

Clinical Governance Committee

Fri 17 September 2021, 09:30 - 12:30

MS Teams

Agenda

09:30 - 09:30 1. Apologies for Absence
0 min
Christina Cooper

09:30 - 09:30 2. Declaration of Members' Interests
0 min
Christina Cooper

09:30 - 09:30 3. Minutes of Previous Meetings
0 min

3.1. Clinical Governance Committee – 7 July 2021

enc Christina Cooper

 Item 3.1 - CGC Minutes 7 July 2021 - unconfirmed.pdf (19 pages)

3.2. Extraordinary Clinical Governance Committee – 2 September

enc Christina Cooper

 Item 3.2 - Extraordinary CGC Minutes 2 September 2021 - unconfirmed.pdf (5 pages)

09:30 - 09:40 4. Action List / Matters Arising
10 min

enc

 Item 4 - CGC Action List - September.pdf (3 pages)

09:40 - 10:00 5. COVID-19 UPDATE
20 min


5.1. Covid-19 Update


verbal Dr Joy Tomlinson


10:00 - 10:25 6. GOVERNANCE / ASSURANCE
25 min

6.1. Board Assurance Framework – Quality & Safety

enc Dr Chris McKenna

 Item 6.1 - SBAR Board Assurance Framework Quality & Safety.pdf (4 pages)

 Item 6.1 - Appendix 1 Board Assurance Framework Quality & Safety.pdf (2 pages)

 Item 6.1 - Appendix 2 Board Assurance Framework Quality & Safety - Linked Operational Risks.pdf (2 pages)

6.2. Board Assurance Framework – Strategic Planning

enc *Margo McGurk*

- Item 6.2 - SBAR Board Assurance Framework – Strategic Planning.pdf (3 pages)
- Item 6.2 - Board Assurance Framework – Strategic Planning.pdf (1 pages)

6.3. Board Assurance Framework – Digital and Information

enc *Alistair Graham*

- Item 6.3 - SBAR Board Assurance Framework – Digital and Information.pdf (3 pages)
- Item 6.3 - Appendix 1 - BAF Digital and Information.pdf (2 pages)
- Item 6.3 - Appendix 2 - Digital & Information linked operational risks.pdf (7 pages)

10:25 - 11:10
45 min

7. STRATEGY / PLANNING

7.1. NHS Fife Population Health and Wellbeing Strategy Progress

enc *Margo McGurk*

- Item 7.1 - SBAR NHS Fife Population Health and Wellbeing Strategy Progress.pdf (4 pages)

7.2. Joint Remobilisation Plan 2021/22 (RMP3/RMP4)

enc *Margo McGurk*

- Item 7.2 - SBAR Joint Remobilisation Plan 2021-22 RMP3-RMP4.pdf (4 pages)

7.3. Review of Health & Social Care Integration Scheme

enc *Nicky Connor*

- Item 7.3 - SBAR Review of Health & Social Care Integration Scheme.pdf (4 pages)
- Item 7.3 - Appendix 1 Draft Amended Scheme of Integration.pdf (31 pages)
- Item 7.3 - Appendix 2 IJB Int Scheme Review Consultation.pdf (8 pages)
- Item 7.3 - Appendix 3 IJB Int Sch Review Consultation Analysis.pdf (6 pages)
- Item 7.3 - Appendix 4 Int Schem Review - List of Those Consulted.pdf (2 pages)

7.4. Robotic Assisted Surgery Assurance Report

enc *Dr Chris McKenna*

🔒 Not included in published pack due to containing patient sensitive info

11:10 - 11:25
15 min

8. QUALITY / PERFORMANCE

8.1. Integrated Performance & Quality Report

enc *Dr Chris McKenna*

- Item 8.1 - SBAR Integrated Performance & Quality Report.pdf (3 pages)
- Item 8.1 - Integrated Performance & Quality Report.pdf (45 pages)

8.2. Healthcare Associated Infection Report (HAIRT)

enc *Janette Owens*

- Item 8.2 - SBAR Healthcare Associated Infection Report (HAIRT).pdf (7 pages)
- Item 8.2.1 - SBAR HIS Inspection Victoria Hospital.pdf (3 pages)
- Item 8.2 - Healthcare Associated Infection Report (HAIRT) .pdf (17 pages)

11:25 - 12:10
45 min

9. DIGITAL AND INFORMATION

9.1. Digital Strategy 2019 – 2024 Update

enc *Alistair Graham*

- Item 9.1 - SBAR Digital Strategy 2019-2024 Update.pdf (9 pages)
- Item 9.1 - Appendix 1 Progress of Digital Strategy 2019-2024.pdf (16 pages)

9.2. Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme Implementation Update

enc *Scott Garden*

- Item 9.2 - Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme Implementation Update .pdf (6 pages)

9.3. Safer Management of Controlled Drugs

enc *Scott Garden*

- Item 9.3 - SBAR Safer Management of Controlled Drugs.pdf (8 pages)

12:10 - 12:15
5 min

10. LINKED COMMITTEE MINUTES

10.1. Acute Services Division Clinical Governance Committee

enc *Dr Robert Cargill*

- Item 10.1 - SBAR Acute Services Division Clinical Governance Committee.pdf (2 pages)
- Item 10.1 - Appendix 1 Acute Services Division CGC Minutes.pdf (23 pages)

10.2. Fife Area Drugs & Therapeutics Committee

enc *Dr Chris McKenna*

- Item 10.2 - Fife Area Drugs & Therapeutics Committee.pdf (9 pages)

10.3. Fife IJB Clinical and Care Governance Committee

enc *Nicky Connor*

- Item 10.3 - Fife IJB Clinical and Care Governance Committee.pdf (8 pages)

10.4. NHS Fife Clinical Governance Oversight Group

enc *Dr Chris McKenna*

- Item 10.4 - NHS Fife Clinical Governance Oversight Group.pdf (10 pages)

10.5. Digital and Information Board

enc *Dr Chris McKenna*

- Item 10.5 - Digital and Information Board.pdf (6 pages)

10.6. Infection Control Committee

enc *Janette Owens*

- Item 10.6 - Infection Control Committee Minutes.pdf (8 pages)

10.7. Public Health Assurance Group

enc Dr Joy Tomlinson

 Item 10.7 - Public Health Assurance Group.pdf (7 pages)

10.8. Area Medical Committee

enc Dr Chris McKenna

 Item 10.8 - Area Medical Committee Minutes.pdf (5 pages)

10.9. IRMER Board Minutes

enc Dr Chris McKenna

 Item 10.9 - IRMER Board Minutes.pdf (4 pages)

12:15 - 12:25
10 min

11. ITEMS FOR NOTING

11.1. Internal Audit Report: Digital & Information Governance Arrangements

enc Alistair Graham

 Item 11.1 - SBAR Internal Audit Report Digital and Information Governance Arrangements.pdf (6 pages)

 Item 11.1 - Appendix 1 Internal Audit Report – Digital and Information Governance Arrangements.pdf (15 pages)

11.2. Internal Audit Report: Manual Handling Training

enc Neil McCormick

 Item 11.2 - SBAR Internal Audit Report Manual Handling Training.pdf (3 pages)

 Item 11.2 - Appendix 1 FTF Internal Audit Service Report no B2221 Management Actions Update.pdf (2 pages)

 Item 11.2 - Appendix 2 MH Training delivery 2021.pdf (1 pages)

11.3. Excellence in Care

enc Janette Owens

 Item 11.3 - SBAR Excellence in Care.pdf (6 pages)

11.4. Health Promoting Health Service Report

enc Dr Joy Tomlinson

 Item 11.4 - SBAR Health Promoting Health Service Report.pdf (4 pages)

 Item 11.4 - Appendix 1 - Health Supporting Health Service Report.pdf (12 pages)

11.5. Corporate Calendar / Committee Dates

enc Dr Gillian MacIntosh

 Item 11.5 - Corporate Calendar Committee Dates.pdf (1 pages)

11.6. Clinical Governance Committee Workplan

enc Gemma Couser

 Item 11.6 - Clinical Governance Committee Annual Workplan 2021-22.pdf (3 pages)

12:25 - 12:25
0 min

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12:25 - 12:25
0 min

13. ANY OTHER BUSINESS

12:25 - 12:30
5 min

14. Date of Next Meeting: Wednesday 3 November 2021 at 2pm via MS Teams

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON 7 JULY 2021 VIA MS TEAMS

Present:

Christina Cooper, Chair
Sinead Braiden, Non-Executive Member
Rona Laing, Non-Executive Member
Simon Fevre, APF Representative
Carol Potter, Chief Executive
Janette Owens, Nurse Director

Martin Black, Non-Executive Member
David Graham, Non-Executive Member
Margaret Wells, Non-Executive Member
Aileen Lawrie, ACF Representative
Chris McKenna, Medical Director
Joy Tomlinson, Director of Public Health

In Attendance:

Lynn Campbell, Associate Director of Nursing ASD	Nicky Connor, Director of H&SCP
Gemma Couser, Interim Head of Quality & Clinical Governance	Esther Curnock, Deputy Director of Public Health
Claire Dobson, Director of Acute Services	Susan Fraser, Associate Director of Planning & Performance
Alistair Graham, Director of Digital & Information	Ben Hannan, Chief Pharmacist (for S Garden)
Helen Hellewell, AMD H&SCP	Gillian MacIntosh, Board Secretary
Margo McGurk, Director of Finance	Elizabeth Muir, Clinical Effectiveness Co-ordinator
Catriona Dziech, Note Taker	Hazel Thomson, Observer

Christina Cooper welcomed everyone to the Clinical Governance Committee meeting. Members were advised that a recording pen will be in use at the meeting to assist with minute taking.

It was noted this is the last meeting for Margaret Wells, who is retiring from the Board at the end of July. On behalf of the Committee, Christina Cooper thanked Margaret for her service and contribution to the Committee and wished her all the very best for the future.

Dr Joy Tomlinson was welcomed to the meeting as the new NHS Fife Director of Public Health. Alistair Graham, Associate Director, Digital & Information, was also welcomed to today's meeting and would now join the Committee as a regular attendee.

Christina Cooper took the opportunity to thank the incredible ongoing commitment from our workforce as they continue to respond to the ever-changing landscape of the pandemic. In the face of unscheduled care pressures, our teams continue to go above and beyond to deliver the best care to patients. At the same time, the vaccination drive across Fife has continued with great success. Our workforce truly is our most valuable asset and a heartfelt thanks was given to each and every individual staff member for their ongoing dedication.

1. Apologies for Absence

Apologies were noted from Dr Cargill, Dr Morrice and Scott Garden. Ben Hannan was welcomed as deputising at today's meeting for Scott Garden.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minute of the Meeting held on 30 April 2021

The notes of the meeting held on 30 April 2021 were approved as an accurate record.

4. Matters Arising / Action List

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

4.1 Fife Child Protection Annual Report 2019-20

Janette Owens advised this report provides an update from the December 2020 Annual Report, as requested by the Committee. The report focusses on what the available data tells us so far about risks to children and young people and the possibility hidden harm due to the pandemic.

The report was prepared by Cecilie Rainey and draws on recent data published by the Fife Child Protection Committee, which was not available when the Annual Report was published. There is a broader set of data covered in the report and recent care reviews are also taken into consideration.

At the start of the pandemic, there was an initial drop in Initial Referral Discussions and forensic medical examinations, which reinforces concerns regarding possible hidden harm. There was a reduction in physical harm and an increase in domestic abuse cases and these trends by the end of the year were on a trajectory towards pre-Covid levels.

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', which will be published at the end of July 2021.

There is significant detail provided within the report around Initial Referral Discussions and forensic medicals, and the main concern recorded at registration shows that domestic abuse, emotional abuse, and parental mental health were the most common concerns identified. There is an issue around more registration under alcohol or drug use and concerns about children going forward, which will require prioritisation for child mental health. There have been two Initial Case Reviews over the past year that related to chronic neglect, but it is unclear if these are related to Covid. Work is ongoing but the report shows the data so far does not indicate any significant increase in children harmed.

Staff support has been ongoing throughout the year and there is the added benefit of the recruitment of two Consultant Paediatricians to the service. Consideration is being given to the preparation for the implementation of the new Child Protection Guidance, which will have a significant impact on health and social care going forward.

Christina Cooper thanked Janette Owens for this very thorough and detailed report, which gave a good level of assurance to the Committee, given past discussion on this issue at previous meetings.

In taking comment it was noted this was an excellent report that covers all the points members would wish to seek assurance on, especially during the pandemic. It is also assuring to see the range of work, considerations and opportunities being created for people who needed to consult and talk about areas where there were concerns.

Committee members agreed the author of the report and staff should be highly commended for their work. This is an example of the type of report, with the right level of detail, that should be considered by the Committee to give them the assurances they seek. Janette Owens, Nicky Connor, and Claire Barker agreed to pass on thanks.

Action: JO, NC, CB

It was agreed Joy Tomlinson and Janette Owens would have a conversation offline to consider the longer-term plan around instances of suicide within the community.

4.2 Public Engagement & Consultation Update

Janette Owens advised that this report gives the Committee an update on patient feedback on Urgent Care Redesign. The Scottish Government are undertaking a user-centred service design approach over the next two years as they continue to look at the longer-term redesign of urgent care and unscheduled care and our work will link in with this work. The approach aims to amplify the voice of users and their experiences, particularly around health inequalities.

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

The work around the Equality Impact Assessment has raised a lot of feedback, has been taken forward and has helped shape the participation around Urgent Care Redesign. This is also linked to the National work being implemented.

The range of issues highlighted were:

- the need for further communication and informing of the public, working with partners more closely to share this information in future.
- specific pathways for particular population groups.
- addressing 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 of accessing telephone triage.

Christina Cooper thanked Janette Owens for the update, which gives the Committee helpful assurance around the work.

5 COVID-19 UPDATE

5.1 Testing

Joy Tomlinson advised that there has been further expansion of capacity and availability of testing over recent months. There has also been an expansion around contact tracing and support to isolate. This is part of our strategy to the Covid response to try and break the chains of transmission and needs to be considered in context with the other elements.

Appendix 1 within the paper outlines the current testing, indicating the date the programme was started, rationale, and delivery model. Further funding was provided by SGHD to expand Community Testing to seven fixed sites and three mobile sites until March 2022.

There is a pilot underway in South Fife on a rolling weekly basis to try and increase uptake. The Testing Oversight Group are monitoring uptake across the population. The Test and Collect and Test and Delivery opportunities are now available in 86 community pharmacies across Fife. An Evaluation Report is also appended to the paper, which was provided to the Scottish Government who are interested in learning from the pilot.

It was highlighted we are still in a position of having more capacity than demand. There is still under utilisation and consideration is being given on how to engage with the population. This includes the importance of engaging with local community influencers to try and encourage people to come forward for testing. There have also been good examples of uptake of additional support, with people reaching out for offers of support to help them isolate successfully.

Christina Cooper thanked Joy Tomlinson for a very thorough and detailed report.

In taking comments, it was noted contact tracing has had a lot of publicity following on from the Cabinet Secretary's announcement. The key issue with contact tracing is to reach people within a shorter time period, but the pressures the team had been under meant it was taking longer to reach those that needed to be contacted. There is a high-level reach in terms of completed calls, which is much higher than test and trace in England.

In terms of outreach for support, an automated code is generated when tracers are undertaking calls, which triggers a release of information to local authority colleagues. This then enables a separate route of follow-up around isolation with Council colleagues. Although this has not been as successful as envisaged in terms of people

taking up the offer of assistance, it is one of the benefits of the pilot and evaluation work that has been carried out locally.

Carol Potter reminded members that, back in January / February, Fife was one of the early pilots for testing and the programme was jointly supported with Council colleagues. It is important to learn, reflect and improve as we move forward.

Assurance was sought if the third and independent sectors were represented within the Fife Test and Protect Oversight Group. Nicky Connor advised that the Caring for People Group supports and co-chairs and gave assurance there was active connections across the sectors to support the population. It was also confirmed the Interface Leads feel well connected in relation to this work.

The Committee noted the contents of the paper for awareness, noting the new developments as part of the ongoing expansion of Covid-19 testing programmes.

5.2 Vaccination Programme

Ben Hannan advised that, as at 6 July 2021, 462,000 doses have been given in Fife (comprising 265,000 first doses and 197,000 second doses). Vaccine availability is a lot more stable than it has been through the programme and it is demand-led ordering at this time. Pfizer has been prioritised for those under the age of 40 and AstraZeneca for those older than 40. Fife has not been allocated any supply of the Moderna product due to low volume available in Scotland, which for logistics is being supplied to three main Boards.

The MHRA have granted the Janssen Covid-19 vaccine a Conditional Marketing Authorisation. This is a single dose vaccine and supply in Scotland is likely to start arriving later in the summer, with initial stock levels being low. It is possible that this product will play a role in a booster programme later in 2021. At the moment the main focus is on vaccinating Cohort 12 (ages 18-29).

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. Dr Tomlinson's later agenda paper (Item 6.8) sets out the governance arrangements around this.

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 spread across the Kingdom. The remaining ten sites will be returned to their community functions.

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

Scheduling of cohorts has been a considerable challenge throughout the programme. At present there were a few ongoing issues with the vaccination status helpline and portal, which is driving further work for the local team. National fixes are ongoing and for anyone affected this can be escalated nationally.

Analysis of Did Not Attends (DNAs) and work to drive uptake remains a high priority. Data is available noting areas of Fife that 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%.

A systematic review of Datix incidents has been undertaken. There was a total of 44 incidents involving patient care recorded between 1 January and 25 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 and the results are contained within Appendix 1 of the paper. It is encouraging to note that most of the feedback received from patients is very positive.

The Workforce programme has now completed all recruitment and has in place 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, with 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.

The PMO manage risks on behalf of the programme. There are currently 29 risks on the register; however, with pressure having eased, the number of high risks has reduced to two. There is a transition plan for this risk register as we move to the Winter programme.

A comprehensive EQIA has been lauded nationally, with over 110 actions being captured, and we have been celebrated as areas of best practice with our inclusivity work. Work has been undertaken in partnership with Fife Council to deliver access cards that local housing officers can distribute to those experiencing homelessness. This group can now access vaccination at any local clinic without an appointment.

The programme has taken a proactive approach to communications and thanks were given to Kirsty McGregor and her team for the tremendous support they have provided. A number of media appearances have been undertaken and journalists have been invited to attend the new larger sites, which publicity has helped engagement with the community.

Christine Cooper thanked Ben Hannan for the thorough update and detailed report and noted it was helpful in particular to see the balance of feedback received via care opinion.

In taking comments, it was noted the access cards can be utilised in other areas, not just homelessness. Following a member's query regarding the administering of the Moderna Vaccine, Ben Hannan confirmed (post-meeting) the Moderna vaccine has not as yet been administered to any individual in Fife. It was noted students do not need to be registered with a GP locally to have the vaccine. Ben Hannan agreed to feedback any issues identified to the National Vaccination Team.

Action: BH

Ben Hannan agreed to provide members with further details of the percentage of substantive staff and how many staff are currently seconded/redeployed within NHS Fife to the Vaccination Programme. It was noted that the bulk of the workforce is Band 3 Health Care Support Worker vaccinators, who were primarily newly recruited and are employed on fixed term contracts until March 2022.

Action: BH

The work of the team was greatly commended by the Committee. It was noted the lessons learned from the start of the programme with the national scheduling tool will not be repeated going forward, as plans are in place to mitigate for winter.

Carol Potter advised that letters had been received from the SGHD setting out the planning for the Covid booster and flu immunisation programme for winter. The teams are currently considering what is required and she suggested it might be worth scheduling an extraordinary meeting of the Committee towards the end of August, as the programme is due to go live from September 2021. The lessons learned from seasonal flu last year, from Covid and the excellent piece of work around the EQIA will be built on, along with the proactive activity in relation to operational support. Ben Hannan advised an initial draft of the plans for implementing the vaccination Winter programme will be available by the end of this month.

Christina Cooper thanked and congratulated Ben Hannan and his team for their continued work, noting that she and the Committee members were assured that this key piece of activity was progressing very well.

6 GOVERNANCE

6.1 Board Assurance Framework – Quality & Safety

Dr McKenna advised that this item had been moved up the agenda for a fuller discussion to allow more scrutiny and response to risks. It was noted there is no significant update to the current Quality & Safety BAF, though it would be useful to reflect on its current content. Dr McKenna advised that he and Janette Owens have recently met with Gemma Couser, Head of Quality and Clinical Governance, and Pauline Cumming, Risk Manager, to undertake a full review of the BAF and associated linked risks. The scope of this review was outlined. In taking comment, members welcomed the opportunity for the Quality & Safety BAF to be reviewed and be updated

to be more in line with the Committee's requirements. It was suggested it would be helpful to be considered the BAFs in general also at a Board Development Session.

Christina Cooper thanked Dr McKenna for his update and agreed there should be further discussion at a Development Session, with investment also from Committee to move forward.

Margo McGurk agreed that we need to look at risk management at Executive Team level, before bringing back recommendations to committees and the Board. Carol Potter has asked that the BAFs all be looked at to ensure they are covering strategic risks. As discussed at the recent Audit & Risk Committee, the Risk Management Annual Report does not cover proactive risk management at the strategic level and is very reflective, with too much concentration on operational detail. Although the idea of a BAF is excellent, perhaps there is a need for it to be further developed as a dashboard, to draw clear attention to the areas requiring scrutiny and requiring discussion.

It was noted there will be an initial session with the Executive Team possibly in September 2021 to look at how we approach a discussion with the Board around Risk Management. Consideration might also be given as to whether there should be two risk appetite statements: one to reflect operationally what we are doing and the other around strategic ambition. Margo McGurk advised she would be using external support to work with the current risk management team, to facilitate and challenge ourselves.

Dr McKenna noted that the objective is to change the narrative around risk into something dynamic, exciting and worthwhile discussing. It would also be helpful to have a better understanding of linking risks to BAFs and making them a priority for each Committee, influencing their agendas and areas of focus. This would also ensure there is a requirement for regular update and scrutiny around each risk.

Christina Cooper said it would be helpful to have a realistic review of risk relevant to each Committee's individual remit, which will also ensure there is a clear understanding of the process and timing of updates moving forward.

The Committee noted the content and current position of the Quality & Safety BAF, welcoming the intention for further review in due course.

6.2 Board Assurance Framework – Strategic Planning

Margo McGurk advised that she and Susan Fraser had undertaken a detailed review of this BAF, which had highlighted it was out of date and required to be amended and more reflective of the development of the new Population Health and Wellbeing Strategy. It is proposed it be uplifted to a strategic level risk and the key wording in the new 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 new wording highlights the scrutiny and responsibilities of the Clinical Governance Committee in shaping and influencing how the strategy develops. Once the agreed strategy is in place, it would then agree how scrutiny was carried out to measure progress in delivery of the strategy.

The Committee agreed to the change in the risk associated with the BAF for Strategic Planning.

6.3 Board Assurance Framework – Digital & Information

Alistair Graham advised that this BAF has had the benefit of input from Internal Audit and has been refreshed in terms of the framing of the response to the Digital Strategy from the work undertaken previously and the 2019–24 Strategic Vision.

The Committee noted that:

- 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.

Christina Cooper thanked Alistair Graham for his helpful update. In taking comment it was noted cyber threats might impact on high level risks but can also help maintain services during a threat. A paper is being taken to EDG on 8 July 2021 to consider the detail further around the risks to the organisation.

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

6.4 Corporate Objectives 2021/22

Carol Potter advised that this paper is here for endorsement before it is taken to the Board in July 2021. The report describes the process to agree the collated corporate objectives through the SPRA process for 2021/22 and includes a reflection and review on the delivery of last year's Corporate Objectives for review by the Board. The process for next year's corporate objectives is likely to start in September 2021.

The key operational priorities under the four key 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

An individual Director has been aligned to each of these objectives as a Lead (L), Contributing Director (C), Supporting Director (S) and For Information (I). Individual personal objectives for the Directors have been drafted to ensure there is a correlation and mapping exercise to the Corporate Objectives, as will be monitored by the Remuneration Committee.

Christina Cooper thanked Carol Potter for her update and noted this report has been presented to various Committees for discussion in this cycle. This is a very thorough paper and feedback has been generally that the objectives are clear and aligned.

In taking comments, it was noted that whilst it was helpful and useful report, it would be helpful if acronyms could be expanded at their first usage. It was noted also that individual Director's objectives are achieved through a formal mechanism, formally recorded and monitored by the Remuneration Committee.

In response to a query about the prioritisation of different organisation's objectives, it was noted there is no conflict of interest for the Director of the H&SCP, as the IJB direct the Council and Health Board, and the Director of the H&SCP as the Chief Officer represents the IJB. The Director of H&SCP's objectives are set jointly with both Carol Potter and Steve Grimmond. It is only the areas of responsibility for NHS Fife which features in the present document.

The Committee agreed the Corporate Objectives for 2021/22 and noted the outcome of the review of the previous year.

6.5 Revised Draft Annual Assurance Statement for the Clinical Governance Committee

Dr McKenna thanked Dr Gillian MacIntosh for providing this comprehensive report, which effectively summarised the governance activity of the Committee over the past year. This report is much more comprehensive than previous annual statements and provides an enhanced level of assurance. Carol Potter also commended and thanked Gillian MacIntosh for her approach in drafting the annual assurance statements for each of the committees, noting the helpful level of detail contained therein. Christina Cooper echoed these comments.

The Committee approved the revised Draft Assurance Statement for final sign off.

6.6 East Region Formulary

Bena Hannan advised that formularies are lists of drugs that are more preferred for prescribing, with each Board having their own formulary. Under direction from Scottish Government, there is a move to implement a new East Region Formulary in collaboration with NHS Borders and NHS Lothian, details of which are set out in the paper. This also has the approval of the Executive Directors Group.

There have been numerous discussions locally and regionally and the paper details the proposed governance structure, which includes the creation of an East Region

Formulary Committee (ERFC) replacing the Fife Formulary Committee. As set out in Figure 1, the ERFC will still report into each of the Board's Area Drugs and Therapeutics Committee, which in turn reports to the Clinical Governance Committee. There is an East Region Formulary Team, which is hosted by NHS Lothian, and they are co-ordinating this transformation.

The scope of the regional formulary will include:

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

There is an expectation from Scottish Government that the East Region Formulary will be operational within the 2021-22 financial year. However, recognising the scale and complexity of the programme, the Interim Chief Pharmaceutical Officer has confirmed Scottish Government will be able to commit resources to this work for as long as necessary. 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. The Committee was invited to note that 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).

In taking comment it was noted there is currently broad uniformity between the Boards and any perceived variation will be sorted out. The areas of medicines efficiency which Fife has successfully delivered on are areas all boards in Scotland will have considered, and we would not wish to risk undermining the savings progress made thus far.

When the new formulary is in place, there will be scope for patients to stay on current medication, if it works well for them. This is not about changing existing medications for patients. The new formulary will bring uniformity of choice for clinicians to ensure there is consistency of practice across the region. There will also be Chapter Expert Working Groups to allow clinicians to take part in decisions.

The Committee noted that:

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

Christina Cooper thanked Ben Hannan for the very detailed report, which gives the Committee a helpful background to the work carried out to date to implement this scheme.

6.7 National Screening Incident

Joy Tomlinson advised the Committee of an ongoing incident following a Parliamentary statement on 24 June 2021 relating to the National Cervical Screening

Programme. This identified a national problem with the system across Scotland, where some patients had been mis-coded, with the potential for harm. There is an investigation that is being nationally co-ordinated and Joy Tomlinson assured the Committee that Fife are taking forward the necessary steps in reviewing cases. We are presently halfway through the process. Once the process is complete, a final written report and findings will come to the Committee.

Christina Cooper thanked Joy Tomlinson for her verbal update and noted the Committee will be updated on the Fife and national position in due course.

6.8 Immunisation Governance & Assurance

Joy Tomlinson advised that an independent review was undertaken to consider the significant difficulties experienced in the delivery of the Seasonal Flu Programme in 2020-21, as previously reported to the Committee. In response to the recommendations of this review, the Director of Public Health and Director of Fife Health & 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.

The concluding findings have been pulled together and considered by a small group including the Director of Public Health, Director of H&SCP, Director of Pharmacy and the Immunisation Co-ordinator and Ben Hannan in his role as Director of Delivery. EDG have also been happy to approve the main recommendations.

The key points within the report set out:

- Key Roles and Responsibilities
- Management Structure
- Governance Structure
- Summary Remits of Governance Groups

These key points should give the Committee assurance that there has been a rounded review and scrutiny of the findings from the Independent Review. As a result, Fife are in a stronger position to take things forward in terms of clarity of the role and leadership of immunisation and the supporting governance structure.

Christina Cooper thanked Joy Tomlinson for her report, which set out the learning from last year, detailed the recommendations moving forward, the clearer alignment of roles and responsibilities, and the direction of travel.

In taking comment it was noted the risks around workforce were challenging and an ongoing live discussion. There has been steer from SGHD around a sustainable and longer-term workforce for immunisation, not just relying on a short-term workforce for Autumn / Winter. There will be further discussions with the SGHD and Directors of Finance to seek assurance around this. There is learning from Covid and how to use a different type of workforce across immunisation activities. This may require regulatory changes.

Carol Potter clarified that the roles and responsibility are complex but the SRO role has not moved from the Director of Public Health to Director of H&SCP. The Director of H&SCP has always been responsible for the delivery of immunisation, with the Director of Public Health accountable overall. The current Covid vaccine programme sits separately with Scott Garden and Ben Hannan in an SRO role, but it is important to note they both have substantive day jobs to which they need to return to. The directive from SGHD is about pooling the Covid booster programme into business-as-usual and this has to sit within the immunisation structure. The role of the Director of Public Health is being enhanced and is clarified within this paper.

Nicky Connor advised that the transition between herself and Scott Garden / Ben Hannan is important and they are working closely with everyone involved to be part of the Programme Board. All of the learning and expertise will be brought forward into the planning going forward. Modelling is underway on the system that has been put in place around how to plan and deliver, with an overarching Board and core group of key individuals who will work together to move things forward. There are three subgroups within this: one looking at logistics, which will promote accessibility within the community; one looking at scheduling; and another looking at workforce. One of the key pieces of work at the moment is awaiting confirmation about what is required in terms of delivery. This will then allow development of a sustainable workforce plan to deliver our models of care. The goal is to make this accessible as possible.

There is a lot of uncertainty in the received letter from SGHD around the next steps. The main planning scenario is that planning needs to begin for Autumn for seasonal flu vaccination and Covid boosters to start from September. At the moment there is no clarity from JCVI in terms of the final advice, so this might be subject to change.

It was clarified that Fife Council is not referenced in Appendix 3 as the clinical elements for the governance structure sits with Health.

In December 2020 / January 2021, NES prepared job descriptions for Band 3 Health Care Support Vaccinators and Fife used this to recruit to our sustainable workforce. As they were employed initially for Covid, the contracts were fixed term, but the majority are likely to become substantive roles. Legislation is also underway to allow Band 3 Health Care Support Workers to deliver more than just Covid vaccines. A new workforce nationally is being discussed, but a huge amount of work is required to achieve this.

It was agreed that when the guidance from the JCVI is issued, an extraordinary meeting of the Committee will be arranged for the end of August to discuss the way forward. The lessons learned from seasonal flu and Covid will be reflected upon and the governance arrangements will move forward to give assurance to the Committee of the effectiveness of the delivery model that is in place.

Christina Cooper thanked Joy Tomlinson for her report, which gives the Committee a good level of assurance of where we are at present. Further reports on the way forward will follow as and when required.

7 STRATEGY / PLANNING

7.1 Development of the Population Health & Wellbeing Strategy

Margo McGurk advised that there had been a very helpful session at the recent Board Development Session. Following the Board's input, work will begin on the next steps, which include the establishment of critical paths and the development of the strategy itself. Detailed structured reports will be prepared to ensure the strategy, the strategic frameworks and delivery plan all sit together in a consistent way. There will also be progress with the EQIA approach and engagement work.

Following feedback from the Development session, work will be undertaken looking at building personas around currently well individuals and those who are managing long-term conditions and staying well. The Communications Team will also be looking at overall branding.

It was noted that, when preparing the draft strategy, the risk profiles associated with it should be reflected in risk reporting through the governance structure.

Christina Cooper thanks Margo McGurk for her verbal update, which provides helpful further detail on the direction of travel. It is also good to note the risk profile reflection, as risk (and its mitigation) has to be at the centre of planning strategies.

7.2 Digital & Information Strategy Update

Alistair Graham advised that assurance had been sought around the Digital Strategy and further reports will follow to future meetings around the delivery plan, in September 2021 and March 2022.

Some of the changes over the last fifteen months include a revised Digital Strategy for Scotland. Learning over this period has drawn out the importance of the "No One Left Behind" elements that digital exclusion and inequalities may bring. This is something to be mindful of for the future. There has also been the introduction of an Artificial Intelligence (AI) Strategy. This is usually considered as an area of innovation, but operational examples are here and available for NHS Fife to adopt and consider.

During the pandemic there has been unprecedented change in the areas of digital adoption. There is a lot to learn, not just in terms of how to support our own staff but patients and the public. National capabilities have been covered as part of earlier discussions on the Covid campaign. The national vaccination system is dealing with 18,000 appointments a week for Fife on average. This is more appointments than we deal with in our other systems combined on a weekly basis.

A capability model has been introduced to better understand the delivery of the Strategy (Appendix 1). The clinical and care digital pathways elements recognise the existing systems in place that we need to maximise the use of. There is unprecedented demand for the continuation of the public-facing services and continuing the digital adoption between clinicians and the public / patients. 75% of patients who have used "Near Me" expect this to continue.

The key ambitions of the digital strategy remain strong and are under further scrutiny as we develop the Population Health and Wellbeing Strategy. These will be continue to be reprioritised in terms of the programmes and projects.

In taking comment it was noted that improved and enhanced governance structures are now in place, following recent internal audit reports and recommendations. It was also noted there was alignment to the Primary Care Strategy and partnership working with the independent and third sectors.

Christina Cooper thanked Alistair Graham for the report and update. It is reassuring to note the digital strategy is at the forefront as we move forward and very helpful to see the progress to date.

8 STRATEGY / PLANNING

8.1 Integrated Performance & Quality Report

Dr McKenna advised that, in terms of our position over the last year, quality performance around clinical governance has been good and consistent, apart from one particular area which Janette Owens will detail further later in the meeting. There is nothing particular to highlight to the Committee from this month's report. It is important to note the operational performance section within the report, as this shows impact on our waiting times and clinical prioritisation.

Christina Cooper thanked Dr McKenna for his update.

The Committee considered NHS Fife performance, with particular reference to the Clinical Governance measures identified in Section 2.3 of the report.

8.2 Healthcare Associated Infection Report (HAIRT)

Janette Owens advised that there were no areas of concern within the report. There was an inspection within VHK in May 2021, the findings of which were positive, and the report from the inspection will come to the Committee in September 2021.

Action: JO

Christina Cooper thanked Janette Owens for her update.

9 DIGITAL AND INFORMATION

9.1 Information Governance and Security Steering Group Update

Alistair Graham advised that the assurances around Information Governance & Security (IG&S) had been flagged as a concern by Internal Audit and we have been committed to improve this. At the March 2021 meeting of the IG&S Steering Group, consideration was given to a set of performance measures, and these were supplemented at the June 2021 meeting by a workplan, with projects and deliverables associated across outcomes per quarter. This, in turn, brings assurance around the quality and framework. These are included in Appendix 1 and 2 of the report. This work will be evidenced to the IG&S over the year. A submission has been submitted

to Internal Audit around the report. By the end of this financial year, there should be evidence to support strong baseline and improvement against these controls, to better measure performance.

Margo McGurk chairs the IG&S Group and noted it has been a difficult job re-launching the Group. However, there has been a huge amount of progress in quite a short space of time. There is now a position statement from Internal Audit advising they are moving the level of risk associated with information governance down a level, which is testament to this work.

Christina Cooper thanked Alistair Graham for his update. It is good to see the progress and the alignment within the workplan about clear priorities and associated risk. It is vital to keep this investment moving forward. A further report will come back to the Committee in due course.

The Committee noted the progress being made with the governance and assurance activities within the newly revised IG&S Governance framework.

10 PERSON CENTRED CARE, PARTICIPATION AND ENGAGEMENT

10.1 People and Planning Guidance

Janette Owens advised that a verbal update had been given to the Committee at the last meeting. Going forward, Janette Owens and Nicky Connor are working closely with the Patient Relations team on the statutory duties set out within the Guidance for the IJB and Board.

Christina Cooper thanked Janette Owens for her report. The report sets out the context of the work and whole partnership working in greater detail. The Committee noted the contents of the report.

10.2 Complaints Report

Janette Owens advised that the complaints performance is reported on a monthly basis, with a target of 80% for Stage 1 and 65% for Stage 2 complaints closed within time. Concern was raised about the level of performance previously and a review is underway to improve the complaint handling performance in line with national standards. Part of this is to consider providing more meaningful data to the Committee.

Complaints response was paused during the Pandemic in 2020 and this has led to a backlog which is still being worked through. There is evidence emerging that there is a level of recovery. In April, Stage 2 complaints were at 22.9%. With the work being taken forward with Acute and Partnership, this is now 32.6%, which will hopefully be sustained and improved upon.

A letter had been received from the SPSO recognising the pressures boards have been under during the pandemic, but also advising the five working day and twenty working day timescales still stand. It was also highlighted the Model Complaints Handling Procedures (CHP) allows for flexibility for timescales to be extended under certain circumstances.

The CHP introduced nine key performance indicators, for which we are measured and reported on annually within the complaints annual report. A dashboard is being developed, which will give more detail around the key performance indicators.

A process mapping exercise has been carried out, which identified where some of the delays were, but a more in-depth process mapping is needed. Complexity of complaints is the main delay. In addition, the Patient Relations Team had a number of staff off sick but is now back to full strength.

Some of the work being taken forward around quality improvement includes working with Mental Health Services on a Plan, Do, Study, Act (PDSA) programme. There were eleven active complaints, eight of which were closed within twenty days. The remaining three complaints are subject to local or significant adverse event reviews.

Gemma Couser and her team will be taking forward work around an Organisational Learning Group in relation to learning from complaints. This work will be fed into the Clinical Governance Oversight Group.

Compliments and patient feedback are not usually routinely reported on but this has been included within the report. In relation to Care Opinion, 402 stories have been posted this year, 185 responders and 100% of stories responded to (87% within 5 days). This is set out further in Appendix 3 of the report.

Workforce Planning continues with the Patient Relations Team to ensure they are fully established. Education and training opportunities are also available and will be promoted going forward.

It is hoped the new dashboard will be available for the next meeting of the Committee.

Christina Cooper thanked Janette Owens for her report and update, which helpfully covers the wider context of complaints.

The Committee noted and supported the direction of travel indicated in the report, endorsing the intention:

- 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

11 ANNUAL REPORTS

11.1 Annual Immunisation Report

Esther Curnock highlighted that this report considers the wider programme in relation to the delivery of immunisation in 2020 within NHS Fife. This report does not focus on Covid.

The first part of the report highlights vaccine preventable disease and the second on vaccine uptake. In terms of vaccine preventable disease, 2020 has been an unusual

year. After Q1 of 2020 there has been very low levels of activity due to the measures put in place for the pandemic. This has raised issues for Winter 2021/2022 and is subject of discussion at national level.

In relation to vaccine uptake, the key in restarting the childhood programme is that NHS Fife are able to maintain the delivery through the impact of Covid. There is, however, lower uptake in the most deprived groups, consistent across vaccines, and this increases with age. This is also prevalent in the teenage programme.

As the HPV programme is delivered in schools, there was some disruption in 2020. There has been activity this year to mop up those missed and this is due for completion by end of August 2021. HPV is now being delivered to boys as well as girls and this will be monitored carefully.

There was also disruption to delivery of the adult programme through Covid. There was a formal pause by SGHD for shingles.

A lot of work has been undertaken in relation to the review of governance structures and this will be progressed along with the strategy document and action plan. Work will also need to focus on inequalities on the vaccination uptake data and the learning from the inclusivity work undertaken during Covid.

Christina Cooper thanked Esther Curnock for her very detailed and thorough report. To deliver and support Partnership working, it was noted support is provided by the third and independent sectors to reach communities where there has been a reduced uptake.

The Committee noted the content of this report, which was provided for information only.

11.2 Clinical Advisory Panel Annual Report

Dr McKenna advised that the Clinical Advisory Panel (CAP) has continued to meet over the past year and this report details the activity. The CAP covers overseas exceptional referrals outwith NHS Scotland or outwith the SLA arrangements NHS Fife may have with local Health Boards. This also includes the use of the Independent / Private Sector for various learning disability or mental health requirements, as is detailed within the financial section of the report.

Referrals have been received during the pandemic, but this is less than previous years, given that a lot of elective activity was stood down.

In taking comment it was noted that Ayr Clinic is a medical secure rehabilitation unit, for which there are not facilities in Fife or anywhere else in Scotland. This will be looked at further when considering the reprovision of mental health to try and develop a similar facility in Fife.

No patients are sent outwith Fife for rehab. There are very few inpatient rehab beds in Scotland. Dr McKenna agreed to bring a paper to the Committee highlighting the work that is being undertaken, as there is funding centrally to support this work.

The funding for the Harris Howard Psychology is for a specific patient whose treatment cannot be delivered within Fife. No other patients will be considered for privately funded psychology. Dr McKenna suggested it might be worth having a formal discussion on how the additional funding provided to Psychology Services can be used to reduce waiting times across Fife.

Christina Cooper thanked Dr McKenna for his helpful paper.

The Committee noted the report.

12 LINKED COMMITTEE MINUTES

All items under this section were taken without discussion and noted:

- 12.1 Acute Services Division Clinical Governance Committee (12.05.2021)
- 12.2 Area Clinical Forum (25.05.2021)
- 12.3 Fife Drugs & Therapeutics Committee (30.04.2021)
- 12.4 Fife HSCP Clinical & Care Governance (16.04.2021)
- 12.5 NHS Fife Clinical Governance Oversight Group (22.04.2021)
- 12.6 Infection Control Committee (14.02.2021 & 02.06.2021)
- 12.7 Public Health Assurance Group (08.04.2021)
- 12.8 Information Governance & Security Steering Group (23.03.2021)
- 12.9 Integrated Joint Board (IJB) (26.03.2021 & 23.04.2021)

13 ITEMS TO NOTE

13.1 Audit Report B12/21 Assurance Framework

The Committee noted the findings of the report.

14 ISSUES TO BE ESCALATED

It was agreed to highlight to the Board the Committee's positive comments around the Child Protection Assurance Report. Any further points of escalation will be considered by the Chair.

15 ANY OTHER BUSINESS

There was no other competent business.

Thanks were given by members to Catriona Dziech, who was stepping down as the Committee Secretary to the meeting, as she handed over that responsibility to the new Board Committee Support Officer.

16 DATE OF NEXT MEETING

Friday 17 September 2021 at 2pm via MS Teams (noting that an Extraordinary Meeting will be scheduled for August).

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

Present:

C Cooper, Non-Executive Member (Chair)	M Black, Non-Executive Member
S Braiden, Non-Executive Member	S Fevre, Area Partnership Forum Representative
D Graham (Cllr), Non-Executive Member	R Laing, Non-Executive Member
J Owens, Nurse Director	C Potter, Chief Executive
J Tomlinson, Director of Public Health	

In Attendance:

L Campbell, Associate Director of Nursing
L Cooper, Immunisation Programme Director
B Davis, Head of Primary and Preventative Care Services (*representing N Connor*)
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
S Fraser, Associate Director of Planning & Performance
S Garden, Director of Pharmacy & Medicines
A Graham, Associate Director of Digital & Information
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
M Michie, Deputy Director of Finance of Finance (*representing M McGurk*)
N McCormick, Director of Property & Asset Management
H Thomson, Board Committee Support Officer (Minutes)

Christina Cooper welcomed everyone to this special meeting of the Clinical Governance Committee. A welcome was extended to B Davis (Head of Primary and Preventative Care Service) who is representing the Director of Health & Social Care, and M Michie (Deputy Director of Finance of Finance) who is representing the Director of Finance & Strategy.

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

1. Apologies for Absence

Apologies were noted from members N Connor (Director of Health & Social Care), A Lawrie, (Area Clinical Forum Representative), C McKenna (Medical Director) and attendees G Couser (Head of Quality & Clinical Governance), B Johnson (Capital Projects Director), M McGurk (Director of Finance & Strategy), J Morrice (Consultant Paediatrician) and E Muir (Clinical Effectiveness Co-ordinator).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Update on the Joint Flu Vaccine Covid Vaccine (FVCV) Programme Delivery

The Head of Primary and Preventative Care Services presented the FVCV Programme Delivery paper, advising it delivers tranche 1 (to date) of the Covid-19 vaccine programme, and provides an update on the planning for delivery of tranche two (Autumn programme), which covers both Covid-19 and seasonal flu.

Transition from Tranche 1 to Tranche 2

An update was provided on the transition of the programme, which has been positive. Governance has transferred fully from the Covid-19 Silver Command structure to the new FVCV governance structure, with three supporting workstreams covering logistics, workforce & model of care, and scheduling.

The Programme Management Office (PMO) support transitioned over successfully, with one new key appointment of a Programme Director.

The risk management process has transferred and moved to the new FCVC programme. It was highlighted the previous Covid-19 Lead Officers remain key and valued members of the new programme.

In terms of the tranche 2 programme, which is the third dose (for both seasonal flu and Covid-19), planning is very well advanced in Fife. Completed delivery plans will be submitted to the Scottish Government via the appropriate governance routes locally. Key areas of guidance will be provided from the Joint Covid Vaccination Infection Committee (JCVI), and planning for delivery of the tranche 2 programme will be based on scenario assumptions linked to this awaited guidance. It was noted the Scottish Government will guide the formal delivery plans. More detail will be provided to the Committee as the programme moves into tranche 2.

Delivery of Plans

An update was provided on tranche 1 activity, and the four key priorities.

The Immunisation Programme Director advised delivery of tranche 1 will continue with a focus on the under-40s age group and encouraging uptake. A summary on uptake of the various cohorts in the under-40s age group was provided.

It was noted there are complex areas within the various cohorts, and it has been agreed nationally there will be local guidance available.

A robust plan is in place for venues and delivery of vaccines Fife wide. Work is also underway with General Practitioners on supporting the over-80s cohort. A bespoke team will be available to reach out to cohorts who are unable to attend a venue, and for those in care homes.

Concern was raised around the use of the National Scheduling Tool, given the earlier issues experienced in Fife which had led, in some instances, to a poor patient experience. It was advised that the tool has evolved over time and extensive work has been carried out in developing it and addressing issues, which will continue as these new workstreams progress. It was noted learning from past issues with the tool are

reflected in the programme risk register. The team were commended on their hard work addressing earlier issues.

It was advised the Equality Impact Assessment is being progressed for the delivery plans and will direct how communities are reached out to.

Timelines

Following a question on timelines, it was advised timelines are key and are set out by national planning. It was noted NHS Fife are involved in national groups and short life working groups and have an active role within Fife to influence timelines and how the programme develops; this includes both the concurrent and decoupled Flu and Covid-19 scenarios.

Concurrent and Decoupled Flu and Covid-19 Vaccines

Workforce was raised in relation to concurrent and decoupled Flu and Covid-19 vaccinations and meeting the challenges if the decoupled vaccine is chosen. It was advised there is a dedicated workstream which focusses on workforce modelling & planning and is progressing well. The workstream have provided assurance workforce will be available for both scenarios.

Clarity around potentially administering both vaccines at the same time is expected to be available within a week's time.

Covid-19 Vaccines

It was reported there are various trials taking place around the different Covid-19 vaccines. In line with the trials, the JCVI are looking at the safety data. A mixed model is expected, and experts are likely to make recommendations around the various age groups. No concerns were raised around supply meeting demand for vaccines.

Communication

Communication is being driven forward both at national and local level to maximise uptake of the vaccinations and includes communication in the education sector. A national toolkit for comms is expected to be available once the JCVI guidance is announced.

It was advised there is an approach to communication nationally, which is centred around Public Health Scotland, and this will inform our local communications.

The communications strategy for the different scenarios was questioned. In response, it was advised the communication strategy is crucial and will ensure messages are clear and encourage the population to take up the vaccine. Reassurance will be provided around the eligibility in the 12 – 15 year old cohort from around 3 September 2021.

The Chief Executive advised there is a weekly briefing that is issued to elected members and used as a route to share key messages. The briefings have a strong focus on the vaccination programme, and these can be complemented by new communications being developed for these new workstreams

Risk

It was advised there will be a robust approach to risk, and two high level risks have been identified: national scheduling system and the infrastructure.

Vaccine Passports

The impact on the potential for vaccine passports was queried, and whether there would be a requirement to have a third vaccine recorded. It was advised this will be subject to the Parliamentary debate on 6 September 2021. Reassurance was provided that passports would only be used in optional venues, such as outdoor events, and would not affect hospital visitors, for example.

The Committee **noted** the report, took assurance from the progress and updated information regarding the programme, and developments in the approach.

The Head of Primary and Preventative Care Services / Immunisation Programme Director were thanked for their very informative presentation and report.

4. Fife Immunisation Strategic Framework 2021-24

The Director of Public Health presented the Fife Immunisation Strategic Framework 2021-24, which is the next stage after delivery in moving forward with immunisation.

It was advised the framework is wider than Seasonal Flu and Covid-19 and is for all immunisation programmes. It includes a targeted approach for those in the population at higher risk of infection.

Background to learnings was highlighted and the importance of leadership and management in immunisation, the governance structures that are needed to support and the planning requirements that need to be in place.

It was advised the Fife Immunisation Strategic Framework 2021-24 provides the foundation for an integrated strategic plan for immunisation and how we deliver and plan immunisations going forward, which is fundamental for health within the population of Fife at all ages. The Director of Public Health outlined the key aims and key ambitions through implementation of the strategy. The actions from the key priority areas are aligned to individuals and advisors who will be assisting Leads in the responsibilities. Governance arrangements are set out in the framework, and it was advised there will be areas of shared responsibility, along with clarity of roles, and overlapping responsibilities between NHS Health Board, Integrated Joint Board (IJB) and the Health and Social Care Partnership.

It was reported the actions and performance measures have been set out in the framework for each of the priority areas. The Committee will be kept informed of progress of the strategy and this will also be monitored through our Executive Directors' Team and IJB.

It was questioned how the impact of the immunisation programme will be evaluated in terms of linking to areas of deprivation and within the population health and wellbeing strategy. In response, it was advised further work is required in terms of equality, where there is not as much uptake in immunisation in specific areas, particularly areas of deprivation in the childhood programmes. It was noted more targeted efforts are

required, and tailored messaging for specific groups. Equality and uptake are measurable; however, more work is required to understand reasons why there is a drop off in more deprived areas. It was also noted the uptake levels in deprived areas of Fife are different in comparison to other deprived areas in Scotland, and this needs further review.

It was advised outbreaks of vaccine preventable diseases are always monitored. Regular reporting will be on an annual basis as part of the regular reports that the Board will be provided with.

Following a question on workforce operational issues in the vaccine delivery centres, it was advised the current workstream has robust management and oversight of workforce delivery. Nurturing of the workforce is a key aim of the strategy, and to continue having a robust and supported workforce within the immunisation programme. In terms of operational delivery, the strategy proposes an area is established in the Immunisation Steering Group with an ongoing programme of audit, both routine immunisation and targeted vaccines. It was noted real time support from management to staff in centres is available.

The report was commended as an excellent report that outlines the complexities and challenges of implementing the framework across the range of services the Immunisation teams provide.

The Committee **considered** the main findings from the paper and **supported** the implementation of the Fife Immunisation Strategic Framework 2021-24.

5. Any Other Business

There was no other business.

Date of Next meeting – Friday 17 September 2021 at 9.30am via MS Teams

KEY:	Deadline passed / urgent
	In progress / on hold
	Closed

CLINICAL GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Friday 17 September 2021



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1	07/09/20	Situation report for combining of key plans and programmes	Executive Directors' overview, when completed, to be brought back to the Committee to understand how things will be managed across the Health Board & H&SCP.	SF	To remain on Action List until Pandemic settles.	18/08/21 - Oversight and Leadership of the key programmes in Fife will be given by the newly established Population Health and Wellbeing Portfolio Board. The governance of this board is proposed to the newly formed Public Health and Wellbeing Committee.	
2	07/07/21	Healthcare Associated Infection Report (HAIRT)	Report from Inspection at VHK to be brought to next meeting.	JO	Sept 21	09/09/21 – on agenda at meeting on 17 September 21	Closed
3	07/07/21	Vaccination Programme	BH to provide members with further details of the percentage of substantive staff and how many staff are currently seconded/ redeployed within NHS Fife to the Vaccination Programme.	BH	Sept 21	07/07/21 – Closed. Detail sent after meeting on 7 July 21.	Closed
4	04/11/20	BAF – eHealth	CMcK to check if Assurance Mapping Exercise being carried out by the Risk Manager and Internal Audit is to be considered by the Committee. 07/07/21 - A paper is being taken to EDG on 8 July 2021 to consider the detail further around the risks to the organisation.	CMcK	Ongoing	07/07/21 - Closed. Internal Audit report that came to July meeting gave the outcome of this assurance mapping process with reference to this BAF.	Closed

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
5	30/04/21	R & D Annual Report 2019-2020 – St Andrews University	A working group to be formed with input from Medical Education and Research, Development & Innovation. CP to oversee the group. Communications and GMac will support the group in terms of the strategy and implementation for achieving Health Board status.	CMcK	Jul 21	07/07/21 – Closed. An update was considered by Board members at the recent Development Session. Regular updates will be brought to the Committee in due course via the Workplan	Closed
6			A report to be brought back to a future Committee on progress of the ongoing work with the Dean of the Medical School.	CMcK			
7	30/04/21	Fife Child Protection Annual Report 2019-20	A report on the impact of Covid to be brought back to next meeting.	JO	Jul 21	07/07/21 – Closed.	Closed
8	11/03/21	IPQR - Complaints	JO to provide in depth report on how to improve complaints following her meeting with the Team.	JO	May 21	07/07/21 – Closed	Closed
9	30/04/21	IPQR – Complaints	JO to provide a report, to include new processes and ways of working, to EDG by the end of May. The report to then be brought to the next meeting of the CGC, along with suggested reporting content to be used within the IPQR.	JO	Jul 21	07/07/21 – Closed	Closed
10	30/04/21	Public Engagement & Consultation	JO to provide an update on feedback on patient experience, particularly in relation to the urgent care changes.	JO	Jul 21	07/07/21 – Closed	Closed
11	30/04/21	Board Assurance Framework – Strategic Planning	Adjusted version be brought to the next meeting, taking account of the comments made at meeting.	MMcG/SF	Jul 21	07/07/21 – Closed	Closed

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
12	30/04/21	Draft Assurance Statement for the Clinical Governance Committee	Final report to be brought back to the July meeting for final sign off.	GMac	Jul 21	07/07/21 – Closed	Closed
13	30/04/21	Guidance on Deceased Organ and Tissue Donation in Scotland: Authorisation Requirements for Donation and Pre-Death Procedures	JO and CMcK to discuss amending the current text of Item 2.4.	JO/ CMcK	Jul 21	07/07/21 – Closed	Closed

NHS Fife

Meeting:	NHS Fife Clinical Governance Committee
Meeting date:	17 September 2021
Title:	NHS Fife Board Assurance Framework (BAF) Quality & Safety
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Author:	Pauline Cumming, Risk Manager

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to an:

- Annual Operational Plan
- Emerging Issue
- 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 update the Committee on the BAF for Quality and Safety and associated linked risks.

The Committee has a vital role in scrutinising the risks and where indicated, the Committee chair will seek further information from risk owners. This report provides the Committee with an update since the last report on 7 July 2021.

2.2 Background

As previously reported, the BAF brings together pertinent information on the above risk, integrating objectives, risks, controls, assurances and additional mitigating actions. It:

- 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

The Committee is invited to consider the following:

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

2.3 Assessment

The Committee can be assured that systems and processes are in place to monitor the organisation's performance in relation to quality and safety; details of related high level risks are set out in Appendix 1 and 2. Further detail on aspects of performance in terms of quality and safety is provided in the Board Integrated Performance & Quality Report.

Changes since the last report to the Committee are as follows:

Linked Operational Risks:

Two linked risks have been removed from the BAF as re- assessment of their current risk rating resulted in the risks being closed:

Risk 521: Capacity Planning - Boarding of patients. Rationale: Since the start of COVID, the Emergency Care Directorate has ceased boarding patients into planned care wards.

Risk 1287: Overcapacity in Assessment Unit (AU) 1. Rationale: As part of the response to COVID, assessment pathways have changed. Plans are in place to provide a new assessment unit within AU1. The situation will continue to be closely monitored.

One linked risk has been removed from the BAF, as following re-assessment, the current risk rating reduced to moderate:

Risk 1670: Temperature within fluid storage room within critical care. Mitigations have allowed the risk to be reduced to moderate. Planning is underway between the ECD, Estates and ENGIE for a project designed to provide optimal fluid storage facilities.

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

There are no changes to the level of the remaining linked risks detailed in Appendix 2. The Medical Director asked risk owners to prepare a detailed SBAR review of each linked risk. This exercise has been completed and a summary of the actions further to this exercise will be presented to the committee in November 2021.

For noting

The next submission to the Committee, will present a detailed review of the BAF which will include the following analysis:

- deterioration or improvement in risk rating over time
- a review of the management actions
- an assessment of the speed at which the risk will impact NHS Fife

The review will also seek to ensure that the BAF reflects the quantum of risk associated with the short, medium and longer term impacts of the pandemic, and align with the Scottish Government's clinical prioritisation and remobilisation framework.

2.3.1 Quality/ Patient Care

Effective risk management underpins the delivery of high quality, person - centred care. Highlighting relevant risks to the Committee, allows for appropriate scrutiny, challenge and monitoring of risks to the delivery of quality health and care services.

2.3.2 Workforce

Optimal staff health and well being can contribute to enhanced performance, improved patient experience and increased job satisfaction. Please see Appendix 2 for specific impacts on staff where applicable.

2.3.3 Financial

Please see Appendix 2 for specific financial impacts where applicable.

2.3.4 Risk Assessment/Management

Please refer to Appendix 1 and 2.

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, the Medical Director, and the Director of Nursing, NHS Fife on 27 August 2021.

2.4 Recommendation

The Committee is invited to:

- **Discuss** the content and current position of the quality and safety component of the Board Assurance Framework.

3 List of appendices

Appendix 1, NHS Fife Board Assurance Framework (BAF) Quality & Safety to NHS Fife CGC 170921 V1.0

Appendix 2, BAF Risks - Quality & Safety - Linked Operational Risks to NHS Fife CGC 170921 V1.0

Report Contact

Pauline Cumming

Risk Manager

Email 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	07/07/2021	17/09/2021	There is a risk that due to failure of clinical governance, performance and management systems (including information & information systems), NHS Fife may be unable to provide safe, effective, person centred care.	4 – Likely – Strong possibility this could occur	5 – Extreme	20	High Risk	3 – Possible – May occur occasionally – reasonable chance	5 – Extreme	15	High Risk	Failure in this area could have a direct impact on patients’ health, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme harm can occur daily, the proportion of these in relation to overall patient activity is very small.	Christopher McKenna	Medical Director	Clinical Governance	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.

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
529	Information Security Risk	Active Risk	High Risk	16	McGurk, Margo
1365	Cancer Waiting Times Access Standards	Active Risk	High Risk	15	Couser, Gemma

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
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			
521	Capacity Planning	Closed Risk			
1287	Overcapacity in AU1 Assessment Unit	Closed Risk			
1670	Temperature within fluid storage room within critical care	Active Risk	Moderate	12	Miriam Watts

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (Initial)	Consequence (Initial)	Risk level (initial)	Rating (Initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
529	CORPORATE RISK REGISTER, NHSFBD - Digital and Information Directorate Risk Register	02/10/2012	Information Security Risk	<p>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.</p> <p>This risk relates to the Networking and Information Systems(NIS)Regulations.</p>	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	<p>This risk remains high. NHS Fife is taking steps to identify and risk assess data assets using the DPIA Template, but this involve significant effort to retrospectively complete, this is work in progress. There is ongoing discussion between the CSM and ISM as to the formulation of a work flow for DPIA's to progress through to streamline the process, this will be raised within the IG&S Ops meeting.</p> <p>The NIS regulations audit has been carried out and we await the report, this report will be used to build an action plan of progression towards addressing the information security objectives.</p> <p>CSM and ISM are in process of developing a framework of baseline acceptable standards and documentary requirements that will address information security objectives across the organisation if adopted.</p> <p>Note that this risk is underpinned by the following risks:220,225, 226,230,537,538,540,1410,1569.</p>	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	27/07/2021	27/10/2021
43	Acute Services - EMERGENCY CARE & MEDICINE DIRECTORATE RISK REGISTER	24/03/2012	Vascular access for heamatology/Oncology	A lack of a vascular access service and access to timely Hickman line insertion poses a risk to the timely initiation of chemotherapy to Haematology/Oncology patients.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	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.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	3 - Possible - May occur occasionally - reasonable chance	4 - Major	Moderate Risk	12	Savage, Shirley-Anne	Davidson, Dr Kerri	22/06/2021	01/12/2021
1296	CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register	22/08/2016	Emergency Evacuation, VHK Phase 2 Tower Block	There is a risk that a second stage fire evacuation, or complete emergency evacuation, of the upper floors of Phase 2 VHK, may cause further injury to frail and elderly patients, and/or to staff members from both clinical and non-clinical floors.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	JR - 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.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	1 - Remote - Can't believe this event would happen	5 - Extreme	Low Risk	5	McCormick, Neil	Ramsay, Jimmy	22/06/2021	30/09/2021
1652	Acute Services - Women Children and Clinical Services - Obstetrics, Gynae and Paeds Risk Register	12/11/2019	Lack of Medical Capacity in Community Paediatric Service	<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>	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	<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>	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	3 - Possible - May occur occasionally - reasonable chance	4 - Major	Moderate Risk	12	Dobson, Claire	Galloway, Donna	17/06/2021	31/12/2021

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
1365	Acute Services - ACUTE SERVICES DIVISION RISK REGISTER, NHSFBD - Cancer Services Risk Register, NHSFBD – COVID-19 Risk Register	15/06/2017	Cancer Waiting Times Access Standards	There is a risk that NHS Fife will be unable to deliver and sustain Cancer Waiting Times Access Standards which will result in delays to patient appointments, investigations and treatment.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	24/02/21 PTL meetings continue to ensure robust escalations for patients that are not moving through their pathways. National discussions have taken place to ensure up to date and appropriate waiting times adjustments are applied. A Cancer Strategy Group has been formed to oversee performance within NHS Fife and take forward the recently published Cancer Recovery Plan. A continuing issue is the number of necessary steps in the pathways that occur without significant delay a national review of pathways will be undertaken as part of the Cancer Recovery Plan.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	3 - Possible - May occur occasionally - reasonable chance	3 - Moderate	Moderate Risk	9	Couser, Gemma	Nicoll, Kathleen	24/02/2021	24/09/2021

Meeting:	Clinical Governance Committee
Meeting date:	17 September 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:

- Assurance

This report relates to a:

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 accurate and timely assurances to this Committee and ultimately to the Board that the organisation is delivering on its strategic objectives in line with the following:

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

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

This report provides the Committee with the next version of the NHS Fife BAF 5 on 17.9.21.

2.2 Background

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

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

2.3 Assessment

There 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.

Following discussion at previous committees, previous risks have remained on the BAF until the new Strategy is produced. The BAF and risk also describes how

- the now agreed Corporate Objectives have been derived from the Strategic Planning and Resource Allocation (SPRA) process
- the Strategic Priorities form part of the strategic planning direction going forward for NHS Fife.
- Work is progressing in the development of the Population Health and Wellbeing Strategy

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.

2.4 Recommendation

The Committee is invited to:

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

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email: susan.fraser3@nhs.scot

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score				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	14/06/2021	30 September 2021	<p>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&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>	4 - Likely - Strong possibility this could occur	4 - Major	16	High Risk	4 - Likely - Strong possibility this could occur	4 - Major	16	High Risk	<p>Integrated Transformation Board now in place after the review of transformation in 2019. Following period of COVID-19, transformation planning is being revised and new structure being put in place following transformation workshop planned for 3 September 2020. Programme management approach being refreshed through Strategic Planning Resource Allocation (SPRA) process.</p>	Margo McGurk Clinical Governance.	Director of Finance Christina Cooper.	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>27/7/21</p> <p>In addition to 16/6/21</p> <p>1. Encouraging discussion at the Board Development session in May 2021 about the planning for development of the strategy.</p> <p>2. Corporate Objectives for 2021/22 now agreed by the Board in July 2021.</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 planned with NHS Fife and Fife Council Executive Teams for 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. .	Work is ongoing to agree the corporate objectives through SPRA process and the development of the Population Health and Wellbeing Strategy. This will be supported by the corporate PMO.	3 - Possible - May occur occasionally - reasonable chance	4 - Major	12	Moderate Risk	<p>Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce.</p> <p>WILL BE REVIEWED AFTER COVID19 PERIOD .</p>

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

Meeting:	Clinical Governance Committee
Meeting date:	17 September 2021
Title:	Board Assurance Framework (BAF) - Digital and Information
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Author:	Alistair Graham, Associate Director of Digital and Information

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 EDG with an update on NHS Fife BAF in relation to Digital & Information (D&I) as at 5 August 2021, prior to presentation to Clinical Governance Committee.

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: -

Previously Linked Operational Risks:

During the period 1 Risks have been removed as Linked Operational Risk (1504).

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

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)	Christina Cooper (CGC), Rona Laing (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 evidence of assurance now that systems to maintain ongoing monitoring of compliance and control are established: GDPR/DPA 2018 - Improvements noted in IG&S Assurance Report (Target March 2022) 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 responded to	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 - Phase 1 October 2021) 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 (Completed) 4. 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
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	High Risk	16	Graham, Alistair
1746	O365 May Cause Disruptive Network Overhead	Active Risk	Moderate Risk	9	Young, Allan
1504	Lack of a central IT location to store guidance documents	Active Risk	High Risk	20	McKenna, Christopher

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	
537	529	NHSFBD - Digital and Information Directorate Risk Register	CORPORATE RISK REGISTER, NHSFBD - Digital and Information Directorate Risk Register	02/05/2006	02/10/2012	Information Security Risk	There is a risk that NHS Fife's information or data assets including patient data, commercially sensitive data or personal data may be compromised through deliberate or accidental misuse of IT Systems, malicious attack designed to damage or steal electronic data, affect essential services, loss theft or misuse of paper based records during transportation, clinical processes or storage. This risk relates to the Networking and Information Systems(NIS)Regulations.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk		15	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	26/07/2021
There is a risk of localised or widespread extensive and persistent IT network failure caused by failure of any of Local Area Networks within NHS Fife. Thus resulting in clinicians / admin staff being unable to access data which is pertinent to patient care and administrative services being significantly hindered.						3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	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.		3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	1 - Remote - Can't believe this event would happen	5 - Extreme	Low Risk	5	Young, Allan	Fowles, Malcolm	09/03/2021	01/03/2022	

1338		885		ID	
NHSFBD - Digital and Information Directorate Risk Register		NHSFBD - Digital and Information Directorate Risk Register		Position of Risk (Risk Register)	
23/02/2017		31/10/2014		Opened	
NHS Fife is at increased risk to a targetted cyber intrusion - due to legacy systems		Digital & Information Financial Position		Title	
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.		There is a risk that D&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 & secure. The D&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. The D&I department is forced to carry persistent high/red risks due to ever-competing funding challenges, which impact the ongoing ability maintain safe operations.		Description	
3 - Possible - May occur occasionally - reasonable chance		4 - Likely - Strong possibility this could occur		Likelihood (initial)	
4 - Major		5 - Extreme		Consequence (initial)	
Moderate Risk		High Risk		Risk level (initial)	
12		20		Rating (initial)	
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.		20/5/21 - Following receipt of the financial allocation letters from DoF for 2021-22, the AD of D&I has highlighted concerns over level of exposure for capital and revenue allocation and the impact on the ability to deliver the D&I Strategy 2019-24. Consideration of additional funding sources underway with support of Finance - includes ADEL funding, National Funding for projects - (Completion of investigation by August 2021) Assessment on ability to deliver Digital Strategic ongoing (Completion by September 2021) Capital Planning (5-7 years) ongoing (Completion by August 2021)		Current Management Actions	
5 - Almost Certain - Expected to occur frequently - more likely than not		4 - Likely - Strong possibility this could occur			Likelihood (current)
4 - Major		5 - Extreme			Consequence (current)
High Risk		High Risk			Risk level (current)
20		20			Rating (current)
2 - Unlikely - Not expected to happen - potential exists		2 - Unlikely - Not expected to happen - potential exists		Likelihood (Target)	
2 - Minor		2 - Minor		Consequence (Target)	
Low Risk		Low Risk		Risk level (Target)	
4		4		Rating (Target)	
Young, Allan		Graham, Alistair		Risk Owner	
Faichney, Brian		Marshall, Shelley		Handler	
02/03/2021		25/06/2021		Previous Review Date	
10/01/2022		31/08/2021		Next Review	

1422	1393	ID
NHSFBD - Digital and Information - Information Technology Risk Register, NHSFBD - Digital and Information Directorate Risk Register	NHSFBD - Digital and Information - Information Technology Risk Register	Position of Risk (Risk Register)
19/02/2018	30/10/2017	Opened
Unable to meet NIS & Cyber Essentials compliance	Patch Management Risk	Title
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.	There is a risk that software, hardware and firmware patches are not applied correctly because of: <ul style="list-style-type: none"> • Patching not being applied consistently, especially non-Microsoft • Patches may not be rolled out on legacy servers due to their fragility, high availability requirements or lapsed support lifecycle • Some third party suppliers of IT services or systems will not support the patching of their infrastructure due to insufficient support contracts • Limited test environments to test patches • Inability to fully test all patches due to the number of systems maintained by the D&I department • Third parties deploying patches without applying the change management process • Servers using operating systems/applications that are no longer supported by the vendor i.e. no longer providing patches resulting in NHS Fife's software, hardware and firmware having reduced functionality and exposure to security vulnerabilities. 	Description
5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur	Likelihood (initial)
4 - Major	4 - Major	Consequence (initial)
High Risk	High Risk	Risk level (initial)
20	16	Rating (initial)
<div> <div>March 2021 - NIS audit has been conducted, awaiting outcome with view to update plan.</div> <div>Dec 2020 - No change from previous update</div> </div>		Current Management Actions
5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur	Likelihood (current)
4 - Major	4 - Major	Consequence (current)
High Risk	High Risk	Risk level (current)
20	16	Rating (current)
2 - Unlikely - Not expected to happen - potential exists	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)
8	3	Rating (Target)
Young, Allan	Young, Allan	Risk Owner
Davies, John	Fowles, Malcolm	Handler
17/03/2021	01/12/2020	Previous Review Date
13/09/2021	01/07/2021	Next Review

1576	1424	ID
NHSFBD - Digital and Information - Information Services Risk Register, NHSFBD - Digital and Information Directorate Risk Register	NHSFBD - Digital and Information - Information Technology Risk Register, NHSFBD - Digital and Information Directorate Risk Register	Position of Risk (Risk Register)
03/07/2019	14/07/2015	Opened
Risk of not meeting SaMD full compliance	End of support lifecycle for Microsoft Server Products	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 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.	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)
July 2021 - Agreement for Associate Director of D&I, Director of Pharmacy and Medicines and Director of Finance to meet to discuss and approach for medical devices/Software as a Medical Device.	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.	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)
3 - Possible - May occur occasionally - reasonable chance	2 - Unlikely - Not expected to happen - potential exists	Likelihood (Target)
4 - Major	2 - Minor	Consequence (Target)
Moderate Risk	Low Risk	Risk level (Target)
12	4	Rating (Target)
McKenna, Christopher	Young, Allan	Risk Owner
McKenna, Christopher	Fowles, Malcolm	Handler
23/07/2021	09/03/2021	Previous Review Date
16/08/2021	01/03/2022	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
1927	NHSFBD - Digital and Information - Information Technology Risk Register	08/09/2020	T1 - Deliberate unauthorised access or misuse by insiders (staff, contractors etc.)	Personal and special data will be processed via emails sent using the O365 Email service. There is a risk disgruntled staff, contractors, volunteers etc. may attempt to access other users email accounts to access information they are not entitled to read.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	<p>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.</p> <p>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.</p> <p>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.</p> <p>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</p> <p>Outstanding Mitigations: Staff require protected training time around the safe use of email. Also the implementation of MFA or agreed conditional access to reduce the dependency on staff awareness to prevent information security incidents. There is the concern that enterprise management security (EMS) has not been procured as a risk mitigation for mobile devices.</p>	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	Fowles, Malcolm	Fowles, Malcolm		15/10/2020

1934	1932	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
Loss of Email & Collaboration Services	T4 - User error (including those supporting system)	Title
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.	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.	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)
Dec 2020 - Initial work has begun to design and cost secondary connections to the Internet using resilient design and auto failover.	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;	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)
Young, Allan	Fowles, Malcolm	Risk Owner
Fowles, Malcolm	Callaghan, Sarah	Handler
		Previous Review Date
01/07/2021	15/10/2020	Next Review

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
4 - Likely - Strong possibility this could occur	Likelihood (initial)
4 - Major	Consequence (initial)
High Risk	Risk level (initial)
16	Rating (initial)
3/8/21 - Update provided by National O365 Team. They are developing a implementation plan that details where adoption of O365 features would incur additional costs. Risk requirement to be reviewed at this stage as financial risk of adopting O365 not fully known. Business Case creation ongoing (September 2021) Request made by NHS Boards for more user admin rights within the O365 tenancy.	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)
2 - Unlikely - Not expected to happen - potential exists	Likelihood (Target)
1 - Negligible	Consequence (Target)
Very Low Risk	Risk level (Target)
2	Rating (Target)
Graham, Alistair	Risk Owner
Murray, Claire Louise	Handler
27/05/2021	Previous Review Date
24/09/2021	Next Review

Meeting: Clinical Governance Committee

Meeting date: 17 September 2021

Title: NHS Fife Population Health & Wellbeing Strategy Progress

Responsible Executive: Margo McGurk, Director of Finance and Strategy

Report Author: Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to the committee for

- Assurance

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This is a progress paper regarding the initial work to support the NHS Fife Population Health and Wellbeing Strategy and Portfolio (PHWP) Board. This will cover both Portfolio work together with the co-ordination of the emerging 5 year strategy.

2.2 Background

NHS Fife is a complex organisation operating in a complex environment with many programme and project-related activities. A portfolio approach will facilitate an efficient, centralised management of the organisation's resources and investment whilst ensuring consistent Fife-wide governance and control standards.

A PHWP Board is being established to deliver the strategic co-ordination of the emerging strategy. It will also enable senior leadership to successfully deliver the entire range of programmes, projects and other related activities across Fife on an ongoing basis.

