NHS Fife Clinical Governance Committee

Thu 10 March 2022, 14:00 - 17:00

MS Teams

Agenda

14:00 - 14:00
0 min

1. Apologies for Absence

Christina Cooper

14:00 - 14:00
0 min

2. Declaration of Members' Interests

Christina Cooper

14:00 - 14:00
0 min

3. Minutes of the last Meeting held on 13 January 2022

Enclosed *Christina Cooper*

Item 3 - Clinical Governance Committee Minutes (unconfirmed) - 13 January 2022.pdf (6 pages)

14:00 - 14:00
0 min

4. Matters Arising / Action List

Enclosed *Christina Cooper*

Item 4 - CGC Action List 10 March 2022.pdf (2 pages)

14:00 - 14:25
25 min

5. COVID-19 UPDATES

5.1. General Covid Update

Verbal *Chris McKenna*

5.2. Post COVID-19 Syndrome Response Oversight Group: Progress Report

Enclosed *Chris McKenna*

Item 5.2 - SBAR Post COVID-19 Syndrome Response Oversight Group Progress Report.pdf (9 pages)

14:25 - 15:00
35 min

6. GOVERNANCE MATTERS

6.1. Annual Review of Committee's Terms of Reference

Enclosed *Gillian MacIntosh*

Item 6.1- SBAR Annual Review of Committee's Terms of Reference .pdf (3 pages)
Item 6.1 - Appendix 1 Clinical Governance Committee's Terms of Reference.pdf (4 pages)

6.2. Committee Self-Assessment Report 2021/22

Enclosed *Gillian MacIntosh*

- Item 6.2 - SBAR Committee Self-Assessment Report 2021-22 .pdf (11 pages)

6.3. Annual Clinical Governance Committee Workplan 2022/23

Enclosed *Gemma Couser*

- Item 6.3 - SBAR Annual Clinical Governance Committee Workplan 2022-23 .pdf (9 pages)

6.4. Board Assurance Framework – Quality & Safety

Enclosed *Chris McKenna/Janette Owens*

- Item 6.4 - SBAR Board Assurance Framework – Quality & Safety .pdf (11 pages)
- Item 6.4 - Appendix 1 Board Assurance Framework - Quality & Safety.pdf (2 pages)
- Item 6.4 - Appendix 2 Linked Operational Risks Quality & Safety.pdf (2 pages)

6.5. Board Assurance Framework – Strategic Planning

Enclosed *Margo McGurk*

- Item 6.5 - SBAR Board Assurance Framework – Strategic Planning .pdf (3 pages)
- Item 6.5 - Appendix 1 Board Assurance Framework – Strategic Planning.pdf (1 pages)

6.6. Board Assurance Framework – Digital and Information

Enclosed *Alistair Graham*

- Item 6.6 - SBAR Board Assurance Framework – Digital and Information.pdf (4 pages)
- Item 6.6 - Appendix 1 Board Assurance Framework - Digital & Information.pdf (2 pages)
- Item 6.6 - Appendix 2 Linked Operational Risk Digital & Information.pdf (3 pages)

15:00 - 15:30
30 min

7. STRATEGY / PLANNING

7.1. Strategic Planning & Resource Allocation (RMP 2022/23)

Verbal *Margo McGurk*

7.2. Redesign of Urgent Care

Enclosed *Chris McKenna*

- Item 7.2 - SBAR Redesign of Urgent Care .pdf (9 pages)

7.3. Joint Remobilisation Plan 2021/22 – Winter Plan Actions

Enclosed *Janette Owens*

- Item 7.3 - SBAR Joint Remobilisation Plan 2021-22 – Winter Plan Actions.pdf (7 pages)
- Item 7.3 - Winter Planning Monthly Report.pdf (6 pages)

15:30 - 16:05
35 min

8. QUALITY / PERFORMANCE

8.1. Position Statements on Work Underway to Reduce Incidence of Harm for Pressure Ulcers, Falls & Catheter Associated Urinary Tract Infections (CAUTI)

Enclosed *Janette Owens*

- Item 8.1i - SBAR Position Statement on Work Underway to Reduce Incidence of Harm for Pressure Ulcers.pdf (8 pages)
- Item 8.1ii - SBAR Position Statement on Work Underway to Reduce Incidence of Harm for Falls.pdf (9 pages)
- Item 8.1iii - SBAR Position Statement on Work Underway to Reduce Incidence of Harm for Cauti.pdf (8 pages)

8.2. Strategy to Reduce E Coli Bacteraemia Infections

Enclosed *Janette Owens*

Item 8.2 - SBAR Strategy to Reduce E Coli Bacteraemia Infections.pdf (10 pages)

8.3. Integrated Performance & Quality Report (IPQR)

Enclosed *Chris McKenna/Janette Owens*

Item 8.3 - SBAR Integrated Quality & Performance Report.pdf (3 pages)
Item 8.3 - Appendix 1 Integrated Peformance & Quality Report.pdf (45 pages)

8.4. Integrated Performance Quality Report (IPQR) Review Process

Enclosed *Margo Mcgurk*

Item 8.4 - SBAR Integrated Performance Quality Report (IPQR) Review Process .pdf (6 pages)

8.5. Healthcare Associated Infection Report (HAIRT)

Enclosed *Janette Owens*

Item 8.5 - SBAR Healthcare Associated Infection Report (HAIRT).pdf (5 pages)
Item 8.5 - Healthcare Associated Infection Report (HAIRT) .pdf (24 pages)

8.6. Implementation of Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021

Enclosed *Heather Bett*

Item 8.6 - SBAR Implementation of Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021 .pdf (27 pages)

8.7. Paediatric Audiology Report

Enclosed *Andy MacKay*

Item 8.7 - SBAR Paediatric Audiology Report.pdf (4 pages)
Item 8.7 - Appendix 1 Letter from Cabinet Secretary.pdf (2 pages)
Item 8.7 - Appendix 2 NHS Fife Paediatric Audiology Action Plan .pdf (15 pages)

16:05 - 16:25
20 min

9. DIGITAL / INFORMATION

9.1. Digital Strategy Delivery Update

Enclosed *Alistair Graham*

Item 9.1 - SBAR Digital Strategy Delivery Update .pdf (7 pages)

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

Enclosed *Chris McKenna*

Item 9.2 - SBAR Hospital Electronic Prescribing and Medicines Administration (HEPMA) Report.pdf (5 pages)

9.3. Information Governance and Security Steering Group Update

Enclosed *Alistair Graham*

Item 9.3 - SBAR Information Governance and Security Steering Group Update .pdf (6 pages)
Item 9.3 - Appendix 1 - IG&S Activity Tracker March 2022.pdf (10 pages)

16:25 - 16:40
15 min

10. ANNUAL REPORTS

10.1. Research & Development Strategy Review 2020/2021, Research Strategy 2020-2022, and Research, Innovation & Knowledge Annual Report 2020/2021

Enclosed *Chris McKenna*

- Item 10.1a - SBAR Research & Development Strategy Review 2020-21 and Research Strategy 2020-21.pdf (4 pages)
- Item 10.1ai - Appendix 1 Research Strategy Priorities 2020-21.pdf (2 pages)
- Item 10.1aii - Appendix 2 Research & Development Strategy 2020-22.pdf (15 pages)
- Item 10.1b - SBAR Research, Innovation & Knowledge Annual Report 2020-21.pdf (5 pages)
- Item 10.1b - Appendix 1 Research, Innovation & Knowledge Annual Report 2020-21.pdf (58 pages)

10.2. Occupational Health and Staff Wellbeing Service Annual Report 2020/2021

Enclosed *Chris McKenna*

- Item 10.2 - SBAR Occupational Health and Staff Wellbeing Service Annual Report 2020-21.pdf (23 pages)

16:40 - 16:45
5 min

11. LINKED COMMITTEE MINUTES

11.1. Acute Services Division Clinical Governance Committee dated 26 January 2022 (unconfirmed)

Enclosed

- Item 11.1 - Acute Services Division Clinical Governance Committee dated 26 January 2022 (unconfirmed).pdf (15 pages)

11.2. Area Clinical Forum dated 7 February 2022 (unconfirmed)

Enclosed

- Item 11.2 - Area Clinical Forum dated 7 February 2022 (unconfirmed).pdf (2 pages)

