Division. Dr Cargill said they were mostly satisfactory and noted that some were out of date due to data collection issues around COVID and some are captured elsewhere. This IPQR is submitted to the NHS Fife Clinical Governance Committee so, should there be any issues, this Committee should be aware and sighted on them beforehand. Mrs Campbell agreed and in terms of what has been happening locally and said that the Directorate reports should reflect performance relating to Harms.

The IPQR was noted.

- **Cardiac Arrest Report/Peri-Arrest Report Q4**

Dr Cargill referred to the Cardiac Arrest/Peri-Arrest audit reports for Q4 and noted that these audit programmes are supported by Elizabeth Muir's team and was for members' information.

Data is collected for any resuscitation event commencing in-hospital where an individual (excluding neonates) receives chest compression(s) and/or defibrillation and is attended by the hospital-based cardiac arrest team in response to a 2222 call.

NB: Data may not be 100% accurate in Q4 as during the COVID-19 pandemic Resuscitation Officers were unable to collect data consistently due to limited resources. Actual cardiac arrest numbers may be higher than reported.

The overall incidence of adult in-hospital cardiac arrest attended by the hospital-based resuscitation team is 0.74 per 1000 hospital admissions.

- Cardiac arrests numbers remain higher than average for January and March. It is not unusual to see a national increase in incidence in the winter months; however, the cardiac arrest SBAR review group will examine these specific cases to determine cause.
- Since April there has been 35 individuals (36 events) reported.
- 18 of the 35 events were in general ward areas. We highlight events that occur in wards as often these are areas where potentially preventable cardiac arrest may occur in comparison to a high dependency/critical care area.

Survival to hospital discharge is 22% (8 out of 36 events).

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Meeting – 12/05/21	4	Created on : 11/05/21

- For comparison, UK survival rates for in hospital cardiac arrest is 23.5% (NCAA 2018 -2019).
- 6/8 survivors were reported to have a Cerebral Performance Category (CPC) of 1 on discharge (CPC score 1-2 is defined as good neurological outcome). 2 patient missing data.

Dr Cargill said the reports are covered in more detail by the Resuscitation Committee and we are sighted on the data.

The reports were noted.

#### • **Tissue Viability Report 2020/2021**

Ms Paterson informed members that the Tissue Viability report was included for noting and it reflects how the team have had to adapt working practices during COVID-19 to accommodate and still provide a service.

The report highlighted the key points from 2020/2021:

- Revision of Service Specification to adapt to Covid – 19 pandemic
- 40% of referrals to team were for patients with severe pressure damage (grade 4 or ungradable damage)
- Specialist skills and expertise utilised to manage this group of patients.
- Educational resources developed for Link Nurses: Pressure ulcer management (including equipment); leg ulcer management; wound assessment and management.
- Educational video resource developed to support undergraduate student Nurses.
- Involvement in pressure ulcer improvement programme.
- Evaluation and introduction of OSKA lateral rotation mattress system.
- Working collaboratively with communications in relation to Tissue Viability webpage.
- On a part time basis one of the Registered Nurses supported the vaccination programme and the Non-Registered Nurse supported Emergency Care Directorate.

Ms Saunderson noted the potential of collaborative working between Plastic Clinical Nurse Specialist (CNS). Tissue Viability and Vascular CNS.

Mrs Campbell indicated that she had asked with Ms Paterson to review pathways with these services to ensure that the correct person in the correct service sees the patient. Dr Cargill asked if there is an issue for this Committee to be concerned about? Mrs Dodds said that she can give assurance and particularly through Datix that they work very closely with the Vascular and Plastics nurses and noted that sometimes the referral process can be incorrect but the Specialist Nurse - Plastics is working to resolve this. Mrs Dodds said that they do work in collaboration and support the wards very well. Dr Cargill said this was more a service alignment issue and not a governance issue. Ms Paterson agreed to meet and take forward with Ms Saunderson.

**MP/AS**

#### • **Medicines Incidents (b/f from Jan 2021)**

Note from Mr Hannan - We are revisiting medicines governance reporting as a pharmacy service so will defer for now until wider work has been undertaken.

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting – 12/05/21	5	Created on : 11/05/21

The update was noted by the Committee.

## **6 Emergency Care Directorate**

### **6.1 Directorate Governance – Specialty National Reports**

There were no Specialty National reports submitted.

### **6.2 Directorate Level Outcomes Data:**

- **Clinical Audit**

Mrs Beveridge advised that some clinical audit work is being done to ascertain where projects are within the Directorate and this will be submitted to the next Committee meeting.

- **SAER LEARN Summaries**

This was covered within the Directorate report.

### **6.3 Departmental Reports**

Mrs Beveridge presented the Directorate report.

#### **Incidents**

There were 583 Incidents reported during the reporting period (1 Feb to 31 March 2021). The top 5 themes remained the same – Patient Falls, Tissue Viability, other clinical events, Medication Incidents and Patient Information.

There were 19 major incidents reported – these related to cardiac arrests, hospital acquired pressure ulcers, patient falls with harm, delay in treatment and MCCD issue.

#### **SAERs & LAERs**

There are 26 LAERs ongoing at present – 11 of these are noted as being outstanding. ECD have requested that all persons involved in completing the LAERs to remobilise the process.

There are 19 SAERs ongoing at present – these were discussed at length and all now have Lead reviewers and Technical Leads assigned.

#### **Patient Falls**

There have been 163 patient falls over the 2 month reporting period.

4 of these Falls have been categorised as major harm and LAER's have been commissioned. Mrs Beveridge highlighted that Ward 32 has a high incidence of falls and an audit will take place within Wards 32 & 41. This will be led a Directorate Clinical Nurse Manager with assistance from the Nurse Consultant – Older Peoples Services. Wards 53, 41 and 42 have also seen an increase in the number of falls, albeit overall there has been a decrease in falls in January and February.

#### **Tissue Viability**

There have been 34 incidents of hospital acquired pressure damage with 5 of these being graded as major harm. There remains an increasingly high number of reported incidents in ICU with 10 in total, the main theme being device related incidents. The Tissue Viability team are supporting local improvement work

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
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underway within ICU.

Mrs Beveridge said that there were now no COVID-19 patients within Critical Care so would be expecting to see a change in the grading of damage within Critical Care. There are 6 link nurses working in the area with the TV nurses. Mrs Beveridge said this will be kept under review and feedback at the next meeting.

### **Medication Incidents**

There has been an increase in medication incidents reported with the main themes being prescribing and administration. The increase in drug errors is due to chemotherapy supply to haematology at QMH there are ongoing meeting with Pharmacy and the clinical area to support improvement. Mrs Beveridge said there were concerns that there will be additional disruption to the Aseptic Unit due to the piling works for the next 6 weeks so some local mitigations have been put in place. Mrs Beveridge asked Ms Forrest if there was anything she wished to add? Ms Forrest said it was a live issue with the disruption and meetings have taken place with the relevant staff and identified a number of issues and potential solutions which should help with the next 6 weeks and hopefully longer term improvements with the Chemotherapy pathway. Dr Cargill said that it would be helpful to have some indication of the types of incidents and any harms that occurred from these incidents.

Mrs Beveridge advised that Mr Hannan prepared that information although it hasn't been submitted to the Committee. Dr Cargill would like to see the context of the incidents and requested that it be kept within the constraints of the Committee in order to follow the correct process. Mrs Beveridge said that she would bring the information to the next meeting.

**NB**

### **SABs**

There were no PVC SABs reported.

### **Complaints**

Mrs Beveridge noted that there had been a significant increase in the number of Stage 2 complaints over the two month period and discussions have taken place around this with the team. Mrs Beveridge advised that the Directorate are trialling a new approach for sharing out the responsibilities within the team at final draft response stage of the complaint and the number of complaints in delay has reduced to 20 from 43 and the number of open complaints has reduced from 53 to 29 in total. Mrs Beveridge was hopeful that with the new approach it would help to clear the backlog of complaints.

### **Risk Register**

Two new risks have been added to the Directorate risk register – these are both COVID related.

### **SPSO**

There has been a significant increase in complainants approaching the Ombudsman hence the Directorate have commissioned a review of the SPSO recommendations/themes to ensure that the learning is being captured appropriately.

### **Diabetes & Endocrine**

Dr McCormack advised the Committee that Diabetes and Endocrinology are one of the most concerning areas at the moment and are undergoing a formal review of new Type 1 diagnosis deaths which is looking at patient and GP education. There is concern that the majority of the 45 new type 1 diagnosis this year presented in DKA.

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Further clinical concern is the estimation for the timeframe for review of all Type 1 patients in clinic which will take 18 months due to the COVID backlog. There will no routine review of Type 2 patients until after this point. The clinical team are liaising with primary care to establish a solution for the ongoing management of Type 2 patients.

One area of good news for Diabetes is the introduction of the Libre 2 flash monitor which is now on formulary and patients will be transitioned from the Libre 1 monitor. New patients will continue to go through training before being started. It is hoped that a reduction in admission for both hypoglycaemia and DKA expected and this will be assessed locally.

## **ECAS**

Regular M&M meetings recommenced with cases discussed.

## **Respiratory**

Dr McCormack highlighted that there had been concerns that some Respiratory patients had not been accommodated in the specialty ward and consideration is being made to in reach to AU1 to identify suitable patients.

## **Haematology & Oncology**

Dr McCormack advised that the main concern in Haematology remains staff shortages which has been ongoing for sometime now. There are 2 out of 5 Medical posts currently vacant – this is due to an empty post and a long-term sick leave. The service has managed to recruit 2 Locums which gives 2 full time equivalents over the next few months. Dr McCormack added that the service is aiming to recruit a further locum and to stabilise ward cover with clinical fellow post which is advertised. This will be further improved with the development of 3 ANP posts which should provide middle grade support once in post.

## **Dermatology**

Dr McCormack advised that Dermatology have a new procedure in place to ensure secure delivery of surgical specimens to the Labs following a moderate risk being identified.

Dr McCormack added that Ward 6 and Ward 9 would also be added to the Risk Register due to social distancing and Infection Control issues. Dr McCormack said that they are very aware of the issues within ED and AU1 etc regarding the same issues.

Mrs Galloway said that the staffing issues within Haematology are exacerbated by the fact that it is across two sites. There are discussions about moving the joint unit at QMH back to the VHK site but that would not take place for 12 – 18 months at the earliest and wondered if that was linked to the Chemotherapy incidents since it is not on VHK site?

Ms Forrest agreed that this would exacerbate the situation in terms of delays to treatment and looking at the specific incidents it relates to communication across the two sites. Mrs Galloway said that she will likely be submitting an SBAR to SLT seeking space at the VHK site. Mrs Campbell asked about Nursing staff and having the appropriate level of SACT training and if we are resilient enough at the current time? Mrs Campbell added that she was aware of the development of 3 ANP posts but these will not come to fruition immediately. Mrs Beveridge was comfortable that the service is resilient and the ANP development will be added value for the department.

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Dr McCormack said the delays which have occurred have been Datixed and she has met with the individuals concerned, these are not all systematic errors and have been addressed and will progress with this and update at the next meeting.

Dr McCormack referred to the ANPs and advised members that this is to boost the middle grade ability for assessing patients on the ward and the SBAR that has gone in for those jobs is to provide the ability to clerk in patients and to help the with the workload within Haematology.

Dr Cargill raised the point about follow up patterns for Diabetes and asked if we should see a more clinically led approach to how we risk stratify and how we justify the delay in follow up with Diabetes? Dr McCormack responded that it is being clinically led and the team would be happy to go through this with Dr Cargill. Dr McCormack added that the service had been displaced from their normal accommodation and have faced problems with DNAs and Near Me clinics and the service is keen to return to the centre. Dr Alfonzo agreed that not having the Diabetes centre was a big factor for the service and the move to Ward 13 did not rectify this. Dr Alfonzo added that the next issue for the service will be the retiral of Dr Chalmers, Consultant in Diabetes and the inability to recruit so there will be a problem with workforce as well as real estate. Dr Alfonzo added there is a lot of work to consider with backlog and how we tailor it to the need of the patients and look at how that is delivered. Dr Cargill said that the Committee will need to see the vision and take a view on the safety and quality for governance purposes. Dr Alfonzo agreed to update at the next meeting.

AA

Dr Cargill commented on the M&M activity within ECAS and advised that he had taken part in an LAER on a patient through ECAS and they were unable to identify if a discussion had happened. Dr Cargill asked that any M&M's that take place, that a suitable record of the meeting is taken so we have the ability to evidence this. Dr McCormack said there is now a regular report which states the cases discussed so Dr McCormack will check this is documented within the department.

SMcC

#### 6.4 Specialty/departmental audit & assurance data (incl guidance)

- **Missing Patients Q4**

The current year to date information recorded, evidences that NHS Fife has reported 170 patients missing to Police Scotland in comparison to 314 during the same period last year, a performance improvement of 144 less patients and a reduction of 46%. In context, this means that NHS Fife has achieved a 74% reduction or 480 fewer patients reported as Missing Persons since the implementation of the joint working practices with Police Scotland.

The caveat is attached that the reported reductions must be regarded as being artificially low due to the current pandemic and the impact it has had on access by service users and changes to operational procedures.

- Mental Health & LD have reported 103 patients missing during the reporting period, in comparison to 187 last year, a reduction of 45%.
- Acute services VHK reported 64 patients missing during the reporting period, in comparison to 122 last year, a reduction of 48%.
- Community based Services have recorded 3 Patients missing in the current year in comparison to 5 last year.
- Mental Health & Learning Disabilities Services accounted for 61% of

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Patients reported missing, Acute Services VHK accounted for 38% and Community services accounted for the remaining 1%. Data from the baseline figures from 2016/17 indicate that Mental Health and LD were at that time accountable for 76% of reports whilst Acute services were responsible for 22%. Community Services remains static in this regard.

Despite the continued reduction in numbers of Patients reported as missing, only 98 corresponding entries were correctly created on DATIX, meaning only 58% patients or 3 out of 5, were correctly recorded as missing on NHS Fife systems. A further 57 entries, as denoted by an \* were created on DATIX across all services, which were not reported to Police Scotland. This means that NHS Fife actually had 225 missing patients during the year 2020/21.

The update was noted.

- **Clinical Quality Indicators**

Nothing raised for discussion.

## **6.5 New Interventional Procedures**

There were no Interventional Procedures submitted.

## **6.6 SPSO Recommendations**

The SPSO information was covered within Item 6.3.

# **7 Planned Care Directorate**

## **7.1 Directorate Governance – Specialty National Reports**

There were no Specialty National reports submitted.

## **7.2 Directorate Level outcomes data:**

- **Clinical Audit**
- **SAER LEARN Summaries**

Ms Saunderson advised that there were 6 LEARN summaries which have been included.

Ms Saunderson highlighted that these related to:

- A patient who suffered a ruptured ectopic pregnancy – this highlights the importance of carrying out pregnancy test at a timely opportunity when patients are admitted with abdominal pain.
- Wrong site – patient consented for a flexible Sigmoidoscopy procedure but that was not the procedure which was carried out (Colonoscopy) – the patient did not come to any physical harm. This highlights the importance of staff engagement at the pre-procedure safety pause.
- A patient was having treatment for Macular Degeneration and went onto have complications and an infection. The consulting room was the correct specification and ventilation within it was correct but the Microbiologist thought the room, due to its size may be a problem. Those type of

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treatments were subsequently been moved to VHK Theatres. It is anticipated that the IVT room within Outpatients will be made larger and it is hoped that referrals can be accepted by mid summer in the original location for IVT treatments.

Dr Cargill asked why the Intra-vitriol complications were all reported as high profile incidents resulting in SAERs? Mrs Ogden advised that there was a national acceptance because these infections are sight threatening and it is such a rare infection within Ophthalmology that it was felt that these should be reported. Mrs Ogden agreed to prepare a summary for the Committee providing assurance of the infection Control measures and checks that have been carried out.

GO

The LEARN summaries were noted.

### 7.3 Directorate Report/s

#### Incidents

There were 246 incidents reported with 5 of these being major. The major incidents related to delay in treatment, Tissue Viability, Indwelling Device Associated Infection, Cardiac Arrest and Diagnosis and referral.

#### SAER and LAER Investigations

There are 7 current SAERs and 6 LAERs with a number of each being overdue. The Directorate have a number of outstanding actions arising from these investigations. This continues to be challenging but work remains ongoing in an attempt to finalise these actions.

#### Patient Falls

During the reporting period, there were 43 falls reported across the Directorate which represents a 4% decrease from the previous reporting period. It was noted that from the 43 falls there were 8 which caused minor harm. The areas with the highest number of falls included AU2, Ward 10 (this was noted to be due to change in the ward footprint due to COVID), Ward 31, Ward 44 & Ward 54. An ongoing review of all harms continues within the Directorate and peer audits are being carried out.

#### Medication Related Incidents

There were 29 medication related incidents reported during February and March. 90% were recorded as no harm outcome with the remaining 10% having an outcome of moderate harm. The moderate harms include a PCA pump, an IV calcium gluconate and a renal patient receiving a wrong dose of Gentamicin. These are all listed on Datix.

#### Tissue Viability

Ms Saunderson advised that there had been 15 Tissue Viability related incidents reported as developed on ward or caseload. The 15 incidents resulted in patients sustaining minor harm (1), moderate harm (13) and major harm (1).

#### Incident Themes

The Incident themes were noted as being the same recurringly and Ms Saunderson took on board the earlier point raised by Mrs Campbell regarding the category of "Other Clinical Events" with 38 incidents under this heading. A further breakdown is required for incidents under this category heading.

AS/PCD

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## Risk Register

The Directorate Risk Register is reviewed regularly and updated accordingly.

## SAB Report - March 2021

An SAER has been commissioned in relation to a device related SAB.

## Standard Operating Procedures

Ms Saunderson advised there were various Standard Operating Procedures which have been signed off and implemented. These relate mainly to Theatres and Surgery.

## Complaints

The Directorate closed 13 Stage 2 and 9 Stage 1 complaints during the reporting period. The number of complaints fully upheld was 3, partially upheld was 6 and not upheld was 4.

## SPSO

There were two SPSO final outcomes received which both related to Orthopaedics. The outcomes resulted actions for the department which have been followed up and we now await a response from SPSO to ascertain if the actions taken were satisfactory.

## Theatre Hats

Ms Saunderson reported that the addition of names to Theatre hats has been a great initiative and helps with communication between healthcare staff and patients as it is easy to identify which staff members are caring for the patients. Mrs Campbell noted that simple approaches are often the best with enhancing person centred care.

## Theatre Robot

This will be discussed as part of the main agenda.

Dr Cargill thanked Ms Saunderson and asked if there were any questions.

Dr Alfonzo referred to the medication incident with IV calcium – this is the one used more commonly and asked what the indication was it to treat hypokalaemia or was it really indicated because it sometimes it is not necessarily indicated and was it reported on the yellow card as these incidents require to be recorded by the MHRA? Dr Alfonzo asked about the clinical appropriateness for giving this as this will be relevant to a complaints response should this proceed to complaints stage. Mrs Ogden said that she would take these issues as an action and report back to the Committee.

GO

## 7.4 Specialty/departmental audit & assurance data (incl. guidance)

- Clinical Quality Indicators
- Fragility Fracture Post-operative Mobilisation – National Audit

This item was not discussed.

- Supracondylar Fracture Management

This item was not discussed.

## 7.5 New Interventional Procedures

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- **Update re Colon Capsule Procedure**

This was discussed under Item 4.1 - Action 339.

- **Robotics Assisted Surgery (RAS)**

Mr Yalamarthy presented the information for the Robotics Surgery Interventional procedure. Mr Yalamarthy added that in relation to this surgery the clinical team has been identified for the initial round of cases, some of the clinicians have started the training programme. Mr Yalamarthy advised that if things go to plan and approval is given by the Committee, the first case will proceed mid July. The surgeons will also require to complete between 30 – 50 hours of simulation training prior to commencing.

Mr Yalamarthy said the robot has arrived and a theatre has been identified and the simulator is also in place ready for practice.

The following points were noted:

RAS will replace open and augment laparoscopic procedures for clinically appropriate patients summarised below:-

- Colorectal: Rectal and colonic resectional surgery, and Ventral Mesh Rectopexy (VMR) for rectal prolapse.
- Gynaecology: Hysterectomy for endometrial cancer with or without pelvic lymph node dissections, para-aortic dissections, progressing later to endometriosis and uro-gynaecological cases
- Urology: radical and partial nephrectomy, nephroureterectomy, pyeloplasty and ureteric reimplantation

RAS fits in well with NHS Fife objectives by:

- Providing technology to help improve safety and quality of surgery. This is achieved through superior vision and advanced instrumentation which bridges the technical difficulties currently encountered in pelvic surgery and other complex surgery. This would address the invasiveness of open surgery, which is currently the mode of treatment in anticipated difficult laparoscopic procedures.
- Improves patient experience by providing a tailor-made approach selecting the right surgical approach (open, lap or robotic) for the individual patient.
- Ensure equity of access to modern care for the Fife population

Mr Yalamarthy said the other factors required for the Robotics Surgery are progressing too. The Decontamination process is being sorted out and can go live on 1<sup>st</sup> June, and in terms of governance, there is a meeting being held today of the National Robotic Group with the agenda focusing on what data is required to be collected for the Robotic Surgery across Scotland. There is a minimum dataset which will be collected nationally and each unit will go through a process and the cases will be analysed. Mr Yalamarthy commented that it was difficult to determine exactly what the national group will want units to collect but this should be finalised within the next few weeks. A core group will be formed and meet periodically to troubleshoot and monitor progress with the Robotic Surgery.