2.3 Assessment

The following gives a brief overview of the current work being undertaken.

Portfolio Approach to Population Health and Wellbeing

This approach will align existing programmes of work alongside the development of the Population Health and Wellbeing Strategy as well as providing leadership to new prioritised programmes of work.

A PHWP Board is being established to provide leadership and oversight of the programmes across health. The Terms of Reference are being agreed after discussion at the Executive Directors' Group. The first meeting of this Board is planned for September.

Alignment of Strategy and Portfolio to Care Programmes

The PHWP will align the existing key programmes and projects to the 4 national Care Programmes: Integrated Unscheduled Care, Integrated Planned Care, Place and Wellbeing and Preventative and Proactive Care.

In addition, the Fife PHW Strategic Framework will be designed using the 4 national care and wellbeing programmes and strategic direction will focus on these areas. Existing programmes in Fife will be aligned to these 4 programmes.

Proposal for Strategy Development

A detailed Programme Plan is currently being drafted for the development and delivery of the 5 year Strategy.

Given the current COVID restrictions, it is proposed to engage with staff virtually to develop the strategic framework initially to gather the current service position. Once the information is gathered, analysed and themed, the group will convene to agree gaps and recommendations.

EQIA

The EQIA Stage 1 form has been completed and signed off with the agreement to move to Stage 2 of the EQIA. NHS Fife's Equality and Human Rights Lead will lead stage 2 with input from staff, patients and the public engagement network.

Communications and Engagement Proposal to aid strategy development.

To start and maintain the NHS Fife strategy development "conversation" with our internal and external stakeholders, the following communications support is proposed. This work would also underpin and complement the EQIA Stage 2.

Branding for strategic plan and associated engagement campaign

To provide a visual identity for the project, which creates an instantly recognisable visual reference for the programme. This branding would be used across all communications material and across all channels.

Citizens Survey or Poll

NHS Fife is committed to engage with as many citizens living in Fife as we can to help direct and shape our strategic planning.

Given the limitations presented by COVID and the tight timescales we are working to, an online survey or poll might be the most effective way of reaching out to as many citizens across Fife via individuals, community groups and our partners to gain their thoughts and feedback.

There are 3 key strands the survey / poll could explore, which are:

1. What matters to the people in Fife in terms of accessing health care?
2. Capturing their current (including pre-COVID) experience of using our services
3. Building on the lessons learned from COVID and the unique opportunity to capitalise on some of the new ways of working we introduced - e.g. Near Me video consultations, how do they see the future of health care delivery across the kingdom of Fife.

In tandem with this we would look to run an equivalent internal staff survey to complement our citizens survey.

2.3.1 Quality/ Patient Care

PHW Portfolio Board and Strategy are aligned with providing high quality and good patient care.

2.3.2 Workforce

PHW Portfolio Board and Strategy are aligned with workforce development and support

2.3.3 Financial

PHW Portfolio Board and Strategy are aligned with financial implications

2.3.4 Risk Assessment/Management

PHW Portfolio Board and Strategy are aligned to risk management.

2.3.5 Equality and Diversity, including health inequalities

PHW Portfolio Board and Strategy are aligned with equality and diversity. An EQIA is being developed, as detailed above.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

PHW Portfolio Board and Strategy are aligned with engagement and consultation. Further information on the proposed communications strategy is given above.

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 Gold Command, 9 August 2021
- EDG Strategy meeting, 19 August 2021
- All Board Committee meetings during September 2021

2.4 Recommendation

- **Assurance**— Members are asked to note the establishment of the Population Health and Wellbeing Portfolio Board and progress of the development of the strategy.

Report Contact

Susan Fraser

Associate Director of Planning and Performance

25 August 2021

Meeting:	Clinical Governance Committee
Meeting date:	17 September 2021
Title:	Joint Remobilisation Plan 2021/22 (RMP3/RMP4)
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to the:

- Joint Remobilisation Plan 2021/22 (RMP3/RMP4)

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The third Joint Remobilisation Plan (RMP3) for Health and Care services delivered by NHS Fife and Fife Health and Social Care Partnership (HSCP) for the period 2021/22 was submitted and approved by the Scottish Government (SG). An update, known as RMP4, was requested on 20th July 2021 to reflect on progress to date and set out what is expected to be delivered over the remainder of 2020/21.

2.2 Background

The Scottish Government letter dated 20th July 2021 titled *Remobilisation Plans 2021/22: Mid-Year Update (RMP4)* commissioned an update to plans set out in RMP3. RMP4 offers an opportunity to reflect on the impact of the pandemic on the delivery of services, specifically where this might have changed since the RMP3 was submitted including opportunity to revise activity templates.

SG have acknowledged that planning is an ongoing activity throughout the year, therefore a Delivery Planning Template is now required to be completed. This will form the basis of annual plans going forward and will include information on risks (and mitigation) and outcomes. This will include key deliverables identified within RMP3, as well as any additional key actions that have been identified since RMP3 was submitted, such as national projects/programmes that have launched or substantially developments in the last 6 months. Template will also include any actions relating to winter, as SG are not requesting a separate Winter Plan.

2.3 Assessment

RMP3 Action Tracker

An Action Tracker was created following approval from SG of RMP3 with regular 2-monthly updates being provided by services. The Fife Remobilisation Plan Forum was re-established to review and ensure the document is updated regularly. Reports to EDG, Committees and Board was by exception only.

New Templates

The RMP4 documentation included Delivery Planning Templates to be used in the submission of RMP4. Information already collated in the RMP3 Action Tracker has been transferred to Delivery Planning Template with service through the RMP Forum being asked to review, amend and provide additional content in accordance with the RMP4 guidance.

Progress

From previous updates, diagnostic pathway for Children and Young People within Primary/Community Care has been reinstated and activity in Adult Mental Health Day Hospitals has resumed. All other actions from RMP3 are currently in progress, on track or complete so there are no actions to be reported by exception.

Winter Actions

In relation to winter planning, during 2020/21 due to the COVID-19 emergency planning measures being in place, one meeting took place to review winter 2019/20 and plan for winter 2020/21. In 2021, a Winter Review event was held in April 2021. Learning from this event was considered in terms of performance, what went well, what went less well and the key planning priorities for the Winter of 2021/22.

These will be formalised into Winter Actions following the Winter Planning Event on 25th August and will be included in the Winter Planning/Whole System Actions within the RMP4 Delivery Planning Template.

2.3.1 Quality/ Patient Care

Quality of patient care and safety are at the heart of the Remobilisation Plan.

2.3.2 Workforce

Oversight to workforce implications during remobilisation have been considered and form part of the Strategic Planning and Resource Allocation process.

2.3.3 Financial

Oversight to financial implications during remobilisation have been considered and form part of the Strategic Planning and Resource Allocation process.

2.3.4 Risk Assessment/Management

Risk Assessment is contained within the Remobilisation Plan.

2.3.5 Equality and Diversity, including health inequalities

Remobilisation Plan included the appropriate equality and diversity impact assessment process as part of the restart process.

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation and with key external stakeholders is integral to the implementation of the Remobilisation Plan.

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.

- Remobilisation Plan Forum on 11th August.
- Integrated Capacity and Flow meeting on 11th August.
- EDG Strategy meeting, 19 August 2021
- All Board Committee meetings during September 2021

2.4 Recommendation

- **Assurance** – The Joint Remobilisation Plan 2021/22 RMP3 and process in place for production of the RMP4

3 List of appendices

The following appendices are included with this report:

Report Contact

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

Meeting: Clinical Governance Committee
Meeting date: 17 September 2021
Title: Review of Health & Social Care Integration Scheme
Responsible Executive: Nicky Connor
Report Author: Nicky Connor

1 Purpose

This is presented to the Committee for:

- Decision

This report relates to a:

- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The Public Bodies (Joint Working) Scotland Act 2014 set out the requirements to review the Integration Joint Board (IJB) Integration Scheme within a 5-year period which required both NHS Fife and Fife Council to submit an updated scheme by 31 March 2021. The Scheme was delayed due to the Covid-19 Pandemic and an extension was granted by Scottish Government.

2.2 Background

The current Integration Scheme required review and has been updated to reflect the current arrangements for the IJB in line with Legislation. This work has now concluded.

2.3 Assessment

A working group was established to review the Integration Scheme and consisted of representation from the Health & Social Care Partnership, NHS Fife and Fife Council. Advice was also sought at an early state in the process from Internal Audit.

Meetings took place regularly between December 2019 and March 2020 until this work was paused due to the global pandemic. The review was recommenced in August 2020 and has concluded within the revised timescale of December 2020. There was one outstanding issue around the risk share arrangements which was escalated to both Chief Executives and this was area was agreed in May 2021.

2.3.1 Quality/Patient Care

The review of the Integration scheme supports the nine National Health and Wellbeing Outcomes and will positively impact on the health and social care services for the people of Fife.

2.3.2 Workforce

The refresh of the Integration Scheme provides greater clarity around roles and responsibilities for the workforce and will have a positive impact on the workforce.

2.3.3 Financial

Risk share arrangements have been agreed by the Chief Executives of Fife Council and NHS Fife.

2.3.4 Risk Assessment/Management

N/A

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

Integration Scheme Working Group consisting of representatives from the IJB NHS Fife and Fife Council.

2.3.8 Route to the Meeting

Regular updates have been provided to the Chief Executives of NHS Fife and Fife Council from the Integration Scheme Working Group and the Director of Health and Social Care.

2.4 Further Guidance from Scottish Government

Scottish Government have indicated that they did not expect full reviews of Integration Schemes to be submitted by 31 March 2021 due to the constraints placed on Boards caused by the pandemic. They were content that a local review was concluded, and information and indicative timescales provided on when the additional outstanding issues would likely be concluded. A letter was sent to Scottish Government confirming the conclusion of the local review and outlining the timeline of September for submission.

Following a review of the Scheme, it was concluded that no significant changes were required. The format of the reviewed Scheme continues to follow the Model Integration Scheme but has been refreshed to give more clarity to the agreed arrangements and to remove repetition and duplication. The revised Scheme is attached as Appendix 1 and the changes are summarised as follows:

- Clarification around the role of the Chief Officer in respect of operational direction and accountability to the IJB and clinical and care governance and oversight.

- Enhanced clarity around the responsibilities and accountabilities of NHS Fife and Fife Council for clinical and care governance and the professional roles held by the Executive Nurse Director, the Executive Medical Director and the Chief Social Work Officer.
- Clarification that the IJB will ensure mechanisms to discharge its statutory responsibilities for the delivery of integrated health and social care services, health and wellbeing outcomes, the quality aspects of integrated functions for strategic planning and public involvement and delivery, monitoring and reporting on integration through Localities, Directions and its Annual Performance Report.
- Removal of specific reference to the Clinical and Care Governance Committee, Finance and Performance Committee and Audit and Risk Committee to enable the IJB to reflect its own Scheme of Delegation for its operation.

In particular, Members should note that there is no change proposed to the size or membership of the IJB. There is a change to the financial basis upon which the parties share the cost of overspends or underspends incurred by the IJB

The changes proposed to the Integration Scheme must be agreed by both parent bodies, NHS Fife and Fife Council and must be submitted to Scottish Government for Ministerial approval. Fife Council will consider the Integration Scheme at its meeting on 23 September 2021 and The Committee is asked to take the decision to recommend to the NHS Board that the outcome of the review is approved at the NHS Board meeting on 28 September 2021. The amended Scheme will be submitted to Scottish Government as soon as possible thereafter for Ministerial Approval.

The Chief Officer intends to then bring forward proposals to the IJB during 2021 for the necessary governance changes and commence the review of its Standing Orders.

2.5 Consultation Analysis - Summary

The following summary highlights the areas covered in the consultation; the full report is available at Appendix 3.

The consultation has received 56 responses in total.

The participants were asked if they agree with no changes being made to delegated services, the question received 56 answers of which 84% of respondents said yes, with 9% not sure and 7% disagreed with no changes being made.

Participants were asked if they agree with the proposed changes to Care and Clinical Governance. This question received 56 responses, where 84% agreed, 2% (or one person) disagreed and 14% weren't sure.

Participants were asked if they agreed with no changes being made to membership. The question has received 56 responses with 84% agreeing to no changes being made to membership, while 9% disagree and 7% weren't sure.

Following the consultation the overall majority of respondents were in favour of the proposed amendments therefore no further changes were made to the Integration Scheme.

2.6 Recommendation

Decision – the Committee is asked to recommend the revisions to the Integration Scheme to enable NHS Fife Board to formally approve this prior to it being submitted to Scottish Government for Ministerial approval.

3 List of Appendices

The following appendices are included with this report:

1. Draft Amended Scheme of Integration (2021)
2. Fife Health & Social Care Integration Scheme – Consultation
3. Consultation Analysis
4. H&SC Integration Scheme – List of Those Consulted

Report Contact

Norma Aitken, Head of Corporate Services - Norma.Aitken-nhs@fife.gov.uk



Fife Health and Social Care Integration Scheme

between

Fife Council and NHS Fife

July 2021

CONTENTS

SECTION	PAGE NO
Introduction	2
Aims, Outcomes and Values of the Integration Scheme	2
The Health and Social Care Integration Scheme for Fife	4
1. Definitions and Interpretation	4
2. Local Governance Arrangements	5
3. Delegation of Functions	5
4. Local Operational Delivery Arrangements	5
5. Clinical and Care Governance	8
6. Chief Officer	9
7. Workforce	10
8. Finance	11
9. Participation and Engagement	15
10. Information Sharing and Data Handling	16
11. Complaints	16
12. Claims Handling, Liability and Indemnity	17
13. Risk Management	17
14. Dispute Resolution Mechanism	18
Annex 1 – Functions Delegated by NHS Fife to the IJB and Services Currently Provided by NHS Fife Which are to be Integrated	19
Annex 2 – Functions Delegated by Fife Council to the IJB and Services Currently Provided by Fife Council Which Are to be Integrated	24
Appendix 1 – Participation and Engagement	30

INTRODUCTION

The Public Bodies (Joint Working) (Scotland) Act 2014 (The Act) requires Health Boards and Local Authorities to integrate planning for, and delivery of, certain adult health and social services. They can also choose to integrate planning and delivery of other services such as NHS Childrens' Services.

The Act requires NHS Fife and Fife Council to prepare jointly an Integration Scheme setting out how this joint working is to be achieved.

Within Fife it has been agreed that this delegation will be a third body called the Integration Joint Board (IJB) (under S1 (4) (a) of the Act commonly referred to as a "Body Corporate" arrangement.

This document sets out the integration arrangements adopted by NHS Fife and Fife Council as required by Section 7 of the Act. This Integration Scheme follows the format of the model document produced by the Scottish Government, and includes all matters prescribed in the regulations.

As a separate legal entity, set out in the Public Bodies (Joint Working) (Scotland) Act 2014, the IJB has full autonomy and capacity to act in its own behalf and can, accordingly, make decisions about the exercise of its functions as it sees fit. However, the legislation that underpins the IJB requires that it's voting members are appointed by the Health Board and the Council. While serving on the IJB its members carry out the functions under the Act on behalf of the IJB itself, and not as delegates of their respective Health Board or Council. Working in accordance with the Standards Commission Model Code of Conduct for Members of Devolved Public Bodies.

The IJB is responsible for the Strategic Planning of the functions delegated to it and for ensuring oversight of the delivery of the services conferred on it by the Act through the locally agreed arrangements set out in the Integration Scheme. The Integration Scheme should be read in such a way as to follow the spirit of the agreement. Any questions on interpretation should be based on reading the implied terms in order to make the interpretation compatible with the purpose of the agreement, which is to achieve a unified and seamless health and social care service for the people of Fife where all individuals will work together to achieve the same outcomes and follow the same vision, philosophy and principles.

AIMS, OUTCOMES AND VALUES OF THE INTEGRATION SCHEME

The main purpose of integration is to improve the wellbeing of people who use health and social care services, particularly those whose needs are complex. The Integration Scheme is intended to support achievement of the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under Section 5 (1) of the Act namely:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer.
2. People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.

3. People who use health and social care services have positive experiences of those services, and have their dignity respected.
4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
5. Health and social care services contribute to reducing health inequalities.
6. People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing.
7. People using health and social care services are safe from harm.
8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
9. Resources are used effectively and efficiently, and resource allocation is underpinned by the principle of delivering “value based” health and social care services.

The IJB is committed to enabling the people of Fife to live independent and healthier lives. We will deliver this by working with individuals and communities, using our collective resources effectively to transform services, ensuring these are safe, timely, effectively, high quality and based on achieving personal outcomes. This will be underpinned by our agreed values to be person focused, respectful, inclusive, empowering and acting with integrity and care. The IJB is committed to the protection and enhancement of Equality and Human Rights.

Service users and carers will see improvements in the quality and continuity of care and smoother transitions between services and partner agencies. These improvements require planning and co-ordination. By efficiently deploying multi-professional and multi-agency resources, integrated and co-ordinated care systems will be better able to deliver the improvements we strive for; faster access, effective treatment and care, respect for people’s preferences, support for self-care and the involvement of family and carers.

The IJB will be committed to ensuring that service transformation takes place. It will operate in a transparent manner in line with the Langlands Good Governance Standards and the Nolan Principles that underpin the ethos of good conduct in public life. These are selflessness, integrity, objectivity, accountability, openness and honesty. The IJB will demonstrate these principles in the leadership of transformational change. By adhering to an open and transparent approach it will ensure that it is well placed to satisfy our moral duty of candour as well as any developing legal requirements in this area.

Integration must be about much more than the structures that support it and must reflect the values of integrated and collaborative working. It is only by improving the way we work together that we can in turn improve our services and outcomes for individuals and communities who use them.

THE HEALTH AND SOCIAL CARE INTEGRATION SCHEME FOR FIFE

The Parties:

Fife Council, established under the Local Government etc (Scotland) Act 1994 and having its principal offices at Fife House, North Street, Glenrothes Fife KY7 5LT (“Fife Council”);

And

Fife Health Board, established under section 2(1) of the National Health Service (Scotland) Act 1978 (operating as “NHS Fife”) and having its principal offices at Hayfield House, Hayfield Road, Kirkcaldy, Fife KY2 5AH (“NHS Fife”) (together referred to as “the Parties”)

Hereby agree to the following:

1. DEFINITIONS AND INTERPRETATION

“the Act” means the Public Bodies (Joint Working) (Scotland) Act 2014;

“Integration Joint Board” or “IJB” means the Integration Joint Board for Fife established by Order under section 9 of the Act;

“Health and Social Care Partnership” is the name given to the delivery of services under the leadership of the Director of Health and Social Care for functions which have been delegated to the Integration Joint Board.

“Integration Scheme Regulations” means the Public Bodies (Joint Working) (Integration Scheme) (Scotland) Regulations 2014;

“Prescribed Health Board Functions Regulations” means the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014;

“IJB Order” means the Public Bodies (Joint Working) (IJBs) (Scotland) Order 2014;

“Outcomes” means the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Act;

“Scheme” means this Integration Scheme;

“Directions” means the legal mechanism intended to direct and allocate responsibilities between partners as set out in section 52 the Act. Directions are the means by which the IJB directs NHS Fife and Fife Council what services and outcomes are to be delivered using the integrated budget (ie the budget which is delegated to the IJB and for which the IJB is responsible).

“Strategic Plan” means the plan which the IJB is required to prepare and implement in relation to the delegated provision of health and social care services to adults in accordance with section 29 of the Act.

As “Chief Officer” (Director of Health and Social Care) undertakes a joint function.

As “Chief Officer” they are the Accountable Officer to the IJB.

As “Director of Health and Social Care” they are the operational Director jointly responsible to the Chief Executives of the Health Board and Local Authority.

2. LOCAL GOVERNANCE ARRANGEMENTS

- 2.1 The Parties have agreed to proceed by way of adopting the Body Corporate model of integration and to establish an IJB as provided for in Section 1(4)(a) of the Act.
- 2.2 The arrangements for appointing the voting membership of the Integration Joint Board are that Fife Council will appoint 8 Councillors and NHS Fife will appoint 8 Board members to be members of the Integration Joint Board in accordance with article 3 of the Integration Joint Board Order. The Board members appointed by the Parties will hold office for a maximum period of 3 years and will be bound by the Standards Commission Advice for IJB Members. Board members appointed by the Parties will cease to be members of the Board in the event that they cease to be a Board member of NHS Fife or an Elected Fife Councillor.
- 2.3 The Chair of the IJB will serve a three-year term and will rotate between the voting members nominated by Fife Council and NHS Fife. The Vice-Chair will also serve a 3-year term and will be selected from the Partner body which does not hold the chair.
- 2.4 In addition to the voting members described in paragraph 2.2 above, the IJB will also comprise the non-voting members specified in article 3(1) of the IJB Order.
- 2.5 The IJB will appoint non-voting members in accordance with articles 3(6) and 3(7) and may appoint additional nonvoting members in accordance with article 3(8) of the IJB Order.

3. DELEGATION OF FUNCTIONS

- 3.1 The functions that are delegated by NHS Fife to the IJB (subject to the exceptions and restrictions specified or referred to in Part 1 of Annex 1) are set out in Part 1 of Annex 1. The services currently provided by NHS Fife in carrying out these functions are described in Part 2 of Annex 1.
- 3.2 The functions that are delegated by Fife Council to the IJB (subject to the restrictions and limitations specified or referred to in Parts 1A and 1B of Annex 2) are set out in Parts 1A and 1B of Annex 2. For indicative purposes only the services which are currently provided by Fife Council in carrying out these functions are described in Part 2 of Annex 2.

4. LOCAL OPERATIONAL DELIVERY ARRANGEMENTS

The local operational arrangements agreed by the Parties are:

- 4.1 The IJB has a responsibility for the planning of Services. This will be achieved through the Strategic Plan.

- 4.2 The IJB directs the Parties to deliver services in accordance with the Strategic Plan.
- 4.3 The Integration Joint Board, through the Chief Officer, is responsible for the operational oversight of Integrated Services, through the issuing and monitoring of Directions.
- 4.4 The Chief Officer as Director of Health and Social Care will be responsible for the operational management of Integrated Services in line with the Parties respective Schemes of Delegation.
- 4.5 The Integration Joint Board is responsible for the planning of Acute Services in partnership with the hospital sector, for those hospital services most commonly associated with the urgent, unscheduled and emergency care pathway's, alongside primary and community health care and social care. The Act and regulations require that the budget for these hospital services for Fife population is included in the scope of the strategic plan. The Director of Acute Services will be a member of the IJB Strategic Planning Group. In line with the Act the Health Board is required to provide financial, activity and performance monitoring reports to the Chief Officer and Integration Joint Board at a frequency in line with the IJB performance framework and directions. The Chief Officer and Director of Acute Services will work closely together to support a coherent single cross-sector system. An Accountability Framework will be developed between Parties to ensure there is a clear understanding of the balance of risk between the Integration Authority and the Health Board and how any variances will be addressed in line with national guidance on financial planning for large hospital services and hosted services.
- 4.6 The Integration Joint Board will be responsible for monitoring and reporting in relation to the oversight of delivery of the integrated services. The Integration Joint Board will receive detailed work plans and reports from the Parties outlining the key objectives for the year against the delivery of the Strategic Plan. The Integration Joint Board will receive reports for performance monitoring and for informing the future Strategic Planning from the Parties.
- 4.7 The Parties have identified a core set of indicators that relate to Services from publicly accountable and national indicators and targets that the Parties currently report against. A list of indicators and measures which relate to integration functions are collated to form a Performance Framework which provides information on the data gathering and reporting requirements for performance targets and improvement measures. The Parties will share all performance information, targets and indicators with the Chief Officer and Head of Strategic Planning, Performance and Commissioning to enable an Integrated Performance Report to be presented to the Integration Joint Board. The improvement measures are a combination of existing and new measures that will allow assessment at local level. The performance targets and improvement measures are linked to the national and local Outcomes to assess the timeframe and the scope of change.
- 4.8 The Performance Framework also states where the responsibility for each measure lies, whether in full or in part. Where there is an ongoing requirement

in respect of organisational accountability for a performance target for NHS Fife or Fife Council, this will be taken into account by the Integration Joint Board when preparing the Strategic Plan and will be requested through the use of Directions and a suite of performance measures reported to the IJB.

- 4.9 The Performance Framework is used to prepare a list of any targets, measures and arrangements which relate to functions of the Parties, which are not delegated to the Integration Joint Board, but which are affected by the performance and funding of integration functions and which are to be taken account of by the Integration Joint Board when preparing the Strategic Plan. Information will be requested through the use of Directions and a suite of performance measures reported to the IJB.
- 4.10 The Performance Framework is reviewed regularly to ensure the improvement measures it contains continue to be relevant and reflective of the national and local Outcomes to which they are aligned.
- 4.11 In line with Section 43 of the Act the Integration Joint Board will prepare an Annual Performance Report for the reporting year relating to the planning and carrying out of integrated functions and delivery of the Strategic Plan. The parties are required to provide the information to the Chief Officer that the Integration Joint Board may reasonably require for the purpose of preparing the Annual Performance Report and Strategic Plan.
- 4.12 The Parties provide support to the Integration Joint Board for the functions, including the effective monitoring and reporting of targets and measures in line with the Strategic Plan and National Reporting Framework.
- 4.13 The reporting and measurement arrangements are reviewed regularly in line with the Strategic Plan and any emerging guidance. A range of performance monitoring reports covering both finance and activity measures is in place.
- 4.14 The Parties provide support to the Integration Joint Board for the functions, including the effective monitoring and reporting of targets and measures and delivery of the Strategic Plan.
- 4.15 The Parties agree that the current support will continue until new models of service delivery have been developed.
- 4.16 The NHS Fife Board will share with the Integration Joint Board the necessary activity and financial data for services, facilities and resources that relate to the planned use of services by people who use services within Fife for its services and for those provided by other Health Boards.
- 4.17 The Council will share with the Integration Joint Board necessary activity and financial data for services, facilities and resources that relate to the planned use of services by people who use services within Fife for its services and for those provided by other councils.
- 4.18 The Chief Officer will ensure that, where there is an impact of the Strategic Plan on the Integration Authorities for the Council areas within the Health Board

areas of Tayside, Forth Valley and Lothian, then arrangements will be in place to identify any risks and management plans required.

- 4.19 The Parties will ensure that their officers acting jointly will consider the Strategic Plan of the other Integration Joint Boards or the Integration Authorities for the Council areas within the Health Board areas of Tayside, Forth Valley and Lothian to ensure that they do not prevent the Parties and Fife's Integration Joint Board from carrying out their functions appropriately and in accordance with the Integration Planning and Delivery principles and to ensure that they contribute to achieving the National Health and Wellbeing Outcomes.

5. CLINICAL AND CARE GOVERNANCE

The arrangements for clinical and care governance agreed by the Parties are:

- 5.1 The Executive Medical Director, Director of Public Health and Executive Nurse Director, NHS Fife are accountable to the NHS Fife Clinical Governance Committee for quality of care delivery and professional governance in relation to the delegated NHS Fife functions.
- 5.2 The Chief Social Work Officer, Fife Council is accountable for ensuring proper standards and values are maintained in respect of the delivery of Social Work Services delegated to the Integration Joint Board. The Chief Social Work Officer provides specific reports including the annual report and assurance to the relevant Committee of Fife Council.
- 5.3 The Chief Officer as Director of Health and Social Care has delegated operational responsibility for integrated services. The Chief Officer, Medical Director, Nurse Director, Director of Public Health and Chief Social Work Officer will work together to ensure appropriate standards and leadership to assure quality including at transitions of care.
- 5.4 The Parties will continue to monitor and report on clinical, care and professional governance matters to comply with legislative and policy requirements.
- 5.5 The Executive Medical Director, the Director of Public Health and the Executive Nurse Director continue to attend the NHS Fife Clinical Governance Committee which oversees the clinical governance arrangements of all NHS Fife service delivery divisions.
- 5.6 Professional oversight, advice and accountability in respect of care and clinical governance are provided throughout the Partnership by the Executive Medical Director Executive Nurse Director, and Professional Lead Social Worker.
- 5.7 Professional advice is provided to the Integration Joint Board through named professional advisors in line with section 12 of the Act. Advice is also provided through the Strategic Planning Group, Localities and an Integrated Professional Advisory Group comprising of health and social care professionals. The existing advisory groups will be linked to the Integrated Professional Advisory Group and will provide advice, as required, and be fully involved in Strategic Planning processes.

- 5.8 Assurance will be given through arrangements which will come together in an integrated way. The IJB will agree a clinical and care governance framework setting out efficient and effective arrangements for clinical and care governance, supported by the appropriate professional advice, covering all delegated services and at the interface between services. This framework will be developed in partnership with both Parties and the arrangements will clearly set out assurances to the IJB and its partners as well as those for the escalation and resolution of clinical and care risks.
- 5.9 The Parties will ensure clinical and/or care governance arrangements are congruent with those of the IJB. Any changes to these arrangements will be agreed between the Parties and implemented through a Minute of Variation signed on behalf of both Parties and the IJB.
- 5.10 The Integration Joint Board will, through the Chief Officer, establish a framework and mechanisms as appropriate to receive assurance on the systems in place to discharge their statutory responsibilities for the requirements of the Act. This relates to the delivery of integrated health and social care arrangements including the Principles of Integration (Section 4), Health and Wellbeing Outcomes (Section 5), the Quality Aspects of Integrated Functions for Strategic Planning and Public Involvement (Sections 29-39), delivery of Integration through Localities, Directions and the Annual Performance Report (Sections 40-43)
- 5.11 The Strategic Planning Group has medical, nursing, social work, Allied Health Professionals and other key stakeholders and professional staff in its membership to ensure appropriate advice is provided throughout the process of strategy development, implementation and review.

6. CHIEF OFFICER

The IJB shall appoint a Chief Officer in accordance with the Act. The arrangements for the Chief Officer are:

- 6.1 The Chief Officer as Director of Health and Social Care reports to the Chief Executive, Fife Council and the Chief Executive, NHS Fife. Joint performance review meetings involving both Chief Executives and the Director of Health and Social Care take place on a regular basis in accordance with each organisation's normal performance management arrangements.
- 6.2 The Chief Officer in their role as Director of Health and Social Care has delegated operational responsibility for the delivery of integrated services as outlined in Annex 1 and 2 of this Scheme.
- 6.3 The Chief Officer has a senior team of 'direct reports'. The Chief Officer will nominate one of the Direct Reports to act for him or her during periods of absence. In the absence of a nomination the Chair and Vice-Chair of the IJB and the Chief Executives of both Parties will agree a person to act.
- 6.4 The Chief Officer as Director of Health and Social Care is a member of the Senior Management Teams of NHS Fife and Fife Council.

- 6.5 It is recognised and accepted that all members of the Senior Management teams of both NHS Fife and Fife Council have key roles to play in supporting Health and Social Care Integration and delivery of the Strategic Plan.
- 6.6 The Chief Officer is the Accountable Officer to the Integration Joint Board for Health and Social Care. A key element of the role is to develop close working relationships with elected members of Fife Council and NHS Fife Board members.
- 6.7 In addition, the Chief Officer has established and maintains effective relationships with a range of key stakeholders including Scottish Government, the Third and Independent Sectors, service-users, Trade Unions and professional organisations.

7. WORKFORCE

The arrangements in relation to the respective workforces agreed by the Parties are:

- 7.1 The IJB will approve a Joint Workforce and Organisational Development Strategy in order to support delivery of effective integrated services as an integral component of the Strategic Plan. The Strategy will be updated in line with each revision of the Strategic Plan to support the Integration Joint Board to carry out its functions.
- 7.2 Workforce planning information continues to be provided by the Human Resource functions in Fife Council and NHS Fife. The parties will ensure that the IJB is consulted on their Strategic Workforce Plans which must incorporate the IJB Joint Workforce and Organisational Development Strategy. The parties will provide assurance to the IJB on the delivery of those aspects relevant to the functions of the IJB as well as on the implementation of staff governance standards and training and development where relevant to the Strategic Plan.
- 7.3 Core Human Resource services continue to be provided by the appropriate corporate Human Resource and workforce functions in Fife Council and NHS Fife.
- 7.4 The employment status of staff has not changed as a result of this Integration Scheme ie staff continue to be employed by their current employer and retain their current terms and conditions of employment and pension status.
- 7.5 The Parties are committed to the continued development and maintenance of positive and constructive relationships with recognised Trades Unions and professional organisations involved in Health and Social Care Integration.
- 7.6 Trade Union and professional organisation representatives continue to be very much involved in the process of health and social care integration. Senior Staff-side representatives from the Parties are members of the Strategic Planning Group.
- 7.7 The establishment of any group including employees or Trade Union Representatives will not replace or in any way supersede the role and functions

of existing established consultative and partnership arrangements within Fife Council and NHS Fife.

- 7.8 Future service changes will be developed on a planned and co-ordinated basis involving the full engagement of those affected by the changes in accordance with established policies and procedures. This includes NHS Scotland's legal commitment to its employees to act as an exemplar employer under staff governance standards.
- 7.9 It is recognised that those currently involved in service delivery are well placed to identify how improvements can be made and to determine how the Parties can work together to provide the best services with, and for, the people of Fife.
- 7.10 The Parties are committed to ensuring staff possess the necessary knowledge and skills to provide service-users with high quality services.
- 7.11 The Parties are committed to an integrated management approach where individuals may report through a person employed by either Party. The Parties are in agreement that staff employed by their organisations will take and follow instruction from a manager employed by either Party.
- 7.12 Arrangements continue to ensure statutory professional supervision for clinicians and social workers.
- 7.13 The need to take due cognisance of extant recruitment policies and procedures within NHS Fife and Fife Council is well recognised. A fair, equitable and transparent recruitment process will be followed.

8 FINANCE

8.1 Resources

- 8.1.1 The Parties agree the allocations to be made available to the IJB in respect of each of the functions delegated by them to the IJB. The allocations will reflect those services which are delegated by virtue of this Scheme.
- 8.1.2. The Resources to be made available to the IJB fall into two categories:
 - (a) Allocations for the delegated functions, any exclusions to be agreed by both parties.
 - (b) It is the intention that resources used in "large hospitals" that are set aside by NHS Fife are made available to the IJB for inclusion in the Strategic Plan, subject to the quantum being agreed by the Parties.

Allocations to the IJB for delegated functions

- 8.1.3 The method for determining the annual allocations to the Integrated Budget will be aligned with and be contingent on the respective financial planning and budget-setting processes of both Parties. To allow timely financial planning, an early indication of the allocation for the following

financial year is required. This should be provided by the parties during the 3rd Quarter of each financial year and confirmed as early in the 4th Quarter as is possible. This will allow early discussions about spending plans and a collective focus on the financial sustainability of the IJB.

8.1.4 The Director of Health and Social Care and the Chief Finance Officer will develop a proposed Integrated Budget based on the Strategic Plan and present it to the Parties for consideration as part of the annual budget-setting process. The case will be evidence-based with full transparency on its assumptions on the following:

- Activity changes.
- Cost inflation.
- Efficiency savings.
- Performance against outcomes.
- Legal requirements.
- Transfers to/from the amounts made available by NHS Fife for hospital services.
- Adjustments to address equity of resources allocation across the integrated budget.

8.1.5 The Parties evaluate the proposal for the Integrated Budget against their other priorities and will agree their respective allocations accordingly.

Method for determining the resources set aside for large hospital services

8.1.6 The resources set aside by NHS Fife reflect those services as described by Regulation for the Fife population. As Fife is a coterminous Partnership, the total resources available to deliver those health care services will be identified. Cost and activity information will be identified taking into account any planned changes due to the implementation of existing or new interventions in the Strategic Plan.

Method for determining the resources set aside for large hospital services in future years

8.1.7 The future resources set aside shall be determined in response to changes in hospital activity and case mix due to interventions in the Strategic Plan and changes in population need. Timing differences between reduction in capacity and the release of resources will be taken into account.

8.2 Financial Management Arrangements and Budget Variations

Process for resolving budget variances in year - Overspend

8.2.1 The Director of Health and Social Care strives to deliver the outcomes within the total delegated resources. Where there is a forecast overspend against an element of the operational integrated budget, the Director of Health and Social Care, the Chief Finance Officer of the IJB, Fife Council's Section 95 Officer and NHS Fife's Director of Finance must

agree a recovery plan to balance the total budget. The recovery plan shall be subject to the approval of the IJB.

8.2.2 The IJB may re-align budgets to address an overspend by either:

- Utilising an underspend in an element of the operational Integrated Budget to reduce an overspend in another element. An assessment should be made on the forecast annual requirement of the underspending element to ensure sufficient resource remains to cover all costs in that area and the transfer of resource should be on a non-recurring basis and/or
- Utilising the balance on integrated general fund, if available, of the IJB in line with the reserves policy.

8.2.3 If the recovery plan is unsuccessful and there are insufficient underspends or where there are insufficient integrated general fund reserves to fund a year-end overspend, then the Parties with agreement of the IJB, shall have the option to:

- Make additional one-off payments to the IJB; or
- Provide additional allocations to the IJB which are then recovered in future years, subject to scrutiny of the reasons for the overspend and evidence that there is a plan in place to resolve this.

8.2.4 Any remaining overspend will be funded by the Parties based on the proportion of their current year allocations to the IJB less:

- the adjustment for allocations which fall outside the scope of the agreed risk share methodology where agreed between the parties and
- any adjustment to reflect agreed in-year, non-recurring budget realignment where the source relates to the transfer of an underspend in one element of the annual allocations to another area.

Process for Resolving Budget Variances in Year - Underspend

8.2.5 Where there is a forecast underspend in an element of the operational budget, the first priority for use of the forecast underspend will be to offset any forecast overspend within the operational integrated budget. In the event of an overall underspend which is not planned by the IJB, the underspend will be returned to the Parties based on the proportion of their current year final allocations to the IJB. Where there is an overall planned underspend this will be retained by the IJB and transferred to reserves.

8.2.6 Underspends in “ring-fenced” allocations may not be available for alternative use and may need to be returned to the Scottish Government.

- 8.2.7 Any changes to the allocations to the IJB in year by either of the Parties is expected to be in extremis. In such circumstances, a report will be provided to the IJB to seek agreement to the change in annual allocations justification and the recalculation of the relevant amounts.

Process for a balancing cash payment between the Parties in the event of variances

- 8.2.8 The net difference between allocations made to the IJB, as agreed by both parties, and actual expenditure incurred by the Parties as directed by the IJB, will require the balance to be transferred between the Parties as a final adjustment on closure of the Annual Accounts.

8.3 Reporting Arrangements

- 8.3.1 Fife Council's Section 95 Officer, NHS Fife's Director of Finance and the IJB Chief Finance Officer have established a process of regular in-year reporting and forecasting to provide the Director of Health and Social Care with management accounts for both arms of the operational budget and for the IJB as a whole.
- 8.3.2 The Chief Finance Officer provides the Director of Health and Social Care with financial advice for the respective operational budgets.
- 8.3.3 The preparation of management accounts in respect of the delegated functions includes an objective and subjective analysis of budget and estimated outturn and is provided monthly in arrears to the Director of Health and Social Care. This may be amended to a monthly accruals basis should Fife Council change its accounting basis.
- 8.3.4 NHS Fife provides financial monitoring reports to the IJB in respect of the set aside functions at least quarterly in arrears. The report includes activity, the content of which will be agreed with the Director of Health and Social Care.
- 8.3.5 The IJB receives financial management support from the Chief Finance Officer.
- 8.3.6 Accounting records and financial ledgers are held independently by Parties. IJB Financial Reporting and Year End Accounts are consolidated using Excel Spreadsheets.
- 8.3.7 Financial services are provided to the Director of Health and Social Care and the IJB, as appropriate, to carry out their functions ie the staff and other resources are made available to support the preparation of the annual accounts, the financial statement prepared under Section 39 of the Act, the financial elements of the Strategic Plan, and any other such reports on financial matters as may be required.
- 8.3.8 The IJB financial statements are completed to meet the audit and publication timetable specified in regulations (Regulations under section 105 of the Local Government (Scotland) Act 1973). The timetable

ensures that NHS Fife and Fife Council can meet their statutory audit and publication requirements for their individual and group financial statements as appropriate.

8.3.9 Reserves and transactions are reviewed on a quarterly basis during the financial year by the Chief Finance Officer of the IJB, Fife Council's Section 95 Officer and the NHS Fife's Director of Finance to help to ensure that the timetable of the IJB will be met. This quarterly review will be a formal meeting and actions and agreements so recorded.

8.3.10 An Annual Accounts timetable is agreed in advance with the external auditors of the Parties and the IJB.

8.4 Arrangements for use of Capital Assets

8.4.1 The IJB does not receive any capital allocations, grants or have the power to borrow to invest in capital expenditure. The Parties continue to own and manage any property and assets used by the IJB. Access to sources of funding for capital expenditure will be retained by each Party. The Parties will set out any relevant revenue consequences of capital expenditure made by either Party, including confirmation of the recurring funding source of any revenue consequences and subsequent agreement from the IJB.

8.4.2 The Director of Health and Social Care consults with the Parties to ensure best value from resource allocation and will participate in the development of relevant future capital programmes.

9. PARTICIPATION AND ENGAGEMENT

- 9.1 Consultation on the original Integration Scheme was undertaken in accordance with the requirements of the Act. This was the start of an ongoing dialogue recognising that there is ongoing engagement regarding the development of the Strategic Plan.
- 9.2 The IJB will approve a Participation and Engagement Strategy to fully implement the recommendations within the National Planning for People Guidance (2021). Through the Health and Social Care Partnership there will be public engagement processes linked to the unique requirements of the seven locality profiles and this will report into the governance structures of the IJB and connect with the arrangements in place within both parties.
- 9.3 The aim of this is to ensure engagement processes are meaningful, effective, measurable and involves public representatives in a way that builds and develops a working relationship between communities, community organisations, public and private bodies to help them to identify and act on community needs and ambitions.
- 9.4 This will allow the Health and Social Care Partnership to develop stronger collaborative relationships between members of the public and communities, local engagement processes within the NHS, Fife Council and Linked to third and Independent Sector to ensure public participation engagement networks

are joined up for the people of Fife and aligned to the responsibilities held by the IJB to support localities and community engagement.

10. INFORMATION SHARING AND DATA HANDLING

- 10.1 Fife Council, NHS Fife and the Fife IJB have developed and agreed an overarching Information Sharing Agreement (ISA) which governs and supports the sharing of personal information between the Fife partner agencies.
- 10.2 The ISA utilises the templates and guidance provided in the Scottish Government's information Sharing Toolkit, which was developed as a data sharing standard for public bodies. The Toolkit aligns with the Data Sharing Code of Practice published by the Information Commissioner and takes account of changes introduced through the EU General Data Protection Regulation (GDPR) and the UK Data Protection Act 2018.
- 10.3 The ISA will be reviewed by the IJB every two years, or sooner if appropriate.
- 10.4 To support the ongoing integration of health and social care services, further data sharing agreements, work instructions and related guidance for practitioners will be developed as required together with relevant data processing agreements. This approach ensures that information sharing and processing arrangements will continue to meet both operational needs and the legislative requirements of the evolving external environment as the IJB is now a Category 1 Responder.

11. COMPLAINTS

- 11.1 The Parties agree that complaints received from one or more members of the public about the actions or lack of action by either Party in respect of the Integrated Services, or about the standard of Integrated Services, or about the standard of Integrated Services provided by or on behalf of either of the Parties shall be handled in accordance with the follow provisions.
- 11.2 Where the complaint involves more than one Party, agency or service, the Parties shall work together and agree which Party, agency or services will take the lead in handling the complaint ("the Lead Party"). The Lead Party shall inform the complainant that they are leading this process.
- 11.3 Where possible, complaints shall be resolved by front line staff. In these cases, a decision will be given within 5 working days or less, unless there are exceptional circumstances. If it is not possible to resolve a complaint at this stage, the complainant will be advised of this and it may be suggested that they escalate their complaint to the next stage.
- 11.4 If a complaint has not been resolved by front line staff, is particularly complex or requires further investigation, the Lead Party will carry out a detailed investigation and give a full response within 20 working days where possible. If it is not possible to meet this timescale, the Lead Party will advise the complainant and agree a revised time limit.

11.5 If a complainant remains dissatisfied at the end of the investigation stage, the Lead Party shall direct them to the Scottish Public Services Ombudsman (SPSO), if appropriate. There will be no further level of appeal to either of the Parties.

11.6 The Parties shall ensure that details of how to make a complaint are readily available to members of the public, online and in their respective premises.

11.7 A report shall be provided to the IJB on a six-monthly basis advising of the complaints received by the Parties, resolution timescales and complaint outcomes.

12. CLAIMS HANDLING, LIABILITY and INDEMNITY

12.1 The Parties and the IJB recognise that they could receive a claim arising from, or which relates to, the work undertaken on behalf of the IJB.

12.2 The Parties agree to ensure that any such claims are progressed quickly and in a manner which is equitable between them and in accordance with any relevant requirement relating to insurance cover.

12.3 So far as reasonably practicable, the normal common law and statutory rules relating to liability will apply.

12.4 Each Party will assume responsibility for progressing claims which relate to any act or omission on the part of one of their employees.

12.5 Each Party will assume responsibility for progressing claims which relate to any building which is owned or occupied by them.

12.6 In the event of any claim against the IJB, or in respect of which it is not clear which Party should assume responsibility, then the Director of Health and Social Care (or their representative) will liaise with the Chief Executives of the Parties (or their representatives) and determine which Party should assume responsibility for progressing the claim.

13. RISK MANAGEMENT

13.1 The Parties and the IJB shall jointly agree a shared Risk Management Strategy which identifies, assesses and prioritises risks related to the planning and delivery of integrated services, particularly any which are likely to affect the Integration Joint Board's delivery of the Strategic Plan regardless of whether these are held by the IJB, NHS Fife or Fife Council. This includes the development of an IJB Strategic Risk Register that sets out the key risks that apply to the delivery of the Strategic Plan and the carrying out of integrated functions. Any updates to the shared Risk Management Strategy shall be approved by the IJB and the Parties.

13.2 The shared Risk Management Strategy identifies and describes processes for mitigating those risks and sets out the agreed reporting standard that will enable other significant risks identified by the Parties to be compared across the organisations.

- 13.3 The Risk Management Strategy and the Risk Register have been approved by the Integration Joint Board. The Risk Management Strategy allows for any subsequent changes to the Strategy to be approved by the Integration Joint Board.
- 13.4 The shared Risk Management Strategy includes an agreed Risk Monitoring Framework and arrangements for reporting risks and risk information to the relevant bodies. It shall also set out the arrangements for providing assurance on both operational and strategic risks and how and by whom these will be disseminated to all bodies.
- 13.5 The Chief Officer ensures that the Risk Register is reported to the Integration Joint Board on a timescale and format agreed by the Integration Joint Board, this not to be less than twice per year.
- 13.6 The process for amending the Integration Joint Board Risk Register is set out in the risk management strategy.
- 13.7 The Parties will provide sufficient support, from their existing risk management resources, to the Integration Joint Board to enable it to fully discharge its duties in relation to risk management. The Parties will also make appropriate resources available to support the Integration Joint Board in its risk management.

14. DISPUTE RESOLUTION MECHANISM

- 14.1 Where the Parties fail to agree on any issue related to this Scheme, then the following process will be followed:
- (a) The Chief Executives of the Parties will meet to resolve the issue and if resolved will report through the appropriate governance routes of the partner organisations.
 - (b) If unresolved, the Parties will prepare and exchange a written note of their position within 10 working days of the date of the decision to proceed to written submissions or such period as the Parties agree.
 - (c) In the event that the issue remains unresolved, representatives of the Parties will meet to appoint an independent mediator and the matter will proceed to mediation with a view to resolving the issue. The cost of mediation will be shared equally between the Parties.
 - (d) If the issue remains unresolved after following the processes outlined in (a)-(c) above, the Parties agree they will notify the Scottish Ministers that agreement cannot be reached; the notification will explain the actions taken to try to resolve the dispute and request that the Scottish Ministers give directions.

PART 1

Functions Delegated by NHS Fife to the IJB

Column A	Column B
The National Health Service (Scotland) Act 1978	Except functions conferred by or by virtue of - section 2(7) (Health Boards); section 2CB (functions of Health Boards outside Scotland); section 9 (local consultative committees); section 17A (NHS contracts); section 17C (personal medical or dental services); section 17I (use of accommodation); section 17J (Health Boards' power to enter into general medical services contracts); section 28A (remuneration for Part II services); section 48 (residential and practice accommodation); section 55 (hospital accommodation on part payment); section 57 (accommodation and services for private patients); section 64 (permission for use of facilities in private practice); section 75A (remission and repayment of charges and payment of travelling expenses); section 75B (reimbursement of the cost of services provided in another EEA state); section 75BA (reimbursement of the cost of services provided in another EEA state where expenditure is incurred on or after 25 October 2013); section 79 (purchase of land and moveable property); section 82 (use and administration of certain endowments and other property held by Health Boards); section 83 (power of Health Boards and local health councils to hold property on trust); section 84A (power to raise money, etc., by appeals, collections etc.); section 86 (accounts of Health Boards and the Agency); section 88 (payment of allowances and remuneration to members of certain bodies connected with the health services); section 98 (charges in respect of (Non-residents); and paragraphs 4, 5, 11A and 13 of Schedule 1 to the Act (Health Boards); and functions conferred by The National Health Service (Charges to Overseas Visitors) (Scotland) Regulations 1989 The Health Boards (Membership and Procedure) (Scotland) Regulations 2001/302; The National Health Service (Clinical Negligence and Other Risks Indemnity Scheme) (Scotland) Regulations 2000; The National Health Service (Primary Medical Services Performers Lists) (Scotland) Regulations 2004;
All functions of Health Boards conferred by, or by virtue of, the National Health Service (Scotland) Act 1978	

The National Health Service (Primary Medical Services Section 17C Agreements) (Scotland) Regulations 2004;
 The National Health Service (Discipline Committees) (Scotland) Regulations 2006;
 The National Health Service (General Ophthalmic Services) (Scotland) Regulations 2006;
 The National Health Service (Pharmaceutical Services) (Scotland) Regulations 2009;
 The National Health Service (General Dental Services) (Scotland) Regulations 2010.
 The National Health Service (Free Prescription and Charges for Drugs and Appliances) (Scotland) Regulations 2011.
 Carers (Scotland) Act 2016

All sections, duties, functions and
 Services as they relate to adult carers
 as defined in the Carer Act”

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 7

(persons discharged from hospital)

Community Care and Health (Scotland) Act 2002

All functions of Health Boards conferred by, or by virtue of, the Community Care and Health (Scotland) Act 2002.

Mental Health (Care and Treatment) (Scotland) Act 2003

All functions of Health Boards conferred by, or
 by virtue of, the Mental Health (Care and
 Treatment) (Scotland) Act 2003.

Except functions conferred by -
 section 22 (approved medical practitioners);
 section 34 (inquiries under section 33: cooperation)
 section 38 (duties on hospital managers:
 examination, notification etc.) (c);
 section 46 (hospital managers' duties: notification)
 section 124 (transfer to other hospital);
 section 228 (request for assessment of needs:
 duty on local authorities and Health Boards);
 section 230 (appointment of patient's
 responsible medical officer);
 section 260 (provision of information to patient)
 section 264 (detention in conditions of
 excessive security: state hospitals);
 section 267 (orders under sections 264 to 266: recall)
 section 281 (correspondence of certain
 persons detained in hospital);
 and functions conferred by—
 The Mental Health (Safety and Security)
 (Scotland) Regulations 2005;
 The Mental Health (Cross border transfer:
 patients subject to detention requirement or
 otherwise in hospital) (Scotland) Regulations 2005
 The Mental Health (Use of Telephones)
 (Scotland) Regulations 2005; and
 The Mental Health (England and Wales Cross border
 transfer: patients subject to requirements other than
 detention) (Scotland) Regulations 2008

Education (Additional Support for Learning) (Scotland) Act 2004

Section 23

(other agencies etc. to help in exercise of functions under this Act)

Public Services Reform (Scotland) Act 2010

All functions of Health Boards conferred by, or Except functions conferred by by virtue of, the Public Services Reform

Section 31(public functions: duties to provide (Scotland) Act 2010 information on certain expenditure etc.); and section 32 (public functions: duty to provide information on exercise of functions).

Patient Rights (Scotland) Act 2011

Except functions conferred by The Patient All functions of Health Boards conferred by, the Patient Rights (Scotland) Act 2011

Rights (complaints Procedure and by or virtue of, Consequential Provisions) (Scotland) Regulations 2012/36

Carers (Scotland) Act 2016

Section 31

(Duty to prepare local Carers Strategy)But in each case, subject to the restrictions set out in article 3(3) of the Public Bodies (Joint Working) (Prescribed Health Board Functions) (Scotland) Regulations 2014, so far as they extend to the services detailed in Part 2 of Annex 1 of this Scheme.

PART 2

Services Currently Provided by NHS Fife Which Are to be Integrated

Interpretation of this Part 2 of Annex 1 In this part —

“allied health professional” means a person registered as an allied health professional with the Health Professions Council;

“general medical practitioner” means a medical practitioner whose name is included in the General Practitioner Register kept by the General Medical Council;

“general medical services contract” means a contract under section 17J of the National Health Service (Scotland) Act 1978;

“hospital” has the meaning given by section 108(1) of the National Health Service (Scotland) Act 1978;

“inpatient hospital services” means any health care service provided to a patient who has been admitted to a hospital and is required to remain in that hospital overnight, and includes any secure forensic mental health services;

“out of hours period” has the same meaning as in regulation 2 of the National Health Service (General Medical Services Contracts) (Scotland) Regulations 2004(a); and

“the public dental service” means services provided by dentists and dental staff employed by a health board under the public dental service contract.

The functions listed in Part 1 of Annex 1 are delegated to the extent that they are exercisable in the provision of the following services:

PART 2A

Provision for People Over the Age of 18

The functions listed in Part 1 of Annex 1 are delegated to the extent that:

- a) The function is exercisable in relation to persons of at least 18 years of age;
- b) The function is exercisable in relation to care or treatment provided by health professions for the purpose of health care services listed at numbers 1 to 22 below: and
- c) The function is exercisable in relation the following health services:
 - 1) accident and emergency services provided in a hospital;
 - 2) inpatient hospital services relating to the following branches of medicine —
 - (i) general medicine;
 - (ii) geriatric medicine;
 - (iii) rehabilitation medicine;
 - (iv) respiratory medicine; and
 - (v) psychiatry of learning disability,
 - 3) palliative care services provided in a hospital;
 - 4) inpatient hospital services provided by general medical practitioners;
 - 5) services provided in a hospital in relation to an addiction or dependence on any substance;
 - 6) mental health services provided in a hospital, including secure forensic mental health services.
 - 7) district nursing services;
 - 8) services provided outwith a hospital in relation to an addiction or dependence on any substance;
 - 9) services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital;
 - 10) the public dental service;
 - 11) primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C (2) of the National Health Service (Scotland) Act 1978;

- 12) general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978;
- 13) ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978;
- 14) pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978;
- 15) services providing primary medical services to patients during the out-of-hours period;
- 16) services provided outwith a hospital in relation to geriatric medicine;
- 17) palliative care services provided outwith a hospital;
- 18) community learning disability services;
- 19) mental health services provided outwith a hospital;
- 20) continence services provided outwith a hospital;
- 21) kidney dialysis services provided outwith a hospital;
- 22) services provided by health professionals that aim to promote public health.

PART 2B

NHS Fife has also chosen to delegate the functions listed in Part 1 of Annex 1 in relation to the following services:

Provision for People Under the Age of 18

The functions listed in Part 1 of Annex 1 are also delegated to the extent that:

- a) the function is exercisable in relation to persons of less than 18 years of age; and
- b) the function is exercisable in relation to the following health services:
 - 1) accident and emergency services provided in a hospital;
 - 2) services provided by allied health professionals in an outpatient department, clinic, or outwith a hospital;
 - 3) the public dental service;
 - 4) primary medical services provided under a general medical services contract, and arrangements for the provision of services made under section 17C of the National Health Service (Scotland) Act 1978, or an arrangement made in pursuance of section 2C (2) of the National Health Service (Scotland) Act 1978;
 - 5) general dental services provided under arrangements made in pursuance of section 25 of the National Health (Scotland) Act 1978;
 - 6) ophthalmic services provided under arrangements made in pursuance of section 17AA or section 26 of the National Health Service (Scotland) Act 1978;
 - 7) pharmaceutical services and additional pharmaceutical services provided under arrangements made in pursuance of sections 27 and 27A of the National Health Service (Scotland) Act 1978;
 - 8) services providing primary medical services to patients during the out-of-hours period;
 - 9) community learning disability services;
 - 10) mental health services provided outwith a hospital including Child and Adolescent Mental Health services;
 - 11) Community Children's Services - Health Visitors, School Nursing, Community Children and Young Persons Nursing Service, family Nurse Partnership Team, Child Health Admin Team, Allied Health Professions, Child Protection Nursing Team.

Part 1A

Functions Delegated by Fife Council to the IJB

Functions prescribed for the purposes of section 1(7) of the Act.

Column A

Enactment conferring function

Column B

Limitations

National Assistance Act 1948

Section 48

(duty of councils to provide temporary protection for property of persons admitted to hospitals etc.)

The Disabled Persons (Employment) Act 1958

Section 3

(provision of sheltered employment by local authorities)

The Social Work (Scotland) Act 1968

Section 1

(local authorities for the administration of the Act)

So far as it is exercisable in relation to another integration function.

Section 4

(provisions relating to performance of functions by local authorities)

So far as it is exercisable in relation to another integration function.

Section 8

(research)

So far as it is exercisable in relation to another integration function.

Section 10

(financial and other assistance to voluntary organisations etc. for social work)

So far as it is exercisable in relation to another integration function.

Section 12

(general social welfare services of local authorities)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 12A

(duty of local authorities to assess needs)

So far as it is exercisable in relation to another integration function.

Section 12AZA

(assessments under section 12A - assistance)

So far as it is exercisable in relation to another integration function.

Section 13

(power of local authorities to assist persons in need in disposal of produce of their work)

Section 13ZA

(provision of services to incapable adults)

So far as it is exercisable in relation to another integration

function.

Section 13A
(residential accommodation with nursing)
Section 13B
(provision of care or aftercare)

Section 14
(home help and laundry facilities)

Section 28
(burial or cremation of the dead)

So far as it is exercisable in relation to persons cared for or assisted under another integration function.

Section 29
(power of local authority to defray expenses of parent, etc., visiting persons or attending funerals)

Section 59
(provision of residential and other establishments by local authorities and maximum period for repayment of sums borrowed for such provision)

So far as it is exercisable in relation to another integration function.

Carers (Scotland) Act 2016

Section 6
(Duty to prepare an adult support plan)
Section 21
(duty to set local eligibility criteria)
Section 24
(duty to provide support)
Section 25
(provision of support to carers: breaks from caring)
Section 31
(duty to prepare local carers strategy)
Section 34
(information and advice service for carers)
Section 35
(short breaks services statement)

The Local Government and Planning (Scotland) Act 1982

Section 24(1)

(The provision of gardening assistance for the disabled and the elderly)

Disabled Persons (Services, Consultation and Representation) Act 1986

Section 2

(rights of authorised representatives of disabled persons) Section 3

(assessment by local authorities of needs of disabled persons)

Section 7

(persons discharged from hospital)

In respect of the assessment of need for any services provided under functions contained in welfare enactment within the meaning of section 16 and which are integration functions.

Section 8

(duty of local authority to take into account

In respect of the assessment of need for any services provided under functions abilities of carer) contained in welfare enactments (within the meaning set out in section 16 of that Act) which are integration functions.

The Adults with Incapacity (Scotland) Act 2000

Section 10

(functions of local authorities)

Section 12

(investigations)

Section 37

(residents whose affairs may be managed)

Only in relation to residents of establishments which are managed Under integration functions.

Section 39

(matters which may be managed)

Only in relation to residents of establishments which are managed under integration functions.

Section 41

(duties and functions of managers of authorised establishment)

Only in relation to residents of establishments which are managed under integration functions.

Section 42

(authorisation of named manager to withdraw from resident's account)

Only in relation to residents of establishments which are managed under integration functions.

Section 43

(statement of resident's affairs)

Only in relation to residents of establishments which are managed under integration functions.

Section 44

(resident ceasing to be resident of authorised establishment)

Only in relation to residents of establishments which are managed under integration functions.

Section 45

(appeal, revocation etc)

Only in relation to residents of Establishments which are managed under integration functions.

The Housing (Scotland) Act 2001

Section 92

(assistance to a registered for housing purposes)

Only in so far as it relates to an aid or adaptation.

The Community Care and Health (Scotland) Act 2002

Section 5

(local authority arrangements for residential accommodation outwith Scotland)

Section 14

(payments by local authorities towards expenditure by NHS bodies on prescribed functions)

The Mental Health (Care and Treatment) (Scotland) Act 2003

Section 17

(duties of Scottish Ministers, local authorities and others as respects Commission)

Section 25

(care and support services etc)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 26

(services designed to promote well-being and social development)

Except in so far as it is exercisable in relation to the provision of housing support services.

Section 27

(assistance with travel)

Section 33

(duty to inquire)

Section 34

(inquiries under section 33: Co-operation)

Section 228

(request for assessment of needs: duty on local authorities and Health Boards)

Section 259

(advocacy)

Except in so far as it is exercisable in relation to the provision of housing support services.

The Housing (Scotland) Act 2006

Section 71(1)(b)

(assistance for housing purposes)

Only in so far as it relates to an aid or adaptation.

The Adult Support and Protection (Scotland) Act 2007

Section 4

(council's duty to make inquiries)

Section 5

(co-operation)

Section 6

(duty to consider importance of providing advocacy and other services)

Section 11

(assessment Orders)

Section 14

(removal orders)

Section 18

(protection of moved persons property)

Section 22

(right to apply for a banning order)

Section 40

(urgent cases)

Section 42

(adult Protection Committees)

Section 43
(membership)

Social Care (Self-directed Support) (Scotland) Act 2013

Section 5
(choice of options: adults)
Section 6
(choice of options under section 5: assistances)
Section 7
(choice of options: adult carers)
Section 9
(provision of information about self-directed support)
Section 11
(local authority functions)
Section 12
(eligibility for direct payment: review)

Section 13
(further choice of options on material change of
circumstances)

Only in relation to a choice under
section 5 or 7 of the Social Care
(Self-directed (Support)(Scotland)
Act 2013

Section 16
(misuse of direct payment: recovery)
Section 19
(promotion of options for self-directed support)

Functions, conferred by virtue of enactments, prescribed for the purposes of section 1(7) of the Act.

Column A
Enactment conferring function

Column B
Limitation

The Community Care and Health (Scotland) Act 2002

Section 4
The functions conferred by Regulation 2 of the
Community Care (Additional Payments)
(Scotland) Regulations 2002

In each case so far as the functions are exercisable in relation to persons of at least 18 years of age.

PART 1B

In addition to the functions that must be delegated, Fife Council has chosen to delegate the functions listed in Part 1A as they relate to Adult Social Work Services provided to persons aged 16-18 years.

PART 2

Services Currently Provided by Fife Council Which Are to be Integrated

Set out below is an illustrative description of the services associated with the functions delegated by the Council to the IJB as specified in Parts 1A and 1B of Annex 2.

- Adult Social work services for people aged 16 and over
- Services and support for adults with physical disabilities and learning disabilities
- Mental health services
- Drug and alcohol services
- Adult protection and domestic abuse
- Carers support services
- Community care assessment teams
- Support services
- Care home services
- Adult placement services
- Health improvement services
- Aspects of housing support, including aids and adaptations
- Day services
- Local area co-ordination
- Respite provision
- Occupational therapy services
- Re-ablement services, equipment and telecare

PARTICIPATION AND ENGAGEMENT

Our key stakeholders for the review of the participation and engagement strategy will include:

- individual members of the public, identified communities and protected characteristics providers/contractors of health and social groups (including marginalised groups, Black Asian and Minority Ethnic groups, non-English speakers, those who are non-IT organisations literate.
- public, third and independent sector.
- patients, service users, carers, their families and their representatives or advocates.
- equality group representatives.
- Fife Community Planning Partnership.
- HSCP staff and linked professionals (for networks example GPs).
- Fife Community Councils.
- Professional networks.
- Fife IJB Members.

We will use a variety of medium to communication and receive feedback to inform the strategy building on the profile of the first strategy and supporting our locality working.

Fife Health and Social Care Integration Scheme - Consultation

Fife Integration Joint Board (IJB) is responsible for the planning and delivery of health and social care services within Fife. The IJB works with its partners, Fife Council and NHS Fife, to improve outcomes for patients, services users, carers and their families.

The Integration Scheme, which has been approved by the Scottish Government, details the relationship between the Fife partners. The current IJB Integration Scheme can be found here: https://www.fifehealthandsocialcare.org/_data/assets/pdf_file/0028/174583/integration-scheme.pdf
(https://www.fifehealthandsocialcare.org/_data/assets/pdf_file/0028/174583/integration-scheme.pdf).

The IJB has a legal requirement to review the Integration Scheme every five years. This consultation process is part of the current review.

When you respond to this consultation we will collect your name, email address, and the information you provide for each of the questions. This information will be held securely and will only be accessed by authorised individuals for the purpose of this consultation.

Fife Integration Joint Board will hold the personal information that you provide for one year after the consultation has closed.

We will also produce anonymised reports from your consultation responses. These reports will be published on our website and shared with relevant partner organisations; this information will be held permanently.

Once you have completed the consultation you will have the opportunity to complete an Equality, Diversity and Inclusion Questionnaire. These questions are optional, any information that you provide will be used to ensure that we have representation from all areas of the community.

The IJB Privacy Notice includes more details about the information we collect and how it is used. This is the link: www.fifehealthandsocialcare.org/about-us/privacy-notice
(<http://www.fifehealthandsocialcare.org/about-us/privacy-notice>).
The IJB's Data Protection Officer can be contacted at: FOI.IJB@fife.gov.uk
(<mailto:FOI.IJB@fife.gov.uk>).

* Required

About you

1. Your name *

2. Your email address *

3. I have read the IJB Privacy Notice regarding the collection of information for this consultation and I am happy to proceed. *

☐ Yes

☐ No

Consultation

4. Do you agree with no changes being made to delegated services? *

- ☐ Yes
- ☐ No
- ☐ Not sure

5. If you disagree or not sure, can you please share your views?

6. Do you agree with changes to the Clinical and Care Governance? *

- ☐ Yes
- ☐ No
- ☐ Not sure

7. If you disagree or not sure, can you please share your views?

8. Do you agree with no changes being made to membership? *

- ☐ Yes
- ☐ No
- ☐ Not sure

9. If you disagree or not sure, can you please share your views?

Equality, Diversity and Inclusion questionnaire

We use the information in this section to understand who is responding to our consultation and engagement exercises. By completing this it will help us to ensure we have representation from the broadest set of people as possible. This helps to ensure our services and communications reach every part of the community.

The information provided here will be held only for monitoring purposes relating specifically to this consultation and for no other reason. The information will remain confidential although each question also offers you the chance to decline to answer, or skip without answering.

10. What is your age?

- ☐ Under 18
- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-64
- ☐ 65-74
- ☐ 75 or older

11. How do you describe your gender identity?

- ☐ Woman
- ☐ Man
- ☐ Non-binary
- ☐ Prefer not to say

12. What religion, religious denomination or body do you belong to?

☐ Church of Scotland

☐ Roman Catholic

☐ Other Christian

☐ Muslim

☐ Buddhist

☐ Sikh

☐ Jewish

☐ Hindu

☐ None

☐ Prefer not to say

☐

Other

13. How would you describe your sexual orientation?

☐ Heterosexual/Straight

☐ Gay woman/Lesbian

☐ Bisexual

☐ Gay man

☐ Prefer not to say

☐

Other

14. What is your ethnic group?


- ☐ White: Scottish
- ☐ White: Other British
- ☐ White: Polish
- ☐ White: Irish
- ☐ White: Other Eastern European
- ☐ White: Gypsy/Traveller
- ☐ Pakistani
- ☐ Chinese
- ☐ Indian
- ☐ Bangladeshi
- ☐ Other Asian
- ☐ African
- ☐ Caribbean or Black
- ☐ Mixed or multiple ethnic groups
- ☐ Other: Arab
- ☐ Other: Other ethnicity

☐

Other

Thank you for taking the time to be part of this consultation.

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

 Microsoft Forms



Fife Health
& Social Care
Partnership



APPENDIX 3



Fife Health and Social Care Partnership Integration Scheme Review

Consultation Summary

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org

1. Introduction

Fife Integration Joint Board (IJB) is responsible for the planning and delivery of health and social care services within Fife. The IJB works with its partners, Fife Council and NHS Fife, to improve outcomes for patients, services users, carers and their families.

The Integration Scheme, which has been approved by the Scottish Government, details the relationship between the Fife partners. The current IJB Integration Scheme can be found here:

https://www.fifehealthandsocialcare.org/_data/assets/pdf_file/0028/174583/integration-scheme.pdf

The IJB has a legal requirement to review the Integration Scheme every five years. The consultation findings detailed below are a part of the recent review.

The consultation was launched on Friday 6 August 2021 with closing date of Friday 20 August 2021 at 5.00 pm.

2. Participants

Participants were invited to participate in the consultation via social media channels, web pages as well as direct invitation to share views, which was sent via an email. Email was sent to 414 recipients, those included:

- IJB Members
- Elected Members
- Care Home Providers
- Care at home providers
- Other third sector organisations.

3. Survey Results

The consultation has received 56 responses, with some providing a detailed feedback which is shown below.

3.1. Do you agree with no changes being made to delegated services?

The participants were asked if they agree with no changes being made to delegated services, the question received 56 answers of which 84% of respondents said yes, with 9% not sure and 7% disagreed with no changes being made.



Participants who disagree or not sure were invited to expand further on their answer, as a result we have received ten responses. Here is the submitted comments (shown word by word as presented in the survey):

- *"It is difficult to say either way as there is no factual evidence through feedback as to what is actually working and what isn't. Things have changed so much through Covid it is difficult to look back at where we were over a year ago."*
- *"I think the delegate services need to be thoroughly reviewed before the next five-year period, in the light of the experience of the last five years, the impact of the Covid 19 pandemic on the effective and consistent delivery of these services, and the ongoing uncertainties over changes consequent on Brexit, including on procurement, and of course, the pandemic itself".*
- *"I know little or nothing about how the FHSCIS operates".*
- *"Whilst I do not disagree, I would like to offer the following 2 points as there is no opportunity given for general comments:*
 - *There is little point in changing things pending a review of care nationally in line with the impact of COVID-19.*
 - *The standards set by the IJB and working partners are satisfactory if met. I would however like to see a link to any regulatory inspection of the IJB, if there is one, and if not, then perhaps this could be proposed."*
- *"Unpaid carers should be included in the this".*
- *"The consultation did not provide a document with either tracked changes or a side-by-side table showing what had been changed. Without this information alongside a statement of what the change is trying to achieve I find it hard to pass any helpful comments or confirm that I am happy with the proposed changes".*
- *"As Housing Support remains out with delegated services, it would be helpful to have better understanding and commitment with respect to the intersection of services when supporting complex needs e.g., homelessness/ACES. It may be that this is clear to those within the IJB and LA. If so, engagement with third sector agencies for clarity would be helpful to support the practice of integration - albeit practice is beyond the scope of this document."*
- *"As we become more integrated and the service is smooth and not lumpy, there will be a need and scope for increased service delegation. At present this would be a mistake until the IJB, and its practices are more integrated."*
- *"We believe that the proposals within the new National Care Service will change the local Joint Integrated Board and consideration for new*

community health and social care boards. Therefore, it would seem inappropriate to make any changes to delegated services at this time."

- *"Don't have full understanding on what is delegated services."*

3.2. Do you agree with changes to Care and Clinical Governance?

Participants were asked if they agree with the proposed changes to Care and Clinical Governance. This question received 56 responses, where 84% agreed, 2% (or one person) disagreed and 14% weren't sure.



Participants were asked to expand on their answer further, especially those who disagree or not sure. Eight comments were received, which are typed word for word below:

- *"Again, it is difficult to see what the changes are in reality as we have had such changing times recently."*
- *"I agree changes are needed. I would like to be briefed more thoroughly on what these are, the improvements they are intended to deliver, and how they will be tracked and monitored. And to consider more carefully what other changes might deliver more effective structures both for care, and for fully accountable governance."*
- *"The statement within the brief PowerPoint presentation simply says that certain roles have been clarified. There is no further explanation as to how."*
- *"All I'm told is that it's to be "strengthened". That sounds a good idea, but the devil will be in the detail, which I haven't seen."*
- *"The consultation did not provide a document with either tracked changes or a side-by-side table showing what had been changed. Without this information alongside a statement of what the change is trying to achieve I find it hard to pass any helpful comments or confirm that I am happy with the proposed changes."*
- *"Clinical and Care Governance within this document is out with my professional scope."*
- *"I am too new to the work of Fife IJB to comment."*

- *“The purpose of health and social care integration is to transform people’s experience of care and the outcomes they experience” (Scottish Government) As a third sector organisation supporting people with a profound learning and multiple disabilities and their carers integration has not resulted in improved outcomes for this marginalised group. There are serious concerns about the lack of integration in service provision when someone with PMLD requires acute care, no social care provision in an acute setting puts the lives of individuals with a learning disability at risk and contributes to the stark mortality statistics of preventable causes in acute settings (Scottish Learning Disability Observatory 2020) Specifically, we would welcome improvements in well-being outcomes 2, 5, 6 and 7.”*

3.3. Do you agree with no changes being made to membership?

Lastly, participants were asked if they agreed with no changes being made to membership. The question has received 56 responses with 84% agreeing to no changes being made to membership, while 9% disagree and 7% weren’t sure.