11.3. Fife Drugs & Therapeutics Committee dated 9 June 2021 (confirmed) & 8 December 2021 (unconfirmed)

Enclosed

- Item 11.3i - Fife Drugs & Therapeutics Committee dated 9 June 2021 (confirmed).pdf (7 pages)
- Item 11.3i - Fife Drugs and Therapeutics Committee dated 8 December 2021 (unconfirmed).pdf (9 pages)

11.4. Fife IJB Clinical and Care Governance Committee dated 1 October 2021 (confirmed) & 12 November 2021 (confirmed)

Enclosed

- Item 11.4i -Fife IJB Clinical and Care Governance Committee dated 1 October 2021 (confirmed).pdf (6 pages)
- Item 11.4ii - Fife IJB Clinical and Care Governance Committee dated 12 November 2021 (confirmed).pdf (9 pages)

11.5. NHS Fife Clinical Governance Oversight Group dated 26 August 2021(confirmed)

Enclosed

- Item 11.5 - NHS Fife Clinical Governance Oversight Group dated 26 August 2021 (confirmed).pdf (6 pages)

11.6. Health and Safety Sub-Committee dated 10 December 2021 (unconfirmed)

Enclosed

- Item 11.6 - Health & Safety Subcommittee Minutes 10 December 2021 (unconfirmed).pdf (3 pages)

11.7. Infection Control Committee dated 4 August 2021 (confirmed) & 1 December 2021

(unconfirmed)

Enclosed

Item 11.7i - Infection Control Committee dated 4 August 2021 (confirmed).pdf (9 pages)
Item 11.7ii - Infection Control Committee dated 1 December 2021 (unconfirmed).pdf (8 pages)

11.8. Area Medical Committee dated 12 October 2022 (confirmed)

Enclosed

Item 11.8 - Area Medical Committee dated 12 October 2022 (confirmed).pdf (7 pages)

11.9. Information Governance & Security Steering Group Minutes dated 1 December 2021 (unconfirmed)

Enclosed

Item 11.9 - Information Governance & Security Steering Group Minutes dated 1 December 2021 (unconfirmed).pdf (4 pages)

11.10. Digital & Information Board Minutes dated 19 October 2021 (confirmed)

Enclosed

Item 11.10 - Digital & Information Board Minutes dated 19 October 2021 (confirmed).pdf (6 pages)

16:45 - 16:50
5 min

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

16:50 - 16:50
0 min

13. ANY OTHER BUSINESS

16:50 - 16:50
0 min

14. DATE OF NEXT MEETING - FRIDAY 29 APRIL 2022 AT 10AM

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON THURSDAY 13 JANUARY 2022 AT 2PM VIA MS TEAMS

Present:

C Cooper, Non-Executive Member (Chair)
M Black, Non-Executive Member
S Braiden, Non-Executive Member
R Laing, Non-Executive Member
A Wood, Non-Executive Member
Dr C McKenna, Medical Director
J Owens, Director of Nursing
J Tomlinson, Director of Public Health

In Attendance:

L Campbell, Associate Director of Nursing
N Connor, Director of Health & Social Care
G Couser, Head of Quality & Clinical Governance
C Dobson, Director of Acute Services
S Fraser, Associate Director of Planning & Performance
B Hannan, Deputy Director of Pharmacy & Medicines *(deputising for S Garden)*
G MacIntosh, Head of Corporate Governance & Board Secretary
M McGurk, Director of Finance & Strategy
N McCormick, Director of Property & Asset Management
M Wood, Interim Associate Medical Director
H Thomson, Board Committee Support Officer (Minutes)

The Chair welcomed everyone to the meeting.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the notes are being recorded with the Echo Pen to aid production of the minutes.

1. Apologies for Absence

Apologies were noted from members Cllr D Graham (Non-Executive Member), S Fevre (Area Partnership Forum Representative) and C Potter (Chief Executive), and from attendees S Garden (Director of Pharmacy & Medicines), H Hellewell (Associate Medical Director), A Lawrie (Area Clinical Forum Representative) and E Muir (Clinical Effectiveness Manager).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 3 November 2021

The Committee formally **approved** the minutes of the previous meeting.

4. Matters Arising / Action List

The Committee **noted** the updates and also the closed items on the Action List.

5. COVID-19 UPDATES

5.1. Testing & Tracing Update

The Director of Public Health advised the testing & tracing paper was also presented to the Public Health & Wellbeing Committee on 10 January 2022.

Chart 1: Fife Resident PCR Test Results; daily number and 7-day rolling total rate to 26th December 2021, was highlighted. It was advised that there have been changes to the testing recommendations, and in the policy changes from 5 January 2022, the total of LFT and PCR tests will be counted together. Assurance was provided that high levels of testing continue, despite the high number of positive cases.

It was reported that assurance was provided from the Scottish Government that funding will be available for testing until June 2022, and the contact tracing workforce and the wider public health team funding has been agreed to the end of September 2022.

R Laing, Non-Executive Member, questioned if PCR testing for immunosuppressed people would be fast tracked for quicker antiviral treatment. Assurance was provided that there is a local process in place and fast tracking for those cases is already taking place. It was confirmed immunosuppressed people who receive a positive LFT and cannot get access to a PCR test, will still receive the antiviral treatment in a timely manner.

A Wood, Non-Executive Member, questioned if there was an opportunity to offer testing and tracing staff, who are on temporary contracts, a substantive position. The Director of Public Health advised that advice has been sought from HR through the processes of extensions to contracts. An overview on the opportunities and complexities, due to a variety of different routes that staff were originally employed/deployed, was provided.

The Medical Director provided a general Covid update. The success of the vaccine booster programme has resulted in lower numbers currently than expected within the Acute Hospitals, however, the position could still change. Positive Covid cases within our community settings has resulted in closures of care homes and wards within community hospitals and this has affected capacity and flow. It was reported that there has recently been a different pattern of illness, compared to the previous Covid variants, which is largely attributable to the booster programme providing good protection from serious illness.

The Committee **noted** the testing & tracing update and thanked our valued staff and volunteers for their continued efforts.

5.2. Flu Vaccination & Covid Vaccination (FVCV) Programme Update

The Director of Health & Social Care provided an update.

It was reported that over 788,000 vaccines in Fife have now been delivered. The ‘Boosted by the Bells’ campaign exceeded the Scottish Government’s 80% target, with a reached uptake in Fife of 82.7% as of 31 December 2021, which is higher than the

national average of 79.8%. It was noted that there was a number of the population receiving their first vaccination within this period, who had not come forward previously, which is positive news.

Following a question, the Director of Health & Social Care confirmed the booster and second dose vaccination data will be separated, and the projection against delivery targets data will both be included in the reporting going forward.

Action: Director of Health & Social Care

The key priorities, as provided in the paper, were outlined and it was noted that there is more work to be carried out within the younger cohort of the population.

It was advised that outreach work has been undertaken in terms of homeless shelters and the travelling communities. The impact of inequalities is recognised to ensure the vaccine is available to everyone.

It was advised that a paper is shortly being submitted to the Executive Directors' Group (EDG) on a move towards the stabilisation of the workforce and permanent recruitment to support the FVCV programme.

The staff and volunteers involved in the FVCV programme delivery were congratulated for all their fantastic work and achievements, particularly over the busy festive period.

The Committee **noted** and took assurance from the FVCV report.

6. QUALITY / PERFORMANCE

6.1. Integrated Performance & Quality Report (IPQR)

The Medical Director introduced the IPQR and advised that the slight uptake in the Hospital Standardised Mortality Ratios (HMSR) measure was not intended to be used in a pandemic situation, and it was explained that the status of this measure is currently difficult to analyse and will be closely monitored going forward.

The Director of Nursing advised that there have been continued challenges in inpatient settings due to social distancing and workforce challenges. A summary of the current status of measures was provided.

In terms of complaints, it was reported that the response rate is currently not meeting statutory timeframes for response, and discussions had taken place with the Scottish Public Services Ombudsman (SPSO) on the complaints processes. The SPSO had emphasised the importance of continuing communication with complainants and to advise them that replies could be potentially late. Challenges within the Complaints Team were due to Covid pressures and self-isolating. It was also noted that processes within complaints management are currently being reviewed.