Dr Cargill asked members for questions for Mr Yalamarthy regarding the new procedure.

Mrs Campbell asked about the governance around visiting doctors as there is a

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requirement for either a letter of authority or an Honorary contract and suggested that a register is held and there is a timeline on any letter of authority and that contracts are not open ended. Mrs Campbell asked Mr Yalamarathi to consider this.

Mr Yalamarathi said that these will be managed by Honorary Contracts and there will be 6 surgeons for the first 6 weeks, possibly the same personnel for the duration of the visit. Intuitive, the company who are running the programme on behalf of the Scottish Government is supporting the process and surgeons have been adopting the processes and have already visited sites in Glasgow, Aberdeen and Lanarkshire. Mrs Campbell acknowledged the update and noted that everything needs to be in line with our governance processes. Dr Cargill advised that he had a couple of process questions.

Dr Cargill asked what was the procedure specific business agreements for Robotic surgery – was this by operation type? Mr Yalamarathi said that they have some guidance from the Scottish Government about what kind of cases to do in the first phase, i.e. predominantly cancer cases but there is also an understanding that if they are benign cases, which are more straight forward and if these cases are carried out during the learning phases this is normal practice and entirely acceptable. Patients will be adequately informed prior to any procedure.

Dr Cargill asked if there will be a series of new procedure forms by procedure or if there will be a generic one to cover all Robotic Assisted Surgery? Mr Yalamarathi was unsure if we need to be procedure specific although the focus has been on colon, rectum and gynae cancers. Dr Cargill said that this will need to be agreed, if it will be split or combined as all procedures. Mr Yalamarathi said that a list of the procedures can be listed in the business case and having one policy would be better.

Dr Cargill asked about the training pathway and once the surgeons are operating in Phase 3, what is the evidence of completion – will there be a log book or an outcomes report? Mr Yalamarathi advised that Fife will compile all the data for cases within a database and this will generate the breakdown of cases. Dr Cargill then asked about the reporting of the cases? Data collected will be submitted to the national group – this will include number of cases, types of case, duration of operation, any complications and length of stay.

Dr Cargill asked about the frequency of reporting back to this Committee and suggested every 2 months. Mr Yalamarathi said that bi-annual reports would be submitted to the Committee. Dr Cargill asked that Robotics Surgery was a standing item within the Planned Care items for the foreseeable future. Dr Cargill responded that he understood the data collection process and the reporting process but would like a progress report at each meeting regardless as there needs to be local visibility of the data. Mr Yalamarathi said that he would ensure this was included in the Directorate reporting structure.

Dr Cargill re-capped that the Committee will see plans for a training and development programme for surgical practitioners in Robotics and also see an accreditation programme for surgical skills and a reporting programme for surgical outcomes. Confirmation is awaited whether a single procedure will cover all robotics or whether it will need three for Gynae, Colorectal and Urology or whether it will need twenty for all sub-procedures the Robot will undertake. Subject to that clarification the Committee were pleased to support and approve this procedure.

PCD/LG

SY

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Dr Cargill thanked Mr Yalamarthi for presenting the information.

## 7.6 SPSO Recommendations

There were no issues from SPSO.

## 8 Women, Children & Clinical Services Directorate

### 8.1 Directorate Governance – Speciality National Reports

There were no specialty reports submitted.

### 8.2 Directorate Level Outcomes Data

- Clinical Audit

This item was included within the Directorate report.

- SAER Learn Summaries

This item was covered within the Directorate report.

### 8.3 Directorate Report

- Women & Children Report

Ms Lawrie presented the Women & Children report.

#### Incidents/Themes

The Datix themes remain much the same with Major Haemorrhage and unexpected Term admissions and missed medication being the top three categories. Ms Lawrie advised that the teams have established a multi-disciplinary QI Group for haemorrhage. Unexpected term readmission to NNU relates to transient tachypnoea of the newborn and there is a continuous audit cycle in place to monitor/improve.

The delays in IV administration is due to the pause on education during COVID causing a reduction in the number of practitioners able to administer. This education is being re-established by PPD.

There were 24 Medication Incidents reported – and all staff involved have completed Mediation Error SBAR forms to ensure learning and prevention of future incidents.

#### Gynae Incidents

Ms Lawrie said the highest incident looks to be patient falls with harms but this is erroneous data, this relates to when gynae were in Ward 9 and it had not been transferred over. This has been flagged to the relevant data team to rectify.

#### SAER's & LAER's

Ms Lawrie noted the need for the Directorate to concentrate on SAERs and LAERs due to the delay during COVID. There are 11 ongoing LAER's within Women & Children and 4 SAERs - 3 of these are outstanding. IT was hoped with the re-instatement of the meetings that these would be completed by the end of June.

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## Outstanding Actions

It was noted that there are outstanding actions for two of the SAERs. These are being progressed.

## Complaints

Ms Lawrie said that the main theme for Complaints are relating to Communication. The stage 1 complaints are being answered quite rapidly and stage 2 complaints are causing a breach in timing, this is due a delay in with obtaining a response from practitioners, Ms Lawrie added this was not a criticism of practitioners and some are often complex cases requiring time spent on the response. The Directorate are looking at ways of improving this.

## SPSO

There is 1 shared case with gynaecology/urology/radiology that requires a response to the questions raised by the SPSO. An SAER being undertaken in retrospect.

## Risk Register

Ms Lawrie referred to the Risk Register and highlighted that all risks are being managed appropriately. There was a "high risk" which is the lack of a Neonatal Dietician, this has been actioned through the service in an attempt to find the funding.

There is also a live risk for the lack of a substantive physiotherapy resource for the inpatient paediatric ward at the Victoria Hospital (VHK) which is being progressed.

## Paediatrics/Neonates – 2019 Cooling Audit

Ms Lawrie highlighted one of the comments within the report for NHS Fife was that one of our Neonates did not receive cooling within the early timeframe, it took over 6 hours to reach the cooling and this was due to a failure with the machine (Technotherm). The machine has since been replaced and there was no harm caused. This case was reviewed accordingly.

## Issues for Escalation

Ms Lawrie said the discussion around the request for a Head of Midwifery/Nursing within Women & Children was ongoing and added this does affect some of our Clinical Governance. The post has been agreed by SLT in principle although identification of a funding source remain outstanding.

Ms Lawrie said that changes within Gynaecology has enabled a 6 month secondment for a Clinical Governance/Risk Lead to assist in the backlog of incidents that require review and to assist with ongoing QI. Ms Lawrie anticipates the risk register to be updated as a live register as opposed to a historical one.

Dr Cargill asked about the Neonatal Dieticians SBAR and what the action for the Committee was? Ms Lawrie said it was submitted for awareness at the moment and some work on recruiting a Dietician had gone on but a lot of it had to with the financing of the post.

Dr Cargill fed back that if one of the risks is held within the Dietetics service, if Ms Lawrie was identifying this as a risk to the healthy development of a child it is difficult to balance that against not providing nutritional care to the elderly and responding to MUST scores for which we have Dieticians. Dr Cargill then asked was the question about clinical prioritisation for the Dietetics service rather than the provision of additional Dieticians. Ms Lawrie said that risk ownership has been in

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discussion and remains ongoing. Mrs Galloway said that we jointly own the risk because it is NHS Fife babies and we cannot bring babies back from Lothian for a period of up to two years as the Dietetic service will not take them on. Mrs Galloway added that discussion did take place with the Head of Service - Nutrition & Dietetics which was not fruitful so will pick up with the Senior Manager for Children's Services as a solution does need to be found and in the meantime, some clinical prioritisation may need to take place. Mrs Galloway added that a business case would be coming in due course. Dr Cargill commented that it seemed that the Directorate had this in hand but was content to support if required.

- **Clinical Services Report**

Mrs Galloway presented the Clinical Services report.

### **Incidents**

Mrs Galloway reported a slight decrease in the number of incidents.

There were 37 incidents reported for Laboratories. These included 6 minor and 4 moderate.

There were 37 incidents reported for March only within Radiology. These included 1 moderate and 1 major incident.

There were 3 incidents reported for Therapies & Rehab. These were all graded as minor.

### **Incident Themes**

The incidents/themes included:

- Patient fall in Radiology – patient fell in the toilet and broke his Femur. There is no SAER or LAER required as the incident was out with the department's control.
- There was one reportable Radiology incident during April. A small unintended dose, this has been closed off by the Health Inspector at Scottish Government with a LEARN summary. This will be reported at the July meeting.
- Specimen transport
- Histopathology processer not working resulting in loss of a biopsy
- Ward staff have been using dummy CHI for Point of Care (POC) as they do not have the patient CHI at the time. An entry of 11 11 1111 was used which was actually a deceased patient which flagged up an issue. There is quite a high incidence of this in A&E. Mrs Galloway noted that some changes have been made to the Standard Operating Procedure (SOP) and further improvement work is required.
- Mis-labelled specimens remain an issue although it was noted that improvements are evident.
- 16 Radiation incidents within Radiology – none of these were reportable
- A noted increase in the number of MRI implants – undeclared pacemakers. This will be communicated to the wards.
- Failure to note relevant information in the patient record – this refers to the acknowledgement of significant findings alerts. Numbers have decreased for April.

### **SAERs & LAERs**

There are 3 SAERs and 1 LAER pending within Radiology. Reviewers have now been agreed and it is anticipated these meetings will be in June.

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## Complaints

There are currently 5 stage 2 complaints . These are for Radiology (1) and Therapies & Rehab (4).

## SPSO

There are 4 SPSO cases assigned to Laboratories – it was noted that they do not belong to Labs but have had case input from Laboratories. There is also 1 SPSO case relating to Radiology.

WCCS

## Patient Feedback

Mrs Galloway highlighted that good feedback was received for Therapies and Rehab and the Maternity Services on Care Opinion which will be included in the next report.

Maternity have had their gold award for UNICEF re-accredited with NHS Fife being the only Health Board in Scotland to achieve this. This will also be reported to the July meeting in more detail.

## Risk Register

There are currently 16 active risks (2 high risk and 14 medium risk). There were no new risks added during the reporting period. The risks are regularly reviewed and updated appropriately. The 2 high risks relate to:

- Lack of digital pathology in Fife which puts us on a poor footing in comparison to other Health Boards and potentially leads us not being able to recruit to Pathology posts. Funding is being explored although this is a significant amount of money.
- Clinical systems interface – Point of Care was not interfaced and items were not reaching patient records.
- Radiology has 5 risk – 2 high and 3 moderate a- all being well managed.
- Therapies and Rehab have 4 risks – all being managed.

## Radiology – Level 2 IRMER

Mrs Galloway advised that this related to the Level 2 IRMER procedures within Orthopaedic Theatres. the operators in theatres were not following procedures when using the mini II analysers for IRMER radiation. This has been rectified and will be monitored going forward.

## Laboratories – Blood Transfusion

Mrs Galloway said there had been unnecessary Venepuncture and efforts have been made to address these by the Blood Transfusion Committee. The minutes from the Committee are included for information.

## Radiology

Mrs Galloway highlighted that the A&E direct to CT Scan is a good news story in that the turnaround time has improved by at least 20 minutes for each patient. This was previously for head and neck but the department are now doing full body trauma which should bring improvements in turnaround times.

## Therapies & Rehab

There are two Quality Improvement plans (Physiotherapy and Occupational Therapy) which have been included for information.

## ICU Paper

Amanda Wong highlighted the shortfall in AHP staffing within critical care.

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### Issues for escalation:

Mrs Galloway advised that the issues for escalation for Radiology were:

- Radiation Protection –
  - Non Medical Referrer IR(ME)R Level 2
  - Use of mini II in theatres
  - Use of thyroid shields in theatre within controlled area.
- Undeclared medical implants MRI

Mrs Campbell wanted to make the link with the work Mrs Beveridge is involved in with the SLWG with the proposal to increase our ICU bed base numbers and make the connection with the workforce shortfall across all disciplines – this is a piece of work ongoing from a national perspective. Mrs Beveridge added that she is currently convening a Critical Care users group meeting and representatives from AHP will be involved in that so the workforce overall will be looked at.

Ms Saunderson referred to the Blood Transfusion and unnecessary Venepuncture and updated Mrs Galloway that she has had some engagement with Pam Marks, the Blood Transfusion Professional Manager who has prepared a Blood Transfusion Teams presentation relating to training update and to generate discussion with nurses and hopefully some medics can join too. Ms Saunderson said there would hopefully be a future opportunity at a Nurse Forum to highlight the work. Mrs Galloway noted that the work ties in with the Blood Transfusion Committee which Ms Saunderson actively participates on, but Mrs Galloway noted that it may need a refresh as there is a lack of interest from other clinical groups.

The Clinical Services report was noted.

### 8.4 Specialty/departmental audit & assurance data (incl. guidance)

- Radiology Outsource Reports

Mrs Galloway advised that the outsource reports were included for information and assurance that governance procedures are in place. Mrs Galloway said that she was happy for members to come back with any questions once they have had the opportunity to read the reports.

Dr Cargill commented that they were comprehensive and there were a number of ideas in the report that could be used.

The reports were noted.

### 8.5 New Interventional Procedures

No new Interventional Procedures to report.

### 8.6 SPSO recommendations

There were no SPSO recommendations.

## 9 Divisional Risk Register – Active Risks (for review)

Dr Cargill asked by exception if there were any risks on the register that remain uncontrolled or have changed?

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- Cancer Waiting Times – unchanged
- Dermatology (2 risks) – no issues raised
- Locum induction risk – Dr Cargill advised he is the owner and this risk remains in place.
- Estates risk – Pseudomonas /Water – Dr Cargill said this should go to Estates & Facilities to progress rather than being on the Divisional Risk Register.
- Sterile Services – This will be reviewed and whether there are additional controls that need to put in place in light of the recent incident in NHS Tayside.

RC

The risks were noted.

## 10 Interventional Procedures Register

Dr Cargill advised that this was a piece of work that was prompted by Miss Godsell.

Dr Cargill said that we do have a robust process for the introduction of new interventional procedures but not a great process for closing off the actions and particularly the audit and assurance of new interventional procedures.

Dr Cargill referred to the list of interventional procedures which have been approved by the Committee but was uncertain whether there is an audit report around the outcomes. Dr Cargill said there is quite a lot on the list and this is a definite gap in our governance process that the Committee has approved procedures and have asked for assurance around the safety and the outcomes and have not received that. It was noted that most of them are surgical procedures although not solely assigned to the Planned Care Directorate.

Dr Cargill requested that:

- clinical teams review what procedures each Directorate “owns”, noting that some of these go back a few years,
- when the procedure was implemented
- was an audit carried out?
- was the audit reported
- bring the audit back to the Committee for completeness

All  
Directorate  
Teams

Dr Cargill would like to see systemically working the list and ticking off what was implemented, what the outcomes audit was or was not, if there are procedures that we have implemented that have not been evidenced that they are effective and safe within our institution, then a discussion will be required. Dr Cargill asked teams to go through this prior to the next Clinical Governance Committee with an aim to clear the backlog and new procedures then kept under review.

Dr Cargill gave the example of the Robotics surgery advising that the Committee will require a comprehensive, safety and quality review that we can evidence that we have seen this and approved it as a Committee.

Ms Lawrie asked that the service associated with the procedure feedback to the Committee whether the audit has been done and provide a summation of the data. Dr Cargill said yes, but as some of the procedures are nearly 20 years old some of the practitioners are no longer working with the organisation and some of the procedures are now considered as standard practice. Dr Cargill said that a note to

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that effect will be required in these instances.

Dr Cargill said that this will require a bit of work and at the moment the Committee will have an open set of governance actions until this task is completed. Dr Cargill requested an update from teams for the July meeting with a plan for closure over the next 2 or 3 Committee meetings.

## **11 Items for information only:**

### **11.1 NHS Fife Activity Tracker**

The Activity Tracker was noted.

### **11.2 SIGN Guidance**

The SIGN Guidance was noted.

### **11.3 ASD CGC Workplan 2021/2022**

The completed workplan for 2019 – 2020 was noted.

Ms Paterson highlighted that the lead names for some of the reports required updating. Ms Paterson said she would liaise with Miss Godsell.

**MP/LG**

### **11.4 Infection Control Committee Minutes of 3rd February 2021**

The ICC minutes were noted.

### **11.5 HAIRT Report – April 2021**

The HAIRT report was noted.

### **11.6 NHS Fife CP&PAG Minute of 22<sup>nd</sup> February 2021**

The NHSF CP&PAG minutes were noted.

### **11.7 Resuscitation Committee Minutes of 14<sup>th</sup> April 2021**

The Resuscitation Committee minutes were noted.

### **11.8 Hospital Transfusion Committee Minutes of 7<sup>th</sup> April 2021**

The Hospital Transfusion Committee minutes were noted.

### **11.9 ASD CGC Terms of Reference – for final comment/approval**

Dr Cargill referred to the Terms of Reference which were previously circulated and highlighted that a number changes in structure in the division and changes in personnel were reflected within the ToR. Mrs Campbell suggested that a specific aspect be included about being quorate and Directorate governance leads are present. Dr Cargill asked members for their thoughts? Mrs Galloway said representation from each Directorate as a minimum. Dr Cargill noted that the Women, Children & Clinical Services Directorate was the most diverse so it was agreed that a clinical representative for each professional group and a professional

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for each other delivery group would be included.

LG

Ms Paterson noted that Ms Lawrie's title was incorrect. Miss Godsell to update and re-circulate.

**12 AOCB**

There were no matters raised for discussion.

**13 Date of Next Meeting/s:**

Wednesday 21<sup>st</sup> July 2021 at 2.00pm via MS Teams

UNCONFIRMED

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## UNCONFIRMED MINUTES OF THE AREA CLINICAL FORUM HELD ON TUESDAY 25 MAY 2021 AT 3.00 p.m. VIA TEAMS

### Present:

Mrs A Lawrie (Chairperson)	Associate Director of Midwifery
Mrs S Ba	Chair - Psychology
Mr B Hannan	Chief Pharmacist
Ms J Hornal	Chair – Area Pharmaceutical Committee
Mrs A Mackay	Chair - AHPCAF

### In Attendance:

Christine Law	Minute Taker
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### Declaration of members Interests

There were no declarations of interest from those present.

### 1 APOLOGIES FOR ABSENCE

Apologies were received from C McKenna, S Garden, D Galloway and E O'Keefe.

### 2 CHAIRPERSON'S WELCOME AND OPENING REMARKS

J Owens welcomed A Lawrie to her first meeting as Chair of ACF.

### 3 INTRODUCTION BY AILEEN LAWRIE AS NEWLY APPOINTED CHAIR

A Lawrie stated the Committee was put on hold due to the Pandemic and that the time was right to refresh and market ACF with the appointment of a new Chair and also recognising that there has also been changes in the membership of the various Advisory Committees that feed in to ACF. The aim is to raise the profile of ACF and make it more robust.

There is a feeling nationally that many Board ACF's feel undervalued and that APFs have a bigger platform.

The aim of the Committee is to provide clinical advise to the Board but to also raise concerns or areas of good practice back to the Board.

She reported that she has had meetings with both Executive Directors and Non Executive Directors of the Board and the lack of knowledge of the existence of the Committee and its purpose was evident.

Attendance at meetings in the past has been poor but it was recognised that with the membership including S Garden, C McKenna,

J Owens and J Tomlinson this will raise the profile to other clinicians.

It was stated that if a member cannot attend a meeting, their deputy attends who could be a decision maker.

#### **4 PRESENTATION :**

A Lawrie gave a short presentation

Slide 1 – Purpose

*The purpose of the ACF is to ensure that efficient and effective systems are in place which promote the active involvement of all clinicians from across NHS Fife in the decision making process. The Forum also acts as a multi-professional reference group on proposals brought forward through the strategic planning/redesign process.*

Members agreed ACF needs to be strengthened with wider engagement.

Slide 2 – Feedback

As above, from meeting with Executive Directors and Non Executive Directors of the Board, it was clear that there was a lack of knowledge and understanding of the Forum.

Slide 3 – Clarify Role of ACF

- *Agreeing and highlighting what the clinical issues are*
- *Advocates for patient care*
- *Recognition that members are key stakeholders and provide a professional voice both as support and challenge*
- *Provide advice to the Board on clinical issues*

It was agreed a workplan for the Committee be agreed detailing what it would like to achieve.