As with previous questions, participants were invited to expand further on their views and submit comments especially to those who answered disagree or not sure. Consultation has received 8 further 8 comments listed below:

- *“I believe the membership should include those out with the NHS and Fife Health and Social Care. As an organisation that works closely with FHSC or in fact any other 3rd sector organisation, we have a high level of input to ensuring that people who access Fife services needs are met, including open communication between all partnerships”.*
- *"The current IJB appears weighted heavily towards the NHS acute service and Council Social Care in both cases at senior officer or executive level. Community organisations and voluntary sector service providers appear underrepresented in this mix. I am not sure either about the basis by which patient representatives are selected, and how they are able to consult and represented patients and service users, or accurately reflect their experience.”*
- *“I think better integration of the IJB would be achieved by greater inclusion.”*
- *“I am not sufficiently well informed to have a view on this.”*

- *“This would be a very good opportunity to enhance the contribution of service users and carers, by both increasing their numbers and giving them voting rights. Given that the whole purpose of integration is to improve the delivery of services to people locally, their views must have as much weight as those of clinicians and politicians.”*
- *“The consultation did not provide a document with either tracked changes or a side-by-side table showing what had been changed. Without this information alongside a statement of what the change is trying to achieve I find it hard to pass any helpful comments or confirm that I am happy with the proposed changes”.*
- *“The current arrangement of 8 councillors and 8 NHS reps leads to conflict and division due to the different optics that each brings to the IJB.”*
- *“The Carers Act 2016 and other Government legislation advocates that unpaid carers be seen as Equal Partners, however as Board representatives they have no voting rights, we would like to see this inequality changed. Or at a very minimum other approaches prioritised that would increase the influence of unpaid carers and those with lived experience”.*
- *“I feel there should be some representation from 3rd sector agencies”.*

H&SC INTEGRATION SCHEME – LIST OF THOSE CONSULTED

All Integration Joint Board Members

All 75 Fife Councillors

NHS Fife Board

Fife Voluntary Action

Scottish Care/Independent Sector

Fife Cares Centre

Peoples Panel

Fife Health Council

Local Authority Care Homes – Ladywalk; Lindsay House; Matthew Fyfe; Methilhaven; Napier House; Northeden; Ostlers House

Independent Sector Care Homes - Abbeyfield House; Abbotsford Head Office Glenrothes; Compliance Manager – Abbotsford; Abbotsford Cowdenbeath Nursing Home; Abbotsford Dunfermline Nursing Home; Abbotsford East Wemyss Nursing Home; Abbotsford Glenrothes Nursing Home; Abbotsford Kinglassie Nursing Home; Abbotsford Methil Nursing Home; Abbotsford Newburgh Care Home; Abbotsford Raith Manor Care Home; Alexander House; Auchtermairnie Residential; Balfarg Care Centre; Balnacarron; Bandrum Nursing Home; Barrogil Residential Home; Benarty View Nursing Home; Bennoch Lodge; Avondale; Benore Care Home; Camilla Nursing Home; Canmore Nursing Home; Chapel Level Nursing Home; Craighead Nursing Home; Craigie House; Earlsferry House; Elizabeth House; Fernlea Residential Home; Finavon Court; Forth Bay Nursing Home; Forthview Care Home; Gibson House; Glenburnie Care Home; Glendale Lodge; Gowrie House Nursing Home; Harbour Care (formerly Adam House); HC-One Area Director; Henderson House; Hilton Court; Leonard Cheshire (Hepburn Court & West Lodge); Leven Beach Nursing Home; Leys Park Nursing Home; Links View; Lister House; Lomond Court Nursing Home; Lomond View; Lunardi Court Nursing Home; Marchmont; Methven House; Mossview Residential Home; Newlands Residential Home; Orchardhead House; Peacehaven; Pitlair House; Preston House; Riverview; Robert Allan Unit; Roselea Care Home; Rosturk House; Rosturk Head Office; Scoonie Care Home; St Andrews House; St Serfs Care Home; Strathview; The Beeches Care Centre; Villa Atina; Walton Care Home; West Park Nursing Home; Wilby House; Willow House Nursing Home; Woodside Court Nursing Home.

Care at Home Providers – 1st Homecare; Acasa; ACS; Allied Health Care; Ark Housing; Assisted Services; Avenue; Avicenna Care Ltd; Balmoral; Blue Star; Capability Scotland; Care Plus; Cera Care (Previously Mears); Connected Care; Constance Care; Cornerstone; Crossroads Fife; East Neuk Homecare; Elite Care; Enable Scotland; G&J Care; Gibson Training & Care Ltd; Handy Services; Hilcrest Futures (previously Gowrie); Horizon Support; Integrity Social Care Solutions; Kenylink; Kingdom Support & Care; Leonard Cheshire Disability; Link Living; L-O-V-E Care; Oran Homecare; Quarriers; Real Life

Options; Richmond Fellowship; SAMH; Scottish Autism; Sense Scotland; Wheatley Group (was Barony Housing).

Other Care Providers – Abbeyfield Kirkcaldy Society Ltd; Abbeyview Day Centre; Aberdour Day Care Association; Addaction; Age Concern Cupar; Alzheimer Scotland; Arden House; Asian Older People Group; Auchtermuchty Midday Club; Auchtermuchty Old Peoples Welfare; Autism in Fife; Barnardo Scotland; Barony Housing; Care & Share Companionship; Castle Furniture; Circles Network; Citizens Advice Rights Fife - inc McMillan Rights; Continuing Care North East Fife; Crossroads (Fife Central); Cruse; Dalgety Bay Day Care Association; Day Centre Services Ltd; Deaf Blind UK; Dementia Services Development Centre; Disabled Persons Housing Service Fife; Dunfermline Advocacy; East Neuk Frail Elderly Project; Enable; ENERGI; Equal Voice in Central Fife; Express Group; Falkland Church Lunch Club; Fife Alcohol Support Service; Fife Boomerang; Fife Carers Centre; Fife Cares Service; Fife Chinese Older People; Fife Day Care Services Ltd; Fife Employment Access Trust; Fife Forum; Fife Rape & Sexual Assault centre; Fife Shopping & Support Services; Fife Voluntary Action; Fife Young Carers; FIRST; Food Train; Frontline Fife; Homelands Trust; Homestart Glenrothes (Glenrothes Community House); Includem; IncludeME; KASP (Kingdom Abuse Survivors Project); Kindred Advocacy; Later Life Choices Glenrothes (was Age Concern Glenrothes); LEAD – Scotland; Link Living; Marie Curie; Mid-Fife News-tape; North East Fife Befriending Project (LINK); One Stop Shop; Pain Association Scotland; PAMIS; Peace of Mind; Penumbra; People First; Phoenix Futures; Quarriers; Respite Fife; Restoration; RNIB Pathway; Safe Space; Samaritans Dunfermline; Samaritans Kirkcaldy; SAMH; Scottish Care; Scottish Huntingtons Association; SDF; Seescape; SMART Recovery; Strathmiglo & District Lunch Club; Support in Mind Scotland; Talk Matters.

Meeting:	Clinical Governance Committee
Meeting date:	17 September 2021
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Performance
Report Author:	Susan Fraser, Associate Director of Planning & Performance

1 Purpose

This is presented to the Clinical Governance Committee for:

- Discussion

This report relates to the:

- 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 June 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 have changed to reflect the additional funding available from the Scottish Government. A further iteration of the plan (RMP4) is to be submitted to the SG by the end of September.

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	Achieving
Falls With Harm	Monthly	1.65 per 1,000 TOBD	Achieving
Pressure Ulcers	Monthly	0.42 per 1,000 TOBD	Not achieving
CS SSI ¹	Quarterly	2.5%	Not achieving
SAB (HAI/HCAI)	Monthly	18.8 per 100,000 TOBD	Achieving
ECB (HAI/HCAI)	Monthly	33.0 per 100,000 TOBD	Not achieving
C Diff (HAI/HCAI)	Monthly	6.5 per 100,000 TOBD	Not achieving
Complaints (S1)	Monthly	80%	Not achieving
Complaints (S2) ²	Monthly	65%	Not achieving

¹ Formal data collection continues to be 'paused' (as per instruction from Scottish Government), but we are able to report on local data up to the end of March 2021

² 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.

The August IPQR will be available for discussion at the round of September Standing Committee 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 19 August. 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

Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

Produced in August 2021

Introduction

The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National LDP Standards and local Key Performance Indicators (KPI).

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

The IPQR comprises of the following sections:

I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. 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

The current performance status of the 29 indicators within this report is 9 (31%) classified as **GREEN**, 4 (14%) **AMBER** and 16 (55%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

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

- Rate of Patient Falls With Harm fell to its lowest level for over 2 years
- Patient TTG – although remaining considerably below the National Standard, the % of patients waiting less than 12 weeks for treatment continued to increase, and the size of the overall waiting list remained stable
- Cancer 31-day DTT – 100% achievement in June, with this being the 14th successive month in which the 95% Standard has been exceeded

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). The current benchmarking status of the 29 indicators within this report has 8 (28%) within upper quartile, 14 (48%) in mid-range and 7 (24%) in lower quartile.

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

c. Indicator Summary

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

Benchmarking			
●	Upper Quartile		
●	Mid Range		
●	Lower Quartile		

Section	Measure	Target 2021/22	Reporting Period	Year Previous		Previous		Current			Trend	Reporting Period	Fife		Scotland
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Jun-20	27	May-21	23	Jun-21	20	↑		N/A			
	HSMR	N/A	Year Ending	Mar-20	1.01	Dec-20	1.01	Mar-21	1.02	↓		YE Mar-21	1.02	<div></div>	1.00
	Inpatient Falls	7.68	Month	Jun-20	8.43	May-21	8.49	Jun-21	6.36	↑		N/A			
	Inpatient Falls with Harm	1.65	Month	Jun-20	1.66	May-21	1.68	Jun-21	0.86	↑		N/A			
	Pressure Ulcers	0.42	Month	Jun-20	0.88	May-21	1.03	Jun-21	0.86	↑		N/A			
	Caesarean Section SSI	2.5%	Quarter Ending	Mar-20	1.0%	Dec-20	2.4%	Mar-21	2.7%	↓		QE Dec-19	2.3%	<div></div>	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Jun-20	6.3	May-21	13.7	Jun-21	6.3	↑		QE Mar-21	17.8	<div></div>	18.4
	SAB - Community	N/A	Quarter Ending	Jun-20	13.9	May-21	9.5	Jun-21	7.5	↑		QE Mar-21	14.1	<div></div>	10.4
	C Diff - HAI/HCAI	6.5	Quarter Ending	Jun-20	7.9	May-21	14.9	Jun-21	10.0	↑		QE Mar-21	14.0	<div></div>	15.6
	C Diff - Community	N/A	Quarter Ending	Jun-20	1.1	May-21	5.3	Jun-21	5.4	↓		QE Mar-21	5.4	<div></div>	3.8
	ECB - HAI/HCAI	33.0	Quarter Ending	Jun-20	36.4	May-21	24.9	Jun-21	37.6	↓		QE Mar-21	21.6	<div></div>	34.7
	ECB - Community	N/A	Quarter Ending	Jun-20	34.3	May-21	29.7	Jun-21	27.9	↑		QE Mar-21	34.7	<div></div>	36.6
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Jun-20	78.0%	May-21	75.7%	Jun-21	74.8%	↓		2019/20	71.5%	<div></div>	79.9%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Jun-20	21.3%	May-21	24.0%	Jun-21	28.0%	↑		2019/20	35.7%	<div></div>	51.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Jun-20	N/A	May-21	100.0%	Jun-21	100.0%	↔		N/A			
	4-Hour Emergency Access	95%	Month	Jun-20	96.8%	May-21	87.2%	Jun-21	88.2%	↑		Jun-21	88.2%	<div></div>	85.0%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Jun-20	15.4%	May-21	62.7%	Jun-21	67.9%	↑		Mar-21	51.7%	<div></div>	34.7%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Jun-20	32.0%	May-21	60.3%	Jun-21	62.4%	↑		Mar-21	52.6%	<div></div>	48.1%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Jun-20	37.4%	May-21	93.5%	Jun-21	90.6%	↓		Mar-21	80.7%	<div></div>	61.4%
	18 Weeks RTT	90%	Month	Jun-20	80.1%	May-21	65.9%	Jun-21	68.7%	↑		QE Mar-21	73.2%	<div></div>	75.9%
	Cancer 31-Day DTT	95%	Month	Jun-20	97.1%	May-21	99.1%	Jun-21	100.0%	↑		QE Mar-21	98.9%	<div></div>	97.7%
	Cancer 62-Day RTT	95%	Month	Jun-20	79.0%	May-21	79.4%	Jun-21	82.1%	↑		QE Mar-21	81.4%	<div></div>	83.0%
	Detect Cancer Early	29%	Year Ending	Jun-19	27.2%	Mar-20	24.6%	Jun-20	23.5%	↓		2018, 2019	26.1%	<div></div>	25.6%
	Freedom of Information Requests	85%	Quarter Ending	Jun-20	81.9%	May-21	94.9%	Jun-21	91.2%	↓		N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Jun-20	4.3%	May-21	9.7%	Jun-21	9.7%	↔		QE Dec-20	5.5%	<div></div>	4.8%
	Delayed Discharge (# Standard Delays)	N/A	Month	Jun-20	34	May-21	88	Jun-21	81	↑		Jun-21	21.65	<div></div>	16.76
	Antenatal Access	80%	Month	Apr-20	86.7%	Mar-21	84.9%	Apr-21	86.0%	↑		FY 2019/20	89.0%	<div></div>	88.3%
	Smoking Cessation	473	YTD	Apr-20	15.0%	Mar-21	52.2%	Apr-21	62.5%	N/A		FY 2019/20	92.8%	<div></div>	97.2%
	CAMHS Waiting Times	90%	Month	Jun-20	62.2%	May-21	73.4%	Jun-21	79.5%	↑		QE Mar-21	76.0%	<div></div>	65.1%
	Psychological Therapies Waiting Times	90%	Month	Jun-20	73.6%	May-21	80.0%	Jun-21	82.6%	↑		QE Mar-21	82.0%	<div></div>	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%	<div></div>	83.2%
	Drugs & Alcohol Treatment Waiting Times	90%	Month	Apr-20	79.7%	Mar-21	90.1%	Apr-21	91.0%	↑		QE Mar-21	94.5%	<div></div>	95.6%
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	92.7%	2021/21	98.4%	↑		2018/19	93.7%	<div></div>	75.1%
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.2%	2020/21	48.9%	↓		2018/19	60.9%	<div></div>	43.4%
Finance	Revenue Expenditure	(£13.822m)	Month	Jun-20	N/A	May-21	(£7.442m)	Jun-21	(£6.109m)	↑		N/A			
	Capital Expenditure	£27.335m	Month	Jun-20	N/A	May-21	£1.251m	Jun-21	£3.022m	↑		N/A			
Staff Governance	Sickness Absence	3.89%	Month	Jun-20	4.96%	May-21	5.31%	Jun-21	6.17%	↓		YE Mar-21	4.77%	<div></div>	4.67%

d. NHS Fife Remobilisation Summary – Position at end of July 2021

		Better than Projected Worse than Projected		Quarter End	Month End			Quarter End	Quarter End	Quarter End
(NOTE: Better/Worse may be higher or lower, depending on context)				Jun-21	Jul-21	Aug-21	Sep-21	Sep-21	Dec-21	Mar-22
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected			2,981	1,000	1,000	1,120	3,120	3,394	3,716
	Actual			3,260	985					
	Variance			279	-15					
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected			17,100	6,227	6,259	6,639	19,125	22,925	24,441
	Actual			19,488	6,140					
	Variance			2,388	-87					
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected			1,801	611	611	611	1,833	1,833	1,833
	Actual			1,406	483					
	Variance			-395	-128					
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected			10,850	3,750	3,750	3,750	11,250	11,250	11,250
	Actual			12,971	4,324					
	Variance			2,121	574					
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected			17,110	6,280	6,590	6,240	19,110	18,370	18,490
	Actual			20,728	7,052					
	Variance			3,618	772					
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected			8,040	2,830	2,800	2,690	8,320	8,680	8,830
	Actual			10,088	3,375					
	Variance			2,048	545					
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected			5.82				5.85	5.63	5.73
	Actual			5.50						
	Variance			-0.32						
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected			2,450	870	870	870	2,610	2,610	2,610
	Actual			2,884	996					
	Variance			434	126					
31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected			415	145	145	145	435	435	435
	Actual			305						
	Variance			-110						
CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected			306	84	103	104	291	346	298
	Actual			411	110					
	Variance			105	26					
Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics)	Projected			1,369	514	471	437	1,422	1,905	1,780
	Actual			1,816						
	Variance			447						

		Month End	Month End			Month End	Month End	Month End
		Jun-21	Jul-21	Aug-21	Sep-21	Sep-21	Dec-21	Mar-22
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) ¹	Projected	65	64	66	63	63	70	70
	Actual	128	109					
	Variance	63	45					
Code 9 Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	28	29	30	27	27	28	27
	Actual	47	46					
	Variance	19	17					
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	37	35	36	36	36	42	43
	Actual	81	63					
	Variance	44	28					

¹ The data required is the estimated number of people delayed at each census point (the snapshot figure). Baseline figures used are the census point figures as at the end of each month

e. Assessment – Clinical Governance

		Target	Current
HSMR		1.00	1.02
The HSMR for NHS Fife for the year ending March 2021 rose slightly in comparison to the rate for the year ending December 2020, and was above the Scotland average. The rate for VHK alone was 1.03.			
Inpatient Falls (with Harm)	<i>Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21</i>	1.65	1.75
As with most areas in Scotland the activity within hospital settings is extremely high and workforce challenges are also reflected nationally, increasing the usage of supplementary staffing. Work continues within this difficult context to focus improvement on areas where falls with harm has increased. As already noted, process, documentation and audit work will align with the national developments in Falls and Excellence in Care.			
Pressure Ulcers	<i>50% reduction by December 2020, continued for FY 2021/22</i>	0.42	0.86
Acute: Two clinical areas have been identified to participate in the next pressure ulcer improvement project. There was a 4-6 week preparatory study before the project period began, and regular meetings are scheduled throughout the project.			
HSCP: The rate of pressure ulcers has reduced during the last quarter. At the end of June, it has been 147 days since the last hospital acquired pressure ulcer grade 3 developed, and 8 days since the last grade 3 developed in the community. Within community inpatients wards, there have been no developed/developing grade 4 pressure ulcers since January 2020 (523 days).			
Caesarean Section SSI	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	2.5%	2.7%
All mandatory SSI surveillance has been paused since the start of the Covid-19 pandemic. This remains the case until further instruction from the SG. 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.			
SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	18.8	6.3
NHS Fife is successfully achieving the trajectory for the 10% reduction target, to be met by March 2022. There have been no ventilator associated pneumonias, PVC or CVC SABs since March.			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	6.5	10.0
NHS Fife is currently above the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022, although the incidence rate has markedly improved for June. There has been no recurrence of infection since March, and a total of 6 recurrences in the last year. Reducing the incidence of CDI recurrence is pivotal to achieve the HCAI reduction target, and continues to be addressed.			
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i>	33.0	37.6
The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. For June, NHS Fife is sat on the trajectory line and on track to achieve this target. However, reducing CAUTI ECBs is essential to achieve the target reduction and there were 7 such infections in June. Reducing CAUTI incidence remains the quality improvement focus.			
Complaints – Stage 2	<i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i>	65%	28.0%
There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescale. It is noted that there is an increase in the complexity of complaints received. Although reduced slightly, PRD has responded to a high number of concerns and Stage 1 complaints relating to Covid-19 vaccination appointments. We are also starting to receive enquiries relating to Covid-19 vaccine status, as international travel opens up.			

e. Assessment (cont.) – Operational Performance

		Target	Current
4-Hour Emergency Access	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95%	88.2%
<p>Attendances continue to rise, averaging around 200 per day at the ED, which equates to a 45% increase since January. The majority of these are self-presenters. Despite the increased demand, performance against the National Standard improved in June. Several front door initiatives to improve flow, including a new assessment area within AU1, have been implemented and are being tested. The Redesign of Urgent Care (RUC) has supported improvements for GP admissions into AU1 and we are testing this 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>			
Patient TTG (Waiting)	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	100%	67.9%
<p>Performance in June has continued to recover with 69.7% waiting less than 12 weeks compared to 20.2% in July 2020. NHS Fife continues to be the best performing Board in Scotland for TTG. Theatres are now fully remobilised however an increase in unscheduled care activity is impacting on our ability to undertake elective inpatient surgical activity as planned. At the end of June, the waiting list was 11% lower than in July 2020 and has remained stable since February of this year. We continue to focus on clinical priorities whilst reviewing patients who have been waiting greater than 52 weeks. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan with the aim of achieving more than 100% of pre-COVID activity by March 2022.</p>			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	62.4%
<p>Performance in June has continued to recover with 62.4% waiting less than 12 weeks compared to 41.1% in July 2020. At the end of June, the waiting list was 56% higher than at the end of June 2020, but similar to that in April of this year. Particular attention continues to be focused on urgent and urgent suspicious of cancer referrals along with those who have been waiting more than 52 weeks. Activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan with the aim of achieving more than 100% of pre-COVID activity by March 2022.</p>			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	90.6%
<p>Performance improved in May with 93.5% waiting less than 6 weeks but was under pressure again in June decreasing to 90.6% although this compares favourably to 51.4% in July 2020. At the end of June, the waiting list was 11% higher than at the end of July 2020 with the most significant increase being in waits for imaging. There has been a significant increase in referrals for CT and Ultrasound and particular pressures from unscheduled care activity which along with staffing difficulties have caused routine waits for these modalities to increase in the last month. Particular attention continues to be focused on urgent and urgent suspicious of cancer referrals along with those routine patients who have been experiencing long waits. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan.</p>			
Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	82.1%
<p>June continued to see challenges in the 62-day performance. An increase in referrals along with consultant annual leave impacted on the Breast service, while delay to referral to CNS and routine staging and investigations resulted in a number of other breaches. Prostate breaches continue to be seen but overall, the pathway has significantly shortened. The range of breaches were 2 to 37 days, with an average breach time of 13 days.</p>			
FOI Requests	<i>At least 85% of Freedom of Information Requests are completed within 20 working days</i>	85%	91.2%
<p>There were 35 FOI requests closed in June, 4 of which were late, so compliance remained above target. There are currently 76 active FOI Requests.</p>			

EDG review and sign off of the new Publication Scheme is complete.

Due to staff turnover in the FOI Role, the Information Governance and Security Advisors have been made aware of some data quality issues which are being investigated.

Delayed Discharges

The % of Bed Days 'lost' due to Patients in Delay is to reduce

5%**9.7%**

The number of bed days lost due to patients in delay rose sharply in April and has remained well above the target 5%. The latest data indicates that there is a continued disruptive impact on NHS Fife and the H&SCP due to the pandemic. Increased hospital activity over the recent months has resulted in people requiring care and support before being safely discharged. There are also compounding factors such as staff absences/annual leave resulting in people waiting longer than normal for health & social care services. Bed days occupied by Code 9 (51X) patients, while not counted in the IPQR measure, accounts for approximately 35-40% of beds days lost.

Smoking Cessation

Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas

473**25**

Service provision has continued to be delivered remotely by phone and Near Me appointments. Staffing levels are improving, 6 new staff members recruited, with 5 in post and undergoing local training (due to lack of availability of usual national training). Midwife led service staff have returned from deployment/long term absence and are back to full capacity. Plans to remobilise face to face provision have started, but this is in early planning and development and requires an assessment of available venues which initially had been positive but due to increasing COVID cases has been paused. A current challenge and potential risk to LDP Target is that we have received an alert from Pfizer UK warning of a supply shortage of Champix (varenicline tartrate) across all doses and presentations which looks set to continue for several weeks. Until supplies of Champix can resume, we are using alternative treatment options for new patients. We are working with community pharmacies to assess available stock to manage those currently on a course of Champix treatment.

CAMHS Waiting Times

90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral

90%**79.5%**

Due to the majority of the workforce continuing to target those requiring urgent and priority interventions, RTT has remained in the high 70%. Failure to recruit additional staffing to address capacity alongside the resignation of those recently recruited for longest wait work has meant that the trajectory to achieve the RTT and reduction of longest waits over 18 weeks will not be achieved within the time period specified (June 2022). Recalculation, dependent on recruitment by end of September 2021, projects that the target will be achieved by October 2022. Contingencies have been put in place to deploy specific professional groups (Psychology) to work on the longest waits to ensure progress to date is maintained and vacant posts continue to be re-advertised.

Psychological Therapies

90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral

90%**82.6%**

Referrals continue to rise but despite the increase in activity levels, there has been little change in overall numbers waiting since April. There has however been a reduction in the longest waits, with 155 fewer people waiting over 53 weeks in June compared to April. Recruitment to new posts (and current vacancies) is underway but it is too early as yet to see the impact of this increased resource. Some group work also remains suspended (awaiting a return to in-person delivery) which continues to negatively impact capacity.

e. Assessment (cont.) – Finance

		Target	Current
Revenue Expenditure	<i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i>	(£13.822m)	(£6.109m)
<u>Month 3 financial position</u> The revenue position for the 3 months to 30 June reflects an overspend of £6.109m. This comprises a run rate overspend position of £1.790m; unmet core savings of £0.905m (to be delivered over the remaining months of the year); and underlying unachieved 'long Covid' savings of £3.414m. The total capital resource limit for 2021/22 is £27.335m. The capital position for the 3 months to June shows spend of £3.022m.			
Capital Expenditure	<i>Work within the capital resource limits set by the SG Health & Social Care Directorates</i>	£27.335m	£3.022m
The overall anticipated capital budget for 2021/22 is £27.335m. The capital position for the period to June records spend of £3.022m. Therefore, 11.06% of the anticipated total capital allocation has been spent to M3.			

e. Assessment (cont.) – Staff Governance

		Target	Current
Sickness Absence	<i>To achieve a sickness absence rate of 4% or less</i>	3.89%	6.17%
The sickness absence rate in June was 6.17%, an increase of 0.86% from May. The aggregated rate for COVID-19 related special leave, as a percentage of available contracted hours, was 1.1%.			

II. Performance Exception Reports

Clinical Governance

Adverse Events (Major & Extreme)	10
HSMR	11
Inpatient Falls (With Harm)	12
Pressure Ulcers	13
Caesarean Section SSI	14
SAB (HAI/HCAI)	15
C Diff (HAI/HCAI)	16
ECB (HAI/HCAI)	17
Complaints (Stage 2)	18

Finance, Performance & Resources: Operational Performance

4-Hour Emergency Access	19
Patient Treatment Time Guarantee (TTG)	20
New Outpatients	21
Diagnostics	22
Cancer 62-day Referral to Treatment	23
Freedom of Information (FOI) Requests	24
Delayed Discharges	25
Smoking Cessation	26
CAMHS 18 Weeks Referral to Treatment	27
Psychological Therapies 18 Weeks Referral to Treatment	28

Finance, Performance & Resources: Finance

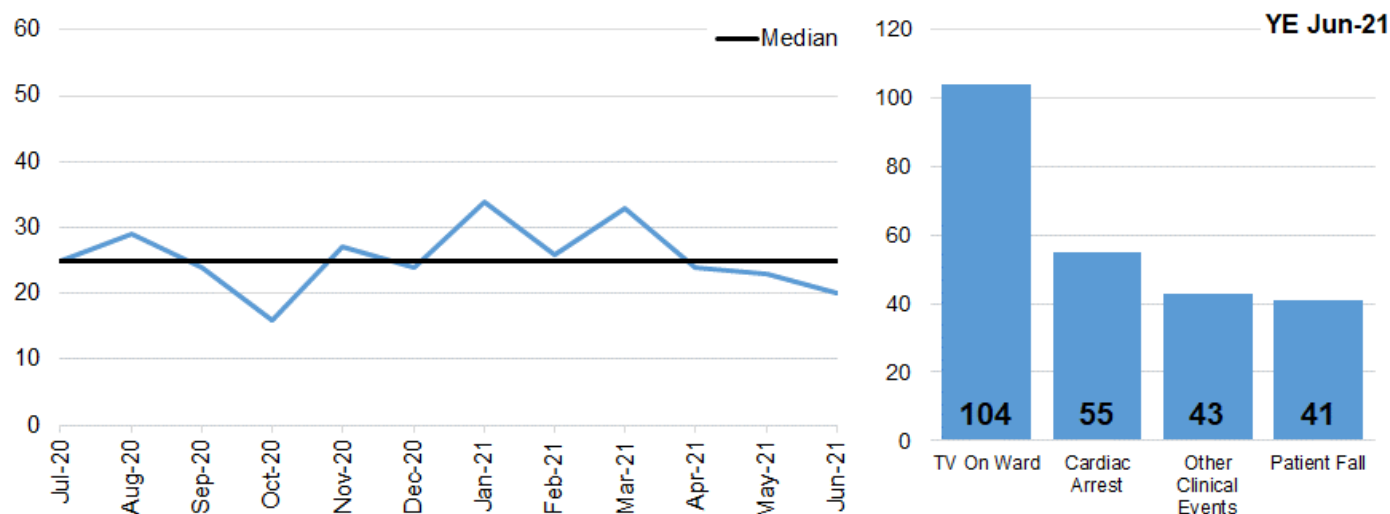
Revenue Expenditure	29
Capital Expenditure	41

Staff Governance

Sickness Absence	44
------------------	----

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2020/21						2020/21					
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
ALL	NHS Fife	1329	1240	1288	1340	1305	1249	1288	1210	1363	1349	1366	1318
	Acute Services	562	503	607	558	639	603	573	531	630	590	643	588
	HSCP	729	695	639	748	635	619	694	653	706	720	681	684
	Corporate	38	42	42	34	31	27	21	26	27	39	42	46
CLINICAL	NHS Fife	909	834	925	903	953	928	904	855	952	928	1006	907
	Acute Services	516	466	559	509	595	560	534	495	588	543	594	530
	HSCP	372	352	348	378	341	358	359	346	351	367	388	357
	Corporate	21	16	18	16	17	10	11	14	13	18	24	20

Commentary

Levels of reporting remain consistent across the organisation, with normal variation.

There has been a sustained reduction in reported major or extreme events in the last quarter, and the number of reported cardiac arrest events is at its lowest since August 2020.

The reported number of tissue viability events (pressure ulcers developing on ward) has increased, and there are systems in place to monitor, review and respond appropriately.

Specific activities are as follows:

- Baseline mapping of the current Adverse Events process is complete
- A Short Life Working Group (SLWG) will start work in September, the aim being to agree future state, capture in a refreshed policy and process, and develop plans for education, training and communication by October
- New policy will be submitted through governance structures in November
- Support from Professor Paul Bowie, NHS Education for Scotland has been secured to support and review the work outlined above
- Funding for 12 months has been agreed to support a secondment for a Lead for Adverse Events which will provide the leadership and focus to take this work forward; interviews are scheduled for mid-August

HSMR

Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.

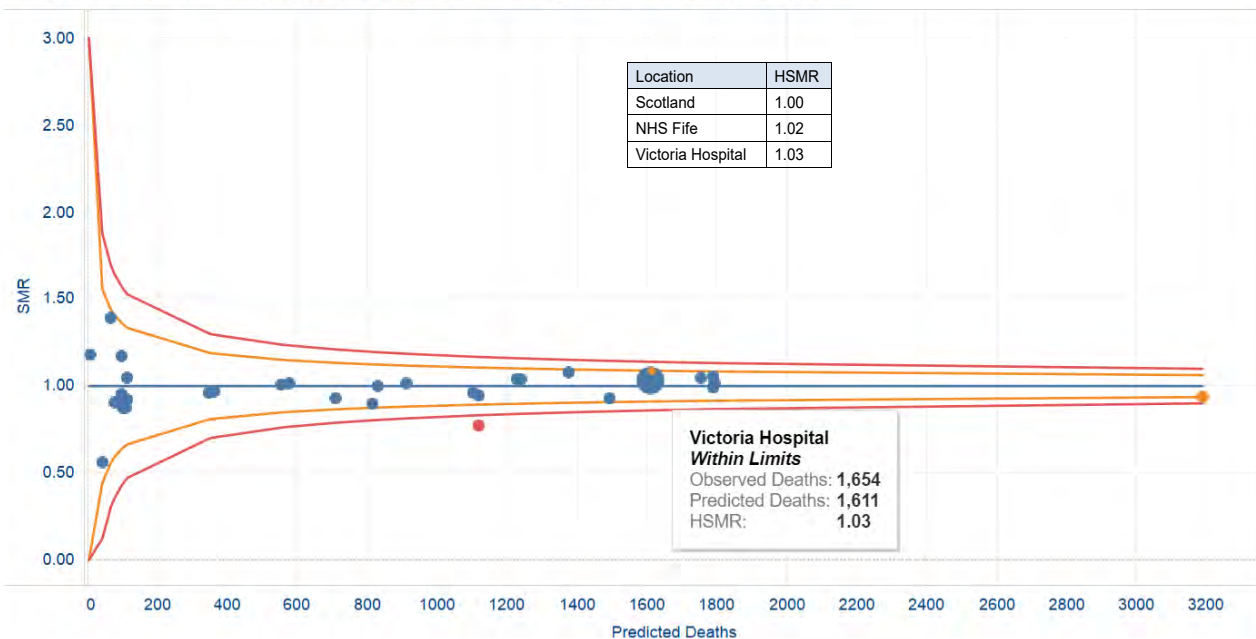
Reporting Period; April 2020 to March 2021^P

Please note that as of August 2019, HSMR is presented using a 12-month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

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

HSMR by Scotland: April 2020 to March 2021

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



Commentary

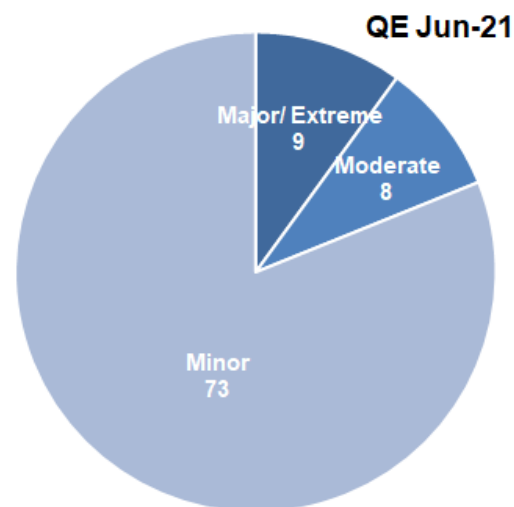
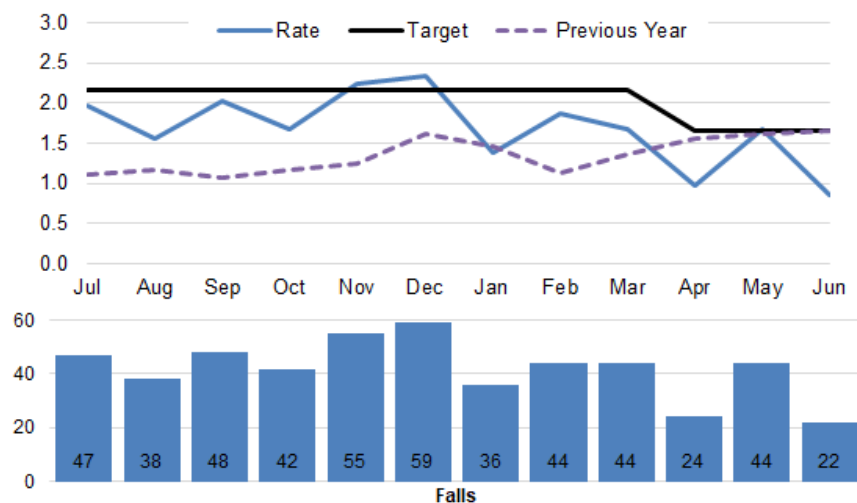
The HSMR for NHS Fife has remained slightly above the 1.00 mean for all periods since the measure was changed two years ago. This should be seen as normal variation, but we will continue to monitor this closely. The difference between actual and predicted number of deaths in the year ending March 2021 produced a ratio of 1.02 whilst VHK alone being 1.03).

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		
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
With Harm	NHS Fife	1.98	1.56	2.03	1.68	2.24	2.35	1.39	1.87	1.68	0.98	1.68	0.86
	Acute Services	1.18	1.08	1.37	1.11	1.54	1.67	1.24	1.18	0.98	0.35	0.88	0.41
	HSCP	2.67	1.96	2.62	2.17	2.88	2.96	1.53	2.47	2.29	1.54	2.40	1.27

KEY CHALLENGE(S) IN 2021/22

- Continued challenges in in-patient settings with patient placement, social distancing
- 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

20.3 Falls Audit

By Nov-21

A new national driver diagram and measurement package are about to be finalised and have been tested in four boards across Scotland in May and June. This has not been concluded as yet and is now expected in the autumn. On completion, NHS Fife documentation will be reviewed (October) and an audit will then follow (October/November).

20.5 Improve effectiveness of Falls Champion Network

By Oct-21

This work has been significantly delayed and opportunities to refresh are further hampered with workforce challenges. This will continue to be an area of focus for the group

21.2 Falls Reduction Initiative

By Sep-21

A Falls Reduction Initiative has taken place in three Mental Health Inpatient wards. QI work commenced in early March with support from CCGT and ongoing tests of change were implemented. Early indication has highlighted that falls have decreased and work will now take place to ensure improved sustainability. The improvement team meet fortnightly to review ongoing tests of change and we continue to evaluate and review the weekly quality data to inform decisions and strategy. A review of outcomes will take place in September.

21.3 Integrated Improvement Collaborative

By Jan-22
(interim report Nov-21)

A Collaborative involving three community inpatient wards was introduced last September but was paused as a result of COVID. The work will now continue until January 2022. A further two wards are participating in the collaborative with the main focus being on reducing patient falls, and identifying further improvement interventions for reducing medication incidents and hospital acquired pressure ulcers.

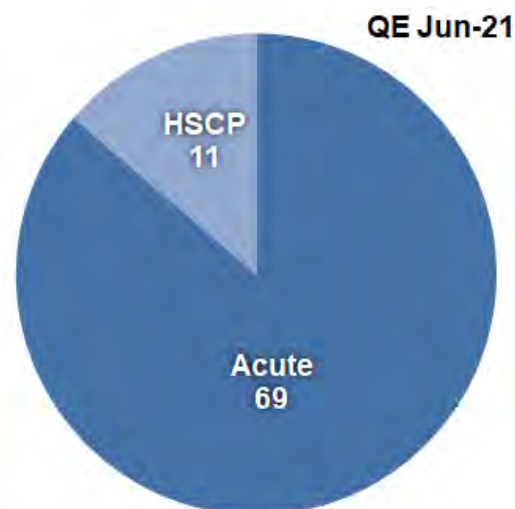
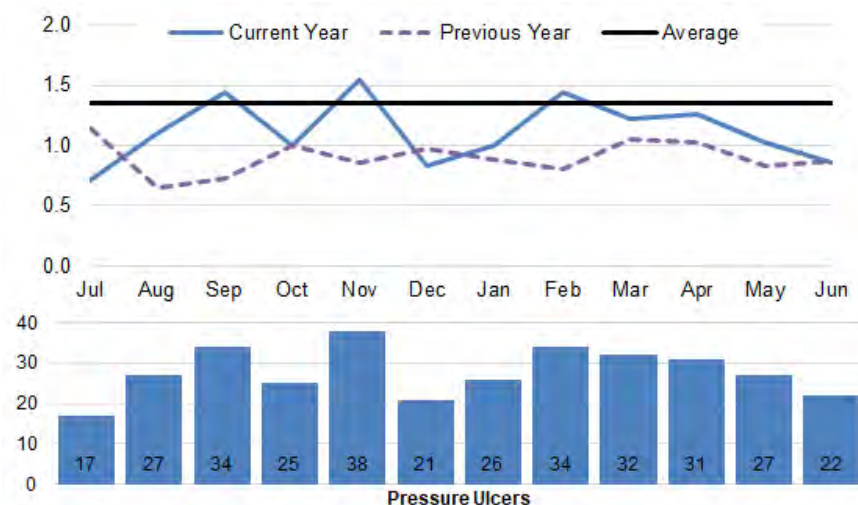
Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting

Target Rate (by end March 2022) = TBD per 1,000 OBD

NOTE: CURRENTLY USING THE PREVIOUS TARGET TO CALCULATE RAG STATUS

Local Performance



Performance by Service Area

		2020/21									2021/22		
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Grade 2 to 4	NHS Fife	0.71	1.11	1.44	1.00	1.55	0.83	1.00	1.44	1.22	1.26	1.03	0.86
	Acute Services	1.18	1.98	2.73	1.20	2.39	1.17	2.06	2.18	2.12	2.42	1.68	1.66
	HSCP	0.31	0.38	0.32	0.82	0.78	0.53	0.07	0.80	0.43	0.23	0.44	0.15

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

21.2 Integrated Improvement Collaborative

Action Complete June 2021

21.3 Implementation of robust audit programme for audit of documentation

Action Complete June 2021

22.1 Improvement Collaboratives

By Jan-22

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. This work is also aligned to the current Improvement Collaborative across five community inpatient wards. The Improvement Collaborative work is currently under review with the aim of reflecting and establishing SMART objectives for the near future to ensure improvement targets are met.

22.2 Community Nursing QI Work

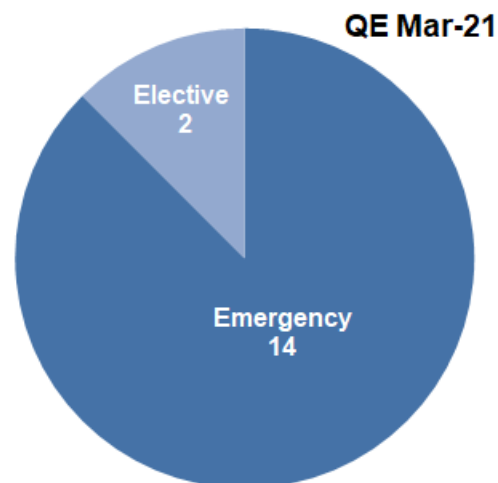
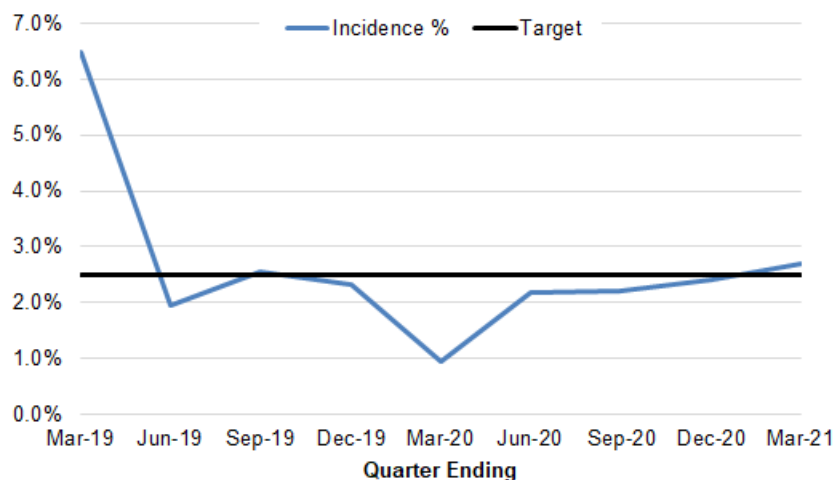
By Sep-21

In response to rising community acquired pressure ulcers, one area within Fife HSCP community nursing teams has implemented a focused piece of work involving a number of improvement initiatives including monthly documentation audit of the MORSE records, targeted education and training for registered staff, group work and revitalising the daily safety huddle to highlight patients at risk. To complement this work, the team have adopted a "back to basics" approach, in order to ensure that all relevant skin and risk assessments are completed, and this is having a positive impact on patient outcomes. Patients at risk or with existing pressure ulcers are discussed at handovers and locality safety huddles and all patients admitted to the service will receive information about prevention and management of pressure ulcers – timescale for implementation is September.

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 instructed/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.

Recent national discussions have been held with ARHAI Scotland, due to the third wave of COVID-19, but there is still no date for resuming the national SSI surveillance programme.

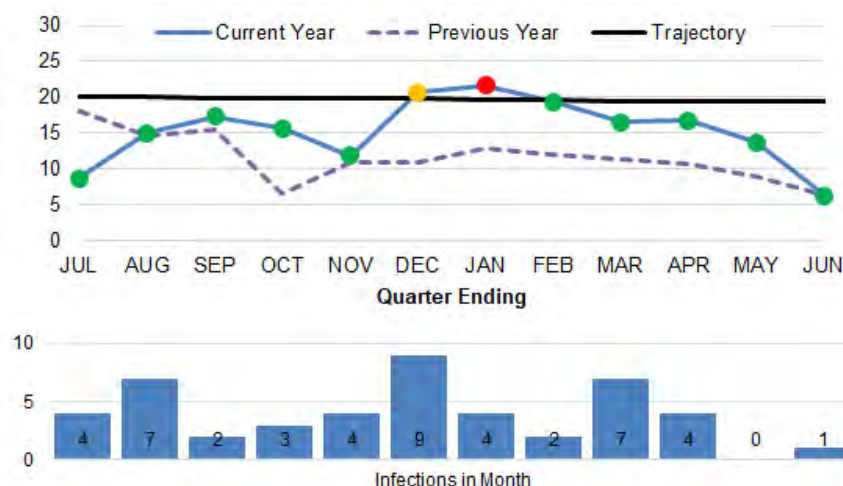
On resumption of the C-section SSI surveillance programme, the IPCT will review the surveillance methodology to capture any practice/patient pathway changes due to the pandemic response and/or any alterations to the case definition. This will ensure that the surveillance methodology remains the most effective means of capturing SSI cases.

The IPCT have updated the C-section SSI training presentation, and maternity induction training on the surveillance methodology and SSI case definitions was delivered by Dr Hadoura in August.

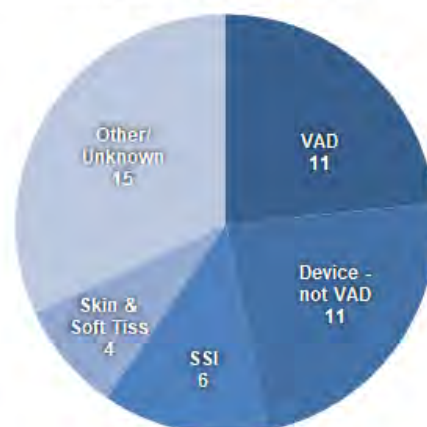
SAB (HAI/HCAI)

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

Local Performance



Infection Source: YE Jun-21



National Benchmarking

Quarter Ending	2019/20			2020/21			
	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	15.5	10.9	12.5	6.3	18.7	20.6	17.8
Scotland	17.5	15.2	16.3	20.3	17.3	18.9	18.4

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

20.1 Reduce the number of SAB in PWIDs	By Mar-22
<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 in May. 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 was planned for July, while the IPCT are providing updated wound care training for ANPs.</p>	
20.2 Ongoing surveillance of all VAD-related infections	By Mar-22
<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>	
20.3 Ongoing surveillance of all CAUTI	By Mar-22
<p>Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions regarding catheter & urinary care. The group last met July.</p> <p>This Quality Improvement group is contributed to by the ECB data.</p>	
20.4 Optimise comms with all clinical teams in ASD & the HSCP	By Mar-22
<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>	
22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters	By Mar-22
<p>Electronic insertion and maintenance bundles for PVCs available on patientrack to support best practice. All areas with patientrack 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 Jun-21



National Benchmarking

Quarter Ending	2019/20			2020/21			
	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	8.9	13.1	8.0	7.9	9.3	7.7	14.0
Scotland	13.7	15.1	13.6	15.4	17.4	16.4	15.6

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.

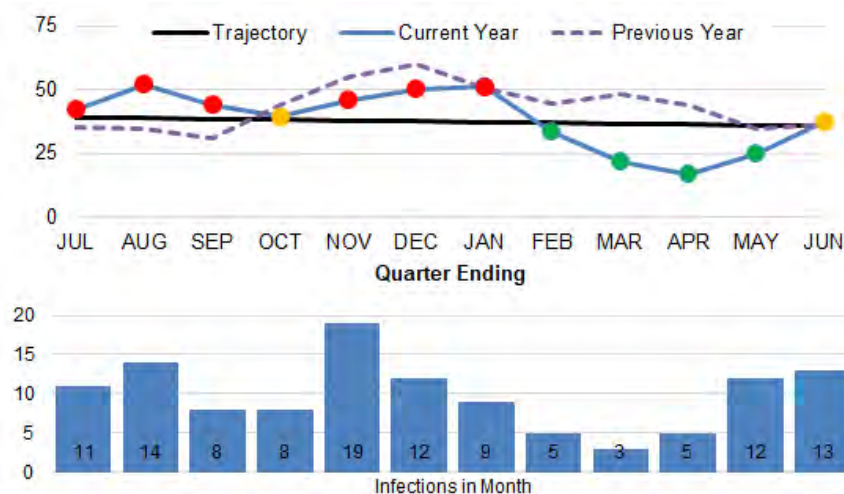
The Ward Dashboard is continuously updated, for clinical staff to access CDI incidence by ward and is also displayed for public assurance.

CLINICAL GOVERNANCE

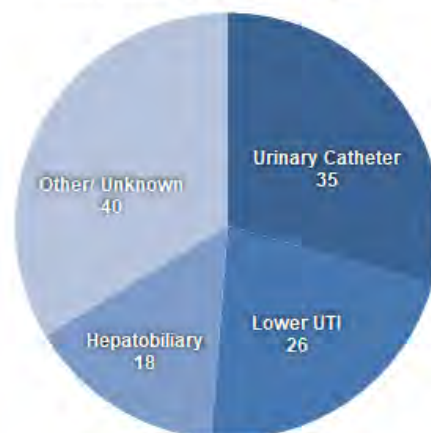
ECB (HAI/HCAI)

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

Local Performance



Infection Sources: YE Jun-21



National Benchmarking

Quarter Ending	2019/20			2020/21			
	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	31.0	60.0	47.9	36.4	45.3	50.3	21.6
Scotland	40.3	40.8	36.4	39.7	42.0	40.9	34.7

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 undergoes IPC surveillance to establish a history. All CAUTI ECBs associated with traumatic insertion, removal or self removal are submitted for DATIX to assist understanding & learning. Consideration has been proposed to the ICC for all catheter associated ECB (including without trauma) to be DATIX'd for a LAER to be undertaken by the patients clinical team.

20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)

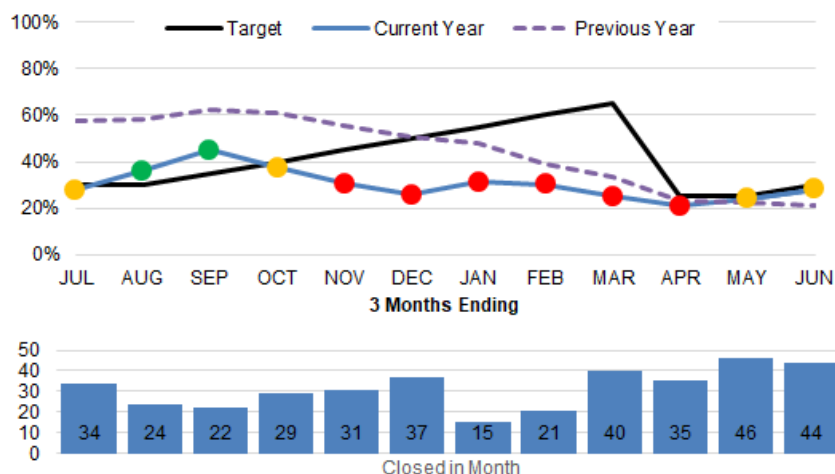
By Mar-22

The UCIG meeting last met in July. Initiatives to promote hydration and provide optimum urinary catheter care (including continence care) across Fife continue. They cover analysis and update of process, training/education/promotion and quality improvement work. Work involves a GP practice, the district nursing service and staff in both private and NHS care homes.

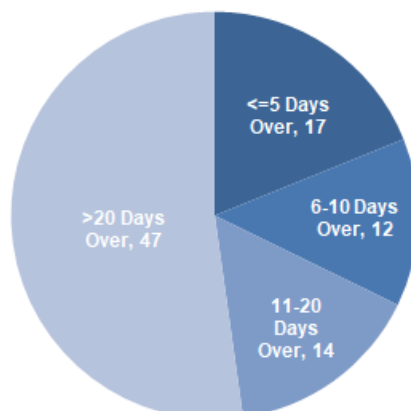
Complaints | Stage 2

At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)

Local Performance



Closure Breaches; QE Jun-21



Performance by Service Area

3-Month Ending	2020/21									2021/22		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	27.8%	36.1%	45.0%	37.3%	30.5%	25.8%	31.3%	30.1%	25.0%	20.8%	24.0%	28.0%
Ack <= 3 Days (Monthly)	97.1%	100.0%	95.5%	93.1%	100.0%	100.0%	93.3%	95.2%	95.0%	100.0%	93.5%	100.0%
ASD	35.9%	44.1%	52.8%	39.6%	34.0%	30.5%	36.5%	34.0%	17.5%	14.5%	15.5%	22.5%
HSCP	14.3%	20.6%	26.1%	26.1%	15.4%	13.9%	20.0%	18.2%	50.0%	38.1%	48.3%	31.4%

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

22.1 Review complaint handling process and agree measures to ensure quality

By Dec-21

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.

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.

22.2 Improve education of complaint handling

By Dec-21

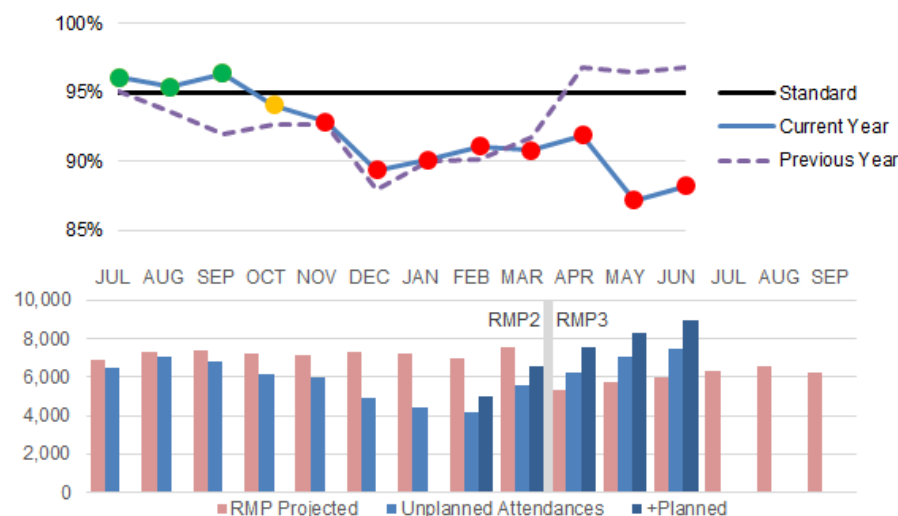
This will be by the delivery of education programmes at induction and bespoke training sessions across the Clinical Services.

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 & Fife East took place in May and June, and the aim is that this will continue throughout the remainder of 2021.

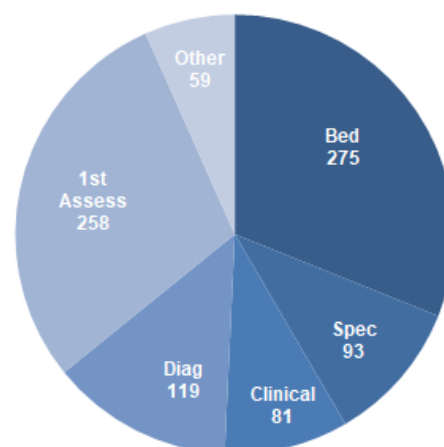
4-Hour Emergency Access

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; Jun-21



National Benchmarking

Month	2020/21						2021/22					
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	96.1%	95.4%	96.4%	94.1%	92.9%	89.4%	90.1%	91.1%	90.8%	91.9%	87.2%	88.2%
Scotland	95.1%	92.9%	92.1%	89.6%	89.8%	86.4%	86.0%	86.2%	88.5%	88.7%	87.2%	85.0%

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

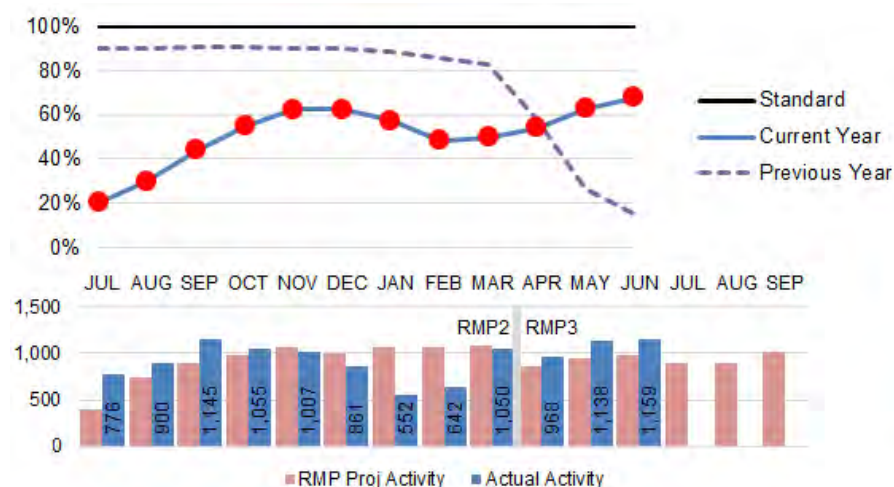
IMPROVEMENT ACTIONS

21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub	By Mar-22
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.	
22.1 Co-produce (with NHS 24) patient criteria for access to ED via 1-hr and 4-hr pathways	By Aug-21
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.	
22.2 Reduce number of patients breaching at 4 hrs, 8 hrs, and waits for beds	By Aug-21
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.	

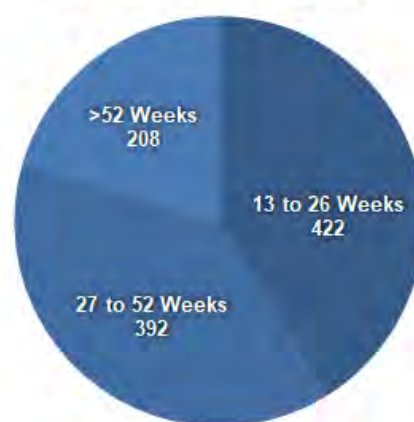
Patient TTG

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

Local Performance



Breaches Breakdown Jun-21



National Benchmarking

	2020/21							2021/22				
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	20.2%	30.0%	44.1%	54.9%	62.3%	62.3%	57.4%	48.6%	49.7%	54.1%	62.7%	67.9%
Scotland	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

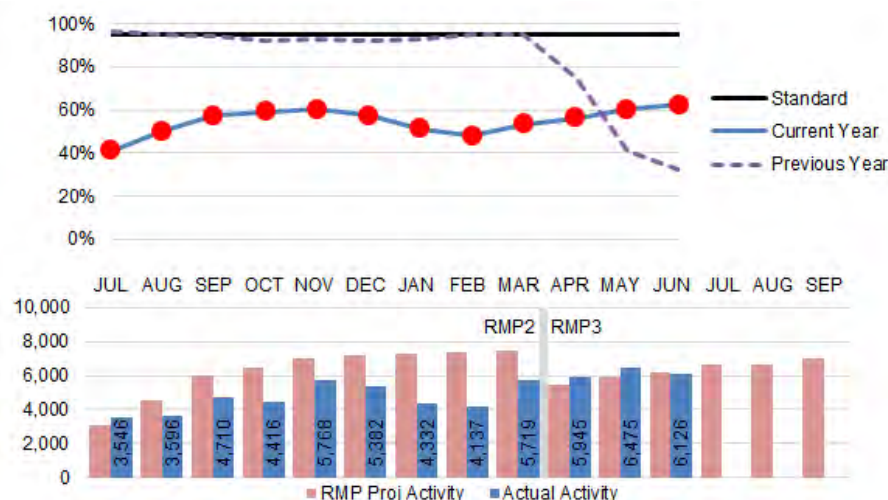
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	By Sep-21
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review of deliverables underway	
22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling	By Mar-22
Options appraisal to support a digital solution is being finalised prior to publication	
22.3 Undertake waiting list validation against agreed criteria	By Sep-21
Clinical teams continue to review lists and prioritise patients, Clinical Prioritisation Group meets regularly	

New Outpatients

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

Local Performance



Breaches Breakdown Jun-21



National Benchmarking

	2020/21							2021/22		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	41.1%	50.0%	57.4%	59.3%	60.3%	57.5%	51.2%	48.0%	53.4%	56.4%
Scotland			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

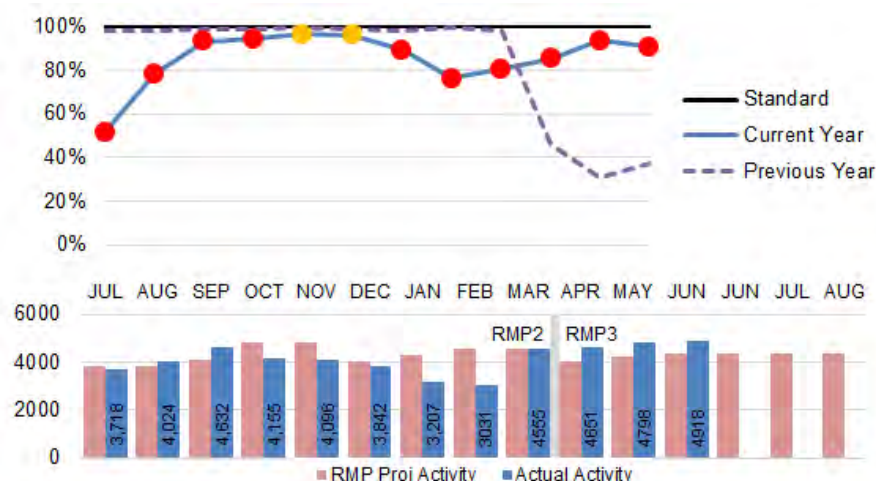
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	By Sep-21
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review of deliverables underway	
22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity	By Mar-22
ACRT and PIR being progressed in Directorates and waiting list validation continues	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	By Mar-22
Directorates promoting and supporting initiatives	
22.4 Understand impact of potential changes to guidance on social distancing and actions needed to implement	By Sep-21
Remodelling work complete and shared with clinic staff, awaiting further guidance to be issued	

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 Jun-21



National Benchmarking

	2020/21									2021/22		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	51.4%	78.3%	93.1%	94.3%	96.5%	95.9%	89.2%	76.2%	80.6%	85.3%	93.5%	90.6%
Scotland	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

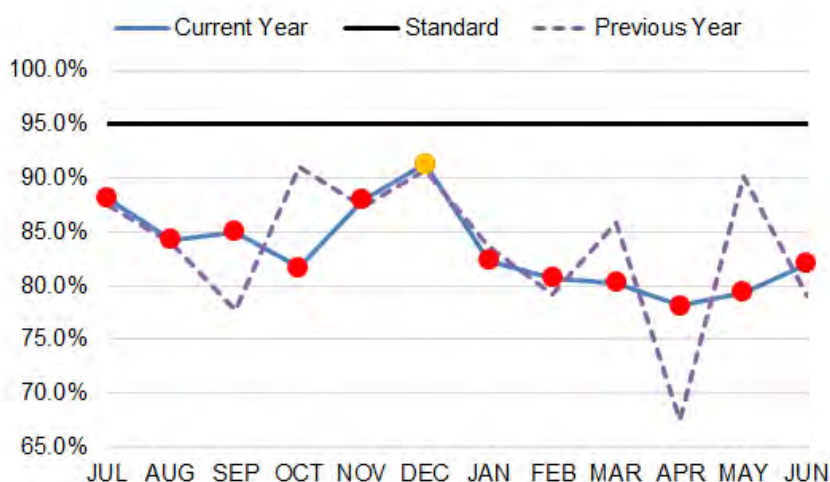
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	By Sep-21
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review of deliverables underway	
22.2 Explore implementation of point of care testing in endoscopy	By Mar-22
Testing platform chosen, governance processes to support implementation underway	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	By Mar-22
Directorates promoting and supporting initiatives	

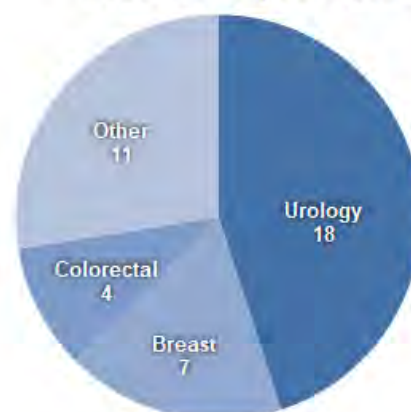
Cancer 62-Day Referral to Treatment

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

Local Performance



Breaches: Apr to Jun 21



National Benchmarking

Month	2020/21									2021/22		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	88.2%	84.3%	85.0%	81.7%	88.0%	91.3%	82.4%	80.7%	80.3%	78.1%	79.4%	82.1%
Scotland	87.1%	86.6%	86.5%	84.9%	84.8%	85.3%	81.6%	81.9%	83.0%	84.5%	83.0%	83.6%

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

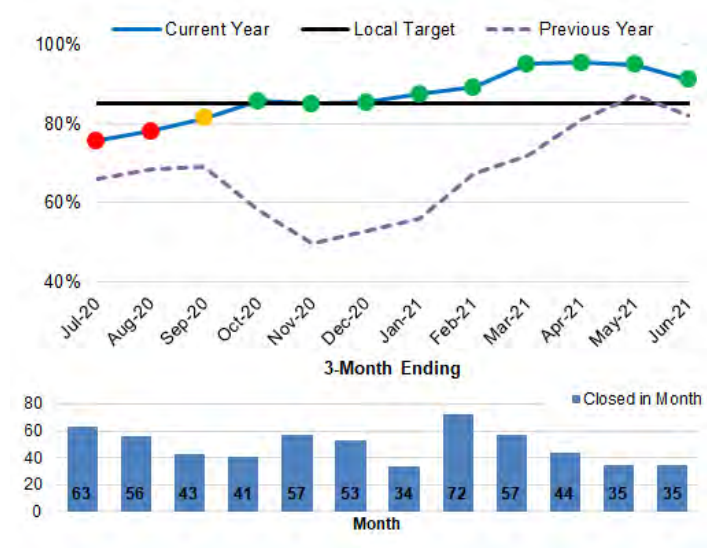
IMPROVEMENT ACTIONS

20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points	By Mar-22
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.	
20.4 Prostate Improvement Group to continue to review prostate pathway	By Sep-21
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.	
21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan	By Oct-21
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.	
22.1 Effective Cancer Management Review	By Mar-22
The Scottish Government Effective Cancer Management Framework review to improve cancer waiting times performance will be completed by September. 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 Jun-21



Performance by Service Area

Monthly	2020/21									2021/22		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Health Board	72.0%	93.6%	82.1%	96.8%	87.5%	93.5%	93.5%	91.0%	100.0%	94.7%	84.4%	90.3%
IJB	84.6%	66.7%	75.0%	50.0%	88.9%	14.3%	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	Complete
The revised Model Publications Scheme has been signed off after review by EDG	
21.2 Improve communications relating to FOISA work	By Dec-21

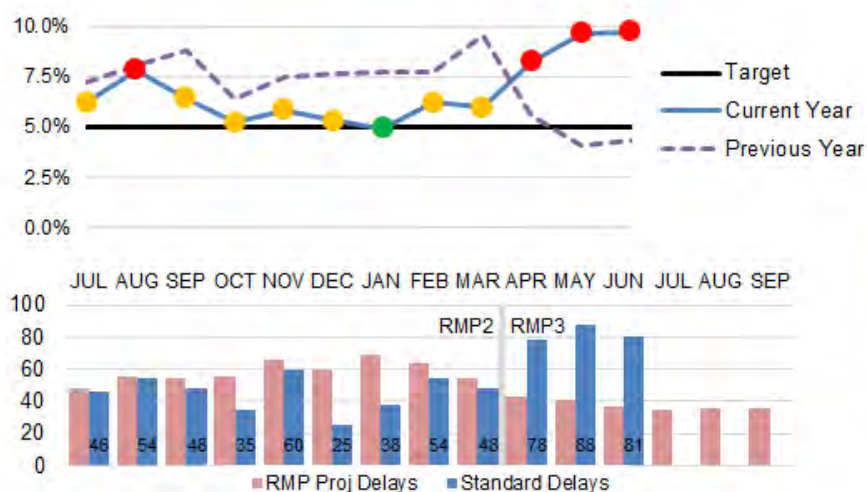
The first EDG Paper (1.0 - Process) passed through EDG in February. The Scottish Information Commissioner's Office has commended the work NHS Fife has undertaken so far to remedy the Board's previous low level of FOISA compliance.

FOI Training in both AXLR8 and legislation was undertaken by the FOI Officer which can be evidenced in the overall compliance within the organisation.

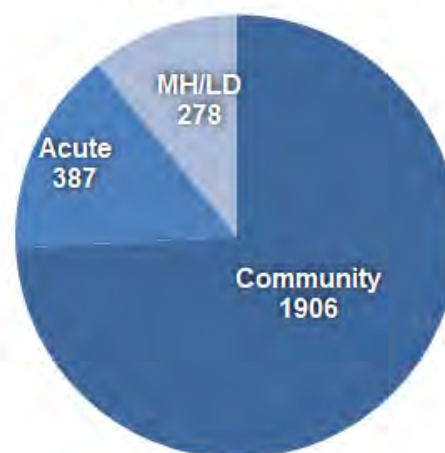
Delayed Discharges (Bed Days Lost)

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 | Jun-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

21.1 Progress HomeFirst model / Develop a 'Home First' Strategy

By Dec-21

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. Regular monthly meetings take place, action plans/driver diagrams are now in place for the oversight and sub groups.

22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals

Complete

The Moving On Leaflet has been circulated to Clinical Nurse Managers (VHK) for onward distribution

22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community

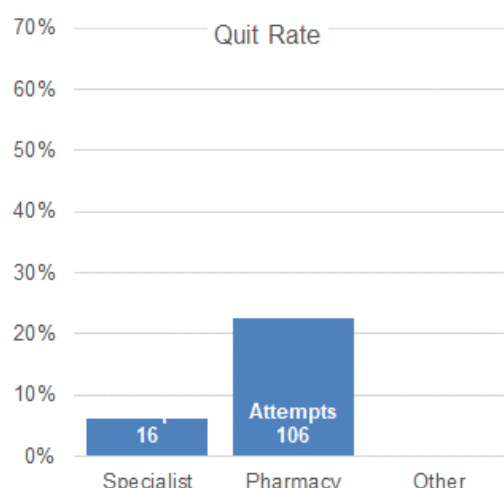
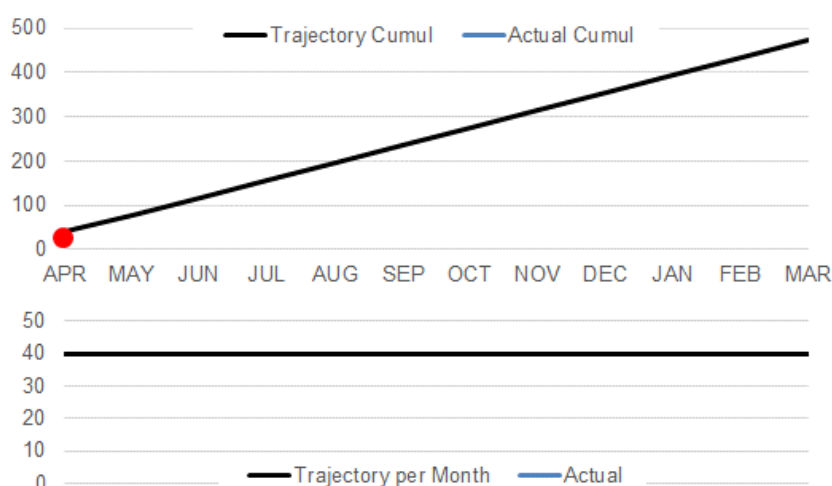
By Dec-21

An SBAR was submitted to the Senior leadership Team in August, amendments have been requested and the TOC will start in September, running for 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

		2021/22											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	25											
	Actual Cumul	25											
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	62.5%											
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

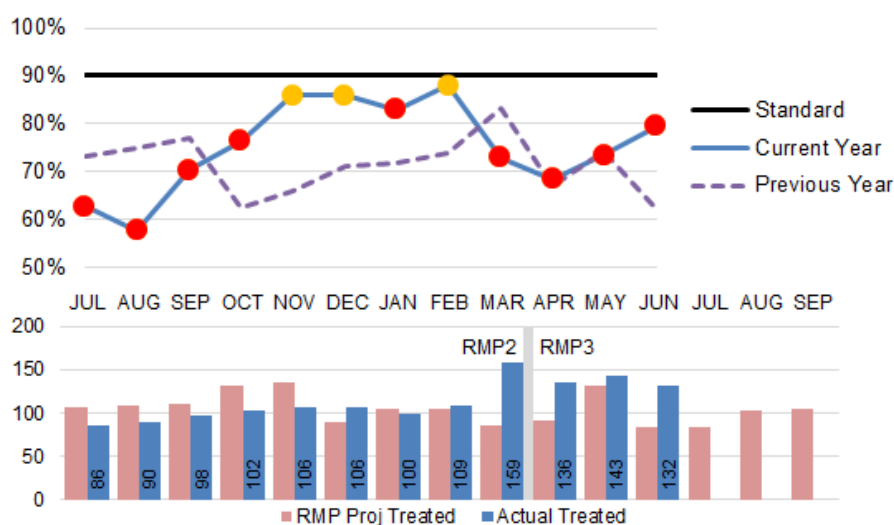
IMPROVEMENT ACTIONS

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	Complete
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. At point of contact all clients are being asked about Near Me appointments, with a slight increase in uptake.	
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative	By Sep-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 rehabilitation patients have engaged with the service.	

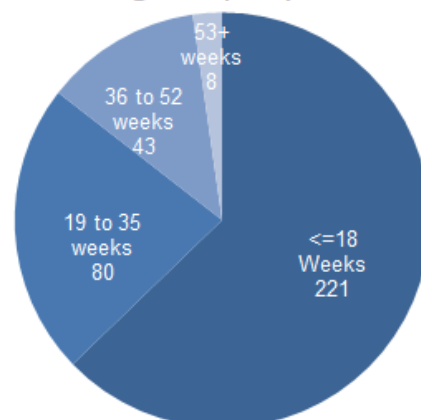
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (317) Jun-21



National Benchmarking

Month	2020/21									2020/21		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	62.8%	57.8%	70.4%	76.5%	85.8%	85.8%	83.0%	88.1%	73.0%	68.4%	73.4%	79.5%
Scotland	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

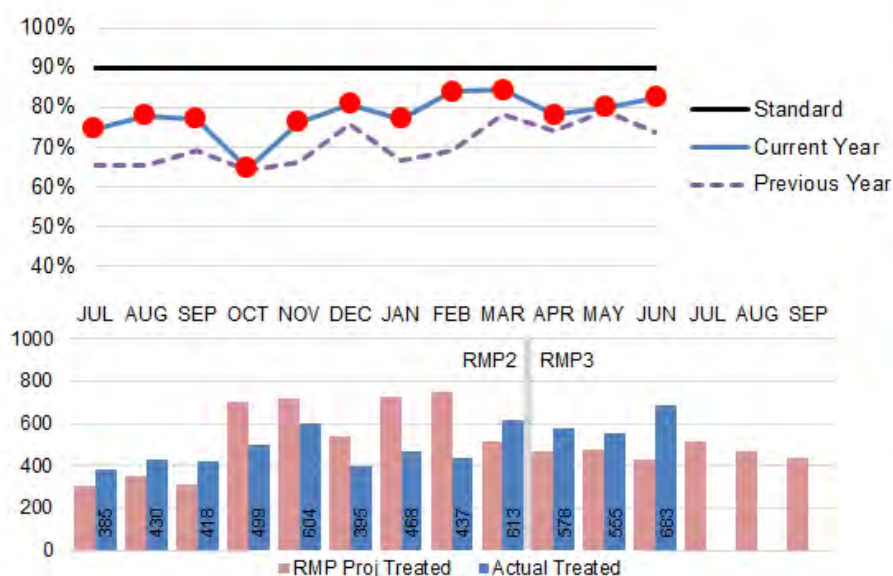
IMPROVEMENT ACTIONS

21.1 Re-design of Group Therapy Programme	Complete
Alternative delivery models of group therapy have been designed with Decider Skills Training 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 has resulted in phased roll-out across Fife CAMHS dependent on staffing availability and suitable environments.	
21.3 Build CAMHS Urgent Response Team	By Oct-21
The plan to develop a CURT in 2020 was postponed due to the COVID-19 position. Redesign has been incrementally introduced since March 2021 and a model has been implemented that prioritises responsiveness, increases the clinical remit and extends the age range of the previous Self Harm Service. An increase in staffing complement seeks to allow the consolidation of the CURT model through ensuring adequate staffing capacity to meet increasing demand.	
22.1 Recruitment of Additional Workforce	By Dec-21
Investment from Fife HSCP has resulted in resources being made available to recruit additional permanent (8) and temporary (3) staff. To date, 4 permanent staff and 2 temporary staff have been appointed, with the permanent staff starting incrementally from 23/08/21. Vacant posts continue to be advertised and review of banding is underway. SG funds have been allocated in order to achieve the CAMHS National Service specification. Phase 1 recruitment is underway and Phase 2 recruitment will follow the completion of a Gap analysis against the national specification. 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 SG CAMHS National Service Specification. A Training programme for new and existing staff is being developed, and a training needs analysis will be re-run to ensure the right skills and competencies exist in the range of teams across CAMHS.	