A request was made to present the data in a different format, and it was advised that the IPQR as a whole is currently under review.

The Committee **examined** and **considered** the NHS Fife performance, focusing on the measures delegated to the Committee.

6.2. Joint Remobilisation Plan 4 (RMP4) 2021/22

The Associate Director of Planning & Performance advised the Committee that the Winter Planning actions normally separated out in a stand-alone plan are included in the Joint Remobilisation Plan 4 (RMP4).

It was reported that any actions that are unlikely to be achieved, or are at risk of not being achieved, are highlighted in the report. Some are due to the impact of Covid.

It was questioned if there is a national approach to manage the backlog of the planned care elements. It was advised there are local plans to recover the position, and that the team are in close contact with the national teams on their approach.

The Committee recognised the hard work and ongoing efforts of the teams on the completed actions, particularly during these times of difficult circumstances.

The Committee **noted** the progress of deliverables within Joint Remobilisation Plan 4 (RMP4), which includes the Winter Plan actions.

6.3. Healthcare Associated Infection Report (HAIRT)

The Director of Nursing provided an overview on the detailed HAIRT.

Following a question, it was advised there is a local concern around risk prescribing and recurrence for clostridioides difficile Infection (CDI), although work is ongoing around risk prescribing. It was also advised that there have been no issues raised by the Infection Control Team around surgical site infection (SSI).

The Director of Nursing praised and thanked the Infection Prevention Control Team for all their hard work.

The Committee **noted** the HAIRT report.

7. ANNUAL REPORTS

7.1. Organisational Duty of Candour Annual Report (Interim)

The Medical Director advised that the interim report was previously presented to the Committee, with a further interim report presented to this meeting. This was due to delays in the completion of adverse event reviews and subsequent decision-making around cases that could potentially trigger duty of candour recording.

It was reported that the detail of the final report will not change in terms of narrative, and any change to the data will be very minor. It was agreed the report was not required to come back to this Committee, and the Committee supported submission of the final report direct to the Board, once final data is available.

Following a question, the Medical Director explained the difference between the legislative and professional duty of candour, and the process and decision in which the legislative duty of candour is activated. It was noted that NHS Fife have good processes in place for duty of candour. It was also noted a review of processes around adverse events is currently underway.

The Committee **noted** the interim report and **supported** the submission of the final report to the Board.

7.2. Fife Child Protection Annual Report

The Director of Nursing provided an overview on the report, summarising the main areas relevant to the Committee.

The Committee **took assurance from** the Fife Child Protection Annual Report.

7.3. Adult Support and Protection Biennial Report 2018-2020

The Director of Nursing provided an overview on the contents of the report and advised the next report is due in October 2022.

Following a question, the Director of Nursing advised that there has been a small increase in the number of referrals, in the over 65s, for those who are unable to look after themselves, and that this may be due to the limited number of services and activities available due to Covid. The Director of Nursing will keep the Committee updated on progress.

Action: Director of Nursing

Following a question on the number of reported self-harm cases and the link to the Psychological Therapies Services and Addiction Services waiting lists, it was advised there has not been a substantive change in cases. The Director of Nursing agreed to provide further detail to the Committee.

Action: Director of Nursing

The Committee **took assurance from** the Adult Support and Protection Biennial Report 2018-2020.

8. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee minutes.

8.1 Acute Services Division Clinical Governance Committee dated 10 November 2021 (unconfirmed)
8.2 Area Clinical Forum dated 7 October 2021 (confirmed) & 9 December 2021 (unconfirmed)
8.3 Health and Safety Sub-Committee dated 10 December 2021 (unconfirmed)
8.4 Infection Control Committee dated 1 December 2021 (unconfirmed)
8.5 Public Health Assurance Committee dated 20 October 2021 (confirmed)
8.6 Area Medical Committee dated 12 October 2021 (unconfirmed)

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

It was agreed to escalate to the NHS Fife Board the positive news of the development of the COPA unit.

10. ANY OTHER BUSINESS

10.1 Covid-19 Outpatient Assessment (COPA) Unit

The Committee were provided with more information on the Covid-19 Outpatient Assessment (COPA) Unit, which has opened at the Victoria Hospital. The Medical Director advised that there was direction from the Scottish Government late last year that the service was to be delivered, and that this was based on the evidence that giving antiviral treatment and immune moderated treatment to patients at high risk, early in the disease process, has a positive impact on outcomes and moderates' symptoms. The Unit is for high-risk patients, and those most at risk of harm due to Covid. The process for accessing the Unit was explained. Eligible patients can self-refer to the service directly, should they test positive for Covid.

The Committee commended the work of the Pharmacy team in establishing the COPA Unit, thanking everyone involved. Further updates will be provided to the Committee in due course.

10.2 Committee Self-Assessments Questionnaires

The Board Secretary advised that the Committee Self-Assessments Questionnaires will be circulated in the coming weeks. It was noted that, although this is a busy period for all, it is important to evaluate the work of the Committee, particularly due to the pandemic.

Date of Next Meeting – Thursday 10 March 2022 at 2pm via MS Teams.

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

CLINICAL GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Thursday 10 March 2022

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	13/01/22	**Adult Support and Protection Biennial Report 2018-2020**	The Director of Nursing will keep the Committee updated on progress on the small increase in the number of referrals, in the over 65s, for those who are unable to look after themselves, and that this may be due to the limited number of services and activities available due to Covid.	**JO**	Committee to be kept updated on progress Paper will be prepared for meeting on 29/04/22	03/03/22 - The Scottish Government is co-ordinating data collection regarding the impact of the COVID-19 outbreak in relation to adult public protection. This will enable services to compare and benchmark across local authority partnerships to identify and inform what is happening locally to support vulnerable people because of the crisis; the impact this is having, identify and direct additional actions and support at national and local level as required.	In progress
2.	13/01/22		Further detail to be provided on the number of reported self-harm cases and the link to the Psychological Therapies Services and Addiction Services waiting lists	**JO**	29/04/22	03/03/22 – Paper will be prepared for meeting on 29 April 2022.	Deadline not reached
3.	03/11/21	**Clinical Governance Framework**	An update on the framework and delivery plan to be brought back to the Committee.	**GC**	29/04/22	04/03/22 – The framework and associated delivery plan has been drafted. The framework, along with a questionnaire, will be shared with members of the committee and other key stakeholders (including Senior Leadership Teams), w/c 7 March 2022. This will provide an opportunity for key stakeholders to provide	In progress

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
						feedback and allow for the framework to be further updated in advance of the CGC on 29 April 2022 for final review and endorsement.	
4.	13/01/22	**Flu Vaccination & Covid Vaccination (FVCV) Programme Update**	Booster and second dose vaccination data to be separated, and the projection against delivery targets data to be included in the reporting going forward.	**NC**	To be included in the reporting going forward	This item has moved to the Public Health & Wellbeing Committee.	Closed
5.	03/11/21	**Strategic Planning & Resource Allocation 2022/23**	The Committee to receive an interim update and position statement in March 2022.	**MM**	10/03/22	On agenda.	Closed
6.	03/11/21	**Redesign of Urgent Care**	A visual on the impact of the changes on the Emergency Department to be provided to the Committee.	**CMcK**	10/03/22	On agenda.	Closed

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Post COVID-19 Syndrome Response Oversight Group: Progress report**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Author:	**Dr Frances Baty, Director of Psychology/Chair of Post COVID-19 Syndrome Response Oversight Group**

1 Purpose

This is presented to the Clinical Governance Committee for:

- Assurance

This report relates to a:

- Emerging issue
- Government policy/directive
- NHS Board/Integration Joint Board Strategy or Direction
- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

In January 2021, NHS Fife/Fife HSCP established a Post COVID-19 Syndrome Response Oversight Group, the remit of which was to consider how best to meet the needs of people in Fife presenting with the long-term effects of COVID-19 infection. The Group, which has wide representation from Primary Care, Community and Acute Sector delivery partners, held seven meetings to consider the current service context and establish a direction of travel. Four short life working groups were tasked with developing post COVID-19 clinical pathways, patient information, clinical supports, and research opportunities. At end November 2021, the position was fourfold: (1) a direction of travel for the development of a post COVID-19 recovery and rehabilitation service has been agreed; (2) a Fife patient information pack on symptom management for the long-term effects of COVID-19 has been produced; (3) a central Stafflink page for accessing resources on the long-term effects of COVID-19 is being created; and (4) possibilities for participation in research opportunities are being

identified. Next steps involve developing and implementing the agreed service model (which will be led by Amanda Wong, Associate Director of Allied Health Professions), and initial recruitment is anticipated by Spring 2022.