It was noted that there are links through C McKenna to both the Mental Health Strategy Group and the Cancer Strategy Framework Group

Slide 4 – Opportunity

- *Develop: objectives and expectations*
- *Involvement: improving structures for consultation and debate*
- *Design: review work plan*
- *Focus : Empowering the ACF*

Slide 5 – Networking

- *Governance and Risk*
- *Facilities*
- *Strategy and Planning*

It was noted that there is a refresh of the Clinical Governance Risk Strategy and agreed that ACF be consulted. A Lawrie stated she has made links with the Governance Team and will invite one of the Team to speak at one of the ACF Development Sessions.

Links have also been made with the Facilities Department. In particular, ACF should be involved in the FEOC new build. J Owens stated she has recently taken up the Chair of the FEOC Board.

ACF could also be involved in Population and Health Wellbeing Strategy, although this is currently paused to see how it will fit in with the Plan for Fife.

## **5 MOVING FORWARD**

A Lawrie stated ACF take place every 2 months with alternate meetings being a Development Session.

Standing agenda items would be: staff wellbeing; workforce; Digital and Information.

In terms of items for future Development Sessions were identified as: Anchor Institutions, Covid19-Vaccination, Governance Structure. A Lawrie stated she has made contact with various people to present at upcoming Development Sessions.

She also stated she would also make contact with ACF from other Health Board areas to ask if she could attend to learn lessons from other areas.

A Lawrie stated she had requested plans for remobilisation from the various Advisory Committees and will revisit that request.

An invitation has been extended to A Lawrie to attend the Area Pharmaceutical Committee and she has accepted.

## **6 DATE OF NEXT MEETING**

The next meeting will take place on 10 June 2021 at 2.00 p.m. and will be a Development Session.



CONFIRMED

**MINUTES OF THE MEETING OF THE FIFE DRUGS AND THERAPEUTICS COMMITTEE HELD AT 12.30PM ON WEDNESDAY 30 APRIL 2021 VIA MICROSOFT TEAMS**

**Present:** Mr Scott Garden (Chair)  
 Dr Annette Alfonzo  
 Ms Claire Fernie  
 Dr David Griffith  
 Mr Ben Hannan  
 Dr Helen Hellewell  
 Mr Euan Reid  
 Ms Nicola Robertson  
 Ms Rose Robertson

**In attendance:** Ms Kirsty Macfarlane, Regional Formulary Pharmacist (item 7.3)  
 Mrs Sandra MacDonald (minutes)

		ACTION
<b>1</b>	<p><b>WELCOME AND APOLOGIES FOR ABSENCE</b></p> <p>Apologies for absence were noted for Ms Lynn Barker, Ms Karen Baxter, Dr Marie Boilson, Dr Rob Cargill, Ms Claire Dobson, Dr Iain Gourley, Dr John Kennedy, Dr Chris McKenna, Dr John Morrice.</p> <p>Mr Garden welcomed Nicola Robertson to the meeting in her new role as Associate Director of Nursing and Kirsty Macfarlane, Regional Formulary Pharmacist.</p>	
<b>7.3</b>	<p><b>Regional Formulary Update</b></p> <p>Mr Reid shared a PowerPoint presentation on progress with development of the East Region Formulary. Phase one, the migration of the existing Lothian Joint Formulary to a new digital platform, has now been concluded. The Regional Formulary Team is working closely with Formulary teams in NHS Lothian, NHS Borders and NHS Fife to scope and establish a Regional Formulary. The expectation from the Scottish Government is that the East Region Formulary will be operational within 2021-22.</p> <p>A discussion ensued and issues highlighted for consideration included financial control; the infrastructure to implement and deliver the Regional Formulary; resolution where there is lack of agreement; and retention of local ownership. Following discussion at ADTC, the next stage is to take to EDG to ensure that all Directors are sighted on the proposals and obtain support from the Board.</p> <p>The ADTC noted the following:</p> <ul style="list-style-type: none"> <li>• There was support in principle for a more unified approach/streamlined</li> </ul>	

process which would also be beneficial for clinical staff moving between Boards.

- The importance of not losing the progress made locally through medicines efficiency work and good Formulary compliance was highlighted.
- A concern was noted around areas where there is a more localised approach (antibiotic guidelines, the hospital at home set-up) and clarification on the rapidity of urgent decisions through the Regional Formulary structure.
- Links with NHS Tayside which is not part of the East Regional Formulary Project were also highlighted.
- A concern previously identified in relation to the proposed National Formulary was that it would potentially become a list of drugs supplemented with local guidance was highlighted. One of the strengths in Fife has been to limit the Formulary to 2 choices. An increase in medicines choices on the Formulary potentially means a broader financial range.
- The potential for an efficiencies programme around the Regional Formulary and collaborative working across the system to meet efficiency targets was highlighted.
- The remit of the East Regional Formulary Committee is supporting the strategic direction in all care settings. Consideration to be given to representation from Social Care Nursing when the Terms of Reference documents are being finalised.

Kirsty Macfarlane addressed the concerns/issues highlighted by the ADTC members. The strength of local engagement was acknowledged. The intention is that membership of Regional Formulary working groups will be entirely from individuals involved in local Formularies. There will be a clear governance structure in place and no issues are anticipated with regard to the decision making process in urgent situations. Cost/medicines efficiencies will be built into discussions around each of the therapeutic areas. The aim is to have 1 or 2 medicines options on the Formulary for the majority of situations. Benefits from a medicines management team point of view in relation to analysing outputs/comparison between Boards were also highlighted.

There was support from the ADTC in principle for moving forward. The next step is to produce a paper for presentation to the EDG group which should include points from the discussion. Mr Garden to liaise with Dr McKenna in relation to sign off from the Clinical Governance Committee.

SG

## 2 MINUTES OF PREVIOUS MEETING ON 3 FEBRUARY 2021

The minutes of the meeting held on 3 February 2021 were confirmed as a true record.

## 3 SUMMARY OF ACTION POINTS FROM FEBRUARY 2021 MEETING

The summary of action points was reviewed and updated.

### IT Repository for Clinical Guidance Documents

Mr Reid has discussed with Digital and Information. The recruitment process for a new D&I programme manager is underway and once in place there will be a further meeting to move this forward. Mr Reid to update the ADTC in due course.

ER

### Lithium SBAR

Discussed under agenda item 7.1.

### DOACs and Prescribing in Renal Impairment

Mr Garden informed the committee that this item has been timetabled for discussion at the Pharmacy Senior Leadership Team (pSLT) at the beginning of May. This discussion will consider previous SBAR from Dr Glyn McCrickard.

Dr Hellewell noted that SBAR had mentioned a proposed review of current local enhanced service arrangements with regard to anticoagulants and she highlighted recent communication regarding a Scottish Government consultation on local enhanced/direct enhanced services. Any revision of local enhanced services should await completion of the Scottish Government consultation process. Mr Garden to bring paper to the next ADTC meeting.

SG

### National PACS2 Review Panel Membership

Mr Garden has discussed with Laura McIver, HIS Chief Pharmacist and there are no gaps in the national PACS2 Review Panel membership at present. **Action closed.**

### AMT Update – discussion around implications of antibiotics not recommended by SMC due to non-submission

There was a discussion around the local procedure for use of medicines not approved by the Scottish Medicines Consortium due to non-submission and potential issues noted around obtaining timeous approval in some emergency situations. The discussion mainly focussed on antimicrobials required in an emergency situation. There was support for the proposal that advice from a microbiologist followed by retrospective approval from the Panel would be appropriate in emergency situations. Dr David Griffith, Ben Hannan, Niketa Platt and Euan Reid to discuss further. Review of the local process for accessing rarely used urgent medicines that are not on the Formulary to be considered in the discussions. SBAR to be brought back to ADTC.

DG/BH/  
ER/NP

Dr Alfonzo provided an update on the issue previously highlighted within her specialty relating to availability of a medicine for emergency treatment of hypercalcaemia. A short-life working group with representation from several Scottish Health Boards and support from the UK renal association is being established to discuss how this can be taken forward nationally.

### Newly Licensed Medicines Policy

The Policy has been updated and is now on the ADTC website. **Action closed.**

## **COVID-19 Vaccination**

A new group was established to review and approve the COVID-19 national protocols. The need for a dedicated group to review vaccination PGDs and national protocols has been proposed as part of revised immunisation arrangements moving forward. This is being progressed through EDG and the NHS Fife Clinical Governance Committee. **Action closed.**

## **4 ANY OTHER MATTERS ARISING FROM THE MINUTES**

There were no other matters arising from the minutes.

## **5 DECLARATION OF INTERESTS**

There were no declarations of interests.

## **6 ADTC SUB-GROUP UPDATE REPORTS**

### **6.1 Fife Formulary Committee**

Mr Reid introduced the update report from the Formulary Committee meeting on 24 March and highlighted key points.

Eleven Formulary submissions were approved. Two medicines were approved subject to the MSDTC approving the protocol: a submission to amend the Formulary status of iAluRil from 2nd line to 1st line for painful bladder syndrome / interstitial cystitis, recurrent urinary tract infections, chemical induced cystitis and radiation induced cystitis; and a submission for Benralizumab (Fasenra®) as add-on maintenance treatment in adult patients with severe eosinophilic asthma. A decision on Vagirux (Estradiol 10mcg Vaginal tablets) was deferred pending clarification on the availability and cost of replacement applicators. A resubmission for Cannabidiol (Epidyolex®) for adjunctive therapy of seizures associated with Dravet syndrome/Lennox-Gastaut syndrome was deferred pending further discussions around potential Formulary status due to low patient numbers and the rarity of the conditions.

Several SBARs in response to MHRA drug safety updates were also discussed and the actions taken/proposed in NHS Fife agreed.

Discussions around current gaps in Committee membership are on hold pending clarification around the Regional Formulary.

The ADTC noted the update report from the Fife Formulary Committee and supported the recommendations made.

### **6.2 MSDTC**

It was noted that the next MSDTC meeting was re-scheduled to 27 April 2021.

### **6.3 PGD Review Group**

Mr Reid introduced the update report on behalf of the Patient Group Directions (PGD) Review Group and highlighted key points.

It was noted that the review of current PGDs according to the Standard Operating Procedure interval and review of the back-log of PGDs is continuing.

Achievements since the last report include the urgent amendment and approval of PGDS for influenza and COVID-19 and the development of new PGDs for Sexual Health and Addiction Services.

The workplan for the next six months includes development of 15 new PGDs for ENT and the review of existing PGDs scheduled for review in 2021.

The ADTC noted the update report from the PGD Review Group and the good progress made.

#### **6.4 Safe & Secure Use of Medicines Group**

Mr Garden introduced the update report on behalf of the Safe & Secure Use of Medicines Group (SSUOMG).

It was noted that SSUOMG meetings had been paused due to the COVID-19 pandemic and are scheduled to re-start in April 2021. Changes to the SSUMPP due to COVID-19 continued through virtual agreement by the SSUOMG and the Pharmacy Silver governance process.

The workplan for the next six months includes launch of version 8 of the SSUMPP in July 2021, review of the audit and assurance programme timetable to take account of any delays due to the COVID-19 pandemic and re-start the rolling review programme for the SSUMPP.

The ADTC noted the update report from the Safe & Secure Use of Medicines Group.

### **7 SBARs**

#### **7.1 Progress against Lithium Guidance**

Mr Reid introduced the report "Progress in NHS Fife against SGHD/CMO(2019)4 National Guidance for Monitoring Lithium".

The ADTC noted that work is progressing to establish standardised monitoring of lithium across NHS Fife through centralised monitoring hubs that are part of community mental health teams. It is proposed that patients will be offered the option to attend their local hub for monitoring. For patients who prefer to continue to attend their GP Practice for monitoring, the hub teams will support the GP Practice Pharmacy teams if needed to facilitate monitoring within the practice and to develop robust systems to ensure monitoring is carried out irrespective of setting.

It was noted that the Community Mental Health Teams have moved onto Morse as the electronic patient record. It was highlighted that Morse is not available to General Practices and there is lack of clarity around the recording process for patients not accessing the monitoring hubs.

The ADTC noted the progress in NHS Fife against the national guidance for monitoring lithium. The ADTC requested further detail on the timeline, frequency of monitoring through the hubs and recording of patients not accessing the monitoring hubs. The finalised implementation and audit plan to be brought back to the ADTC. Mr Reid to feed back to David Binyon, Lead Clinical Pharmacist - Mental Health. Dr Helen Hellewell to highlight the proposals to the LMC Office Bearers.

ER  
HH

## 7.2 Medicines in Pregnancy & Breastfeeding

Mr Reid briefed the Committee on the background to the SBAR produced in response to MHRA advice on medicines in pregnancy and breastfeeding.

A National Safer Medicines in Pregnancy and Breastfeeding Consortium has been established to improve the health information available to women who are thinking about becoming pregnant, are pregnant, or are breastfeeding. To support the work of the Consortium, healthcare professionals are asked to report important inconsistencies in UK advice on use of individual or classes of medicines used in pregnancy or breastfeeding. Following discussion at the Formulary Committee it was agreed that the MHRA advice should be referred to the ADTC for consideration of what action required to be taken in NHS Fife.

Following discussion, Mr Reid agreed to liaise with Dr John Morrice, Clinical Director for Women & Children's Service to seek his view on dissemination locally.

ER

## 7.3 Regional Formulary Update

This item was presented at the beginning of the meeting.

## 7.4 High Risk Pain Medicines Prescribing Stewardship

Mr Garden introduced the SBAR outlining the proposal for a medicines safety programme around prescribing of high risk pain medicine (HRPM) and briefed the ADTC on the background to this.

The aims of the programme would be to reduce prescribing of HRPM to at or below the Scottish average as per national therapeutic indicators; reduce the number of drug related deaths where prescribed medicines are implicated; upskill clinicians and develop collaboration across sectors and services to address pain management holistically; and to confidently take steps to mitigate risk from HRPM. It is proposed that the programme should sit under the governance of the ADTC.

Following discussion, the ADTC noted the issues relating to prescribing of High Risk Medicines across NHS Fife. The ADTC supported the proposal for a Medicines Safety Programme with initial focus on HRPm; and the development of a programme of work to the EDG for consideration for funding and prioritisation as part of the SPRA and new Health & Wellbeing strategy. It was agreed that the governance route should be through the ADTC.

## 7.5 Steroid Emergency Card

Mr Reid highlighted the information circulated relating to the Steroid Emergency Card and proposed that the steroid emergency card be brought back to the ADTC for ratification following the outcome of discussions at the national short-life working group. Mr Reid also highlighted the Specialist Pharmacy Service Guidance “

Due to time constraints resulting in some ADTC members leaving the meeting promptly to attend other diary commitments, it was agreed that this item should be circulated to the Committee for virtual agreement. ADTC members were asked to confirm their approval or otherwise by 7 May.

ALL

## 7.6 Steroid Treatment Advice Patient Information Leaflet

Mr Reid highlighted the information circulated relating to the Steroid treatment advice patient information leaflet. ADTC members present were supportive of adoption of the patient information leaflet locally and the proposed implementation plan. Due to time constraints resulting in some ADTC members leaving the meeting to attend other diary commitments, it was agreed that this item should be circulated to the wider Committee for virtual agreement. ADTC members were asked to confirm their approval or otherwise by 7 May.

ALL

## 7.7 Penicillin Allergy Delabelling Protocol

Mr Garden highlighted the penicillin allergy delabelling protocol. It was noted that this was supported at the Antimicrobial Management Team. It was agreed that this item should be circulated to the Committee for virtual agreement. ADTC members were asked to confirm their approval or otherwise by 7 May .

ALL

## 8 RISKS DUE FOR REVIEW IN DATIX

Risks 522 (Prescribing Budget), 1442 (Single National/East Region Formulary) and 1575 (Insufficient input into medicines management and governance) to be brought to the ADTC for review at the June meeting.

ER

## 9 ADTC-COLLABORATIVE/SCOTTISH GOVERNMENT COMMUNICATION

### 9.1 Letter to Medicines and Medicinal Products Suppliers

For information.

**9.2 Independent Medicines and Medical Devices Safety Review - Scottish Government Delivery Plan**

Carried forward to the next meeting.

ER

**10 EFFECTIVE PRESCRIBING**

**10.1 Early Access to Medicine Scheme - Avalglucosidase alfa**

The ADTC noted the EAMS operational guidance for avalglucosidase alfa for treatment of Pompe disease.

**10.2 Early Access to Medicine Scheme - Abrocitinib**

The ADTC noted the EAMS operational guidance for abrocitinib for severe atopic dermatitis.

**10.3 Early Access to Medicine Scheme - Nivolumab in combination with ipilimumab**

The ADTC noted the EAMS operational guidance for nivolumab in combination with ipilimumab for first line treatment of adult patients with unresectable malignant pleural mesothelioma.

**11 HEPMA Update**

HEPMA update carried forward to the June meeting.

SG/BH

**12 PACS/SMC Non Submissions**

**12.1 Latest Submissions**

The table detailing the latest PACS/SMC non submissions was noted.

**13 POINTS FOR RAISING AT CLINICAL GOVERNANCE COMMITTEE**

The following items were proposed for raising at the Clinical Governance Committee:

- Regional Formulary
- High risk pain medicines
- Remobilisation of Medicines Governance Committees

CMcK/  
SG

**14 ANY OTHER COMPETENT BUSINESS**

There was no other business.

**Other Information**

**a Minutes of MCN Prescribing Groups - none for noting.**



**b**

**Date of Next Meeting**

The next meeting is to be held on **Wednesday 9 June 2021 at 12.30pm via MS Teams**. Papers for next meeting/apologies for absence to be submitted by 26 May.

**CONFIRMED MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE  
FRIDAY 16<sup>TH</sup> APRIL 2021, 1000hrs - MS TEAMS**

<b>Present:</b>	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
<b>Attending:</b>	Dr Helen Hellewell, Associate Medical Director Nicky Connor, Director of Health & Social Care Lynn Barker, Associate Director of Nursing Cathy Gilvear, Quality Clinical & Care Governance Lead Lynne Garvey, Divisional General Manager (West) Fiona McKay, Interim Divisional General Manager Kathy Henwood, Chief Social Work Officer
<b>In Attendance:</b>	Jennifer Cushnie, PA to Dr Hellewell (Minutes) Rachel Wyse, PC Transformation Programme Manager Jennifer Rezendes, Service Manager Adult Services West Lesley Gauld, Information Compliance Manager, HSCP
<b>Apologies for Absence:</b>	Scott Garden, Director of Pharmacy and Medicines James Crichton, Divisional General Manager (Fifewide) Norma Aitken, Head of Corporate Services Suzanne McGuinness, Service Manager Improving Outcomes

NO	HEADING	ACTION
1.0	<b>CHAIRPERSON'S WELCOME &amp; OPENING REMARKS</b> The Chair welcomed everyone to the meeting which had been carried forward from 2 weeks previous, due to a clash with an NHS Board meeting.	
2.0	<b>DECLARATION OF MEMBERS' INTEREST</b> There were no declarations of interest.	
3.0	<b>APOLOGIES FOR ABSENCE</b> Apologies were noted as above.	
4.0	<b>MINUTES OF PREVIOUS MEETING</b> Cllr Brett asked if members wished for any changes to the previous minutes of 26.02.21, or had any matters to raise.	