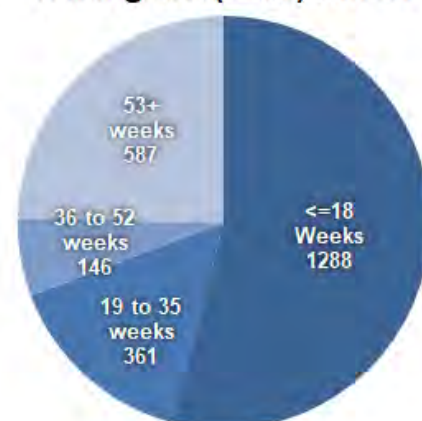
Psychological Therapies 18 weeks RTT

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

Local Performance



Waiting List (2382) Jun-21



National Benchmarking

Month	2020/21									2021/22		
	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
NHS Fife	74.5%	77.9%	77.0%	64.7%	76.3%	80.8%	77.1%	84.0%	84.3%	78.2%	80.0%	82.6%
Scotland	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

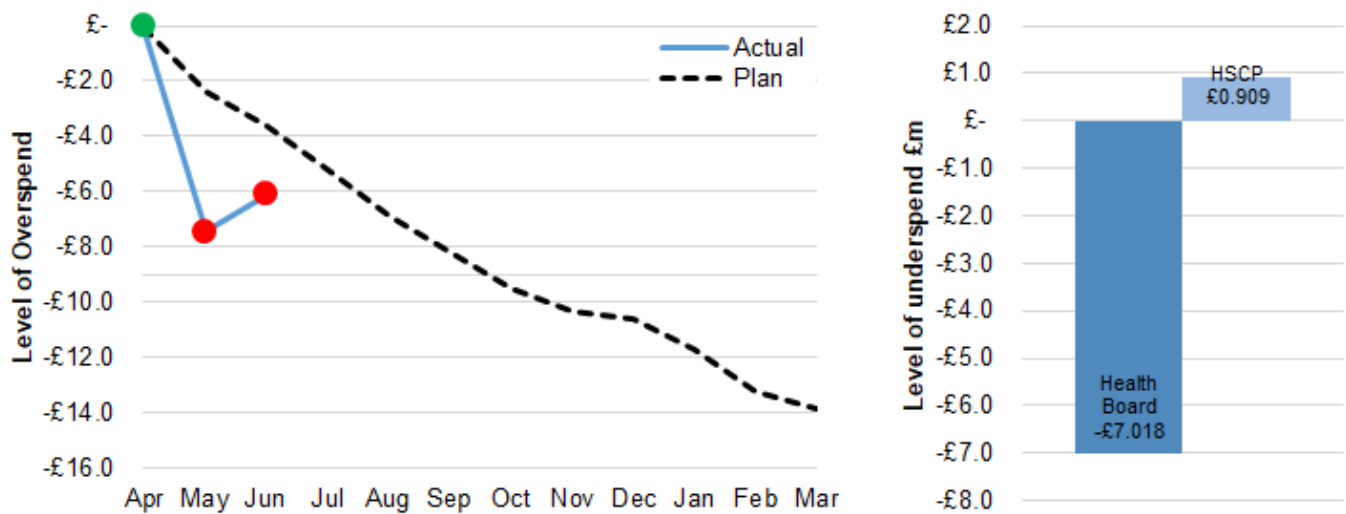
IMPROVEMENT ACTIONS

20.5 Trial of new group-based PT options	By Oct-21
Develop and pilot two new group programmes for people with complex needs who require highly specialist PT provision from Psychology service. Pilot of Schema therapy group complete. Analysis of outcome data in progress. Pilot of Compassion Focused therapy group was delayed due to COVID. Due to start in September.	
22.1 Increase access via Guided self-help service	By Oct-21
Recruitment of staff complete. Roll out of service across Fife, in progress.	
22.2 Expansion of skill mix model to increase delivery of low intensity interventions in Clinical Health Psychology service	By Nov-21
A change in establishment in the two Clinical Health specialities (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.	
22.3 Recruit new staff as per Psychological Therapies Recovery Plan	By Dec-21
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	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	444,385	471,356	116,688	-7,018	-6.01%	-2,699	-4,319
Integration Joint Board (Health)	357,655	358,014	88,019	909	1.03%	909	0
Risk Share	0	0	0	0	0.00%	0	0
Total	802,040	829,370	204,707	-6,109	-2.98%	-1,790	-4,319

Assessment

The financial position for 2021/22 has a number of significant areas of challenge. A formal Quarter 1 Review of the year to date and forecast position has been completed. This will be assessed through the Scottish Government formal Quarter 1 review process. A full report on the Quarter 1 Review and the outcome of discussions with Scottish Government will be prepared for internal review and scrutiny.

Key challenges in 2021/22

The 2021/22 financial plan reflects an overall savings target of £21.7m and assumes £8m is achievable in-year, £4m on a recurring basis; and a further £4m on a non-recurring basis. Discussions are underway with the Scottish Government in relation to supporting the remaining £13.7m this financial year.

Continuing uncertainty in relation to the financial impact of Covid in both the short and longer-term, and its impact on both service delivery and financial plans.

Managing the underlying Acute Services core cost overspend; and emerging pressures including cross boundary flow uplift proposed arrangements.

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

22.1 RMP4

Partnering with the services to:

- Identify additional spend relating to Covid-19
- Identify offsets against core positions
- Understand and quantify the financial implications of recovery and remobilisation of core services across NHSF
- Inform forecast outturn positions to the year-end; in support of our statutory requirement to deliver a balanced RRL position.

22.2 Savings

Working closely with the services to ensure delivery of the £8m target as detailed above. Ensuring however that this focus extends to develop the agreed plans required to deliver the legacy £13.7m target over the next 2 financial years.

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 June core revenue amount on 2 July. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £755.006m; and anticipated allocations total £63.838m. Funding this month included £9.264m for the increase in the Agenda for Change pay award, first tranche of RMP3 Elective Care Activity £5.450m and quarter 1 Covid 19 funding £5.409m. The anticipated allocations include Primary Medical Services and New Medicine Fund.

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 30 June is therefore £829.370m 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 with the IJB Chief Finance Officer, the earmarked reserve and agreed anticipated funding is detailed per Appendix 1b.

3. Summary Position

- 3.1 The revenue position for the 3 months to 30 June reflects an overspend of £6.109m; which comprises a core overspend of £2.695m (£1.790m run rate overspend, and £0.905m unmet savings); and 'long Covid' savings of £3.414m.
- 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 £7.018m is attributable to Health Board retained budgets; and an underspend of £0.909m is attributable to the health budgets delegated to the IJB.

Table 1: Summary Combined Financial Position for the period ended June 2021

Memorandum	Budget			Expenditure		Variance Split By	
	FY £'000	CY £'000	YTD £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	444,385	471,356	116,688	-7,018	-6.01%	-2,699	-4,319
Integration Joint Board (Health)	357,655	358,014	88,019	909	1.03%	909	0
Risk Share	0	0	0	0	0.00%	0	0
Total	802,040	829,370	204,707	-6,109	-2.98%	-1,790	-4,319

Combined Position	Budget			Expenditure		Variance Split By	
	FY £'000	CY £'000	YTD £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	205,655	213,937	56,559	-5,602	-9.90%	-1,958	-3,644
IJB Non-Delegated	9,094	9,096	2,268	27	1.19%	36	-9
Estates & Facilities	75,939	76,201	18,794	-3	-0.02%	144	-147
Board Admin & Other Services	65,948	74,742	23,046	161	0.70%	305	-144
Non-Fife & Other Healthcare Providers	90,837	90,611	22,637	-1,918	-8.47%	-1,543	-375
Financial Flexibility & Allocations	22,893	34,056	312	312	100.00%	312	0
HB retained offsets	0	60	0	0	#DIV/0!	0	0
Health Board	470,366	498,703	123,616	-7,023	-5.68%	-2,704	-4,319
Integration Joint Board - Core	377,268	409,174	103,484	905	0.87%	905	0
HSCP offsets	0	175	0	0	0.00%	0	0
Integration Fund & Other Allocations	19,104	8,747	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	396,372	418,096	103,484	905	0.87%	905	0
IJB Risk Share Arrangement	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	396,372	418,096	103,484	905	0.87%	905	0
Total Expenditure	866,738	916,799	227,100	-6,118	-2.69%	-1,799	-4,319
IJB - Health	-38,717	-60,082	-15,465	4	-0.03%	4	0
Health Board	-25,981	-27,347	-6,928	5	-0.07%	5	0
Miscellaneous Income	-64,698	-87,429	-22,393	9	-0.04%	9	0
Net Position Including Income	802,040	829,370	204,707	-6,109	-2.98%	-1,790	-4,319

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 June 2021

Core Position	Budget			Expenditure		Variance Split By	
	FY £'000	CY £'000	YTD £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	205,655	212,126	54,808	-2,412	-4.40%	-1,958	-454
IJB Non-Delegated	9,094	9,096	2,268	35	1.54%	36	-1
Estates & Facilities	75,939	75,966	18,559	127	0.68%	144	-17
Board Admin & Other Services	65,948	69,763	18,067	247	1.37%	305	-58
Non-Fife & Other Healthcare Providers	90,837	90,611	22,637	-1,918	-8.47%	-1,543	-375
Financial Flexibility & Allocations	22,893	34,056	312	312	100.00%	312	0
HB retained offsets	0	0	0	0	#DIV/0!	0	0
Health Board	470,366	491,618	116,651	-3,609	-3.09%	-2,704	-905
Integration Joint Board - Core	377,268	408,842	103,152	905	0.88%	905	0
HSCP offsets	0	0	0	0	0.00%	0	0
Integration Fund & Other Allocations	19,104	8,747	0	0	0.00%	0	0
Sub-total Integration Joint Board Core	396,372	417,589	103,152	905	0.88%	905	0
IJB Risk Share Arrangement	0	0	0	0	0.00%	0	0
Total Integration Joint Board - Health	396,372	417,589	103,152	905	0.88%	905	0
Total Expenditure	866,738	909,207	219,803	-2,704	-1.23%	-1,799	-905
IJB - Health	-38,717	-60,082	-15,465	4	-0.03%	4	0
Health Board	-25,981	-27,347	-6,928	5	-0.07%	5	0
Miscellaneous Income	-64,698	-87,429	-22,393	9	-0.04%	9	0
Net Position Including Income	802,040	821,778	197,410	-2,695	-1.37%	-1,790	-905

Table 3: Summary Covid-19 Financial Position for the period ended June 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	1,811	1,751	4,941	-3,190		0	-3,190
IJB Non-Delegated	0	0	0	8	-8		0	-8
Estates & Facilities	0	235	235	365	-130		0	-130
Board Admin & Other Services	0	4,979	4,979	5,065	-86		0	-86
Non-Fife & Other Healthcare Providers	0	0	0	0	0		0	0
Financial Flexibility & Allocations	0	0	0	0	0		0	0
HB retained offsets	0	60	0	0	0		0	0
Health Board	0	7,085	6,965	10,379	-3,414		0	-3,414
Integration Joint Board - Core	0	332	332	332	0		0	0
HSCP offsets	0	175	0	0	0		0	0
Integration Fund & Other Allocations	0	0	0	0	0		0	0
Sub-total Integration Joint Board Core	0	507	332	332	0		0	0
IJB Risk Share Arrangement	0	0	0	0	0		0	0
Total Integration Joint Board - Health	0	507	332	332	0		0	0
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
Total Expenditure	0	7,592	7,297	10,711	-3,414		0	-3,414

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 £2.412m**. Whilst the 20/21 financial planning process approved the following uplifts for ASD: £1.5m safe staffing; £0.620m drugs; and £0.769m paediatric staffing; there remains an overspend in core run rate performance of £1.958m, and unachieved savings of £0.454m per Table 2. The core run rate position is mainly driven by pay across three staffing groups; Nursing £1.076m, Junior Medical and Dental £0.474m and Senior Medical £0.131m. Nursing overspend is prominent across Care of the Elderly, Obstetrics and Gynaecology, and Colorectal due to unfunded cost pressures, incremental progression 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. Recruitment is in progress to recruit to some consultant posts which are currently being covered by locums.

Non pay cost pressures total £0.790m, with medicines overspend of £1.120m, partially offset by underspend on surgical sundries £0.080m, and diagnostic supplies £0.214m. There is an expectation that this will be utilised later in the year to accommodate increased levels of activity.

Robotic assisted surgery is due to become operational in August. The core position currently carries the cost of unfunded instruments at £0.065m year to date offset by opportunistic underspend. Redesign of Urgent Care will be fully funded this year through a combination of government funding £0.681m and earmarked IJB reserves of £0.935m carried forward from 20/21. Due to patient settings being fully operational there have been no further opportunities to identify budget that can be used towards offsetting cost reductions. This will continue to be reviewed on an ongoing basis. Government funding is expected to cover the cost of elective and unscheduled care and there should be no related costs in the core position.

Table 4: Acute Division Financial Position for the year ended June 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								
Planned Care & Surgery	71,549	74,648	19,073	19,150	-77	-0.40%	-152	75
Emergency Care & Medicine	75,891	78,017	20,603	22,691	-2,088	-10.13%	-1,923	-165
Women, Children & Clinical Services	55,645	56,887	14,602	14,872	-270	-1.85%	97	-367
Acute Nursing	866	866	213	212	1	0.47%	1	0
Other	1,704	1,708	317	295	22	6.94%	19	3
Total	205,655	212,126	54,808	57,220	-2,412	-4.40%	-1,958	-454

4.2 IJB Non-Delegated

The IJB Non-Delegated budget reports an **underspend of £0.035m**. 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 £0.017m comprising of non pay expenditure £0.009m against drugs and £0.008m on medical supplies.

4.3 Estates & Facilities

The Estates and Facilities budgets report an **underspend of £0.127m**. This is predominantly attributable to pay underspend of £0.199m across several services including catering, laundry and transport, with non pay underspend of £0.057m on PPP and £0.155m on rates. This position is offset by £0.147m of year to date unachieved savings and an overspend on property maintenance £0.110m.

4.4 Corporate Services

Within the Board's corporate services there is an **underspend of £0.247m**. 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 (£0.120m), Workforce (£0.011m) and Nursing (£0.118m) 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 £0.095m 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 transferred to Health Board retained from Health Delegated wef 1 April 2021. Pharmacy Services have incurred a small underspend of £0.060m to month 3.

Public Health are proceeding with permanent recruitment based on the 'Covid-19: Test and Protect Programme and Public Health Teams' Funding letter on 13 November 2020. This commits recurring spend however 2022/23 and future funding is not yet known.

4.5 Non-Fife and Other Healthcare Providers

The budget for healthcare services provided out with NHS Fife is **overspent by £1.918** per Appendix 3. The main driver this month is the increase in the expected annual value of the service agreement with NHS Lothian. The costing model used by Lothian is showing an increase in value of £1.932m, additional Independent Sector activity arranged through Lothian of approximately £0.500m and the proposed annual increase in Service agreement from 1.5% to 3.36% for Lothian is £0.500m. Savings yet to be delivered amount to £0.375m.

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 £0.312m** has been released at month 3, and further 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 £0.905m**. The underlying drivers for the run rate underspend include vacancies in sexual health and rheumatology, all AHP services, child health, learning disabilities, health visiting, health promotion and general dental services. In Sexual Health the number of patients has more than doubled from 55 patients last year to 115 patients this year which will impact on costs. Mental health has worsened this month due to an increase in addictions costs and lab costs increasing.

Following the IJB financial planning process, supported by detailed analysis, the IJB CFO has indicated the underspend will be used to inform a non-recurring budget realignment this financial year.

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.

4.8 Income

A small over recovery in income of £0.009m is shown for the period to June.

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 June 2021

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	407,167	107,474	107,626	-153
GP Prescribing	74,688	18,785	18,783	3
Drugs	31,552	8,771	9,729	-958
Other Non Pay	378,635	96,078	97,081	-1,003
Efficiency Savings	-18,046	-4,319	0	-4,319
Commitments	42,803	312	0	312
Income	-87,429	-22,393	-22,402	9
Net overspend	829,370	204,707	210,816	-6,109

5.2 Pay

The overall pay budget reflects an overspend of £0.153m. Predominately Acute Services are £1.169m overspent on pay with the majority of this relating to nursing staff for unfunded incremental progression, supervision policies and safer staffing. This is offset against underspend across multiple directorates including corporate £0.206m, primary and preventative services £0.264m, facilities £0.149m and community care services £0.231m where vacancies are having an impact.

Against a total funded establishment of 8,160 wte across all staff groups, there was an average 8,547 wte staff in post in June (based on permanent staff plus additional hours worked and bank staff). Work has commenced to capture our Covid staffing increase by staff group; the financial implications of temporary, fixed term and permanent staff cohorts; and a risk assessed exit plan/strategy.

5.3 Drugs & Prescribing

Across the system there is a net overspend of £0.989m on medicines. Due to PSD timetables, only 1 month prescribing data for 21/22 is available. Using that, other available indicators, and previous reporting trends the GP prescribing position to June 21 is estimated to be breakeven. It is anticipated that influencing factors reported last year will be ongoing but contained with financial planning resources. Implementation of Freestyle Libre continues to exceed original forecast and funding provided (a further £0.5m has been funded through the financial planning process). 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 £1.120m. The main overspend is in Haematology which is over budget by £0.840m 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 £0.165m, 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.

5.4 Other Non-Pay

Other non-pay budgets across NHS Fife are collectively overspent by £1.003m. A significant element of overspend is attributable to Non Fife and Other Healthcare Providers for SLA's £0.931 and UNPACS £0.722m. There is an overspend of £0.444m attributable to purchase of equipment. These overspends are offset by underspends within travel and subsistence £0.297m; other supplies £0.243m and CSSD/diagnostic supplies £0.170m.

5.5 Efficiency Savings

The unmet efficiency savings of £4.319m comprise unmet core savings of £0.905m and unachieved legacy savings for which we seek funding support of £3.414m.

6 Other Funding Allocations

6.1 Covid-19 funding allocation

We received initial Covid-19 funding of £11.580m in our June allocation. The initial funding tranche is to support current and ongoing Covid costs and encompasses; Test and protect (£3.293m); vaccination funding to cover the Covid-19 and extended flu vaccination programmes (£2.878m); and a general Covid funding allocation (£5.409m). This initial allocation is based on c50% of the retained Health Board's forecast costs per the financial planning process. No funding was received in this tranche for Health delegated/Integration Authority given the carry forward of reserves from the 2020/21 financial year. As part of our financial monitoring process spend to month 3 of £6.965m has been funded from this allocation; and health delegated spend of £0.332m is funded from the earmarked Covid-19 reserve. The long Covid unmet savings to month 3 of £3.414m remains as a gap until the formal quarter one process is concluded.

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. Acute services have identified £0.060m and IJB have identified £0.175m.

6.2 Waiting List Funding

We have received funding of £5.450m based our RMP3 submission and work is ongoing to ensure delivery of activity as laid out in our submission and separated correspondence with SG however further clarification will follow over the coming weeks and months.

6.3 Redesign of Urgent Care Funding

Funding has been received from SG in June of £0.681m which we are treating as an interim and are seeking further clarity. In addition there is £0.935m in the IJB earmarked reserve for RUC. To that end funding appears sufficient for the 21/22 financial year however there is risk exposure for future financial years where funding is uncertain. 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 £21.7m cash efficiency savings to support financial balance in 2021/22. Our planning assumptions reflected an achievable £8m of the target (£4m on a recurring basis), with an underlying unachieved 'long Covid' savings of £13.7m 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 require to operate within this reduced pay budget.

7.3 Tables 6a and 6b summarise the savings position for the 2021/22 financial year. Work continues in earnest to identify potential recurring cost saving reduction schemes and programmes for both this year and the next 2 financial years.

Table 6a: Savings 21/22

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Forecast unmet savings (Covid-19) £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to June £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	257	3,791	4,390
				0		0
Total Savings	21,837	8,181	13,656	257	3,791	4,390

Table 6b: Savings RAG status

NHS Fife Potential Savings Summary	£000's	Risk level	Identified CY	Outstanding Balance	Identified FY	Outstanding Balance
Workforce Capacity and Utilisation Review	1,000	High	-109	891	-41	959
Pay Vacancy Factor (1%)	3,015	Medium	-3015	0	-3015	0
Repatriation of Services	500	Low	0	500	0	500
External Commissioning Cost Review	1,000	Medium	0	1,000	0	1,000
Medicine Utilisation	500	Medium	-59	441	0	500
Contracts	1,500	Low	-75	1,425	0	1,500
Procurement - Non pay	500	Medium	0	500	0	500
Other	166	Low	-533	-367	-478	-312
	8,181		-3,791	4,390	-3,534	4,647

8 Forecast Q1

- 8.1 For the purposes of reporting to Scottish Government in our FPR to inform Q1, we are currently forecasting a potential overspend of £19.656m. This includes the in-year deficit in our opening financial plan of £13.656m unachieved savings (for which we have requested Scottish Government support) and a core potential additional overspend of £6m. The pressures contributing to the £6m overspend are: £3m cost pressure in respect of our Service Level Agreement with NHS Lothian; £2m Acute drugs cost pressures; Microsoft 365 licence cost pressures of £0.6m (an emerging increase to the cost model adopted at the financial planning stage); and £0.4m other cost pressures.

9 Recommendation

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 £2.695m for the 3 months to date
- **Note** the £3.414m underlying unachieved 'long Covid' savings, to month 3;
- **Note** the combined position of the core and Covid-19 position inform an overall overspend of £6.109m
- **Note** the potential total overspend outturn position of £19.656m; of which we seek SG funding support for unachieved full year 'long Covid' savings of £13.656m; and, the potential core overspend of £6m which we have highlighted in our Quarter 1 financial return to Scottish Government.

Appendix 1a: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non- Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
May-21	Initial Baseline Allocation	712,534			712,534	
					0	
Jun-21	Mental Health Recovery and Renewal Fund			2,223	2,223	As per funding letter
	6 Essential Actions			456	456	As per funding letter
	Redesign of Urgent Care			681	681	As per funding letter
	ICU Baseline			485	485	As per funding letter
	District Nurse Posts		333		333	Continuation of funding
	RMP3 Elective Care Activity			5,450	5,450	First 6 months funding
	Auchtermuchty Medical Practice Dilapidation Costs			48	48	As per submission
	Test & Protect			3,293	3,293	
	Mental Health Action 15		1,090		1,090	Continuation of funding first tranche
	Covid & Extended Flu Vaccinations			2,878	2,878	
	Outcomes Framework		4,520		4,520	Annual Funding
	Primary Care Improvement Fund		4,758		4,758	Continuation of funding first tranche
	PASS Contract		-39		-39	Annual Contribution
	Top Slice Quarriers Unit			-97	-97	New agreed contribution 21/22
	Maternity & Neonatal Psychological Interventions			138	138	As per funding letter
	Perinatal & Infant Mental Health Service		663		663	As per funding letter
	Agenda for Change	9,264			9,264	Funding for agreed pay award
	Covid Funding			5,409	5,409	Quarte 1 funding
	Alcohol & Drug Partnership		919		919	Increase in line with policy announcement
	Total Core RRL Allocations	721,798	12,244	20,964	755,006	
Anticipated	Primary Medical Services		56,909		56,909	
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	PNP		1,276		1,276	
Anticipated	New Medicine Fund		3,415		3,415	
Anticipated	Golden Jubilee SLA		-24		-24	
Anticipated	PCIF		682		682	
Anticipated	Action 15 Mental Health strategy				0	
Anticipated	ADP:seek & treat		1,159		1,159	
Anticipated	Veterans First Point Transition Funding		116		116	
Anticipated	£20m 18-19 tariff reduction to global sum		-4,245		-4,245	
Anticipated	Waiting List		5,667		5,667	
Anticipated	Winter		661		661	
Anticipated	NSD Adjustments		-5,023		-5,023	
		0	63,838	0	63,838	
Anticipated	IFRS			9,352	9,352	
Anticipated	Donated Asset Depreciation			174	174	
Anticipated	Impairment			500	500	
Anticipated	AME Provisions			500	500	
	Total Anticipated Non-Core RRL Allocations	0	0	10,526	10,526	
	Grand Total	721,798	76,082	31,490	829,370	

Appendix 1b: Anticipated Funding from Health Delegated Earmarked Reserve

Health Delegated Earmarked Reserve	Total £000's	To M3 £000's	Anticipated £000's	Balance £000's
Vaccine	740	740		0
Care homes	526		332	194
Urgent Care Redesign	935		935	0
Flu	203		203	0
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
Total	11,308	2,251	2,983	6,074

Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Digital and Information	11,078	3,113	3,208	-95
Nhs Fife Chief Executive	215	53	56	-3
Nhs Fife Finance Director	6,385	1,604	1,484	120
Nhs Fife Medical Director	6,337	1,855	1,847	8
Nhs Fife Nurse Director	4,084	1,051	933	118
Legal Liabilities	4,094	995	1,001	-7
Early Retirements & Injury Benefits	650	33	-5	38
Regional Funding	201	71	67	4
Depreciation	19,283	4,750	4,750	0
Nhs Fife Public Health	2,365	812	819	-7
Nhs Fife Workforce Directorate	3,156	806	796	11
Pharmacy Services	11,915	2,923	2,864	59
Total	69,763	18,067	17,820	247

Appendix 3: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	99	25	24	1
Borders	45	11	14	-3
Dumfries & Galloway	25	6	14	-8
Forth Valley	3,227	807	959	-152
Grampian	365	91	71	20
Greater Glasgow & Clyde	1,680	420	419	1
Highland	137	34	33	1
Lanarkshire	117	29	64	-35
Lothian	31,991	7,998	8,581	-583
Scottish Ambulance Service	103	26	25	1
Tayside	41,584	10,397	10,571	-174
Savings	-1,500	-375		-375
	77,873	19,469	20,775	-1,306
UNPACS				
Health Boards	10,801	2,700	3,326	-626
Private Sector	1,151	288	393	-105
	11,952	2,988	3,719	-731
OATS				
	721	180	62	118
Grants				
	65			0
Total	90,611	22,637	24,555	-1,918

Appendix 4 - Financial Flexibility & Allocations

	£'000	Flexibility Released to June-21 £'000
Financial Plan		
Drugs	3,786	0
CHAS	408	0
Junior Doctor Travel	40	0
Discretionary Points	239	0
Consultant Increments	368	0
Cost Pressures	4,020	293
Developments	2,164	19
Sub Total Financial Plan	11,025	312
Allocations		
Waiting List	5,708	0
AME: Impairment	500	0
AME: Provisions	790	0
Insulin Pumps	99	0
Community Pharmacy Champion	19	0
Pay Award:AfC	9,264	
6 Essential Action	456	
ICU	485	
Test & Protect	2,188	
Covid 19	2,712	
Winter	661	
Covid Vaccination & Extended Flu	149	
Sub Total Allocations	23,031	0
Total	34,056	312

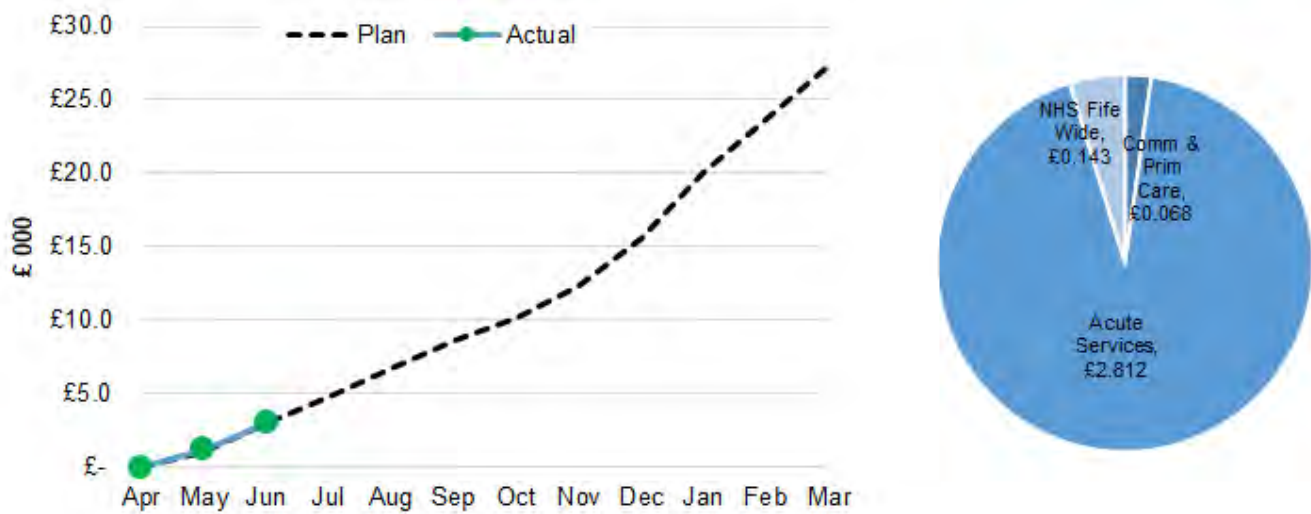
Appendix 5 – Initial Covid-19 funding

COVID funding	Health Board	Health delegated	Social Care delegated	Total	Capital
	£000's	£000's	£000's	£000's	£000's
Allocations Q1	8,702	2,878		11,580	
HSCP ear marked reserve		1,275		1,275	
Anticipated allocation				0	
Total funding	8,702	4,153	0	12,855	0
Allocations made for Apr to June					
Planned Care & Surgery	254			254	
Emergency Care & Medicine	1,062			1,062	
Women, Children & Clinical Services	495			495	
Acute Nursing	0			0	
Estates & Facilities	235			235	
Board Admin & Other Services	651			651	
Public Health Scale Up	246			246	
Test and Protect	859			859	
Primary Care & Prevention Serv		30		30	
Community Care Services		149		149	
Complex & Critical Care Serv		97		97	
Professional/Business Enabling		56		56	
Covid Vaccine/Flu		3,469		3,469	
Social Care					
Total allocations made to M3	3,802	3,801	0	7,603	0
Balance In Reserves	4,900	352	0	5,252	0

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 was approved by the FP&R Committee in July and will be tabled at the NHS Fife Board thereafter. NHS Fife has assumed a programme of £27.335m. NHS Fife has received £7.394m as a capital allocation in June. NHS Fife is also anticipating capital allocations for the Elective Orthopaedic Centre of £18.125m: A reduction of (£0.200m) due to a previous years over-allocation: 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 – an offer has been accepted subject to conditions for planning and access.

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 £3.022m this equates to 11.06% 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	£1.232m
Equipment	£0.254m
E-health	£0.140m
Elective Orthopaedic Centre	£1.371m

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 30 June 2021 of £3.022m and the year end spend of the total anticipated capital resource allocation of £27.335m.

Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2021/22 £'000
COMMUNITY & PRIMARY CARE			
Clinical Prioritisation	83	21	83
Statutory Compliance	343	28	343
Capital Equipment	78	13	78
Condemned Equipment	0	0	0
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
Total Community & Primary Care	504	63	504
ACUTE SERVICES DIVISION			
Statutory Compliance	2,955	1,201	2,955
Capital Equipment	1,317	240	1,317
Clinical Prioritisation	9	0	9
Condemned Equipment	16	0	16
Total Acute Services Division	4,296	1,441	4,296
NHS FIFE WIDE SCHEMES			
SG Payback Balance	200	0	200
Equipment Balance	410	0	410
Information Technology	1,000	140	1,000
Clinical Prioritisation	409	0	409
Statutory Compliance	82	0	82
General Reserve - Equipment	99	0	99
Pharmacy Equipment	200	0	200
Condemned Equipment	74	0	74
Fire Safety	60	3	60
Vehicles	60	0	60
Wash Hand Basin Replacement	0	0	0
Total NHS Fife Wide Schemes	2,593	143	2,593
TOTAL CAPITAL ALLOCATION FOR 2021/22	7,394	1,647	7,394
ANTICIPATED ALLOCATIONS 2021/22			
Elective Orthopaedic Centre	18,125	1,371	18,125
HEPMA	1,100	0	1,100
Kincardine Health Centre	323	2	323
Lochgelly Health Centre	517	2	517
Mental Health Review	76	0	76
SG Payback	-200	0	-200
Anticipated Allocations for 2021/22	19,941	1,375	19,941
Total Anticipated Allocation for 2021/22	27,335	3,022	27,335

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22	Pending Board Approval	Cumulative Adjustment to May	June Adjustment	Total June
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	72	6	78
Condemned Equipment	0	0	0	0
Clinical Prioritisation	0	0	83	83
Covid Equipment	0	0	0	0
Statutory Compliance	0	310	33	343
Lochgelly Health Centre	0	0	0	0
Kincardine Health Centre	0	0	0	0
Total Community & Primary Care	0	382	122	504
Acute Services Division				
Capital Equipment	0	1,252	65	1,317
Condemned Equipment	0	9	7	16
Cancer Waiting Times Equipment	0	0	0	0
Clinical Prioritisation	0	0	9	9
Statutory Compliance	0	2,925	30	2,955
	0	4,186	110	4,296
Fife Wide				
SG Payback Balance	200	0	0	200
Backlog Maintenance / Statutory Compliance	3,500	-3,405	-13	82
Fife Wide Equipment	1,805	-1,325	-71	409
Digital & Information	1,000	0	0	1,000
Clinical Prioritisation	500	0	-91	409
Condemned Equipment	90	-9	-7	74
Scheme Development	0	0	0	0
Fife Wide Asbestos Management	0	0	0	0
Fife Wide Fire Safety	0	60	0	60
General Reserve Equipment	94	0	5	99
Pharmacy Equipment	205	0	-5	200
Fife Wide Vehicles	0	60	0	60
Wash Hand Basin Replacement	0	50	-50	0
Total Fife Wide	7,394	-4,569	-232	2,593
Total Capital Resource 2021/22	7,394	0	0	7,394

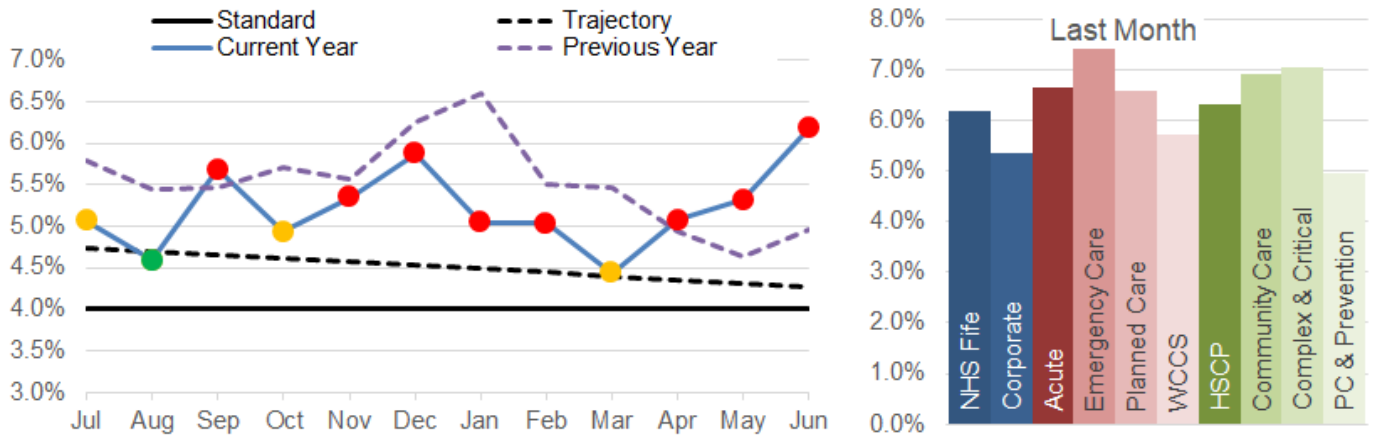
ANTICIPATED ALLOCATIONS 2021/22				
Elective Orthopaedic Centre	18,125	0	0	18,125
HEPMA	1,100	0	0	1,100
Kincardine Health Centre	323	0	0	323
Lochgelly Health Centre	517	0	0	517
Mental Health Review	76	0	0	76
SG Payback	-200	0	0	-200
Anticipated Allocations for 2021/22	19,941	0	0	19,941

Total Planned Expenditure for 2021/22	27,335	0	0	27,335
--	---------------	----------	----------	---------------

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		
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
NHS Fife	5.06%	4.58%	5.69%	4.93%	5.35%	5.87%	5.04%	5.03%	4.43%	5.07%	5.31%	6.17%
Scotland	4.57%	4.64%	4.96%	4.93%	4.96%	5.18%	4.82%	4.30%	4.56%	4.59%	5.04%	5.52%

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

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	By Mar-22
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.	
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.	By Mar-22
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.	
22.3 Consider refinements to COVID-19 absence reporting, including short term manual data capture from SSTs and eESS in preparation for any change to self-isolation guidance and to support ongoing workforce resourcing actions, acknowledging that systems development is required to develop MI reporting	By Sep-21
Work is ongoing with Digital & Information colleagues to assess what may be possible	

MARGO MCGURK

Director of Finance and Performance
24th August 2021

Prepared by:

SUSAN FRASER

Associate Director of Planning & Performance

Meeting:	Clinical Governance Committee
Meeting date:	17 September 2021
Title:	Healthcare Associated Infection Report (HAIRT) <i>Infection Prevention and Control Update</i>
Responsible Executive:	Janette Owens
Report Author:	Julia Cook Infection Control Manager

1 Purpose

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

This is presented to the Board for:

- Assurance

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 September 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 August 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

During the third wave of COVID-19 Scotland in 2021, the IPCT has continued proactive work in preventing healthcare outbreaks, supporting clinical areas with outbreak management and support the safe remobilisation 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 IPC 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 Q1 2021(Jan-March 2021)

NHS Fife was **below** the national rate for healthcare associated infection (HCAI)

HCAI: 14 cases: 17.8 per 100,000 bed days

Scotland comparative: HCAI: 18.4 per 100,000 bed days

Q2 2021 (April-June) 2021, has seen a reduction in cases from Q1- 12 down from 25 (awaiting national comparator)

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 Q1 2021(Jan-March 2021)

NHS Fife was **below** the national rate for HCAI

HCAI: 11 cases: 14.0 per 100,000 bed days

Scotland comparative: HCAI: 15.6 per 100,000 bed days

Q2 2021 (April-June) 2021, has seen a reduction in cases from Q1- 12 down from 16 (awaiting 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 (EFPX) 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 Q1 2021 (Jan-March 2021)

NHS Fife was **below** the national rate for HCAI & CAI

HCAI: 17 cases 21.6 per 100,000 bed days

Scotland comparative: HCAI: 34.7 per 100,000 bed days

CAI: 32 cases 34.7 per 100,000 population

Scotland comparative: CAI: 36.6 per 100,000 population

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
- Patientrack CAUTI bundles still to be implemented for Acute services/HSCP but in progress with eHealth (there is no fixed timescale but it is hoped this will be installed in 2020).
- Team Lead- Continence Advisory Service, significant work with care homes ongoing.
- 'Tip top' video has been published on 'catheter choice'
- Cowdenbeath practice: CAUTI Quality improvement program commenced August 2020- on hold

Outbreaks (from May - end of June 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**

There has been NO new closures due to COVID-19 during this reporting period.

Hospital Inspection Team

Unannounced Hospital Inspection to: Victoria Hospital, NHS Fife on 4th – 6th of May 2021

The inspection team thanked the staff for their contribution and assistance with the organisation and planning around the hospital inspection to Victoria Hospital.

Inspection against the existing Healthcare Associated Infection (HAI) standards (2015):

- Standard 2 (Education to support the prevention and control of infection)
- Standard 3 (Communication between organisations and with the patient or their representative)
- Standard 6 (Infection prevention and control policies, procedures and guidance), and
- Standard 8 (Decontamination)

This unannounced inspection resulted in 2 requirements;

- NHS Fife must be assured that patient COVID-19 tests are carried out in line with national guidance and NHS Fife policy, and is documented in the patient's health record.
- NHS Fife must ensure that the condition of both patient equipment and the environment in the wards in the older part of the building allows for effective decontamination until the wards are relocated as planned.

This unannounced inspection identified many areas of good practice;

- Systems were in place to ensure that patients are assessed prior to admission, to ensure that they are managed within the appropriate pathways and to minimise the risk of transmission of COVID-19 within the hospital.
- Staff were available at all the hospital entrances to provide guidance and directions to visitors.
- The standard of domestic cleaning was very good.
- Staff wore surgical face masks at all times.
- Staff used PPE correctly and performed hand hygiene at appropriate opportunities.
- Nursing staff we spoke with felt they had been supported by the infection prevention and control team throughout the pandemic.
- Staff were kept up to date and were well supported during COVID-19.

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 Quarter 1 (April – June 2021) was **95.4%**.

National Cleaning Services Specification

- The National Cleaning Services Specification – quarterly compliance report result for April – June 2021 (Q1) shows NHS Fife achieving **Green** status.

Estates Monitoring

- The National Cleaning Services Specification – quarterly compliance report result for Quarter 1 April - June 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 August 2021

2.4 Recommendation

Assurance – 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

Meeting:	NHS Fife Clinical Governance Committee
Meeting date:	17 September 2021
Title:	HIS Inspection Victoria Hospital
Responsible Executive:	Janette Owens, Director of Nursing
Report Author:	Lynn Campbell, Associate Director of Nursing

1 Purpose

This is presented to the Clinical Governance Committee for:

- Assurance

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

This report is presented to the Clinical Governance Committee for awareness and noting. It provides an update on the unannounced HIS Inspection, which took place at Victoria Hospital 4th-6th May 2021.

2.2 Background

From July 2020, Healthcare Improvement Scotland's (HIS) hospital inspection activity had a combined focus on safety and cleanliness and care of older people in hospital. Following Scottish Government instruction, the decision was made to focus inspection activity on community hospitals, in the first instance.

In November 2020, HIS made Scottish Government and the Cabinet Secretary for Health and Wellbeing aware that they were sending a letter to all NHS board Chief Executives to advise that, in addition to non-acute hospitals, inspections to acute hospitals will be restarted. The inspections to acute hospitals will be COVID-19 focused inspections.

HIS inspected against existing Healthcare Associated Infection (HAI) standards (2015):

- Standard 2 (Education to support the prevention and control of infection)
- Standard 3 (Communication between organisations and with the patient or their representative)
- Standard 6 (Infection prevention and control policies, procedures and guidance), and
- Standard 8 (Decontamination).

2.3 Assessment

HIS carried out an unannounced inspection to Victoria Hospital, NHS Fife on Tuesday 4 and Wednesday 5 May 2021, and inspected the following areas:

- admission unit 1
- maternity unit (post-natal ward)
- neonatal unit
- ward 9
- ward 10
- ward 22
- ward 32
- ward 33
- ward 34
- ward 53
- public and staff communal areas of the hospital

This inspection resulted in seven areas of good practice and two requirements.

The areas of good practice included:

1. Systems were in place to ensure that patients are assessed prior to admission, to ensure that they are managed within the appropriate pathways and to minimise the risk of transmission of COVID-19 within the hospital.
2. Staff were available at all the hospital entrances to provide guidance and directions to visitors
3. The standard of domestic cleaning was very good
4. Staff wore surgical face masks at all times
5. Staff used PPE correctly and performed hand hygiene at appropriate opportunities.
6. Nursing staff felt they had been supported by the infection prevention and control team throughout the pandemic
7. Staff were kept up to date and were well supported during COVID-19

The two requirements were as follows:

1. NHS Fife must be assured that patient COVID-19 tests are carried out in line with national guidance and NHS Fife policy, and is documented in the patient's health record
2. NHS Fife must ensure that the condition of both patient equipment and the environment in the wards in the older part of the building allows for effective decontamination until the wards are relocated as planned

A robust Improvement Action Plan was implemented which outlined the prioritisation of actions aligned 2 requirements to ensure compliance with national standards, guidance and best practice in healthcare and nursing.

The agreed action plan to address the requirements has been completed with a strengthened process in place for in-patients and audit underway to ensure the process is effective. The equipment noted was replaced immediately and on-going review of equipment condition remains good.

2.3.1 Quality / Patient Care

HIS inspections help to ensure that healthcare services are meeting the required standards of care, that good practice is identified and areas for improvement are addressed.

2.3.2 Workforce

Inspections provide an opportunity for the workforce to review workforce and workload planning; to ensure that standards of care and good practice are identified. Going forward, HIS will include review of safe staffing legislation implementation in inspections.

2.3.3 Financial

n/a

2.3.4 Risk Assessment/Management

The Action Plan developed following the inspection addresses issues identified in documentation, to improve assessment of risk in patient care.

2.3.5 Equality and Diversity, including health inequalities

n/a

2.3.6 Other impact

Potential reputational risk following inspection

2.3.7 Communication, involvement, engagement and consultation

Inspection report and action plan shared and discussed with staff

2.3.8 Route to the Meeting

Acute Services Division Clinical Governance Committee (21.7.21)
Infection Control Committee (4.8.21)

2.4 Recommendation

- **Assurance:** note the contents of the paper.

Report Contact
Lynn Campbell, Associate Director of Nursing
lynn.campbell@nhs.scot

**Final Report for ICC on 4th August 2021
(Validated Data up to June 2021)**

**Section 1– Board Wide Issues
Key Healthcare Associated Infection Headlines up to 1st of July 2021**

• **Achievements:**

2 of NHS Fife IPCT have commenced the Scottish Coaching and Leading for Improvement Programme (SCLIP) which is a 3-month Quality Improvement learning programme. It is a development programme for managers who want to:

- coach and lead teams to improve their services
- help embed improvement strategies within their organisation

NHS Fife Practice & Professional Development continuing education budget funding awarded for 2 of the IPCNs to commence the The Built Environment (Infection Prevention and Control) CDP Module with the University of Highlands and Islands in January 2022. The module aims to enhance the understanding of IPC in the built environment. It equips students to manage scenarios during the design, planning, construction and maintenance of healthcare facilities. The course was developed in collaboration with Public Health Scotland, with materials written and delivered by expert practitioners working in infection control across Scotland.

The trainee IPCNs orientation and training being supported with learning experiences and opportunities with other key NHS services and departments such as: the Microbiology laboratory, endoscopy, theatres, ICU, laundry and domestic service.

Filming of IPC training videos postponed to August 2021, these training resources will further support the blended learning approach to IPC within NHS Fife.

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

During Q1 2021 (Jan-March), NHS Fife was below the national rate for healthcare associated infection (HCAI)

HCAI: 14 cases: 17.8 per 100,000 bed days

Scotland comparative: HCAI: 18.4 per 100,000 bed days

Q2 2021 (April-June) 2021, has seen a reduction in cases from Q1- 12 down from 25 (awaiting national comparator)

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

During Q1 2021 (Jan-March), NHS Fife was below the national rate for HCAI

HCAI: 11 cases: 14.0 per 100,000 bed days

Scotland comparative: HCAI: 15.6 per 100,000 bed days

Q2 2021 (April-June) 2021, has seen a reduction in cases from Q1- 12 down from 16 (awaiting national comparator)

***Escherichia coli* Bacteraemias (ECB)**

During Q1 2021 (Jan-March), NHS Fife was below the national rate for HCAI & CAI

HCAI: 17 cases 21.6 per 100,000 bed days

Scotland comparative: HCAI: 34.7 per 100,000 bed days

CAI: 32 cases 34.7 per 100,000 population

Scotland comparative: CAI: 36.6 per 100,000 population

Final Report for ICC on 4th August 2021 (Validated Data up to June 2021)

1.1 Challenges:

SABs

- Vascular access devices (VAD) remain the greatest challenge for Hospital acquired SABs, ongoing improvement works.
- During April 2021, there was one bloodstream infection due to an MRSA. This was the first MRSA SAB recorded in over 2 years. There have been no further MRSA SABs since then.

ECBs

- Lower Urinary tract Infections (UTIs) and Catheter associated UTIs (CAUTIs) remain the prevalent source of ECBs and are therefore the 2 areas to address to reduce the ECB rate.

CDI

- So far, NHS Fife has seen an increase in CDI numbers during 2021 (Jan-Jun), when compared with the same time period in the previous 2 years. This trend is also reflected in the accumulative total of CDIs in the HAI and CAI category of infection for Jan-June 2021.
- Whilst Fife's CDI Year ending Q1 2021 rates are 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

During the third wave of COVID-19 Scotland in 2021, the IPCT has continued proactive work in preventing healthcare outbreaks, supporting clinical areas with outbreak management and support the safe remobilisation of services.

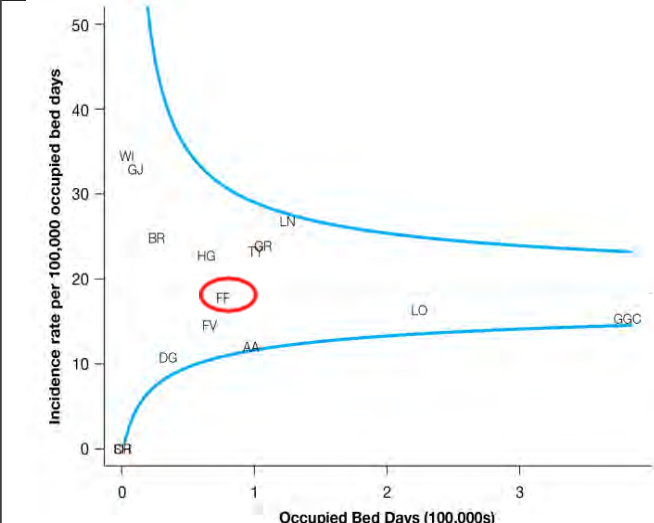
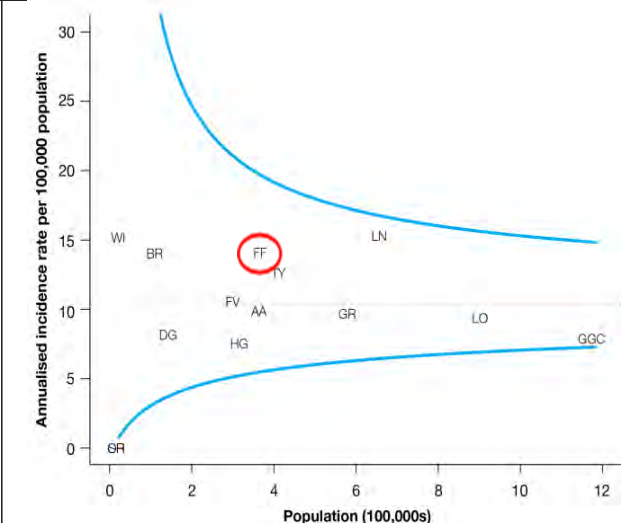
- The IPCT shall undertake patient contact tracing in the hospital environment for patients and support Occupational Health where necessary with HCWs
- Providing a programme of IPC education and training
- Supporting the vaccination programme- Bronze logistics group
- Membership of the following local NHS Fife groups: HCT, STAC, LRP and Remobilisation
- NHS Fife IPCT representatives at the weekly national meeting with HPS/ARHAI Scotland

Final Report for ICC on 4th August 2021 (Validated Data up to June 2021)

2. Staphylococcus aureus incorporating MRSA/CPE screening compliance

2.1 Trends – Quarterly

Staphylococcus aureus Bacteraemias (SABs)				
Local Data: Q2 2021 (Apr-Jun) (Q2 2021 National comparison awaited)				
In Q2 2021 NHS Fife had:	12 SABs	5 HCAI/HAI 7 CAI	This is DOWN from	25 Cases in Q1 2021

Q1 2021 (Jan-Mar) - HPS Validated data with commentary			
Healthcare associated SABs		Community associated SABs infection	
HCAI SAB rate:	Per 100,000 bed days	CAI SABs rate: 14.4	Per 100,000 Pop
No of HCAI SABs: 14		No of CAI SABs: 13	
This is BELOW National rate of 18.4		This is ABOVE National rate of 10.4	
			
For HCAI & CAI SABs: NHS Fife was WITHIN the 95% confidence interval in the funnel plot analysis			

New standards for reducing all Healthcare Associated SAB by 10% by 2022 (from 2018/2019 baseline)		
Standards application for Fife:	SAB Rate Baseline 2018/2019	SAB 10% reduction target by 2022
SAB by rate 100,000 Total bed days	20.9 per 100,000 TBDs	18.8 100,000 TBDs
SAB by Number of HCAI cases	76	68
Current 12 Monthly HCAI SAB rates for Year ending March 2021 (HPS)		
SAB by rate 100,000 Total bed days	16.3 per 100,000 TBDs	
SAB by Number of HCAI cases	48	

Local Device related SAB surveillance

- Localised enhanced surveillance focuses on high-risk clinical areas and vascular line SABs.
- Weekly reports issued to Senior Charge Nurses if their ward has failed to achieve **90%** of all PVC being removed prior to the 72hr breach.
- PVC & CVC related SABs will continue to be Datix'd by Dr Morris and undergo a SAER.
- There have been no further 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.

Final Report for ICC on 4th August 2021 (Validated Data up to June 2021)

As of 13/07/2021 the number of days since the last confirmed SAB is as follows:	
CVC SABs	109 Days
PWID (IVDU)	61 Days
Renal Services Dialysis Line SABs	169 Days
Acute services PVC (Peripheral venous cannula) SABs	121 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 to enhance this process.

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 97% compliance with the MRSA CRA in Q2 (Apr-Jun) 2021									
This was UP on Q1 2021 (95%) & ABOVE the compliance target of 90%.									
This National Scottish average for Q2 2021 is still to be published.									
MRSA Critical risk assessment (CRA) screening KPI compliance summary:									
Quarter	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	Q2 2021 Apr-Jun
Fife	93%	93%	93%	83%	98%	88%	98%	95%	98%
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 92% compliance with the CPE CRA for Q2 2021 (Apr-Jun)									
This is UP from 88% in Q1 2021									
The National Scottish average for Q2 2021 is still to be published.									
Quarter	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	Q2 2021 Apr-Jun
Fife	75%	83%	80%*	93%	95%	85%	98%	88%	90%
Scotland	86%	86%	85%	85%	80%	85%	79%	82%	n/k
CPE CRA screening KPI compliance Summary- Commenced from April									

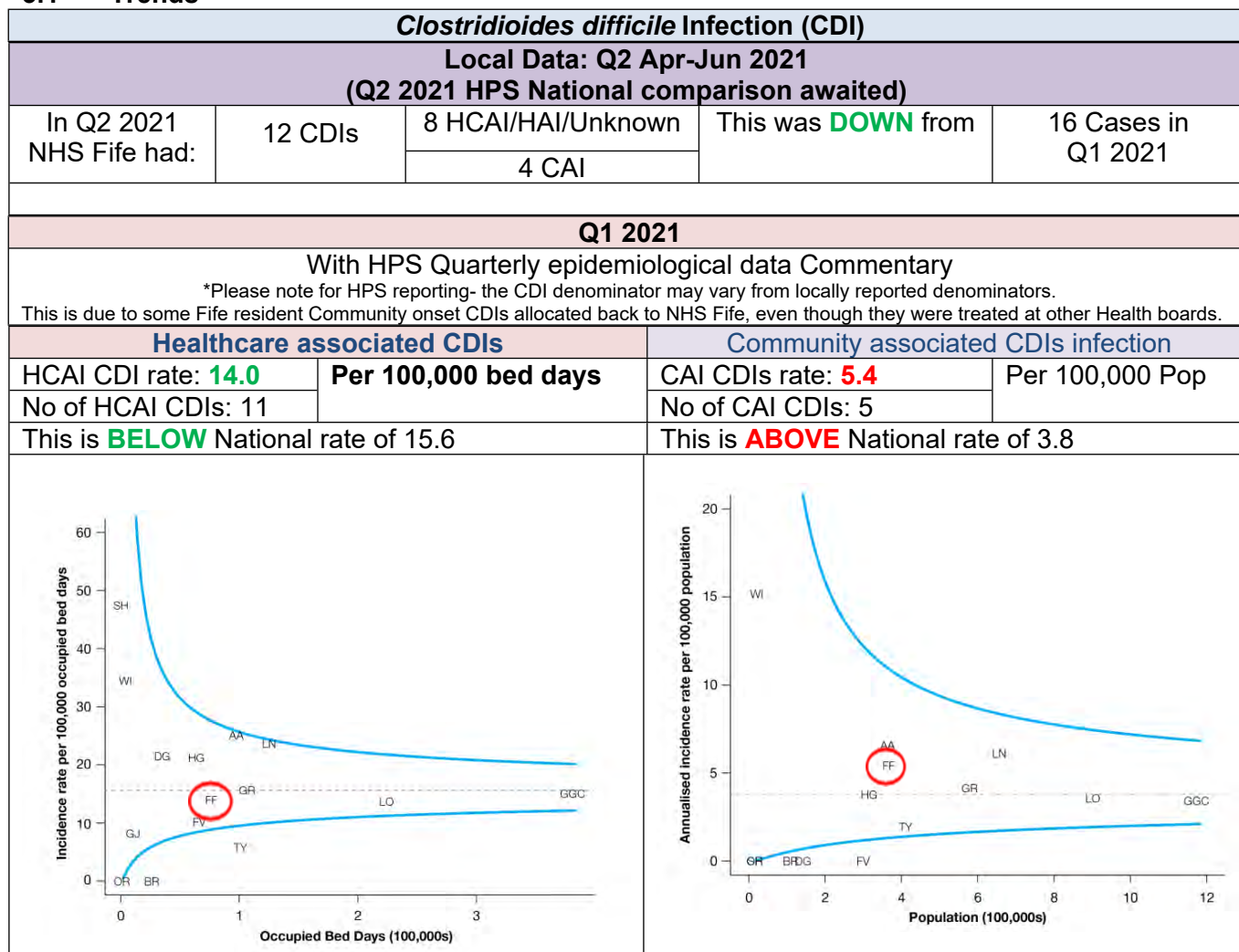
MDRO CRA Patienttrack Update

- 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

Final Report for ICC on 4th August 2021 (Validated Data up to June 2021)

- 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 March 2021 (HPS)		
CDI by rate 100,000 Total bed days	9.8 per 100,000 TBDs	
CDI by Number of HCAI cases	29	

3.2 Current CDI initiatives

Follow up of all hospital and community cases continues to establish risk factors for CDI
<ul style="list-style-type: none"> Monthly CDI reporting to Acute Services & HSCP with summary of all CDI cases Enhanced surveillance & HPS trigger tool completion for any triggers/ areas of concerns. Dr Venkatesh establishing optimum antimicrobial therapy for multiple recurrence CDI case. In 2021 innovative work will be focused on our patients with recurrent CDI. From October 2019 each CDI case is assessed for suitability of extended pulsed Fidaxomicin (EPPX) regime aiming to prevent recurrent disease in high risk patients. Bezlotoxumab for recurrent CDI currently used in Fife.

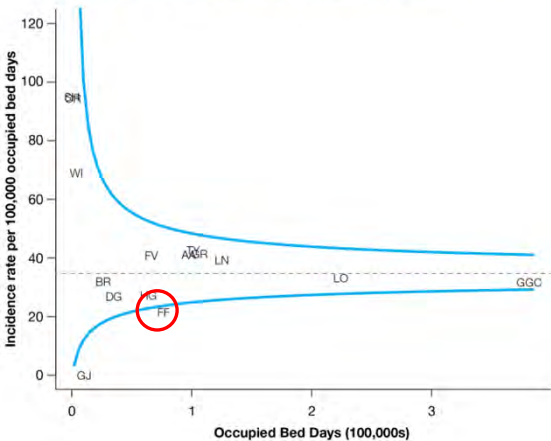
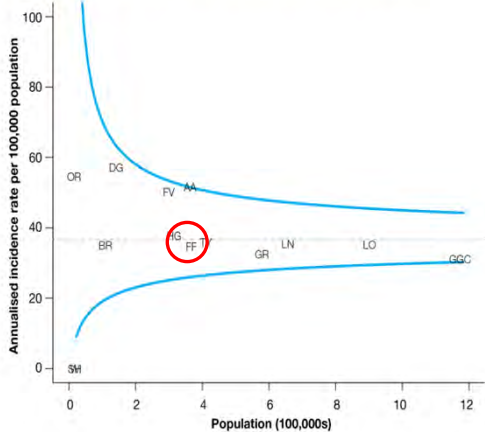
Final Report for ICC on 4th August 2021 (Validated Data up to June 2021)

4.0 *Escherichia coli* Bacteraemias (ECB)

4.1 Trends:

Escherichia coli Bacteraemias (ECB)

Local Data: Q2 Apr-Jun 2021 (Q2 2021 HPS National comparison awaited)				
In Q2 2021 NHS Fife had:	56 ECBs	30 HAI/HCAIs 26 CAIs	This is UP from	48 Cases in Q1 2021
Q2 2021 There were 11 Urinary catheter associated ECBs. (2 x HAI & 9x HCAI) The 2 hospital CAUTIs were at VHK Wards 52 and 22 There were no trauma related CAUTIs in Q2 2021				

Q1 (Jan-Mar) 2021			
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: 21.6	Per 100,000 bed days	CAI ECBs rate: 34.7	Per 100,000 Pop
No of HCAI ECBs: 17		No of CAI ECBs: 32	
This is BELOW National rate of 34.7		This is BELOW National rate of 36.6	
<p>Figure 3: Funnel plot of ECB incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland in Q1 2021.¹</p> 		<p>Figure 4: Funnel plot of ECB incidence rates (per 100,000 population) in community associated infection cases for all NHS boards in Scotland in Q1 2021.^{1,2}</p> 	
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 March 2021 (HPS)		
ECB by rate 100,000 Total bed days	38.4 per 100,000 TBDs	
ECB by Number of HCAI cases	113	

2) 50% Reduction ECBs - 2023/2024		
New standards for reducing all Healthcare Associated ECB by 50% by 2023/2024 (from 2018/2019 baseline)		
Standards application for Fife:	ECB Rate Baseline 2018/2019	ECB 50% reduction target by 2023/4
ECB by rate 100,000 Total bed days	44.0 per 100,000 TBDs	22.0 100,000 TBDs
ECB by Number of HCAI cases	160	80

**Final Report for ICC on 4th August 2021
(Validated Data up to June 2021)**

2021-2017 NHS Fife's Urinary catheter Associated ECBs – HPS data Q2 data still awaited			
Hospital Acquired Infections (HAI) (Acute & HSCP Hospitals) CATHETER Device related <i>E.coli</i> Bacteraemia Count of Device- Catheter over Total Fife HAI ECBs			
	NHS Scotland	NHS Fife	Rate calculation
2021 Q2	TBC	*25%	* Locally calculated data- TBC by HPS when Q1&Q2 data published on Discovery
2021 Q1	TBC	*16.7%	
2020 TOTAL	16.4 %	27.5 %	
2019 TOTAL	16.1 %	24.5 %	
2018 TOTAL	14.5 %	24.2 %	
2017 -TOTAL	11.8 %	10.4 %	
Data from NSS Discovery ARHAI Indicators			
Healthcare Associated Infections (HCAI) CATHETER Device related <i>E.coli</i> Bacteraemia Count of Device- Catheter over Total Fife HCAI ECBs			
	NHS Scotland	NHS Fife	Rate calculation
2021 Q2	TBC	*40.9%	* Locally calculated data- TBC by HPS when Q1&Q2 data published on Discovery
2021 Q1	TBC	*40%	
2020 TOTAL	24.1 %	23.0 %	
2019 TOTAL	22.8 %	28.0 %	
2018 TOTAL	22.1%	36.6 %	
2017 TOTAL	18.3 %	35.3 %	
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 9th July 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 01.07.2021: There have been ONE trauma associated CAUTIs in 2021			
Catheter insertion/Maintenance bundles now inserted in MORSE for District nurse documentation			
Patientrack CAUTI bundles still to be implemented for Acute services/HSCP but in progress with eHealth. There is no fixed timescale but it is hoped this will be installed in 2021.			
Pathway for management of difficult catheter insertions & associated problems- included in training pack & to go on BLINK			
Team Lead- Continence Advisory Service:			
-have developed a Continence Link Folder for Nursing and Residential Care Homes.			
-Every patient in residential/care home should now have a catheter passport if catheter in situ.			
-Continence link folders include information on Continence assessment, sheaths, Catheters, resources for Bristol stool chart, Hydration/Healthy bladder, incontinence care.			
-All residential homes have been contacted & supported to ensure the packs have been incorporated into care.			
-'Tip top' video have been published			
CAUTI QI projects:			
Cowdenbeath practice: CAUTI QI program commenced Augt 2020- currently on hold due to COVID			
Kelty MP- CAUTI QI project ongoing			

Final Report for ICC on 4th August 2021 (Validated Data up to June 2021)

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 Quarter 1 (Apr-June 2021) was **95.4%**.
- The cleaning compliance score for NHS Fife & each acute hospital can be found in Section 11

6.1 Trends

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

- **National Cleaning Services Specification**

Domestic Location	Q1 Apr-Jun 21	Q4 Jan-Mar 21
Fife	95.4% ↓	95.9
Scotland	TBC	95.7

- The National Cleaning Services Specification – quarterly compliance report result for Q1 (Apr-Jun) 2021 shows NHS Fife achieving **GREEN** status.

- **Estates Monitoring**

Estates Location	Q1 Apr-Jun 21	Q4 Jan-Mar 21
Fife	96.2	96.2
Scotland	TBC	96.9

- The National Cleaning Services Specification – quarterly compliance report result for Quarter 1 (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.

Final Report for ICC on 4th August 2021 (Validated Data up to June 2021)

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

May - June 2021

Norovirus

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

Weekly national Laboratory reports of Norovirus in Scotland (week ending 25 July 2021):

Main points

- The provisional total of laboratory reports for norovirus in Scotland up to the end of week 30 of 2021 (week ending 25 July 2021) is 42.
- In comparison, to the end of week 29 in 2020 PHS received 199 laboratory reports of norovirus. The five-year average for the same time period between years 2015 and 2019 was 874.

Seasonal Influenza

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

Weekly national seasonal respiratory report- week 25 (week ending 25 July 2021):

Due to COVID health care services are functioning differently now compared to previous flu seasons so the consultation rates are not directly comparable to historical data.

Main points

- All data sources including ECOSSE (Electronic Communication of Surveillance in Scotland) and GP consultations for influenza-like illness (ILI) indicate that there **is no influenza activity** in Scotland in week 29.
- The low numbers of influenza may be related to current SARS-CoV-2 interventions combined with the traditional low transmission of influenza during the summer months. However, data are provisional and may be subject to change.
- The proportion of total NHS24 calls for respiratory symptoms remained at **Baseline** activity level. NHS 24 calls for respiratory symptoms are highest for those aged 1-4 years and remained at **Moderate** (50-60.9%) activity level, while all other age groups were at **Baseline** activity level.
- Parainfluenza remained at **Low** activity level. This is following an increase to **Extraordinary** activity observed between weeks 20 and 26. All other non-flu pathogens were at **Baseline** activity level.

**Final Report for ICC on 4th August 2021
(Validated Data up to June 2021)**

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 May – June 2021, there has been NO new ward closures due to a COVID-19 outbreak during this reporting period.

Please note HPS/ARHAI Scotland no longer request the reporting of single cases of COVID-19 out with the RED pathway

8) Surgical Site Infection Surveillance Programme

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

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

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

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

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

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

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

9. Hospital Inspection Team

Healthcare Improvement Scotland (HIS): Acute Hospital COVID-19 focused inspection - Unannounced Acute Hospital COVID-19 focused inspection to Victoria Hospital, NHS Fife (4-6 May 2021)

The unannounced inspection of Victoria hospital, NHS Fife on Tuesday 4 and Wednesday 5 May 2021, inspected the following areas;

- admission unit 1
- maternity unit (post-natal ward)
- neonatal unit
- ward 9
- ward 10

Final Report for ICC on 4th August 2021 (Validated Data up to June 2021)

- ward 22
- ward 32
- ward 33
- ward 34
- ward 53

Also inspected were public and staff communal areas of the hospital

Inspection against the existing Healthcare Associated Infection (HAI) standards (2015):

- Standard 2 (Education to support the prevention and control of infection)
- Standard 3 (Communication between organisations and with the patient or their representative)
- Standard 6 (Infection prevention and control policies, procedures and guidance), and
- Standard 8 (Decontamination)

This unannounced inspection resulted in 2 requirements;

- NHS Fife must be assured that patient COVID-19 tests are carried out in line with national guidance and NHS Fife policy, and is documented in the patient's health record.
- NHS Fife must ensure that the condition of both patient equipment and the environment in the wards in the older part of the building allows for effective decontamination until the wards are relocated as planned.

This unannounced inspection identified many areas of good practice;

- Systems were in place to ensure that patients are assessed prior to admission, to ensure that they are managed within the appropriate pathways and to minimise the risk of transmission of COVID-19 within the hospital.
- Staff were available at all the hospital entrances to provide guidance and directions to visitors.
- The standard of domestic cleaning was very good.
- Staff wore surgical face masks at all times.
- Staff used PPE correctly and performed hand hygiene at appropriate opportunities.
- Nursing staff we spoke with felt they had been supported by the infection prevention and control team throughout the pandemic.
- Staff were kept up to date and were well supported during COVID-19.

Final Report for ICC on 4th August 2021 (Validated Data up to June 2021)

10. Assessment

- **CDIs:** The number of *Clostridioides difficile* cases has risen during 2021 (compared with the previous 2 years). 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
 - Feedback forums to clinical teams for all SSIs is firmly established to address SSI challenges where they occur.

11. Healthcare Associated Infection Reporting Template (HAIRT)

The HAIRT template provides CDI, SAB & ECBs information for NHS Fife categorizing by:

- Total NHS Fife
- VHK wards,
- QMH wards (wards 5,6,& 7) &
- Community Hospital wards (QMH 1-4, SH, SACH, GH, LH, CH, AH, RWH, WBH, All Hospices)
- Out of Hospital (Infections that occur in the community/GP or within 48 hours of hospital admission)

ECBs, CDIs & SABs are categorized as:

Healthcare Associated (HCAI & HAI) or **Community** Onset (Community or Not known).

Please see HPS definition of Healthcare Associated & Community infections in 'References & Links'

The 2019 Scottish Government's new standards aim to reduce the Healthcare Associated Infections.

The information provided is local data, and may differ from the national surveillance reports carried out by Health Protection Scotland. This is due to some Fife residents who are treated at other health boards being allocated back to Fife's data. However, these reports aim to provide more detailed and up to date local information on HAI activities than is possible to provide through the national statistics.

Hand hygiene and cleaning compliances are shown by Total Fife, VHK & QMH.