2.2 Background

In 2020, two National Short Life Working Groups were established. The first, led by Christopher Doyle, Scottish Government Lead for 'long-COVID', was to oversee the implementation of the priorities set out in the Scottish Government '*Framework for supporting people through recovery and rehabilitation during and after the COVID-19 pandemic*' (August 2020); and the second, chaired by Dr Nadine Cossette, Liaison Psychiatrist, was to oversee the implementation of the Scottish Government report, '*Meeting the mental health needs of patients hospitalised due to COVID-19: A plan for Scotland*' (October 2020). Dr Jackie Fearn, Consultant Clinical Psychologist and Mental Health Lead for COVID-19 in Fife, has been involved in the work of both of these groups.

In December 2020, a SIGN guideline was published, '*SIGN 161, Managing the long-term effects of COVID-19: National guidance for identification, assessment and management*', which set out advice on the identification, assessment, and management of the long-term effects of COVID-19. It was noted from evidence that most people's symptoms will have resolved within 12 weeks from the start of acute COVID-19 infection while, for others, their symptoms will continue for longer. In recognition of the different time periods associated with COVID-19 infection, and to facilitate access to appropriate supports, provide a basis for planning services, and enable formal codes to be developed for clinical datasets, three definitions to more accurately describe the time periods associated with the infection were provided:

- Acute COVID-19 (0-4 weeks);
- Ongoing symptomatic COVID-19 (4-12 weeks); and
- Post COVID-19 syndrome (12 weeks or longer)

In May 2021, the Chief Medical Officer (CMO) issued an implementation support note, '*Managing the long-term effects of COVID-19: Implementation support note for primary and community care*'. This provided additional targeted information for primary care teams to support the implementation of the SIGN guidelines and to promote a consistent national approach. The approach included the introduction of Read Codes to assist with recording each clinical case definition within primary care patient information systems.

In September 2021, the Scottish Government published the report, '*Scotland's Long COVID service*' which set out the underpinning approach to providing care and support for the long-term effects of COVID-19 in Scotland. The report announced a £10 million long-COVID support fund, from which the Fife allocation has yet to be confirmed, to support local services to develop and deliver appropriate models of care for their populations, which could include strengthening and improving the coordination of existing services or establishing dedicated long-COVID services.

Since long-COVID can affect any or all the body's organ systems, involving the need for access to multiple clinical services and supports, a key message from all these documents is the need for a coordinated approach to the management of the long-term effects of COVID-19. The remit of the Fife Post COVID-19 Syndrome Response Oversight Group - chaired by Dr Frances Baty, Director of Psychology - was to

'*oversee and review the Fife clinical offer and supports for people affected by the longer-term effects of COVID-19 infection'* specifically relating to post COVID-19 syndrome but including where appropriate ongoing symptomatic COVID-19.

2.3 Assessment

The Post COVID-19 Syndrome Response Oversight Group considered the following:

- An assessment of post COVID-19 syndrome needs in Fife;
- Current service provision for post COVID-19 syndrome in Fife and elsewhere;
- A direction of travel for post COVID-19 syndrome service provision in Fife.

Assessment of post COVID-19 syndrome needs in Fife

In general terms, the term long-COVID is used in National data to describe symptoms lasting 12 weeks or more (post COVID-19 syndrome). Whilst evidence from studies on the nature of long-COVID symptoms is readily available, data on prevalence are preliminary and further data on rates of long-COVID and associated syndromes require to be developed. Nevertheless, Scottish Government estimates at November 2021, based on medium term projection modelling, project that by mid-December between **1.5 % - 3.1**% of the population in Scotland will self-classify with long-COVID for 12 weeks or more after their first suspected COVID-19 infection (https://www.gov.scot/collections/coronavirus-covid-19-modelling-the-epidemic/). This compares to Office of National Statistics (ONS) estimates that 1.9% of the UK population were experiencing self-reported long-COVID in October which, they say, is an increasing picture reflecting sustained increased COVID-19 infection rates https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/2december2021. Extrapolating these estimates for Fife could mean that between 5,000 – 11,000 people in Fife may be experiencing the long-term effects of COVID-19 infection for 12 weeks or more following initial infection.

Rapid reviews of evidence, undertaken in 2020 by the National Institute of Health and Care Excellence (NICE) and Healthcare Improvement Scotland (HIS), contained in the supplementary guidance provided in the CMO implementation support note, referred to long-COVID surveys which identified over 200 self-reported symptoms affecting any or all of the body's organ systems and of varying severity and longevity. ONS survey findings (provided in the link above) identified fatigue as the most common self-reported symptom (54%), followed by shortness of breath (36%), loss of smell (35%) and difficulty concentrating (28%). Of those with self-reported long-COVID, 65% reported that symptoms adversely affected day-to-day activities, while 19% reported that their ability to undertake day-to-day activities had been 'limited a lot'.

These findings compare with a small survey of Fife clinicians undertaken in April 2021 by the Post COVID-19 Syndrome Response Oversight Group, from which 77 responses were received, which identified the most common presenting symptoms as including respiratory symptoms (70%), fatigue (60%), musculoskeletal symptoms (20%), psychological symptoms (35%), social needs (25%) and cognitive impairment (14%). Almost half of people were described as having a mild degree of functional impairment, while others were described as having moderate (29%) or severe (15%)

functional impairment. Long-COVID evidence and survey data suggest that a range of 'universal, targeted and individualised' services and supports are therefore likely to be required to support long-COVID needs.

Current service provision for post COVID-19 syndrome in Fife and elsewhere

In order to gauge the post COVID-19 approaches that were being developed in other NHS Board areas, in April 2021 the Post COVID-19 Syndrome Response Oversight Group contacted NHS Boards across Scotland for information on activity in their local areas (n.10 responses were received). At that time, approaches ranged from awaiting national guidance before proceeding; conducting reviews of long-COVID needs locally; planning research on issues affecting people with long-COVID; and expanding services to support long-COVID conditions. As regards the latter, NHS Lanarkshire introduced a new model of primary care, providing occupational therapy support for symptom management at an earlier stage; NHS Lothian introduced psychology-led screening at 3 and 12 months post-discharge for patients who had been admitted with acute COVID-19 infection; and NHS Tayside introduced a rehabilitation telephone service for adults with ongoing symptoms. All Boards reported ongoing reliance on existing clinical pathways.

In Fife, as in other Boards, survey feedback confirmed ongoing reliance on existing clinical pathways, but some hospital-based services had been able to expand (in a limited way) to provide post-discharge supports for people who had been hospitalised with COVID-19 infection. These supports did not extend to non-hospitalised patients. Services included:

- ICU InS:PIRE post-discharge supports for people admitted to ICU, including those admitted with acute COVID-19 infection.
- Expansion of InS:PIRE to increase psychological and nursing provision for patients discharged from ICU to downstream wards to support the transition home;
- Pulmonary rehabilitation Near Me supports;
- Physiotherapy respiratory outpatient clinic;
- Chest Heart and Stroke Association/Respiratory MCN advice line/12 week cardiac and pulmonary rehabilitation programme;
- ME/Chronic Fatigue Syndrome Service supports for people with post-viral conditions, including support for a small number of patients with post COVID-19 needs.

Most responses highlighted capacity challenges which would limit [further] expansion without additional investment.