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NO	HEADING	ACTION
	<b>Decision</b> – As no changes were requested, the Committee agreed to approve the Minute of 26.02.21.	
<b>5.0</b>	<b>ACTION LOG</b>	
	No items from the Action Log were raised.	
<b>6.0</b>	<b>GOVERNANCE</b>	
<b>6.1</b>	<b>Clinical and Care Governance Update</b>	
	<p>Cllr Brett invited Dr Hellewell and Lynn Barker to give a verbal update around Clinical and Care Governance.</p> <p>HH gave assurance SAERs and LAERs have recommenced and is working to get these back on target. She advised, priority is being given to the most significant clinical concerns. The COVID vaccination programme is progressing well with over 80's 2<sup>nd</sup> dose vaccinations expected to be completed by GPs within the next few weeks. Under 30's who are booked to receive 1<sup>st</sup> dose AstraZeneca are being rescheduled, following emerging guidance. HH advised a great deal of clinical updates, regarding AZ guidance, has been released to ensure this progresses well. Currently, there are no concerns regarding vaccine supply.</p> <p>Cllr Ross queried venues of vaccination delivery and when these would be confirmed. HH and NC advised these are yet to be decided and will be communicated as soon as a decision is made.</p>	
<b>6.2</b>	<b>Clinical Quality Report</b>	
	<p>LB confirmed HH's comment regarding the recommencement of SAER and LAER processes from 1<sup>st</sup> March, also cluster reviews within Mental Health with 9 meetings to date. This is robust work led by the Head of Nursing. Senior Leadership 'walkabouts' are being maintained virtually.</p> <p>LB advised there has been a non-improvement/deterioration in all falls across the Partnership. Substantial work is being carried out around this issue, LB expanded on this.</p> <p>Education and training work is taking place around medicine and also significant preparatory work taking place following new guidance regarding patient visits. These will commence 26.04.21.</p> <p>LB highlighted two positive stories which have come through Care Opinion.</p> <p>MB thanked LB for her update and was encouraged by the positive story regarding Mental Health Services. However, he was concerned at the significant wait time for these services. HH made reference to a story of a patient awaiting an appointment for CAMHS and the difficulties around this. She gave assurance, robust measures are in place to tackle lengthy delays.</p>	

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NO	HEADING	ACTION
6.0	<b>GOVERNANCE (Cont)</b>	
	<p>HH highlighted the improvement seen in C.diff and Staph aureus infections within hospital settings and also commented on the improvement noted in Mental Health wards where increase in incidences of ligature and restraint did not continue. This reflects the good work going on within the Mental Health Team, particularly around activities provided for patients.</p> <p>CLlr Ross questioned the change of median for fall rates. CG explained the reason for the change.</p> <p>CLlr Brett queried why COVID is not included as a hospital acquired infection. HH advised, there are ongoing National discussions taking place around this, currently it does not fit the required criteria.</p> <p>The work taking place within the Suicide Prevention Team was discussed at some length.</p> <p>CC asked HH if GPs are aware of a process available to identify patients who are not suitable for a certain type of COVID vaccine. HH confirmed GPs have received detailed communication from herself, Scott Garden and Esther Curnock regarding how to implement this process. CC and HH will discuss off-line one incidence of the process not being followed.</p> <p>The response from Services to Care Opinion stories was discussed and the continuous effort to improve and streamline pathways through joined up working and additional staffing.</p>	
6.3	<b>Primary Care Update</b>	
	<p>HH stated she was keen to bring an update to the Committee around Primary Care Transformation and what has been achieved, despite the constraints of the pandemic. Scottish Government has recognised it was not possible to have all parts of the Memorandum of Understanding in place by March 2021, partly due to the pandemic and also due to training and staffing needs.</p> <p>HH highlighted several points, including:</p> <ul style="list-style-type: none"> <li>• Impact of Covid 19 on planning – programme paused</li> <li>• Digital solutions embraced, particularly NearMe, other solutions in place for patients who are unable to use digital applications</li> <li>• Deployment of workforce during pandemic</li> <li>• Development of Professional-Professional pathways</li> <li>• Recruitment of 70, out of 86 whole-time equivalent posts required</li> <li>• Recruitment of MH nurses early on</li> <li>• Changes planned and extension to timescales</li> <li>• Next steps being taken and learning from pandemic</li> <li>• Flu delivery planning taking place now</li> <li>• Impact on General Practice and workload</li> </ul>	

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NO	HEADING	ACTION
6.0	<b>GOVERNANCE (Cont)</b>	
	<p>Questions were answered relating to the Tracker, GPs engaging with the public and additional staffing within General Practice.</p> <p>A further report will come to the Committee.</p> <p>NC would welcome a further report and stated it was very impressive Fife are being considered as an example of excellence by Public Health Scotland for data gathering to inform an Outcomes Framework.</p> <p>A future report will be escalated to IJB as an example of good practice.</p> <p>MB questioned poor communication between General Practice and the public. HH felt this was beyond the scope of PC Improvement Transformation and relates to the normal business of General Practice. She explained there are two strands– educating the public to recognise the correct professional to see, enabling them to go straight there. Secondly, a communication strategy which is being developed, outlining what the new General Practice is going to look like as we come out of the pandemic. HH told of work going on around health inequalities Nationally and the move to digital and ensuring some people are not dis-advantaged. She suggested a development session to explore this in more depth would be beneficial.</p> <p>It was agreed, this would be helpful and a development session on Primary Care will be scheduled.</p>	
6.4	<b>IJB Directions Policy</b>	
	<p>NC stated committee members will be familiar with the Directions Policy which was implemented almost a year ago and has been discussed many times since. It is now coming through each of the Committees before going to IJB for formal sign off. NC welcomed questions from the meeting.</p> <p>Cllr Brett asked if Fife Council and NHS Fife have commented on the report, as per Appendix A, headed 'For Consultation/Comment by IJB / FC / NHS', or will this be after the next IJB meeting. NC advised, the report will come to the IJB with full sign up from NHS and FC, she has personally discussed the document with Carol Potter and Steve Grimmond who have considered it within their structures.</p> <p>The report will come to IJB for approval on 23<sup>rd</sup> April '21.</p>	
6.5	<b>Glenrothes Hospital Action Plan / Tarvit Report</b>	
	<p><b>i. <u>Glenrothes Hospital</u></b></p> <p>LB apologised for the late issue of these papers. She advised inspection updates have been delivered verbally at previous meetings.</p>	

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	<p>The Glenrothes report details the Action Plan which has been implemented to align with each of the five requirements identified by Health Improvement Scotland (HIS) during their unannounced visit to Glenrothes Hospital on 7<sup>th</sup> and 8<sup>th</sup> July 2020.</p> <p>LB gave detail of the requirements identified which were predominantly nursing documentation and one requirement relating to patient equipment.</p> <p>LB commended the inordinate amount of work carried out by the teams in the wards at both Glenrothes and Tarvit. This work was supported by the Lead Nurse, Hospital Services Manager and Head of Nursing, in addition to LB, LG and HH to remedy the requirements. LB described the many areas of very good practice which were recognised during the inspection.</p> <p>LB instigated an audit across Fife by a Senior Nurse, with an action plan around it. Two sub-groups of documentation were commissioned specifically around admission and transfer from Acute. Implementation of Person Centred Care Planning, which has been considered for some time and is currently being used within Mental Health throughout Scotland will be introduced. LB felt, although used slightly differently within MH, learning can come through MH colleagues' experience.</p> <p><b>ii. <u>Tarvit Ward, Adamson Hospital</u></b></p> <p>LB advised, Health Improvement Scotland made an unannounced inspection visit to Tarvit Ward on 28<sup>th</sup> October 2020. The inspection resulted in 3 areas of good practice and 8 requirements.</p> <p>LB outlined the areas of good practice and the requirements identified. Six related specifically to documentation and 2 related to infection control and prevention. These were described in detail.</p> <p>LB advised, very similar to Glenrothes, significant work has taken place at Tarvit to implement the robust Action Plan.</p> <p>Questions were welcomed.</p> <p>Cllr Ross felt such late submission of reports was unacceptable and sought assurance papers would not be circulated without adequate reading time in future. It was agreed this would not be repeated.</p>							
<b>6.6</b>	<b>Chief Social Work Officer's Report</b>							
	<p>KH introduced the report which is for 2019/2020 and, therefore, a retrospective report. She stated this report is for Noting and will come to Committee on an annual basis. The report has been submitted to the National Framework, allowing comparison and benchmarking activity across the whole of Scotland. The next report is due August 2021, part of this report links in with the start of the pandemic and responses Social Work took regarding staff allocation and reprioritising of work.</p>							
<table> <tr> <td>Name of meeting: Clinical &amp; Care Governance Committee</td><td>Version : CONFIRMED</td><td>Created by JMC</td></tr> <tr> <td>Meeting held on: 16.04.21</td><td>5</td><td>Created on: 28.04.21</td></tr> </table>			Name of meeting: Clinical & Care Governance Committee	Version : CONFIRMED	Created by JMC	Meeting held on: 16.04.21	5	Created on: 28.04.21
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NO	HEADING	ACTION
6.0	<b>GOVERNANCE (Cont)</b>	
	<p>KH advised the August 2021 report shall focus more on the improvement activity taking place and intentions going forward.</p> <p>FMcK advised the report is jointly in respect of Children &amp; Families, Criminal Justice and the SW aspect of HSCP. There is a framework the report must follow, therefore, it does not follow the normal reporting format. Key achievements of SW Social Care work in localities was outlined, Carers and the Mental Health Strategy and workforce planning were all described. Questions were invited.</p> <p>Cllr Brett commented he found the report very interesting. Discussion ensued which covered children on the edge of care, care planning, staffing and voluntary sector work.</p> <p>This report has been presented to the Education and Children's Committee and Scrutiny Committee.</p>	
6.7	<b>Corporate Parenting</b>	
	<p>KH advised there is a statutory responsibility to report through the Corporate Parenting Board to Scottish Government. KH explained the Board had evolved into an operational group, which will continue, however, it will now take a more strategic leadership role, driving the agenda for change of Corporate Parenting across the formal structures within Fife. KH explained how as Corporate Parents there is a responsibility to ensure children and young adults are not discriminated for being in the care system and they have full access to the supports in place.</p> <p>KH stated through review of the Board, roles and responsibilities are being revised, a reporting structure is being implemented with an operational group monitoring data and analysis ensuring there is a keen sense of what services and supports children have been receiving and the outcomes. KH gave an insight into the work which is taking place and the changes which are planned, going forward.</p> <p>The role of Clinical &amp; Care Governance was discussed, identifying health and social care needs which KH described.</p> <p>NC suggested a development session later this year would be beneficial. KH agreed and was keen for a session to take place in approximately 5 months' time, once the Board has been reviewed. She went on to describe the many aspects of Corporate Parenting which would be covered.</p>	

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NO	HEADING	ACTION
6.0	<b>GOVERNANCE (Cont)</b>	
6.8	<b>Adult Protection Annual Report 2020 : Adult and Older People</b>	
	<p>FMcK introduced Jennifer Rezendez, Service Manager Adult Services West and gave a brief overview of the report and the work going on under the Adult Support and Protection (Scotland) Act 2007. Questions were invited.</p> <p>Cllr Brett asked if, without disclosing confidential information, an independent case review could be shared with the meeting. JZ explained when significant events are looked at through the case review process, it is a robust process with multi-agency involvement. She stated, this is a normal part of the process to ensure a good level of scrutiny is involved, not a cause for concern but as a level of re-assurance, done as a multi-agency group. Any learning is taken forward either independently or through the Committee's learning and development group and shared.</p> <p>Cllr Brett was interested to note the Professional Curiosity e-learning module which has been set up.</p> <p>FMcK advised SW are about to enter into an Inspection.</p>	
6.9	<b>Complaints Update</b>	
	<p>FMcK gave background to the paper by running through some of the figures – during 2020 HSCP closed 360 complaints, 64% were stage 1 and 36% stage 2. Over the year, 74% complaints have closed at stage 1, during 2020 the number of complaints being processed by the SPSO has reduced significantly, in 80% of cases, SPSO decided not to investigate the complaint whereas in 2019 this was at 35%.</p> <p>Great progress is being made in answering complaints at stage 1 and stage 2. FMcK felt this was largely down to the work of Lesley Gauld, Information Compliance Manager.</p>	
6.10	<b>Assurance Statement</b>	
	Cllr Brett asked if members of the Committee agreed with the details within the C&CGC Assurance Statement for 2020-2021. All members indicated their agreement. Cllr Brett will link with JC to electronically sign the document.	
7.0	<b>EXECUTIVE LEAD REPORTS &amp; MINUTES FROM LINKED COMMITTEES</b>	
	No reports.	

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NO	HEADING	ACTION
8.0	ITEMS FOR ESCALATION	
	Cllr Brett commented on Primary Care Update provided by HH / RW and gave reference to the Chief Social Worker's Report which he felt were worthy of noting.	
9.0	ANY OTHER COMPETENT BUSINESS	
	No other competent business.	
10.0	DATE OF NEXT MEETING – Wednesday 02 June 2021, 1000hrs MSTeams	

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**Confirmed Meeting Note of NHS Fife Clinical Governance Oversight Group  
On Thursday, 22<sup>nd</sup> April 2021 at 14.00 via MS Teams**

**Present**

Lynn Barker (LB)	Associate Director of Nursing, Health and Social Care Partnership (HSCP)
Dr Sue Blair (SB)	Consultant in Occupational Health, NHS Fife
Lynn Campbell (LC)	Associate Director of Nursing, Acute Services Division (ASD)
Dr Robert Cargill (RC)	Consultant Cardiologist, NHS Fife
Gemma Couser (GC)	Head of Quality & Clinical Governance, NHS Fife
Pauline Cumming (PC)	Risk Manager, NHS Fife
Scott Garden (SG)	Director of Pharmacy, NHS Fife
Cathy Gilvear (CG)	Quality, Clinical & Care Governance Lead, HSCP
Aileen Lawrie (AL)	Head of Midwifery/Nursing Women and Children's Directorate
Elizabeth Muir (EM)	NHS Fife Clinical Effectiveness Coordinator
Janette Owens (Chair)	Director of Nursing, NHS Fife

**In Attendance**

Rebecca Hands (RH)	Clinical Governance Support Officer (Admin Support)
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**Apologies:**

Andy Brown (AB)	Principal Auditor, Finance, NHS Fife
Dr Helen Hellewell (HH)	Associate Medical Director, HSCP
Donna Hughes (DH)	Head of Person Centre Care, NHS Fife
Dr Chris McKenna (CM)	Medical Director, NHS Fife
Dr John Morrice (JM)	Consultant Paediatrician, NHS Fife
Geraldine Smith (GS)	Lead Pharmacist, Medicines Governance & Education Training
Amanda Wong (AW)	Associate Director of Allied Health Professionals, NHS Fife

Item		Action
<b>1</b>	<b>Apologies</b>	
	Apologies for absence were <b>noted</b> from the above named members.	
<b>2</b>	<b>Minutes of previous meeting held on Thursday, 25<sup>th</sup> February 2021 at 09.30, MS Teams.</b>	
	The team confirmed that the note from the meeting held on Thursday, 25 <sup>th</sup> February was a true reflection of what was discussed.	
<b>3</b>	<b>Action List</b>	
	<b>Mental Welfare Commission</b>	
	LB informed the group that there isn't a formal update at present. LB advised	

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	<p>that she can bring back a written update to the next meeting.</p> <p><b>Clinical Governance Strategy</b></p> <p>This is on the agenda for discussion under item 3.1.</p> <p><b>Clinical Governance Oversight Group ToR</b></p> <p>This is on the agenda for discussion under item 3.3.</p> <p><b>Clinical Governance Oversight Group ToR (discussion with Pharmacy)</b></p> <p>SG advised that a conversation is still to take place with Ben Hannan regarding appropriate representation from Pharmacy. SG to confirm representation at the next meeting.</p> <p><b>Linked Groups: Deteriorating Patient Group</b></p> <p>The minutes of the Deteriorating Patient Group will come to this group to enable the group to see what the group is focusing on.</p> <p><b>Linked Groups: Deteriorating Patient Group ToR</b></p> <p>EM gave an update. The group met on the 6<sup>th</sup> of April 2021; at that meeting the ToR was sent out to the group to review the membership. Dr. Simpson asked the group to come back with any comments within 2 weeks. The next meeting will be held on the 13<sup>th</sup> of July 2021. The group will look to confirm and sign off the ToR. Once approved they will come to the Clinical Governance Oversight meeting. The Deteriorating Patient Group agreed to meet on a quarterly basis.</p> <p><b>NHS Fife IPQR – January 2021</b></p> <p>GC advised the review of the KPIs associated with Clinical Governance will follow part of the Clinical Governance strategy refresh. GC suggested that this is removed from the action list until further notice.</p> <p><b>NHS Fife Activity Tracker (to review the guidance paper for the Deaths of Children and Young People)</b></p> <p>GC advised that this action was a bit premature but it will remain as an agenda item for the next couple of meetings while we work through find out what this will look like in NHS Fife.</p> <p>EM advised that this action will change and will be on our agenda for a number of meetings</p> <p><b>NHS Fife Clinical Policy &amp; Procedure update 14.12.2020</b></p> <p>GC advised that she has had an initial discussion with Alistair Graham, Associate Director of Digital &amp; Information as this is relevant to us as a team,</p>	<p><b>LB</b></p> <p><b>SG</b></p> <p><b>EM</b></p>
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	<p>although there is a wider significance for the rest of the organisation. Alistair is looking at whether there is functionality within office 365; therefore we are waiting on some feedback nationally in relation to that. GC advised that a clearer picture will be available for our next meeting.</p> <p><b>Clinical Effectiveness Register Flash Report/Projects by ASD Directorates</b></p> <p>An update report will be provided to the group on a bi-annual basis. Directorates report on their projects through their specialties and to the Acute Services Division Clinical Governance Committee.</p>	<b>GC</b>	
<b>3.1</b>	<p><b>NHS Fife Clinical Governance Strategy</b></p> <p>GC advised that the strategy is due for refresh this year. She gave a short presentation to the group which outlined the approach that we will take to refresh and evidence the delivery of the strategy. GC highlighted that when we talk about strategy it is important to think about where we are as an organisation. GC’s favourite quote is from Dr Drucker, the Social Psychologist, that “culture eats strategy for breakfast”; this will definitely form part of our considerations as we start to develop the new strategy.</p> <p>GC is keen for us to focus on our patients first in the development of the strategy and it should be applicable across the whole system. When designing the strategy, we need to think about making it meaningful to all in the organisation and clear that “safety and quality” in Clinical Governance starts with those who are delivering our clinical services. Consideration will be given to that flow from board to ward. Relating back to the culture at the moment, there is a lot of discussion around “just culture” in organisations and looking at continuous quality improvement. GC said that it is very easy for us to write this into a strategy but it is much harder for us to define where we are today and determine how we evaluate and implement that successfully.</p> <p>GC noted that we have had several internal audit reports which have highlighted areas for improvement within our Clinical Governance approach particularly within structures. All of the audit recommendations that have been provided since around 2016 will be considered in building the strategy. GC is very keen to ensure that we map all of these areas of improvement and will address these in the development of this work. She emphasised the importance of the strategy not being something that sits on a shelf, but that is meaningful and sets out our objectives for us to deliver as an organisation. GC indicated that the strategy will be accompanied by an annual work plan and hoped that this group would provide oversight and a link into the NHS Fife Clinical Governance Committee.</p> <p>In terms of consultation and engagement, as Clinical Governance is everyone’s business, our “bread and butter” as an organisation, the intention is to consult with a wide range of stakeholders as set out in GC’s presentation. We will also be looking to the Clinical Strategy Group, with representatives</p>		
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<p>from different areas across the organisation who will consider the feedback received through the consultation. The consultation will start week commencing the 3<sup>rd</sup> May 2021 with an aim to bring an update back to this group in June with a view to drafting the strategy in July and hopefully get it signed off in September 2021</p> <p>The consultation will include a section to review the primary and secondary drivers of Clinical Governance, GC advised that these are not covered in her presentation but she will circulate the slides after this meeting.</p> <p>Services will be asked to provide feedback and do a bit of self evaluation against where we are today in terms of Clinical Governance activities and it will help us to identify areas for improvement and also priorities. The consultation will cover a number of aspects including education, training, reflection on existing structures and groups and the effectiveness of those groups. Organisational learning and organisational interfaces will also feature within the consultation; there is an opportunity for us as an organisation to identify how we can promote a joined up approach in terms of learning from some of our Clinical Governance activities.</p> <p>SG raised a couple of points. First, he mentioned that at today's Executive Directors Group (EDG), there was a wide discussion around the strategy and Clinical strategy refresh and linkages with other strategic documents across Fife. SG advised that suffice to say there is a bit more discussion and work to be done on that. His second point was the need to align with the Scottish Patient Safety work. SG also made the group aware that there is a refresh around e.g. the medicines programme and reiterated the need to ensure we connect all of this work. SG stated he liked the process described around the consultation and the stakeholders and that it seemed very comprehensive. SG advised that he has concerns that we have so many strategy documents and perhaps we should just have one strategic document; he had expressed his views at EDG.</p> <p>This type of strategy is slightly different in terms of Clinical Governance, but equally we need to think about how we simplify it whilst still providing the rigor particularly when we go out to consult with teams. SG wouldn't like this consultation to be seen as an assessment as this is the danger we sometimes have with such processes, especially around Clinical Governance.</p> <p>GC responded to SG and advised that she was given the heads up this morning and it would be helpful to link with the wider strategic development. There is an anxiety around the consultation being overwhelming for people and a feeling it is an assessment on their performance, when this is not the intention.</p> <p>The Patient Safety work that will be included in the strategy as well as other key developments.</p> <p>LC commented that she thought the process was a means to an end and if we</p>	GC
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	<p>focus on establishing a more cohesive approach, even to address the practical aspects of the existing number of meetings and how they could be better aligned/reconciled as we currently have some duplication and overlap. LC suggested that we need to go through the process and what been described is very robust. The selling point is really that “end game” and what it looks like and how it helps us deliver this important agenda.</p>	
<b>3.2</b>	<p><b>National Hub for Reviewing and Learning from the Deaths of Children and Young People</b></p> <p>JO advised that this has already been discussed.</p>	
<b>3.3</b>	<p><b>Clinical Governance Oversight Group Terms of Reference (ToR)</b></p> <p>GC discussed that in line with our good governance practices we are due to review the TOR. The ToR was shared with the group as an action from our last meeting. Some updates have been made; assuming that everyone has had time to read, we are looking for the group to approve the updated ToR.</p> <p>The ToR was agreed by the group.</p>	
<b>4</b>	<b>QUALITY</b>	
<b>4.1</b>	<p><b>NHS Fife Integrated Performance &amp; Quality Report (IPQR) – January 2021</b></p> <p>GC advised that there are no comments to bring to the group today.</p> <p>The only thing that is related to the IPQR and there was a discussion at the last meeting was about adverse events; a full review of this process is taking place and will start in May 2021.</p>	
<b>4.2</b>	<p><b>H&amp;SCP Clinical Report – January 2021</b></p> <p>LB advised that this report continues to evolve and she was happy to take any questions but there is nothing extraordinary to report.</p>	
<b>5</b>	<b>GOVERNANCE ITEMS</b>	
<b>5.1</b>	<p><b>NHS Fife Clinical Policy &amp; Procedure update 22/02/2021</b></p> <p>EM advised that since the last policy group meeting in February, the organisation has launched one new procedure i.e. for - Patient Centred Virtual visiting. EM advised that the update provided is slightly inaccurate and that there were no policies or procedures out of date therefore we have 100% compliance.</p>	
<b>5.2</b>	<p><b>NHS Fife Activity Tracker</b></p> <p>EM advised that since our last meeting there have been two consultations, one of them is on the agenda today and that was the consultation on the Patient Safety Commissioner Role for Scotland. The consultation for Sexual Health Standards has been sent out widely for comment. Comments are due back by</p>	