**Final Report for ICC on 4th August 2021
(Validated Data up to June 2021)**

NHS Fife TOTAL

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
Apr-21	4	2	6	4	0	4	5	5	10
May-21	0	3	3	3	2	5	12	12	24
Jun-21	1	2	3	1	3	4	13	9	22

Hand Hygiene Monitoring Compliance (%) TOTAL FIFE											
	Aug-20	Sept-20	Oct -20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	June 21
Overall	99	98	99	99	98	99	99	99	TBC	TBC	TBC
AHP	99	99	98	99	98	98	100	97			
Medical	99	99	99	99	97	100	97	99			
Nurse	99	99	100	100	100	100	100	99			
Other	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											
	Aug-20	Sept-20	Oct -20	Nov 20	Dec 20	Jan-21	Feb-21	Mar-21	Apr-21	May 21	June 21
Overall	95.1	95.6	95.8	95.7	96.0	95.8	95.9	95.9	95.6	94.9	95.6

Estates Monitoring Compliance (%) TOTAL FIFE											
	Aug-20	Sept-20	Oct -20	Nov 20	Dec 20	Jan-21	Feb-21	Mar-21	Apr-21	May21	June 21
Overall	94.5	95.8	96.0	95.7	96.2	95.7	96.3	96.5	96.3		

**Final Report for ICC on 4th August 2021
(Validated Data up to June 2021)**

Victoria Hospital

Month	VHK		
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
	<u>HAI</u>	<u>HAI</u>	<u>HAI</u>
Apr-21	2	0	0
May-21	0	2	3
Jun-21	1	1	4

Cleaning Compliance (%) Victoria Hospital												
	July-20	Aug-20	Sept-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Overall	96.9	94.6	95.6	95.1	95.4	95.8	95.8	95.9	96.1	95.9	95.3	95.8

Estates Monitoring Compliance (%) Victoria Hospital												
	July-20	Aug-20	Sept-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Overall	97.5	94.2	95.6	95.8	96	96.4	95.2	96.9	95.2	96.5	96.4	97.2

Queen Margaret's Hospital

	QMH		
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
	<u>HAI</u>	<u>HAI</u>	<u>HAI</u>
	0	0	0
	0	1	0
	0	0	0

Cleaning Compliance (%) Queen Margaret's hospital												
	July-20	Aug-20	Sept-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Overall	95.8	96.1	96.3	96.9	96.2	96.9	96.1	96.5	96.5	96.0	96.7	96.7

Estates Monitoring Compliance (%) Queen Margaret's hospital												
	July-20	Aug-20	Sept-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21
Overall	94.2	95.7	96.3	96.9	96.1	97.1	96.2	95.6	97.1	95.5	94.3	95.3

**Final Report for ICC on 4th August 2021
(Validated Data up to June 2021)**

Community Hospitals

COMMUNITY HOSPITALS		
SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
<u>HAI</u>	<u>HAI</u>	<u>HAI</u>
0	1	0
0	0	1
0	0	0

Outs of Hospital Infections

OUT OF HOSPITAL					
SAB <48hrs admx		CDI <48hrs admx		ECB <48hrs admx	
<u>HCAI</u>	Community / Not Known	HCAI / UnKnown	Community	<u>HCAI</u>	Community / Not Known
2	2	3	0	5	5
0	3	0	2	8	12
0	2	0	3	9	9

References & Links

Understanding the Report Cards – Infection Case Numbers

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

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

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

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

Targets

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

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

Understanding the Report Cards – Hand Hygiene Compliance

Final Report for ICC on 4th August 2021 (Validated Data up to June 2021)

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

Understanding the Report Cards – Cleaning Compliance

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

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

Understanding the Report Cards – ‘Out of Hospital Infections’

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

For HPS categories for Healthcare Associated Infections:

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

Categories of Healthcare & community Infections

		Quarterly Epidemiology Commentary category	
		Healthcare associated infection case	Community associated infection case
CDI ¹ Enhanced ECB ² Enhanced SAB ³ surveillance category	Hospital acquired infection (HAI)	X	
	Healthcare associated infection (HCAI)	X	
	Community infection (CA)		X
	ECB/SAB not known		X
	CDI unknown	X ⁵	

HPS ECB & SAB definitions for Hospital Acquired, Healthcare Associated, Community or Not known

Hospital Acquired Infection (HAI):

Positive Blood culture obtained from patient who has been
 -Hospitalised for >48 hours
 If the patient was transferred from another hospital the duration of the in-patient stay is calculated from the date of the first hospital admission
 OR
 -The patient was discharged from hospital in the 48 hours prior to the positive blood culture being obtained
 OR
 -A patient receives regular haemodialysis as an outpatient

Community Infection

-Positive Blood culture obtained from a patient with 48 hours of admission to hospital who does not fulfil any of the criteria for the healthcare associated blood stream infections

Not known:

-Only to be used if the ECB is not a HAI and unable to determine if community or HCAI

Healthcare Associated Infection (HCAI):-

Positive blood culture obtained within 48 hours of admission to hospital and fulfils one or more of the following criteria:
 -Was hospitalised overnight in the 30 days prior to the +ve blood culture being obtained.
 OR
 -Resides in a Nursing home, long term facility or residential home
 OR
 -IV,IM, Intra-articular or sub cut medication in the 30 days prior to the positive blood culture, but EXCLUDING IV illicit drug use.
 OR
 -Underwent venepuncture in the 30 days before +ve BC
 OR
 -Underwent medical procedure which broke mucous or skin barrier i.e. biopsies or dental extraction in the 30 days before +ve BC
 OR
 -Underwent any care for chronic medical condition or manipulation of medical device by a healthcare worker in the community in the 30 days prior to the +ve BC being obtained i.e. podiatry or dressing of chronic ulcers, catheter change or insertion
 OR

**Final Report for ICC on 4th August 2021
(Validated Data up to June 2021)**

	-Has a long term indwelling device (i.e. catheter, central line, drain (excluding a haemodialysis line)
HPS CDI Definition for Hospital Acquired, Healthcare Associated, Unknown or Community onset	
HPS Linkage Origin Definitions	
CDI Origin	Origin sub category : definitions
Healthcare	<p>HAI : Specimen taken after more than 2 days in hospital (day three or later following admission on day one)</p> <p>HCAI : Specimen taken within 2 or less days in hospital and a discharge from hospital 4 weeks prior to specimen date; or specimen taken in the community and a discharge from hospital within 4 weeks of the specimen date</p> <p>Unknown : Specimen taken 2 or less days in hospital and a previous discharge from hospital 4-12 weeks prior to specimen date; or specimen taken in the community and a discharge from hospital in 4-12 weeks prior to the specimen date</p>
Community	CAI : Specimen taken 2 or less days in hospital and no hospital discharges in the 12 weeks prior to specimen date; or not in hospital when specimen taken and no hospital discharges in the 12 weeks prior to specimen date.

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

Meeting:	Clinical Governance Committee
Meeting date:	17 September 2021
Title:	Digital Strategy 2019-2024 Update
Responsible Executive:	Dr Chris McKenna – Medical Director
Report Author:	Marie Richmond, Head of Strategy and Programmes, Digital and Information

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Annual Operational Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

As we enter the 3rd year of the 5 year Digital and Information Strategy, this paper is presented as an update to delivery and recognises the considerable work which has been undertaken whilst also outlining the challenges of meeting the targets which were outlined in 2019.

2.2 Background

NHS Fife's Digital and Information Strategy "Digital at the Heart of Delivery" was endorsed by the NHS Fife Board in September 2020. The strategy outlined the challenge which had been presented to NHS Fife from a National, Local and Regional perspective through various strategies and delivery plans and noted at that time the disruptive drivers which may result in the strategy not being realised.

The strategy noted the shared vision of NHS Fife and their delivery partners and outlined the 5 key ambitions for Digital and Information: -

- Modernising Patient Delivery – Ensuring we provide our patient/service users with a modern fit for purpose healthcare service
- Joined Up Care – Joining Up Our Services to ensure all relevant information is available at point of contact.
- Information and Informatics – Exploiting data to improve patient safety and quality outcomes to support developments
- Technical Infrastructure – Ensuring the infrastructure on which digital is situated is fit for purpose, secure and meets the needs of our service.
- Workforce and Business Systems – Assisting our workforce by ensuring the systems on which they operate are effective, efficient and compliment their working practices.

Each of these ambitions consisted of a number of deliverables which when completed would evidence completion of these key ambitions. This paper will discuss the progress of the originally defined deliverables, progress towards the key ambitions and whether there are identified obstacles to delivery. In addition, the review will consider whether the deliverable and key ambition remains aligned to the corporate objectives recently defined by NHS Fife.

2.3 Assessment

A complete review of the deliverables identified within the digital strategy is attached within Appendix 1, which clearly outlines progress against each of the key ambitions. The opportunity to show alignment with NHS Fife's new Corporate Objectives (agreed 10th June 21) and the pathway to success for each of these programmes is also included, with an indication of the potential financial impact to NHS Fife if we move towards completion of the delivery plan. The financial impact alone identifies the requirement for prioritisation to take place over the remaining term of the strategy and through the SPRA process.

During the creation and establishment of the digital and information strategy 2019-2024 "Digital at the Heart of Delivery" there was no indication of the global pandemic which the NHS were faced with in March of 2020, this pandemic has significantly impacted delivery of our key ambitions in both a negative and positive manner, with projects which were struggling for traction being escalated and those which were scheduled being halted or not progressed, to allow for the priorities to progress. During the pandemic response we have observed an accelerated pace of adoption by the organisation.

The assessment recognises the significant volume of work undertaken by the Digital and Information team, in order to support NHS Fife to continue delivery of service throughout such a challenging time. Implementation of projects at pace, delivery of the IT infrastructure to support staff to work from home or more effectively in the hospital, maintaining the safety and security of information, delivery of new systems and reporting on efficacy, procurement and sourcing of equipment or cancellation of significant numbers of clinics, the work has been varied, fast paced and has been handled with professionalism and exceptional focus on customer service.

The pandemic highlighted to key teams within the organisation the importance of digital and the value which can be achieved by working together to deliver digital pathways. There has been a recognition within the organisation that projects identified as key deliverables in the strategy in 2019, have remained appropriate or become more important following the pandemic. The COVID response has also seen many additional technologies introduced at pace and scale, with limited time to plan. The implementation of MS Teams, Near Me, Test and Protect solutions, National Vaccination Scheduling System, Vaccine Management Tool, Netcall Patient Hub and Blink (Content Management System) and additional mobile devices has resulted in a level of exposure in the requirements for Business as Usual teams in support of these implementations. The current estimation shows a COVID pay exposure of circa £321k per annum.

Appendix 1 provides detail in relation to progress towards delivery of each of the strategic ambitions, highlights are provided on each area below. Priorities associated with supporting our re-mobilisations plans remain a feature.

Modernising Patient Delivery – Delivery has completed on digital maturity and near me (1st Phase). Test and Protect has been delivered with Digital and Information now undertaking a supporting role. A number of projects have been progressed with delivery expected to be complete in 21/22 including: - clinical decision/advice, consultant to consultant, digital hub, endoscopy redesign, 2nd phase of near me, optimisation of outpatient appointments and urgent care, although it is acknowledged there is potential for some funding to be required to ensure completion within target of some of these projects. The vaccination transformation programme has also been supported with an expected completion date of 2022. It is recognised that funding will be required in order to begin delivery of digital pathology, GP IT replacement, Paperlite and LIMS in 22/23.

Joined Up Care – Delivery has completed on bedside risk assessment (community hospital delivery and handover), community pharmacy access, health and social care portal (Phase 2), Mental Health Pathways, Palliative Care Plan and Phlebotomy Service Clinics. The following projects have progressed with delivery expected to complete in 2022 – CHI and Child Health Replacement and Women and Children's Redesign (Business Case). Looking ahead the team have worked consistently hard to deliver community and mental health system at pace, with all applicable community and mental health services on target to be on the system by the end of 2023. The preferred supplier for HEPMA has been agreed and subject to contract this project will complete by the end of 2023. Additional requirements have been identified for both the Health and Social Care Portal and Bedside Risk Assessment which will require financial support in 22/23 if agreed the timescale for delivery has increased for both these projects. Funding or prioritisation will also be required in order to begin delivery of Pharmacy Redesign and Trakcare Maximum Utilisation in 2022/23 as per the current delivery plan.

Information and Informatics – Fife Safe Haven has been completed ahead of target. The NIS and Cyber Essentials Audit was also completed in 19/20 and 21/22, however this remains a constant deliverable to continue to improve NHS Fife's security posture.

A number of deliverables within this area are whole length strategy deliverables with work steadily progressing in a number of areas including business and health intelligence, management information hub, improving data quality and Information Security/Data Protection, however what should be recognised is the increased ask of these services during the pandemic with a requirement for faster creation of reports for new systems and more rapid delivery of GDPR and Data Protection evaluations.

Technical Infrastructure – The PACS upgrade and rollout of infrastructure to support home working have both completed within this area. Similar to Information and Informatics, this section relates to operational requirements and therefore a number of ambitions stretch the whole timeline of the strategy, each of these deliverables however have a number of sub-deliverables and these have increased substantially during Covid19. Work continues on the adaptation of revenue-based business model for MS Products with a considerable level of technical support being provided to the Office 365 delivery. It is recognised in 22/23 or 23/24 depending on funding a new telephone supplier will be required.

Workforce and Business Systems – Digital and Information were asked to support the rollout of an additional project, stafflink during the pandemic and this has now completed. The Office 365 programme was also expedited with the rollout of a new email system and MS teams at pace to meet the needs of service during the pandemic, work remain ongoing to stabilise the system and move forward with the next phases of delivery. However, a number of the other projects slipped during this period, either due to resource within the team or due to a reliance on National to complete Framework agreements, this has led to business cases for digital literacy and e-rostering both requiring to be submitted in 22/23. Digital and Information continue to work on delivery of their framework for attracting youth into digital which despite the pandemic has been particularly successful within the operational area and on maximising return on investment with the introduction of business analysts to the team to support use, where possible, of our cornerstone systems. Work will begin on a review of printing capability in the next year.

At the outset of the strategy, recognition was made that delivery of the key ambitions would be directly related to the ability of digital and information to complete Business Cases and secure the funding for delivery. As detailed within section 2.3.3 a number of identified deliverables have not yet been subject to business case, due to the impact of Covid this has created a concertina effect which has resulted in NHS Fife being subject to a number of business cases in 22/23 which would have been presented earlier had the pandemic not occurred. This will be a significant challenge for NHS Fife, as the costs of delivery are significant and so a measured approach to appropriate prioritisation is required.

However, in order to support NHS Fife with decisions in relation to financial allocation each Business Case will recognise the opportunity for recoverable costs and will clearly outline

the benefits which are expected and deliver a plan for realisation of these benefits. Given the Digital & Information Strategic Fund is fully committed (with the majority of this fund supporting operational costs) and wider financial limitations there is the need to prioritise delivery with an understanding of what can be achieved from within existing system and of the outstanding ambitions to determine the deliverables which will meet the operational needs of NHS Fife and provide maximum benefit to those who engage with our services. It is anticipated the Health and Wellbeing Strategy which is being delivered by NHS Fife will recognise the benefits of digital delivery and support the prioritisation necessary for the remaining years of the strategy.

The strategic choices are outlined in Section 2.3 and Appendix 1.

Digital at the Heart of Deliver was an ambitious strategy, as we enter our 3rd year it is recognised that Digital and Information will be unlikely to meet the full coverage of that ambition, before the end of the current strategy in 2024. Regular review of these ambitions to ensure they continue to meet the needs of services and patients is imperative, as mentioned above NHS Fife are currently developing a Health and Wellbeing Strategy and it is of primary importance that the benefits which can be achieved through digital delivery are recognised and supported, as is the financial planning of delivery in order to achieve a truly digital delivery model within NHS Fife. In addition, Digital and Information teams including Operational and Strategy and Programmes are reviewing their operational models to ensure they are maximising value whilst also maintaining staff wellbeing.

Information Technology Infrastructure Library (ITIL) processes have been in use within NHS Fife for a number of years, it is anticipated over the next few years the process will mature further with the introduction of ITIL 4 into NHS Fife.

Progress of the strategy has been exceptional, however as detailed within the following sections 2.3.2 and 2.3.3 the highest risk for Digital and Information in completion of this strategy come from the ability to support the financial requirements and the impact on workforce of fixed term contracts and inability to fill posts due to a shortage of suitably qualified staff.

2.3.1 Quality/ Patient Care

The aims which were clearly outlined in the Digital Strategy 2019/24 focussed on the ambitions laid out in a number of key strategies and plans at a local, regional, and national level. The requests for support which have followed the pandemic focus mainly on the use of technology to support improvements in quality and patient care, and to this end it is apparent the deliverables which were outlined in 2019 remain central to delivery of these two aims.

2.3.2 Workforce

At this 3-year delivery point in the strategy there remains a significant number of fixed term employees within the Digital and Information team and vacancies which have been through

the recruitment cycle on two or more occasions. There has also been a large turnover of staff within this period, with the NHS funded posts competing for resource with the private sector where salaries are significantly higher for a number of key roles. This generates a level of uncertainty within the teams and the need to recruit and upskill team members which has an impact on overall ability to meet the requirements.

2.3.3 Financial

The analysis outlined within Appendix 1 shows the business cases which will require to be presented for either Strategic Planning Resource Allocation (SPRA) or alternative boards for funding. Cost detailed indicate who lifetime costs. Funding requests have been made to Scottish Government for 2021/22. Indicative costs are as follows: -

Year	Business Case	Anticipated Cost	Opportunity Cost Saving	Benefit
21/22				
	CHI and Child Health	<0.5m	To Be Reviewed	Clinical, Technological and Patient
	Clinical Decision / Advice	<0.5m	Time	Clinical and Patient
	Consultant to Consultant	<0.5m	Time	Clinical and Patient
	Digital Hub	<0.5m	Time, Resource	Clinical and Patient
	Urgent Care Digital Transformation	0.5m-1m	To Be Reviewed	To Be Agreed
	Digital Pathology	0.5m-1m	To Be Reviewed	Sustainability

Year	Business Case	Anticipated Cost	Opportunity Cost Saving	Benefit
22/23				
	Bedside Risk Assessment	<0.5m	To Be Reviewed	Clinical, Operational and Patient
	Digital Literacy	<0.5m	Resource, Time, Cost	Clinical, Operational, Technical and Patient
	e-Rostering	>5m	Resource	Clinical and Operational

Year	Business Case	Anticipated Cost	Opportunity Cost Saving	Benefit
	GP IT replacement	>5m	To Be Agreed	Clinical, Operational Technical and Patient
	Health and Social Care Portal	1m-2.5m	Resource, Time	Clinical and Operational
	Support of Home Working Infrastructure Upkeep	1m-2m	Time	Operational
	LIMS Replacement	>5m	To Be Agreed	Clinical, Operational, Technical and Patient
	Orthopaedic Elective Centre	>5m	Resource, Time	Clinical, Operational and Patient
	Paperlite	1-2m	Resource, Time	Clinical, Operational, Technical and Patient
	Pharmacy Redesign	>5m	Resource, Time	Clinical, Operational and Patient
	Trakcare Maximum Utilisation	0.5m – 1m	To Be Agreed	Clinical and Patient
	Women and Children's Redesign	0.5m – 1m	To Be Agreed	Clinical and Patient

In addition, to the sums detailed above there is an established shortfall in funding for Digital and Information of around 600k, this has accumulated through delivery of historical operational requirements and projects which were not subject to appropriate business case and therefore were not fully funded at implementation. There has been the impact of Covid19 with a large number of projects being delivered at pace without appropriate ongoing funding e.g. the rollout of laptops to all staff to support home working which will have a residual impact which will require to be met by NHS Fife.

It is unlikely that D&I will be able to access the funding which would allow all of the deliverables to be introduced within NHS Fife. Therefore, there is a need for Digital and Information to work closely with Finance and Clinical colleagues to establish the prioritisation of business cases and work packages to ensure maximum return on investment is achieved.

2.3.4 Risk Assessment/Management

There is a risk that financial and staffing resources cannot be met from within NHS Fife or supporting budgets, because of a lack of funding resulting in the inability of Digital and Information to meet the original ambitious strategic objectives.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because it would not be relevant for the overall strategy, being more closely aligned to the individual areas of work.

2.3.6 Other impact

Not Applicable

2.3.7 Communication, involvement, engagement, and consultation

- The Digital and Information strategy was discussed at all relevant boards before sign off by the NHS Fife board.
- The challenges outlined have been presented to the Digital & Information Board and form a consistent part of their workplan
- This paper has been discussed and agreed with Associate Director of Digital and will be shared with all relevant groups as a form of update.

2.3.8 Route to the Meeting

This paper has been considered by the following group.

- Executive Directors Group – 9 September 2021

2.4 Recommendation

- **Assurance** – For Members' information.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Review of Digital Strategy

Report Contact
Marie Richmond

D&I Head of Strategy and Programmes
Email marie.richmond@nhs.scot

Appendix 1

Progress of Digital Strategy

Digital at the Heart of Delivery

2019-2024

Sep 2021

Ambition: -Modernising Patient Delivery

Key Deliverable		Update	Alignment to Corporate Objective	Pathway to Success
Clinical Decision/Advice <i>Applicable:</i> - GP to Consultant	Improve through joining up and improving existing systems within the estate	This has been incorporated into the new Urgent Care portfolio of work. – Business Analyst has been considering the best solution for delivery.	2.1 Urgent Care Services 2.10 Person Centred Care 4.13 Remobilisation 4.13 Primary Care reform 4.15 Joint Working	Project Timescale – Slipped from 2019/20 to 21/22 Remove as deliverable and update as part of new Urgent Care deliverable moving forward. Business Analyst is currently investigating the most appropriate method for delivery of this requirement. Once the appropriate methodology is agreed there will be a need for funding to be secured. It is unlikely this funding can only be apportioned to Urgent Care therefore Business Case will be required Financial Requirement - <0.5m 21/22
Consultant to Consultant <i>Applicable:</i> - All clinical specialities	Send and receive information electronically from other Health Boards.	This has been incorporated into the new Urgent Care portfolio of work. – Business Analyst has been considering the best solution for delivery.	2.1 Urgent Care Services 2.10 Person Centred Care 4.13 Remobilisation 4.13 Primary Care reform 4.15 Joint Working	Project Timescale – Slipped from 2019/20 to 21/22 Remove as deliverable and update as part of new Urgent Care deliverable moving forward. Business Analyst is currently investigating the most appropriate method for delivery of this requirement. Once the appropriate methodology is agreed there will be a need for funding to be secured. It is unlikely this funding can only be apportioned to Urgent Care therefore Business Case will be required Financial Requirement -<0.5m 21/22
Digital Maturity <i>Applicable:</i> - All NHS Fife	Assess the digital maturity of our IT, in order to identify the priority areas for improvement.	Issued by Scottish Government, this tool is used to assess the maturity of digital within an organisation	2.5 Digital Delivery Plan 2.6 Digital Learning and Education	Completed on time in 2019. Recommendations from this report will be used to support business cases moving forward to ensure digital maturity is improved.

Digital Hub <i>Applicable:</i> - Across NHS Fife	Changing the way, we communicate with our patients and citizens.	Project has been signed off and agreed. This project was initially funded by Digital and Information	2.2 Patient Centred Cancer Services 2.16 Redesign front door 4.13 Remobilisation	Project Timescale – Slipped from 2019/20 to 21/22 due to Covid19 Initially funded by Digital and Information the infrastructure is in place for delivery of a digital hub. This will align with the corporate objectives outlined. However, in order to maximise benefit achieved from this implementation there will be requirement for further funding to be allocated to this programme. Financial Requirement <0.1m 21/22
GP IT Replacement <i>Applicable:</i> - Primary Care	Modernisation as part of a wider National programme.	Replacement of the GP IT system which is scheduled to be end of life.	2.5 Digital Delivery Plan (this one is tenuous) 4.14 Primary Care reform 4.15 Joint working	Project Timescale – Slipped from 2019/22 to 22/24 Delays in supplier delivery of the National Framework has resulted in a delay to the programme for NHS Fife. Initial delivery has concentrated on establishment of cohorts, it is anticipated the Business Case will be developed for this work early mid-2022. Financial Requirement >5m 22/23
LIMS Replacement <i>Applicable:</i> - All clinical specialities	Laboratory Information management system (LIMS), support implementation of replacement hardware whilst a new regional system is procured and implemented.	Replacement of Laboratory Information Management System	2.5 Digital Delivery Plan (this one is tenuous) 4.15 Joint working	Project Timescale – Slipped from 2019/22 to 22/24 Delays in completion of the National Framework for this system. Which has resulted in the inability for NHS Fife to create a delivery profile and begin the Business Case process. Financial Requirement >5m 22/23
Near Me <i>Applicable:</i> - All NHS Fife	Video conferencing for our service users to engage with clinicians with minimal disruption.	Near Me has been rolled out to all Acute, Community, Mental Health and GP areas.	2.7 Support for Care Homes 4.13 Remobilisation 4.14 Primary Care reform	Project Timescale – Escalated from 2019/22 to delivery in 19/21. Near Me was scheduled to be delivered over 3 years, due to Covid19 the project was escalated and delivered at pace with all GP Practices, Acute, Community and Mental Health services being moved onto Near Me in March 20 due to the pandemic. Maintaining uptake has been challenging within key areas and therefore some work is required in this area. Phase 2 for Near Me will focus on improving uptake and establishing Near Me in the community and within Care Homes a financial request has been submitted to the National team in order to take this forward.

Optimisation of Outpatients Appointments <i>Applicable:</i> - All acute specialities	Patient focussed/ self-booking, patient initiated follow up appointments and review of clinical letters.	A number of projects feed into this workstream including Patient Initiated Returns (PIR), Acute Clinical Referral Triage (ACRT) and a booking office	4.13 Remobilisation	<p>Project Timescale – Slipped from 2019/21 to 20/22 due to Covid 19.</p> <p>PIR and ACRT projects had begun prior to the pandemic and delivery continued to Orthopaedics/ENT/Breast and Gyn. The latest stats show of patients who are discharged to PIR only 3.5% re-engage. Only two specialties currently operate ACRT - ENT and Ortho and follow-on Self-Referral still shows a reduction of 45%.</p> <p>Funding for these projects has been through Digital and Information however currently there is insufficient resource to move this forward, this is being reviewed and discussions with Acute will be held to ascertain the appetite for further delivery of these services, as the operational impact appears to be significant.</p> <p>Some of the work undertaken by Digital Hub will also link to this work with patients being able to view their appointments online and therefore supporting a more improved patient experience.</p> <p>Financial Requirement <0.5m 21/22 to be met by D&I</p>
Paperlite <i>Applicable:</i> - Across NHS Fife	Reduce the reliance of paper with the ambition of 85% Paperlite by 2022	This programme will focus on 3 key areas: - <ul style="list-style-type: none"> Reduction / Removal of the need for incumbent casenote Reduction/Removal of paper being added to the casenote Reduction / Removal of paper being issued out to patients. 	2.19 Home First 4.13 Remobilisation	<p>Project Timescale – Slipped from 2019/24 to 2021/26 due to Covid 19.</p> <p>This programme of work was significantly impacted due to Covid19 with minimal work being undertaken to meet this objective. The only element which has been delivered is the implementation of a new scanning application which supports the 1st objective. Work has been ongoing in order to move the remaining aspects of Paperlite forward, business analysis has been undertaken to ascertain the most appropriate methodology for the 2nd element and the digital hub will contribute to 3rd element. A Strategic Assessment and Initial agreement will be issued to Board in October, whilst this does not meet the corporate objectives of the organisation there has been a number of requests for a form's solution for Acute services.</p> <p>Financial Requirement – 1-2m 22/23</p>

Technology Enabled Care <i>Applicable:</i> - Across NHS Fife	Support projects which provide care to the patient within their home environment.	Implementation of citizen facing digital solutions where “outcomes for individuals in home or community settings are improved through the application of technology as an integral part of quality, cost effective care and support to look after more people at home”	2.19 Home First 4.13 Remobilisation	Project Timescale – Slipped due to Covid 19. Focus for this work has been Near Me which forms part of the TEC portfolio, there has been some discussion in relation to other aspects such as remote health pathways however there is insufficient resource to currently take this forward. Reviews of suggested links are consistently undertaken, and discussions are ongoing with HSCP and Innovation teams on whether some elements of this progress should now be taken forward. Each element if introduced would be subject to business case and prior to implementation would be assessed for likely approval before proceeding.
Theatre System Replacement <i>Applicable:</i> - All clinical specialities	The system currently in use within Theatres requires replacement.	Replacement of the Theatre system	Not Required	REMOVED – There has been no progression on this matter and therefore this has been removed from the delivery plan and strategy.

Additions – Modernising Patient Delivery

Digital Pathology <i>Applicable:</i> - All clinical specialities	Implementation of a system which will support reading of pathology results digitally.	At the end of 2020 D&I were asked to support creation of Business Case for Digital Pathology, this was presented to D&I Board in August and rejected due to funding. Request to resubmit as part of plan next year.	No Corporate Objective	Project Timescale 21/22 subject to Finance availability Business Case will be resubmitted for consideration as part of financial planning. If progressed delivery will be within 22/23. Financial Requirement – £0.5 - £1m
Endoscopy Redesign <i>Applicable:</i> - Main focus Endoscopy and all clinical specialities	Redesign of Endoscopy Service to be more aligned to patient journey.	Planned Care funded post to support the Replacement of the Endoscopy Management System and implementation of improvements to delivery	No Corporate Objective	Project Timescale – 21/22 Procurement challenges have been resolved and project has been established to move this forward. Unisoft will be replaced by EMS which will deliver improved functionality and significant improvements to patient care and delivery. The other aspects will then be scoped, will be completed before Aug 22 when funding expires.
Orthopaedic Elective Centre <i>Applicable:</i> - Orthopaedic mainly and all clinical specialities	Support of the digital delivery for the new orthopaedic service to meet the needs of the Paperlite and digital first agenda.	A number of projects were identified in early 2021 which related to Orthopaedic Elective Centre – These are now being scoped for delivery.	4.1 Orthopaedic Elective Centre	Project Timescale – 21/23 Implementation of the project will be dependent on approval of appropriate business cases which are interlinked with other areas of work e.g., Paperlite. Other deliverables will be scoped and business cases/SBAR's for funding will be presented to the Orthopaedic Elective Board and EDG. Financial Requirement – >5m 22/23

Test and Protect <i>Applicable:</i> - Across NHS Fife	Provision of Digital system to support the implementation of Test and Protect	As part of the Covid19 pandemic response, D&I were asked to support the digital implementation of the system which would support Test and Protect delivery. This involved two implementations both of which have been successfully undertaken.	1.7 Enhanced Test and Protect	Project Timescale – 20/21 System support is undertaken in relation to CMS and 8x8 for Test and Protect, in addition the team continue to support the delivery of Community Testing digital systems. Majority of this programme has moved into Business as Usual with only small requirement for further delivery for Community.
Urgent Care Digital Transformation <i>Applicable:</i> - All clinical specialties	Implementing Digital First within the Urgent Care digital transformation programme.	Digital and Information were asked in September 20 to support implementation of digital system as part of redesign of urgent care programme. The initial delivery was successful, and the team are now working on Phase 2	2.1 Redesign of Urgent Care	Project Timescale – 20/22 Following completion of Phase 1 the project manager has been scoping delivery of Phase 2. Some of the key deliverables for this project are incorporated into other deliverables such as Paperlite. Due to consultant communications being central to Urgent Care the 1 st two aspects of the original strategy/delivery plan have been incorporated into this workplan. There is a need for funding to deliver digital solutions and these will be presented to the Urgent Care Operational Group and if necessary EDG for approval. Financial Requirement 0.5m – 1m 21/22
Vaccination Transformation Programme <i>Applicable:</i> - Across NHS Fife	Provision of digital system for Vaccination Transformation Programme.	As part of the Covid19 pandemic response, D&I were asked to support the digital implementation of Covid vaccination. This was completed and has now transformed into delivery for Flu and Covid19	1.7 Response to Covid19 1.9 Covid Vaccination	Project Timescale – 20/22 Moving forward support by digital and information of the Vaccination Management Tool and to support the delivery of the flu and covid19 vaccination clinics + immunisation services.

Ambition: -Joined Up Care

Key Deliverable		Update	Alignment to Corporate Objective	Pathway to Success
Bedside Risk Assessment <i>Applicable: - Across NHS Fife</i>	Ensuring assessment of clinical risk is conducted at bedside.	Patienttrack was rolled out to Community and Mental Health areas and has been updated to incorporate new assessments and Handover.	2.9 Provide assurance on Quality 2.10 Promote person centred care in and post COVID 4.15 Joint working	Project Timescale remains 20/21 However, Patienttrack rolled out to all sites except Maternity and ED within 2 months. Handover live June 21. Only outstanding issue is alerting which requires level of 'normality' to return to the hospital before implementation. Discussion with Acute in relation to this if not required then project will be completed. Requests for new developments of this system are ongoing with the potential to introduce NEWS2, this will be part of the SPRA process for 22/23. Financial Requirement <0.5m 22/23
CHI and Child Health Replacement <i>Applicable: - Across NHS Fife</i>	Modernisation of Community Health Index and the Child Public Health and Wellbeing solution as part of a National programme.	CHI and Child Health project was impacted due to Covid19 with a slippage in NHS Fife support. This is now in place and work is ongoing to deliver.	2.5 Digital Delivery Plan (this one is tenuous)	Project Timescale – Slipped from 2019/22 to 20/23 due to Covid 19. CHI and Child Health project was impacted due to Covid19 with a slippage in NHS Fife support. This is now in place and work is ongoing to deliver. Financial Requirement <0.5m 21/22
Community and Mental Health System (Morse) <i>Applicable: - Community and Mental Health Services</i>	Replacing an end-of-life system (MiDIS and IMOSPHERE) with a more integrated solution.	Following approval of the FBC and subsequent addendum. The replacement system has been implemented in over half of the Community and Mental Health services which were initially scoped.	4.15 Joint Working	Project Timescale – 2019/23 – Impacted due to Covid 19. Whilst there has been no slippage in this timescale the overall delivery plan was impacted with a 5-month lull in delivery, the team have worked hard to ensure project remains OnTrack and scheduled for completion Feb 23. Rollout continues at pace.
Community Pharmacy Access <i>Applicable: - Community Pharmacy</i>	Connecting Community Pharmacy to other NHS Fife services.	Access to NHS Fife systems for Community Pharmacy was delivered during the Covid19 pandemic	4.15 Joint Working	Project Timescale – 19/20 – COMPLETE

Health and Social Care Portal <i>Applicable: - Across NHS Fife</i>	Extending use to include more services and social care services.	Work continues to improve the Health and Social Care Portal with work being undertaken to ensure joined up working with Boards. Phase 2 of this work is almost complete however new priorities are ever evolving.	4.15 Joint Working	Project Timescale: - 19/21 Phase 2 of this workplan is complete, a survey has been issued to staff to ensure portal is meeting their needs. Moving forward this project is likely to be absorbed into the overall Paperlite/ electronic paper record project to ensure the portal continues to meet needs. Financial Requirement 1m -2.5m 22/23
Hospital Electronic Prescribing Medicines Administration (HEPMA) <i>Applicable: - Across NHS Fife</i>	Implementation of a new Hospital Electronic Prescribing and Medicines Administration.	The HEPMA programme was impacted due to Covid 19 with a delay to completion of the FBC, this was signed off in Nov 20. Procurement timescales have impacted on signing of contract which has impacted delivery timescales.	2.12 Pharmacy Redesign of Services 2.13 HEPMA implementation Plan 4.15 Joint Working	Project Timescale – Slipped from 2019/22 to 19/23 due to Covid 19. Following contractual agreement, the programme will move into implementation phase with a phased approach to delivery and an anticipated timeline of completion by end Dec 23.
Mental Health Pathways <i>Applicable: - Mental Health</i>	Ensuring pathways are implemented within our digital environment.	As part of the Morse implementation some of the mental health pathways were moved onto Paperlite. In addition, Mental Health for Urgent Care is being supported with digitisation. No other requests have been made of the team.	2.18 Mental Health Strategic Framework	Project Timescale – Slipped from 19/21 to 21/23. Completed however will double check with lead within Corporate objectives there is no further requirement before closing.
Neurology eReferral <i>Applicable: - All Clinical Specialities</i>	Implementation of an e-Referral system for Neurology.	This was presented as a regional delivery objective. Assessment Required	No Corporate Objective	Project Timescale – Assessment Required This would be readded to the workplan if required.
Palliative Care Plan <i>Applicable: - Across NHS Fife</i>	Improve palliative care provision through digital.	There was a desire to ensure that patients care was recorded online for palliative care. Introduction of the Morse system for Palliative has resolved this issue. No further requests have been received.	No Corporate Objective	Project Complete No further requests for assistance have been received.

Pharmacy Redesign <i>Applicable:</i> - Pharmacy and across NHS Fife	Redesign pharmacy, introduction of robotics and management of falsified medicines within NHS Fife.	This relates to the introduction of pharmacy automation within the supply chain. This has been impacted by Covid19 significantly.	2.12 Pharmacy Redesign of Services 2.14 Pharmacy Robotics 4.15 Joint Working	Project Timescale – Slipped from 19/21 to 20/24 due to Covid19 Agreed delivery will be shared with Estates, Strategic Assessment and Initial Agreement in development and then will proceed to OBC and then FBC. Programme Manager appointed. Financial Requirement >5m 22/23
Trakcare Maximum Utilisation <i>Applicable:</i> - All Clinical Specialities	Achieve maximum benefit by implementing changes requested by practitioners.	An initial Business Case was presented to D&I Board in 2019 this was rejected, and the team were asked to review and come back with new proposal. Business Analyst appointed May 21 who is conducting review.	4.13 Remobilisation	Project Timescale – Slipped 19/21 to 21/23 due to Covid19 Meetings are scheduled with Intersystems and core team members to ensure this is moved forward. Following completion of evaluation, a revised Business Case will be submitted for approval. Financial Requirement 0.5m 22/23
Women and Children’s Redesign <i>Applicable:</i> - All Clinical Specialities	Site optimisation exercise to which digital delivery of service will be fundamental.	Initial request to support redesign of Women and Children this was impacted due to Covid19. In June 21 Business Analyst was allocated to evaluate the ask for Business Case to be created.	Not Applicable	Project Timescale – Slipped 20/21 to 21/22 due to Covid19 Business Analyst is in the process of completing report once complete an application to the directorate will be made for funding. If this cannot be approved this element will be closed. Financial Requirement 0.5m 21/22
Additions - Joined Up Care				
Phlebotomy Service Clinics <i>Applicable:</i> - Across NHS Fife	Implementation of Digital Support for new Phlebotomy Service.	During the Covid19 pandemic D&I were asked to support the introduction of Digital system to allow phlebotomy service to operate in a different manner. This work was completed.	2.10 Person Centred Care in Covid	Project Timescale – Complete

Ambition: - Information and Informatics

Key Deliverable		Update	Alignment to Corporate Objective	Pathway to Success
Business and Health Intelligence <i>Applicable:</i> - All Clinical Specialities	This is central to business-as-usual processes across NHS Fife.	This is a long-term aim for NHS Fife and is therefore delivered on an ongoing basis. Throughout the pandemic there was a need to deliver this service at pace, with new intelligence requirements being delivered within very short timescales for e.g., Urgent Care and Test and Protect	No explicit corporate objective relating to data driven organisation. Requirement for majority of planning and re-design functions	Project Timescale – 19/24 The service will continue to operate efficiently with a move towards further automation of the process to assist with critical delivery of services.
Convergence of Obsolete Systems and Methods of Holding Data <i>Applicable:</i> - Across NHS Fife	Convergence of data from applications which are no longer supported or are classed as at risk from cyber security.	This project had begun prior to the pandemic however was paused due to Covid19 and the pressures on the services.	D&I Operating Priority.	Project Timescale – Slipped from 19/21 to 21/24 This project has to start in order to allow information which is stored within systems which will become obsolete with the introduction of MS Office 365 to be moved to supported infrastructure.
Fife Safe Haven <i>Applicable:</i> - Across NHS Fife	An invaluable resource for researchers to tackle future healthcare provision and disease management.	This project was completed ahead of target in September 20.		Project Timescale – 2019/24 – Delivered Ahead of Schedule - COMPLETED
GDPR / Data Protection Act 2018 <i>Applicable:</i> - Across NHS Fife	Ensuring NHS Fife complies with Information Security Legislation	This requirement is in place for the whole life of the strategy. It is a legal requirement for NHS Fife to comply with the Act. Considerable work was undertaken at short notice due to the pandemic, there is a requirement for all systems to be assessed to ensure comply.	D&I Operating Priority.	Project Timescale – 19/24 The volume of work which has been undertaken throughout the pandemic has been significant, there has been impact as staff are non-substantive in nature and this leads to challenges in resourcing and with meeting the demands of the ever-changing organisation. Financial Requirement <0.5m 21/22 is part of the identified 600k shortfall currently facing D&I
Improving Data Quality <i>Applicable:</i> - All Clinical Specialities	Influence data collection standards and champion data quality as a key organisational asset.	This is another long-term objective in order to support the organisation with delivery of high-quality data. Issues with data collection are highlighted to respective departments with a supportive delivery model advised.	D&I Operating Priority.	This will run until end of the strategy. The pandemic has highlighted the need for improvements in quality to be highlighted at pace and resolved, it is hoped that introduction of Paperlite will further move the team towards improvements in data quality.
Management Information Hub <i>Applicable:</i> - All Clinical Specialities	Central, accessible, and intelligible resource for the organisation's decision makers	Supporting the organisation to have Realtime access to data at their fingertips, work has started on this programme however had to cease as priorities were on the 1 st deliverable.	No explicit corporate objective relating to data driven organisation. Requirement for majority of planning and re-design functions	Project Timescale – Slipped 20/21 to 21/22 due to Covid19 Work continues to move this forward with 40% completion of the objective. There was an impact due to Covid however the team hope to recover this before the end of timescale.

<p>NIS and Cyber Essentials</p> <p><i>Applicable:</i> - Across NHS Fife</p>	<p>Ensuring NHS Fife complies with Information Security Legislation</p>	<p>NHS Fife must ensure they comply with the requirements of this A considerable amount of work was undertaken at pace during the pandemic to ensure systems were appropriate.</p>	<p>D&I Operating Priority.</p>	<p>Project Timescale– 19/24</p> <p>This is a long-term objective for NHS Fife, it is essential that systems which are implemented within NHS Fife meet the requirements of NIS and Cyber Essentials therefore all systems which are proposed for NHS Fife will be subject to this process.</p>
--	---	--	---	---

Ambition: -Technical Infrastructure

Key Deliverable		Update	Alignment to Corporate Objective	Pathway to Success
Adaptation of Revenue Based Business Model for Microsoft Products <i>Applicable: - Across NHS Fife</i>	Ensuring Suppliers are offering the best solutions and services using a revenue/ subscription-based business model and we need to embrace this change.	Remains in progress there has been a change to the MS Contract which has required a change of funding model.	4.5 Medium term financial strategy	Project Timescale remains 19/22 The licensing model will continue to be reviewed to ensure that NHS Fife are achieving best possible value from this contract. Financial Requirement noted within Office 365 Programme
Always Within Support Lifecycle <i>Applicable: - Across NHS Fife</i>	Maintain all systems and solutions (hardware & software) within a current support lifecycle and manage suppliers / contracts accordingly	There are 15 projects within this area, including network upgrade and tech refresh, 4 have been completed the others have been impacted by Covid19 but now progressing,	D&I Operating Priority.	Project Timescale – Throughout life of Strategy Work will continue to meet this objective within the timescale however it should be recognised there has been an impact due to Covid 19 a number of these objectives have had to be escalated which has severely impacted on staff. Financial Requirement – Part of the digital additional costs
Modernisation – Balanced Use of Public, Private Cloud, On Premise Solutions and Resilience <i>Applicable: - Across NHS Fife</i>	Adopt a balanced and risk and merit-based approach to choosing public cloud, private cloud, or on-premises solutions	In progress however there has been a significant Covid19 Impact. With the need to	D&I Operating Priority.	Project Timescale – 2019/21 – Impacted due to Covid 19. Operational team working to meet this objective within their current requirement however discussions will be undertaken as to the most effective way to move this forward.
Cyber Essentials and NIS <i>Applicable: - Across NHS Fife</i>	Protect against cyber-attacks and comply with NIS regulations, ensure network is secure, risks are understood, impact of incidents are minimised, and governance is followed.	The NIS and Cyber Essentials audit actions were completed in 2021. A new NIS and Cyber Essentials Audit has now been completed and the team await the action plan.	D&I Operating Priority.	Project Timescale – – 1st Audit complete, 2nd Audit in progress scheduled 21/22. The team will work collaboratively to take the new actions forward at pace to ensure the safety and security of NHS Fife systems.
Exit Plans for Poor Suppliers <i>Applicable: - Across NHS Fife</i>	Maintain a flexible and versatile approach to supplier contracts. Maintain a product lifecycle which is secure and fit for purpose	Work has been ongoing to complete exit from poor suppliers e.g., BT, this was impacted by Covid19	D&I Operating Priority.	Project Timescale: - 19/21 slipped due to Covid19 now 21/23 There will be a requirement for a new Telephone supplier in 22/23 or 23/24, depending on contract negotiations. This supplier is anticipated to be more cost effective for NHS Fife. However, this will not be known until contract negotiations have started. Any financial cost will be required to be met by the organisation.

National Digital Platform <i>Applicable: - Across NHS Fife</i>	Relevant real time data and information from health and care records and services is available nationally.	ON HOLD – There has been no feedback from the National Team to allow this one to move forward.	D&I Operating Priority.	Project Timescale – Slipped from 2019/24 to 21/24 due to Covid 19. NHS Fife will work collaboratively with the National team should progress be made on this objective.
PACS Upgrade <i>Applicable: - All Clinical Specialties</i>	Upgrade to Picture Archiving Communications System (PACS).	PACS System was upgraded as per National requirement	Completed	Project Timescale – COMPLETED
Resilience and Secure by Design <i>Applicable: - Across NHS Fife</i>	Adopt best practice systems and application architectural design principles and ensure resilience, implement solutions which have been designed with cyber security threats and vulnerabilities in mind	There are 59 deliverables within this area which relate to the need to ensure that existing systems are both resilient and the design meets the security requirements for NHS Fife.	D&I Operating Priority.	Project Timescale – 19/24 This is continuing to be moved forward at pace with systems being upgraded to ensure resilience, 14 deliverables have been completed, most of these were expedited due to the pandemic. Business improvement has been scheduled to improve Disaster Recovery process.
Regional IT Service Management <i>Applicable: - Across NHS Fife</i>	Rollout of system within the Region and ongoing sharing of best practice.	Implementation of Service Now which has been delivered in Lothian and is being co-ordinated Regionally. There were delays due to Covid19, this programme has now restarted.	D&I Operating Priority.	Project Timescale – 19/24 The project is now scheduled for an initial delivery in September 21, with follow on work once rolled out to the organisation.
Security Upgrades <i>Applicable: - Across NHS Fife</i>	Undertake all security upgrades	NHS Fife are working to ensure security of the organisations remains current.	D&I Operating Priority.	Project Timescale – 19/24 Security Upgrades are continually reviewed and implemented into NHS Fife environment to ensure the safety and security of our infrastructure.
Windows 10 <i>Applicable: - Across NHS Fife</i>	Ensure most up to date operating system.	Covid Impact – D&I are continuing to move towards Windows 10, due to Covid19 there was an extension to the support of Windows 7 which has allowed some delays to be encountered.	D&I Operating Priority.	Project Timescale – 19/21 This project would have been delivered ahead of target had the pandemic not occurred, over 90% of the estate has moved to Windows 10, the team are now working on resolving issues with software dependency to allow the remaining machines to be migrated over.
Additions - Technical Infrastructure				
Rollout of Infrastructure to support home working <i>Applicable: - Across NHS Fife</i>	Ensuring all staff had the ability to follow government guidance to work from home where possible.	During the Covid19 pandemic D&I were asked to support the rollout of technological infrastructure to support home working.	3.1 Enhance Staff Wellbeing	Project Timescale – Complete There will be a follow-on requirement which will fall out of the implementation of this new infrastructure, Lifecycle costs of the Infrastructure from Capital and Revenue perspective will be required from FCIG to cover replacement of storage / network/ device etc. Financial Requirement – 1-2m 22/23

Ambition: -Workforce and Business Systems

Key Deliverable		Update	Alignment to Corporate Objective	Pathway to Success
Consolidating GP Systems <i>Applicable: - Across Practitioner Services</i>	Provide the most appropriate delivery of service to primary care colleagues	On Hold due to Covid 19 and no request for further developments.	No objective relating to GP technology	Project Timescale was 20/21 no new timescale agreed. At the present no further work is being undertaken on this area. Consideration will be made as to whether this remains a requirement.
Digital Literacy <i>Applicable: - Across NHS Fife</i>	Implement training tools to achieve basic Digital, Business Intelligence, and Information Governance & Security skills for all staff, ensure training is appropriate on new digital systems and engage with all Scottish Government training programmes e.g., Digital Champions Development Programme and the Digital Participation Charter.	Digital Literacy business case was presented to D&I Board however was rejected. Following discussions with HR and clinical leads this will be rewritten and presented to the board for consideration 22/23.	2.6 Digital Learning and Education Framework	Project Timescale – 19/24 Business Case is in the process of being rewritten to further develop the case for digital fitness within NHS Fife workforce. Financial Requirement - <0.5m 22/23
e-Rostering <i>Applicable: - Across NHS Fife</i>	Regional / National e-Rostering solution to assist with staff management.	Project was delayed due to Covid. National have now approached NHS Fife for implementation however a Business Case is still required, and this cannot be met in 21/22 therefore case will be progressed for 22/23.	3.1 Enhance Safe Staff Working	Project Timescale – Slipped from 2020/21 to 21/24 due to Covid 19 and lack of National Info. National had not advised NHS Fife of the Framework agreement and requirements until July 21. Business case will now need to be progressed. Financial Requirement >5m 22/23
Framework for Attracting Youth into Digital <i>Applicable: - Across Digital and Information</i>	Invest in more apprenticeships to help address the ageing workforce problems facing the NHS in Scotland	Digital and Information have continued to enhance their workforce through introduction of apprenticeships within the Operational model.	3.3 Attract and Retain Workforce	Project Timescale – .19/24 Following the success of this work within Operations, other areas will now review the potential for inclusion of this within their work area.

Maximising Return on Investment <i>Applicable: - Across NHS Fife</i>	<p>Achieve maximum benefit from the systems which are in use.</p>	<p>Strategic direction of NHS Fife D&I has been to Maximise Use of Existing Systems to ensure maximum ROI, this has led to 2 x Business Analysts being brought into the team and discussions with colleagues re not purchasing new systems if a cornerstone system can achieve.</p>	4.7 Improved governance Procurement	Project Timescale – 19/24 <p>A number of workstreams are currently being undertaken to ensure maximum return on investment of the cornerstone systems for NHS Fife.</p>
Office 365 <i>Applicable: - Across NHS Fife</i>	<p>National deployment of office 365, all NHS employees in Scotland to communicate and share information from a single platform.</p>	<p>Elements of this programme were delivered at pace to support the pandemic including MS Teams and new Outlook. However, this has resulted in the need for National to review and catch up which has led to delays in the next stage of the programme.</p>	No corporate objective	Project Timescale – Slipped from 19/21 to 20/23. <p>This project is now known as MS365. The Team have onboarded staff to M365, work is ongoing to maximise benefit that can be achieved whilst waiting for National to schedule delivery of SharePoint and OneDrive.</p>
Printing Capability Review <i>Applicable: - Across NHS Fife</i>	<p>Centralising printing, to minimise costs per specialty</p>	<p>This was delayed due to Covid19 there will be a need for a business case for this work to be undertaken, the aim is to ensure best value of printing solutions.</p>	No corporate objective	Project Timescale – 20/21 – Slipped due to Covid 19 now 22/23. <p>Business Case to be drafted which will contain options appraisal on best option for NHS Fife.</p>
Virtual Workforce <i>Applicable: - Across NHS Fife</i>	<p>Consider modernising ways of working e.g., the use of robotics for on-boarding and off-boarding of staff.</p>	<p>ON HOLD – No further requirement noted.</p>		Project Timescale: - 21/22 <p>No further requirement has been forthcoming, this will be removed from hold if no request by end of F/Y21.</p>
Additions – Workforce and Business Systems				
Staff link <i>Applicable: - Across NHS Fife</i>	<p>Redesign of platform to allow sharing of information for staff</p>	<p>Due to the end of the current intranet contact D&I were asked to support Options Appraisal and implementation of Staff link. This was completed during the pandemic.</p>	3.1 Enhance Staff Wellbeing	Project Timescale – Complete <p>Although this programme is complete follow-on work is being undertaken due to the fast-paced delivery model which has been undertaken.</p>

© NHS Fife 2020

Published Month Year

This document is licensed under the Creative Commons Attribution-Noncommercial-NoDerivatives 4.0 International Licence. This allows for the copy and redistribution of this document as long as NHS Fife is fully acknowledged and given credit. The material must not be remixed, transformed, or built upon in any way. To view a copy of this licence, visit <https://creativecommons.org/licenses/by-nc-nd/4.0/>

www.nhsfife.org

Meeting:	Clinical Governance Committee
Meeting date:	17 September 2021
Title:	Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme Implementation Update
Responsible Executive:	Scott Garden, Director of Pharmacy & Medicines
Report Author:	Nicola Jensen – Digital & Information Programme Manager

1 Purpose

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

- Assurance

This report relates to a:

- NHS Board / Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The HEPMA Programme moved to status 'Amber' at the most recent Programme Board meeting due to delays in contractual negotiations. EMIS Health were selected as preferred supplier of HEPMA for NHS Fife in August 2020 as they provided the most economically advantageous tender. NHS Fife are still in ongoing contract negotiations with EMIS regarding the HEPMA Contract, specifically around aspects of the NHS Fife requirements that the supplier was only 'partially' compliant with in their original tender submission.

Also outstanding from the preferred supplier is the release of an upgraded version of the existing Pharmacy Stock Control solution (called Ascribe or PSC). The upgraded version (v10.22) is required to be in live environment to support the incoming HEPMA module, satisfy NHS Fife security requirements, and allow the retirement of outdated Windows 7 equipment. The upgrade was due to be released to NHS Fife in August 2021, but has been delayed until 22nd September.

Whilst there are delays from the preferred supplier on the items above (and a number of smaller items), there is substantial work being completed around a number of preparatory project actions, such as completing initiation documentation (Data Protection Impact Assessments, Equality & Diversity Impact Assessments), creation of communication strategies and outputs, baseline measurements for Benefits Realisation, as well as patient journey mapping, solution scoping, and change management activities. A successful recruitment drive has seen a number of key posts filled, although there are still vacancies within the team profile.

2.2 Background

The primary aim of (HEPMA) is to remove paper-based processes from prescribing and medicines administration and significantly improve patient safety and quality of care. In addition, an electronic system will improve our medicines management processes and enhance medicines optimisation. This will enable greater control over what is prescribed, how it is prescribed and how it is administered, enabling also monitoring and feedback to prescribers and those administering medicines to address variation, minimise inefficiency and improve quality.

A National Business Case was developed in 2016, agreement was reached that HEPMA would be available as a National Framework with NHS Boards calling off the agreed framework. NHS Fife decided to undertake a mini competition in order to determine the provider that best met the needs and requirements of our Board and the citizens within. A consensus meeting of the evaluation panel led by NHS Fife Procurement, met on 26th August 2020 and scores were ratified.

NHS Fife Procurement produced *"FIF19035 Hospital Electronic Prescribing and Medicines Administration Contract Award Recommendation Report"*. The report detailed the tender process undertaken, the scoring of both suppliers which showed EMIS Health should be selected as the preferred supplier as they provided the most economically advantageous tender for NHS Fife. The Options Appraisal document detailing the full decision-making process is provided in Appendix A of the FBC with relevant details in sections 4 and 5. NHS Fife is the only Scottish Health Board to select EMIS Health as the preferred HEPMA supplier, with every other board to date selecting the alternative supplier from the National Framework.

Due to internal NHS Fife staffing issues, NHS Orkney have supported the HEPMA Programme Board with procurement tasks since June 2021. Minimal amendments could be made to the draft HEPMA contract given that all suppliers agreed to the terms within the Call Off Contract released as part of the National Framework. A draft contract was issued to EMIS Health on 25th June, 2021, however contract negotiations are ongoing. In order to progress negotiations at pace, a sub group of the HEPMA Programme Board has been stood up to review and comment on suggested contract amendments. This group met with Senior Executives from the EMIS Health team regarding the proposed contract amendments, and to escalate a number of other outstanding action items with the supplier. The group has also had regular engagement with procurement support, and the Head of Commercial Contracts in the Central Legal Office.

On review of the initial draft contract, EMIS Health made 18 suggested amendments, specifically around the order/rank of 'importance' of the reference tender documentation in defining the local specification.

EMIS Health are suggesting that the 'most important' item they deliver to is only that which is outlined in their response to the tender, with no reference to any 'non compliances' or 'partial compliances' made in their response to the NHS Fife tender, or any clarifications made following the receipt of their response. If these changes were accepted, it would mean that the Contractor's response prevails and the HEPMA Programme Board would need to be entirely satisfied regarding the revised order in relation to the product being delivered. It would seem more logical for the local clarifications to be first as these were the last to be agreed. There were a number of other suggested changes to the contract, including the suggestion of a 20% payment on contract signing, that the HEPMA Programme Sub-Group reviewed and commented on. A summary of these suggested amendments from EMIS Health, and the response from NHS Fife can be circulated if requested.

It was noted that both NHS Fife and EMIS Health agree that the Call Off Contract does not accurately reflect the spirit of the intended partnership and ongoing collaboration, however it is vital to both parties to clearly define the deliverables aligned with the core functionality, and to agree the roadmap for development of any functionality outlined as 'partially compliant' in the suppliers tender response.

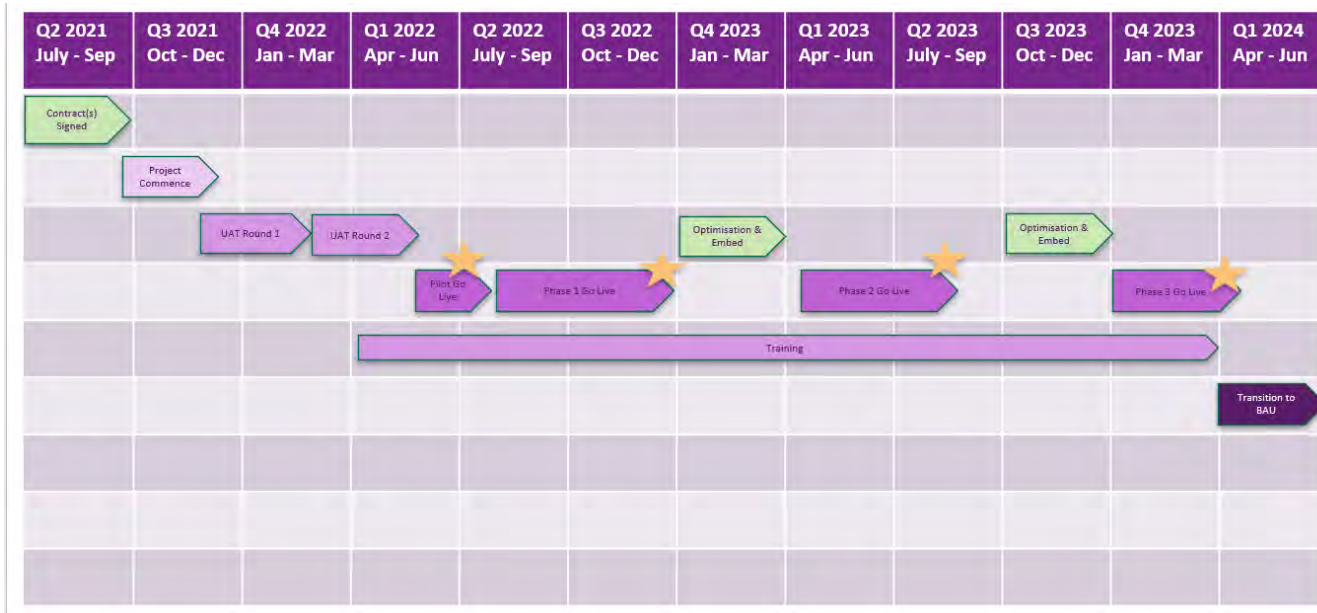
2.3 Assessment

Planning & Delivery

The HEPMA programme team have begun high level project planning, however several factors will influence the indicative timelines outlined below. Delays to contract signing will almost definitely cause some knock-on effect to proposed delivery timelines, however the extent of this is unknown until contract is signed and the detailed project planning can commence. In addition, the amount of configuration/build of the software is currently unknown and cannot be fully scoped until NHS Fife has access to the solution following contract signing.

The HEPMA Programme Board are responsible for the project planning and, in consultation with relevant services, plan the delivery of HEPMA. Delivery & roll out has not yet been fully scoped, however there is appetite for a 'rapid rollout', influenced by lessons learned from other Scottish Health Boards who have successfully implemented HEPMA. The below figure outlines a proposed timeline for implementation, noting it is indicative only and will likely be delayed due to the ongoing contract negotiations.

Figure 1 – Indicative HEPMA Delivery Timeline



2.3.1 Quality/ Patient Care

The proposed NHS Fife Full HEPMA solution will be interoperable with other key digital health systems, to enhance patient safety and effective use by:

- Reducing the number of transcription, prescribing and administration errors;
- Improving Record Keeping of missed doses and polypharmacy;
- Contribute to accurate and efficient medicine reconciliation and communication of medicines information at all points of patient transfer, including on admission and discharge;
- Contribute to the efficient transfer of accurate medicines information through removal of transcribing on admission and at discharge allowing prescribers to concentrate on the professional review of suitability of medication as part of the medicines reconciliation process;
- Support greater consistency in clinical practice, reduce harmful variation and limit overprescribing;
- Strengthen information governance by providing a robust audit trail;
- Complete a key component of the integrated electronic patient record;
- Collect, collate and analyse patient and population level data on medicines use in secondary care to build intelligence on patient response to therapy, to manage medicine effectiveness and efficiencies, monitor prescribing patterns, improve clinical practice, enhance patient safety, and support clinical research

HEPMA presents a significant change and opportunity to influence clinical practice. Work has already begun through site visits and stakeholder engagement to understand and map out existing practice and processes within Acute, Mental Health, Community Hospital and Primary care settings that can be influenced through the implementation of HEPMA. There is also national collaboration between HEPMA teams from each Health Board through a

Shared Learning System housed within Health Care Improvement Scotland, enabling the full potential of a HEPMA system to be achieved.

N/A at this stage.

2.3.2 Workforce

NHS Fife have successfully recruited a number of key roles in the HEPMA Programme:

- Lead Pharmacist Digital & Information (in situ)
- Digital & Information Programme Manager (in situ)
- Specialist Pharmacist HEPMA (start date TBC)
- Specialist Pharmacy Technician (start date TBC)
- Application Support Analyst (in situ)

There are key vacancies yet to be filled, with recruitment ongoing.

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

2.3.3 Financial

Forecasted Programme spend as per FBC v1.0 approved at NHS Fife Board Nov 2019. Digital & Information have agreed to meet the costs of NHS Orkney procurement resource required to complete preferred supplier selection.

2.3.4 Risk Assessment/Management

All HEPMA Programme risks are being managed as part of the HEPMA Programme recorded on the NHS Fife DATIX system. Any risks scored '15' or higher are escalated and discussed at HEPMA Programme Board. There is currently one red risk on the HEPMA Risk Register, as outlined below. Mitigating actions for this risk are detailed within this report.

Risk 2114: "There is a risk that delays in contractual agreement because of challenges in relation to Procurement support, resulting in delays to overall Programme delivery timescale"

2.3.5 Equality and Diversity, including health inequalities

An EQIA impact assessment has been completed, to be circulated for approval by the HEPMA Programme Board.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

- Preferred Supplier – weekly meetings
- Preferred Supplier Executive Team -contract negotiation escalation meeting
- Central Legal Office – weekly engagement
- Procurement Support – weekly engagement
- HEPMA Programme Board consultation
- HEPMA Programme Board Sub Group for Contracts – weekly engagement
- NHS Lothian & NHS Forth Valley site visits
- Digital Clinical Lead Engagement
- Clinical Governance Engagement

2.3.8 Route to the Meeting

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

- Executive Directors Group – 9th September 21

2.4 Recommendation

Assurance – For Members' information only

3 List of appendices

The following appendices are included with this report:

- N/A

Report Contact

Scott Garden
Director of Pharmacy & Medicines
Email: scott.garden2@nhs.scot

Nicola Jensen
Digital & Information Programme Manager
Email Nicola.jensen@nhs.scot

Meeting:	NHS Fife Clinical Governance Committee
Meeting date:	17 th September 21
Title:	Safer Management of Controlled Drugs
Responsible Executive:	Scott Garden Directors of Pharmacy and Medicines / Controlled Drug Accountable Officer
Report Author:	Geraldine Smith Lead Pharmacist Medicine Governance and Education & Training

1 Purpose

This is presented to the Committee for:

- Awareness

This report relates to a:

- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this report is to update the Committee on the work ongoing to ensure the safe and effective use of Controlled Drugs (CD's) within Fife. The detail captured in the report demonstrates the multiagency approach within Fife around CD's with input from Police Scotland P division, the NHS, Fife Council, the Local Medical Committee, the General Pharmaceutical Council and Care Homes. This report covers the period April 20 to March 2021

2.2 Background

The roles and responsibilities of Controlled Drug Accountable Officer (CDAO), and the requirement to appoint them, are governed by the [Controlled Drugs \(Supervision of Management and Use\) Regulations 2013](#). The CDAO is responsible for the management and safe use of CDs, for monitoring systems, and taking action where appropriate, and to

ensure co-operation between responsible bodies. There is a legal duty to share information between bodies such as health boards, private hospitals and hospices, the Care Inspectorate, NHS Scotland Counter Fraud Services and the police. It is a requirement for all NHS Board CDAOs to establish a Local Intelligence Network (LIN) to support information sharing.

2.3 Assessment

Please see attached report in appendix 1

2.3.1 Route to the Meeting

This paper has been previously presented to NHS Fife Area Drug and Therapeutic Committee, August 2021 for noting.

2.4 Recommendation

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

2 List of appendices

The following appendices are included with this report:

-  Appendix No,1 Safer management of Controlled Drug report

Report Contact

Author Name Geraldine Smith

Author's Job Title Lead Pharmacist Medicine Governance and E&T

Email Geraldine.smith3@nhs.scot

Appendix 1

SAFER MANAGEMENT OF CONTROLLED DRUGS

Report to NHS Fife Clinical Governance Committee September 2021

1. PURPOSE OF REPORT AND PERIOD COVERED BY REPORT

- 1.1. The purpose of this report is to update the Committee on the work ongoing to ensure the safe and effective use of Controlled Drugs (CD's) within Fife. The detail captured in the report demonstrates the multiagency approach within Fife around CD's with input from Police Scotland P division, the NHS, Fife Council, the Local Medical Committee, the General Pharmaceutical Council and Care Homes. This report covers the period **April 20 to March 2021**

2 PROGRESS SINCE LAST REPORT

- 2.1 The first East regional CD local Intelligence (CDLIN) network was held in November 2020, chaired by NHS Lothian, with a new Terms of Reference agreed. Information Governance lead for NHS Fife presented to the group to address some of the challenges regarding information sharing as a result a national information sharing agreement is currently under development to support the CD LINS with sharing of information across all Boards in Scotland. Information received from Counter Fraud Services was also discussed and how the communication loop is closed and learning is shared. As a result a process is being developed locally and across the region to ensure Counter Fraud are aware of the actions taken and any learning can be shared nationally within the CD LINS.
- 2.2 A second regional CD LIN was chaired by NHS Fife in May 2021. NHS Fife delivered a presentation on cluster review procedures for drug related deaths and the role of the multi-disciplinary drug death review group. Information was subsequently shared across the 3 boards as to how each board process works and any shared learning. Trends and themes from CD incidents were shared and work is in progress to produce a bulletin to share themes and learning from events. NHS Lothian has produced and shared training material and trialed single nurse administration for CDs, to be used during COVID-19. This model is currently not required in wards/departments and double administration is still regarded as best practice, but useful if any future wave of the pandemic requires us to revisit the training.
- 2.3 GP inspections were paused due to the pandemic and will be reviewed in line with current COVID-19 restrictions.
- 2.4 The Pharmacy CD ward audit was completed over a 15 month period due to the pandemic and the results of the audit are currently being drafted with final paper being forwarded through the relevant clinical (and care) governance routes
- 2.5 A palliative care toolkit was developed nationally to support covid-19. The national patient group directives developed were used to support the development of a grab bag model within NHS Fife during COVID-19 which allowed, community nurses, Hospital at Home, Unscheduled Care Service and Palliative team to have instant access to palliative medication through the use of patient group directives. This model was adopted by other board areas during COVID-19. NHS Fife have now removed all grab bags due to current limited requirement however this can be revisited if required for any future waves.

- 2.6** Ongoing review of the Safe and Secure use of Medicine policy and procedure (SSUMPP) Any Covid-19 changes to the SSUMPP were agreed virtually by the group and available on the front page of the SSUMPP page on the intranet or available on BLINK under references-SSUMPP- covid-19 amendments.
- 2.7** CD Authorised Witness standard operating procedure was revised to incorporate COVID-19 guidelines and a new electronic form to be completed in advance of the visit to reduce the time taken to complete destructions, by ensuring all CDs balances are correct and equipment in place including appropriate PPE.
- 2.8** NHS Boards continue to share alerts where there have been fraudulent attempts to obtain medication from community pharmacy and GP practices. These alerts are then shared with NHS Fife community pharmacies GP practices to raise awareness.

3 ACTIVITY DURING APRIL 20 TO MARCH 21

3.1 COMMUNITY PHARMACY INSPECTIONS

The Pharmacy Inspector, GPhC, carries out inspections of community pharmacies on a rolling program over a 36-month period, which was paused during the pandemic. Inspections, have restarted in May 21 , with a focus on new premises and where standards had not been met in previous inspection reports. Inspection reports are available to the public to view on GPhC website. GPhC inspector continues to meet with Accountable Officer for CDs on a quarterly basis to share any concerns/themes.

3.2. CONTROLLED DRUG WARD AUDITS

- 3.2.1** A standard operating procedure is in place for all wards and departments across Fife for a CD ward audit completion every six months by a pharmacist or pharmacy technician. This is a key performance indicator for pharmacy services and will continue to be monitored through performance and accountability reviews. Audits were paused in March due to COVID-19 and again during the second wave. 100% of audits were completed for the period of January 20 to May 21. Detailed reports will be sent to senior nursing staff and key themes from the CD ward audits will be shared with nursing staff and Pharmacy continues to support the wards with compliance against the SSUMPP.

3.3 QUARTERLY OCCURRENCE REPORTS

- 3.3.1** The Care Inspectorate has been given powers to ask for self declarations about how care homes manage and use CD's at their care home premises. The CD Accountable Officers Network (CDAON) will review the information collected annually to inform improvement work and to promote information sharing. The Care Inspectorate also shares information in real time where there is a particular concern. The Care Inspectorate continues to work closely with the CDAON to support effective communication and national monitoring of CDs, and improved practice in the care sector.

3.4 CONTROLLED DRUG INCIDENTS REPORTED TO THE CD ACCOUNTABLE OFFICER

Table 1 details the incidents and concerns reported to NHS Fife Controlled Drugs Accountable Officer, during the period April 2020 to March 2021(442) and for the corresponding period in the previous year (579).

Table 1 Incidents and concerns reported to the AO 2019/20 and 2020/21

Issue Type	20/21	19/20	Location Type	20/21	19/20
Administration	131	127	Community:		
Missing CD's or unexplained loss	41	49	Care Home	0	6
Dispensing/supplying	72	82	Community Pharmacy	109	126
CD Register discrepancy	53	65	GP Practice	2	20
Inappropriate destruction	16	32	Out of Hours Service	6	3
Ward CD audit	29	96			
Prescribing	25	34	Wards	171	255
Recording	6	8			
Spillage	44	47	Health and social care partnership:		
Storage and transportation	15	19	Wards	123	140
Suspicion of criminality	4	2	Patients home	18	13
Other	6	18	Pharmacy dept	13	16
Drug(s) Involved	20/21	19/20	Source	20/21	19/20
Alfentanil/Fentanyl	35	57	Care Home	0	4
Benzodiazepines	12	21	Community Pharmacy	105	122
Gabapentin/pregabalin (new CD 2019)	13	27	DATIX	337	452
Methadone	60	74	GP Practice	0	1
Methylphenidate/Lisdexamphetamine	15	13	Police	0	0
Morphine	88	119	GP inspection	0	0
Oxycodone	132	150	Authorised witness	0	0
Tramadol	4	11	Other	0	0
Various	19	9			
Other	35	36			
NA- involved in ward CD audit	29	62			

Source: the organisation/department/event from where the incident or concern originate

Issue Type: (predefined list) - types of issue or concern

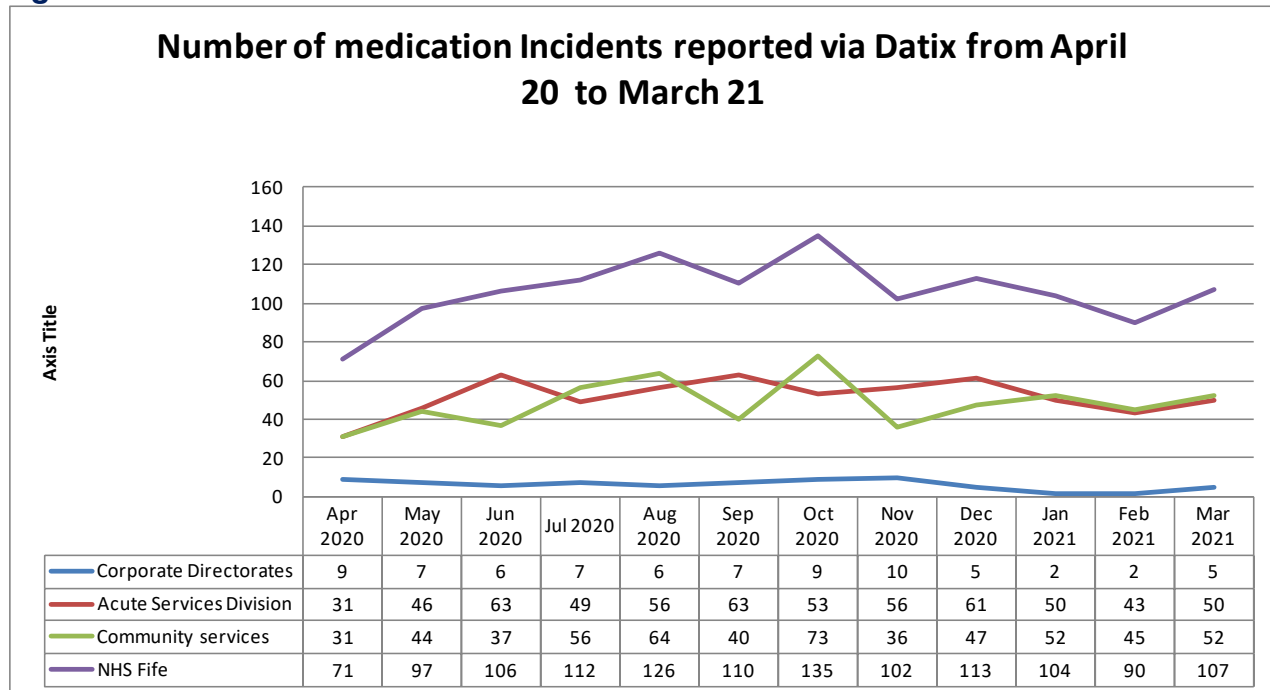
Location Type: (predefined list) - where the incident or concern took place

Drug/s Involved: name of top 8 drugs involved, 'Various' = multiple drugs involved, "Other" remaining drugs involved

- 3.4.1** Figure one below highlights all medication incidents reported via Datix from April 20 to March 21. The graph demonstrates a gradual increase in reporting of incidents from April 20 as we passed the peak of wave one of the pandemic. The number of incidents reported again begins to drop as we reach the peak of wave 2 and is gradually beginning to rise again to normal levels. This was also mirrored in CD reporting with a 115 less CD reports in 20/21 compared to the previous reporting period. Despite the enormous pressures community pharmacy were facing they continued to report throughout the pandemic, with only 17 less reports over this reporting period compared to 2019/20.
- 3.4.2** Administration errors reporting via datix increased over this reporting period compared to last despite a drop in overall reporting. Spillages also showed a relative increase. Both could be as a result of the pressures on staff during the pandemic resulting in increased errors.
- 3.4.3** The overall number of CD incident from the wards/departs in HSCP partnership remained consistent , with a slight increase in reporting of incidents in patients home.
- 3.4.4** There has also been continued reduction in reporting of transportation/ storage incidents. An internal transportation audit was conducted in 2019, which highlighted areas for improvement which were cascaded to staff. Ongoing work is still being completed to address non complaint areas, and a detailed review of future datix incidents will be undertaken to assess whether the reduction is as a result of the program of work.
- 3.4.5** There was no change in the top 8 drugs being involved in incidents. Oxycodone continues to be the most commonly reported drug followed by Morphine. Confusion between modified release and immediate release still continues for both morphine and oxycodone. Incidents continue to be reported where oxycodone is given instead of morphine or vice versa. Continued education is still required in these areas. Oxypro brand of oxycodone was launched in February 20 with a new guide to selecting oxycodone and morphine available for support staff. Medicine safety huddle educations and awareness sessions have re-started with a focus on oxypro switch and the safer administration of medicines highlighting the difference between oxycodone and morphine.
- 3.4.6** Methadone is still the most common medicine reported from community pharmacy. There has been increased reporting of errors involving methylphenidate and lisdexamphetamine. The main cause being discrepancy in CD register or dispensing error where 30 tablets have been dispensed (full packet) instead of prescribed 28 or where 28 were dispensed but the remaining 2 tablets have been unaccounted for, often thought to be disposed of with patient information leaflet. A communication will be sent to community Pharmacy highlighting this with advice to reduce likelihood of reoccurrence.
- 3.4.7** Dispensing/ supply incidents remains the most commonly reported incident in community pharmacy , but no harm was caused to patients, as most were identified before patients took any medication. The cause is often not following SOPs where two members of staff need to check the CD or where labels have been followed from previous prescriptions and not checked against new prescriptions.
- 3.4.8** The second most common issue within community pharmacies was discrepancies between actual balance and the CD register balance, usually due to minor liquid imbalances or small losses eg single tablets.
- 3.4.9** The majority of incidents and concerns for this period have undergone local investigation and resolution, some with the support of the Medicine Governance Pharmacist. During

this period there have been a number of examples where information has been shared between responsible bodies including the police, Counter Fraud, private healthcare establishments, other Health Board CDAOs, the Care Inspectorate and healthcare regulatory bodies. Of the incidents involving 'suspicion of criminality', some have been subject to police or Counter Fraud Services investigation.