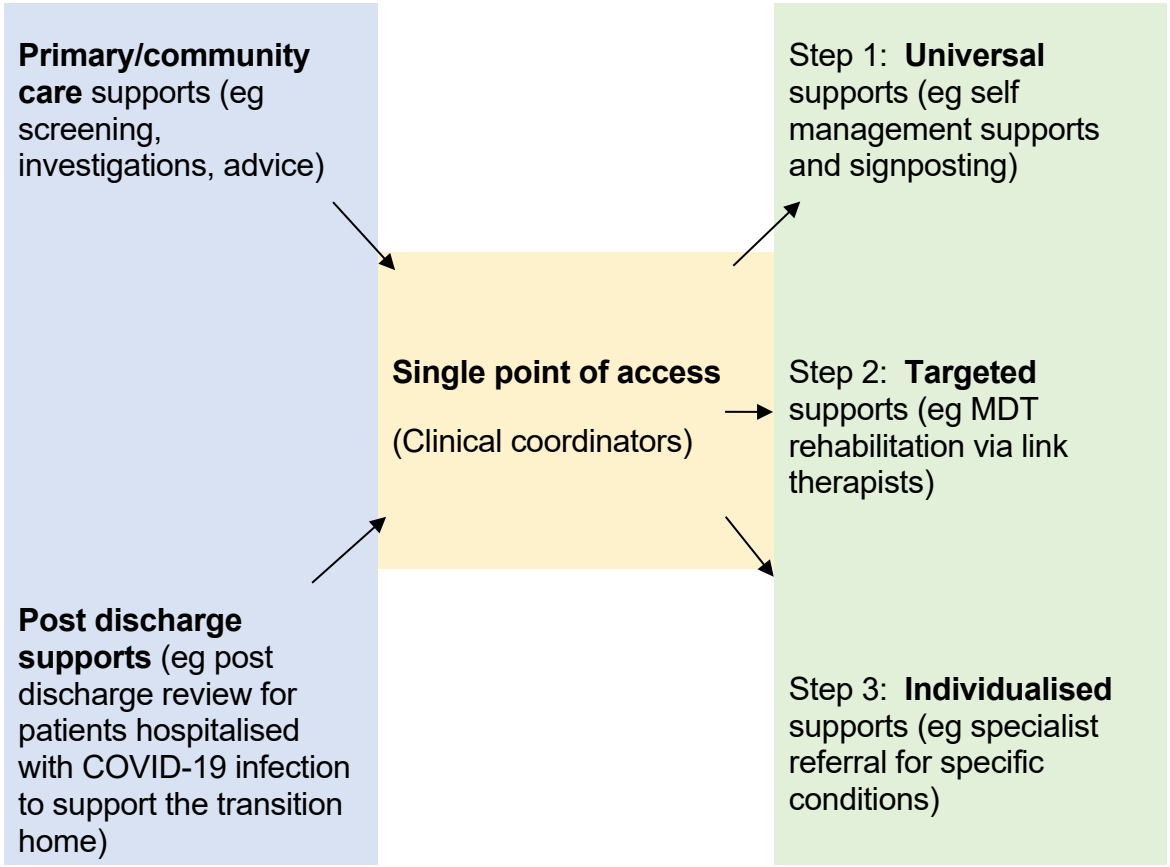
Direction of travel for post COVID-19 syndrome service provision in Fife

SLWG post COVID-19 clinical pathways

Taking account of survey feedback, including a further survey of members on the key features required of a long-COVID service, the SLWG identified a direction of travel which aligned with the underpinning principles for long-COVID provision expressed in the Scottish Government report, '*Scotland's Long COVID service*'. It was agreed that a Fife post COVID-19 recovery and rehabilitation service would be based on a resilient model that expanded and strengthened existing services to provide 'universal, targeted and individualised' supports, accessed via a single point of

access (SPOA), and coordinated by SPOA clinical coordinators (as per the Fife Major Trauma Service model). This would ensure a timely, comprehensive and coordinated response for people experiencing the long-term effects of COVID-19.

Figure 1: Outline model for post COVID-19 recovery and rehabilitation supports



SLWG post COVID-19 patient information

This SLWG produced an information pack, '*Post COVID-19 patient information pack: A guide to your recovery with advice on coping with and managing your symptoms*', which includes advice on managing symptoms, accessing local services in Fife, and links to further supports such as the NHS Inform '*Long-term effects of COVID-19 (long-COVID)*' website and the Chest Heart and Stroke Association advice line. The pack has been produced both as a complete booklet and as a series of leaflets which are to be made available on the NHS Fife public website; the new Stafflink post COVID-19 page; and via the Health Promotion Information & Resources Service ordering system. Copies can be accessed electronically, and supplies can be either printed directly from the websites or hard copies ordered where required. Links to the current versions (November 2021) of each booklet/leaflet are given below for ease of reference:

Topic	Link
Patient Information booklet (36 pages)	https://www.nhsfife.org/media/36271/fife-covid-pack.pdf
Breathlessness	https://www.nhsfife.org/media/36273/fife-covid-pack-managing-breathlessness.pdf

Cough	- https://www.nhsfife.org/media/36272/fife-covid-pack-managing-a-cough.pdf
Diet And Nutrition After COVID-19	- https://www.nhsfife.org/media/36274/fife-covid-pack-managing-diet-and-nutrition-after-COVID-19.pdf
Fatigue	https://www.nhsfife.org/media/36275/fife-covid-pack-managing-fatigue.pdf
ICU (Coping with having been in ICU)	https://www.nhsfife.org/media/36283/fife-covid-pack-coping-with-having-been-in-icu.pdf
Mood	- https://www.nhsfife.org/media/36276/fife-covid-pack-managing-mood.pdf
Physical Activity	https://www.nhsfife.org/media/36277/fife-covid-pack-physical-activity.pdf
Practical Supports	https://www.nhsfife.org/media/36278/fife-covid-pack-practical-support.pdf
Returning To Work After COVID-19	https://www.nhsfife.org/media/36279/fife-covid-pack-returning-to-work-after-COVID-19.pdf
Sleep	https://www.nhsfife.org/media/36280/fife-covid-pack-sleep.pdf
Smoking And COVID-19	https://www.nhsfife.org/media/36281/fife-covid-pack-smoking-and-covid.pdf
Understanding COVID-19	- https://www.nhsfife.org/media/36282/fife-covid-pack-understanding-COVID-19.pdf

SLWG post COVID-19 clinical education

This SLWG undertook a survey of clinicians in Fife to establish post COVID-19 education/support needs. Survey feedback highlighted that staff felt overwhelmed by the amount of information that is available regarding the management of long-COVID and where to access it. The SLWG undertook to identify key resources, which will be made available via a new Stafflink long-COVID page. Key resources currently include:

Target	Author	Title and link
Clinical	CMO	Managing the long-term effects of COVID-19: Implementation support note for primary and community care https://www.sehd.scot.nhs.uk/publications/DC20210505COVID-19_long-term_effects.pdf
Clinical	HIS	Slide set from Long-COVID webinar: Learning from Long-COVID https://ihub.scot/media/8828/20211007-pc-resilience-webinar-8-slides-v31.pdf
Clinical	NHS Fife	GMS Facilitator guidance: Edit Read Code searches (make high prominence)

Clinical	NICE	Covid-19 rapid guideline: Managing the long-term effects of COVID-19 https://www.nice.org.uk/guidance/ng188
Clinical	SIGN	SIGN 161: Managing the long-term effects of COVID https://www.sign.ac.uk/media/1833/sign161-long-term-effects-of-covid19-11.pdf
Clinical	Turas	Various presentations, videos and webinars https://learn.nes.nhs.scot/Search/SearchResults?searchterm=long%20covid&page=1
Patients	NHS England	Supporting your recovery after COVID-19 https://www.yourcovidrecovery.nhs.uk/
Patients	NHS Fife	Post COVID-19 patient information pack https://www.nhsfife.org/media/36271/fife-COVID-pack.pdf
Patients	NHS Inform	Long-term effects of COVID-19 (long-COVID) https://www.nhsinform.scot/long-covid
Services	National Wellbeing Hub	Support for staff experiencing long-COVID https://wellbeinghub.scot/resources/?term=%22long+covid%22
Services	NHS Fife	Post COVID-19 patient information pack (and leaflets) https://www.hpac.nhs.uk/HPAC//HPACIndex.jsp?sitename=hpac.fife.scot.nhs.uk
Services	Scottish Government	Coronavirus (COVID-19): Modelling the epidemic https://www.gov.scot/collections/coronavirus-covid-19-modelling-the-epidemic/
Services	Scottish Government	Coronavirus (COVID-19): Scotland's Long COVID service https://www.gov.scot/publications/scotlands-long-covid-service/
Services	Scottish Government	Meeting the mental health needs of patients hospitalised due to COVID-19 (Cossette report) https://www.gov.scot/publications/mental-health-needs-patients-hospitalised-due-covid-19/
Services	Scottish Government	Framework for supporting people through recovery and rehabilitation during and after the COVID-19 pandemic https://www.gov.scot/publications/framework-supporting-people-through-recovery-rehabilitation-during-covid-19-pandemic/
Services	Scottish Government	Long-term effects of COVID-19: Stakeholder toolkit, October 2021 https://static1.squarespace.com/static/601d44b7e8475c7d8be2ea36/t/61768926383fe210eb29e20f/1635158311688/21-22+-+Stakeholder+Toolkit+-+Long+COVID+-+Final+-+18+October+2021.pdf

SLWG post COVID-19 research

The SLWG on post COVID-19 research has been unable to meet, but the clinical lead for this group is investigating possibilities for participation in UK and Scotland-wide research programmes, as well as local research opportunities.