<p><b>5.3</b></p>	<p>the end of May 2021. Dr. Sue Brechin has offered to pull the comments together for the organisation and this will go to JO and CMcK for review prior to submission. Currently we have comments back from Labs.</p> <p><b>Adult Support &amp; Protection (ASP) Inspection</b></p> <p>JO will share a paper with the Group and will forward to EM for circulation after this meeting. JO advised that there is an Adult Support Protection inspection underway. This is a joint inspection by Health Improvement Scotland (HIS) Care Inspectorate and Her Majesty's Inspectorate Constabulary in Scotland.</p> <p>This process will run from the 21st of April until the 13th of July 2021 and will be multi agency, social care, social work, police and provider organisations. The inspectors are looking at two quality indicators such as key Adult Support Indicator processes and Leadership for Adult Support &amp; Protection. Similar activities will be happening over a very short period of time, a staff survey will be taking place and a mission statement is being prepared along with supporting documents which have been sent to HIS. A reading of records for adults who have originally been referred for Adult Support Protection and haven't been issued to Adult Support Protection and other records which have gone onto Adult Support Protection will be required. There are sixty five records to be reviewed. The records will be reviewed first of all by social work and then they will move to Health for review. Social Work will look out for any Health involvement.</p> <p>There will be a reading of these files; Norma Beveridge is working on this at the moment so that the reading can take place. Focus groups have been set up, and some training has been set up and this is available online. Karen Allan and Helen Skinner are providing the online training, and there are also Sway documents available which are really good and provide information on Adult Support Protection. JO will send the paper to EM to circulate for information to the group and a report will be sent back to the group to see how things are progressing. Social Work are the leads for Adult Support Protection, Steve Grimmond is the Local Chief Authority Chief Executive and is the main point of contact, but there is still quite a large amount of Health involvement. Going forward JO advised that a discussion has taken place with LB about the Adult Support Protection staffing resource in Health; an initial conversation has taken place with Nicky Connor to see how this can be developed further and how we can provide more staffing resource to put in place to support Adult Support Protection in Health.</p> <p><b>5.4 Consultation on a Patient Safety Commissioner Role for Scotland</b></p> <p>PC advised that this is on the activity tracker and that colleagues may have seen already as it has been on various local and national agenda. The follows publication in July 2020 of 'First Do No Harm: The Report of the Independent Medicines and Medical Devices Safety Review' (the Cumberlege Review). The review was triggered in part by events involving people affected in some way by three particular medical interventions:</p> <ol style="list-style-type: none"> <li>1. Those who received hormone pregnancy tests (HPTs), such as Primodos</li> </ol>	<p><b>JO/EM</b></p>
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	<p>2. Those who were adversely affected by sodium valproate during pregnancy</p> <p>3. Those who have had pelvic mesh implants</p> <p>PC advised that while the focus was initially on England, it was recognised that it has relevance for all four UK nations. A key recommendation was to appoint an independent safety commissioner who would be a public leader with statutory responsibilities for championing the value of listening to patients and promoting users' perspectives in seeking improvements to patient safety around the use of medicines and medical devices.</p> <p>Legislation and supporting policies are already in place, together with a number of organisations that aim to continuously improve patient safety and make sure that patients' voices are heard in Scotland. The Patient Safety Commissioner role must <b>add further benefit</b> for patients in Scotland, rather than duplicating what already exists. With this in mind, a Patient Reference Group and a Specialist Reference Group have been set up. The consultation is underway; responses have to be submitted to Scottish Government (Scot Govt) by the 28<sup>th</sup> of May 2021. PC understands that there will be a Board response on this; responsibility for coordination is to be agreed.</p> <p>Scot Govt will consider the next steps following receipt of the findings. GC advised that the consultation exercise will start week commencing the 26<sup>th</sup> April 2021 and welcomes everyone's views.</p> <p>SG and GC will have a conversation about the consultation as SG has already undertaken some work with his team and is keen to include a response from a Pharmacy perspective and to see how that fits in to the overall Board response.</p> <p>AL advised GC that representatives from midwifery have been involved in some focus groups about the Patient Safety Commissioner these included some external patient users. AL can provide some of the feedback from those consultations as these were quite pertinent and may be helpful.</p>	
<b>5.5</b>	<p><b>SPSP Essentials of Safe Care Report</b></p> <p>EM advised that this report was published in March 2021. A webinar has been sent out widely; this is available for staff to join on the 11<sup>th</sup> of May 2021. The webinar will run for one hour and will be a great opportunity for staff to link in and see what the focus is on the next phase of SPSP and how we can use Essentials of Safe Care.</p>	<p><b>SG/GC</b></p> <p><b>AL</b></p>
<b>6</b>	<b>MINUTES FROM LINKED GROUPS</b>	
<b>6.1</b>	<p><b>NHS Fife Adverse Events and Duty of Candour Group- 02/02/2021</b></p> <p>The minutes were noted by the group.</p>	

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<b>6.2</b>	<b>NHS Fife Clinical Policy &amp; Procedure Coordination and Authorisation Group- 22/20/2021</b>  The minutes were noted by the group.	
<b>6.3</b>	<b>In Patient Falls Steering Group 03/03/2021</b>  LC highlighted that there is an upward trend in falls with harm and this has been as a result of a number of factors, not least environmental changes, social distancing etc. LC advised we are starting to learn from some of that and how we will adapt our care delivery. There has been some local improvement work in areas where we have seen that spike. We are hoping that this spike is starting to tail off. The group are refreshing the work plan as we move forward and this will include learning from the experiences during Covid and how we have had to adapt care.  The minutes were noted by the group.	
<b>6.4</b>	<b>NHS Fife Point of Care Testing Committee 03/03/2021</b>  The minutes were noted by the group.	
<b>6.5</b>	<b>NHS Fife Resuscitation Committee 14/04/2021</b>  The minutes were noted by the group.	
<b>6.6</b>	<b>NHS Fife Tissue Viability Working Group 25/02/2021</b>  The minutes were noted by the group.	
<b>7</b>	<b>AOCB</b>  The group confirmed there was no further business to discuss.	
<b>8</b>	<b>Date of Next Meeting:</b>  Wednesday 23 <sup>rd</sup> June 2021 at 09.30 – 11.30 on Microsoft Teams	

Confirmed Meeting Note NHS Fife Clinical Governance Oversight Group 22 April 2021	Version: 1.0	Date: 12/05/2021
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**NHS FIFE INFECTION CONTROL COMMITTEE**  
**14<sup>TH</sup> APRIL 2021 AT 2PM**  
**VIA MICROSOFT TEAMS**

<b>Present</b> Janette Owens Julia Cook Stephen Wilson Paul Bishop Elizabeth Dunstan Catherine Gilvear Midge Rotheram Lynn Campbell Lynn Burnett		Director of Nursing Infection Control Manager Consultant Microbiologist Head of Estates Senior Infection Prevention and Control Nurse Patient Safety Programme Manager Support Services Manager Associate Director of Nursing Nurse Consultant Health Protection/Immunisation Co-ordinator
<b>Apologies</b> Priya Venkatesh Keith Morris Pauline Cumming Craig Ferguson Margaret Selbie Nicola Robertson Aileen Lawrie Yvonne Chapman Stephen McGlashan		
<b>In Attendance</b> Lori Clark		Notes
<b>1</b>	<b>APOLOGIES</b> Apologies were <b>noted</b> as above.	
<b>2</b>	<b>MINUTE OF PREVIOUS MEETING – February 2021</b> Group approved previous minute as accurate reflection	
<b>3</b>	<b>ACTION LIST (February 2021)</b>	
	Group talked through each open action and the actions were closed or completed as appropriate.  <b>Action list updated to reflect.</b>	
<b>4</b>	<b>STANDING ITEMS</b>	
<b>4.1</b>	<b>4.1a HAIRT Board Report</b>  JC updated on IPC achievements, informing that 3 new trainee IPCN's started in February. The team are also working with a researcher from Greater Glasgow and Clyde on a multi board project. ED added that SAB annual rates are down and NHS Fife is on track to reach 10% reduction target. There were no MRSA cases in 2020 which is the first year on record for NHS Fife. ED informed group that for Q3 2020 NHS Fife was below the national rate for HCAI & CAI.  JC updated on challenges facing IPCT, informing the group that due to the pandemic business continuity plans are in place. Workforce also continues to be a challenge after 2 trained IPCN's left the service. However there is an ongoing recruitment drive for posts to support care home sector, interviews are taking place soon for a IPC Surveillance/Auditor post. The team have been unable to recruit to the Band 8a post for the 3 <sup>rd</sup> time. ED added that VAS remain the greatest challenge for hospital acquired SABs. UTIs and CAUTIs remain the greatest source of ECBs. Incidence rate for CDI must be reduced to meet the HCAI reduction target and we are still unsure as to when SSI surveillance will recommence.	

	<p>JC updated the group on the remobilisation of services with IPCT shall support including contact tracing for patients, support clinical teams with outbreak management, attend PAGs/IMTs, providing a programme of education and training making videos and presentations for staff to access and supporting the vaccination programme. As well as all this the team will continue to attend HCT, STAC, LRP and remobilisation meetings and have representatives at the weekly national meeting with HPS/ARHAI Scotland.</p> <p>ED gave a summary of SAB's informing that we are on track for the reduction target, it has been 371 days since a CVC SAB, 21 days since the last PWID, 50 days since last Renal services dialysis line SAB and 202 days since the last acute PVC SAB.</p> <p>ED updated that NHS Fife achieved 95% compliance with the MRSA CRA in Q1 2021, and 88% compliance with the CPE CRA in Q1 2021.</p> <p>ED informed group that NHS Fife are below the national rate of CDI for healthcare and community associated infections. We need to further reduce healthcare associated to meet our targets.</p> <p>ED updated that NHS Fife are above the national rate of ECBs for both healthcare and community associated. There has been some good work ongoing through the UCIG which met on 26<sup>th</sup> March and there was a recent DATIX which should have some good learning come from the incident.</p> <p>NHS Fife hand hygiene rates are above 98% which is above the overall target of 95%.</p> <p>Cleaning compliance for NHS Fife in Q3 was 95.8% which was up from Q2 and estates compliance in Q3 was 96% which is up from Q2.</p> <p>JC updated that there has been no closures due to norovirus or influenza in January or February 2021 and influenza activity was baseline.</p> <p>JC added that for January and February 2021 NHS Fife were very busy with COVID-19. There has now been a change to HPS reporting and single cases no longer require to be reported. JC talked group through the table COVID 19 outbreaks within the HAIRT report and informed that there may be a difference in the Consultant Microbiologist figures relating to number of deaths and the ones reported to HPS by the IPCT due to differences in duration of the reporting periods.</p> <p>CG asked if there was any learning to take forward from the Norovirus numbers being significantly reduced to keep this trend after COVID-19. JC updated that increased cleaning, hand hygiene, social distancing all seem to have helped.</p> <p>Members <b>noted</b> the report.</p>	
	<p>4.1b HAI <u>LDP Update – SABs Reports</u></p> <p>Members <b>noted</b> the update.</p>	
	<p>4.1c <u>HAI LDP Update – CDIs Reports</u></p> <p>Members <b>noted</b> the update.</p>	
	<p>4.1d <u>ECB Surveillance Report</u></p>	

	Members <b>noted</b> the update.	
	4.1e <u>HAI Update – C Section SSI Reports</u> Members <b>noted</b> the update.	
	4.1f <u>HAI Update – Orthopaedic SSI Reports</u> Members <b>noted</b> the update.	
	4.1g <u>Colorectal SSI Surveillance Report</u> Members <b>noted</b> the update.	
	4.1h <u>CPE Surveillance Report and MRSA Surveillance</u> Members <b>noted</b> the update.	
	4.1i <u>Outbreaks, Incidents and Triggers</u> JC updated that going forward learning summaries from outbreaks will be brought to ICC. Members <b>noted</b> the update.	
<b>4.2</b>	<u>NHS National Cleaning Services Specification</u>  MR updated that in the time period January to March 2021, compliance in five was 95.9 which is up slightly on previous quarter. VHK compliance is up to 96.4 1% more than previous quarter. 581 audits have been completed over five.  NHS Scotland average cost per m2 for cleaning is £13.65, VHK is slightly above this and QMH below but all is ok.  Members <b>noted</b> the update.	
<b>4.3</b>	<u>Risk Register</u>  JC raised risk 2074 regarding Prosan as an outstanding risk requiring action and that teams are keen to return to Titan Chlor Plus. JO updated that she has spoken to Margo McGurk and will come back with an outcome following discussions; Margo is linking in with NDC. MR also raised the preference to return to Titan Chlor Plus.  There are currently three high risks, one regarding flexible hoses and the ongoing works and the distribution centre. The third is regarding procurement stock levels which are much better than they were. JC advised that the technical user group will review this risk.  Risk register approved.  Members <b>noted</b> the update	
<b>4.4</b>	<u>Learning Summaries</u>  No learning summaries brought to this ICC  Members <b>noted</b> the update	
<b>4.5</b>	<u>National Guidance</u>  JC informed group that there are frequent guidance updates. There is	

	<p>now an addendum for acute, community and care home sectors. Useful tools section has now been added to include guidance and tools used from all boards in Scotland.</p> <p>Members <b>noted</b> the update</p>	
4.6	<p><u>HEI Inspections</u></p> <p>Members <b>noted</b> the update.</p>	
4.7	<p><u>Quality Improvement Programmes</u></p> <p><u>UCIG</u></p> <p>CG advised that there is a flash report available, the UCIG met on 26<sup>th</sup> March. There has been work ongoing with guidance on catheters in relation to maintenance. Catheter passports are now on PECO's, work is ongoing with pathways for difficult insertions, bladder and bowel manual in progress and 3 new scanners have been procured. The group have also looked into continence and catheter champions and what their role might be.</p> <p>Challenges of the group include trying to gain more stakeholder engagement, catheter passports are not always being used and education for care homes as there isn't much uptake. CG added that the driver diagram has been reviewed and also ToR of the group and they are raising awareness through communications. The group have also looked at a register for all catheterised patients in Fife.</p> <p><b>JO asked if CG can email her the information so that she can try take forward and raise awareness.</b> CG added that there is a need to revitalise and gain engagement from all areas. JO added that it may be useful to film some education for the care homes as it may be useful.</p> <p><u>PWID</u></p> <p>JC informed that there was a good a meeting held recently looking at nurse prescribing and discussions around education.</p> <p>Members <b>noted</b> the update.</p>	C Gilvear
4.8	<p><u>Infection Prevention &amp; Control Audit Programme</u></p> <p>JC informed group that there has been two pauses in the programme due to COVID however a good number of audits has still been carried out. Training is ongoing with the new IPCN's working with Rosemary Shannon weekly and hopefully a full programme can be restarted in the coming months.</p> <p>Members <b>noted</b> the update</p>	
4.9	<p><u>Prevention and Control of Infection Work Programme 2019-2020 (for noting)</u></p> <p>JC added that the work plan is out for final comment and will hopefully have the final version for the next ICC meeting. The document reflects the recent changes in the team.</p> <p>Members <b>noted</b> the update.</p>	
5.	<b>NEW BUSINESS</b>	
5.1	<u>COVID-19</u>	

	<p>JC informed that there are some recently lessons learned documents attached to the agenda. Key themes of these are patient movement, staff movement, bed pressures, hand hygiene and there is also some evidence of good practice i.e. screening and communication.</p> <p>There are also two papers attached relating to ICU re the increase of infections in ICU. ARHAI Scotland will look at this however it seems to be multifactorial. The team have been working with ICU and it has been agreed that they can wear the long sleeve gowns pushed up above the elbow to allow hand hygiene. ARHAI Scotland have updated FAQ's to end sessional use so started discussions with units. JO added that nationally they are looking at increasing ICU beds by approximately 173 across Scotland.</p> <p>Members <b>noted</b> the update</p>	
<b>5.2</b>	<p><u>Excellence in Care</u></p> <p>JC advised that they are one step closer to an e-module on patienttrack. JC met with Shirley Cowie and Diane Davidson and the modules are complete but there is no fixed date for them going live. JO added that as we already use patienttrack it will be easier for the staff to pick up.</p> <p>Members <b>noted</b> the update</p>	
<b>5.3</b>	<p><u>Safe and Clean Audit</u></p> <p>JC advised that COVID -19 pandemic has affected some areas numbers of audits completed. The colleague who built the tool is no longer with IPCT but JC met with IT to discuss ongoing support for the tool moving forward. There is a meeting next week to discuss safe and clean and the invite will be extended to HSCP. At this meeting we can discuss training requirements, process of new user access and there is now a safe and clean email address so that will be one source of contact for the tool.</p> <p>Members <b>noted</b> the update</p>	
<b>6</b>	<b>NHS FIFE INFECTION CONTROL COMMITTEE'S SUB GROUPS</b>	
<b>6.1</b>	<p><u>Infection Prevention &amp; Control Team</u></p> <p>Nothing from this meeting to highlight to group.</p> <p>Members <b>noted</b> the notes of the meeting</p>	
<b>6.2</b>	<p><u>NHS Fife Decontamination Steering Group</u></p> <p>Nothing from this meeting to highlight to group.</p> <p>Members <b>noted</b> the notes of the meeting</p>	
<b>6.3</b>	<p><u>NHS Fife Antimicrobial Management Team</u></p> <p>Nothing from this meeting to highlight to group.</p> <p>Members <b>noted</b> the notes of the meeting.</p>	
<b>6.4</b>	<p><u>NHS Fife Water Safety Management Group</u></p> <p>Nothing from this meeting to highlight to group.</p> <p>Members <b>noted</b> the notes of the meeting.</p>	
<b>6.5</b>	<p><u>HAI SCRIBES</u></p> <p>JC updated that MS and SW have been involved in a lot of work recently and there has been a few incidents of clinical teams not attending SCRIBES. This is challenging and attendance to these SCRIBE meetings is mandated. MR added that domestic services are not receiving invites to these meeting also.</p>	

	Members <b>noted</b> the notes of the meeting	
<b>6.6</b>	<u>Quality Reports</u> Quality reports attached to agenda for information.  Reports are for <b>noting</b> only	
<b>7</b>	<b>ANY OTHER BUSINESS</b>  JC informed that the self assessment document attached to the agenda is to be completed by areas but doesn't need to be submitted Scottish Government just now. The team are meeting with estates re ventilation etc. JC added that the care home update is within the agenda also and there are now new trainee IPCN's in the team who will support the care homes and there is an upcoming meeting with Sally O'Brian to discuss the work that is required. An IPC manual for care homes is being worked on and should be published in the next few months. MR added that she was involved in the care home cleaning specifications and looking at implementing the processes used in the hospitals, however we need to keep in mind that these are people's homes. LB added that care home outbreaks are significantly reduced with many only having single cases or some positives due to residual infection.  JO asked if there has been any pushback from care home staff on the vaccination. LB advised that some staff didn't take the vaccine but then changed their minds and asked for it when they seen number of cases decreasing due to the vaccine. The vaccine is still available for any staff who would like to receive it.  Members <b>noted</b> updates.	
<b>8</b>	<b>DATE OF NEXT MEETING</b> The next meeting of the Committee will be held 2 <sup>nd</sup> June 2021 at 2pm via Microsoft Teams	