Figure 1 all medication incidents



3.5 DESTRUCTION OF OUT OF DATE OR UNWANTED CONTROLLED DRUGS

3.5.1 Out of date or unwanted stocks of CD's in community pharmacy, General Practice or hospital dispensaries can only be destroyed in the presence of a Witness authorised by the AO. Requests to witness destruction will always vary due to the uncontrollable variation in demand, but gives assurance that CD's are being destroyed by Authorised Witnesses, which is also confirmed during community pharmacy, hospital pharmacy and GP inspections.

Table 2 Number of Authorised Witness visits from 2017-2021

	Number of visits 2017	Number of visits 2018	Number of visits 2019	Number of visits 2020	Number of visits 2021
January	15	6	6	9	5
February	7	10	4	5	3
March	5	10	3	5	3
April	6	9	13	0	3
May	5	4	6	1	10
June	9	1	6	0	9
July	9	12	12	1	
August	15	4	11	0	
September	5	6	6	1	
October	8	7	8	0	
November	5	15	5	0	
December	2	12	5	3	
Total	91	96	85	25	33

3.5.2 Destructions in wards across Fife are completed by a ward pharmacist or technician but data is not captured. In 2020 CD destructions were paused throughout the pandemic , but regular contact was made with contractors who had requested CD destructions to ensure there was no risk with storing expired or no longer required CDs. Visits were prioritised where there was an urgent requirement for destructions and were only carried out by Pharmacy Governance team. From May 2021 a plan was developed to complete outstanding requests and all CD Authorised Witness from July onwards are involved with destructions with only 9 still outstanding which will be completed by August 21.

3.6 CD LEAD PHARMACISTS' WORKING GROUP

3.6.1 A Working Group consisting of the Lead Pharmacists for CDs across Scotland meets quarterly to develop detailed policies and documentation, and to develop and implement the CD regulations and legislation. Peer review sessions are included into the programme. The Accountable Officers' Network Group has oversight of the development work and ratifies the work completed by the Working Group. The group focused on tools to support the COVID-19 pandemic such as palliative care tool kit <https://www.gov.scot/publications/coronavirus-covid-19-palliative-care-toolkit>, repurposing of medication in care homes http://www.healthcareimprovementscotland.org/our_work/coronavirus_covid-19/repurposing_medicines_guidance.aspx, homely remedies for care homes and single nurse administration.. Learning from the COVID-19 pandemic was shared as "midget gems" from each board at the Scottish CD accountable Officer network meeting in October 20 and recorded for those unable to attend.

4 PROPOSED ACTIVITY IN THE NEXT TWELVE MONTHS

4.1 The proposed priority areas for next twelve months are:

- Re audit the CD room, stores and dispensaries for QMH and VHK
- Review inspection model for GP inspection due to COVID-19
- Send out self-assessment questionnaires to all Dental practices in Fife
- Launch new ward CD register, developed national , which has a new improved index and recording of part used CDs
- Complete Care quality commissions self assessment tool to assess organisational governance in the safe use and management of CDs

5. RECOMMENDATIONS

5.1 The NHS Fife Clinical Governance Committee **note** the ongoing activity and developments to support the safer management of Controlled Drugs in NHS Fife.

Scott Garden

Accountable Officer for Controlled Drugs/ Director of Pharmacy and Medicines

Meeting:	Clinical Governance Committee
Meeting date:	17 September 2021
Title:	Acute Services Division Clinical Governance Committee
Responsible Executive:	Dr R Cargill/Mrs L Campbell
Report Author:	Dr R Cargill/Mrs L Campbell

1 Purpose

This is presented to the Board for:

- Assurance

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 we continue with the plans towards implementation for Urological, Colorectal and Gynaecology procedures.

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 July 2021, describing how the novel procedures governance framework will be used to support the safe implementation of Robotic

Surgery in Fife.

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

ASD CGC minutes 210721

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 21st JULY 2021 AT 2.00PM VIA MS TEAMS

Present

Mrs Norma Beveridge
Mrs Lynn Campbell
Dr Robert Cargill
Mrs Donna Galloway
Mr Ben Hannan
Mrs Aileen Lawrie
Mrs Elizabeth Muir
Dr Sally McCormack
Mrs Gillian Ogden
Ms Marie Paterson
Ms Arlene Saunderson
Mrs Miriam Watts

Designation

Head of Nursing – Emergency Care Directorate
Associate Director of Nursing – Acute Services Division
Associate Medical Director – Acute Services Division
Clinical Laboratory Manager
Chief Pharmacist – Acute Services Division (until 14.45)
Associate Director of Midwifery (from 14.35)
Clinical Effectiveness Co-ordinator
Clinical Director – Emergency Care Directorate
Head of Nursing – Planned Care Directorate
Head of Nursing – Acute Services
Head of Nursing – Planned Care Directorate
General Manager – Emergency Care Directorate

Apologies

Dr Annette Alfonzo
Mrs Claire Dobson
Dr John Morrice
Mr Satheesh Yalamarthy

Designation

Clinical Director – Emergency Care Directorate
Director of Acute Services
Associate Director – Women, Children & Clinical Services
Clinical Director – Planned Care Directorate

In Attendance:

Mrs Margaret Dodds
Miss Lynn Godsell

Senior Nurse – Quality & Risk – Emergency Care Directorate
PA to the Associate Medical Director & Associate Director of Nursing (minutes)
Inpatient Midwifery Manager (for A Lawrie)

Mrs Pamela Galloway

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 12th May 2021

Dr Cargill asked members for any comments regarding the previous minutes. Ms Saunderson requested on behalf of Mr Yalamarthy to change the wording on page 10 from “wrong site” to “wrong procedure”. Miss Godsell to make the requested amendment.

LG

With this change, the minutes were accepted as an accurate record.

4 Matters Arising

4.1 Action List

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by: LG
Meeting – 21/07/21	1	Created on : 14/07/21

Dr Cargill advised that the Committee should consider live outstanding actions:

Action 336 – Dr Cargill referred to the Project Update and said that in general, we are trying to pick up on the audit register and look for closure of the projects which have been done and Lynn has been trying to keep this up to date and closed off. Dr Cargill asked, by exception if there was anything that colleagues wanted to share just now. Ms Saunderson advised that further enquiries in Planned Care related to this identified that a number of people involved with projects had not been informing Clinical Effectiveness of audit outcomes. Ms Saunderson added that they had managed to obtain quite a number of the audits and these were included as agenda items. Ms Saunderson said the Planned Care position is more positive in relation to completed projects. Dr Cargill said that is any of the projects flag up governance issues then they should be presented to the Committee.

Action 338 – SAER LEARN Summaries - Ms Saunderson said this referred to Controlled Drug error with Morphine in Theatre when patients had received the wrong dose. Ms Saunderson said that this has been discussed to determine if there are other processes to consider making the process safer and the outcome was that there was nothing further to add to the process. Staff must follow the SSUMP policy/guidance which should suffice. The learning from this incident has been widely shared. Ms Saunderson also noted that Theatres are committed to compliance with the CD Audits and will be continually monitored. Regard as complete.

Action 339 – Colon Capsule Procedure – Ms Saunderson was tabled at a previous meeting. Mr Cruickshank had prepared an Interventional New Procedure; Scotcap capsules. The Committee had requested more information around prescribing, reporting and risks associated with this procedure. Ms Saunderson advised that the risks were included in the embedded leaflet but not on the new procedure document. This has now been listed in the document. Regard as complete.

Action 341 – Radiology Report – Dr Cargill said that as a result of an SAER a reminder to requesters, Dr Cargill said he will combine that reminder with this one for imaging exposure in pregnant women but it will not be an e-solution, a clinical reminder is the only option at this time. Regard as complete.

RC

Action 351 – Action List (Generic Inboxes) – Dr Cargill said this is an issue around reconciliation and how we deal with results going astray and results being sent to generic inboxes. Results reconciliation in general will be the subject of a separate recommendation from the SAER. Regard as complete and pick up the action from the SAER.

RC

Action 352 – TV Report – Ms Paterson said that work has begun between Plastics/Vascular and Tissue Viability teams to streamline the pathways and work is currently being done on a skin tear pathway and agreement has been reached on Haematomas and Extravasation injuries and Tissue Viability have shared their service specification which is updated annually and makes it clear to the wards what their remit is. Ms Paterson said that currently awaiting Plastics and Vascular providing their service specification. Regard as complete.

Action 356 – SAER LEARN Summaries – Ms Saunderson said this action was to provide assurance of the Infection Control measures and checks that have been carried out for Intra Vitreal complications as there had been an IVT infection in August 2020 resulting in a move to VHK Theatre and not being able to use the IVT

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	2	Created on : 14/07/21

purpose designed room at VHK. The Consultant Microbiologist could not understand how the infection occurred with the only reason being that the room is relatively small. Another infection has however occurred in April 2021, where the procedure was carried out in theatre and a Problem Assessment Group (PAG) meeting arranged. Ms Saunderson assured the Committee that adjustments to the designated room, regular monitoring inspections and cleaning processes are in place and the team are doing everything to eliminate the risk of further infections. The Consultant Microbiologist has advised that the source of the infection in April 2021 may have been with the patient's own skin flora. Dr Cargill asked members if they were content? Mrs Campbell noted that she appreciates what has been done and ongoing monitoring will help. Regard as complete.

Action 357 – Incident Themes – Ms Saunderson noted that the Incident Themes categorised as “Other Clinical Events” related to BM’s and this is automatically recorded as a Datix. Mrs Ogden will pick up within the Directorate report.

Action 358 – Medication Incidents – Mrs Ogden noted that the medication incident relating to IV Calcium had been reviewed by Mr Yalamarathi and he was content the treatment was appropriate and in terms of reporting to the MHRA, it is good practice to do this so Mrs Ogden agreed to obtain the case records and action as appropriate. Regard as complete.

Actions 359 & 360 - Robotics Surgery – Dr Cargill noted these were agenda items. Regard as complete.

Action 361 – Patient Feedback Maternity – Mrs (P) Galloway said that Care Opinion is widely circulated and doubted that it was necessary to discuss at this forum. Mrs Galloway said that the UNICEF is a great achievement for the team and Fife is the first unit in Scotland to receive this award. Regard as complete

Action 362 – Divisional Risk Register – Dr Cargill noted that the risk around Water safety had been moved to Estates.

Action 363 – Interventional Procedures Register – Dr Cargill noted this was work in progress with the register being cleaned up and some items are included on the agenda. Regard as complete.

5 Hospital/Board or Population Level Reports:

Scheduled Governance Items:

- **Mortality Report**

Dr Cargill advised that Crude mortality rates are recorded weekly for acute adult inpatients and reviewed as a clinical governance measure for hospital clinical services. The report noted that increased mortality rates in April 2020 during the first wave reflected a reduction in overall hospital activity but without an increase in overall numbers dying.

During the second wave of the pandemic, hospital mortality rates began to increase in late November 2020 and remained above median until mid January 2021. Hospital activity remained high during this period and the increase in mortality rate did represent an increase in number of people dying in hospital. Analysis by public

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	3	Created on : 14/07/21

health colleagues identified this reflected an increase in mortality from COVID19, an increase in cancer deaths and a significant shift in place of death to acute hospital care. As this phase of the pandemic has come under control, hospital mortality rates have returned close to the long term median. Dr Cargill sought feedback regarding the analysis from the Committee. Mrs Campbell said the hypothesis sounded fine.

The report was noted.

- **Integrated Performance & Quality Report (IPQR)**

Dr Cargill said that the Integrated Performance & Quality Report contained information on performance, clinical governance issues, and other parameters of interest. There were no clinical safety issues for discussion. Mrs Campbell reminded members that anything exceptional should be brought to the Committee's attention via the Directorates at a local level.

The IPQR was noted.

- **Adults with Incapacity Audit Report**

Mrs Campbell referred to the report and said that this has been a longstanding challenge for NHS Fife and not least back in 2018 when it was raised by Inspectors and there has been debate nationally going on. Mrs Campbell added this is part of our regular audit programme and some areas have been performing well with other areas requiring some enhancements to our practice. The paperwork was updated around 12 months ago to facilitate a Section 47 certificate so in the event of a patient being admitted this covered their core needs and specifically any intervention or procedure that needed to happen. Mrs Campbell added that some work needs to be done around this and as a result of the audits Helen Skinner was keen to look at improvement work.

Mrs Campbell noted that there are also a couple of linked pieces of work going on – the Consent work that Mr Yalamarathi is looking at and also a Fife Wide group is being set up as a result of a Mental Welfare Commission report in terms of authority to discharge which is a wider remit than Section 47. Mrs Campbell suggested that herself and Dr Cargill commission a piece of work which has good medical representation from all the Directorates along with Helen Skinner. Mrs Campbell said that was broadly a summary of the reports and what action is required.

Dr Cargill invited comments from Committee members around the audit and commissioning of the work from it.

Mrs Beveridge agreed that it made sense to do a cross Directorate piece of work. Mrs Beveridge added that the consultation with relatives was reported as being particularly poor which was concerning and if consultation with a family had not taken place this was only documented in 2% of the forms. Mrs Beveridge regarded this as a valuable piece of work.

Mrs Muir said that this audit was undertaken when COVID19 was at pandemic level and there were no Power of Attorney's (POA) as there were no visitors coming into hospital to bring in the documentation for the patients so did not want to penalise people for not being able to physically hand in the POA forms. Mrs Muir said that her team would be happy to support the work.

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	4	Created on : 14/07/21

Dr Cargill said that the improvement work needs to cover the process as well as the people and the situations in which AWI is done so when looking for participation for the SLWG people from varying disciplines will be required (front door emergency use of AWI, people who are experts in acute and temporary cognitive changes and some related to procedure specific to AWI). Dr Cargill and Mrs Campbell to discuss.

RC/LC

- **Cancer Waiting Times Q3 2020**

Dr Cargill advised that the Cancer Waiting Times report for Q3 2020 was available and noted that this was during the pandemic period. Dr Cargill said the report was a testament to how hard staff had worked during the COVID19 period to get cancer patients through both the diagnostic and treatment phases. The report was very good considering the pressure the hospital, staff and services were under during COVID19.

The 62-day standard states that 95% of eligible patients should wait a maximum of 62 days from urgent suspicion of cancer referral to first cancer treatment.

- There were 3,050 eligible referrals for the 62-day standard, almost no change from the previous quarter, but a decrease of 22.1% from the same period in 2019.
- 87.3% of patients started treatment within the 62-day standard, compared to 84.1% in the previous quarter, and 83.3% for quarter ending September 2019.
- The 62-day standard was met by five NHS Boards.

The 31-day standard states that 95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment.

- There were 4,970 eligible referrals within the 31-day standard, a decrease of 1.7% from the previous quarter and a decrease of 23.9% from the same period in 2019.
- 98.4% of patients started treatment within the 31-day standard, compared with 97.1% in the previous quarter and 95.8% in the quarter ending September 2019.
- The 31-day standard was met by all NHS Boards.

The report was noted.

- **SNBTS Annual Report 2020**

Dr Cargill noted this annual report which is tabled on behalf of the Board. The report looks at blood usage, blood wastage and some process issues. Dr Cargill asked for any comments from members. Mrs Campbell said that there has been a gap in Fife but we now have a new Blood Transfusion Practitioner in post and this will hopefully support some focus in terms of what workstreams need to be taken forward. Dr Cargill asked Mrs D Galloway if there were any issues from the Laboratories aspect? Mrs Galloway advised that there had also been a gap in the service in for the Blood Transfusion Consultant Lead. This has now been resolved although it did raise some issues in the updating of policies. Mrs Galloway noted that Fife's blood usage against other boards in Scotland is usually very positive.

The report was noted.

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	5	Created on : 14/07/21

- **HIS Inspection – Victoria Hospital**

Mrs Campbell advised that the SBAR from the HIS Inspection which took place in May 2021 at the Victoria Hospital was included for awareness and to formalise the report prior to being submitted to the NHS Fife Clinical Governance Committee.

The Inspectors visited 10 wards in the Acute setting as well as communal and public areas. The inspection resulted in seven areas of good practice and two requirements were highlighted. Mrs Campbell noted that the inspection had been a fairly reasonable experience for NHS Fife this time and the actions were able to be addressed quickly and sustainability of the actions would be monitored and audited. Mrs Campbell added that the action plan had been concluded and returned to Healthcare Improvement Scotland.

The SBAR was noted.

- **SBAR & National Sarcoma Audit 2019 - 2020**

Dr Cargill advised that this audit was included for information. This was one of the cancer reports that did not sit under any particular Directorate so is hosted as hospital wide. Dr Cargill added that it was rare and low volume and there were no operational issues for NHS Fife as a division. Mrs Muir advised that any improvements are being taken forward by NHS Lothian and because patients are not treated in Fife these national reports are reported directly to the NHSF Clinical Governance Committee. Mrs Muir questioned whether Dr Cargill wanted them presented at this Committee in future? Dr Cargill said that he was content that these hospital wide reports (Brain, Sarcoma) were submitted to both the ASD & NHSF Committees and in terms of escalation the NHSF Committee would be the forum to inform the Board of any issues.

The report was noted.

6 **Planned Care Directorate**

6.1 Directorate Governance – Specialty National Reports

There were no Specialty National reports submitted.

6.2 Directorate Level Outcomes Data:

- **Clinical Audit**

Ms Saunderson said that the PCD clinical teams have been concluding audit work and as a result there are a number of agenda items today.

- **Cataract Services Covid-19**

Ms Saunderson highlighted that the Cataract service faced challenges because there was an urgent challenge to the burden of the cataract surgery in the NHS. The authors presented through a paper a method of risk stratification. This has facilitated recommencement of our cataract service taking into account bio-hazard measures of the COVID-19 era.

Dr Cargill asked what the Cataract service had done differently that the Committee

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	6	Created on : 14/07/21

should be appraised of? Ms Saunderson responded they applied the risks in relation to patients and put them in an order based on a risk stratification tool to prioritise patients for surgery. Dr Cargill asked what issue did Ms Saunderson want the Committee to consider? There were no questions from members regarding the cataract services.

Ms Saunderson added that the service also undertook virtual clinics which were reported as being overwhelmingly positive and also to note the positive involvement of the community Optometrists in the Diabetic Retinopathy monitoring which without COVID19 may not have instigated changes. so No issues to note for the Committee.

- **SBAR VTE**

Ms Saunderson asked the Committee to note that a VTE related incident which occurred in May 2021 prompted a review of all VTE incidents in the Planned Care Directorate over the last 12 months. It was noted that the patient in May 2021 was not prescribed the required prophylaxis medication or thrombo-embolus deterrent (TED) stockings. The patient who was at high risk for blood clots suffered a pulmonary embolism.

Ms Saunderson advised that a VTE audit, involving pharmacy and the Senior Nurse for medicines will be the starting point to review patients' VTE assessments and take improvements and actions from this. Ms Saunderson said it was important to establish that the required evidence based standards of care are being delivered to our patients in relation to VTE.

Mrs Campbell commented in terms of context, the numbers are small but for future reporting and inclusion it would be beneficial to note that number of patients out of how many i.e. 7 patients out of 100 and was this in a particular area. Ms Saunderson said the teams seem to think there may be an under reporting of VTE incidents. Ms Saunderson said this early work has brought to light some other issues with VTE assessments and policies requiring to be updated. Ms Saunderson confirmed that this audit was registered with Clinical Effectiveness. Dr Cargill then advised Ms Saunderson of the new integrated VTE treatment and prevention guideline in development which may impact on the timing of the planned audit procedure. Ms Saunderson said that the Directorate would take this into account.

- **SAER LEARN Summaries**

Ms Saunderson referred to the LEARN summaries included and highlighted the following:

- One of the incidents related to a patient suffering a small bowel volvulus and it was noted that improvements could be made in the timely response to the patient when they became unwell. One of the actions to be concluded relates to a Standard Operating Procedure (SOP) for abdominal pain, this SOP is at the final stages and requires to be signed off and will be progressed within the Directorate imminently.
- Ms Paterson asked Ms Saunderson about the LEARN summary relating to AU2. The summary notes that the patient has hypo-active delirium and there is no notification if the patient was under supervision procedure? Mrs

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	7	Created on : 14/07/21

Ogden advised that the patient was not under supervision and this was investigated as part of the SAER process. Mrs Ogden concluded that the outcome was that the patient did not need a supervision procedure.

The LEARN summaries were noted.

6.3 Directorate Report

Mrs Ogden presented the Directorate report and highlighted issues by exception.

Mrs Ogden noted that there were significantly more incidents reported in this reporting timeframe. The Directorate investigated the increase and these are mainly "No Harm" incidents as a result of an equipment failure in the sterilising unit at Ninewells, this meant that all our equipment was sent to Ninewells then distributed elsewhere throughout the country resulting in a number of minor incidents with instrument which were all recorded on Datix.

Mrs Ogden added that there was also an issue within Radiology which were also reported on Datix. This was in connection with significant finding emails being sent to clinical teams and emails not being acknowledged as having been received.

Major/Extreme incidents – nothing to report by exception.

Mrs Ogden said there were a couple of ongoing SAERs relating to delays in treatment and there will be learning from these on conclusion.

There are a few outstanding actions from LAERs and complaints which are being worked through.

There was a slight increase in the number of patient falls during this reporting period. The areas of concern were noted as AU2 and Ward 33 but from a deep dive, no concerns were noted. Mrs Ogden said that during the COVID19 period there were frailer patients coming into AU2 which will have been a contributing factor to the number.

Medication Incidents – there were 3 moderate incidents reported.

Patient's own CDs were returned to the patient on discharge however the return was not recorded in the CD recording book. Investigation outcome identified that staff were checking the CDs in cupboard rather than leading the check from the CD book. This prompted a snapshot CD audit in all Planned Care areas. The audit raised a few issues around housekeeping for learning:

- Brand name of drug used instead of the generic name.
- Drug preparation not being recorded at top of the CD register page e.g tablet / capsules etc.
- Patients' own drugs signed out of CD register but not updated on CD book front sheet

There has been a subsequent session held with the senior nurse for Medicines which was helpful.

The VTE incident has already been discussed and the SBAR is included for information.

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	8	Created on : 14/07/21

Tissue Viability numbers are very similar to the last reporting period. These incidences relate mainly to Orthopaedics due to the frailty of the patients.

Other Clinical Events: Mrs Ogden advised that the previous Directorate report detailed a number of "other clinical events". The team looked at these closely and a large number are related to hypoglycemia and these now need to be reported if blood glucose levels are below 4.0mmol/L. Recording this as an incident is standard practice. The incidents have been reviewed and no further action is considered necessary. Mrs Ogden said that a deep dive will be carried out and an update brought back to a future meeting.

Unusual Skin Infection Post Operation in Two Patients

After discovering that two patients had been admitted with post operative gas gangrenous subcutaneous infections, the Surgical Teams quickly engaged with a Consultant Microbiologist to support a local investigation. This included ensuring there were no theatre / environment / instrumentation issues. The outcome from this investigation showed that there was no identifiable connection between the two cases. No further action was proposed by the Microbiologist, however if there were any similar cases identified this would be reviewed.

Complaints – nothing to highlight by exception.

There was one SPSO case upheld and the actions have been noted.

The Directorate continue to encourage teams to use Care Opinion and the activity was noted within the report. The tag bubbles are often used by the Clinical areas as this gives the most common themes at a glance. The Senior Charge Nurses like to use this to share with their staff.

During Dementia Awareness week, staff in Ward 33 made pledges that were displayed within the ward.

The Directorate are reviewing the guidance on Consent and Treatment. Ms Saunderson said that there was some work underway in relation to some differences of interpretation with the policy relating to consent reconfirmation. There are a number of documents – a Fife wide policy, audit documents and guidelines. These are all being reviewed and this work is being done in conjunction with Mrs Muir and prepared for NHS Fife Clinical Policy Committee.

Mrs Campbell advised she had a couple of observations.

The controlled drugs audit did identify there was some housekeeping issues and that is a piece of work that will be undertaken as a system wide process to ensure as services remobilise and the organisation sees increasing numbers, more than what we have been used to, but we have had an issue in terms of how harms have been reported and need to be vigilant with these particularly around Tissue Viability and Falls and look at how the target improvement works in local areas.

In terms of Committee previously, the Hypoglycaemic issue came up before and there was significant discussion and often it is the same patient having multiple episodes so this is something to note about when doing a deep dive. Dr Cargill noted the Hypoglycaemic and with the volume of incidents and potential harm welcome the audit that has been commissioned.

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	9	Created on : 14/07/21

Specialty/departmental audit & assurance data (incl. guidance):

- **Clinical Quality Indicators**
- **B-MAP-C Paper (Breast Cancer Mngt during COVID)**

The B-MaP-C study aimed to determine alterations to breast cancer (BC) management during the peak transmission period of the UK COVID-19 pandemic and the potential impact of these treatment decisions. This was a national cohort study of patients with early BC undergoing multidisciplinary team (MDT)-guided treatment recommendations during the pandemic, designated 'standard' or 'COVID-altered', in the preoperative, operative and post-operative setting.

The majority of 'COVID-altered' management decisions were largely in line with pre-COVID evidence-based guidelines, implying that breast cancer survival outcomes are unlikely to be negatively impacted by the pandemic. However, in this study, the potential impact of delays to BC presentation or diagnosis remains unknown.

The report was noted.

- **Audit of Study Models/Study Model Boxes**

Ms Saunderson advised that Study models are an essential part of the patient record for orthodontic diagnosis, planning and treatment. They are created from alginate impressions in orthodontic plaster and trimmed to accurately represent the occlusion using a wax occlusal record. This study was carried out and identified that the moulds /casts which are boxed and stored for a number of years were not meeting the standards. New standards have been implemented and these will be re-audited. Ms Saunderson added that this work has been developed and shared through the local Clinical Governance process.

- **BAUS Renal Colic Audit**

The figures from the Renal Colic Audit in November 2020 were noted.

- **FFPOM – Fragility Fracture Postoperative Mobilisation - Audit**

Ms Saunderson referred to the audit and advised that this was undertaken to establish an understanding of the current practices of post-operative weight bearing for lower extremity fragility fractures treated surgically in the UK. The conclusion from this audit is largely positive and there is a plan to introduce a discharge summary highlighting the patient's weight bearing status, similar to what is already done on the operation notes.

Dr Cargill asked Mrs Muir if these audits are captured through Clinical Effectiveness. Mrs Muir advised that the department links in very closely with the Directorates and Mrs Muir noted that she would take these audits forward with some of the improvements.

- **Mastoid Surgery Audit**

Mastoid exploration remains an advanced, mainstay operation within ENT, in which the surgical trainees' role has been debated. This audit compares mastoid

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	10	Created on : 14/07/21

exploration outcomes between trainees and consultants.

There was nothing to highlight by exception from the audit.

- **Testis Cancer Comparative Report**

Ms Saunderson advised that the intelligence she has indicates that NHS Fife is performing well against the Quality Performance Indicators (QPIs). Ms Saunderson noted that Mr Yalamarthi had prepared a table with details of case ascertainment for the various cancers. Dr Cargill advised Ms Saunderson to appraise the Committee if there were any QPIs that were a cause for concern or any QPIs that NHS Fife does not meet or work not done as a consequence. Ms Saunderson said there was nothing to highlight by exception.

There were no questions from the Committee about the cancer reports.

- **Colorectal Cancer Report/Action Plan**

The Colorectal Cancer report and action plan were noted.

- **HPB Cancer Report/Action Plan**

The HPB Cancer report and action plan were noted.

- **Breast Cancer Action Plan**

The Breast Cancer action plan was noted.

- **Head & Neck Cancer**

The Head & Neck Cancer report and action plan were noted.

- **Update re Interventional Procedures Register**

6.5 New Interventional Procedures

- **Cyclodiode Procedure**

Ms Saunderson referred to the Interventional Procedure for Ophthalmology. Cyclodiode is an Ophthalmic procedure for refractory Glaucoma. The procedure is carried out under local anaesthetic with a few being carried out under general anaesthetic and takes around 30 minutes. Currently, these patients are transferred to Ninewells or the Royal Infirmary in Edinburgh for treatment but NHS Fife now has local expertise and to begin with could potentially do 30 cases per year with a view to increasing this to 100 cases per year. Ms Saunderson noted that the Cyclo G6 Laser System cost £17,500.00 plus VAT and is already on site at QMH. The current costs for referring patients to Tayside is £1358 per case and if this is carried out locally it will reduce to £767 per case so there is potential for considerable savings. The Ophthalmology team are supportive of this and await the go ahead from the Committee to begin these procedures locally.

Dr Cargill commented there was a 4 stage sign off process before commencing any procedures. The paper required to be signed off by the

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	11	Created on : 14/07/21

Clinical Director, General Manager for business and then it would come to the Committee for Governance sign off. Dr Cargill said that the Committee do not decide on the business aspects of the proposal but more so the governance and audit/risk elements and noted that audit process described seems robust. Dr Cargill said that he would require assurance that it is supported by the Directorate and subsequently the Division and then re-submit to the September meeting for noting.

PCD

Dr Cargill asked members for any comments about this procedure? Mrs Campbell asked about risks for infection. Ms Saunderson advised that the risks were detailed in an accompanying paper but would check that these are illustrated in the actual proposal document. Dr Cargill advised that the Committee do not need to reconsider the governance aspects of this and reminded the Directorate that the audit findings should be submitted in due course.

AS

PCD

The procedure was noted but not approved until fully signed off as discussed.

- **Update re Colon Capsule Endoscopy Procedure (Arlene Brown)**

There was no update available for the Colon Capsule Endoscopy Procedure. To be carried forward to September 2021.

PCD/LG

- **Robotic Assisted Surgery – Urology**

Ms Saunderson gave a verbal update and said that the plans to commence in July have been delayed due to difficulty in procuring proctors (mentors to support the people required for the Robotic surgery). Intuitive have delivered robots to other sites in Scotland and are having difficulties supporting all at the same time.

Dr Cargill said that the Robotic Urology proposal was submitted for the first time with the appropriate sign offs and noted the Committee should have had a chance to scrutinise the information and in particular the audit and reporting arrangements. Dr Cargill commented that it appeared that the audit and reporting arrangements are being subsumed by a national dataset that will support Robotic Surgery across Scotland and although we do not know the content of that, as a Committee would accept that this would be the type of data that we would be looking for locally once it becomes available. Dr Cargill asked members for any comments on the proposal? There were no comments raised.

Dr Cargill said that subject to confirmation of what the national content is, and an agreed local report, the Committee would be supportive of Robotic Surgery for Urology.

- **Robotic Assisted Surgery - Colorectal – FOR INFO**

Dr Cargill noted that the Colorectal proposal has been to the Committee previously and was approved in principle subject to satisfactory locally reported audit programme and regular updates. Dr Cargill asked for any comments from members? The Committee were content. Dr Cargill said there is a requirement for the Directorate to report on preparation and

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	12	Created on : 14/07/21

training and have plans in place for the end of August when surgery is due to commence.

Dr Cargill requested that these two items feature as regular agenda item.

PCD/LG

6.6 SPSO Recommendations

SPSO issues were covered under Item 6.3 – Directorate Report.

7 Women, Children & Clinical Services Directorate

7.1 Directorate Governance – Specialty National Reports

7.2 Directorate Level outcomes data:

- **Clinical Audit**
- **SAER LEARN Summaries**

There were no LEARN summaries to report.

7.3 Directorate Report/s

- **Maternity Report**

Dr Cargill asked Mrs Galloway for any issue by exception from the Maternity report. Ms Lawrie had joined the meeting and provided an update.

It was noted that there were increasing rates of Post Partum haemorrhage which was being managed. A multi-disciplinary PPH focus group has been established and monthly meetings are taking place. Ms Lawrie said that there had been a recent increase in unexpected term admissions to the Neonatal Unit, a cluster review was undertaken on the cases and the main reason(s) for admission was Respiratory Distress syndrome (RDS), poor transition, ? Sepsis, one baby required therapeutic cooling however, overall no key concerns were identified.

Ms Lawrie advised that Maternity were participating in the Midwife Unit Standards Self Assessment – (MUSA) trial from the University of London and have completed all the short and medium term goals and continue to progressing well with the work related to the improvements. The Maternity Unit have been identified as one of the top 10 functioning Midwife Led Units (MLU) in Britain.

Ms Lawrie said that there had been some issues identified with erroneous data included in the Public Health Scotland (PHS) wider impact dashboard, where Induction of Labour rates and APGAR score reports were higher than recorded locally. This error has been attributed to the late submission of SMR02 data, due to the redeployment of staff during the pandemic. Healthcare Improvement Scotland have noted that the information was correct at the time of publication.

The report was noted.

- **Paediatric Report**

Ms Lawrie presented the Paediatric report and highlighted the potential for

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	13	Created on : 14/07/21

increased activity due to Respiratory support dependent patients presenting predicted to be at the end of August. The service does have plans in place to mitigate any kind of negative situations. Ms Lawrie added that one of the areas of concern was mechanical ventilation, which is not something that is routinely carried out by the service but nationwide this could be an issue, and with the low probability of being able to transfer patients to another Board, the service has undertaken local staff education around mechanical ventilation.

Ms Lawrie advised that it has been quite a challenging time within the Neonatal Unit with 3 deaths within the last 8 weeks which is quite unusual in a short timeframe. All deaths were reviewed accordingly with one case being escalated to the SAER process due to a clinical concern.

Dr Cargill thanked Ms Lawrie for the up to date report.

Dr Cargill asked about the level of confidence with the RSV issue and whether it was certain, suspected or likely? Ms Lawrie said it was likely based on a prediction of what has happened in Australia. It was noted that children normally get RSV within the first 6 weeks of birth and develop some immunity but because of isolation they have not been subject to anyone with RSV so it seems to be causing more problems. Mrs D Galloway said that she suspected a number of children presenting with varying symptoms (respiratory/tonsillitis) requiring a COVID test – this was already happening in other Boards across the country.

Ms Lawrie highlighted issues with staffing and the impact it is having within the various services. Ms Lawrie added it is now beginning to increase within Paediatrics and Maternity and this may cause significant issues so Ms Lawrie is currently working with the teams regarding the escalation plans. Dr Cargill noted the issue.

Mrs Beveridge noted that she had spoken with Dr Thompson, Consultant in ICU about the challenges with the RSV predicted spike taking into account ICU beds/accommodation and equipment. Mrs Beveridge was concerned about an RSV and a COVID spike and what would be classed as more clinically urgent. Mrs Beveridge questioned whether we required to formalise plans regarding ICU space? Mrs Beveridge suggested that Ms Lawrie be included in any future discussions.

The report was noted.

- **Clinical Services Report**

Mrs D Galloway presented the Clinical Services report and the highlights were noted:

Incidents Reported:

Labs – 28 incidents

Radiology – 92 incidents

Therapies & Rehab – 3 incidents

Mrs D Galloway advised that incorrectly labelled specimens continue to be an issue however numbers have dropped during this reporting period.

There was one reportable radiation incident which related to a wrong patient referral. The referrer selected the patient from the floor plan in TRAK rather than

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	14	Created on : 14/07/21

using the CHI number.

There has been a marked improvement in the referral process in compliance with the IRMER regulations from the Orthopaedic team using the mini-image intensifier which was a cause for concern in previous months.

Mrs Galloway noted the issue with Communicator acknowledgements and the number of Datixes this is generating. Further work is required on this to reduce the numbers. Mrs D Galloway said that a table had been included which highlighted the numbers and regular "offenders" who fail to acknowledge receipt of the relevant patient information. Mrs Galloway asked that members share the information with the relevant teams so no important results are missed. Dr Cargill said that he would progress this action and share with the high volume offenders.

RC

Mrs D Galloway informed members that UKAS visits continue, and have done throughout COVID. Blood Sciences will undergo a Surveillance visit by UKAS in September 2021 to assess compliance with ISO 15189. Dates are still to be arranged with Cellular Pathology and Microbiology. Mrs Galloway said that accreditation levels are high and these visits involve a considerable amount of work. Mrs Galloway said related to that is the Point of Care and the accreditation for this service. One of the consequences of COVID 19 has been the increasing demand for Point of Care Testing (POCT) coming into winter. Laboratories are committed to supporting the governance around this frontline service and are currently considering UKAS accreditation under ISO 22870 for certain elements of the service. This service involves the teams in the wards who utilise the test hence extending the knowledge into the organisation.

The update was noted.

- **Women & Children**

Ms Lawrie presented the highlights from the report.

Ms Lawrie advised that the Gynaecology LAER and SAERs historical reports are almost all up to date.

There were no issues to raise within Maternity and the Neonatal deaths within the unit in the last 6 weeks will be investigated through the SAER process and reported back in due course.

The responses to Stage 1 complaints is improving and a slight improvement in responses to Stage 2 complaints. The themes remain consistent with the main categories being communication and challenging care management.

Mrs D Galloway highlighted to the Committee for awareness the risk around Community Paediatrics and the clinical capacity. This has gone via NHS Fife Clinical Governance Committee and an SBAR regarding budget overspend and over recruitment to increase capacity has been submitted to the Director of Acute Services. Mrs Galloway said this is generating a lot of complaints. Mrs Galloway is aware that services are slowly starting up again but some children have been waiting over 2 years to be seen in an ADHD clinic. Mrs Galloway said it was not just appointments as schools also have to provide information, but this could reputationally be an issue as letters have already been received via local MSPs.

Mrs D Galloway also highlighted the risk around long term ventilated children in

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	15	Created on : 14/07/21

Neonatal Dietetics, there are interim plans in place, but this remains a risk. A business case is being prepared.

The update was noted.

7.4 Specialty/departmental audit & assurance data (incl. guidance)

- Clinical Quality Indicators
- UNICEF Gold Award

Mrs P Galloway advised that Maternity Services achieved the UNICEF UK Baby Friendly Initiative Gold Service award. Mrs P Galloway noted that NHS Fife were the first board to receive this accredited award for sustainability. Mrs P Galloway advised that there is more work the service would like to do moving forward, some of the improvements include:

- Work with women going for Caesarean sections, skin to skin
- This should also have an impact on helping to reduce the number of babies admitted to the Neonatal Unit at term and unexpected as a lot of admissions as due to the babies being cold.

Dr Cargill congratulated the team on the award.

Dr Cargill asked how often this was subject to review. Mrs P Galloway said that Gold accredited services are required to undergo a formal revalidation process one year following Gold accreditation and every three years thereafter.

- Update re Interventional Procedures Register

The register was noted.

7.5 New Interventional Procedures

- Gynae Robotic Assisted Surgery

Mrs D Galloway highlighted the Gynaecology Robotic procedure for the Committee's awareness and noted that the procedure has been signed off by the Director of Acute Services although the submitted copy does not reflect this.

Dr Cargill said that along with the previous conversations, the Committee would be most interested in the governance and audit of the programme. This will also report to the national dataset and Dr Cargill intimated that also require local reporting at each ASD CGC.

WCCS

The Committee had no objections.

7.6 SPSO Recommendations

There were no issues from SPSO.

8 Emergency Care Directorate

8.1 Directorate Governance – Speciality National Reports

- Scottish Intensive Care Society Audit Group (SICSAG) Report and

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	16	Created on : 14/07/21

Summary on COVID 19

Mrs Beveridge referred to the SICSAG audit which was included for information. The report is a COVID19 specific report and is produced regularly and the team had been asked to benchmark against the report. Mrs Beveridge advised that the team had come back to note that there are significant differences in the way different hospitals place patients in levels of care. In NHS Fife, there is a stand alone MHDU within Ward 51. Mrs Beveridge said the report notes that ICU in Fife looked after 100 patients with COVID, 28 of those patients died but it was difficult to apply a Standardised Mortality Rate (SMR) to these deaths.

Mrs Beveridge said overall, it appears that NHS Fife is performing satisfactorily.

8.2 Directorate Level Outcomes Data

- Clinical Audit
- Clinical Effectiveness Project 25534 – NHS Fife Retrospective Trauma Audit Report

Mrs Beveridge advised that the aim of this audit was to gather data on the trauma patients accessing services within NHS Fife over 12 months from August 2019 to August 2020 using an audit tool. The purpose of the audit was to help set up and establish pathways and services for the new Major Trauma Service within Fife. Data collected included the number of trauma patients, the type of input they required, and also information on services accessed. This was to enable decisions to be made regarding adequate staffing and equipment provision, across areas of NHS Fife identified by the audit. Mrs Beveridge commented that the only issue for highlighting was with timescales for repatriation and noted that these timescales could be improved on.

Dr Cargill said this is part of the work scoping the impact on local and district hospitals when creating Major Trauma centres but does not have a large impact for Fife.

The audit was noted.

- SAER Learn Summaries

Mrs Dodds spoke to the Committee about the LEARN summaries and advised:

- Three relate to Falls – good mitigation in place although found that documentation could have been slightly better, this was identified as being staff who were unfamiliar with the processes of working within NHS Fife. Actions have been taken to improve upon this aspect.
- A further two relate to young adults presenting at A&E who looked well but very quickly deteriorated and died. These incidents highlight that children and young adults can look well but decompensate quickly. There was no learning identified from the clinical input in these cases.
- MCCD – give assurance that this is improving and the Datixes are reducing.

Mrs Campbell commented that the MCCD books have been moved in recent weeks

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	17	Created on : 14/07/21

and are now located in the ANP room to ensure that there is no impact with the move.

8.3 Directorate Report

- **ASD ECD Clinical Governance Report**

Dr Cargill asked for any highlights from the Directorate report.

Mrs Beveridge highlighted the following points:

- There were 617 incidents during the 2month reporting period. The percentage of Datix recorded with harm is 20%.
- There are 10 LAER's and 20 SAERs ongoing within the Directorate.
- There have been 148 patient falls in the 2month period – this is a decrease from the previous report.
- At the May meeting, it was noted Ward 32 had a high rate of falls. Mrs Beveridge advised members that further discussions had taken place with Ward 32 to determine the high falls rate. The Directorate were assured that all the falls pathways are being complied with and that ward 32 team did highlight the number of single rooms and reduced visibility of the ward was not designed for Medicine of the Elderly patients.
- There have been 35 incidents of pressure damage which are hospital acquired during this 2 month period; 3 are graded as major harm. ICU continues to report incidents of pressure damage and Mrs Beveridge has discussed this with Dr Thompson, Consultant in ICU. The team have advised that there is some national research taking place regarding multi-organ failure and pressure damage. Mrs Beveridge will bring back more information on this when available.
- There has been a significant increase in medication incidents reported with 78 in total the main themes remain prescribing and administration.
- One new risk has been added to the ECD register – this relates to overcrowding of Ward 6 & Ward 9.
- The Directorate continue to work hard to reduce the backlog of complaints and respond within the timeframes. Stage 2 complaints reduced from 20 to 9 and the number of open complaints in total has reduced from 53 to 22.
- There are 11 SPSO reviews ongoing.

NB

Dr McCormack apologised for the lack of medical specialty reports from the Directorate due to work pressures and annual leave.

Dr McCormack wanted to highlight to the Committee an issue that had become apparent recently and that was pushback from a number of the Consultants on taking on the lead reviewer role for SAERs, it was noted that this was not solely due to pressure of work but more about concerns and unawareness of how the process works and concerns of mitigation in the future if the process was not followed correctly. Dr McCormack commended Mrs Beveridge and Mrs Dodds for their input and hard work in reducing the number of SAERs. Dr McCormack added that some clinicians are now declining the role halfway through the process due to concerns and Dr McCormack questioned if the Committee should be addressing this issue? Dr Cargill advised that this Committee was not responsible for this issue but the Fife Adverse Events group/team should be made aware of the issue. Dr Cargill said he would have a separate conversation with Dr McCormack about escalation.

RC/SMcC

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	18	Created on : 14/07/21

Mrs Campbell said that she would be keen to understand what it is about the process that the clinicians are uncomfortable with – was it the skills/capability or the process? Mrs Campbell doesn't doubt that the process could use some refinement. Dr McCormack said it would be helpful to be able to point clinicians in the direction of clear education and reminders of what is expected of them as they participate so infrequently. Ms Saunderson said that Planned Care had not encountered that level of resistance from clinicians so far. Dr Cargill said the issue was noted and the Committee was now aware although it was not something that could be fixed instantly.

Dr McCormack highlighted for awareness an issue that was raised by the Deanery and noted by all the Consultants and junior doctors that there is a significant risk around handovers within the Emergency Care Directorate specifically at weekends. There has been some fantastic behind the scenes work by Dr John Chalmers and Dr James Woods around developing a handover on Patientrak, this has been trialled between the Frailty team at the front door and the Rapid Assessment Department (RAD). The plan is to roll this out in August for junior members of staff. Training is planned for both the August intake of junior doctors and thereafter the Consultants. Dr McCormack advised that a full audit of this will come back to the Committee in due course.

ECD

Mrs Campbell commented about the Tissue Viability rates in ICU and will be interested to see what the research shows and how it might inform improvement work in ICU. Mrs Campbell can pick up with Mrs Beveridge and SCN Ford separately.

LC/NB/DF

The updated was noted.

8.4 Specialty/departmental audit & assurance data (incl. guidance)

- **ICU Update**

This is relevant to the local position as noted in the SICSAG report.

- **SBAR - Thematic Review of Cancer Medicines Incidents (Action 353)**

Mr Hannan presented a paper relating to Medication Incidents within Cancer services which had been prepared by Mrs Beveridge, Dr McCormack and himself. The paper is to provide assurance to the Committee and explains some of the increased trends in cancer incidents that have been reported through Datix.

The following points were noted: –

- A review was commissioned by the Director of Pharmacy & Medicines to review any incidents occurring with regard to medication in Cancer because of the move of the Chemotherapy Day Unit from the Victoria Hospital (VHK) to the Queen Margaret Hospital (QMH) with a potential to identify trends.
- Guests were invited from the cancer services team to the Pharmacy Senior Leadership Team (SLT) in March 2021 to discuss improvements. Improvement work has commenced and there have been further changes to the Aseptic Unit supplies during this time due to the piling works.
- This report covers all incidents related to Cancer medicines from Jan 2020 – May 2021.

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	19	Created on : 14/07/21

- Due to the way incidents are coded in DATIX, all incidents occurring in the Aseptic unit were also included in the review.
- Reported incidents over time showed no notable pattern of concern due to the move alone although comparison over a longer period would be essential to assess true impact.
- There was a spike in reporting of incidents – this followed the joint meeting with Pharmacy SLT and Cancer services.
- The number of incidents reported alone does not correlate to harm.
- The incidents were broken down by specialty as follows:
 - 62 incidents occurred in the Cancer Day Unit
 - 10 incidents occurred in VHK Ward 34
 - 5 incidents occurred in the Pharmacy Department
- The incidents graded by severity noted:
 - 64 incidents recorded “No outcome in terms of harm”
 - 12 incidents recorded a “Minor outcome in terms of harm”
- The incidents were categorised by analysis to determine the root cause. This included:
 - Improper storage
 - Controlled Drug Recording
 - Spillage/Breakage
 - Supply
 - Prescribing
 - Administration
- Remediation work to date – review of internal quality management systems within the Aseptic unit been undertaken.
- Roles and responsibilities of the Accountable Pharmacist (Aseptic Unit Lead), Pharmacy Operations Manager and Chief Pharmacist have been documented and clarified regarding the operations of the Pharmacy Aseptic Unit.
- A monthly ‘Aseptic Quality Review Group’ has been established to provide oversight of processes, incidents, issues, and progress against an internal audit action plan.
- A Deputy Accountable Pharmacist has been appointed, and skill mix and training plans have been reviewed.
- Monthly meetings have been arranged between the Pharmacy Operations Manager and Charge Nurse for the Day Unit.
- Piling works for the Fife Elective Orthopaedic Centre (FEOC) led to a temporary change in process and supply. The lessons identified from this period resulted in positive change with the Chief Pharmacist, Head of Nursing and Clinical Director being in unanimous support of an agreed ‘cut off’ time.
- The Interim Lead Pharmacist, Fiona Forrest has been supporting to the Cancer Pharmacy team interim of the Gold standard pathway for Systemic Anti-Cancer Therapy (SACT) patients. This has identified that some work on clarity around roles and responsibilities is required here.

Mrs Campbell said it was a really helpful report and acknowledged the work and commitment to continue this process. Mrs Campbell asked about the MDT involvement and the significant challenges in relation to workforce across all of the team and wondered if there has been any impact and what mitigation we may have as there is a very specific skillset across Medical, Pharmaceutical and Nursing staff? Mr Hannan said this was something for himself, Mrs Beveridge and Dr McCormack to think about as Mr Hannan is clear that Pharmacy require to be

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	20	Created on : 14/07/21

focussing on the work and adding value but this will not happen immediately and there are challenges to overcome. Mrs Beveridge agreed and advised that the role of the Advanced Nurse Practitioner was also being looked at as well as the MDT. This will be a developmental process.

Dr Cargill asked about the overlap with the external audit and assurance work with the CEL 30 and with the internal assurance work with Safe & Secure Use of Medicines Procedure (SSUMP)? Do we carry forward any of the work from these two programs? Mr Hannan advised that in terms of CEL 30 audit, NHS Fife were required to carry out an internal audit cycle this year and a CEL 30 lead for Fife is due to be announced imminently. Mr Hannan said in terms of the SSUMP, there will be work for the Safer Use of Medicines Group in terms of learning from incidents. Mr Hannan proposed that he would update this Committee by exception if any further work was required.

Dr Cargill commended Mr Hannan on the work undertaken developing a process that works for both the department and the patients which seeks to minimise the possibility of errors.

Dr Cargill thanked Mr Hannan for the update.

- **SBAR Acute Leukaemia QPI Comparative Report 2019-20**

Dr McCormack advised that Fife did not meet the QPIs due to very small patient numbers but on the whole have done well.

- **SCAN Comparative Acute Leukaemia Report 2019-20**

The Acute Leukaemia Report was noted. There were no issues raised.

- **Update re Interventional Procedures Register**

The register was noted.

8.5 New Interventional Procedures

There were no new Interventional Procedures.

8.6 SPSO recommendations

There were no SPSO recommendations.

9 Divisional Risk Register – Active Risks

Dr Cargill advised members that there were only three risks which were Divisional risks. These were:

- Induction of Medical Staff – this remains live and Dr Cargill noted that we cannot control this any further.
- Infection Prevention – amber flow pathways
- Psuedomonas – Environmental risk. Dr Cargill said that he intended to move this to the ownership of Estates.

Dr Cargill said the other risks fell under the remit of the Directorates or some

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	21	Created on : 14/07/21

specific services. Dr Cargill advised that he would be re-directing risks back to the Directorates in due course.

10 ASD CGC Terms of Reference - FINAL

The Terms of Reference was noted as the final version.

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 workplan was noted.

11.4 Infection Control Committee Minutes of 2nd June 2021

The ICC minutes were noted.

11.5 HAIRT Report – June 2021

The HAIRT report was noted.

11.6 NHS Fife CP&PAG Minute of 26th April 2021

The NHSF CP&PAG minutes were noted.

12 AOCB

Early Cancer Diagnosis Centre

Mrs D Galloway asked where the Early Cancer Diagnosis Centre sits in terms of the Clinical Governance? Mrs Galloway said that it was moving on at a pace and reports into SLT and although Gemma Couser sits on the group there is no formal Clinical Governance reporting. Mrs Galloway queried whether it should come to this Committee?

Dr McCormack said it was multi-factorial and would be very appropriate to come to this Committee. Dr Cargill commented that although it involves a number of services, mostly the clinical co-ordination of patients entering the early cancer diagnostic centre will be through the Planned Care services hence Dr Cargill asked the Planned Care Team to describe what might be an appropriate governance process for the early cancer diagnosis centre, how that would be reported and to whom. Dr Cargill asked Planned Care to discuss and report back in due course.

Colon Capsule

Colon Capsule – Action 339 – Ms Saunderson referred to this and noted this was on the action list and on the agenda and asked if this was now regarded as complete? Dr Cargill replied to say the action was around the mechanisms of

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	22	Created on : 14/07/21

prescribing and supplying the bowel prep. to support colon capsule Endoscopy because this had to be done remotely and there was an issue with prescription and supply of medication. Ms Saunderson advised that she had spoken with Pharmacy and this has been resolved and is no longer an issue. Dr Cargill said then the action can be closed if this has been resolved.

13 Date of Next Meeting/s:

Wednesday 15th September 2021 at 2.00pm via MS Teams

Unconfirmed

Acute Services Division Clinical Governance Committee	UNCONFIRMED	Created by LG
Meeting –21/07/21	23	Created on : 14/07/21

UNCONFIRMED

MINUTES OF THE MEETING OF THE FIFE DRUGS AND THERAPEUTICS COMMITTEE HELD AT 12.30PM ON WEDNESDAY 11 AUGUST 2021 VIA MICROSOFT TEAMS

Present: Dr Chris McKenna (Chair)
Mr Scott Garden (Vice Chair)
Ms Claire Fernie
Dr Iain Gourley
Dr David Griffith
Mr Ben Hannan
Dr John Kennedy
Mr David Pirie
Mr Euan Reid
Ms Nicola Robertson
Ms Olivia Robertson (representing Lynn Barker)
Ms Rose Robertson

In attendance: Mr Duncan Wilson, Lead Pharmacist - Digital and Information
Mrs Sandra MacDonald (minutes)

1 WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were noted for Dr Annette Alfonzo, Ms Lynn Barker, Dr Marie Boilson, Dr Rob Cargill, Dr Helen Hellewell.

Dr McKenna welcomed everyone to the meeting and introductions were made.

2 MINUTES OF PREVIOUS MEETING ON 9 JUNE 2021

The minutes of the meeting held on 9 June 2021 were confirmed as a true record.

3 SUMMARY OF ACTION POINTS FROM JUNE 2021 MEETING

The summary of action points was reviewed and updated.

IT Repository for Clinical Guidance Documents

Mr Reid provided feedback from his discussions with Nicola Jenson, D&I Programme Manager. A number of options are being considered and Microsoft SharePoint has been identified as potentially the most suitable option for hosting MSDTC approved guidelines. SharePoint is currently awaiting approval by the National Information Governance & Security Group. This item to remain on the action tracker and Mr Reid will update the ADTC in due course.

Lithium SBAR

ACTION

ER

	An update to be brought to the next ADTC meeting following further discussions at the forthcoming Mental Health Prescribing Group.	ER
	<p>AMT Update – discussion around implications of antibiotics not recommended by SMC due to non-submission</p> <p>Mr Reid advised that discussions around a national solution are continuing. The AMT is producing an SBAR on the medicines used within NHS Fife that meet the criteria for inclusion on the national Rarely Used Urgent Medicines (RUUM) list. A paper to be brought to the ADTC in due course.</p> <p>Independent Medicines and Medical Devices Safety Review - Scottish Government Delivery Plan</p> <p>Mr Garden briefed the ADTC on email discussions with the Chair of the Procurement Governance Board around the management of medical devices within NHS Fife. There was agreement that the Procurement Governance Board was the appropriate route and there is to be further, more detailed discussion outwith the Governance Board on how best to progress this.</p> <p>A discussion ensued and it was proposed that consideration be given to establishment of a separate Medical Devices Committee to take over the governance of medical devices which would also include robotics. Dr McKenna and Mr Garden to discuss further. To be removed from the ADTC action list.</p>	DG/ER
4	<p>ANY OTHER MATTERS ARISING FROM THE MINUTES</p> <p>There were no other matters arising from the minutes.</p>	CMcK/ SG
5	<p>DECLARATION OF INTERESTS</p> <p>There were no declarations of interests.</p>	
6	<p>ADTC SUB-GROUP UPDATE REPORTS</p>	
6.1	<p>Fife Formulary Committee</p> <p>Mr Reid introduced the update report from the Formulary Committee meeting on 28 July and highlighted key points.</p> <p>It was noted that daratumumab (Darzalex®) in combination with bortezomib and dexamethasone was approved for the treatment of adult patients with multiple myeloma who have received one prior therapy only (second line treatment option in selected patients with cardiac disorders and significant renal impairment). The following Formulary submissions were approved subject to MSDTC approving the guidance: Chlormethine hydrochloride (Ledaga®) for topical treatment of mycosis fungoides-type cutaneous T-cell lymphoma (MF-type CTCL) in adult patients; baricitinib (Olumiant®) for moderate to severe atopic dermatitis in adult patients who are candidates for systemic therapy who have failed at least one current systemic immunosuppressant due to intolerance, contraindication or inadequate disease control. A Formulary Amendment to include FreeStyle Optium Blood</p>	

Glucose Test Strips in the Formulary for paediatric patients with type 1 diabetes who are unable to use a mobile telephone to access the carbohydrate calculating application was also approved.

The ADTC noted the update report from the Fife Formulary Committee and Minutes from the meeting on 28 July.

6.2 MSDTC

Mr Hannan provided a verbal update on behalf of the MSDTC and highlighted key points from the meeting on 23 June.

It was noted that several Clinical Guideline/Pathway submissions were approved, including IBD Guidelines; Levetiracetam Guidance for the management of status epilepticus; and Colon Capsule Endoscopy Pathway. It was highlighted that the extensive work done locally on the Colon Capsule Endoscopy Pathway will feed into national discussions. The Heart Failure - Reduced Ejection Fraction Guidance and Stroke/TIA Ambulatory Pathway were not approved and require to be resubmitted following amendment and clarification of points raised by the MSDTC.

The ADTC noted the update report from the MSDTC and Minutes from the meeting on 23 June.

The ADTC highlighted the importance of the MSDTC and its robust scrutiny processes. The Committee has excellent medical leadership, with active engagement from submission authors and the importance of maintaining medical input when Dr Cargill moves to his new post was noted.

6.3 Antimicrobial Management Team (AMT)

Dr Griffith introduced the update on behalf of the AMT and highlighted key points.

Routine activity has been largely restored however the demands on individual members of the AMT caused by the ongoing COVID-19 pandemic remain significant.

The main activities since the last report include revision of the hospital empirical antimicrobial guidance, progressing the review of the paediatric hospital empirical antimicrobial guidance, development of the penicillin de-labelling protocol and continued involvement with the Scottish Antimicrobial Prescribing Group. The Outpatient Parenteral Antimicrobial Therapy (OPAT) service has delivered over 3500 treatment episodes over 21 months, with an equivalent number of inpatient bed days saved.

Priorities highlighted include ongoing revision of Antibiotic Guidelines and promotion of IV to oral switch in line with national guidance. An update to the AMT Terms of Reference is also being finalised and will be brought to ADTC in due course.

The ADTC noted the update report on behalf of the AMT. The success of the OPAT service was highlighted and it was suggested that Dr Griffith liaise with the Emergency Directorate to ensure that these figures are captured.

6.4 **Controlled Drugs Local Intelligence Network (CD LIN)**

Mr Garden introduced the update report on behalf of the CD LIN along with the Safer Management of Controlled Drugs Annual Report April 2020-March 2021 and Terms of Reference for the newly formed East Region LIN.

Terms of Reference for East Region CD LIN

It was noted that the East Region CD LIN comprises Borders, Fife and Lothian and has replaced the local CD LINs. There have been two meetings to date, with good attendance and membership from each of the member Boards. The ADTC approved the Terms of Reference for the East Region CD LIN. An amendment to Ben Hannan's job title was noted.

Safer Management of Controlled Drugs Annual Report

Mr Garden presented the Annual Report and highlighted key areas. Achievements since the last report include:

- Completion of the Pharmacy CD ward audits. The results of the audit are being finalised and a paper with clear recommendations and actions will be presented through the relevant governance routes in due course.
- Removal of the palliative care grab bags due to current limited requirement. This decision was taken in collaboration with the Palliative Care Service.
- Ongoing review of the Safe and Secure Use of Medicine Policy and Procedure (SSUMPP).
- Revision of the CD Authorised Witness standard operating procedure to incorporate COVID-19 guidelines and a new electronic form to be completed in advance of the visit.
- Data in relation to incidents and concerns reported to the NHS Fife Controlled Drugs Accountable Officer during the period April 2020/March 2021 compared to the previous year demonstrates a consistent level of reporting. Dispensing and supply incidents remain the most common incident in Community Pharmacy but no harm was caused to patients.
- The report also highlighted the Lead Pharmacist for CD National Working Group and national work around single nurse administration of controlled drugs. It was noted that following discussions through the CD LIN and Safe and Secure Use of Medicines Group, it has been agreed not to progress with single nurse administration of controlled drugs within NHS Fife.

The ADTC noted the CD LIN update report and Annual Report outlining the ongoing activity and developments to support the safer management of Controlled Drugs in NHS Fife. Annual Report to be submitted to the Clinical Governance Committee.

SG

6.5 Realistic Prescribing Group

Mr Reid introduced the update report on behalf of the Realistic Prescribing Group and highlighted key areas.

Progress to date includes development of the guideline for the treatment of diabetes in frail patients in conjunction with Diabetes Managed Clinical Network. It was noted that this was approved at the last ADTC meeting subject to amendment and a finalised version is awaited. Launch/educational events to support the introduction of the guideline are planned for the end of September/early October. A Bone Health Pathway has also been produced and this will be submitted to the next MSDTC meeting for approval. A realistic Medicine Senior Project Manager has been appointed and quarterly meetings agreed.

The workplan for the next six months includes implementation of a communications strategy for patients and staff and continued engagement with MCNs/ Speciality prescribing groups.

The ADTC noted the update report on behalf of the Realistic Medicine Prescribing Group. Terms of Reference for the group to be added to the ADTC website. Progress with regard to patient representation on the group to be clarified.

SMacD

7 SBARs

7.1 DOACs - Prescribing in Renal Impairment

Mr Garden introduced the SBAR Prescribing in Renal Impairment - Response to MHRA Update and briefed the ADTC on the background to this.

Following a Medicines & Healthcare Products Regulatory Agency (MHRA) safety update in 2019, a paper submitted to the Fife Formulary Committee raised concerns regarding the current prescribing and monitoring of certain medicines - specifically (but not restricted to) Direct Acting oral Anticoagulants (DOACs) due to the risk of overestimation of renal function.

The SBAR outlines the challenges and different considerations when managing those patients with reduced renal function and resource/capacity implications for GP Practices and Pharmacy teams to support this.

It was noted that the number of patients prescribed a DOAC within NHS Fife is higher than the figure stated in the SBAR and is estimated to be 8,900.

It was highlighted that although the SBAR reports a current lack of standardised systems and processes for calculating creatinine clearance, prescribing support tools (vancomycin and gentamicin calculators) are routinely used within Secondary Care. It was agreed that further work to raise awareness of these prescribing support tools is required. The work that was undertaken previously in conjunction with the Heart Disease MCN in relation

to guidance on Prescribing of DOACs and calculating creatinine clearance was also highlighted.

The ADTC noted the recommendations outlined in the SBAR. A further update to the brought back to the ADTC with recommendations following further discussions between GP cluster leads and the Pharmacy team.

7.2 Valproate Safety Audit

Mr Reid presented the SBAR on the annual valproate safety audit undertaken within GP Practices and briefed the ADTC on the background to this.

Establishment of an annual valproate drug safety audit was one of the key recommendations of the multi-professional SLWG that was set-up in NHS Fife in response to the MHRA requirement that all women and girls of childbearing potential being treated with valproate medicines must be supported on a Pregnancy Prevention Programme. The audit was undertaken between October 2020 and May 2021 in all Fife GP Practices, with 227 patients meeting the audit inclusion criteria.

The ADTC noted the results of the audit and the further work that is proposed locally including development of a Shared Care Agreement outlining responsibilities for monitoring, prescribing and the Pregnancy Prevention Programme requirements. The Lead Pharmacist - Medicines Management has also been invited to Cluster Quality Leads meetings to discuss quality, safety and efficiency prescribing and safe prescribing of valproate will be a priority discussion. A Scottish Epilepsy Register and UK Sodium Valproate Registry are being developed which will help identify patients taking sodium valproate and there is the potential to extend this to other medicines with similar risks.

It was highlighted that one of the recommendations within the MHRA guidance is ensuring urgent referral to specialists in the event of unplanned pregnancy/pre-pregnancy planning however this information is not currently captured in the audit. It was noted that GPs would not necessarily be aware of pregnancy until confinement and liaison with the Obstetrics and Midwifery team to ensure that appropriate checks are in place may be required.

The ADTC noted the results of the 2020 valproate safety audit, endorsed a re-audit in 2021 and the development of a Valproate Shared Care Agreement.

7.3 High Risk Pain Medicines

Mr Garden highlighted the paper presented to the Executive Directors' Group (EDG) meeting in early August "Proposal for a High Risk Pain Medicines (HRPM) Patient Safety Programme".

Feedback is that the paper was well received and EDG was supportive of the proposals to develop and implement the Patient Safety Programme. Funding and resource implications are being taken forward by the Programme Lead in conjunction with Finance.

7.4 Regional Formulary - verbal update

Mr Garden confirmed that following discussions at ADTC, EDG and the Clinical Governance Group it has been agreed that NHS Fife should progress with the East Regional Formulary Programme. Mr Garden has met with Angela Timoney, Director of Pharmacy at NHS Lothian and the senior responsible officer for the programme to discuss issues previously highlighted and it has been agreed that Programme Board should be established which will have oversight of the programme plan and feed back to ADTCs. The East Region Formulary Committee will meet bi-monthly and Dr David Griffith has agreed to take on the role of Co-Chair. Mr Reid highlighted that the initial Chapter Expert Working Groups have been set up to agree the Formulary content for Gastrointestinal, Infection and Skin sections.

The ADTC noted the verbal update on development with the Regional Formulary project. Formalised updates to be brought back to the ADTC in due course.

8 RISKS DUE FOR REVIEW IN DATIX

Mr Reid took the ADTC through the risks scheduled for review and agreed current risk levels and review dates.

Risk 1575 - Insufficient input into medicines management and governance

At the last ADTC meeting it was noted that the medicines governance groups had all re-mobilised and it was agreed to reduce the consequences of this risk to moderate. Following discussion, the ADTC agreed that the consequence and current risk level should remain moderate.

Risk 1504 - Lack of Central IT Repository

The ADTC noted that Microsoft SharePoint has been identified as the most suitable option for hosting clinical guidance documents. Pending roll-out of SharePoint in Scotland it was agreed that the current risk level should remain high. To be brought back to the ADTC meeting in December 2021.

Risk 1621 - Cost of Medicines Increased Due to National Shortages

It was noted that medicines in short supply due to national shortages resulted in a cost pressure to NHS Fife GP Prescribing of over £1M in 2020/2021. The majority of this was due to sertraline, which is prescribed frequently. Although still high compared to March 2020, the price of sertraline has started to settle. The ADTC noted the update and agreed that the current risk level should remain high.

9 ADTC-COLLABORATIVE/SCOTTISH GOVERNMENT COMMUNICATION

There was no ADTC-Collaborative/Scottish Government communication for consideration by the Committee.

10 EFFECTIVE PRESCRIBING

10.1 SMC Not Recommended Drugs January-March 2021

The ADTC noted the SMC Not Recommended Drugs January-March 2021 quarterly report produced by National Services Scotland. Mr Reid highlighted issues around increased use of Utrogestan, a progesterone HRT product.

10.2 Early Access to Medicine Scheme - Tepotinib

The ADTC noted the EAMS operational guidance for Tepotinib for the treatment of adult patients with advanced non-small cell lung cancer (NSCLC) harbouring mesenchymal-epithelial transition factor gene (MET) exon 14 (METex14) skipping alterations.

10.3 Early Access to Medicine Scheme - Cipaglucosidase alfa/miglustat

The ADTC noted the EAMS operational guidance for Cipaglucosidase alfa in conjunction with miglustat for the long-term treatment of adult symptomatic patients with confirmed diagnosis of late-onset Pompe disease (acid α -glucosidase [GAA] deficiency) who have received enzyme replacement therapy with alglucosidase alfa for ≥ 2 years.

10.4 Consultation on Proposed Statutory Instrument for the Early Access to Medicines Scheme

Mr Garden highlighted a communication to Medical Directors and Directors of Pharmacy inviting comments on the consultation on proposed statutory instrument for the Early Access to Medicines Scheme. It was agreed that this should be circulated to ADTC members for consideration of a collective response.

SMacD

11 HEPMA Update

Mr Hannan introduced Duncan Wilson, Lead Pharmacist - Digital and Information and provided a verbal update on progress with the implementation of HEPMA. It was noted that contractual negotiations are being finalised. Work is progressing in the background to support implementation and a move to the design and build phase over the coming months is expected. Recruitment of team members is also progressing.

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

There were no items for escalation to the Clinical Governance Committee.

Mr Garden to liaise with Elizabeth Muir to request that the CD-LIN Annual Report be added to the Clinical Governance Committee workplan as an agenda item.

14 ANY OTHER COMPETENT BUSINESS

It was noted that Dr Cargill was leaving NHS Fife to take up another post. Dr McKenna thanked Dr Cargill in his absence for all the work he has done and for his contribution to the ADTC.

Other Information

- a **Minutes of MCN Prescribing Groups** - none for noting.
- b **Action Note from PGD Group 12 May, 7 July 2021.** For information.
- c **Date of Next Meeting**
The next meeting is to be held on **Wednesday 13 October 2021 at 1.00pm via MS Teams**. Papers for next meeting/apologies for absence to be submitted by 30 September.



CONFIRMED

MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE WEDNESDAY 2 JUNE 2021 – 10.00 AM VIA MS TEAMS

Present:	Cllr Tim Brett, Fife Council (Chair) Christina Cooper, NHS Fife Board Member Martin Black, NHS Fife Board Member Cllr David J Ross, Fife Council Cllr Jan Wincott, Fife Council Wilma Brown, Employee Director, NHS Fife
Attending:	Dr Helen Hellewell, Associate Medical Director Nicky Connor, Director of Health & Social Care Cathy Gilvear, Quality Clinical & Care Governance Lead Fiona McKay, Interim Divisional General Manager James Crichton, Interim Divisional General Manager (Fifewide) Lynn Barker, Associate Director of Nursing Simon Fevre, Staff Side Representative Lynne Garvey, Divisional General Manager (West)
In Attendance:	Avril Sweeney, Manager – Risk Compliance Christopher Conroy, Interim Clinical Services Manager, NHS Fife Ruth Bennett, Health Promotion Manager Jennifer Cushnie, PA to Dr Hellewell (Minutes)
Apologies for Absence:	Chris McKenna, Medical Director Scott Garden, Director of Pharmacy and Medicines

NO	HEADING	ACTION
1.0	CHAIRPERSON'S WELCOME & OPENING REMARKS The Chair welcomed everyone to the meeting. He advised until the new Governance Arrangements are agreed, the Agenda for C&CG shall remain in its present format.	
2.0	DECLARATION OF MEMBERS' INTEREST There were no declarations of interest.	
3.0	APOLOGIES FOR ABSENCE Apologies were noted as above.	
4.0	MINUTES OF PREVIOUS MEETING Cllr Brett asked if members were content with the previous minute of 16.04.21. No changes were requested, therefore the Committee agreed to approve the Minute.	

NO	HEADING	ACTION
5.0	ACTION LOG	
	Cllr Brett ran through the Action Log of 16.04.21. The first item relating to Urgent Care is now complete. Remaining items remain active.	
6.0	GOVERNANCE	
6.1	Clinical and Care Governance Update	
	Cllr Brett invited Dr Hellewell and Lynn Barker to give a verbal update around Clinical and Care Governance.	
	HH advised, as Scott Garden was unable to join the meeting, she would summarise details relating to the Vaccine Programme:	
	<ul style="list-style-type: none"> Steadily increasing numbers of people fully vaccinated in Fife Cohort 11 (30-39 yo's) commenced in Fife w/c 31.05 National self-referral portal for Cohort 12 (18-29 yo's) launched - over 1/3 already registered. Fife are above national average of vaccines administered. Vaccine supply is good with no concerns. Proof of vaccination portal is now open to members of the public. Fife doing well in DNA rate and currently sitting below national average. Continued work ongoing around groups who have been more difficult to reach, currently concentrating on the homeless population. 	
	Cllr Brett queried how Cohort 12 will be reached if they do not register. HH advised a text appointment will be received when an individual registers and this is thought to be a more meaningful way to engage with this age group and is hoped to lower DNA rate. Other means of engaging are being explored to reach those who do not register.	
	Cllr Wincott asked which vaccine was being offered to under 30s and under 40s. HH advised a different vaccine is being offered to under 30s and under 40s. Under 30s will receive Pfizer, HH will check for under 40s and get back to Cllr Wincott.	
	MB asked how difficult to reach people are being engaged with, ie. people who are illiterate. He also queried reports of staff being subjected to abuse and asked the details of this. HH advised a group has been established to specifically look at reaching people who are difficult to reach, she will attain details and forward to MB. LG suggested the eqlA Policy would be useful to share with members. Agreed.	HH LG
	Specific details of the abuse being experienced was requested. NC advised this related to people expecting a choice of vaccine – planned communications are being released to advise this is not the case and a zero-tolerance policy to abuse is in place. LB added, senior staff are situated in every clinic to support staff.	

Name of meeting: Clinical & Care Governance Committee	Version : CONFIRMED	Created by JMC
Meeting held on: 02.06.21	2	Created on: 15.06.21

6.0 GOVERNANCE

Cllr Ross asked if services such as SeeScape are being utilised and if the link for Cohort 12 can be shared. HH advised the link for the Cohort 12 portal is on twitter, this can be shared for further promotion. LB offered to forward the link to members. HH stated the eqIA, which will be circulated to all members, is a very comprehensive policy and she expected organisations such as SeeScape would be included, however, will check to ensure this is the case.