Next steps

- The direction of travel for the provision of a Fife Post COVID-19 Recovery and Rehabilitation Service has been established. This will be expand and strengthen existing services to provide 'universal, targeted and individualised' supports, accessed via a single point of access, and coordinated by SPOA clinical coordinators (based on the Fife Major Trauma

Service model). A working group, chaired by Amanda Wong, Associate Director of Allied Health Professions, will develop and implement the model. Initial recruitment is anticipated by Spring 2022.

- The work of the short life working groups on post COVID-19 clinical pathways, clinical supports, patient information and research is complete. Future issues will be coordinated by the Post Covid-19 Recovery and Rehabilitation Service working group. The future remit of the Post COVID-19 Syndrome Response Oversight Group will be as a steering group providing oversight of the working group. The steering group will continue to be chaired by Dr Frances Baty, Director of Psychology.

- The next report of the Post COVID-19 Syndrome Response Oversight Group will be submitted in March 2022.

2.3.1 Quality/ Patient Care

The direction of travel outlined in this report will benefit people in Fife who are experiencing the long-term effects of COVID-19 infection through the provision of a timely, comprehensive and coordinated approach to care, enabling people to live independently for longer.

2.3.2 Workforce

The direction of travel outlined in this report will benefit the workforce in three ways: firstly, supporting staff who are experiencing the long-term effects of COVID-19; secondly, supporting staff in their professional remit to support post COVID-19 patients; and thirdly, supporting the entire workforce by endorsing 'Work as a Health Outcome'.

2.3.3 Financial

The Scottish Government report, '*Scotland's Long COVID service*', announced a £10 million long-COVID support fund, from which the Fife allocation has yet to be confirmed, to support local services to develop and deliver appropriate models of care for their populations.

2.3.4 Risk Assessment/Management

There is a risk in terms of increased use of health and care services if services are not provided which support the needs of people experiencing post COVID-19 conditions.

2.3.5 Equality and Diversity, including health inequalities

At this stage, an impact assessment will not be required until proposals for new or expanded services are developed

2.3.6 Other impact

No other impact is identified.

2.3.7 Communication, involvement, engagement and consultation

- The Post COVID-19 Syndrome Response Oversight Group has held 7 meetings since January 2021.
- From July 2021, four short life working groups were tasked in with developing post COVID-19 clinical pathways, patient information, clinical supports, and research.
- A survey of NHS Boards across Scotland was undertaken in February 2021 to identify approaches to post COVID-19 provision across Scotland.
- Surveys of primary care, community and acute sector stakeholders were undertaken between April – July 2021 to establish post COVID-19 needs in Fife and the direction of travel for post COVID-19 recovery and rehabilitation supports.

2.3.8 Route to the Meeting

- Feedback by the Post COVID-19 Syndrome Response Oversight Group has informed the content of this report.

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:
None

Report Contact
Dr Frances Baty
Director of Psychology/Chair of Fife Post COVID-19 Response Oversight Group
frances.baty@nhs.scot

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Annual Review of Committee's Terms of Reference**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Author:	**Gillian MacIntosh, Board Secretary**

1 Purpose

This is presented to the Clinical Governance Committee for:

- Decision

This report relates to a:

- Local policy

This aligns to the following NHSScotland quality ambition:

- Effective

2 Report summary

2.1 Situation

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

2.2 Background

The current Terms of Reference for the Committee were last reviewed in March 2022, as per the above cycle.

2.3 Assessment

An updated draft of the Committee's Terms of Reference is attached for members' consideration, with suggested changes tracked for ease. Proposed amendments largely relate to clarifying the Committee's role in relation to the establishment of the new Public Health & Wellbeing Committee, including the removal of any duplicated areas, and also its purpose in the implementation of the new Strategy currently under development.

The Committee should note that it is likely that further updates to the section on risk management (see Section 7) will be required, after the Board has considered the

forthcoming changes to risk reporting and the BAFs, which will be captured in a future update.

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

2.3.1 Quality / Patient Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

This paper has been considered initially by the Committee Chair and Lead Executive Director.

2.4 Recommendation

This paper is provided for

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

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Clinical Governance Committee's Terms of Reference

Report Contact
Dr Gillian MacIntosh
Head of Corporate Governance & Board Secretary
gillian.macintosh@nhs.scot

CLINICAL GOVERNANCE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ***

1. PURPOSE

1.1 To oversee clinical governance mechanisms in NHS Fife.

1.2 To observe and check the clinical governance activity being delivered within NHS Fife and provide assurance to the Board that the mechanisms, activity and planning are acceptable.

1.3 To oversee the clinical governance and risk management activities in relation to the ~~development and~~ delivery of the existing Clinical Strategy.

~~1.3~~1.4 To evaluate agreed actions relevant to clinical governance in the implementation of the developing Population Health & Wellbeing Strategy, including assessing the quality and safety aspects of new and innovative ways of working.

~~1.4~~1.5 To assure the Board that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board's responsibilities.~~,~~ ~~including health improvement activities.~~

~~1.5~~1.6 To assure the Board that the Clinical and Care Governance Arrangements in the Integration Joint Board are working effectively.

~~1.6~~1.7 To escalate any issues to the NHS Fife Board, if serious concerns are identified about the quality and safety of care in the services across NHS Fife, including the services devolved to the Integration Joint Board.

2. COMPOSITION

2.1 The membership of the Clinical Governance Committee will be:

- Six Non-Executive or Stakeholder members of the Board (one of whom will be the Chair). (A Stakeholder member is appointed to the Board from Fife Council or by virtue of holding the Chair of the Area Partnership Forum or the Area Clinical Forum)
- Chief Executive
- Medical Director
- Director of Nursing
- Director of Public Health
- One Staff Side representative of NHS Fife Area Partnership Forum
- One Representative of NHS Fife Area Clinical Forum
- One Patient Representative

2.2 Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other Senior Staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Director of Acute Services
- Director of Finance & Strategy
- Director of Health & Social Care
- Director of Pharmacy & Medicines
- Associate Director, Digital & Information
- Associate Director of Nursing
- Associate Medical Director, Acute Services Division
- Associate Medical Director, Fife Health & Social Care Partnership
- Associate Medical Director, Women & Children Services
- ~~Head~~ Associate Director of Quality & Clinical Governance
- Board Secretary

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

3. QUORUM

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

4. MEETINGS

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

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

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

5. REMIT

5.1 The remit of the Clinical Governance Committee is to:

- monitor progress on the ~~health status targets~~quality and safety performance indicators set by the Board.

- provide oversight of the implementation of the Clinical Strategy and review its impact, in line with the NHS Fife Strategic Framework and the Care and Clinical Governance ~~Strategy~~Framework.

- ensure appropriate alignment and clinical governance oversight with the emerging Programmes reporting through the Portfolio Board.

- receive the minutes of meetings of:
  - Acute Services Division Clinical Governance Committee
  - Area Clinical Forum
  - Area Drug & Therapeutics Committee
  - Area Radiation Protection Committee
  - Digital & Information Board
  - Fife Research Committee
  - Health & Safety Sub Committee
  - H&SCP Clinical & Care Governance Committee
  - ~~H&SCP Integration Joint Board~~
  - Infection Control Committee
  - Information Governance & Security Steering Group
  - ~~Integrated Transformation Board~~
  - ~~Public Health Assurance Committee~~
  - NHS Fife Clinical Governance Steering Group
  - NHS Fife Resilience Forum

- The Committee will produce an Annual Report incorporating a Statement of Assurance for submission to the Board, via the Audit and Risk Committee. The Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.