**NHS FIFE INFECTION CONTROL COMMITTEE**  
**2<sup>ND</sup> JUNE 2021 AT 2PM**  
**VIA MICROSOFT TEAMS**

<b>Present</b>		
Nicola Robertson	Associate Director of Nursing	
Julia Cook	Infection Control Manager	
Stephen Wilson	Consultant Microbiologist	
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	
Lynn Burnett	Nurse Consultant Health Protection/Immunisation Co-ordinator	
Lorna Eldridge	Midwifery Manager	
Pauline Cumming	Risk Manager	
<b>Apologies</b>		
Priya Venkatesh		
Keith Morris		
Margaret Selbie		
Aileen Lawrie		
Neil McCormick		
<b>In Attendance</b>		
Lori Clark	Notes	
<b>1</b>	<b>APOLOGIES</b>	
	Apologies were <b>noted</b> as above.	
<b>2</b>	<b>MINUTE OF PREVIOUS MEETING – April 2021</b>	
	Group approved previous minute as accurate reflection	
<b>3</b>	<b>ACTION LIST (April 2021)</b>	<b>ACTION</b>
	Group talked through each open action and the actions were closed or completed as appropriate.	
	<b>Action list updated to reflect.</b>	
<b>4</b>	<b>STANDING ITEMS</b>	
<b>4.1</b>	<b>4.1a HAIRT Board Report</b>	
	<p>JC updated on some achievements over the last few months, we have had the world health organisation's hand hygiene day on the 5<sup>th</sup> May, we promoted with the Save lives wash your hands campaign and we held twice daily teams sessions that week and we have a publication on Blink with all the promotion materials. The national infection prevention control manual for care homes is now live, the workshops have also started which there are a series of 6 national workshops.</p> <p>JC updated that the business continuity is now taken off, there has been a recruitment drive and a further 2 trainee IPCNs joined the team. Two team non-clinical team members have attended a course on developing health care workers around leadership. Some of the team attended the kindness conference which has been recorded for other staff members, we hope to do the 7-day kindness challenge. ED has relaunched the lunch and learns training sessions for the team these are once per week. Hollywood meets Holyrood, Margaret was nominated to attend a showing of Cruella for a thank you to NHS Staff.</p> <p>ED updated that for SABs NHS Fife was below the national rate for both HCAI and CAI and this was also the case for CDIs.</p> <p>ED updated on challenges that VADs remain our biggest challenge for hospital acquired SABs, there is continuing improvement works for these.</p>	



	<p>Q4 2020, Fife was above the Scottish rate for HCAI and CAI SABs. In April 2021, there was one bloodstream infection due to an MRSA. This was the first MRSA SAB recorded in over 2 years.</p> <p>ED added that UTI's and CAUTI's remain the highest source of ECB's and are areas to address, work is ongoing through the UCIG.</p> <p>Still need to reduce our CDI incidence rates to meet targets.</p> <p>SSI surveillance is still paused and there has been no update as to when this will recommence.</p> <p>JC updated that the prevalence of COVID is reduced since the start of the year and cases are mostly in the community. There has not been an outbreak in NHS Fife healthcare settings recently. IPCT are continuing to support education and training and attending the vaccination group meetings and supporting other groups such as the hospital control team, STC, LRP and remobilisation. The team are also continuing to support the national weekly meetings with ARHAI Scotland.</p> <p>ED updated on local data for NHS Fife, in Q1 2021 NHS Fife had 25 SABs which is down from 27 cases in Q4 2020. NHS Fife achieved 95% compliance with the MRSA CRA in Q1 2021 and 88% compliance with the CPE CRA in Q1 2021. Patientrack have now added the CPE and MRSA assessments onto a test environment.</p> <p>ED added there were 16 CDIs in Q1 2021 which is up from 7 cases in Q4 2020, more work is needed to reduce rate to meet targets. In Q1 2021 there were 48 ECBs which is down from 63 in Q4 2020. ED added in Q1 the cases included 4 urinary catheter associated ECBs, 2 hospital CAUTIs and unfortunately there was 1 trauma associated CAUTI in Q1 2021.</p> <p>ED informed the group that NHS Fife hand hygiene results remain above 98% which is above the overall target of 95%. Overall cleaning compliance for Q4 was 95.9 which is up from Q3, NHS Fife achieved a green status. Estates monitoring for Q4 was 96.2 which was up from Q3, giving NHS Fife a green status.</p> <p>JC updated that there have been no ward closures due to Norovirus or Influenza. Influenza is at baseline level, JC suggested key factors of this are more uptake on the vaccine and the current restrictions in place. JC added there has been 2 COVID 19 outbreaks since the last ICC. One was Glenrothes Hospital ward 1 affecting 3 patients and the other was SACH ward 2 affecting 7 patients and 3 staff.</p> <p>JC updated that there has been an inspection of the Victoria Hospital on the 4<sup>th</sup> and 5<sup>th</sup> May however the report has not yet been published. JC added that the inspections were looking at standard 2 education, standard 3 communication, standard 6 IPC policies, procedures and guidance and standard 6 decontamination. Five areas were highlighted for good practice and got excellent feedback. There are 2 requirements one for screening and one for ensuring condition of equipment and environment allow for effective decontamination, the report should be published tomorrow.</p> <p>Members <b><u>noted</u></b> the report.</p>	
	<p>4.1b HAI <u>LDP Update – SABs Reports</u></p> <p>Members <b><u>noted</u></b> the update.</p>	
	<p>4.1c <u>HAI LDP Update – CDIs Reports</u></p>	

	Members <b>noted</b> the update.	
	4.1d <u>ECB Surveillance Report</u> Members <b>noted</b> the update.	
	4.1e <u>HAI Update – C Section SSI Reports</u>  ED updated that locally the team are monitoring SSI rates and the information goes to planning performance for inclusion in the IPQR report. LC raised that we are now in a stage of remobilisation and questioned if there was a platform to raise the question of when surveillance will restart. <b>Action for JO to take question to SEND.</b>  Members <b>noted</b> the update.	J Owens
	4.1f <u>HAI Update – Orthopaedic SSI Reports</u>  This surveillance has been paused following a CNO letter.  Members <b>noted</b> the update.	
	4.1g <u>Colorectal SSI Surveillance Report</u>  This surveillance has been paused following a CNO letter.  Members <b>noted</b> the update.	
	4.1h <u>CPE Surveillance Report and MRSA Surveillance</u>  Members <b>noted</b> the update.	
	4.1i <u>Outbreaks, Incidents and Triggers</u>  JC updated that there are 3 outbreak reports attached but only 2 mentioned in the HAIRT report, the second Glenrothes ward 1 outbreak had been reported in the last ICC but the outbreak hadn't been finished at that time so the report is in this ICC.  JC added for information that there was a cross board case of Rhizopus, the case was investigated and there is no evidence to support acquisition in NHS Fife.  Members <b>noted</b> the update.	
<b>4.2</b>	<u>Care Home update</u>  JC updated that the team are in a better position, Suzanne Watson is now the Senior IPC nurse for care homes and there are 2 trainees working with her this will eventually go up to 3 trainees. The team are based at Cameron Hospital. The IPC Care Home manual has been published along with cleaning specifications. There are a series of 6 national workshops to assist with the role out have started and are bookable. There is a 3-month implementation period for the manual before the care home inspectorate inspect against the manual and cleaning specifications. The team have been attending the care home grand round and oversight meetings. There are also in contact with the homes to offer support and training.	

	Members <b>noted</b> the update.	
<b>4.3</b>	<p><u>NHS National Cleaning Services Specification</u></p> <p>MR updated that Q3 are the latest published figures. The Scottish average cost per m2 cleaned is £13.73 and NHS Fife are within that at £12.33.</p> <p>The cleaning results for Q4 were stable at 95-95% which is an increase on this time last year. In Q1 2021 there were 12 areas below 90% and there were 24 in the same period last year so we are improving.</p> <p>Challenges for domestics are still the additional touch surface cleaning in line with the addendum this went to EDG and was agreed but it has been further extended until 30<sup>th</sup> September 2021 so MR will ask for the paper wot go back and be clarified, it is working well but costs £1.3million.</p> <p>MR added that the additional cleaning is working well, there was a good review from the HIS inspection in environmental cleanliness which was an uplift for the team.</p> <p>MR has also been involved in care home cleaning specifications work nationally and is involved in some of the webinars and will suggest nationally that if the care homes locally need support or advice that MR's team can support locally along with IPC. JC advised this would be appreciated.</p> <p>LC wanted to thank the team for all the addition work and cleaning as it has supported the positive inspection report. The paper to EDG for extension of cleaning has been discussed and agreed here on this ICC.</p> <p>PB informed that estates are working business as normal and there only concern is around rearranging footprints within phase 3 however they are almost at the end of work required to get back to some normality.</p> <p>Members <b>noted</b> the update.</p>	
<b>4.4</b>	<p><u>Risk Register</u></p> <p>PC updated that the high risks remain unchanged there are two COVID and one water related risks. Risk 612 relating to the offside CDU will need to be reviewed and possibly made a higher risk due to recent events. PC added that several COVID risks have now been closed.</p> <p>LC asked about risk 1036 and asked if this can now be closed as it is a very old risk. PB updated that lots of work has been carried out to prevent the pigeons nesting. PC suggested updating this risk with the mitigations. <b>ACTION – PB to take risk to estates risk meeting to be updated.</b></p> <p>Risk register approved.</p> <p>Members <b>noted</b> the update</p>	
<b>4.5</b>	<p><u>Learning Summaries</u></p> <p>No learning summaries brought to this ICC</p> <p>Members <b>noted</b> the update</p>	
<b>4.6</b>	<p><u>National Guidance</u></p> <p>JC updated that the biggest change to national guidance is the release of</p>	

	<p>the new IPC Care Home Manual. There is also a review ongoing of the environmental section of the acute addendum.</p> <p>There will be a requirement for us to carry out a self-assessment particularly around our red pathways. JC updated that there has been lots of discussion nationally and some confusion due to definitions of ventilation and bed spacing guidance being different due to age of estate. A SLWG has been set up for this led by Lesley Shepard at Scottish Government. Looking to have a risk assessment tool and clearer guidance. LC added that there had been a discussion at the Deputy Nurse Director's Forum around ventilation, bed spacing and age of some of the estates in Fife, looking to find a way to deliver whilst balancing risk of capacity issues.</p> <p>Members <b><u>noted</u></b> the update</p>	
4.7	<p><u>HEI Inspections</u></p> <p>Members <b><u>noted</u></b> the update.</p>	
4.8	<p><u>Quality Improvement Programmes</u> <u>UCIG</u></p> <p>CG updated that there was a UCIG meeting last week which was very well attended and they have been trying to get representation from the care homes and on this occasion there was a few representatives. One of the representatives who is the clinical service manager for Abbotsford, is going to do a point prevalence survey in her homes as to why residents have catheters. There are 11 Abbotsford care homes and she will feedback at the next UCIG meeting.</p> <p>The group have been looking at promoting hydration, focusing on preventing infections, having catheter webpages, link nurses for continence and catheters with a competency framework so role and remit is clear. Lots of work ongoing around the use of catheter passports with a video on Blink, the group are also trying to do a review of infections again to see where they are at with improvement and new learning. The driver diagram has also been recently reviewed.</p> <p><u>PWID</u></p> <p>JC updated that the group met recently, work is starting to move there was discussions around the outreach teams to support anyone admitted with a SAB and PWID. The PDG's for non-medical prescribers was discussed and that may go live as early as July, the community pharmacist is assisting with protocols. The IPC team are supporting this work also and are reviewing the patient information leaflet and creating a presentation for staff to help identify wounds and there will be some Q&amp;A sessions also.</p> <p>NR advised that Donna Hughes is available to assist and would be good to link in with for this work around patient leaflets.</p> <p>Members <b><u>noted</u></b> the update.</p>	
4.9	<p><u>Education</u></p>	

	<p>JC updated that PPD will receive the education report and IPCT are currently working with PPD on training videos, we are just waiting on dates from the external company to commence this work. Have been working with Learning and development on the induction videos. The team are looking at new ways of training but also are available for face to face training when required. The care home training is delivered through face to face as they do not have the same systems.</p> <p>Members <b><u>noted</u></b> the update.</p>	
<b>4.10</b>	<p><b><u>Infection Prevention &amp; Control Audit Programme</u></b></p> <p>JC informed group there are a couple of areas of slippage identified but these will be covered and back up to date next week. The programme is still on track even after two pauses during the pandemic.</p> <p>Members <b><u>noted</u></b> the update</p>	
<b>4.11</b>	<p><b><u>Prevention and Control of Infection Work Programme 2019-2020 (for noting)</u></b></p> <p>NR commented that the work programme is brilliant and a very helpful annual plan, the template would be great for other services to use. JC added the main areas highlighted are the pausing in the audit programme and pause in SSI surveillance which will hopefully restart soon. The team are also developing support around care homes and will have more of an update on this for the next ICC.</p> <p>Members <b><u>noted</u></b> the update.</p>	
<b>5.</b>	<b><u>NEW BUSINESS</u></b>	
<b>5.1</b>	<p><b><u>COVID-19</u></b></p> <p>JC updated that due to low prevalence of COVID19 the lessons learned reports have ceased but if activity increases and the reports start up again JC will share.</p> <p>Members <b><u>noted</u></b> the update</p>	
<b>5.2</b>	<p><b><u>Excellence in Care</u></b></p> <p>JC updated that there is a meeting planned next week with the Heads of Nursing and Excellence in Care which she will also attend regarding the role out of the MDRO clinical risk assessment, Excellence in Care measures and getting buy in from the high impact areas which are orthopaedics, renal and critical care areas. Just waiting to pilot electronic tool in AU2 and liaising with IT to ensure smooth role out. NR added that Stephen Knapman has been pulled to work on vaccinations but is back now so should be going ahead with getting the systems up and running and rolled out. LC noted that there has been an email sent out to advise there will be sessions for care dashboard training, getting people familiarised with the care dashboard and updates.</p> <p>Members <b><u>noted</u></b> the update</p>	
<b>5.3</b>	<p><b><u>Safe and Clean Audit</u></b></p> <p>ED informed the group that the safe and clean audits are mandatory for all patient care areas, it is recommended they are completed monthly.</p>	

	<p>IPC have been supporting staff to restart these following a lapse during the pandemic. The team are looking at doing refresher training for the 400 trained staff members and also a training presentation for new auditors. There are monthly compliance reports sent to the heads of nursing of the 7 directorates.</p> <p>JC added that they have been liaising with IT regarding addition support to maintain the platform and explore if there is a more user-friendly platform for the audits to be completed on. A survey has been created to go out to senior nurses to see what their training needs are and their opinion on the tool. We hope to use Microsoft forms and are just waiting on permission.</p> <p>Members <b>noted</b> the update</p>	
<b>6</b>	<b>NHS FIFE INFECTION CONTROL COMMITTEE'S SUB GROUPS</b>	
<b>6.1</b>	<p><u>Infection Prevention &amp; Control Team</u></p> <p>Nothing from this meeting to highlight to group.</p> <p>Members <b>noted</b> the notes of the meeting</p>	
<b>6.2</b>	<p><u>NHS Fife Decontamination Steering Group</u></p> <p>JC updated that there was a CSDU incident and there has been some debrief wash up/lessons learned meetings arranged. PB added that they are now looking at more contingency across Scotland for CDU's and potentially having our own CDU to give us some resilience. PC added that it is important to document mitigations on risk.</p> <p>PB added that there was also a theatres robot delivered however no one had thought about decontamination. They are working with Lothian on SLA's on decontamination.</p> <p>Members <b>noted</b> the notes of the meeting</p>	
<b>6.3</b>	<p><u>NHS Fife Antimicrobial Management Team</u></p> <p>Nothing from this meeting to highlight to group.</p> <p>Members <b>noted</b> the notes of the meeting.</p>	
<b>6.4</b>	<p><u>NHS Fife Water Safety Management Group</u></p> <p>Nothing from this meeting to highlight to group.</p> <p>Members <b>noted</b> the notes of the meeting.</p>	
<b>6.5</b>	<p><u>HAI SCRIBES</u></p> <p>JC updated that the team are busy with ongoing works. The orthopaedic build is ongoing, project hydra works will be restarting, there has been SCRIBES for endoscopic washer disinfectors, looking at negative pressure rooms in resus, ward 13 refurbishment and new health centres.</p> <p>JC informed that it would benefit the process if all key stakeholders were invited at the concept stages. MS has been liaising with HFS regarding annual training and update on HAI SCRIBE and will circulate dates. Scotland Assure also went live this week, any buildings in the further will go through NHS Scotland Assure to try mitigate any issues and make sure everything has been considered.</p> <p>MR asked how we can make sure that the correct people are involved at the concept stages, is there a prompt on the business case. LC would be good to have on a template, a checklist of key people. <b>This can be raised at the next equipment management group which IPC sit on.</b></p>	IPCT

	<p>PB added that estates are well versed in inviting IPCT. NR summarised if there is anything more needed to highlight involvement to let the committee know.</p> <p>CG asked if falls risks from lighting is taken into consideration, PB yes that will be taken into consideration along with ventilation etc, lighting is covered by national guidelines.</p> <p>Members <b><u>noted</u></b> the notes of the meeting</p>	
6.6	<p><b><u>Quality Reports</u></b> Quality reports attached to agenda for information.</p> <p>LC added that these reports are now a standing item at the clinical governance meetings and suggested the possibility of looking at ways to break down these reports for sharing with a focused approach.</p> <p>Reports are for <b><u>noting</u></b> only</p>	
7	<p><b>ANY OTHER BUSINESS</b></p> <p>JC updated that a community hospital review was recommended by STAC and there was a SLWG set up looking at ventilation and bed spacing in the hope of staying with the reduced bed numbers. PB advised that calendar invites will come out shortly for a ventilation group that has been set up.</p> <p>JC updated with regards to another case of Endophthalmitis that it has been datixed, KM and MS have been attending the IMT meetings. There has been a history of cases and in 2019 the team moved to theatres for the procedures due to the previous room being too small and a down draft directly onto the patient. The patient in this case has had over 120 injections in the eye and KM believes this case is due to the patients own flora. PB added that estates are looking into renovations to the IVT room to make this suitable for these procedures and are currently checking air changes and looking at making the room bigger. He hopes to have a solution for the next ICC.</p> <p>PC updated that Dr McKenna has asked for Gemma Couser to hold COVID mortality rate reviews to be set up so IPC can expect an invite to these. JC gave the background that 2 reports were published this week on COVID mortality rates, one report was very general about hospital and care home data and the other NRS report was a lot more detailed and broken down into boards. ARHAI have prepared a statement to advise that the data is not comparable.</p> <p>NR advised that the new and updated SBAR template should be used by all and it would be great if the ICC reports can be on this template going forward. <b>PC will email out guidance and template.</b></p> <p>Members <b><u>noted</u></b> updates.</p>	P Cumming
8	<p><b>DATE OF NEXT MEETING</b> The next meeting of the Committee will be held 4<sup>th</sup> August 2021 at 2pm via Microsoft Teams</p>	

**NOTES OF THE PUBLIC HEALTH ASSURANCE COMMITTEE MEETING HELD ON  
THURSDAY 8 APRIL 2021 AT 2.30PM VIA MICROSOFT TEAMS**

<b>Present:</b>	Dona Milne (DM) (Chair)	Director of Public Health
	Olukemi Adeyemi (OA)	Consultant in Public Health
	Lynn Barker (LB)	Associate Nurse Director
	George Brown (GB)	Emergency Planning Officer
	Jackie Burns (JB)	StR in Dental Public Health (attended on beheld of Emma O'Keefe)
	Hazel Close	Lead Pharmacist Public Health
	Julie O'Neil (JON)	Public Health Service Manager

<b>Apologies:</b>	Esther Curnock (EC)	Consultant in Public Health
	Cathy Cook (CC)	Public Health Scientist
	Josie Murray (JM)	Consultant in Public Health
	Emma O'Keefe	Consultant in Dental Public Health

<b>In Attendance:</b>	Sarah Nealon (SN) (notes)	PA to Director of Public Health
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**ACTION**

**1. WELCOME AND APOLOGIES**

DM welcomed everyone to the meeting and there was a round of introductions.

**2. MINUTE OF THE MEETING HELD ON 25 FEBRUARY 2021**

The minutes of the last meeting were accepted as an accurate record of the meeting.

DM provided feedback from Clinical Governance Committee (CGC) that was held on 11 March:

CGC asked DM to pass on their thanks for the update from SG on Vaccination Programme and the testing work. They are keen that we dig into the impact that asymptomatic testing is having.

Screening Paper – This was well received, thanks to CC, OA and LW. CGC are delighted to see addressing inequalities as a priority in the coming year.

From the PHAC minutes they commended the Community Testing Team for picking up an adult protection concern. Recognised there was delay but still felt this was good practice that a team in a setting for something else had identified this and followed it through. CGC pleased that we are doing staff training on this topic and encouraged us to ensure that this was an annual update.



Actions from the last meeting:

TB Activity – JON/FB have been progressing with this and clinics commence on Monday. A workplan is to be developed with the Acute Division. Action complete. **Completed**

TOR – meeting hasn't taken place yet, there is a date in the diary. **In Progress**

Annual Workplan – SN reminded everyone to send any additions that can be incorporated. It was noted that there should be a Testing Report submitted to every meeting. **In Progress**

SN to send Template to CC for submission to CGC. **Completed**

JON and SN have met to discuss governance and have agreed that an Action List to be produced along with the minutes. **SN**

**Review of Risks** - Not all updates had been received in advance of this meeting. It was agreed that updates would be sent to SN and SN would seek approval from DM before updating on DATIX. **Action All. Completed**

### 3. **MATTERS ARISING**

#### **Any other matters arising**

There was none.