LB

HH

Cllr Brett queried when all services will resume. LG described the Group, involving Service Managers, who are submitting remobilisation plans reporting to SLT. Bringing back these services safely is a priority with 95% back to 'normality'. LG explained some of the issues around this. Questions were invited.

MB raised concerns regarding messaging to the public around reporting to Accident & Emergency, he felt many were presenting with minor ailments. HH stated local and national comms to the public is being looked at currently – this subject is more fully covered in 6.3. WB stressed remobilisation is being carried out in a planned and staged way. She disputed individuals presenting with minor injuries/concerns and advised, the majority of people are suffering from serious health issues.

6.2 Clinical Quality Report (Including Medicines Update)

Cllr Ross found the report to be challenging reading and asked HH and LB to outline highlights.

LB advised there has been a deep dive into pressure ulcers and their prevention. Cluster reviews within MH are ongoing, 70 cases have been reviewed to date with one requiring further investigation. This work has been well received and is being taken to a National MH platform to demonstrate work taking place in Fife.

LB described collaborative working within community hospitals. She advised the Safe Use of Medicine Group has restarted with a programme of auditing and incident monitoring. Patient experience, care opinion has seen an increase in uptake which has been very positive.

HH added, although the Safe Use of Medicine Group was paused during the pandemic, protocols were still in place and being worked to.

HH advised Norovirus and 'Flu infections are reduced due to measures taken to prevent transmission of Covid 19.

SF queried if the non-improvement in incidences of falls is due to lower staffing levels. This was discussed at some length and LB gave assurance safe staffing levels are always adhered to and the measures which are in place to ensure this.

Cllr Brett advised, he will discuss with HH and LB ahead of the next meeting, the possibility of future reports focussing on one particular area.

Name of meeting: Clinical & Care Governance Committee	Version : CONFIRMED	Created by JMC
Meeting held on: 02.06.21	3	Created on: 15.06.21

6.3 Joining Up Care – Urgent Care

LG introduced Chris Conroy, Interim Clinical Services Manager for Urgent Care. CC gave a presentation summarising the two Papers which outline the key developments within Urgent Care over the past 18 months.

CC explained the first paper focusses on Urgent Care Services as agreed by IJB during 2019, some detail of Urgent Care Services' role during the pandemic and additional detail around collaborative initiatives undertaken. The second paper focusses on the implementation of the Flow and Navigation Hub which has been delivered within the parameters of the Redesign of Urgent Care Programme.

Beginning with Report 1, Unscheduled Care Services, CC highlighted some of the key developments and gave detail of the work which has taken place since meeting with IJB in June 2019. He also explained the impact of the pandemic on some of the progress. One of the initiatives was to facilitate a dedicated Palliative Care line for family members/carers, which is available 24/7 directing them to the correct service.

CC gave examples of patient pathway experiences which highlighted good collaborative working. Patients using the service complete a feedback questionnaire, feedback shows 87% of patients felt the service to be good or very good with many positive comments made.

Report 2 focussed on the implementation of the Flow and Navigation Hub (FNH) which was established as part of the Unscheduled Care programme. The following principles have been adhered to:

- Face-face consultations, if required, appointed in a scheduled way
- General Practice to remain the principal access route for Unscheduled Care in-hours
- Emergency care accessed as before
- Communication and engagement with both workforce and public

CC gave examples of Person Pathways to illustrate how Redesigned Urgent Care works in various scenarios and outlined the next steps which are being taken within the programme.

MB raised concerns for people who cannot, and do not, have the capability to operate these systems. CC advised a comprehensive eqIA was carried out prior to the work and he would be happy to go through this for anyone. KH gave more detail of how, through Corporate Parenting and the Drugs and Alcohol Partnership, these issues will be worked through.

Cllr Brett asked for the slides to be distributed to members of the Committee. He also asked if the same systems are in operation in Tayside/Lothian, it was advised the same systems are in place.

JC

Name of meeting: Clinical & Care Governance Committee	Version : CONFIRMED	Created by JMC
Meeting held on: 02.06.21	4	Created on: 15.06.21

6.0 GOVERNANCE (Cont)

6.4 Post Winter Plan Review

LG has regularly brought updates to C&CGC meetings of the Winter Plan which was submitted to Scottish Government in Nov 2020. She advised weekly meetings are held to discuss performance metrics and any concerns arising across the system, this is done via scorecards, as illustrated in Appendices.

Points of interest regarding key winter performances are:

- Some breaches within A&E reported due to above average attendance by very sick people with complex issues.
- Delayed discharge – done well this winter, avg of 300 beds/wk which is much lower than previous years. Often delays are due to guardianship issues, dialogue with Courts is taking place to move this forward.
- Excellent H&SCP performance - average improvement of 100% week on week.

A Winter Planning Event took place with key stakeholders on 12 April reviewing last winter's learnings. Key learning being taken forward are:

- trigger points in system – when should we be surging and the governance around this
- learning from flexibility in staff moving across the organisation and supporting staff's wellbeing
- IT systems/flexibility and speed of change
- Working proactively

A Home First Strategy Group has been formed, chaired by LG. The group is developing the Home First model as a whole strategy and setting out plans for the coming winter with performance targets. This will be brought to Committee by Sept 2021.

Questions were raised regarding Guardianship issues, FMcK gave an update around this and explained reasons for the delays experienced.

MB queried if the Covid vaccination programme will be incorporated into the Winter strategy. NC advised she has been appointed Senior Responsible Officer for the Vaccination Programme (Covid-19 and Flu). Scottish Government are committing resource to the Programme and learning will be taken from the work carried out during the Pandemic. A workforce plan will be agreed involving HSCP, Primary Care, Community Pharmacy and the Third Sector. Strong comms will be developed to support this work.

6.5 Suicide Prevention

JC introduced Ruth Bennett, Health Promotion Manager, to the Committee. RB advised the report is a comprehensive update on Fife H&SC's requirement to lead on the development and delivery of a local suicide prevention action plan. This plan is guided by the ten actions set out in the National Suicide Prevention Plan – Every Life Matters.

Name of meeting: Clinical & Care Governance Committee	Version : CONFIRMED	Created by JMC
Meeting held on: 02.06.21	5	Created on: 15.06.21

6.0 GOVERNANCE (Cont)

The work is driven by a Fife Suicide Prevention multi-agency core group who met regularly through 2020 to ensure progression. There are also several delivery groups driving the work forward. RB described some of the work taking place.

The National Leadership Suicide Prevention Group issued guidance to local Boards with four focus areas to be worked on during the pandemic. These related to closer monitoring of real-time suicide data, suicide prevention campaigns, enhanced focus on suicide crisis intervention and restricting access to means of suicide. Details of these areas is outlined in the workplan.

A process for reviewing suicide deaths is yet to be developed. Meetings have taken place to bring key people together and Guidance is expected to be published September. 2021.

Cllr Brett queried whether the Pandemic has contributed to an increase in suicide deaths. RB advised there has been an increase in calls to NHS24 and the Samaritans, however, specific data relating to deaths is not yet available. This was discussed at length. MB raised concern a caller can be told they "will receive a call back within 24hrs" he felt this to be far too long. RB advised a case-worker will be assigned to the caller and explained the steps taken. If a caller is at immediate risk, they will be directed to A&E.

The service will continue to be refined and amended. It was asked an update be provided at a future C&CGC meeting.

6.6 HSCP C&CGC Risk Register

AS presented the C&CGC Risk Register, for discussion. This Risk Register sets out the risks from the IJB Strategic Risk Register which may impact the Partnership in achieving its strategic objectives in relation C&CG. The Risk Register is usually presented every 6 months and last came to Committee on 13.11.20. All risks have been reviewed by the risk owners and are presented in the report in order of residual risk score.

AS advised the register is currently sitting with 4 high risks. The focus is on risks at a strategic level or those which can impact at a strategic level. There are other risks and risk registers being managed across the Partnership which are escalated if necessary.

COVID Risk Register

AS introduced the second paper, Covid-19 HSCP Silver Control Risk Register. This document sets out the risks being managed by SLT relating to Covid-19. This Covid Risk Register last came to the C&CG Committee on 07.08.20.

This Register was developed at the beginning of the Pandemic in March 2020. It has been managed and regularly reviewed since. It feeds into and informs risks at Gold and EDG level in NHS Fife and also at the CET and Incident Management Team level in Fife Council. This Register is informed by risks at Bronze Level groups. Again, risks

Name of meeting: Clinical & Care Governance Committee	Version : CONFIRMED	Created by JMC
Meeting held on: 02.06.21	6	Created on: 15.06.21

are shown in order of residual risk score, there are 3 high risks.

Although the Bronze, Silver, Gold structure has now stepped down, these risks continue to be reviewed into the 'new normal'. Some of these risks may be merged with others on the strategic level / operational level, some may be closed and some may be retained on the register for some time.

6.7 Duty of Candour

KH introduced the report which sets out the regulations and principles around Duty of Candour Guidance, this a requirement of H&SC Services across Scotland.

KH advised, if there should be an adverse event / incident which can be seen through a lens of Duty of Candour, there is actions which Teams and Services must take forward as a critical opportunity for learning with transparency. The report has been delayed due to the Pandemic.

KH told of strategic meetings which take place quarterly to collate information, as described within the document.

6.8 HSCP Commissioning Strategy

FMcK was not available to introduce the report.

Cllr Brett queried whether the strategy was for the next 12 months and was unclear how much of last year's strategy has been achieved. He felt further discussion would be beneficial. Comments from the Committee were welcomed.

KH suggested a Workshop be held around potential joint commissioning. Information relating to where Children & Families and Education are and where Health & Social Care commissioning is, would be helpful, also looking at potential threats.

CC stated the report looks to be commissioning intentions from 2021-2023. It was agreed it would be helpful to look at past performance and goals going forward, these priorities may have changed due to Covid.

Cllr Brett suggested a meeting be arranged to discuss the Strategy with FMcK / NC. Invitation to all members of the C&CG Committee. FMcK to action.

7.0 EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES

7.1 Fife Area Drugs & Therapeutics Committee - Unconfirmed Minute 3 February 2021

HH highlighted the Fife Prescribing Forum which is a joint forum between Acute and HSCP, looking at managing prescribing governance across the two areas. Clinical effectiveness and

7.0 EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED

Name of meeting: Clinical & Care Governance Committee	Version : CONFIRMED	Created by JMC
Meeting held on: 02.06.21	7	Created on: 15.06.21

COMMITTEES (Cont)

efficiencies are looked at which HH felt is an exciting and new way of working. This forum is chaired by Scott Garden. More detail will be brought to future meetings.

7.2 Infection Control Committee - Unconfirmed Minute 3 February 2021

LB advised the focus for the Infection Control Prevention Team and Committee will be to focus on remobilising safely and adhering to PPE advice and procedures.

8.0 ITEMS FOR ESCALATION

Cllr Brett wished to highlight the Joining Up Care / Urgent Care discussion and the Clinical Quality Report current position update as very valuable. Both to be escalated to the IJB.

Cllr Brett thanked Jim Crichton for his help and guidance whilst working in Fife. JC thanked all for their support and co-operation during his time working for Fife HSCP.

9.0 ANY OTHER COMPETENT BUSINESS

No other competent business was raised.

10.0 DATE OF NEXT MEETING

The date of the next meeting is Friday 4 August 2021 at 1000hrs.

Name of meeting: Clinical & Care Governance Committee	Version : CONFIRMED	Created by JMC
Meeting held on: 02.06.21	8	Created on: 15.06.21

**Confirmed Meeting Note of NHS Fife Clinical Governance Oversight Group
On Thursday, 23rd June at 09.30 via MS Teams**

Present

Lynn Barker (LB)	Associate Director of Nursing, Health and Social Care Partnership (HSCP)
Norma Beveridge (NB)	Head of Nursing – Directorate Office Emergency
Dr Robert Cargill (RC)	Consultant Cardiologist
Gemma Couser (GC)	Head of Quality & Clinical Governance
Pamela Galloway (PG)	Clinical Midwifery Manager - Nursing
Cathy Gilvear (CG)	Quality, Clinical & Care Governance Lead, HSCP
Dr Chris McKenna (Chair) (CMcK)	Medical Director, NHS Fife
Elizabeth Muir (EM)	NHS Fife Clinical Effectiveness Coordinator
Janette Owens (JO)	Director of Nursing
Nicola Robertson (NR)	Associate Director of Nursing
Geraldine Smith (GS)	Lead Pharmacist, Medicines Governance & Education Training

In Attendance

Dorothy Gibson (DG)	Clinical Governance Support Administrator
Gavin Simpson (Dr Simpson))	Consultant Anaesthetics

Apologies:

Dr Sue Blair (SB)	Consultant in Occupational Health
Lynn Campbell (LC)	Associate Director of Nursing, Acute Services Division
Pauline Cumming (PC)	Risk Manager
Scott Garden (SG)	Director of Pharmacy and Medicines
Dr Helen Hellewell (HH)	Associate Medical Director
Donna Hughes (DH)	Head of Person Centre Care
Aileen Lawrie (AL)	Head of Midwifery/Nursing Women and Children's Directorate
Dr John Morrice (JM)	Consultant Paediatrician
Amanda Wong (AW)	Associate Director of Allied Health Professionals

Item		Action
1	Apologies	
	Apologies for absence were noted from the above named members.	
2	Minutes of previous meeting held on at 09.30, MS Teams	
	The team confirmed that the note from the meeting held on 22 nd April 2021 was a true reflection of what was discussed.	
3	Action List	
	<p>Mental Welfare Commission – Communication regarding Announced Visits</p> <p>LB gave assurance that there is a system in place. LB informed the group that she will bring a report/update on progress to give assurance to the next meeting on the 26th August 2021.</p> <p>RC asked if the Inspection Coordination Group included the Mental Welfare Commission Communication and if they don't could this be raised at the Clinical Governance Committee to allow us to have sight of all of the external inspection</p>	LB

Meeting Note NHS Fife Clinical Governance Oversight Group 23 June 2021	Version: Confirmed	Date: 23/06/2021
Clinical Governance	Page 1 of 10	

	<p>activities at the same time, instead of creating something separate for the Mental Welfare Commission.</p> <p>LB agreed with the suggestion that has been made and will update the group at the next meeting.</p> <p>EM advised that we use the NHS Fife Activity Tracker and this is shared at every Clinical Governance Oversight Group meeting and this should capture inspections when they happen.</p> <p>EM advised that the NHS Fife Activity Tracker is also shared with the Acute Clinical Services Governance Committee. GC advised that there is an opportunity with the review of the Clinical Governance Framework to review the assurance lines in relation to the inspections. GC will add this onto the work plan for framework development.</p>	GC
	Clinical Governance Strategy	
	<p>The Clinical Governance Strategy Framework engagement paper was circulated in May 2021. There has been some feedback, although there have been a significant number of returns not received. GC is meeting with team members to have a review of the approach around the Strategy. An update will be provided at the next meeting 26th August 2021.</p>	GC
	Clinical Governance Oversight Group ToR (discussion with Pharmacy)	
	<p>GS advised that there has been no change to the representation from Pharmacy at the moment.</p>	GS
	Linked Groups: Deteriorating Patient Group	
	On the Agenda.	
	Linked Groups Deteriorating Patient Group ToR	
	On the Agenda.	
	TRACKER (To review the guidance paper for the Deaths of Children and Young People)	
	On the Agenda.	
	NHS Fife Clinical Policy & Procedure update 14.12.2020	
	<p>GC has had a discussion with Alistair Graham; there is a possibility of using Office 365 suite in order to provide a quality management system. The application that is being looked at is called share point; this is waiting to be approved Nationally as there is some Information Governance loops to be closed off before it can be rolled out.</p>	

	<p>GC advised that a specification will be built for services that would use Q-Pulse and for what purpose. GC advised that Q-Pulse would be mainly for document control, maintaining records relating to education and training in competency i.e. radiology.</p> <p>There may be an opportunity to look at this to support some of the work in the Clinical Effectiveness team i.e. policy and procedure and also wider corporately. The purpose of this is to reduce our risk exposure as an organisation and to increase our efficiency and to reduce reliance on manpower. There may also be an opportunity to look at Datix. GC advised that a paper will be brought back to the next meeting to share the scope and specification on the 26th August 2021.</p>	GC
	Clinical Effectiveness Register Flash Report/Projects by ASD Services	
	<p>The action is around Quality Improvement projects and how they link in with Adverse events. GC advised that since our last meeting we have had our first Organisational learning group meeting. Another meeting will be held in the next week.</p> <p>The group aim to develop a Terms of Reference and a scope for learning for adverse events. GC advised that this is in its infancy and after the next meeting there should be a clearer progression of what is required. An update will be brought back to the next meeting 26th August 2021.</p>	GC
	GC to circulate slides from the NHS Fife Clinical Governance Strategy to the group that shows the primary and secondary drivers of Clinical Governance.	
	These have been circulated to the Group.	Actioned
	JO to share the adult support paper with the group. JO to forward paper to EM for circulation.	
	JO has sent the slides to EM for circulation. JO advised that the inspection has now been completed. JO advised that the feedback from the Inspectors has been a really positive. JO advised that hopefully at our next meeting we will be in a position to give some feedback to the group.	JO
	Consultation on a Patient Safety Commissioner Role for Scotland	
	Action discussed and closed	
4	QUALITY	
4.1	NHS Fife Integrated Performance & Quality Report – (CMcK)	
	<p>CMcK noted that our current performance is really good in terms of Clinical Governance.</p> <p>JO highlighted that there has been a focus on complaints targets by some of the members of the Clinical Governance Committee and the Board. A brief process map for the Complaints process has been collated and the process map shows that some delays are happening. The process map will be sent to the Heads of Nursing for review and then onto various other managers for review.</p> <p>There is a 20 day turnaround which is very tight given that some English Trusts have a 40 day turnaround for their complaints process. JO advised that the 20 day turnaround isn't a target it is a standard that we should be aiming for. JO advised that the SPSO are more interested in is our complaints handling around maintaining contact with families and complainants and giving them a realistic timescale of when the complaint needs to be answered. CMcK raised that there is still a lot of work to be done around on knowing how to apologise on a complaint letter as CMcK has had to</p>	

Meeting Note NHS Fife Clinical Governance Oversight Group 23 June 2021	Version: Confirmed	Date: 23/06/2021
Clinical Governance	Page 3 of 10	

	<p>return quite a few complaint letters as they are overly defensive.</p> <p>CMcK – another thing to think about is when you look at the performance report is the waiting times is considered as performance but it is quality as well. The way that we have written the IPQR makes it look like good outpatient times or waiting times for cancer is somehow not linked to quality in Clinical Governance but they are. CMcK advised that if you wait longer for something your outcome is poorer. The cancer waiting times have taken a bit of a tumble at 62 a day target which makes us the 3rd worst in Scotland. This can't be seen as a performance measure it should be a quality measure and people aren't getting their treatment on time.</p> <p>GC advised that the IPQR will be reviewed with the adverse event process and the Clinical Governance Frame work review process.</p>	GC
4.2	HSCP Quality Report (LB)	
	<p>LB advised that there are a couple of points for noting:-</p> <p>Falls data across the partnership, there is significant work being done across clinical areas – Mental Health, St Andrews and Queen Margaret.</p> <p>Tissue Viability Pressure Ulcers remain an ongoing patient experience concern. There is significant work being done on the LAER's returns.</p> <p>CMcK requested if GC can review the HSCP Quality Report as part of the Clinical Governance review to see how there is clarity and equity across what we are looking at, as we are scrutinising this report at this group and why are we not scrutinising information from acute services. GC agreed and item 7.1 on the agenda will discuss the business of this group as there is an opportunity to ensure that we have a balance and that we are bringing key information to the group and what information we should be pulling out of the report i.e. bringing back themes of deteriorating performance of things we are concerned about we need to ensure that we have quality improvement measures in place so that we can ensure that we are addressing these so that we can start seeing an improvement.</p> <p>CMcK followed noted that this group should be giving assurance to the Clinical Governance Committee that all the activities have been seen and reviewed by the group.</p>	
5	GOVERNANCE ITEMS	
5.1	<p>NHS Fife Clinical Policy & Procedure Update 26/04/2021 (EM)</p> <p>EM advised that we have had one new procedure for the Partnership and for obtaining pressure relieving equipment and this was approved at their April meeting, and is now available on staff links. There are no outstanding clinical policies and procedures therefore we have 100% compliance of our policies and procedures being in date.</p> <p>EM advised that we have a new chair of the Clinical Policy Group who is Nicola Robertson. Tanya Lonergan has also joined the group as a representative from Mental Health and Learning Disabilities.</p>	
5.2	<p>NHS Fife Activity Tracker (EM)</p> <p>Since our last meeting we have had one inspection report i.e. the Victoria Hospital</p>	

	report on the 26 th of May 2021 has now been added onto the Tracker. We have received feedback from the consultation and sexual health standards, these have been shared with CMcK and they have now been submitted to Healthcare Improvement Scotland for the 18 th June 2021 deadline.	
5.3	In- Patient Falls Terms of Reference reviewed May 2021 (NB) NB advised that this was reviewed and slightly revised and is attached for your information. The purpose remains to progress the group work plan to support the NHS Fife falls strategy and to monitor and develop the quality improvement strategy.	
5.4	NEWS 2 (Dr Gavin Simpson to attend at 10.30 to support this paper) Dr Simpson gave an overview of the NEWS2 paper. NEWS 2 is the new early learning score across the UK. Dr Simpson advised that a SLWG with GC and team has been implemented to take this forward. Dr Simpson advises that as an organisation we should move over to NEWS 2 with a timescale being within twelve to 18 months. CMcK this is a massive proposed change for the organisation and will introduce a change and new systems to different parts of the hospitals and across our systems. JO raised the question about the training of staff i.e. will there be some online training available? Dr Simpson advised that the change in system will require the training of 4000 plus clinical staff across the Health and Social Care Partnership and the Acute Services Division. This training will be made much easier with the extended use of Patienttrack throughout Fife to over 1000 inpatient beds. The critical aspect in training the workforce will involve education in terms of a new score and aligning that to respective local clinical protocols, which will also require updating. Thorough risk assessments to be undertaken at project inception to ensure the team is cognisant of any risk to implementation and manage appropriately. High level considerations are as follows: <ul style="list-style-type: none"> • Training • Protocols • Paper As an outlier there may be a reputational risk to NHS Fife if the move to NEWS2 is not progressed. All risks will be managed in line with NHS Fife Risk Management process and recorded on the project register on Datix. The project will be managed in line with Prince2 methodology The group were advised that we have are 3 options:- Option 1 - Do nothing. Therefore NHS Fife will continue to be an outlier in Scotland if we do not transfer to NEWS2. Dr Simpson didn't recommend this option. Incidents at the point of patient handover between areas will continue to persist due to use of different systems	

Meeting Note NHS Fife Clinical Governance Oversight Group 23 June 2021	Version: Confirmed	Date: 23/06/2021
Clinical Governance	Page 5 of 10	

<p>Risks associated with use of paper scoring will continue.</p> <p>Option 2 - Align current FEWS to the NEWS 2 scoring – would recommend. No risks – the issues identified in the table above be addressed as a part of the implementation plan. Bespoke evidence based clinical response and proportional O2 scoring.</p> <p>Option 3 – Move to NEWS 2 and adapt clinical thresholds as appropriate – No risks – the issues identified in the table above be addressed as a part of the implementation plan. Bespoke evidence based clinical response and proportional O2 scoring.</p> <p>Option 4 - Move to NEWS 2 and adapt clinical thresholds as stated - Not possible to achieve without significant investment in medical and nursing teams. More sensitive but potentially less specific (high trigger rate).</p> <p>Recommendation and Next Steps It is recommended that NHS Fife progress to NEWS2 with adaptations (option 3).</p> <p>Key components of taking this project forward include:</p> <p>Scoping of Project</p> <ul style="list-style-type: none"> • Identification of services which use paper • Training of existing staff and revised induction • Identification of clinical protocols setting out deteriorating patient escalation response. These will need to be updated and centrally collated to improve governance of document control and availability of key information • Hardware requirements • Establishing a project governance structure • Full risk assessment of change and ongoing monitoring of risks • Updating of existing Patienttrack system to incorporate change • Rollout of Patienttrack to areas, currently not using this system <p>Quality/ Patient Care When compared nationally the deteriorating patient performance in NHS Fife is extremely good. Furthermore, over the past 5 years there has been a significant reduction in cardiac arrest rate. There is, however, always scope for improvement. Implementation of NEWS2 would have clear benefits particularly at interfaces where there are patient handovers e.g. Scottish Ambulance Service uses NEWS2. The oxygen scoring component of NEWS2 may also provide an additional benefit through the creation of proportional oxygen scoring. Dr Simpson is in dialogue with NHS Manchester to find out about how things happen within their board, one of the proposals could be we take on their modification of NEWS 2 to take into account</p>	
--	--

Meeting Note NHS Fife Clinical Governance Oversight Group 23 June 2021	Version: Confirmed	Date: 23/06/2021
Clinical Governance	Page 6 of 10	

	<p>oxygen levels.</p> <p>LB asked if Dr Simpson had any one from the partnership on the group to support the roll out in areas of the HSCP, and if not can Dr Simpson let LB know the name of that person, if not can Dr Simpson advise LB accordingly.</p> <p>GS is interested how the move to NEWS 2 will help improve the oxygen safety alert process (GS will be discussed under point 7.1 as AOCB).</p> <p>CMcK recommended that as an organisation we should be moving over to NEWS 2 and is supportive of the oxygen action that has been discussed. The Group have supported the recommendation to move over to NEWS 2.</p>	Dr Simpson
5.5	NR Fit Needles (Dr David Milne to attend at 10.45 to support this paper) Dr David Milne unable to attend – held up clinically.	
	<p>GC gave an overview of the NR Fit Needles paper.</p> <p>GC advised that this is in relation to a National patient safety alert that came out in 2017. It stated that there should be a transition from Leur connectors to non-Leur connectors for neuraxial procedures and regional block.</p> <p>There is significant risk of harm from the accidental administration of drugs by the wrong route – this could be drugs intended for neuraxial or regional procedures given intravenously or vice versa. Given this risk of harm there is a requirement to progress a transition to non-Leur connectors. It is likely that the connector that NHS Fife uses would transition over to NR Fit.</p> <p>GC advised that from a Clinical Governance perspective this has highlighted a concern in some respects in terms of how we are responding to safety alerts. GC advised that when a review took place of the risk register there was nothing on the risk register stating a risk associated with safety alerts. Therefore, this has prompted another piece of work GC, EM and DM have met with Procurement colleagues and the Health and Safety team. GC advised that she is looking for support from the Clinical Governance Oversight Group to progress this piece of work which will involve a scoping process across the organisation. There will need to be a procurement exercise to identify the NR Fit Needles that we move to, and there will need to be training and education requirements that are yet to be determined.</p> <p>CMcK agreed that the Clinical Governance Oversight Group will support this piece of work.</p>	
5.6	<p>Reviews and Learning from the Deaths of Children and Young People</p> <p>GC advised that she and Heather Bett have set up a SLWG which is multi agency and multi professional in order to determine our local processes and local infrastructure to ensure that we have a good system in place for the review of deaths.</p> <p>The key changes for us as a Board and across Scotland is that this new guidance will require us to review expected deaths and it also plays a responsibility on health to review death's that take place e.g.as a result of a Road Traffic accident . It would place responsibility on the NHS to coordinate and ensure that a quality single review is undertaken for that child.</p>	

	<p>The process involves ensuring that we have an effective notification system in place for child death and we have early communication with staff and importantly with families. Also to ensure that we have a mechanism for commissioning the most appropriate for review for the death, and there is the tracking and the organisation of the meeting and the review taking place with any learning and improvement outcomes.</p> <p>GC flagged that in Fife we estimate that there are about 30 deaths to be reviewed on an annual basis.</p> <p>The paper sets out that additional resource will be required in order to deliver this review.</p> <p>GC will bring a further update to the group at our next meeting on the 26th of August 2021.</p> <p>CMcK raised that there are changes in the process of the reporting of child protection and how does this link in with the review of Deaths in Children and Young People.</p> <p>JO advised that there is a child protection committee on the 24th June 2021 and JO can feedback to the group at the next meeting on the 26th of August 2021. JO also advised that there is work happening Nationally around hidden harm and Cecelia Rennie has produce a paper around the number of IRD's etc. This will be reported back Nationally at the end of July 2021 around hidden harm. JO noted that there has been an increase of online abuse and a reduction on physical abuse.</p> <p>GC will link in with JO about both reviews to ensure a joined up approach is taking place.</p>	GC GC
6.	Minutes for Linked Groups	
6.1	NHS Fife Adverse Events and Duty of Candour Group 20/04/2021 (PC) Noted by the Group	
6.2	NHS Fife Clinical Policy & Procedure Coordination and Authorisation Group 26/04/2021 (EM) Noted by the Group	
6.3	In Patient Falls Steering Group 19/05/2021 (LC) Noted by the Group	
6.4	NHS Fife Point of Care Testing Committee 02/06/2021 (EM) EM raised that at the last committee in the summary prepared by Dr Heather Holmes who is the chair of the group. Dr Heather Holmes has raised an issue/concern that she would like to bring to the attention of the group; being the use and compliance of the correct CHI number for point of care instruments. This has potential that results can be sent to the wrong patient electronic record EM advised that this has been raised as a Datix incident and was discussed at the committee. The wrong CHI number had been used against a patient, and the results have shown that the information had been put against a deceased patient.	

Meeting Note NHS Fife Clinical Governance Oversight Group 23 June 2021	Version: Confirmed	Date: 23/06/2021
Clinical Governance	Page 8 of 10	

	<p>NB advised that a SLWG is in place for Point of care testing and the SOP has just been revised around this concern. NB advised that the SOP has been launched with clinical teams around the accuracy of CHI numbers. NB agreed with CMcK that the team need to target operationally with the teams that are using the point of care testing process. NB advised that there is a small team in place around this process and NB is happy to take this work on through the SLWG.</p>	NB
6.5	<p>NHS Fife Resuscitation Committee 14/04/2021 (EM)</p> <p>Noted by the Group</p>	
6.6	<p>NHS Fife Tissue Viability working Group 25/05/2021 (LB)</p> <p>Noted by the Group</p>	
6.7	<p>NHS Fife Deteriorating Patient Group 6/04/2021 (EM)</p> <p>Noted by the Group</p>	
7	AOCB	
7.1	<p>Review of NHS Fife Clinical Governance Oversight Group Meeting (GC)</p> <p>GC advised that the ToR will be reviewed regarding this group to ensure that we are providing the service and all tasks to the Clinical Governance Committee.</p> <p>GC advised that we need to ensure that we have a work plan developed for this group.</p> <p>A discussion needs to take place so that we can take this forward, we will be looking to the members of the group to contribute and help shape the work plan.</p>	ALL
	Safety Alert (GS)	
	<p>GS raised that this alert has just been submitted. The back ground is that medical air outlets are beside oxygen outlets in most wards environments, where they have piped oxygen. There is the risk that patients receive medical air instead of oxygen as it is a universal socket for both the air flow meters and oxygen meters.</p> <p>The first alert was raised in 2016 and a significant piece of work was undertaken in all areas in Fife; either to cap the medical air sockets so that they couldn't be used in areas where they had medical air in use. We would ensure that they removed the air flow meters when not in use as they aren't needed in an emergency or we use air flow meters with flaps so that the flaps would be raised with the appropriate label warnings. GS advised that this is part of the medical gas audit and due to covid the last audit was 2019, where 8 areas were identified in the acute service were still using medical air via the flow meters. The findings were that some were non compliant with the process and procedures where the air flow meters were still in the socket.</p> <p>The recommendations are:-</p> <ul style="list-style-type: none"> To purchase sufficient powered nebuliser devices for use across the organisation. 	

	<ul style="list-style-type: none"> • To remove the need for medical air to drive nebulisers etc. • Or look at purchasing dehumidified air for the areas • GS if this is not suitable for some areas we would need to review and tether the equipment etc to reduce the risk to stop this happening in areas. <p>CMcK advised that it is for CMcK, GS and Iain Forrest to have an initial discussion to look at all areas over the organisation around this safety alert.</p> <p>NB will be involved in this piece of work and will highlight it to her teams.</p> <p>An initial meeting to take place and bring in other colleagues as it progresses.</p> <p>GC and NB to discuss which risk register this belongs to. Further discussion to take place with GC/NB/CMcK</p>	<p>CMcK/GS & Iain Forrest</p> <p>NB</p> <p>GC/NB/CMcK</p>
8	<p>DATE OF NEXT MEETING</p> <p>26th August at 09.30 – 11.30 pm on Microsoft Teams</p>	

Meeting Note NHS Fife Clinical Governance Oversight Group 23 June 2021	Version: Confirmed	Date: 23/06/2021
Clinical Governance	Page 10 of 10	

**MINUTE OF THE DIGITAL AND INFORMATION BOARD HELD ON TUESDAY 20TH APRIL 2021,
0900 VIA MS TEAMS**

Present:

Chair - Dr Chris McKenna	Medical Director
Alistair Graham	Associate Director, Digital & Information
John Chalmers	Clinical Lead, Digital & Information
Claire Dobson	Director of Acute Services
Margo McGurk	Director of Finance & Strategy
Kirsten Smith	Lead Pharmacist (on behalf of Director of Pharmacy & Medicines)
Amanda Wong	Associate Director, AHPs
Jillian Torrens	Senior Manager, Mental Health & Learning Disabilities Service
Janette Owens	Director of Nursing
Audrey Valente	Chief Finance Officer of Health and Social Care Partnership (on behalf of Director of Health & Social Care)

In Attendance:	
Claire Neal	(Minute) PA to General Manager, Digital & Information
Marie Richmond	Head of Strategy and Programmes, Digital & Information
Allan Young	Head of Digital Operations, Digital & Information
Andy Brown	Principal Auditor
Apologies:	
Eileen Duncan	Directorate Solutions Manager H&SC
Philip Duthie	General Practitioner
Miriam Watts	General Manager, Emergency Care
Josie Murray	Clinical Lead, Health Protection
Torfinn Thorbjornsen	Head of Information Services, Digital & Information
Lynn Barker	Associate Director of Nursing
Helen Hellewell	Associate Medical Director
Margaret Guthrie	Information Governance and Security Manager/DPO

1	WELCOME AND APOLOGIES	
	Dr McKenna welcomed everyone to the Digital & Information Board.	
2	MINUTE & ACTIONS OF MEETING HELD – 16/02/21	
	The minutes from the meeting held on 16 th February 2021 were reviewed and accepted as a true reflection by the Digital & Information Board. The action list was reviewed and updated.	
3	MATTERS ARISING	
	3.1 Draft Terms of Reference A Graham advised the ToR was issued to Board in advance of this meeting and received comments back from a few members with no substantive changes. Any further comments to be received by Friday 23 rd April. If no comments are received this will be taken as the final and revised ToR. This will be issued to members.	
	3.2 Annual Work Plan 21 - 22 Dr McKenna thanked A Graham for the Annual Work Plan, and for the work that has been achieved.	

	<p>M McGurk advised the Audit Action Plan should for be for approval and not for comment.</p> <p>Action - Annual work plan to be updated with the above.</p>	CN
	<p>3.3 Clinical Engagement Model</p> <p>A Graham introduced paper noting an action from the previous Digital & Information Board was to provide a Clinical Engagement Model. A Graham provided a background summary to this model, noting meetings have digital elements to majority of them, and in consideration a starting point would be to establish a Digital & Information Clinical Leads meeting. This will also align with our strategic path.</p> <p>J Chalmers noted this was a very good structure but raised a query with Dr McKenna and J Owens, in how do we ensure Clinical feedback? Dr McKenna noted the historic challenge to ensure digital engagement and raised a concern that we need to try and get the “everyday person” to engage and buy into the digital changes, rather than people who just have an interest. Possibly Digital is brought to these groups? J Owens replied they met with M Richmond and A Graham on how to link in with Nursing & AHPs. Possibly could engage with Charge Nurses promoting Digital as HEPMA will be commencing soon. J Owens confirmed they are looking to get a broad spectrum of support as moving from Paper to Digital.</p> <p>C McKenna advised it is important we don’t move in silos but COVID has helped with technology as we are having to use digital more than ever e.g. Near Me.</p> <p>Further discussions were undertaken within Group on how to achieve this, A Graham advised, would be helpful for further guidance from N Connor and C Dobson from their perspective. A Valente confirmed happy to engage with A Graham.</p> <p>Dr McKenna confirmed good work in progress and bring back to the next meeting any updates.</p> <p>Action – AG/JC to develop the model further</p>	AG/JC
4.	RISK MANAGEMENT	
	<p>4.1 Risk Management</p> <p>M Richmond provided a brief back to paper confirming a large amount of work has been carried out on risks. There were concerns that risks remain on the register for a long period of time and after searching there is no guidance on how long a risk should remain on a register. If a risk cannot be mitigated within 3 years there is a question if there is an acceptance of this risk or not. Discussions were undertaken within the Digital Senior Leadership meeting and ongoing conversations are currently taking place with the NHS Risks Team regarding risks that are on the register for some years.</p> <p>A Graham confirmed there are currently 15 high risks and 35 moderate risks with these risks requiring a review to ensure they still meet the current target level. All risks are continuously being managed and mitigated against but a decision is required whether these are accepted as a risk or work is required.</p> <p>A Graham gave a brief summarisation on the categorisation and the risk profile noting there are a number risks that have been on the risk register for some</p>	

	<p>years, maybe there is a likelihood these can be reduced or if not removed. Risks also need added.</p> <p>A discussion was undertaken on whether risks for IG&S should be removed from within this risk register and not presented to the D&I Board but be presented to the IG&S Governance meetings. It was decided IG&S risks would be removed and only D&I risks will remain, with a caveat, any risks that need to be highlighted be brought to this Board.</p> <p>The Board Agreed to remove IG&S risks and for these to be included in the IG&S governance meetings</p> <p>A Young highlighted a few high risks currently on the register and provided a brief summary for each:</p> <ul style="list-style-type: none"> • ID 226 – Security of Data being transferred on/off site. Mitigations are in place e.g. encryption and device controls, plus many more. • ID 537 – Failure of Local Area Network causing loss of access to IT systems. Investment into LAN switches and replacement of any end of life appliances is planned. <p>A brief discussion was held regarding some of the risks within the report, M McGurk noting time should be planned at the D&I and IG&S meetings regarding the risks and what our risk appetite is, possibly we will never be able to eradicate. A Brown also noting assurances are mapped within both groups with the mitigations, albeit they have been on there for some time, if risks are high these should continue.</p> <p>No further comments were raised.</p>	
5	PERFORMANCE	
	<p>5.1 Scorecard</p> <p>A Young presented the Scorecard to Board noting the below:</p> <ul style="list-style-type: none"> • 2003 End of life server - steadily decreasing. • 2008 End of life server - going well. An opportunity has arose with EMIS GP System , they have announced a new version that would allow for an upgrade of servers in practices from the legacy operating system. There will be cost implications, and AY will present an SBAR with options and costs at the next D&I. • Password resets - Ongoing challenge, but due to introduce a new software on managing password resets. Also going to increase the number of characters to 12 and have a background system in place where it will seek the easy guessable passwords and ask to update. This will then remove the 3 month reset and password can then be used forever. • Cyber Security Exposure Score - Lower the figure the better, we are currently at 38 which is reasonable but hope to be below 20. Challenge we face is we have lot of legacy apps that require Java and this brings our score down. Work is ongoing with a 3rd party company, Cyber, and Infrastructure to resolve. <p>A query was raised how the Cyber Score is calculated, A Young confirmed this is a system calculation, NHS Fife is one of the top leagues against other Boards.</p> <p>Comments were noted regarding the overlap of information with D&I and IG&S within the Scorecard. It was noted that particular sections can be reviewed.</p>	AY

	<p>No further comments were raised.</p> <p>Action – AY to present options for GP server estate</p>	AY
	<p>5.2 Presentation (Challenges in meeting OLS/SLA's) Capability & TOM</p> <p>A Graham noted following from the previous D&I Board he wanted to provide assurance that work is currently ongoing. A brief background to paper was presented. Dr McKenna raised a query regarding what “disruptors” were, M Richmond advised this could be things that are out of control e.g. National Platform, providing a brief background noting timelines are being delayed and this does have an impact on targets.</p> <p>Dr C McKenna thanked for the clear layout and the information provided as this does highlight how much scope we have in our Directorate.</p> <p>No further comments were raised.</p>	
6	Strategy & Programmes/Projects	
	<p>6.1 Strategic Delivery Plan</p> <p>M Richmond highlighted paper brought to Board to provide an update on where we are within our delivery on our strategy. We are currently 2 years into the digital strategy and it's important to recognise a huge amount of work ongoing but this is taking longer than expected. There are a number of projects on hold, awaiting Business Cases but are hopeful we will achieve but recognising the amount of work still involved.</p> <p>J Chalmers queried Stafflink and keeping documents up to date, there are technical but no clinical updates. M Richmond confirmed we need to maximise staff link, there is a Phase 2 due to be launched shortly. Feedback was provided this is a good messaging system but further training needs to be provided. It was noted that Stafflink is a vast improvement on our previous Intranet. Ongoing conversations with Comms to take place.</p> <p>No further comments were raised.</p>	
	<p>6.2 Programmes/Projects update</p> <p>M Richmond advised Board this paper has been presented for information only to provide an update on projects.</p> <p>Demand on the service is still high but with recognition for the use of Digital since the Impact of COVID 19.</p> <p>M Richmond provided a brief background on some of the progress on the projects. Listed below a few updates:</p> <ul style="list-style-type: none"> • Community Replacement Business Case addendum has been approved, team is in place to commence work. This project is managed by Tracy Crighton. • Endoscopy Outline Business Case now completed so this has now commenced. Looking to Procurement for advice and support. • NIS Audit now complete, and await the Audit results for consideration. 	

	<ul style="list-style-type: none"> • D&I have agreed to take forward digital handover and group asked to note this progress • Digital Pathology – Outline Business Case remains in development. • HEPMA – Programme Manager now recruited, Nicola Jensen will start in May so a delivery plan can now be commenced. • 0365 – Ongoing with SharePoint to be introduced next. • Digital Hub – there is work ongoing providing information to patients digitally rather than paper. <p>M Richmond confirmed there are now 2 Business Analysts in post and they are undertaking analysis for the Orthopaedic Elective Centre and accounts reconciliation.</p> <p>M McGurk queried Urgent Care Redesign risk sitting at green within the Digital report, brief discussion was undertaken and it was noted this would be taken offline and discussed further with the Project Manager if this should be raised to Amber.</p> <p>Feedback was provided that the format of the paper is clear and helpful and great progress is documented.</p> <p>No further comments raised were raised.</p>	
	<p>6.3 Digital Operations – Portfolio Summary</p> <p>A Young presented paper to Board noting this was for information only to highlight Digital Operations year end summary. A Young gave a brief background to this.</p> <p>No further comments raised were raised.</p>	
7	Business Cases / Proposals	
	<p>7.1 Digital Pathology – Update</p> <p>This item was updated with a previous item.</p>	
	<p>7.2 Community System – Addendum – Update</p> <p>This item was updated with a previous item.</p>	
8	FINANCE	
	<p>8.1 Risk Identification</p> <p>A Graham advised bringing to Board for information only. Board Assurance Framework (BAF) continues to go under development and is considering the assessment of the Digital Strategy with the financial impact, the considerations and assurance will be highlighted through the risk review work and the Board will be updated.</p> <p>A Graham advised a new O365 contract has been signed which commits all NHS Boards to a new 4 year proposal and wanted to highlight a degree of financial risk. This is to be identified and added to Datix. Further updates will be provided to D&I Board.</p>	
9.	AUDIT / ACTION PLANS	
	<p>9.1 Assurance Report</p> <p>A Graham presented report to Board for comment and for approval. A brief conversation noting a query with membership. This was updated and clarified.</p>	

	<p>Comments were provided by A Brown prior to meeting and all agreed with the comments.</p> <p>No further comments were raised.</p> <p>Agreed by Board.</p>	
10.	AOCB	
	<p>A Young noted to Board paper is for information only. They were asked to provide an assurance on the committed funding provided to Primary Care Digital Improvement. A Young provided a background to the funding and the current expenditure.</p> <p>Discussions were undertaken regarding the current IT equipment that is in circulation, with many staff now provided with a laptop there is need to retrieve their desktops. A Young confirmed this is continuing throughout the organisation.</p> <p>No further comments were raised.</p> <p>Dr C McKenna thanked all for attending.</p>	
11	DATE OF NEXT MEETING	
	0900, 21 st July 2021, via MS Teams	

NHS FIFE INFECTION CONTROL COMMITTEE
2ND JUNE 2021 AT 2PM
VIA MICROSOFT TEAMS

Present Nicola Robertson Julia Cook Stephen Wilson Paul Bishop Elizabeth Dunstan Catherine Gilvear Midge Rotheram Lynn Campbell Lynn Burnett Lorna Eldridge Pauline Cumming		Associate 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 Midwifery Manager Risk Manager
Apologies Priya Venkatesh Keith Morris Margaret Selbie Aileen Lawrie Neil McCormick		
In Attendance Lori Clark		Notes
1	APOLOGIES Apologies were noted as above.	
2	MINUTE OF PREVIOUS MEETING – April 2021 Group approved previous minute as accurate reflection	
3	ACTION LIST (April 2021) Group talked through each open action and the actions were closed or completed as appropriate. Action list updated to reflect.	ACTION
4	STANDING ITEMS	
4.1	4.1a HAIRT Board Report JC updated on some achievements over the last few months, we have had the world health organisation's hand hygiene day on the 5 th 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. 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. 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. ED updated on challenges that VADs remain our biggest challenge for hospital acquired SABs, there is continuing improvement works for these.	

	<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. Patienttrack 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 4th and 5th 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 <u>noted</u> the report.</p>	
	<p>4.1b HAI <u>LDP Update – SABs Reports</u></p> <p>Members <u>noted</u> the update.</p>	
	<p>4.1c <u>HAI LDP Update – CDIs Reports</u></p>	

	Members <u>noted</u> the update.	
	4.1d <u>ECB Surveillance Report</u> Members <u>noted</u> 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. Action for JO to take question to SEND. Members <u>noted</u> the update.	J Owens
	4.1f <u>HAI Update – Orthopaedic SSI Reports</u> This surveillance has been paused following a CNO letter. Members <u>noted</u> the update.	
	4.1g <u>Colorectal SSI Surveillance Report</u> This surveillance has been paused following a CNO letter. Members <u>noted</u> the update.	
	4.1h <u>CPE Surveillance Report and MRSA Surveillance</u> Members <u>noted</u> 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 <u>noted</u> the update.	
4.2	<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 noted the update.	
4.3	<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 30th 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 noted the update.</p>	
4.4	<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. ACTION – PB to take risk to estates risk meeting to be updated.</p> <p>Risk register approved.</p> <p>Members noted the update</p>	
4.5	<p><u>Learning Summaries</u></p> <p>No learning summaries brought to this ICC</p> <p>Members noted the update</p>	
4.6	<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 <u>noted</u> the update</p>	
4.7	<p><u>HEI Inspections</u></p> <p>Members <u>noted</u> 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&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 <u>noted</u> 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 <u>noted</u> the update.</p>	
4.10	<p><u>Infection Prevention & Control Audit Programme</u></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 <u>noted</u> the update</p>	
4.11	<p><u>Prevention and Control of Infection Work Programme 2019-2020 (for noting)</u></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 <u>noted</u> the update.</p>	
5.	<u>NEW BUSINESS</u>	
5.1	<p><u>COVID-19</u></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 <u>noted</u> the update</p>	
5.2	<p><u>Excellence in Care</u></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 <u>noted</u> the update</p>	
5.3	<p><u>Safe and Clean Audit</u></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 <u>noted</u> the update</p>	
6	NHS FIFE INFECTION CONTROL COMMITTEE'S SUB GROUPS	
6.1	<p><u>Infection Prevention & Control Team</u></p> <p>Nothing from this meeting to highlight to group.</p> <p>Members <u>noted</u> the notes of the meeting</p>	
6.2	<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 <u>noted</u> the notes of the meeting</p>	
6.3	<p><u>NHS Fife Antimicrobial Management Team</u></p> <p>Nothing from this meeting to highlight to group.</p> <p>Members <u>noted</u> the notes of the meeting.</p>	
6.4	<p><u>NHS Fife Water Safety Management Group</u></p> <p>Nothing from this meeting to highlight to group.</p> <p>Members <u>noted</u> the notes of the meeting.</p>	
6.5	<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. This can be raised at the next equipment management group which IPC sit on. PB added</p>	IPCT

	<p>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 <u>noted</u> the notes of the meeting</p>	
6.6	<p><u>Quality Reports</u> 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 <u>noting</u> only</p>	
7	<p>ANY OTHER BUSINESS</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. PC will email out guidance and template.</p> <p>Members <u>noted</u> updates.</p>	<p>P Bishop</p> <p>P Cumming</p>
8	<p>DATE OF NEXT MEETING The next meeting of the Committee will be held 4th August 2021 at 2pm via Microsoft Teams</p>	

**MINUTES OF THE PUBLIC HEALTH ASSURANCE COMMITTEE MEETING HELD ON
TUESDAY 8 JUNE 2021 AT 10.00 AM VIA MICROSOFT TEAMS**

Present:	Joy Tomlinson (JT) (Chair)	Director of Public Health
	Olukemi Adeyemi (OA)	Consultant in Public Health
	Fiona Bellamy (FB)	Senior Health Protection Nurse Specialist
	George Brown (GB)	Emergency Planning Officer
	Hazel Close (HC)	Lead Pharmacist Public Health
	Cathy Cooke (CC)	Public Health Scientist
	Esther Curnock (EC)	Deputy Director of Public Health
	Duncan Fortescue-Webb (DFW)	Consultant in Public Health Medicine
	Julie O'Neil (JON)	Public Health Service Manager
	Emma O'Keefe (EO'K)	Consultant in Dental Public Health

Apologies:

In Attendance:	Sarah Nealon (SN) (Minutes)	Project Support Officer
	Stevie Rutherford	PA to Director of Public Health

ACTION

1. WELCOME AND APOLOGIES

JT welcomed everyone to the meeting and there was a round of introductions.

2. MINUTE OF THE MEETING HELD ON 4 APRIL 2021

The minutes were agreed as an accurate record of the meeting.

2.1 Actions from Last Meeting

See Action Log June 2021 for update to actions from the last meeting. JT commented that the action log is a really good prompt.

3. MATTERS ARISING

There were none.

4. TESTING REPORT TO CLINICAL GOVERNANCE COMMITTEE

DFW reported that they are currently looking at new strands of community testing, using fixed and mobile sites, also looking at suitability of access to these sites. There are 5 UK Government sites, 3 are run by SAS and the other 2 are run by NHS. These are reviewed weekly and can be moved to where there is low testing uptake and depending on IMT recommendations as well. Uptake isn't as good as they would like with just over 50 a week being tested. Moving forward we have secured testing sites from March 2022, 7 fixed and 3 mobile sites. Currently scoping where to locate the fixed sites. Beyond test sites there are a few changes. LFD collection,

pharmacies are coming on board hopefully this week so members of the public can collect from there and they are also available by post. IMT and outbreaks have increased but hospitalization hasn't increased.

JT mentioned that the Directors of Public Health (DsPH) had their first meeting with the new Cabinet Secretary, who is keen to engage with DsPH. The importance of clear messaging for public has been highlighted in all recent meetings including this one. Testing is a priority for the Cabinet Secretary and he is very struck by how Glasgow responded to locality specific increased numbers through door to door testing. GGC colleagues explained this was very resource heavy, but something to bear in mind as one way to increase uptake.

It was noted that the door step collection utilized by home care workers could be a useful tool.

EC mentioned that it was interesting that Greater Glasgow East Renfrewshire local spike in transmission was managed differently to the city centre. Glasgow articulated their rationale for the different approaches used very clearly for the Cabinet Secretary.

5. ANNUAL IMMUNISATION REPORT

EC explained that she had been unable to finish the report ahead of this meeting due to work pressures. EC shared her working document and provided a verbal highlight of the report. **Action:** Once finalised the report will be emailed round the group and submitted to the CGC.

EC

Vaccine Preventable Disease, Vaccine Uptake – showed some key data and graphs. Since there wasn't a report last year data is provided for the full calendar year.

Childhood – key thing to note is that Fife's difference in uptake across deprivation quintiles is more pronounced in Fife.

MenB Booster just under 95%. MMR1 above 95% but MMR2 is below 90%. Gradual decline in 6 years MMR2 booster.

Data not available due to pause in programme. Work is ongoing with catch up within the Teenage Programme.

Learning for the future will be taken from this in a separate paper. A separate paper about the immunisation review completed by Carol Bebbington will also be submitted to CGC. The next step after this report will be development of a strategic action plan and we will be keen to look at inequalities, also looking at approach to risk management.

JT suggested that the teenage programme could be omitted from the report since the data isn't available and agreed that inequalities needs to be flagged.

JT thanked EC for her update.

Action: Final report will be emailed round for comments before being submitted to CGC. **EC/SN**

RISK MANAGEMENT

6. IDENTIFY NEAR MISSES, CRITICAL INCIDENTS & LEARNING

There was concern about support for Teams out of hours if there are technical problems. It was agreed that JON will make sure that everyone knows how to access this out of hours. **Action: JON**

JON

OA informed the group of an issue with the Breast Screening Programme. Due to a number of factors such as lack of consultant radiologists and radiographers and the impact of Covid, screening in NE Fife will be significantly delayed. Screening should have started in April 2021 and could be delayed by 50 weeks. The East of Scotland Breast Screening Programme (NHS Tayside) is working to identify extra capacity and an action plan will be produced in September 2021. NSD is aware.

It was mentioned that all the screening programmes are in recovery mode after being paused last year. JT mentioned that there are capacity issues with the DES and all DsPH were sent an email from the National Team to see what can be done to increase capacity. It has not helped that appointments durations have increased from 10 minutes to 15 minutes, so there are less appointments than before. Fife have some staff shortages and they also have less clinic space than before Covid. Meetings are taking place to discuss this for Fife.

OA also gave an update on the No Cervix Cervical Screening Incident. OA said that this is very sensitive incident as there has been no public announcement to date. Fife are currently auditing the post 1997 set of patients, checking if they have been wrongly applied to the No cervix exclusion. If this was wrongly applied the affected patients will require to be added back to the call/recall system. OA reported that this incident has been difficult for Fife as we have had difficulty in accessing patient notes, due to the way records were archived. The Colposcopy Lead has been extremely busy and not had much time to do this. This was escalated to the business manager and the lead has been allocated extra time to complete this audit. OA also informed that Fife have now received the pre 1997 cohort of data and there are 80 patients that require to be reviewed. This will be more difficult to access these notes. There will be some patients that will require to be referred back to Primary Care. OA said that a preliminary local review of patients who have died did not find cause of death to be due to cervical cancer. A further review is being undertaken at a national level.

JT asked about deadline for completing. OA expressed that we missed all the deadlines due to capacity. **Action:** JT said that OA should liaise with the Service Manager to ensure that this is progressed.

OA

Action: It was agreed that this should be added to the next Agenda for further update. **SN**

EC mentioned that they have looked into patients receiving the wrong second vaccine dose for Covid-19. There were initial concerns that this was a large number, but it was just a handful of patients that have been affected. There will be a learning form this will be put into a report and it can be brought to the next meeting. **EC**

7. NEW PROSPECTIVE RISKS

There were none.

8. REVIEW OF CURRENT RISKS ON PUBLIC HEALTH REGISTER

8.1 518 Resilience

No update provided as next review not due until 12 August 2021.

8.2 528 Pandemic Flu Planning

Discussion held outwith PHAC between Esther Curnock and George Brown. It was agreed that risk should stay on Datix. **Action:** GB to update risk description to include remerging infections. **GB**

Update was agreed.

8.3 1729 Suspicion of Malignancy

Still awaiting some information from Tayside. Also, we are still waiting to hear back from some members of the IMT that they are happy with the last minutes and update on a couple of actions. NSD has advised that this risk should remain on local risk register.

No change to risk level.

Update was agreed.

8.4 1837 Pregnancy and Newborn Screening

No update provided as next review not due until 12 August 2021.

8.5 1904 Coronavirus Disease 2019 (Covid-19) Pandemic

DM Updated this risk outwith the PHAC.

Update on 20/05/21 - There have been significant changes to Covid restrictions on 26 April and again on 17 May. There will be increased mixing within the community and in households which increases opportunities for transmission. At a UK level some forms of international travel are permitted. Recently a new variant of concern has been detected (B.1.617.2) and we do

not yet know what impact this variant will have on transmission and levels of morbidity. It appears to be more transmissible but further data is needed. On a positive note it appears that the vaccine is still effective against this variant. We are likely to see ongoing clusters and outbreaks as a result of the easing of restrictions and it is essential that an effective and resilient public health responses is maintained to prevent and respond to these.

No Change to Risk Level.

The update was noted and the risk will transfer over to the new DPH.

8.6 1905 Contact Tracing including TTIS Programme

Due to increasing cases, along the with easing of restrictions leading to greater complexity of settings and increasing numbers of contacts each: there is increasing pressure on contact tracing staff and the service. Staffing has been boosted in line with national agreement. The service has move to using SMS to alert contacts in order to cope with increasing numbers while preserving staff capacity for careful telephone conversations with cases.

No change to risk level.

Update was agreed.

8.7 1906 Contact Tracing including TTIS Programme

Funding has been secured to end of March 2022 to increase numbers of static and mobile testing sites. Identification of sites, recruitment of staff, and sourcing of necessary equipment is underway.

No change to risk level.

Update was agreed.

8.8 1907 Public Health Oversight of Covid-19 in Care Homes

Nothing new to report. No change in risk level. Risk Owner has change to Fiona Bellamy.

8.9 1908 Handling of Excess Deaths during the Global Covid-19 Pandemic

The situation continues to be monitored by the Fife LRP Mass Fatalities Co-ordination Team with no areas of concern being identified. So, no actions required other than to keep the situation under review.

Because of the concern around the Delta variant of the virus there will be no change to the current risk level.

It was noted that from the minutes of the last meeting there had been a discussion to downgrade this risk. Due to there being a lot of spare capacity the risk level should be moved down to low.

Action: GB said that he will have a look at reducing the risk level.

GB

Update was agreed and should be reviewed in a month's time.

8.10 2005 Covid Vaccinations – Vaccine Effectiveness

- UK based vaccine effectiveness studies confirm the impact of vaccination on mortality of the strain B.1.1.7 (which has been dominant in the months covering vaccine roll out to May 2021), and there is increasing evidence that both Astrazeneca and Pfizer vaccines prevent infection and transmission of this strain.
- A new COVID-19 strain B.1.617.2 (now known as the Delta variant) is rapidly becoming the dominant strain across Scotland.
- There is more limited data with regards to vaccine effectiveness against Delta variant. A recent study using a test negative case control design found effectiveness was lower after 1 dose of vaccine with B.1.617.2 cases 33.5% (95%CI: 20.6 to 44.3) compared to B.1.1.7 (also referred to as 'Kent variant', now known as Alpha variant) cases 51.1% (95%CI: 47.3 to 54.7) with similar results for both vaccines. With Pfizer 2 dose effectiveness reduced from 93.4% (95%CI: 90.4 to 95.5) with B.1.1.7 to 87.9% (95%CI: 78.2 to 93.2) with B.1.617.2. With Astrazeneca 2 dose effectiveness reduced from 66.1% (95% CI: 54.0 to 75.0) with B.1.1.7 to 59.8% (95%CI: 28.9 to 77.3) with B.1.617.2 (Study pre-print available here: <https://khub.net/documents/135939561/430986542/Effectiveness+of+COVID-19+vaccines+against+the+B.1.617.2+variant.pdf/204c11a4-e02e-11f2-db19-b3664107ac42>)

There is limited evidence on whether the vaccine reduces severity of disease with the Delta variant; early hospital admission and ICU admission data suggest it may reduce severity of infection, but further evidence is required

This update was agreed and should be reviewed in a months time.

DFW said if we are taking about effectiveness should we be looking at uptake and coverage in lower age range. EC said that Fife are sitting at 85% for under 50's which is disappointment as over it is 95% for over 50's.

Update was agreed.

8.11 2025 Covid 19 Vaccinations – Long Term Infrastructure

- Immunisation Review paper submitted to EDG 6th May 2021 and recommendations to resource and strengthen infrastructure and governance were agreed.
- An Immunisation Strategic Action Plan based on findings of the review paper and the wider context is in development
- The start date of the COVID programme manager has been delayed

- by 1 month.
- Recruitment for a fixed term Programme Director and a permanent Clinical Service Manager will be commencing shortly. An interim post holder for programme director is likely to be required ahead of the recruitment process.
- The current Immunisation Coordinator (Esther Curnock) will continue in this role.
- Regular meeting between the relevant executive directors continue.

No Change in risk level.

EC said that this risk and risk 2005 are on the broader risk register and this sits with the silver group. There is a Paper going to CGC on 7 July. Programme Manager to commence the end of June as there has been a little delay. Strategic Leadership is being put in place.

Update was agreed.

9. ANY ISSUES TO ESCALATE TO CLINICAL GOVERNANCE

There were no issues identified requiring escalation .

Screening was discussed and it was agreed that JT would give a verbal update on the ongoing incident. Once the Cervical Screening Incident is complete a written SBAR will be taken to CGC. **Action:** To be submitted to CGC in the near future.

JT/OA

10. ANY OTHER COMPETENT BUSINESS

There was none.

11. DATE OF NEXT MEETING

The next meeting will take place on 10 August 2021.

NOTE OF THE AREA MEDICAL COMMITTEE (AMC) HELD ON TUESDAY 8 JUNE 2021 VIA MS TEAMS

Present:

Dr C McKenna (Chair)	Medical Director
Dr Fiona Henderson	General Practitioner
Dr John Kennedy	Clinical Director H&SCP (East)
Dr Sally McCormack	Clinical Director Emergency care
Dr Sunil Sahu	General Practitioner

In Attendance:

Catriona Dziech (Notes)

1 APOLOGIES FOR ABSENCE

Dr Duthie, Dr Cargill, Dr Boilson, Jo Tomlinson, Dr Morrice

2 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of interests.

3 MINUTES OF PREVIOUS MEETING HELD ON 9 FEBRUARY 2021

The notes of the meeting held on 9 February 2021 were approved.

4 MATTERS ARISING

i) Revised Constitution Attendees

This item will not be actioned until the Medical Staff Committee is up and running. Dr McKenna agreed to liaise with Phil Walmsley.

Action: CMcK

ii) Medicines Efficiency Structure

No update.

ii) GP/Orthopaedics

Dr McKenna advised a group has been established with Orthopaedic surgeons, Service Managers and Lorna Donaldson to look at GP orthopaedic issues. Dr McKenna suggested Lorna Donaldson could provide the GPSC with an update.

5 STANDING ITEMS

i) Financial Position – Including IPQR

Dr McKenna advised at the end of financial year there was an expected overspend of £8m. Due to several factors the position in January / February was an underspend of £4m. This means the money is handed back to the SGHD as it is unable to be held in reserve. The overspend arose due to a number of factors but was largely driven by the decrease in elective activity, the receipt of Covid funds and additional one-off monies. This also included the SGHD agreeing projected undelivered savings.

This has been managed by transferring the money to the local authority who can keep reserves. As the IJB exists and 30% is Council NHS Fife transferred £11m as a one off to the IJB's budget where it will sit as a reserve. The money transferred is earmarked for services within the HSCP.

The acute set aside budget which would have been delegated to the IJB for planning and strategy has also been transferred to the IJB.

In taking comment it was noted it was unclear how the money will be allocated. H@H is a good example of what the HSCP could be looking at developing further.

ii) Medicines

ASD is overspent by £3m and work is required to understand the services that are high cost users.

iii) Adverse Events

Dr McKenna advised a review process is due to begin to ensure it is fit for purpose. Consultation will also be undertaken with the teams who use the service. Gemma Couser as new Head of Quality will lead.

iv) Medical Staff Committee

Discussed under 4(i) above.

v) Update from GP Sub Committee

There was no specific update and any issues are picked up in the minutes at Item 7 (i). Fiona Henderson advised there had been a positive meeting with Sally McCormack and Radiology around GP requests.

vi) Realistic Medicine

Dr McKenna advised Realistic Medicine remains on the board agenda and the Realistic Medicine Leads are undertaking some work on shared decision making.

Ashley Phealy, GMC Leadership Fellow, is working with NHS Fife as a pilot Board to work with clinicians around the GMC's new guidance around shared decision making and consent. This work links in with our Realistic Medicine Leads, Morwenna Wood and two Chief Registrars. Consultant participation is also being sought. Dr McKenna advised an update will follow in due course.

Dr Kennedy advised under frailty a blood pressure guidance has been developed along with guidance for diabetes which will undergo due process then be issued to GP practices. The aim is to build a repository of frailty related approaches.

Another area being considered is dementia and anti-depressants in older age. There are a number of people in care homes on some form of anti-psychotic medicine and work is underway to develop guidance to take patients off this medication if possible. Early work is also underway to remove anti-depressants from this group.

Ongoing work continues with bone health with the aim to reduce administering Denosumab to patients in care homes and move to a one-off infusion.

Dr McKenna advised we have been asked to take part in study looking at artificial intelligence reading of x-rays and risk for osteoporotic fracture which may be of interest for someone.

vii) Medical Workforce

Dr McKenna advised challenges are emerging in ASD. Dr McCormack advised she was not aware of the issues in Planned Care and Women and Children but advised across Emergency Care there is a challenge within Neurology, Cardiology, Diabetes, GI, Pathology and Microbiology. One of the challenges going forward in the next year will be covering the bed base. All options are being looked at to resolve the situation.

Dr McKenna advised areas are well recruited to such as Orthopaedics, Women and Children, Paediatrics, Radiology and Gastroenterology

Within General Practice Dr Kennedy advised GP recruitment was slow with concerns particularly in West Fife. East Fife is well recruited except for Newburgh who are being given support while running on less doctors. Urgent Care / OOH is less than ideal but better than some Boards, but we still need to retain, recruit, and encourage. There is a problem to recruit to non-GP Community hospitals. The Sir George Sharp Unit is currently run by a Locum and consideration needs to be given to a substantive consultant post going forward. Dr McKenna and Dr Kennedy agreed to discuss this outwith this meeting.

Fiona Henderson advised there remains general issues around recruitment and retention with GP Practices. Fiona Henderson made a plea for some form of communication to go out the public making them aware practices are open, but their need may not be appropriate for a GP. A change in public perception is difficult but with the correct signposting it may help. Dr McKenna advised a conversation has begun with Comms and Dr Duthie to address these issues. It was suggested it may be helpful to ask our commercial partners to issue comms separately advising the public they are open and what services they can provide. Dr McKenna agreed to contact Scott Garden and Ben Hannan to discuss pharmacy further.

Action: CMcK

viii) Education & Training

Dr McKenna advised there had been a positive Deanery visits to VHK.

The ScotGem programme is progressing and doing well.

St Andrews University has been granted the ability to award a Primary Medical Qualification (PMQ). There is now renewed vigour in NHS Fife's approach to becoming a University Teaching Hospital or University Health Board. This means making a case to Government to change the legislation to make NHS Fife a University Teaching Health Board of which there are currently only four, Grampian, Tayside, Glasgow, and Lothian. Our new Associate Director of R&D, Frances Quirk, completed this exercise in Australia making a non-teaching Health Board into a teaching Health Board and within five years which saw a significant change in terms of the research income for the Health Board and prestigious academic appointments. This will be considered at a Development Session of the Board next monthly to consider taking forward formally.

ix) Brexit

To be removed from the agenda.

x) LAER/SAERs – Report from Adverse Events/DoC meeting held on 2 February and 20 April 2021

Dr McKenna advised these reports are presented to give transparency in terms of the backlog for LAER/SAERs to be completed. There has been some improvement in LAERs. SAERs are being completed but were paused due to Covid. All SAERs that are commissioned are reported to HIS with the aim to standardise the process for Scotland.

6 STRATEGIC ITEMS

i) Health & Care Services Transformation

Dr McKenna advised the Population Health Well Being Strategy is in its infancy of development for Fife and will look at preventative and population health initiatives. There is also the Strategic Planning and Resource Allocation where each of the clinical services along with corporate services are asked to identify priorities for the year. These are then factored into the wider corporate objectives. More information will be available in due course.

ii) GMS Implementation

It was noted the likelihood is the contract will not succeed in Fife. John Kennedy advised work continues towards creating the planning and are ready for recruitment once finance is available. SGHD are in discussion with GPSC to discuss what happens going forward. There are concerns around inequities which may exist if the contract is not completed.

iii) COVID & Remobilisation

Dr McKenna advise Covid is still present in reasonable numbers but not translating into hospital admissions. There is currently one person in ITU. Remobilisation is moving as fast as possible within the limitations of social distancing etc.

7 ITEMS FOR INFORMATION

i) Notes of the GP Sub Committee held on 19 January, 16 February, 16 March and 20 April 2021

Noted.

ii) Notes of the Adverse Events / Duty of Candour meeting held on 2 February 2021

Noted

8 AOCB

There was no other competent business.

9 DATE OF NEXT MEETING

Tuesday 10 August 2021 via MS Teams

MINUTES OF THE IRMER BOARD HELD ON THURSDAY 20 AUGUST 2020 AT 2PM VIA MICROSOFT TEAMS

Chair: Dr Christopher McKenna

In Attendance:

Dr Christopher McKenna (Chair)	Medical Director, Acute Services Division/Executive Lead Radiology
Dawn Adams (DA)	Clinical Director, Public Dental Service
Jane Anderson (JA)	Radiology & Diagnostic Services Manager
Gemma Couser (GC)	General Manager, Women, Children & Clinical Services
Dr Katharine Jamieson (KJ)	Clinical Lead, Radiology
Claire Lee (CL)	Theatres Manager
Nicky Spark (NS)	Staff Nurse, Theatres
Tahir Mahmood (TM)	Clinical Director, Women, Children & Clinical Services
Victoria Bassett-Smith (VBS)	Head of Nuclear Medicine Physics/ RPA and DGSA .
Christina Stewart (CS)	RPA/MPE
Chelsey Turner (CT)	Clinical Scientist, Medical Physics
Nick Weir (NW)	Head of Imaging Physics

Apologies:

Murray Cross (MC)	General Manager, Planned Care
Satheesh Yalamarthi (SY)	Clinical Director, Planned Care

NO	HEADING	ATTACHED ACTION
1.	APOLOGIES FOR ABSENCE As noted above.	
2.	MINUTES OF THE IRMER BOARD MEETING Accepted.	
3.	ACTION PLAN To be a standing item going forward	
4.	COVID-19 UPDATE a. Addendum to Employers Procedures (CS) We have had the pandemic outbreak to deal with so have deviated from procedures and will continue to review as covid changes. Please see attached for more details.	

b. Service Risk Assessments (NW/VBS)

The attached Risk Assessment focuses on the MPE aspects of IRMER 17.

MPE cover is deemed the highest risk. Staff member leaving and maternity leave has left us short staffed but have successfully recruited a new member (July 2020). Hope to see risks start to fall.

A lot of work to move theatres during covid.

Please see attached for more details.

5. FEEDBACK FROM RECENT HIS IRMER INSPECTION AND VISIT (CS)

The inspection was held in January over 2 days. Day 1 concentrated on documentation, day 2 inspectors were on the 'shop floor'. We received very positive feedback on competency and training. There were 4 recommendations and 4 requirements. Please see attached.

6. UPDATE TO NHS FIFE IRMER EMPLOYERS PROCEDURES (CS)

Was beneficial to review and update following inspection. No comments/changes from anyone so has been passed/ratified by the Board.

7. RADIATION INCIDENTS ANNUAL REPORT (CS)

The rate has remained stable over the past 3 years, no one incident sticks out. The top 3 were 1. Repeat examination 2. Equipment fault 3. Wrong side (operator error)

Please see attached report for more in-depth details.

7a. REPORT ON SCOTTISH IRMER NOTIFIABLE INCIDENTS 2017/2018.

Please see attached report.

8. MPE REPORTS

8a IMAGING (NW)

Moving back to normal now for onsite QA testing following covid lockdown.

Most recently tested the new SCBU equipment and 2 DR's. Good news.

8b NUCLEAR MEDICINE (VBS)

ARSAC licence, will be for 2 years instead of 5 due to expire in November 2020.

Limited visits to Fife because of covid but are in progress of updating equipment schedule and working on audit schedule and hope to be back on track soon. Please see attached.

9. PATIENT DOSE AUDIT AND OPTIMISATION

9a. Summary of patient dose audit undertaken.

In CT and Radiographic rooms, all doses were significantly below the national DRL, with a recommendation for some Local CT DRLs to be reduced

Fluoroscopy, increased from previous year, did not recommend to lower but will continue to audit.

Letter received from PHE thanking us for clear and concise data. Thanks to all who helped.

Please see attached report for in-depth details.

9b Audit plan for 2020

Further details in attached document.

Audit in mini C-arm for theatres to be undertaken.

Lumbar Spine audits have been problematic.

Mobiles should be easier.

9c. Local DRLs

Ratification from Board being sought from Board for new DRL levels to be brought into use. Please see attached proposed new levels.

9d Imaging Optimisation Team (NW)

IOT paused at the moment. At the end of 2019 a CT study day was held and proved to be very successful so we are hoping to make a regular event. We are hoping to un-pause later this year. Please see attached.

10. TRAINING AND ENTITLEMENT (JA)

We have a good induction program and ongoing training for all staff. JA and CS will support all staff with training requirements

11. CLINICAL AUDITS AND COMPLIANCE (JA)

Radiology – All compliant, Audit ongoing.

Theatres - Alison is going to take Claire through the training process, Audits carried out regularly.

Dentistry – training completed annually and covers' more than they're required to do, now they have new member of staff trained as RPS, will turn around Audits much quicker.

12. A.O.C.B

KJ raised a problem with receiving referrals from Lothian on paper. Sometimes there is no referrer name, referrer retired or even deceased, consultants have been named. This applies to cancer patients receiving treatment in Edinburgh. CMK said we need to find a solution to this, it is not safe, need to explore giving Lothian clinicians access to our TRAK system. CMK to ask Head of IT.

13. DATE OF NEXT MEETING

TBA/TBC

Wednesday 25th August 2021 at 11.30.

Meeting: Clinical Governance Committee

Meeting date: 17 September 2021

Title: Internal Audit Report: Digital & Information Governance Arrangements

Responsible Executive: Dr Chris McKenna – Medical Director

Report Author: Alistair Graham – Associate Director of Digital and Information

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Annual Operational Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Through 2019 and 2020, Internal Audit reports made several explicit recommendations concerning governance arrangements for eHealth (now Digital and Information) and Information Governance and Security (IG&S).

The Internal Audit report B28/21 recognises these arrangements have been revised and have evolved over the period to address the findings and recommendations made.