- Receive updates on and oversee the progress on the recommendations from relevant external reports of reviews of all healthcare organisations, including clinical governance reports and recommendations from relevant regulatory bodies which may include Healthcare Improvement Scotland (HIS) reviews and visits.

- Issues arising from these Committees will be brought to the attention of the Chair of the Clinical Governance Committee for further consideration as required.

- To provide assurance to Fife NHS Board about the quality of clinical services within NHS Fife.

- To undertake an annual self-assessment of the Committee's work and effectiveness.

- The Committee shall review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility.

5.2 The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".

5.3 The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.

6. AUTHORITY

6.1 The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2 In order to fulfil its remit, the Clinical Governance Committee may obtain whatever professional advice it requires, and require Directors or other officers of the Board to attend meetings.

7. REPORTING ARRANGEMENTS

7.1 The Clinical Governance Committee reports directly to Fife NHS Board. Minutes of the Committee are presented to the Board by the Committee Chair, who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

7.2 Each Committee of the Board will scrutinise relevant risks on the Corporate Risk Register on a bi-monthly basis.

7.3 Each Committee of the Board will scrutinise the Board Assurance Framework risk(s) aligned to it on a bi-monthly basis.

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Committee Self-Assessment Report 2021-22**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Author:	**Gillian MacIntosh, Board Secretary**

1 Purpose

This is presented to the Clinical Governance Committee for:

- Discussion

This report relates to a:

- Local policy

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

- Effective

2 Report summary

2.1 Situation

The purpose of this paper is to provide the outcome of this year's self-assessment exercise recently undertaken for the Clinical Governance Committee, which is a component part of the Committee's production of its annual year-end statement of assurance.

2.2 Background

As part of each Board Committee's assurance statement, each Committee must demonstrate that it is fulfilling its remit, implementing its agreed workplan and ensuring the timely presentation of its minutes to the Board. Each Committee must also identify any significant control weaknesses or issues at the year-end that it considers should be disclosed in the Governance Statement and should specifically record and provide confirmation that the Committee has carried out an annual self-assessment of its own effectiveness. Combined, these processes seek to provide assurance that a robust governance framework is in place across NHS Fife and that any potential improvements are identified and appropriate action taken.

Following the comprehensive review undertaken in 2019 of the format and range of self-assessment questions previously used, a more light-touch review of the question set was undertaken this year, taking account of members' feedback on the length and clarity of the

previous iteration of the questionnaire. Board Committee Chairs each approved a revised set of questions for their respective committee.

To conform with the requirement for an annual review of their effectiveness, all Board Committees were invited to complete a self-assessment questionnaire in early February 2021. The survey was undertaken online, following overwhelmingly positive feedback on the move to a non-paper system of completion, and took the form of a Chair's Checklist (which sought to verify that the Committee is operating correctly as per its Terms of Reference) and a second questionnaire (to be completed by members and regular attendees) comprising a series of effectiveness-related questions, where a scaled 'Agree/Disagree' response to each question were sought. Textual comments were also encouraged, for respondents to provide direct feedback on their views of the Committee's effectiveness. Given the events of the past year, an additional question was added to capture any comments related to the Committee's operation during the pandemic period.

2.3 Assessment

As previously agreed, Committee chairs have received a full, anonymised extract of the survey responses for their respective committee. A summary report assessing the composite responses for the Clinical Committee is given in this paper. The main findings from that exercise are as follows:

Chairs' Checklist (completed by Chair only)

It was agreed that the Committee was currently operating as per its Terms of Reference and no matters of concern were raised. The quality of induction of new members was highlighted, as was the level of attendance at the Committee. The helpfulness of administrative support, particularly in managing what is often a heavy agenda, was also commended.

Self-Assessment questionnaire (completed by members and attendees)

In total, 8 members (excluding the Chair) and 5 regular attendees completed the questionnaire.

In general, the Committee's current mode of operation received a generally positive assessment from its members and attendees who participated. The addition of a Non-Executive with clinical experience, along with the regular attendance of the Associate Director of Digital & Information, was welcomed as being helpful to discussions overall. It was noted that Committee members were clear about their role, scrutinised effectively and participated appropriately in discussion, aided by an effective Chair. The operation of the Committee due the pandemic was praised, with respondents noting that it had been effective in scrutinising priority items and maintaining an appropriate level of challenge and oversight of the NHS Fife response.

Some areas for improvement were highlighted. Initial comments identified for further discussion include:

- further work being required on limiting any duplication with the newly established Public Health & Wellbeing Committee agendas and workplan (it was, however, noted there were also opportunities through the set-up of this committee to help reduce what is often a very heavy agenda for Clinical Governance, allowing it to develop a greater focus on the items under its own remit);
- on a related note, more improvements required on agenda management, to focus the Committee on key matters and balancing the amount of operational detail and data provided (it was noted there had been recent improvements in this area but this remained a work-in-progress);
- enhancements to performance reporting (this is already underway through the current IPQR review), to include more of a forward look and trend analysis, ensuring that the Committee is reviewing as current a set of data as possible (it was noted that despite all the information provided, it was often difficult to get a full understanding of the system, with discussion often focused on month-to-month variations rather than actual system-level cause);
- a desire from members to receive regular summaries and sign-posting to relevant NHSScotland strategies / policies and the work of external and regulatory bodies, especially those that are directly relevant to the work of the Committee (this might be done via a very short paper providing links to relevant reports and papers?); and
- recognition that the work underway on risk management presentation needs to improve scrutiny and assurance in this area.

2.3.1 Quality/ Patient Care

N/A

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

The use of a comprehensive self-assessment checklist for all Board committees ensures appropriate governance standards across all areas and that effective assurances are provided.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

This paper has been considered initially by the Committee Chair and Lead Executive Director.

2.4 Recommendation

This paper is provided for:

- **Discussion** – what actions members would wish to see implemented to address those areas identified for improvement.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Outcome of Committee's self-assessment exercise

Report Contact
Dr Gillian MacIntosh
Head of Corporate Governance & Board Secretary
gillian.macintosh@nhs.scot

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Comments
A. Committee membership and dynamics							
A1.	The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	5 (38.5%)	5 (38.5%)	3 (23%)	-	-	The inclusion of Executive members of the Committee does not align with the "independence" required of the Committee members. I have raised this point previously. Addition of Non Exec with clinical experience will be an asset to the Committee.
A2.	The Committee's membership includes appropriate representatives from the organisation's key stakeholders.	6 (46%)	6 (46%)	1 (8%)	-	-	The addition of the Associate Director for Digital & Information as an attendee is a welcome for the Information Governance remit of the Committee. It would be good to review the Terms of Reference for 2022/2023 if this should be updated for membership. We also need to consider the role of the public representation on the Committee for 22/23. This will be added to the Clinical Governance Framework delivery plan. The HSCP Associate Director of Nursing should attend - this mirrors the Acute Services representation.
A3.	Committee members are clear about their role and how their participation can best contribute to the Committee's overall effectiveness.	3 (23%)	8 (62%)	1 (8%)	1 (8%)	-	Yes - however, the addition of the Public Health & Wellbeing Committee will hopefully allow for some agenda items to transfer, allowing the CGC a greater focus I agree. However, I think the new Public Health & Wellbeing Committee has brought confusion to this committee, as there is duplicate reporting and also lack of clarity re when is a matter for Clinical Governance rather than Public Health & Wellbeing.
A4.	Committee members are able to express their opinions openly and constructively.	4 (31%)	9 (69%)	-	-	-	-
A5.	There is effective scrutiny and challenge of the Executive from all Committee members, including on matters that are critical or sensitive.	3 (23%)	9 (69%)	1 (8%)	-	-	Agree, scrutiny is evident. However, there is a link with this and the point I made in Q4 re Executive membership of the Committee. I think as the agenda becomes more focused this year this will allow for greater scrutiny of core business of the Committee.