### 6. **ANNUAL IMMUNISATION REPORT**

Report delayed and will be submitted to the next meeting on 8 June. This ensures the Report will have been presented to the Area Immunisation Screening Group before PHAC and will be submitted to CGC on 7 July. **EC**

### 7. **TESTING REPORT**

For information. This was noted.

#### **RISK MANAGEMENT**

### 8. **IDENTIFY NEAR MISSES, CRITICAL INCIDENTS & LEARNING**

OA reported that there had been a Cervical Screening Incident. Came to light when another Board had undertaken an audit. The Board identified women who developed cancer and were found to have been excluded from cervical screening call/recall due to a "no cervix" exclusion. The audit found that the cervix had not been removed (partial hysterectomy) and the no cervix exclusion was incorrectly applied, so the women should have been called back for a routine review. OA reported that a multidisciplinary team has been established in Fife and

105 patient notes are required to be checked to see if the no cervix exclusion has been applied correctly. OA reported that originally they were given an impossible deadline to report back, however this has been extended to 30 April. Fife may still not have checked all patients notes by this deadline, as the Lead Colposcopist is extremely busy and can only access 30 notes at any one time.

OA also reported about a call/recall risk that had come to light. The process for checking suspicion of malignancy had not been checked since January. This was due to a new laptop and the system was not installed on the new laptop. A call was logged to IT in January, but somehow was never actioned. Derek Selbie escalated it to IT at the beginning of the week and it has now been resolved. DM was glad it had been resolved but commented on why it took so long to be resolved, it should have been escalated sooner.

## **9. NEW PROSPECTIVE RISKS**

There were none.

### **9.1 New Prospective Risk Form**

The new form was agreed and will now be used for any new risks. DM thanked SN for her perseverance.

## **10. REVIEW OF CURRENT RISKS ON PUBLIC HEALTH REGISTER**

### **10.1 518 Resilience**

To ensure good resilience practices are embedded in the organisation it has been recognised that a specific Resilience Training and Exercising Programme be developed. An SBAR has been prepared for EDG detailing how this will be taken forward.

The Programme will start in April 2021 and will cover the following:

Training:

- Specific On Call Training for EDG and other senior managers
- Major Incident Training
- Crisis Management Training for EDG and all senior staff
- Debriefing Skills Training
- Loggist Training
- Business Continuity Training
- Resilience Direct Training

Workshops/Exercises covering the following topics:

- Cyber Threats
- Decontamination
- Public Health Exercises
- Business Continuity
- Blackstart ("When all the Lights Go Out")

Risk Level - No changes at this time.

Update was agreed and GB to progress.

GB

## 10.2 528 Pandemic Flu Planning

There are currently no plans to have a further pandemic flu meeting and we need to discuss at the PHAC meeting whether it would be appropriate to close this risk and add a new risk around emerging infections (e.g. coronavirus)

**Action:** PHAC to decide if this risk can be closed.

Discussed closing this risk and opening a new risk. **Action: DM asked that GB to check with other Resilience Officers in other Boards to see what they have done, so there is some consistency.**

GB

**Action: It was agreed that a discussion should be held at a Health Protection Team meeting, discuss closing down this risk and what they think the risks are as we go into summer and winter. We may need to have two risks, one for pandemic planning and one for emerging threats.**

GB

## 10.3 1729 Suspicion of Malignancy

Meeting has taken place to review actions from the last IMT meeting about the Suspicion of Malignancy incident (February 2020). We are satisfied that all actions that remain relevant have been completed. A failsafe process has been put in place. Agreement required from IMT members to check that they are content with this and agree that the investigation and risk can now be closed.

Update was agreed.

## 10.4 1837 Pregnancy and Newborn Screening

Update provided by LW - : No change - some national work is ongoing but worth keeping on register. Suggested update for Datix: National work is ongoing, no change in risk levels.

Update was agreed.

## 10.5 1904 Coronavirus Disease 2019 (Covid-19) Pandemic

No update provided as next review not due until 05/05/21.

## 10.6 1905 Contact Tracing including TTIS Programme

No Update provided due to Annual Leave.

#### 10.7 1906 Contact Tracing including TTIS Programme

No Update provided due to Annual Leave.

#### 10.8 1907 Public Health Oversight of Covid-19 in Care Homes

Opening with Care Guidance was issued on 24th February setting out the reopening of care homes for meaningful visits to residents. Residents are now permitted to have 2 indoor visits per week. It is highly recommended but not essential that visitors are tested for COVID using LFD testing kits on arrival at the home.

All professional visitors are also required to be part of a weekly screening programme or be offered LFD testing when attending a home. This is an additional layer in protection coupled with existing PPE and physical distancing measures.

No Change to risk levels.

Update agreed. Level may reduce due to death in care homes being lower.

**Action: DM to speak to LB to see if it can be changed.**

**DM**

#### 10.9 1908 Handling of Excess Deaths during the Global Covid-19 Pandemic

The capacity to handle excess deaths within Fife is being kept under continuous review by the Fife LRP Excess Deaths Group. At this time there are no areas of concern and monitoring of the situation will continue.

Risk Level:

Remains unchanged for this review, but if the situation remains stable, we should be able to reduce risk to low at the next review.

Update Agreed. Review in another month and move to low. **Action: GB to discuss outwith meeting with LRP Partners.**

**GB**

#### 10.10 2005 Covid Vaccinations – Vaccine Effectiveness

Datix Updated on 26/03/21:

Several studies have now been published demonstrating the effectiveness of the vaccination programme in the UK. These include impacts on risk of any infection, risk of hospitalisation, risk of transmission and reductions in mortality:

- 'Effectiveness of First Dose of COVID-19 Vaccines Against Hospital Admissions in Scotland: National Prospective Cohort Study of 5.4 Million People' ([https://papers.ssrn.com/sol3/papers.cfm?abstract\\_id=3789264](https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3789264)).
- Effect of vaccination on transmission of COVID-19: an observational study in healthcare workers and their households

(<https://www.medrxiv.org/content/10.1101/2021.03.11.21253275v1>)

- o 'Impact of COVID-19 vaccines on mortality in England December 2020 to February 2021' and 'Public Health England vaccine effectiveness report March 2021' <https://www.gov.uk/government/publications/phe-monitoring-of-the-effectiveness-of-covid-19-vaccination>

The long-term effectiveness of the vaccine and the effectiveness against emergent 'Variants of Concern' remains unknown.

Risk Level:

Suggest that the risk rating for likelihood can be changed from 5 to 4 (consequence rating remains the same)

Update was agreed.

#### **10.11 2025 Covid 19 Vaccinations – Long Term Infrastructure**

The external review is continuing to progress the review. An agreement has been reached to extend their contract to end of June 2021 to enable them to help facilitate implementation of some of the recommendations once the review is complete, both with PH and H&SC Partnership.

Interviews for the COVID vaccine manager have taken place and an offer made to the preferred candidate who is expected to start in post 28<sup>th</sup> June 2021. It has agreed that this post will transition to being located within Fife HSCP structures once the appropriate management is in place. Recruitment for a Consultant in Public Health who will be Immunisation Coordinator for NHS Fife will start shortly (the regional recruitment process in March appointed to a different post). Fortnightly meetings continue between the executive leads.

The overall risk is unchanged.

Update was agreed.

#### **11. ANY ISSUES TO ESCALATE TO CLINICAL GOVERNANCE**

Immunisation Review DM to take a paper to CGC on 30 April. NB: this meeting has been brought forward due to a new chair for the committee.

**DM**

#### **12. ANY OTHER COMPETENT BUSINESS**

There was none.

#### **13. DATE OF NEXT MEETING**

The next meeting will take place on 8 June 2021.

**NOTE OF THE INFORMATION GOVERNANCE AND SECURITY STEERING GROUP HELD ON MONDAY 19TH APRIL 2021, 0900 VIA MS TEAMS**

**Present:**

<b>Chair - Margo McGurk</b>	Director of Finance & Strategy
Alistair Graham	Associate Director Digital & Information
Susan Fraser	Associate Director of Planning and Performance
Linda Douglas	Director of Workforce
Jim Crichton	Interim General Manager – Health and Social Care Partnership (on behalf of Director of H&SCP)
Claire Dobson	Director of Acute Services
Dr Chris McKenna	Medical Director
Janette Owens	Director of Nursing
Scott Garden	Director of Pharmacy & Medicine

<b>In Attendance:</b>	
Andy Brown	Principal Auditor
Gillian MacIntosh	Head of Corporate Governance
Kirsty MacGregor	Head of Communications
Allan Young	Head of Digital Operations, Digital & Information,
Claire Neal	(Minute) PA to Associate Director, Digital & Information
<b>Apologies:</b>	
Lizzie Gray	Patient Relations Officer (on behalf of head patient relations)
Frances Quirk	Assistant R&D Director
Margaret Guthrie	Information Governance and Security Manager/DPO
Philip Duthie	General Practitioner
Helen Hellewell	Associate Medical Director
Dona Milne	Director of Public Health

<b>1</b>	<b>CHAIRPERSON'S WELCOME AND APOLOGIES</b>	
	M McGurk welcomed everyone to meeting. Apologies are listed above and noted by IG&S Steering Group.	
<b>2</b>	<b>MINUTE &amp; ACTIONS OF PREVIOUS MEETING 23/03/21</b>	
	<p>The minutes from the previous meeting were reviewed and A Brown provided additional comments to the minutes. These were discussed within Group and amendments were accepted.</p> <p><b>Action</b> - CN to update minutes to reflect these additions</p> <p>Action List was discussed and it was noted responsibility for item <b>130121/5.1</b> should be updated to A Graham.</p>	<b>CN</b>
<b>3</b>	<b>MATTERS ARISING</b>	
	For noting.	
<b>4.</b>	<b>IG&amp;S ANNUAL ASSURANCE REPORT</b>	
	<p>M McGurk advised the Group the purpose of today's meeting is to review the Annual Assurance Report and discuss within Group we are content the report reflects the IG&amp;S Steering Group reporting of Assurance to the CGC.</p> <p>Discussions were undertaken regarding membership. It was noted that a new version had been issued prior to meeting but this did not include the feedback from G MacIntosh. It was noted that a different version was issued following</p>	

	<p>the range of feedback. M McGurk confirmed that after today's meeting a final version, incorporating the collective changes will be issued to Group for the approval.</p> <p>A Brown advised possibly an appendix to be added detailing any issues with attendance, other staff Deputising. Also a brief explanation as to why the meeting in December did not take place.</p> <p>A Brown provided feedback from Internal Audit meeting today that overall the main themes are clear but felt more context was needed to show what the compliances are. More background information to be provided on the Risk Governance section.</p> <p>Discussion were undertaken to item 4.7. A Brown queried dates and percentages provided, is there a target they have to work to? Providing the percentage achieved against the target. S Garden also queried if this information can be supplied in a better format. It was noted that further work to be carried out to provide an indication on the above.</p> <p>Item 6.2 it was noted if this could be worded better.</p> <p>Further discussions were held regarding item 6.1 &amp; 6.2. G MacIntosh asked if the response to the NIS Audit and the findings could be added to the report. Discussions were held regarding any disclosable events and it was noted that providing ICO numbers would be helpful but there has not been a disclosable event.</p> <p>Frameworks are now in place but mention the limitation on evidence that is available.</p> <p>M McGurk advised they are pleased with the direction of the Steering Group and to continue with these discussions to ensure that we keep on challenging ourselves. M McGurk thanked all in attendance and for their feedback. These will be reviewed and updated by A Graham and M McGurk. An updated version of the Assurance Report will be emailed to Group and members are asked to review and provide feedback by lunchtime Wednesday 21<sup>st</sup> April, with the final version to be issued to CGC for close of play 21<sup>st</sup> April.</p> <p><b>Action</b> - All members to review the revised Annual Assurance Report and return comments.</p>	<b>ALL</b>
<b>5</b>	<b>DOCUMENTS FOR APPROVAL / COMMENT</b>	
	None	
<b>6</b>	<b>AOCB</b>	
	No further comments submitted.	
<b>7</b>	<b>DATE OF NEXT MEETING:</b>	
	0900, 2nd June, Via MS Teams	



# Fife Health & Social Care Partnership

Supporting the people of Fife together

## MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 26 MARCH 2021 AT 10.00 AM

<b>Present</b>	Councillor Rosemary Liewald (RL) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council, Councillors – David Alexander (DA), Tim Brett (TBre), Dave Dempsey (DD), David Graham (DG), David J Ross (DJR) and Jan Wincott (JW) NHS Fife, Non-Executive Members – Les Bisset (LBi), Martin Black (MB), Eugene Clarke (EC), Margaret Wells (MW) Janette Owens (JO), Nurse Director, NHS Fife Chris McKenna (CM), Medical Director, NHS Fife Amanda Wong (AW), Associate Director, AHP's, NHS Fife Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative
<b>Professional Advisers Attending</b>	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Fiona McKay (FM), Interim Divisional General Manager Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Officer Wendy Anderson (WA), H&SC Co-ordinator (Minute)

### NO HEADING

### ACTION

#### 1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership Integration Joint Board (IJB) meeting.

The Chair then welcomed Janette Owens to her first Board meeting since being appointed to the role of Nurse Director.

The Chair then advised members that a recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to the proceedings.

#### 2 CHIEF OFFICERS REPORT

The Chair handed over to Nicky Connor for her Chief Officers Report.

Nicky updated on the appointment of the three new Heads of Service who will take up post on 7 June 2021.

Bryan Davies will take up the role of Head of Primary and Preventative Care Services, Lynne Garvey will be Head of Community Care Services and Rona Laskowski, Head of Complex and Critical Care Services.



NO	HEADING	ACTION
3	<b>CONFIRMATION OF ATTENDANCE / APOLOGIES</b>	
	Apologies had been received from Helen Hellewell, Dona Milne, Kathy Henwood, Steve Grimmond, Carol Potter and Jim Crichton.	
4	<b>DECLARATION OF MEMBERS' INTERESTS</b>	
	There were no declarations of interest.	
5	<b>MINUTES OF PREVIOUS MEETING 4 DECEMBER 2020</b>	
	The Minute of the meeting held on Friday 19 February 2021 was approved.	
6	<b>MATTERS ARISING</b>	
	The Action Note from the meeting held on 19 February 2021 was approved.	
7	<b>COVID 19 / REMOBILISATION UPDATE</b>	
	The Chair introduced Nicky Connor and colleagues to provide updates on Covid-19 and Remobilisation.	
	Chris McKenna updated on behalf of Dona Milne, who was unable to attend. Public Health have undertaken a significant number of tests, both symptomatic and asymptomatic, in hospital and community settings. Positivity numbers in Fife are approx 2.6% which is lower than the Scottish average. Currently sitting at 67.7 cases per 100,000 (Scottish average is 70 per 100,000). This is a dynamic situation, with society reopening although the virus is still present. Everyone will need to continue to follow all safety precautions (FACTS).	
	Chris then gave an update on NHS Remobilisation. Elective and Outpatient Services are reopening at both Victoria and Queen Margaret Hospitals using safe and robust remobilisation plans. Patient pathways are being maintained to ensure patient and staff safety.	
	Janette Owens updated on Staff health and wellbeing remain a priority with staff being able to access Staff Hubs, Psychology services and the spiritual team. There are also lots of materials available to help staff including a new "going home" checklist, leaflets on stress, etc. A Culture of Kindness Conference is being organised for May 2021.	
	Scott Garden advised that on Thursday 25 March 2021 over 180,000 vaccinations had been delivered to Fife residents, this includes over 170,000 first vaccinations and 9,500 second vaccinations. Fife is on track to offer the first dose to all those in Cohorts 1-9 by the end of March.	
	There have been some cases of people who have not been offered an appointment, but a process has been set up nationally for people who believe they should have been offered a vaccination and have not received an appointment.	

**7 COVID 19 / REMOBILISATION UPDATE (Cont)**

Unpaid carers can complete a self-registration form online and appointments will be set up as forms are received.

Second doses of the vaccination are currently being given to Care Home residents and staff and these should be completed by the end of March. GP's will then begin to offer second doses to over 80's and housebound residents.

Fiona McKay advised that currently there are less than 5 care homes in Fife closed due to the covid-19 pandemic. Visiting has restarted across sites which are open and the partnership is working closely with all homes to support the robust processes that are being put in place. A small number of Day Services have reopened to accommodate people with very complex needs and provide support to carers. The PPE Hub will continue to support carers and their families at least until June 2021.

Kenny Murphy provided an update from Fife Voluntary Action, which continues to work with the British Red Cross and pharmacies to provide and co-ordinate support. Some organisations are beginning to remobilise and restart services. Some services provided during the pandemic will be retained and there will be more flexibility going forward. Those working in the third sector have had good access to the vaccination.

Paul Dundas confirmed that the Independent Sector continued to work throughout the pandemic. Most Care Homes are open to visitors, and this has recognise the contribution of care home staff to support this. Support for mental health and wellbeing is a priority. The roll out of the vaccination programme is enabling work to return to a more normal footing.

Nicky Connor updated on Primary Care in Helen Hellewell's absence. Close working is ongoing between in and out of hours primary care. Meetings are taking place with staff in dental services to support.

Rosemary Liewald offered her thanks to the entire partnership team one year into the pandemic for the work carried out during this time. She also thanked everyone for their updates today.

Tim Brett asked about funding which is being provided to support Fife Council staff. Fiona McKay advised that information has been received on this and staff have been surveyed on what practical supports can be offered. This information will be collated for the Senior Leadership Team (SLT).

Christina Cooper asked if support was being provided for third and independent sector staff. Nicky Connor confirmed that many of the Fife Council and NHS Fife supports were being opened up across the whole of the sector. Kenny Murphy advised that they were heavily promoting web resources which were useful to staff.

Morna Fleming raised a question in relation to dental services operating as normal and the importance of early intervention for issues. Nicky agreed to take this away and arrange for an update to Morna.

**7 COVID 19 / REMOBILISATION UPDATE (Cont)**

David J Ross raised the issue of vaccinations for Cohorts 10-12 and whether the venues used would remain the same. Scott Garden advised that many of the same venues will be used for those receiving their second dose of the vaccination to ensure continuity. Four larger venues are being opened up and these, along with some of the original venues, will be used for the latest vaccinations. Communications on this will be produced once vaccination support information has been confirmed.

**8 REVENUE BUDGET 2021-2024**

The Chair introduced Audrey Valente who presented this report.

Audrey Valente noted that the paper outlined the Budget for 2021/22 along with the Medium-Term Financial Strategy and the PIDs associated to the savings for 2021/22. Audrey noted that there are no PIDs for Year 2 onwards savings as the detail is included within Appendix 3, the Medium-Term Financial Strategy.

There were 3 things that she wished to bring to the attention of the committee.

1. The Budget has been balanced by assuming that the unachieved savings from 2020/21 will be achieved in the next financial year.
2. There is no demographic growth included for 2 reasons, the first is affordability as further savings would require to be identified if they were included. Secondly transformation, it is anticipated that efficiencies will continue to be delivered managing any increase in demand.
3. There are no Directions in this paper, and the paper is detailed at activity level budgets. This is due to the NHS Budget not being approved until the end of March 2021 and therefore the Partnership is not in a position to provide this level of detail, however the plan is to bring this back to a future Board Meeting.

There are two entries included to demonstrate transparency.

- CRES (Cash Releasing Efficiency Savings), these tend to be approved year on year on a non-recurring basis. What has been presented this year is the CRES Savings but c.90% of these are being met on a recurring basis so they won't be brought back as they are being delivered on a recurring basis.
- MORSE – has been talked about at various committee meetings and development meetings. MORSE is an electronic patient system which will incur costs of c.£1M over the next 2 years. The Business Case suggested that there will be benefits to offset these costs and this has been reflected in the budget on this basis. Board Members should be aware that these savings may take some time to materialise and some of the reserves has been earmarked to meet these costs over the next few years.

**8 REVENUE BUDGET 2021-2024 (Cont)**

Audrey noted that there is a budget gap of £8.669M after funding from both partners. There are savings of £8.723M and the detail of these can be seen in the PIDs in Appendix 4.

David Graham and Tim Brett advised that the budget had been discussed and scrutinised in detail at both the Finance & Performance Committee (18 March 2021) and the Clinical & Care Governance Committee (19 March 2021). Both Committees were happy to endorse the budget for approval at today's meeting.

Audrey Valente advised that the budget had also been discussed with staff and trade union representatives at a Local Partnership Forum Meeting (24 March 2021) and that two drop-in sessions had been arranged for IJB members to allow the opportunity to talk through the proposals in detail.

Confirmation was given that future strategies will be brought back to the IJB through due governance committees.

Eugene Clarke found the drop-in session useful and asked that something similar be arranged in future years to assist in the budget setting process. He then enquired about potential pay increases and how they would impact the budget. Audrey advised that the Scottish Government would cover the costs of the NHS pay increase.