The report B28/21 evaluated the design and operation of the revised governance arrangements for Digital and Information (D&I) and IG&S and specifically considered whether these:-

- Address the issues raised in the previous annual and internal control evaluation reports and assure Digital and Information Governance to a standing committee of Fife NHS that is sufficient to allow members of the committee to scrutinise

effectively and to conclude regarding whether adequate and effective governance arrangements for Digital and Information have been in place during 2020/21

- Allow the Senior Information Risk Owner and Data Protection Officer to discharge their roles effectively.

This report seeks to summarise the findings of the Internal Audit report, B28/21, for the committee's awareness.

2.2 Background

The report recognises the establishment, during 2020/21, of the IG&S Steering and Operational Groups, with Terms of Reference and Annual Workplans. The eHealth Board has become the Digital and Information Board. The relationship between these groups is outlined in the respective ToR and evidenced in their working practice and division of risk management approaches.

In addition, the work of the IG&S Steering Group and Digital & Information Board sees established reporting within the Clinical Governance Committee (CGC) Workplan. The summary items identified as:-

Digital & Information Strategy Update - presented to the July 2021 meeting

Strategy Delivery Plan update - to be presented to the September 2021 and March 2022 meetings


Information Governance & Security Steering Group Update - presented to the July 2021 meeting and included at the January 2022 meeting.

These items are in addition to the monthly Board Assurance Framework Reporting and provision of the quarterly IG&S Steering Group Meeting minutes and D&I Board Meeting minutes.

While the report recognises progress, the new arrangements have yet to be in place for long enough to say whether they definitively allow the Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO) to discharge their roles more effectively.

The audit report B28-21 supersedes the recommendations made in previous internal audit reports regarding issues with D&I governance.

The audit opinion of the level assurance is as follows:-

Level of Assurance		System Adequacy	Controls
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

2.3 Assessment

Three recommendations are made, in the report, to maintain the momentum referenced. The recommendations ensure the continued establishment of assurance reporting, controls and governance across the D&I domains.

Action Point 1

The action point identifies the requirement within IG&S to develop action plans covering the domains of Data Protection and GDPR, Freedom of Information, Public Records, NISD and IG&S Incident Reports. Improve assurance through consistent reporting of performance measures via an assurance dashboard and detailed reporting to the Steering Group. Action plans should include progress reporting, evidence strong risk management for IG&S and identification of an approach to organisational IG&S training and education.

The management response has detailed:-

- The action tracker presented at the June 2021 Steering Group meeting.
- The Steering Groups request to cross-reference the activities with risks and quality control measures.
- The requirement to evidence this consistent reporting during the remainder of 2021/22

Current Status - Ongoing

The expected date of completion is 31 March 2022.

Action Point 2

The action point identifies the requirement to report the progress of the Delivery Plan, associated with the Digital & Information Strategy 2019-2024, to a standing committee (Clinical Governance Committee) at least twice per annum.

The management response has detailed:-

- The current CGC Workplan references the requirement for a D&I Strategy update – July 2021
- The current CGC Workplan references the D&I Delivery Plan Updates – September 2021 and March 2022.

Current Status – Complete

Action Point 3

The action point identified the requirement to present the business case templates to the D&I Board for endorsement and the following Finance, Performance and Resource (FP&R) Committee for approval.

The management response has detailed:-

- The Business Case templates will be presented to the July meeting of the D&I Board for endorsement

- The Business Case templates will be presented to the subsequent FP&R Committee for approval

Current Status -

Presentation to D&I Board – Complete

Presentation to FP&R Committee – Ongoing

The expected date of completion is 30 November 2021

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

The cost benefit analysis will identify any investment plan required in support of the ITIL 4 introduction plan. Two of the items associated with completing the action plan will require funding. These are implementation and maintenance resources and staff training.

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

N/A.

2.3.6 Communication, involvement, engagement and consultation

N/A

2.3.7 Route to the Meeting

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

- Digital & Information Senior Leadership Team – 8 September 2021

2.4 Recommendation

- **Assurance** – For the Committees' information and awareness.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Internal Audit Report B28/21 – Digital and Information Governance Arrangements

Report Contact

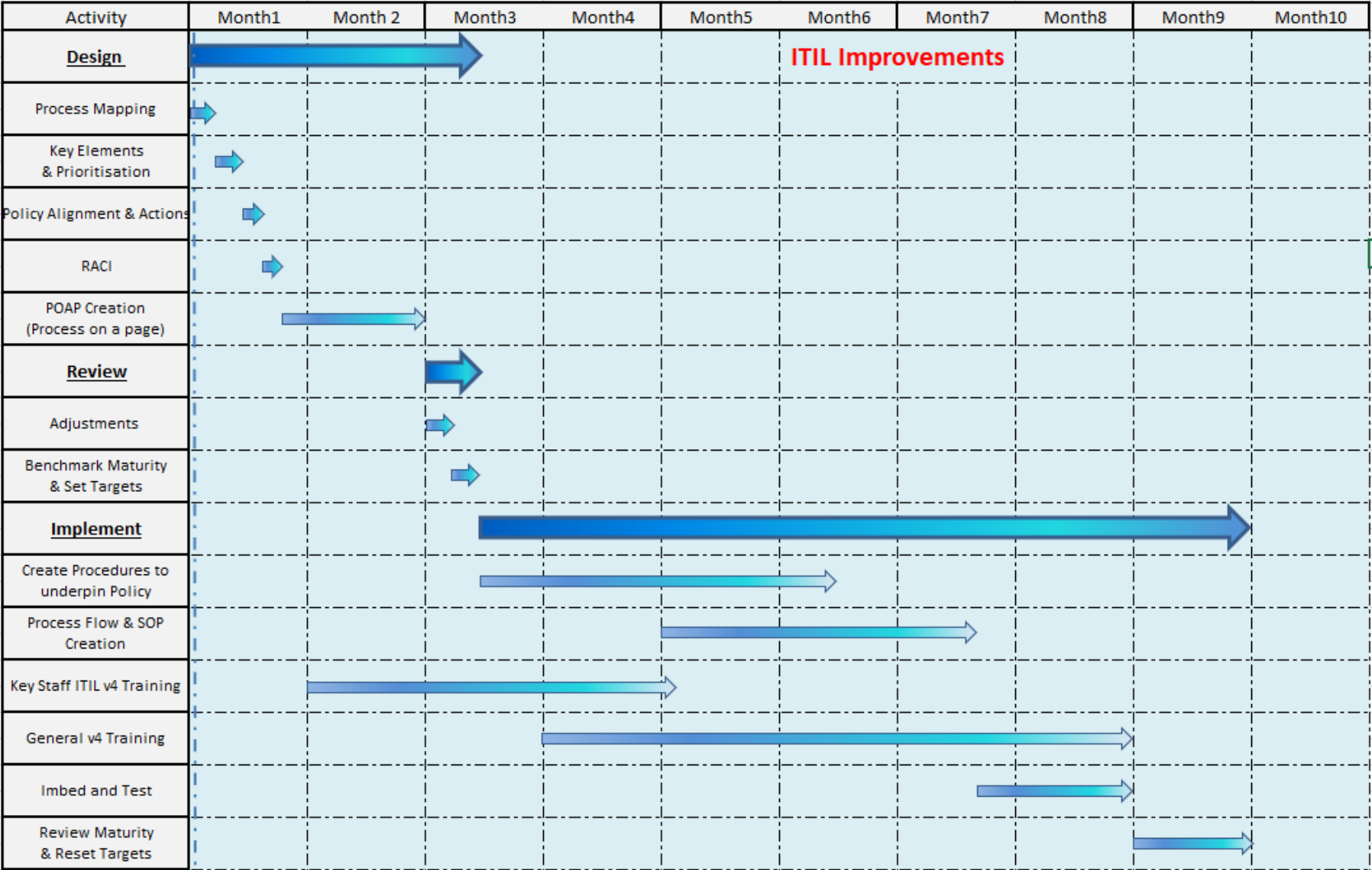
Alistair Graham

Associate Director of Digital and Information

Email: alistair.graham1@nhs.scot

Appendix 1

High Level Plan for ITIL version 4 using a Design, Review, Implement approach.



FTF Internal Audit Service

Digital and Information Governance Arrangements Report No. B28/21

Issued To: Carol Potter, Chief Executive
Margo McGurk, Director of Finance & Strategy/SIRO
Chris McKenna, Medical Director/Caldicott Guardian

Alistair Graham, Associate Director – Digital and Information
Margaret Guthrie, Data Protection Officer (DPO) - Digital and Information

Gillian MacIntosh, Head of Corporate Governance/Board Secretary

Audit and Risk Committee
Clinical Governance Committee
External Audit

Contents

Section		Page
Section 1	Executive Summary	2
Section 2	Issues and Actions	8
Section 3	Definitions of Assurance & Recommendation Priorities	12

Draft Report Issued	24 May 2021
Management Responses Received	23 June 2021
Target Audit & Risk Committee Date	16 September 2021
Final Report Issued	07 July 2021

CONTEXT AND SCOPE

1. The NHS Fife Strategic Framework includes key aspirations of providing services that are clinically excellent, person centred and sustainable and for NHS Fife to be an exemplar employer. The systems which protect the availability, integrity and confidentiality of patient and staff information and that ensure that the right information is available to the right people, at the right time, help NHS Fife achieve the objectives associated with these aspirations.
2. The NHS Fife Board Assurance Framework (BAF) describes the following risk which could threaten the achievement of these strategic objectives – *‘There is a risk that due to failure of technical infrastructure, internal and external security, organisational digital readiness, ability to reduce skills dilution within eHealth and ability to derive maximum benefit from digital provision, NHS Fife may be unable to provide safe, effective and person centred care’*.
3. The current actions recorded in the BAF to mitigate this risk include:
 - *‘Operational governance arrangements’*
 - *‘Work to become fully compliant with GDPR, DPA 2018, NIS Regulations, Information Security Policy Framework and thereafter maintain compliance’*.
4. Our work towards producing our annual internal audit report (B06/21) resulted in the following finding and recommendation:

FINDING

‘Action has not yet been taken to address the findings and recommendations included in internal audit report B08/20 Evaluation of Internal Control. A management review of eHealth and Information Governance arrangements was reported to the CGC in July. We were advised by management that the implementation of new governance arrangements is expected to raise the profile of Information Governance at the Clinical Governance Committee and will address the issues raised by Internal Audit, although not all details of how this would be achieved were fully apparent in the July paper’.

RECOMMENDATION

‘The CGC should monitor implementation of new governance arrangements for eHealth and Information Governance to determine whether they have addressed the issues in the narrative of this and the following reports:

- *B31&32/19 Information Governance and eHealth issued 5 August 2019 – Action Plan Points 1, 2 & 3*
- *B06/20 Annual Internal Audit report issued 11 June 2019 – Action Plan Point 7*
- *B08/20 Evaluation of Internal Control issued 6 January 2020 – Action Plan Points 10, 12 & 15*
- *Competent Authority Report on Compliance with NIS Regulations issued 30 March 2020 – Recommendations 1.1.1*


Revised governance arrangements should include providing the Clinical Governance Committee with explicit assurance regarding compliance with DPA 18/GDPR, NIS Regulations, NHS Scotland’s Information Security Policy Framework and the Cyber Resilience Public Sector Action Plan and should result in more robust scrutiny of both Information and eHealth governance by the CGC.

Revised governance arrangements should be implemented at pace so that the CGC receives the required assurances regarding this critical area of governance in 2020/21.'

- 5. We are aware that governance arrangements for Digital and Information and for Information Governance have been revised and are evolving in an attempt to address our findings and recommendations.
- 6. Our audit evaluated the design and operation of the revised governance arrangements for Digital and Information and Information Governance and specifically considered whether these:
 - Address the issues raised in our previous annual and internal control evaluation reports and provide assurance on Digital and Information Governance to a standing committee of Fife NHS standing committee that is sufficient to allow members of the committee to scrutinise effectively and to conclude regarding whether adequate and effective governance arrangements for Digital and Information have been in place during 2020/21
 - Allow the Senior Information Risk Owner and Data Protection Officer to discharge their roles effectively.

AUDIT OPINION

7. The Audit Opinion of the level of assurance is as follows:

Level of Assurance		System Adequacy	Controls
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

A description of all definitions of assurance and assessment of risks are given in Section 4 of this report.

New Governance and Assurance Arrangements

- 8. Digital and Information Governance and Assurance arrangements have progressed during 2020/21 in response to previous findings in internal and external audit reports. Internal Audit has provided feedback on the revised arrangements as they were being developed. These include the establishment of an Information Governance and Security (IG&S) Steering Group and an IG&S Operational Group, with agreed Terms of Reference and Annual Workplans, replacing the Information Governance Group. The eHealth Board has become the Digital and Information Board and the relationship between these groups and the Standing Committees they report to is outlined in appendix A to this report.

9. Although the IG&S Operational Group has only recently started to meet, and much of the time at the meetings of the IG&S Steering Group held to date has necessarily been taken up with agreeing the new governance arrangements, assurance reporting has begun and is anticipated to evolve in 2021/22. This report therefore entirely supersedes the recommendations made in previous internal audit reports regarding issues with Digital and Information Governance and these previous recommendations have been removed from the audit follow-up system. To ensure that the momentum towards better assurance and governance in this area is maintained the following actions are required and are included in a recommendation in this report:
- Finalise the action plans listed in the assurance report presented to IG&SG on 23 March 2021 and report on progress in implementing these. The action plans referred to and their reported status is:
 - Data Protection Act 2018 & GDPR Action Plan – *‘To be prepared for consideration by the IG&S Operational Group’*
 - Freedom of Information (Scotland) Act 2002 Action Plan – *‘will be presented to IG&S Operational and Steering Groups for review and comment’*
 - Public Records (Scotland) Act 2011 Action Plan – *‘The response from the Keeper will inform the action plan for this domain’*
 - NHS Scotland Information Security Policy Framework 2018 Action Plan – *‘will be reviewed and detail for review following the completion of the audit update that was complete in March 2021’*
 - Information Governance and Security Incident Reports – *‘will be prepared for consideration at the IG&S Operational and Steering groups’*
 - Improve assurances provided to the IG&S Steering Group and the Clinical Governance Committee so that the context is clear and aids understanding of whether performance is positive, negative or somewhere in between
 - Finalise the IG assurance dashboard and utilise this for more detailed assurance reporting to the IG&S Steering Group and the Clinical Governance Committee
 - Provide assurance on IG&S arrangement to each meeting of the IG&S Steering Group and the Clinical Governance Committee including assurance on the action plans referred to above, the management of IG&S Risks and Incidents and on IG&S Training.
10. Annual Assurance Reports were provided by the IG&S Steering Group and the Digital and Information Board to the NHS Fife Clinical Governance Committee (CGC) at their 30 April 2021 meeting where the CGC considered its own annual assurance report, which included a conclusion that although the assurance the IG&S Steering Group could provide was necessarily partial *‘there are no significant issues that would otherwise merit a disclosure in the Governance Statement’*.
11. We will monitor the continued implementation of the new arrangements in 2021/22.

SIRO and DPO Roles

12. The new arrangements for Digital and Information Governance and Assurance have not yet been in place long enough to definitively say whether these have allowed the Senior Information Risk Owner (SIRO) and Data Protection Officer to discharge their roles more effectively but early indications are that the changes have addressed a number of known issues whilst some challenges remain. The positives and challenges for both roles are listed below:

POSITIVES

- Inclusion of the Associate Director for Digital and Information as a member of the Executive Director's Group
- Discussion with Senior Management regarding revising risk management for Digital and Information and awareness of forthcoming changes to the risk management framework in NHS Fife. These will ultimately influence the revision of the Digital and Information BAF
- Clarity in the Terms of Reference for the IG&S Steering Group of its role in respect of risk management – *'To seek assurances regarding the management and mitigation of information governance and security risks and that management have an adequate improvement plan in place to mitigate any high risks in a timely manner'*
- The ongoing development of the Information Governance assurance dashboard
- Enhanced Senior Management attendance at IG&S Steering Group compared to its predecessor the Information Governance Group. This aids promotion of an Information Governance aware culture across all parts of the organisation.

CHALLENGES

- Assurance reporting is work in progress with an Information Governance Assurance Dashboard in development. Once in place this will allow regular reporting and access to the latest compliance position against Information Governance legislative requirements as well as Scottish Government Directives
- The DPO is part of the Digital and Information Directorate which has potential to cause conflicts of interest. This is however seen to be mitigated by the DPO having direct access to the SIRO and/or Chief Executive should such a conflict of interests arise
- Resourcing of the Information Governance Team to allow effective delivery of Information Governance roles is still an issue and has been recognised by the Associate Director for Digital and Information
- Communicating the work of the Information Governance Team to the organisation with a regular newsletter regarding the work of the Digital and Information Directorate and consideration is being given to an Information Governance update.

Follow-up

13. We sought assurance and validated that the issues raised in the following reports, which related to Digital and Information, have been completed:

- *B31&32/19 Information Governance and eHealth issued 5 August 2019 – Action Plan Points 1, 2 & 3*
- *B06/20 Annual Internal Audit report issued 11 June 2019 – Action Plan Point 7*

- *B08/20 Evaluation of Internal Control issued 6 January 2020 – Action Plan Points 10, 12 & 15*
- *Competent Authority Report on Compliance with NIS Regulations issued 30 March 2020 – Recommendation 1.1.1*
- *B31/20 Action Plan Points 1 to 6*

14. We were able to validate action taken to address the recommendations made in these reports other than the outstanding issues that remain to be fully resolved highlighted in paragraph 9 above (which relate to action plan point 8 in the Internal Audit Annual Report – B06/21) and the table below:

Report	Recommendation and Status	Action remaining to be Undertaken
B08/20 Action Plan Point 15	<p>Recommendation</p> <p>Reporting on the eHealth Delivery Plan to a standing committee has only taken place once in 2019/20 and this does not overtly link the projects to relevant national and local strategies.</p> <p>Status</p> <p>The link between the Delivery Plan to relevant local and national strategies has improved but was only once reported to the Clinical Governance Committee in 2020/21 and is only included once in its workplan for 2021/22.</p>	The Delivery Plan associated with the Digital and Information Strategy should be reported to the Clinical Governance Committee at least twice per annum.
B31/20 Action Plan Point 5	<p>Recommendation</p> <p>Sections for cross reference to the NHS Fife Digital and Information Strategy and the Transformation Programme should be added to the Business Case Template as a prompt for this information to be included. Consideration should be given to utilising the SCIM template, amended to reflect size of project, when developing a specific Digital and Information business case.</p> <p>eHealth Board and Finance, Performance and Resources Committee members should be advised that alignment with the NHS Fife Digital and Information Strategy and the Transformation Programme are requirements for Business Cases to be considered for approval.</p> <p>Status</p> <p>Advised by management that the template has been revised but has not yet been presented to the Digital and Information Board or the Finance Performance and Resources Committee for approval.</p>	The new business case template for Digital and Information projects should be presented to the next Digital and Information Board for endorsement and to the next Finance, Performance and Resources Committee for approval. The SBAR supporting the new template should explain the reasons for changes made.


ACTION

15. The action plan at Section 2 of this report has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

16. We would like to thank all members of staff for the help and co-operation received during the course of the audit especially the Health and Safety Manager and the staff who facilitated and completed questionnaires.

Barry Hudson BAcc CA
Regional Audit Manager

Action Point Reference 1	
Finding:	
<p>Although the IG&S Operational Group has only recently started to meet, and much of the time at the meetings of the IG&S Steering Group held to date has necessarily been taken up with agreeing the new governance arrangements, assurance reporting has begun and is anticipated to evolve in 2021/22.</p>	
Audit Recommendation:	
<p>This report therefore entirely supersedes the recommendations made in previous internal audit reports regarding issues with Digital and Information Governance and these previous recommendations have been removed from the audit follow-up system. To ensure that the momentum towards better assurance and governance in this area is maintained the following actions are required:</p>	
<p>a. Finalise the action plans listed in the assurance report presented to IG&SG on 23 March 2021 and report to IG&S Steering Group and the NHS Fife Clinical Governance Committee on progress in implementing these. The action plans referred to and their reported status is:</p> <ul style="list-style-type: none"> i. Data Protection Act 2018 & GDPR Action Plan – <i>'To be prepared for consideration by the IG&S Operational Group'</i> ii. Freedom of Information (Scotland) Act 2002 Action Plan – <i>'will be presented to IG&S Operational and Steering Groups for review and comment'</i> iii. Public Records (Scotland) Act 2011 Action Plan – <i>'The response from the Keeper will inform the action plan for this domain'</i> iv. NHS Scotland Information Security Policy Framework 2018 Action Plan – <i>'will be reviewed and detail for review following the completion of the audit update that was complete in March 2021'</i> v. Information Governance and Security Incident Reports – <i>'will be prepared for consideration at the IG&S Operational and Steering groups'</i> <p>b. Improve assurances provided to the IG&S Steering Group and the Clinical Governance Committee so that the context is clear and aids understanding of whether performance is positive, negative or somewhere in between</p> <p>c. Finalise the IG assurance dashboard and utilise this for more detailed assurance reporting to the IG&S Steering Group and the Clinical Governance Committee</p> <p>d. Provide assurance on IG&S arrangement to each meeting of the IG&S Steering Group and the Clinical Governance Committee including assurance on the action plans referred to above, the management of IG&S Risks and Incidents and on IG&S Training.</p>	
Assessment of Risk:	
Significant	 <p>Weaknesses in control or design in some areas of established controls. Requires action to avoid exposure to significant risks in achieving the objectives for area under review.</p>





Management Response/Action:	
<p>A summary action plan/tracker was presented to the Information Governance & Security (IG&S) Steering Group meeting of 2 June 2021. The action tracker presented a summary of priority activities, showing target completion quarter and status of progress for the following areas:-</p> <ul style="list-style-type: none"> • Data Protection (including IG&S incident reporting) • Freedom of Information • Public Records • NISD Action Plan <p>The prioritisation of activities has been based on the current risk profile within IG&S, though direct instruction by Audit Authority or via the guidance of the IG&S Steering Group.</p> <p>The Steering group also requested that the performance matrix be cross referenced with the activity tracker to give the full picture of context and current levels of performance and that additional reference to risks be included.</p> <p>Following the June meeting of the IG&S Steering group, a matrix of performance measures have been produced and the current performance levels will be presented and discussed at the IG&S Operational Group meetings in June, July and August in preparation for a return to IG&S Steering Group for the September 2021 meeting. The matrix of measures will be presented in a dashboard view to aid understand, trend analysis and performance.</p> <p>A current assurance update paper, for Information Governance & Security, will be presented to the Clinical Governance Committee at their July 2021 meeting. The schedule for updates to the Clinical Governance Committee for Digital and Information Board activities and Information Governance and Security Steering Group activities is:-</p> <ul style="list-style-type: none"> • Digital & Information Strategy update – July 2021 • Digital & Information Strategy delivery update – September 2021 and March 2022 • Information Governance & Security Assurance update – July 2021 • Board Assurance Framework Digital and Information – Monthly • Digital and Information Board Minutes – September 2021, November 2021 and January 2022 • Information Governance and Security Steering Group Minutes – July 2021, November 2021 and January 2022 <p>The audit recommendation would benefit from additional assurance reporting to the Clinical Governance Committee during 2021-22 and this will be progressed by the Associate Director of Digital and Information.</p>	
Action by:	Date of expected completion:
Associate Director of Digital and Information	31 March 2022

Action Point Reference 2	
Finding:	
<p>In our Internal Control Evaluation report (B08/20) we recommended that:</p> <p><i>'Reporting on the eHealth Delivery Plan to a standing committee has only taken place once in 2019/20 and this does not overtly link the projects to relevant national and local strategies.'</i> (Rec 15)</p> <p>The link between the Delivery Plan to relevant local and national strategies has improved but was only once reported to the Clinical Governance Committee in 2020/21.</p>	
Audit Recommendation:	
<p>The Delivery Plan associated with the Digital and Information Strategy should be reported to the Clinical Governance Committee at least twice per annum. It is currently included on the CGC Annual Workplan for 2021/22 only once (for July 2021) so a further update should be scheduled in the workplan.</p>	
Assessment of Risk:	
<p>Merits attention</p>	<p> There are generally areas of good practice.</p> <p>Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
<p>The revised Workplan (June 2021) for Clinical Governance Committee shows a requirement for three presentations relating to NHS Fife's Digital & Information Strategy and associated workplan.</p> <p>The current workplan requires Digital & Information to:-</p> <ul style="list-style-type: none"> • Supply a Digital & Information Strategy Update – July 2021 • Supply a Digital & Information Delivery Plan Update – September 2021 • Supply a Digital & Information Delivery Plan Update – March 2022 <p>This schedule in the revised CGC workplan satisfies the audit recommendation.</p>	
Action by:	Date of expected completion:
Head of Quality and Clinical Governance	Complete

Action Point Reference 3	
Finding:	
<p>In our Internal Audit Report eHealth Strategic Planning and Governance (B31/20) we recommended that:</p> <p><i>'Sections for cross reference to the NHS Fife Digital and Information Strategy and the Transformation Programme should be added to the Business Case Template as a prompt for this information to be included. Consideration should be given to utilising the SCIM template, amended to reflect size of project, when developing a specific Digital and Information business case.</i></p> <p><i>eHealth Board and Finance, Performance and Resources Committee members should be advised that alignment with the NHS Fife Digital and Information Strategy and the Transformation Programme are requirements for Business Cases to be considered for approval.'</i> (Rec 5)</p> <p>We were advised by management that the business case template has been revised but has not yet been presented to the Digital and Information Board or the Finance Performance and Resources Committee for approval.</p>	
Audit Recommendation:	
<p>The new business case template for Digital and Information projects should be presented to the next Digital and Information Board for endorsement and to the next Finance, Performance and Resources Committee for approval. The SBAR supporting the new template should explain the reasons for changes made.</p>	
Assessment of Risk:	
<p>Merits attention</p>	<p>There are generally areas of good practice.</p> <p>Action may be advised to enhance control or improve operational efficiency.</p>
Management Response/Action:	
<p>a The Business Case Template identified for the process of Initial Agreement, Outline Business Case and Final Business case will be presented, by the Head of Strategy and Programmes for Digital and Information at the July 2021 meeting of the Digital & Information Board for endorsement.</p> <p>b The Business Case Template will subsequently be presented to the Finance, Performance and Resources Committee for approval.</p>	
Action by:	Date of expected completion:
a Head of Strategy and Programmes – Digital and Information	a 31 August 2021
b Associate Director – Digital and Information	b 30 November 2021




Definition of Assurance

To assist management in assessing the overall opinion of the area under review, we have assessed the system adequacy and control application, and categorised the opinion based on the following criteria:

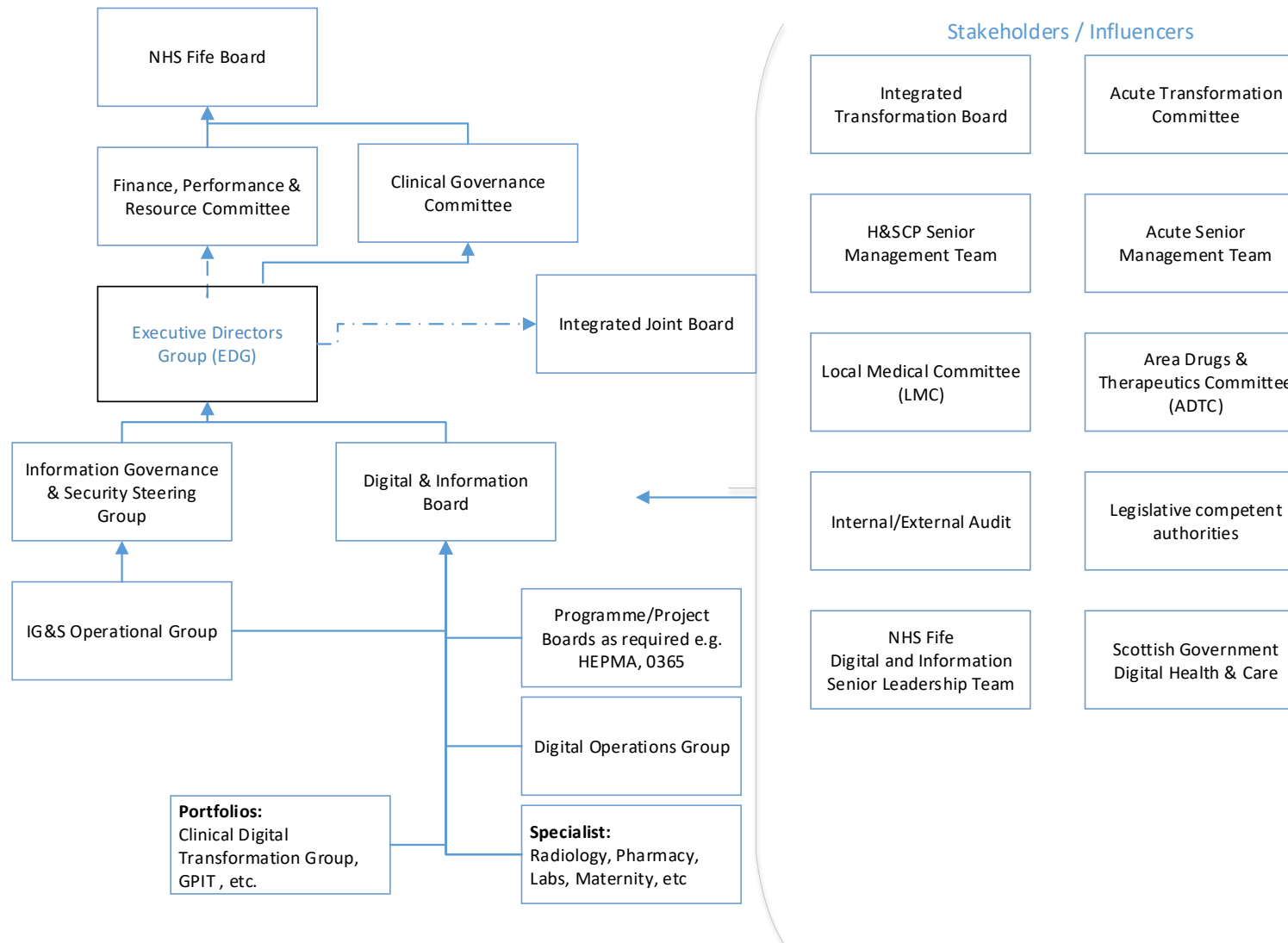
Level of Assurance		System Adequacy	Controls
Comprehensive Assurance		Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Risk Assessment		Definition	Total
Fundamental		Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in control or design in some areas of established controls. Requires action to avoid exposure to significant risks in achieving the objectives for area under review.	1 (Ref 1)
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	2 (Ref 2 & 3)

Appendix A Digital & Information Governance Graphical Representation



Meeting: Clinical Governance
Meeting date: 17 September 2021
Title: Internal Audit Report: Manual Handling Training
Responsible Executive: Neil McCormick, Director of Property & Asset Management
Report Author: Craig Webster, H&S Manager

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Annual Operational Plan

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

- Safe

2 Report Summary

2.1 Situation

FTF Internal Audit Service conducted a review of Manual Handling Training provision and service in early 2021 with draft report issued 12 May and final report issued 29 June 2021. This report will update committee on action against management responses.

2.2 Background

Face to face delivery of manual handling training was halted in early 2020. The manual handling team created a series of videos to support learning for new starts and refresher training during the pandemic. Attempts were made to re-introduce face to face training from September 2020, but these were unsuccessful. Face to face courses were finally reintroduced in July 2021. This delay has resulted in backlog of updates and refresher training for both new starts and existing staff.

2.3 Assessment

2.3.1 Quality/ Patient Care

Impact on quality of patient care currently limited as greater risk sits with workforce (see 2.3.2 below). However, inability to provide ongoing face to face training would create increased risks for patient care.

This would be due to increased likelihood for errors and mistakes in handling practice by staff resulting in injury to patients due to incorrect handling techniques.

No indications from Datix incident reports suggesting any increase in reported patient handling incidents at present. Situation remains under review.

2.3.2 Workforce

Significant progress has been made since May 2021 with regards to recommencing face-to-face manual handling training and progression against audit recommendations (see appendices 1-3). This has not been without its challenges. Most significant being that both manual handling team co-ordinators have been absent from work since early May.

The department has also had a vacancy with one of the manual handling practitioners since April 2021.

Mitigation for co-ordinator absence has been put in place (see 2.3.4 below).

With regards to general NHS Fife workforce, inability to provide suitable and sufficient training will ultimately increase risks of injury to staff from incorrect handling techniques and use of handling aids.

The introduction of the training videos and the recommencement of face-to-face training is currently mitigating against this, but the staffing issues noted above mean that current training activity is not sustainable in the long term. Situation remains under review.

2.3.4 Risk Assessment/ Management

In mitigation against absence of both MH Co-ordinators, the remaining Manual Handling Practitioner has moved to acting co-ordinator position and increased hours to full time. All progress noted below and in appendices is testament to their persistence and hard work over the past 4 months. However, this mitigation has to be necessarily time limited (currently end November 2021).

Discussions continuing between H&S Manager and Responsible Executive but difficult to make any changes to team structure until situation with current co-ordinators is resolved. Situation remains under review.

Opportunity does exist to bring in external training provider to support with certain courses (this action was actually taken in November 2019 but COVID pandemic meant that training provision could not be implemented). NHS Fife currently therefore has 12 days of external training support "on credit".

Use of this training is being reviewed to ensure maximum effectiveness.

The significant patient activity currently being experienced coupled with staff absence due to either actual COVID infection or self-isolation is impacting on ability to release staff for classroom training (see appendix 3). H&S Manager and Acting MH Co-ordinator do not want to waste the external training provision that is available. Situation remains under review.

2.4 Recommendation

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

2 List of appendices

The following appendices are included with this report:

- Appendix 1: FTF Internal Audit Service Report no B22/21 Management Actions Update
- Appendix 2: MH Training delivery July 2021
- Appendix 3: Course Attendance figures August 2021

Report Contact

Craig Webster

H&S Manager

Email craig.webster@nhs.scot

Recommendation	Assessment	Response	Update
1. An annual manual handling training plan should be put in place to ensure that NHS Fife can effectively deliver manual handling training to all the necessary staff in line with government requirements.		Training plan to be developed (in tandem with needs analysis at reference 2)	Limited completion. With unexpected sickness absence of co-ordinators, an ad-hoc plan was developed by Acting co-ordinator. Focus of this plan was to target staff who had started or joined nurse bank during pandemic also delivery of local competency-based assessment for existing staff to support with refresher/ update.
2. A training needs exercise should be undertaken to determine manual handling training requirement, with this being used to prepare the annual plan above. This exercise should incorporate the requirement to fulfil a backlog in manual handling training as a consequence of the Covid19 pandemic.		Needs analysis to be conducted (in tandem with training plan at reference 1)	Limited completion. With unexpected sickness absence of co-ordinators, a local needs assessment was conducted by Acting co-ordinator. This is based on risk with highest training needs determined by those areas where staff are engaged in lots of handling activity and where there have been high numbers of new starts engaged during pandemic.
3. Routine manual handling training management reports should be prepared detailing the number of courses held in comparison with the planned number, with explanations being provided for significant variations. Such information should be included within the operational Health & Safety management information reports, so that it is monitored on a regular basis. This will assist in establishing future training needs and can be used to advise on how successful the manual handling training course up-take has been and if the demand for courses is being met. In addition, such information should be shared with a relevant committee, which in turn has a subsequent clear reporting path to a relevant standing committee e.g. Clinical Governance Committee, so that there is appropriate monitoring of the delivery of manual handling training in line with government requirements.		Reports to be prepared as training plan is rolled out. Information to be shared with Health & Safety Sub-Committee to ensure appropriate governance and delivery of training. The minutes of the Health & Safety Sub-Committee are presented to the Clinical Governance Committee.	On track for completion and delivery of update report at September H&S Sub-committee

4. Consideration should be given to changing the way courses are advertised, so that availability is more accessible and potentially a greater uptake in attendance.		Review of channels and methods for advertising and “marketing” of courses.	Limited completion. With unexpected sickness absence of co-ordinators “advertising” of courses has been conducted directly with nurse managers and nurse bank co-ordinators.
5. The introduction of the self-accreditation scheme should be revisited		Manual handling induction course will be evaluated against Training Passport criteria. Submission to self-accreditation scheme will follow when service is satisfied that course meets all the relevant criteria.	On hold. Team capacity for this not available with sickness absence. Priority and focus on training delivery. This issue important but not critical. Will be revisited when team back to full strength.
6. Lesson plans should be created for all areas of manual handling training to ensure the content and suitability of each is considered.		Lesson plans for all courses (or modules) depending on most suitable option will be developed.	In process but delayed. Team capacity for this limited by sickness absence. Priority and focus on training delivery. Current completion expected end of 2021.
7. The risk assessment for manual handling training should be finalised to ensure that correct actions are in place to deal with the associated risks		Risk assessment was agreed by Manual Handling Co-ordinator October 2020. H&S Manager review May 2021 indicates majority of actions completed but some require follow up.	Action complete. Assessment reviewed as COVID restriction guidance is updated.

Manual Handling Department Performance from July 2021

Previous performance statistics are available in the report requested by Paul Bishop & Craig Webster in June 2021

Current training requirement

There are approximately 8000 staff within NHS Fife almost all of which will not have received training other than electronic since March 2020

There have been 366 new starts added to the Bank Staff

There have been 175 new starts added to the fully contracted staff

All of the above new starts during Covid require induction

July

Competency Based Assessment

Trial CBA in Phase 3 Ward 31, 32, 33 , 34 Victoria Hospital by 1 MH staff (Report to follow)

2 weeks day shift / 2 weeks back shift

Break down of CBA work figures –

91 staff members assessed, signed off , not requiring training for 12 / 18 months

Ward 31 total staff 48 - staff available 38 – assessed 23 - 60%

Ward 32 total staff 42 - staff available 32 – assessed 32 - 76%

Ward 33 total staff 37 - staff available 27 – assessed 21 - 77%

Ward 34 total staff 27 - staff available 17 – assessed 32 - 88%

Projected number of staff trained in the class room over the same period by 1 MH staff

20 days x 3 courses per day = 60 courses x 9 staff = 540

20 days x 2 courses per day = 40 courses x 9 staff = 360

Comparison CBA against Classroom @ 3 courses per day = class room 449 more staff trained

Comparison CBA against Classroom @ 2 courses per day = class room 269 more staff trained

Meeting:	Clinical Governance Committee
Meeting date:	17 September 2021
Title:	Excellence in Care update
Responsible Executive:	Janette Owens, Director of Nursing
Report Author:	Shirley Cowie, Excellence in Care Lead

1 Purpose

This is presented to the Board for:

- Assurance
- Discussion

This report relates to a:

- Workforce Update

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Excellence in Care (EiC) was officially paused at the start of the pandemic to allow the staff on the programme to be released to provide frontline support.

Due to this temporary pause, the EiC lead supported and led work within Practice and Professional Development and the COVID Vaccination programme.

The EiC programme restarted in August 2020 as a soft start and whilst boards were advised that submission of data was not a requirement, NHS Fife continued to collect data and submit to the CAIR dashboard. The EiC Lead commenced a period of reengagement with senior nurse teams to develop a plan for moving forward. However as the EiC e-health lead was seconded to support the vaccination programme in January this has impacted the data being submitted to PHS resulting in a back log.

Due to recent changes of leadership within the national team, EiC the programme is being re-considered and it is envisaged there will be a new focus of reengagement through development of a communication strategy and newly formed national objectives.

The NHS Fife EiC Lead has recently been appointed as deputy chair of the National EiC Leads group and will be involved in shaping the direction of EiC at National and Strategic meetings.

2.2 Background

EiC was commissioned by the Scottish Government in response to the Vale of Leven Hospital Inquiry recommendations. The inquiry into Clostridium Difficile (C. diff) infection at the hospital in 2007 found that individual and systemic failings in quality and governance had contributed directly to the deaths of 34 people.

Crucially, the families who took part in the inquiry have been instrumental in shaping and developing the EiC vision, which very much focuses on giving 'control' of quality to frontline teams.

The approach also recognises the importance of enabling senior charge nurses, team leaders and the wider team to focus on what matters to them as professionals, whilst working in partnership with what matters to patients and families, to foster meaningful improvements in care.

The EiC programme has been running since 2016 and has multiple strands. These include nurse and eHealth leads in each NHS board to provide leadership and support for EiC initiatives, a suite of measures developed by nurses to assure the quality of care, a dashboard to display the data collected (CAIR) and a National team consisting of representatives from the lead nurses, Healthcare Improvement Scotland (HIS), Public Health Scotland (PHS) and Scottish Government (SG) to develop and lead the programme of work. Seventeen NHS boards take part in EiC – 14 territorial boards, Golden Jubilee, the State Hospital and NHS24.

2.3 Assessment

Nationally, EiC has set a core set of objectives that require to be implemented in the board; this is communicated by the lead through meetings with the appropriate stakeholders. These meetings are used as a forum to discuss national priorities and delegation of these priorities to teams throughout the organisation.

Due to the changes mentioned with leadership nationally, it is possible that the measures will be revisited and a new focus applied. This has come from formal learning and reflection of the programme during the Covid pandemic.

Nationally teams are networking with the Scottish Patient Safety Programme (SPSP) to reduce the amount of data burden for staff and also Safe Staffing and Value Management systems. There is a new focus for collaborative working and shared vision of improvement within all the programmes.

The EiC Lead is currently supporting the SPSP falls and deteriorating patient collaborative that will commence in September.

Locally the EiC Lead is starting collaborative work with the Workforce lead to ensure that the systems of quality are thread throughout staff staffing and EiC.

One of the national objectives is to increase the amount of staff accessing and using the CAIR dashboard to instigate and support change at a local level. The EiC lead has worked closely with e-health to produce a training film, available on BLINK, fife-iis1.faht.fife/cair_training/ to support the uptake of CAIR; PHS is also delivered CAIR 2 Training on June 29th specifically to NHS Fife Staff about NHS Fife data. Thirty four staff attended from across the organisation. The hope is that this will increase the usage of the dashboard and staff knowledge and understanding of the benefits of using the system to celebrate successes and make small changes for improvement.

Whilst boards were not required to submit data during the Covid period, NHS Fife continued to submit for Adult EWS, Falls and Pressure Ulcers. Also, PHS was able to continue with the extraction of the workforce measures from SSTs. In addition, NHS Fife set up collection systems for some of the 13 new measures which were signed off in early 2020, these include Preferred Place of Death and Specialist Dementia. The EiC lead continues to drive work forward in relation to the Multi Drug Resistant Organism (MDRO), Nutritional MUST, Mental Health Care Planning, Professionalism and WMTY measures.

NES are delivering cohorts 24 and 25 of the Scottish Coaching and Leadership Programme (SCLIP) virtually commencing in September, NHS Fife have been allocated 3 places over the cohorts. NES changed the recruitment and short listing process this year and asked the EiC lead and Associate Director of Nursing (ADON) to support this decision-making process at board level. There were 10 applicants for the programme this year, demonstrating a desire and need to improve QI capacity and capability.

To address the low places made available to NHS Fife, the EiC lead will be proposing the implementation of SCLIP being delivered in house, a further SBAR will be presented to the newly formed workforce group.

2.3.1 Quality/ Patient Care

Quality, person centred and safe care remains the core of EiC. The aim is to embed this into all nursing and midwifery work streams and ensure that this is thread throughout clinical governance, policy and quality groups and education.

Care Assurance Systems required to be re-established to give assurance to the board that quality care is being delivered at all times. The EiC leads have produced a *Principles in a Pandemic paper* this is currently going to SEND for approval. The paper focuses on Care Assurance systems that demonstrate and promote effective leadership, coaching and supportive cultures of change within all care areas. The EiC lead is currently exploring how NHS Fife achieves this and has met with the Head of Person-Centred Care to investigate different models.

Once fully embedded, the CAIR dashboard will support teams to make changes to care processes that effect patient care by analysing the submitted data on a set number of measures, appendix 1

2.3.2 Workforce

The commitment is required to embed EiC in practice.

Key areas of focus are:

- Investment in e-systems to support the data collection and reducing the data burden for staff.
- Support for e-health leads to ensure that time is allocated to support the transmission of NHS Fife data to PHS.
- EiC lead support nurse to embed the key objectives.
- Investment in QI training within the board to create a culture that supports continuous improvement
- Time for staff to access CAIR training and understand their own data
- System of Care Assurance embedded within the organisation

2.3.3 Financial

There are a number of funding considerations.

- The EiC lead post was made substantive in March 2021 and integrated into the restructure within Practice and Professional Development as a Senior Nurse role.
- EiC is supported nationally with funding from Scottish Government. Funding for 2021/2022 has been agreed and in principle for 2022/2023

Consideration to QI training within the board will require support from NES and NHS Fife will require to provide:

- Practice and Professional Development to deliver coaching and leadership content
- Admin support to assist with recruitment and running cohorts
- Funding to fund course materials - books, SDI etc
- Previous QI graduates in ScIL to deliver QI content

This will be further detailed to the workforce group

2.3.4 Risk Assessment/Management

A future pause to the programme would present a risk to the work that has already been undertaken.

Nationally, eHealth colleagues have been deployed to support the vaccination programme. Within NHS Fife this has resulted in no data submission to CAIR since January 2021.

2.3.5 Equality and Diversity, including health inequalities

The EiC programme is inclusive of all Nursing and Midwifery groups. There is national discussion about extending the programme to AHP's and also the care home sector.

2.3.6 Communication, involvement, engagement and consultation

The EiC lead communicates and involves key stakeholders in all decisions taken forward within the board.

2.3.7 Route to the Meeting

This paper has been prepared by the EiC lead and approved by the professional Lead for EiC in NHS Fife.

EDG: 19.08.2021

2.4 Recommendations

- **Assurance**
- **Discussion**
- The EiC work is not paused where at all possible
- Recognition and promotion of where EiC can contribute to resilience, wellbeing, culture, leadership.
- Deliver through communication with key stakeholders EiC objectives as agreed by CNO
- Reengage staff and work closely with SCN, CNM, CMM/Lead nurses
- Nationally - Promote EiC as a way of working to recognise excellence, be assured about standards of care and in improving service and care delivery, local board remobilisation
- Focus work, engagement and relationships with key stakeholders
- Enable and empower nursing and midwifery teams to own and respond to their data and the quality of care they deliver – integrate with nursing and midwifery leadership activities
- Investment in tools to speed up the extraction and combining of the data files to be submitted
- Align EiC with the Health and Care Staffing programme
- Align with essentials of Scottish Patient Safety programme and all national improvement programmes
- The primary focus of EiC lead should be ensure that the recommendations of the Vale of Level Inquiry report remain key

3 List of appendices

- Appendix 1 List of measures

Report Contact:

Shirley Cowie

Excellence in Care Lead

shirley.cowie@nhs.scot

Measures Name

- Early Warning Scores Accurate Calculation AEW V1.3 Final
- Early Warning Scores Correct Frequency EWF v1.3 Final
- Establishment Variance VAC v1.5 Final
- FFN1 MUST Score v1.1 Final
- FFN2 Nutritional Assessment v1.0 Final
- FFN3 Care Plan v1.0 Final
- Funded Establishment EST v1.4 Final
- Inpatient Falls Rate IFR v1.5 Final
- LD Epilepsy Care Plan LDECP1 v1.3
- Mews Compliance MEWC v1.0 Final
- Mews Escalation MEWE v1.0 Final
- Neonatal Temperature Measurement NN1 v1.0 Final
- NHS24 Call Review CR1 v1.0 Final
- Occupied Bed Days OBD v1.2 Final
- Omitted Medicines - Doses and Patients OMR POD v1.5
- PEWS Compliance with Bundle DPP1 V1.2 Final
- PEWS Escalation DPO1 V1.2 Final
- Predictable Absence Allowance PTA v1.8
- Preferred Place of Death Achieved PPA v1.0 Final
- Preferred Place of Death Documented PPD v1.0 Final
- Pressure Ulcer Rate PUR version 1.4 Final
- QI Qualification QIQ V1.3 Final
- QMPLE Student Feedback PLE1 v1.1
- QMPLE Score PLE2 v1.2
- SDU1 Stress and Distress v1.0 Final
- Skin to Skin SSC v1.0 Final
- Supplementary Staffing Use SSU v1.6 Final
- Upheld nursing midwifery complaints rate COM v1.3 Final***
- What Matters to You WMTY1 v1.2 Final

Meeting:	Clinical Governance Committee
Meeting date:	17 September 2021
Title:	Health Promoting Health Service Report
Responsible Executive:	Joy Tomlinson, Director of Public Health
Report Author:	Kay Samson, Deputy Health Promotion Manager

1 Purpose

This is presented to the Board for:

- Assurance

This report relates to a:

- Government policy/directive

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

- Person Centred

2 Report summary

2.1 Situation

NHS Fife are required to submit an annual update on progress against the Health Promoting Health Service (HPHS) outcomes and indicators as part of the Chief Medical Officers HPHS Guidance (CMO 2018 3 letter). Due to NHS Health Scotland's transition from the current structures to the new model for Public Health Scotland on 1st April 2020 and current COVID19 situation has meant that the requirement to submit an annual report has been suspended for this year. The pandemic has put many progress and activities across the HPHS agenda on pause for 20/21 reporting year.

This paper provides the Board with an update on progress within NHS Fife's during 2020/21.

2.2 Background

The Health Promoting Health Service (HPHS) is a national programme that focuses on the health and wellbeing of staff, patients and visitors in the hospital setting. It has an underpinning theme that ***“every healthcare contact is a health improvement opportunity.”***

The HPHS guidance (CMO 2018 3 letter) sets out the continued focus of Health Promoting Health Service on prevention, early intervention and whole systems working in improving healthy life expectancy and addressing health inequalities in Scotland. NHS Fife has established a baseline self assessment and action plan outlining our planning, activity and performance against 4 outcomes.

- **Outcome 1:** Prevention, Improving health and reducing health inequalities are core parts of the system and planned, delivered and performance managed as such
- **Outcome 2:** Patients are routinely assessed for health improvement and inequalities as part of their person centred assessment and care. Where appropriate, they are offered quality assured interventions that improve their health outcomes and support their clinical treatment, rehabilitation and on-going management of long term conditions
- **Outcome 3:** All staff work in an environment that promotes physical and mental health, safety and wellbeing.
- **Outcome 4:** The hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors.

.3 **Assessment**

The HPHS framework continues to be developed with improvements around prevention, health improvement and inequalities activity in acute and community hospitals, as part of the broader strategic approach to improving health and wellbeing.

Prior to the pandemic progress had been made in developing and embedding a HPHS approach within NHS Fife by recognising where health promotion fits into existing activity, acknowledging and supporting work in practice. The pandemic has seen minimal progress due to the focus on Covid19 patient centred care. However, there has been a particular focus on staff health and wellbeing at a local level in response to their needs and manage their health and wellbeing in these unprecedented times. Some examples of this are:

- **Creation of Staff Hubs** – spaces for staff to go to to unwind, access support and chat with other staff. Healthy living items are available such as fruit and cereal bars etc as well as small meal base items such as porridge/soup etc. There are a total of 13 staff hubs across the acute and community hospitals.
- A **‘Pause Pod’** at WBH is a small calming space where staff can take time out to meditate, do yoga, listen to music or go to chill and for time out
- **‘Our Space’** – online peer support sessions were designed and delivered for staff who are shielding or home working in response to the growing need for support in these challenging times. Providing a safe environment for staff to come together, to talk, to share experiences of what’s going on for them and to be listened to in a non-judgemental, informal space. These sessions were time limited.
- Staff **‘Listening Service’** went live from April 2020, counselling support provided by Occupational Health and Wellbeing and **‘Top Tip’s for Self Care’** highlighted on desktops
- **Spiritual Care service** has played an important role in the last 18 months in supporting staff health and wellbeing
- **Black and Minority Ethnic Network Group** has been established to provide individuals with a means to share information and provide mutual support

- **Mindfulness sessions** were offered to all health and care staff. The sessions introduced participants to a short mindful meditations and tips to help them step out of their busy minds and become more present and grounded in their bodies, as a way to manage their health and wellbeing.
- **Good Conversations** training has continued with a particular emphasis on how this approach can be used by staff to have supportive conversations with each other and build resilience.
- **Support Sessions for managers** – These information sessions targeted at managers in the first instance aim to clarify the range and types of staff support options available to Fife health and social care staff locally and nationally.
- Implementation locally of the NHS HS **Smoke-free Mental Health Services** in Scotland: Implementation guidance (2015) which highlights that allowing smoking in these areas only perpetuates inequalities. A staff survey has been conducted with a variety of MH staff to find out about any concerns regarding implementing the guidance.
- The **Weight Management Support** for staff was launched in October 2020 and is delivered by a Trainee Health Psychologist. The service use evidence-based behaviour change interventions, and provides 1:1 individualised support to staff, enabling them to explore strategies and techniques that could help them better manage their weight and wellbeing.

Next Steps

The HPHS work already has an established action plan and this will be taken forward as capacity allows.

- The Well@Work oversees **Outcome 3** where all staff work in an environment that promotes physical and mental health, safety and wellbeing.
- The HPHS hospital environment group oversees **Outcome 4** where the hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors.
- Due to staff changes **Outcome 1 and 2** leads and groups need to be re-established when appropriate to enable reengagement across acute and community hospitals

A further self-assessment will be planned in line with national expectations and it is most likely this will be in Spring 2022.

2.3.1 Quality/ Patient Care

Improve the quality of patient care through consideration of social determinants and health inequalities in patient pathways; promotion of physical and mental health, safety and wellbeing, the hospital environment and improving access to services.

2.3.2 Workforce

Contribute to improved health and wellbeing and reduction of staff sickness absence.

2.3.3 Financial

No additional financial costs have been identified

Early intervention and prevention impacts positively on health and prevention of disease

2.3.4 Risk Assessment/Management

N/A

2.3.5 Equality and Diversity, including health inequalities

The HPHS programme aims to provide fair and equitable services for all individuals and communities who come in contact with our services. Staff interactions with individuals consider the needs of all individuals in their day to day work. HPHS supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

2.3.6 Other impact

Prevention, improving health and reducing health inequalities is central to this approach. Poor health and wellbeing disproportionately affects those on low incomes. HPHS will contribute to reducing health inequalities experienced by our staff, patients and population.

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

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

H&SCP Head of Primary & Preventative Care Services 24 August 2021

Well@Work Group 17 August 2021

Health Promotion Service Manager 12 August 2021

HPHS Hospital Environment Group members (outcome 4) 12 August 2021

2.4 Recommendation

For Members' information only.

3 List of appendices

HPHS CMO (2018) 3 letter_Action plan 230519



HPHS CMO (2018) 3
letter_Action plan 23

Report Contact

Author: Kay Samson

Author's Deputy Health Promotion Manager

Email kay.samson@nhs.scot

HEALTH PROMOTING HEALTH SERVICE (HPHS)

Action plan template – HPHS CMO (2018) 3: HPHS Baseline self-assessment 18/19

Please submit your self-assessment report by **Friday May 31st May 2019** to:

nhs.healthscotland-hphsadmin@nhs.net

The baseline self-assessment evidence should be undertaken during 2018/19 with action plans subsequently developed.

REQUIRED SUBMISSION DETAILS	
NHS Board	NHS Fife
Submission date	31/5/19
HPHS Lead	Kay Samson Deputy Health Promotion Manager
Contact email address	Kaysamson@nhs.net
Action plan contributors	

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

Leadership; embedding HPHS in core business						
OUTCOME 1 - Prevention, improving health and reducing health inequalities are core parts of the system and planned, delivered and performance managed as such.						
INDICATORS (National)						Self-assessed score (0, 1, 2, 3)
1) There is an evidence-based, resourced plan for embedding prevention, improving health and reducing health inequalities activity in the organisational structure, and systems and processes. For example, it is monitored through existing, local governance and performance arrangements.						2
2) The increased emphasis on prevention, improving health and reducing health inequalities is championed by senior staff and supported by effective communications and engagement with staff and trade unions.						2
3) Clinical and non-clinical staff are clear about their respective roles and responsibilities and the CPD and wider resources available to them to support the delivery of prevention, health improvement and inequalities activities.						2
4) There are robust arrangements in place for monitoring and evaluating the impact of prevention, health improvement and inequalities activity on patient and staff outcomes. Where data and systems need to be developed and/or improved, there is senior support and plans for doing so - for example, IT systems for referrals and audit.						1
5) There is a plan for embedding prevention, health improvement and inequalities within action to address local clinical priorities, and aligned to existing and planned health and social care initiatives and transformational programme changes.						2
LOCALLY IDENTIFIED INDICATORS (Optional)						
Indicator e.g. 1.2	Locally identified gaps	Action planned	Lead and contributors	Timescales	Identified issues/ interdependencies	Progress
1.1	Prevention, improving health and reducing health inequalities with clinical services are not universally recognised / valued as HPHS activity	Assess need for communication campaign to raise awareness that it is everyone 's business and responsibility	Communications Health Promotion HPHS working Group ASD HP Officer	2019 - 2020		
1.2	Lack of resources to	Consider budget	NHS Well@Work	2019 - 2020		

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

	support Well@Work Activity	opportunities	Group HPHS working Group			
1.2	No visible buy in from senior management	Align HPHS against strategic priorities for 2019/2020 within NHS Fife & FH&SCP and seek support at executive level	Director of Public Health	Ongoing		
1.3	Assess options and choices to increase staff ability to uptake learning opportunities without affecting service delivery	Scoping exercise with ward management/dept managers to clarify barriers to staff accessing training opportunities or consider innovative ways of delivering training that is accessible to staff	Health Promotion Training Team MCNs Practice Professional Development Service HPHS working group Quality Improvement Leads Impact Team	2019 - 2020		
1.3	Consider a range of flexible learning opportunities	Clarify what is currently happening and models of good practice and identify gaps	Health Promotion Training Team MCNs Practice Professional Development Service HPHS working group Quality Improvement Leads	2019 - 2020		
1.3	Requirement to understand the impact of learning on day to day patient care	Identify what processes in place to measure outcomes from learning activities	Health Promotion Training Team MCNs Practice Professional Development Service HPHS working group Quality Improvement Leads	2019 - 2020		
1.4	How can we demonstrate delivery of prevention, health improvement and	Scoping current monitoring and evaluation systems and processes to record	Quality Improvement Well@Work Group Impact Team HP Team	2019 - 2020		

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

	inequalities activities are happening within the acute and community hospital setting	impact on patients and staff	Public Health ASD SHPO			
1.4	<p>Understanding what health improvement prompts are currently in place within the clinical systems the pathways available to make referrals and the impact this information has influencing patient care</p> <p>Clarity required around pathways: what are they, where are they how user friendly are they, are they being used</p>	Assess which systems are in place to prompt staff to engage in health improvement activities, and effective use in practice	<p>Long term conditions MCNs Hospital Pharmacy E-Health Janette Owens ADoN</p>	2019 - 2020		
1.5	Consider a robust approach to monitoring health improvement and inequality interventions in clinical setting	Capture embedded health improvement and inequality interventions across clinical priorities for baseline and monitor improvements	<p>HPHS working Group Impact Team E-Health NHS Fife Equalities Lead</p>	2019 - 2020		

Patient pathways; needs assessment and referrals; building capacity.

OUTCOME 2 - Patients are routinely assessed for health improvement and inequalities as part of their person centred assessment and care. Where appropriate, they are offered quality assured interventions that improve their health outcomes and support their clinical treatment, rehabilitation and on-going management of long term conditions.

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

INDICATORS (National)						Self-assessed score (0, 1, 2, 3)
1) The organisation embeds health improvement interventions and builds evidence of impact on patient outcomes. In due course, activity should be reviewed to take account of forthcoming national public health priorities.						1
2) Staff are supported to develop their knowledge and skills and to incorporate prevention, health improvement and inequalities sensitive practice into routine responsibilities and practice.						2
3) To build and sustain clinical leadership, relevant professional and governance groups such as Managed Clinical Networks, Area Clinical Forums and Area Partnership Forum. Ensuring that engagement and leadership are aligned to systems for prevention, health improvement and inequalities to support local clinical priorities.						2
4) Routine assessment for health improvement and inequalities is embedded within person-centred care planning and evidence based support pathways are in place.						2
5) In addition to health improvement needs, the broad social needs of patients are identified and supported through the development of onward referral pathways including, for example, financial inclusion, fuel poverty, homelessness, employability, food poverty and carers' support.						1
6) The organisation has a structured approach to partnership working with public and voluntary sector partners to jointly plan and resource the provision needed to meet patient needs.						2
LOCALLY IDENTIFIED INDICATORS (Optional)						
Indicator e.g. 1.2	Locally identified gaps	Action planned	Lead and contributors	Timescales	Identified issues/ interdependencies	Progress
2.1	Consider a robust approach to monitoring health improvement and inequality interventions in clinical setting	See 1.5	HPHS working Group members Clinical service Managers Chief Operating Officer Equality & Diversity Team Mental Health Maternity Services	2019 - 2020		
2.2	No clear understanding	Identify and raise	Contributor's long term	March 2020	Utilize MCN	

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

	around an agreement of priority areas in Fife and are staff aware and in agreement	awareness of agreed priorities within prevention, health improvement and health inequalities (linked to 1.2)	conditions MCNs. Chief Operating Officer Equality & Diversity Team Clinical service Managers		professional events and evaluation forms to understand learning needs of staff	
2.2	Limited understanding of learning opportunities that meet prevention, health improvement and inequality requirements that are suitable for staff to enable adoption of sensitive practise into daily routine and actions	Work with staff to identify gaps in learning opportunities, and in collaboration with staff, identify suitable training approaches that support clinical staff engaging and delivering HP assessment and activity	Well@Work Group Health Promotion Service HPHS Working group Practice Professional Development Service Equality & Diversity Team Mental Health Maternity Services	2019 - 2020		
2.2	Lack of consistency of delivery of prevention and health improvement/health inequality messages within clinical care	Identify and share areas of good practice. Ensure there is a minimum expectation across all services re HP awareness	Well@Work Group Health Promotion Service HPHS Working group Practice Professional Development Service Mental Health Maternity Services	2019 - 2020		
2.3	Evidence is not easily accessible around the clinical leadership except through separate clinical fora	Identify the process by which we can monitor the impact of clinical leadership and engagement on prevention, health improvement and inequalities. Clearly define expectations for clinical leaders and ensure relevant support	Executive Directors Group Director Public Health	2019 - 2020		

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

		available in relation to HP activity				
2.4	Unclear what prompts are currently in place	Identify documentation that contains health improvement and inequality prompts. Consider core criteria that are mandatory. Feedback process when field not completed accurately understand barriers to accurate completion.	Janette Owens ADoN E-Health	2019 - 2020	Opportunity to engage with SCN pre-assessment	
2.4	Unclear what referral pathways are being utilised	Identify referral pathways that are in place and measure level of use. From data and intelligence gathered consider whether they are appropriate or alternative pathways or prompts would be more effective	Clinical Teams based on identified referral pathways E-Health MCNs Mental Health Maternity Services	2019 - 2020		
2.5	Unclear if social referral pathways are in place	Identify social referral pathways that are in place and measure level of use. From data and intelligence gathered consider whether they are appropriate or alternative pathways or prompts would be more effective	NHS Fife Equality Lead	2019 - 2020		

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

2.6	Limited awareness of partnership agreements that are in place	Identify what partnership agreements or equivalent are in place	Executive Directors Group Chief Operating Officer	2019 - 2020		
-----	---	---	--	-------------	--	--

Staff Health and Wellbeing						
OUTCOME 3 – All staff work in an environment that promotes physical and mental health, safety and wellbeing.						
INDICATORS (National)						Self-assessed score (0, 1, 2, 3)
1) The organisation has a strategy for prevention of ill-health, health improvement and inequalities, developed in conjunction with staff, workforce leads and including local and national Staff Governance arrangements, for improving staff health.						2
2) The strategy is developed in the context of wider staff policies and is based on a robust understanding of local staff health profile and the key contributors to ill-health. Short, medium and long term actions are developed with staff and relevant services, such as Occupational Health.						2
3) The organisation has an evaluation framework to support the strategy and monitor impact should be developed.						2
4) In line with national Staff Governance ¹ and Workforce 20:20 ² , staff feel able to raise their own health issues and are aware of the support available. To improve equity in health outcomes, the organisation should specifically address the needs of harder to reach staff who do not traditionally take up health improvement support; e.g. those who are lower paid, higher risk of sickness absence, etc.						1
LOCALLY IDENTIFIED INDICATORS (Optional)						
Indicator e.g. 1.2	Locally identified gaps	Action planned	Lead and contributors	Timescales	Identified issues/ interdependencies	Progress

¹ <http://www.staffgovernance.scot.nhs.uk/what-is-staff-governance/staff-governance-standard/>

² <http://www.workforceevision.scot.nhs.uk/>

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

3.1	Understand the health and wellbeing needs across the different staff groups	Consider undertaking staff consultation on what staff believe would improve their own health and wellbeing	NHS Fife Well@Work Group supported by local groups	2019 - 2020	Required to support Gold Healthy Working lives Award and linked to Health & Wellbeing Strategy	
3.2	Understand what the local staff health profile is and what are the key contributors of ill health concerns for staff	Share staff health profile across the organisation in an easy to read format	Occupational Health supported by NHS Fife Well@Work groups	2019-2020	Required to support Gold Healthy Working lives Award and linked to Health & Wellbeing Strategy OH action plan	
3.2	No clear understanding of performance indicators and actions plan are evident	Increase awareness of the short, medium and long term action plans and performance indicators that are in place	NHS Fife Well@Work Group supported by local groups Well@Work Comms sub group	2019-2020	Board integrated performance report and staff governance reporting requirements	
3.3	No clear understanding of the evaluation of the strategy/ies and the impact arrangement that are in place	Raise awareness of the monitoring and evaluation arrangements and gain feedback from staff	Well@Work Comms sub group supported by NHS Fife Well@Work group and area partnership forum	2019-2020	Required to support Gold Healthy Working lives Award and linked to Health & Wellbeing Strategy	
3.4	No clear understanding at an organisational level of the mechanisms in place to identify harder to reach staff	Identify mechanisms in place to support harder to reach staff and learn from areas of good practice, identifies through assessment process	Local Well@Work groups and HP leads, staff side colleagues	2019-2020	Required to support Gold Healthy Working lives Award and linked to Health & Wellbeing Strategy	

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

Transforming the hospital environment						
OUTCOME 4 – The hospital environment is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors.						
INDICATORS (National)						Self-assessed score (0, 1, 2, 3)
1) The organisation, while maintaining existing hospital food standards in relation to retail, catering and trolley services as well as patient food, strives to improve the hospital experience by offering healthier choices ³ .						2
2) The organisation has introduced relevant criteria to areas not yet in compliance, in particular around vending, hospitality, pop-up shops and mobile vans operating in their areas. The organisation must be able to demonstrate that affordable, healthy options are available at any point of the day, including for those staff working night shifts.						1
3) The organisation can demonstrate that opportunities for physical activity (including active travel) in both the indoor and outdoor estate are available and are promoted to patients, staff and visitors.						1
4) The organisations can demonstrate that staff and contractors are appropriately trained and supported to provide advice and guidance for staff, visitors, contractors and patients who attempt to smoke on hospital grounds.						1
5) In line with the Procurement Reform (Scotland) Act 2014, procurement policy supports fair work practices, sustainability, community benefits and ethical supply chain.						2
LOCALLY IDENTIFIED INDICATORS (Optional)						
Indicator e.g. 1.2	Locally identified gaps	Action planned	Lead and contributors	Timescales	Identified issues/ interdependencies	Progress
4.1	No clear evidence that Costa is compliant with HLA?	Review costa contract against HLA?	Estates and Facilities	2019-2020		
4.1	No guidance (or risk assessment) around fast food deliveries for staff / patients	Scoping required to assess fast food arrangement /risk assessment	Procurement Facilities Dietetics HP Food & Health Team	2019-2020		

³ Retail and trolley provision must follow the [Healthcare Retail Standard](#), catering must follow the [Healthy living Award Plus](#).

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

4.2	No sanction if breaching vending machine contract	Agree and implement sanctions	Procurement Facilities HP Food & Health	2019-2020		
4.2	Provision of hospitality not considered to fall within healthy guidelines	Review current hospitality provision	Procurement Facilities Dietetics HP Food & Health Team	2019-2020		
4.2	No Healthy food options for staff/visitors outwith normal working hours	Assess whether there is a requirement for out of hours catering / within scope of food provision.(Is there healthy options that can be prepared and offered to staff OOH)	Facilities Dietetics HP Food & Health Team ASD HP Officer Well@Work group	2019-2020		
4.3	Delivery of Physical Activity brief advice and signposting is not universally available and/or embraced across clinical services	Conduct mapping exercise to identify who is currently raising the issue and identify good practice. Raise awareness of availability of Physical Activity brief advice training options	AHPs Active Fife Well@Work	2019-2020		
4.3	Physical Activity and active travel opportunities not widely recognised	Raise the profile of active travel and journey planners, bus tickets and walking routes	Sustainability Officer Well@Work colleagues ASD HP Officer	New Travel survey late 2019	This ties in with other promotions throughout the year e.g bike week, leave your car at home day, Earth Hour & lift share week etc	
4.3	No Board wide co-ordinated approach to staff walking on site to	Consider potential to develop a network of walk leaders in the	Active Fife Health promotion Service	2019-2020		

CMO (2018) 3 letter: HPHS Baseline self-assessment exercise 2018/19 – Action plan template

	promote Physical Activity in the workplace	workplace. Learn from practice that exists (VHK walking maps and routes, exercise classes WBH)	Well@Work ASD HP Officer			
4.4	Policy not widely recognised and complied with (no enforcement currently)	Improve staff compliance and consider enforcement opportunities	Health Promotion PH HR Estates and Facilities Council Protective Services Staffside	2019-2020		
4.4	People are unaware of their role and responsibility	Improve awareness of policy and increase accountability of managers who allow staff to smoke on site (and in uniform) Empowering staff to challenge behaviours that do not promote HP	Health Promotion PH HR Estates and Facilities Council Protective Services Staffside	2019-2020		
4.5	Health inequalities value and /or community benefit are not across all procurement activities	Review Costa contract against HLA	Procurement Team Estates & Facilities	2019-2020		

CLINICAL GOVERNANCE COMMITTEE

DATES FOR FUTURE MEETINGS

Date
29 April 2022
1 July 2022
2 September 2022
4 November 2022
13 January 2023
3 March 2023

Please note that all meetings take place via **MS Teams** / in the **Staff Club** (TBC) and start at **10am**

A pre-meeting of Non-Executive Members is routinely held, beginning at **9.30am**

* * * * *

NHS FIFE CLINICAL GOVERNANCE COMMITTEE – ANNUAL WORKPLAN 2021/2022

	Lead	May	July	September	November	January	March
General							
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
Covid-19 Update							
Testing	DoPH	✓	✓	✓	✓	✓	✓
Vaccination Programme	DoPh	✓	✓	✓	✓	✓	✓
Strategy/ Remobilisation							
Population Health and Wellbeing Strategy Development	DoF&S/ADPP		✓	✓	✓	✓	✓
Corporate Objectives	DoF&S/ADPP		✓				
Cancer Strategy	MD	TBC					
Clinical Governance Strategy	MD/ Head of Q&CG				✓		
Redesign of Urgent Care	MD				✓		
Quality and Performance							
Integrated Performance and Quality Report	DoF&S/ADPP	✓	✓	✓	✓	✓	✓
Winter Plan and Performance	DoN	✓			✓	✓	✓
Healthcare Associated Infection Report (HAIRT)	DoN	✓	✓	✓	✓	✓	✓
Safer Management of Controlled Drugs	DoPh			✓			
Digital and Information							
Digital and Information Strategy Update	MD		✓				
Strategy delivery update	MD			✓			✓
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme	MD			✓			✓
Person Centred Care, Participation and Engagement							
Complaints Report	DoN			✓			
Volunteering Report	DoN				✓		
Equalities Outcome Report	DoN					✓	
Governance and Assurance							
Board Assurance Framework - Quality and Safety	MD/DoN	✓	✓	✓	✓	✓	✓
Board Assurance Framework - Strategic Planning	DoF&S/ADPP	✓	✓	✓	✓	✓	✓
Board Assurance Framework - Digital and Information	MD	✓	✓	✓	✓	✓	✓

	Lead	May	July	September	November	January	March
Committee Self-Assessment Report	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Annual Workplan	Head of Q&CG	✓	✓	✓	✓	✓	✓
Annual Assurance Statement (inc. best value report)	Board Secretary	✓					
Annual Assurance Statements from sub-committees	Board Secretary	✓					
Review of Terms of Reference	Board Secretary						✓
Annual Reports							
NHS Fife Equality Outcomes Progress Report	DoN	✓					
Area Radiation Protection Annual Report	MD	✓					
Public Health Annual Report	DoPH					✓	
Integrated Screening Report	DoPH				✓		
Annual Immunisation Report	DoPH		✓				
Clinical Advisory Panel Annual Report	MD		✓				
Digital and Information Annual Report	MD	✓					
Medical Education Report	MD		✓				
Medical Revalidation	MD				✓		
R& D Annual Report	MD				✓		
R&D Strategy Review	MD				✓		
Fife Child Protection Annual Report	DoN					✓	
Adult Support and Protection Annual Report	DoN					✓	
Nursing, Midwifery, Allied Health Professionals – Professional Assurance Framework	DoN						✓
Prevention and Control of Infection Annual Report	DoN				✓		
Organisational Duty of Candour Annual Report	MD				✓		
Flu Report	DoPH		✓				
Quality Framework for Participation and Engagement Self Evaluation	DoN					✓	
Research, Innovation and Knowledge Annual Report					✓		
Linked Committee Minutes							
Acute Services Division Clinical Governance Committee	ASD AMD	✓	✓	✓	✓	✓	✓
Area Clinical Forum	Chair	✓	✓	✓	✓	✓	✓
Fife Drugs and Therapeutic Committee	MD	✓	✓	✓	✓	✓	✓
Area Radiation Protection Committee	MD	✓					
Fife IJB Clinical and Care Governance Committee	AMD	✓	✓	✓	✓	✓	✓
NHS Fife Clinical Governance Oversight Group	MD	✓	✓	✓	✓	✓	
Digital and Information Board	MD	✓		✓	✓		
Research Governance Committee	MD	✓	✓		✓	✓	✓
Health and Safety Sub-Committee	Chair	✓	✓		✓	✓	✓

	Lead	May	July	September	November	January	March
Infection Control Committee	DoN	✓	✓	✓	✓	✓	✓
Public Health Assurance Group	DoPH	✓	✓	✓		✓	
Ionising Radiation Medical Examination Regulations Board (IRMER)	MD		✓				
Information Governance and Security Steering Group	DoF&S		✓		✓	✓	
Area Medical Committee	MD			✓	✓	✓	✓
Cancer Governance and Strategy Group	MD				✓		