The Board discussed and approved the savings proposed at Appendix 2. It also considered the medium-term financial strategy and instructed the Chief Officer to progress the plans and report back to a future meeting of the IJB.

**9 IJB RECORDS MANAGEMENT ANNUAL REPORT**

The Chair introduced Fiona McKay who presented this report which was an update of the plan approved by the IJB during 2019. It is a requirement of the National Records of Scotland and had been discussed at the recently Clinical & Care Governance Committee meeting.

The Board noted the content of the report and the supporting documentation.

**10 PHARMACEUTICAL CARE SERVICES REPORT**

The Chair introduced Scott Garden who presented this report which was for information only. The plan agreed with the IJB in 2020 was that focus would be given to the development of the report in the 3<sup>rd</sup> quarter of 2020 with the objective of having a refreshed report available for consultation early 2021. This would also have allowed the pharmacy team to start to consider the population health implications from COVID in line with our current and future pharmaceutical care services provision. However, we are now in the midst of a further wave of the Covid pandemic and the impact on the team is greater, due to completing priorities, not least that

**10 PHARMACEUTICAL CARE SERVICES REPORT (Cont)**

not least that Pharmacy is currently leading on delivery of Covid Vaccination Programme.

Further, a Community Pharmacy Core Group is in the process of being established. First meeting was held in early February 2021. One of the main objectives of the 'Core Group' will be to support development of the annual PCSR. Therefore, the IJB is asked to recognise this development and to expect an updated, revised report early 2022.

The Board recognised the decision within the report and expect an updated report early 2022.

**11 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED**

The Chair asked Eugene Clarke, Tim Brett and David Graham for any items from governance committees that they wish to escalate to the IJB.

**Tim Brett – Clinical & Care Governance Committee (C&CG) – 26 February 2021**

- 1 The committee received an update on Covid-19.
- 2 An update on Winter was also provided.
- 3 Mental Health was a large part of the agenda. The annual Mental Health Commission report was discussed.

**David Graham – Finance & Performance Committee (F&P) – 12 February 2021**

- 1 The focus of F&P meetings has been the budget.
- 2 An update was provided on the Risk Register Annual Report.
- 3 The Performance Report was discussed including the impact of Covid-19.

**Eugene Clarke – Audit & Risk Committee (A&R) – 22 January 2021**

- 1 The Annual Audit Plan was reviewed.
- 2 Nothing to update from the A&R meeting on 17 March 2021.

**Local Partnership Forum (LPF) – 10 February 2021**

- 1 Nothing to escalate from this meeting.
- 2 Staff Health and Wellbeing is discussed at every LPF meeting.
- 3 Discussions have started on staff returning to the workplace and how best to manage this to ensure a safe return.

**NO HEADING****ACTION****12 AOCB**

Rosemary Liewald advised Board members that Les Bisset was standing down from his position on the NHS Board with effect from the end of March 2021. She thanked Les for his incredible input to the partnership over the years and wish him well for his retirement.

**13 DATES OF NEXT MEETINGS**

**IJB Development Session – Friday 9 April at 9.30 am**

**IJB Meeting – Friday 23 April at 10.00 am**



## MINUTE OF THE FIFE HEALTH AND SOCIAL CARE – INTEGRATION JOINT BOARD HELD VIRTUALLY ON FRIDAY 23 APRIL 2021 AT 10.00 AM

<b>Present</b>	Councillor Rosemary Liewald (RL) (Chair) Christina Cooper (CC) (Vice Chair) Fife Council, Councillors – David Alexander (DA), Tim Brett (TBre), Dave Dempsey (DD), David Graham (DG), David J Ross (DJR) and Jan Wincott (JW) NHS Fife, Non-Executive Members – Martin Black (MB), Eugene Clarke (EC), Margaret Wells (MW) Janette Owens (JO), Nurse Director, NHS Fife Wilma Brown (WB), Employee Director, NHS Fife Amanda Wong (AW), Associate Director, AHP's, NHS Fife Debbie Thompson (DT), Joint TU Secretary Ian Dall (ID), Service User Representative Kenny Murphy (KM), Third Sector Representative Morna Fleming (MF), Carer Representative Paul Dundas (PD), Independent Sector Representative Simon Fevre (SF), Staff Representative, NHS Fife
<b>Professional Advisers</b>	Nicky Connor (NC), Director of Health and Social Care/Chief Officer Audrey Valente (AV), Chief Finance Officer Helen Hellewell (HH), Associate Medical Director Kathy Henwood (KH), Chief Social Work Officer, Fife Council Lynn Barker (LB), Associate Director of Nursing
<b>Attending</b>	Fiona McKay (FM), Interim Divisional General Manager Lynn Garvey (LG), Interim Divisional General Manager Jim Crichton (JC), Interim Divisional General Manager Dona Milne (DM), Director of Public Health Scott Garden (SG), Director of Pharmacy and Medicine Norma Aitken (NA), Head of Corporate Services Hazel Williamson (HW), Communications Officer Wendy Anderson (WA), H&SC Co-ordinator (Minute)

<b>NO</b>	<b>HEADING</b>	<b>ACTION</b>
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### 1 CHAIRPERSON'S WELCOME AND OPENING REMARKS

The Chair welcomed everyone to the Health & Social Care Partnership Integration Joint Board (IJB) meeting.

Members were advised that Alistair Morris will replace Les Bisset on the Board but due to previous diary commitments he was unable to join today's meeting.

The Chair formally recorded her thanks for the significant contribution Les Bisset had given to the IJB over the years.

Professor Paul Cameron, Head of Service & Clinical Lead, NHS Fife Pain Management Service who is shadowing Nicky as part of his professional development was welcomed to the meeting.

**1 CHAIRPERSON'S WELCOME AND OPENING REMARKS (Cont)**

The Chair advised members that a recording pen was in use at the meeting to assist with Minute taking and the media have been invited to listen in to the proceedings.

**2 CHIEF OFFICERS REPORT**

The Chair handed over to Nicky Connor for her Chief Officers Report.

A Briefing has been issued to members on the Adult Protection Inspection which will start on 10 May 2021 in Fife. Board members will be kept updated as this progresses.

As confirmed at the Development Session on 12 March 2021, Fife IJB is now a Category 1 Responder. Nicky Connor has been meeting with resilience colleagues who work with our partners. Nicky will attend national workshops which will begin in May 2021. Further updates will be brought to the Board and Development Sessions as appropriate.

The Annual Performance Report, which is normally presented to the June IJB will be presented to the November meeting as a result of an extension to the Coronavirus Act.

Nicky Connor expressed her thanks to Suzanne McGuinness who has held the role of Professional Social Work Lead since July 2020. Suzanne leaves the organisation in early May 2021 to take up a post as Executive Director, Social Work at the Mental Health Commission. Work is ongoing to recruit to this role.

**3 CONFIRMATION OF ATTENDANCE / APOLOGIES**

Apologies had been received from Chris McKenna, Alistair Morris, Steve Grimmond, Carol Potter, Katherine Paramore, Eleanor Haggett and Suzanne McGuinness.

**4 DECLARATION OF MEMBERS' INTERESTS**

There were no declarations of interest.

**5 MINUTES OF PREVIOUS MEETING 26 MARCH 2021**

Following two small changes to the draft Minute, the Minute of the meeting held on Friday 26 March 2021 was approved.

**6 MATTERS ARISING**

The Action Note from the meeting held on 26 March 2021 was approved.

**7 COVID 19 / REMOBILISATION UPDATE**

The Chair introduced Nicky Connor and colleagues to provide updates on Covid-19 and Remobilisation. This update will be discussed at a future Development Session to shape it going forward.

NC/RL



**7 COVID 19 / REMOBILISATION UPDATE (Cont)**

Dona Milne began the update by advising that Fife currently has 23 cases of Covid per 100,00 head of population. There had been 86 new cases in the past 10 days, this was a test positivity rate of 1.1%. Significant changes to lockdown rules will be introduced from Monday 26 April 2021 and the public health team is ready to support any potential increase in cases. Symptomatic and asymptomatic testing continue and the team are working with Scottish Government colleagues to ensure test centres are located in the most appropriate places.

Scott Garden advised that over 240,000 Fife residents have had vaccinations, over 47,000 of these have received both doses. Care Homes and over 80's continue to be a priority. Community Nursing staff are working with housebound patients. From Monday 26 April 2021 appointments will be offered to patients in the 40-49 age group and four new vaccination centres are being set up to work alongside existing centre. Fife is above average for delivery of first doses. Work is ongoing with homeless people and those with learning disabilities. Nicky Connor congratulated the whole team for the amazing work done so far.

Janette Owens updated on the excellent progress which is being made on remobilisation. A winter review workshop was held last week and it has been agreed to hold meetings throughout the year to focus on winter planning. Staff health and wellbeing continues to be a priority and new posts in Occupational Health have been recruited to. The pack of material on health and wellbeing, which was launched last year, is being reviewed and updated. Psychological Services have held sessions for Managers on the range of staff support which is available, these have been oversubscribed and further sessions will be arranged. Recruitment of final year students is going well.

Helen Hellewell updated from a Primary Care perspective. GP's continue to look at access to appointments for patients, will continue with near me and phone appointments but looking to increase face to face appointments where necessary. Work is continuing with Secondary Care colleagues to ensure robust pathways into care. Dental staff are looking at how best to increase access to services in a safe way. Optometry is working well. Community Pharmacies have continued to provide services through the pandemic and are increasing minor ailment work.

Fiona McKay advised there are currently less than 5 Care Homes closed due to Covid. All staff and residents have been offered their second vaccination. Work is ongoing to reopen planned respite for the highest risk clients. Opening with Care is a government programme which is looking to open up visiting from professionals and family members in Care Homes. A cautious approach will be taken. External providers are being supported to ensure they are confident about reopening to visitors.

Paul Dundas updated on care home expanding visiting opportunities. Care Home staff are self-testing twice weekly and all have been vaccinated. The Immunisation Team are currently working to ensure recent admissions

**7 COVID 19 / REMOBILISATION UPDATE (Cont)**

to care home and those who were unable to have the vaccine earlier are being included in programme. Recruitment challenges continue within the sector and Paul will speak with Janette Owens offline to discuss nursing student placements.

Kenny Murphy advised that the third sector are at varying stages of remobilisation, some have returned to business as usual and others are looking at providing services in a different way. Fiona McKay's team and Public Health are working with services to provide the required support. Work is ongoing with assertive outreach to increase take up of vaccinations in some groups of residents.

Martin Black raised the issue of establishing a field hospital to assist with issues being experienced with dentistry. Discussion took place around staffing, resources and the difficulties these could cause.

In response to Margaret Wells questions around how we identify those in need of our services and enable people to access care pathways, Nicky Connor spoke of a document which had been received recently called Planning with People. This could be discussed in more detail at a future Development Session.

Eugene Clarke asked if a review of the Digital Strategy is being undertaken as a result of Covid-19. Nicky Connor advised that Fife Council and NHS Fife both had their own Digital Strategies and the partnership engages with partners on this. It was suggested that these issues could be looked at in more details at a future Development Session.

**8 FINANCE UPDATE**

The Chair introduced Audrey Valente who presented this report which had been discussed at the Finance & Performance Committee on 8 April 2021.

The report detailed the financial position of the delegated and managed services based on 28 February 2021 financial information. The forecast surplus is £4.851m. Full funding for Covid-19 costs has been made available by the Scottish Government in recognition of IJB priorities over this financial year to respond to the pandemic.

At 28 February 2021 the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn underspend of £4.851m.

Four key areas of underspend that are contributing to the financial outturn overspend:-

- Community Services
- Older People Residential and Day Care
- Adult Supported Living
- Nursing and Residential

The report provided information on in year additional funding allocations to provide clarity and transparency in terms of additional funding made available by the Scottish Government to IJB's.

NO	HEADING	ACTION
8	<b>FINANCE UPDATE (Cont)</b>	
	Audrey Valente and Morna Fleming will discuss spend on Carers outwith the meeting, prior to information being taken to Finance & Performance Committee.	
	Discussion took place on the content of the report including unallocated funding, carry forward of unspent funds and reducing alcohol specific deaths.	
	It was agreed that a further discussion on Alcohol and Drug Partnership funding would be brought back to a future Finance & Performance Committee meeting.	AV/FM/ KH
	Tim Brett asked about Acute Set Aside and it was agreed to discuss this further at a Development Session.	NC/RL
	The report was for awareness, for member's information only. The Board were asked to examine and consider the implications of the report.	
9	<b>PERFORMANCE REPORT – EXECUTIVE SUMMARY</b>	
	The Chair introduced Fiona McKay who presented this report which had been discussed at the Finance & Performance Committee on 8 April 2021.	
	The report provided an overview of progress and performance in relation to National Health and Social Care Outcomes, Health and Social Care – Local Management Information and Management Information.	
	The Executive Summary highlights areas of highest risk and priority and work is underway on each of these. STAR beds in Care Homes have been an issue during Covid-19 and this continues to be managed in conjunction with external care providers. Recruitment has been a challenge in some areas. A new recruitment portal has been set up to widen interest and access to roles in the care sector. Nicky Connor advised that she has recently met with Fife College to look at ways to promote care as a career path.	
	Paul Dundas advised that Scottish Care have arranged a Teams meeting on Wednesday 28 April 2021 entitled Recruitment – Creating Pathways to Social Care, which IJB members would be able to attend. Paul will circulate details.	PD
	Discussion took place around youth investment in workforce, the Scottish Living Wage (which all providers in Fife must pay), an increase in University applications and the increased recruitment of men into the care sector.	
	The report was brought to the Board for awareness.	
10	<b>FIFE INTEGRATION JOINT BOARD DIRECTIONS POLICY</b>	
	The Chair introduced Nicky Connor who presented this report. The report had been discussed at the Audit & Risk Committee on 17 March 2021, the Finance & Performance Committee on 8 April 2021 and the Clinical & Care Governance Committee on 16 April 2021.	

**10 FIFE INTEGRATION JOINT BOARD DIRECTIONS POLICY**

Discussion took place around the Directions Policy, how this would be implemented and assurance provided around Directions issued. Nicky Connor advised that the Policy would continue to be reviewed as it was implemented.

Nicky Connor and Rosemary Liewald both thanked Norma Aitken for the work done on getting this Policy ready for approval.

The Board discussed the Directions Policy and approved the Policy, accompanying Guidance and Template.

**11 MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED**

The Chair asked David Graham, Eugene Clarke and Simon Fevre for any items from governance committees / Local Partnership Forum that they wish to escalate to the IJB.

**David Graham – Finance & Performance Committees (F&P) – 5 and 18 March 2021**

David had left the meeting prior to this item to attend another meeting. On his behalf Norma Aitken advised that there was nothing to escalate to the board and the Minutes were accurate and confirmed from the respective meetings. David had intimated that he would be happy to answer any questions relating to these meetings outwith the IJB meeting should it be required.

**Eugene Clarke – Audit & Risk Committee (A&R) – 17 March 2021**

Eugene had nothing to escalate to the Board but wished to raise two points:-

- 1 The Committee had discussed the Directions Policy and approved it, subject to several small changes which had been made prior to the Policy being brought before the IJB today.
- 2 Discussions on all aspects of Risk have taken place at A&R and it was felt that further discussion at a future Development Session would be of value.

**Local Partnership Forum (LPF) – 10 and 24 March 2021**

Nicky Connor advised there was nothing to escalate from these meetings but that the LPF continues to focus on issues such as staff health and wellbeing and lateral flow testing for employees.

Simon Fevre advised that the LPF Annual Report was on schedule to be discussed at the LPF meeting on 12 May with the final version going through the governance route to the IJB for the June 2021 meeting. The meeting on 24 March 2021 focused on budget discussions.

<b>11</b>	<b>MINUTES OF GOVERNANCE COMMITTEES / LOCAL PARTNERSHIP FORUM AND ITEMS TO BE ESCALATED (Cont)</b>	
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**Tim Brett – Clinical & Care Governance Committee (C&CG) – 16 March 2021**

Two areas of interest arose at this meeting:-

- 1 Helen Hellewell provided an updated on Primary Care Improvement Fund which is going well and has good plans in place.
  
- 2 Kathy Henwood presented her Chief Social Work Report which Tim felt would be of interest to board members as it showcased the huge range of work undertaken by Social Work.

In response to a concern raised by Martin Black on the number of topics which had been suggested recently for future Development Sessions, Tim Brett thought that for some subjects a Briefing Note would be sufficient, rather than discussion at a Development Session.

Rosemary Liewald and Nicky Connor agreed to have a discussion on the items which have been suggested and would tailor a programme of issues to be discussed at the remaining Development Sessions in 2021.

**NC/RL**

<b>12</b>	<b>AOCB</b>	
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Rosemary Liewald informed members that this had been Dona Milne, Director of Public Health's final meeting before she moves to a new post in Lothian. Rosemary thanked Dona on behalf of the Board for her incredible work during her time in Fife and wished her well for the future. Joy Tomlinson will be invited to the June meeting as she will have taken up the post of Director of Public Health by that time.

<b>13</b>	<b>DATES OF NEXT MEETINGS</b>	
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**IJB Development Session – Friday 28 May at 9.30 am**

**IJB Meeting – Friday 18 June at 10.00 am**

# FTF Internal Audit Service

## Assurance Framework Report No. B12/21

**Issued To:** Carol Potter, Chief Executive  
Margo McGurk, Director of Finance and Strategy

Alistair Graham, Associate Director – Digital and Information

Gillian MacIntosh, Head of Corporate Governance/Board Secretary

Audit and Risk Committee  
Clinical Governance Committee  
External Audit

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Draft Report Issued	04 May 2021
Management Responses Received	10 May 2021
Target Audit & Risk Committee Date	17 June 2021
<b>Final Report Issued</b>	<b>10 May 2021</b>

## CONTEXT AND SCOPE

1. The December 2018 Audit and Risk Committee received a report on the requirements of the revised Scottish Public Finance Manual (SPFM) Audit Committee Handbook which reported that 'Consideration should also be given to developing an assurance map for NHS Fife, which in itself would substantially assist in the work to ensure risk management arrangements are sufficiently robust.
2. The Audit and Risk Committee noted *"that ongoing work on reviewing the Board's corporate governance arrangements, in line with national proposals for Boards to adopt a 'model blueprint' of good corporate governance, will take due cognisance of the revised guidance produced in the new Handbook, particularly as relates to the effective operation of the Audit & Risk Committee in its approach to risk and assurance."*
3. Subsequently, it was agreed that the approach adopted would be to trial an assurance mapping process on specific key risks and that the Digital and Information Governance BAF would be the most appropriate, being both high risk and subject to diffuse assurance arrangements.
4. Our audit activity was intended to assist the Board in developing an assurance map for key aspects of the Digital and Information Governance BAF and in developing an overall process for assurance mapping together with an associated workplan, project plan and timetable, for approval by the Audit and Risk Committee. The scope deliberately did not include an audit of the key controls, but was to evaluate the adequacy of the controls and of the assurances over those controls, as well to provide a view on whether the Board's overall Assurance Mapping process meets the requirements of the Scottish Public Finance Manual (SPFM) Audit Committee Handbook and the associated Treasury guidance on assurance mapping.

## AUDIT OPINION

5. We have not provided an Audit Opinion as the Digital and Information Governance BAF is still in development; our evaluation of the assurances relating to this BAF will be completed in audit year 2021/22. Internal Audit B28/21 – Digital and Information Governance Arrangements has assessed the improvements made to Digital and Information Governance processes and how far these have addressed issues raised in previous internal audit reports.

### Digital and Information Board Assurance Framework (BAF)

6. Work with General Manager for eHealth and IM&T and identified a number of improvements required to the Digital and Information BAF before our work on assisting with mapping assurances could progress in earnest. These improvements were being taken forward by the previous and current General Managers for eHealth and IM&T as well as the Risk Manager, but have not yet been concluded. The General Manager for eHealth and IM&T retired in March 2021 and since this time we have discussed our detailed comments on the BAF with the Associate Director – Digital and Information who made initial changes (presented to NHS Fife Clinical Governance Committee on 30 April 2021) and is now undertaking a full risk review within his directorate the outcome of which will inform further revisions to the BAF. As noted above, we will complete our assessment once these revisions have been completed in 2021/22.

### Assurance Mapping Group

7. During the year, the Assurance Mapping group, consisting of Board Secretaries and Risk Managers from NHS Fife, Forth Valley, Tayside and Lanarkshire, continued to agree the



way forward for assurance mapping, taking into account the implication of Covid 19 on timetables. The group agreed a set of Committee Assurance and Risk principles, which are presented to this Committee separately. It also, with considerable input from the NHS Fife Board Secretary, agreed an approach to the SGHSCD Directors' Assurance requirements and developed a detailed questionnaire, to be considered for adoption in NHS Fife in 2021/22, which will align with assurance mapping across the organisation and be integrated with other assurance processes within Standing Committees, in order to avoid unnecessary duplication.

## ACTION

8. There is no action plan associated with this report.

## ACKNOWLEDGEMENT

9. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

**A Gaskin, BSc. ACA**  
**Chief Internal Auditor**