A6.	The Committee has received appropriate training / briefings in relation to the areas applicable to the Committee's areas of business.	1 (8%)	7 (54%)	2 (15%)	3 (23%)	-	Not sure what training is available. However, background on Blueprint for Good Governance, Terms of Reference and also Non-Executive pre-meeting is provided. It would be good to understand if there is further opportunity once feedback is received from members - perhaps this could be factored into Board Development sessions with input from Clinical Governance team. Work to be done - would benefit from biannual informal development sessions. Not aware of any training sessions provided for CGC.
A7.	Members have a sufficient understanding and knowledge of the issues within its particular remit to identify any areas of concern.	2 (15%)	9 (70%)	2 (15%)	-	-	Yes, and I think the focus to contextualise issues more will continue to improve into 2022/23, in part supported by the review of the IPQR. Addition of Non-Executive with clinical experience will be an asset to the Committee.
B. Committee meetings, support and information							
B1.	The Committee receives timely information on performance concerns as appropriate.	2 (15%)	9 (70%)	2 (15%)	-	-	There is an open culture around performance and targets. Whilst acknowledging the challenges relating to this, I do think the data needs to be more up to date for meeting, provide charts that clearly show variation in the system, the rationale for special cause and also the narrative needs to be more specific around actions, improvement trajectories, level of risk. What is happening in the system, why and what is being done about it, when can we anticipate improvements. This would enable more focused questions around system capability and assurance. With appropriate routes of escalation through operational and committee sub-structures as appropriate.
B2.	The Committee receives timely exception reports about the work of external regulatory and inspection bodies, where appropriate.	1 (8%)	9 (69%)	2 (15%)	1 (8%)	-	This is not a standing item agenda on the Committee and I think this would be useful for information including for example: Scottish Public Services Ombudsman; Announced / Unannounced Visits; Health & Safety Executive etc. This is an area that I am eager to review further through the Clinical Governance framework.

B3.	The Committee receives adequate information and provides appropriate oversight of the implementation of relevant NHS Scotland strategies, policy directions or instructions.	2 (15%)	9 (70%)	2 (15%)	-	-	Agree but perhaps there could be signposting for Non-Exec members who might not have a health background. As a new member I think it might be useful to also have an agenda item that maybe outlines any new strategies for members' awareness for self-directed reading etc. Whilst I think it is a personal responsibility to keep up to date, it would be helpful to know if there were any new releases within the timeframes between meetings. Possibly more focus to prioritise those which need to come to CGC.
B4.	Information and data included within the papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion.	2 (15%)	7 (55%)	2 (15%)	3 (15%)	-	It is of note that considerable work has been undertaken in this area over the last few years, which is to be commended. Need more executive summaries to make the preparatory work more manageable. The reviewed agenda in line with new Public Health & Wellbeing Committee should provide greater focus. There is also work underway to review how data is put into context and triangulated.
B5.	Papers are provided in sufficient time prior to the meeting to allow members to effectively scrutinise and challenge the assurances given.	2 (15%)	11 (85%)	-	-	-	This has sometimes been a challenge at times during the pandemic but understandable given the pressures. Occasionally late papers.
B6.	Committee meetings allow sufficient time for the discussion of substantive matters.	2 (15%)	8 (62%)	2 (15%)	1 (8%)	-	The agenda can be overly full at times. Meetings can often overrun suggesting the need to review agenda content. The large agenda can present challenge in getting through the detail of all of the business. This has improved last year and expect further improvement into 22/23 with the new Public Health & Wellbeing Committee. Committee agendas are too full to allow appropriate time for detailed scrutiny.
B7.	Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board.	6 (46%)	7 (54%)	-	-	-	-

B8.	Action points clearly indicate who is to perform what and by when, and all outstanding actions are appropriately followed up in a timely manner until satisfactorily complete.	3 (23%)	9 (69%)	1 (8%)	-	-	A recent review of the style and content of the action note has greatly improved its effectiveness. Planned further review of the workplan will support this further. Chair also agrees timescales at CGC for bringing actions back, which has been an improvement.
B9.	The Committee is able to provide appropriate assurance to the Board that NHS Fife's policies and procedures (relevant to the Committee's own Terms of Reference) are robust.	4 (31%)	8 (61%)	1 (8%)	-	-	-
B10.	Committee members have confidence that the delegation of powers from the Board (and, where applicable, the Committee to any of its sub-groups) is operating effectively as part of the overall governance framework.	3 (23%)	6 (46%)	4 (31%)	-	-	Further work required to ensure there is clear delegation from the Board to the CGC and the new Public Health & Wellbeing Committee to avoid any overlap or duplication. Currently, there is confusion with the Public Health & Wellbeing Committee.
C. The Role and Work of the Committee							
C1.	The Committee reports regularly to the Board verbally and through minutes, can escalate matters of significance directly and makes clear recommendations on areas under its remit when necessary.	5 (38%)	6 (46%)	2 (16%)	-	-	This has been less clear during the year, given the particular focus on the pandemic.
C2.	In discharging its governance role, the focus of the Committee is at the correct level.	2 (15%)	8 (62%)	3 (23%)	-	-	I think it would be useful to focus on future planning relating to the Committee. For example, where performance has remained same over many months, refreshed strategy / improvement plans to provide assurance.
C3.	The Committee's agenda is well managed and ensures all topics within the Committee's Terms of Reference are appropriately covered.	2 (15%)	8 (62%)	1 (8%)	2 (15%)	-	Review of workplan has provided additional assurance that this is met. Planned further updated of the workplan will allow this to improve further into 2022/23. Ref earlier comment about Public Health & Wellbeing Committee and the very full agendas.
C4.	Key decisions are made in a structured manner and can be publicly evidenced.	3 (23%)	9 (69%)	1 (8%)	-	-	-

C5.	What actions could be taken, and in what areas, to further improve the effectiveness of the Committee in respect of discharging its remit?	Work has been undertaken to look at shortening the agenda, which is welcome. However, the Committee needs to be assured that important items are not left uncovered in the workplan. I feel that the Committee has been effective even throughout the pandemic, where it was very difficult to anticipate what the next significant issues were likely to be, due to the unpredictability of the pandemic. None – the Committee works very well. Improvements to data, as outlined earlier. Where performance is not where it needs to be, more detailed report around improvement and trajectories for this. Agenda size and scale at times should be considered. Continued refinement of the risk / BAF framework is welcomed. Greater focus on the core remit of the CGC will be strengthened as the Public Health & Wellbeing Committee establishes. Review of the core data set in the IPQR will provide additional assurance. The addition of the Clinical Governance framework delivery plan for 22/23 will give greater visibility and scrutiny of the improvement actions being taken forward. The review of the risk management framework will also support greater focus of assurance in relation to risk mitigation, which has already been evidenced with review of the Quality & Safety BAF, which has given the Committee more context. I think that work needs to be done with the Non-Execs (especially given most of their newness) to have more informal space for discussion and questioning. Clearer definition of the role of CGC vs other Committees when the same paper is presented to more than one Committee.

C6.	Particularly in reference to the challenges faced during the ongoing Covid pandemic, are you content with the Committee's input and oversight of areas of NHS Fife's response relevant to the Committee's particular remit? Please provide comments.	Yes, from a personal viewpoint anything that has required challenge and further scrutiny has been followed up and improvements made. I think the Committee continued to provide a positive level of scrutiny during very challenging times. I think that the nature of the pandemic and the fact that the staff have been under significant pressure and therefore unable to provide the usual kind of updates has made scrutiny of services a challenge at times. Very professional response from members and management. Yes. The Committee has been very responsive to the pandemic. Yes, very content. This Committee has been a key source of up-to-date and relevant information during the pandemic. Yes, there has been appropriate focus – perhaps, however, a reluctance to ask / consider the more challenging aspects of the pandemic, such as nosocomial outbreaks and deaths. Earlier comments are applicable to this question as well.					
D. Clinical Governance Committee specific questions							
D1.	The Committee is provided with appropriate assurance that the corporate risks related to the specific governance areas under its remit (i.e., those related to either Clinical, Finance and Performance, Remuneration, or Staff) are being managed to a tolerable level.	2 (15%)	6 (46%)	5 (39%)	-	-	I think this area could be strengthened and will be improved as the BAF and Strategic Risk Register is being reviewed. Note the ongoing work to improve our risk management arrangements and reporting. Review of the BAFs and risk management framework will give committee improved assurance. Work still to be done but Committee is on a journey. Further work required to complete the review of the BAF and framework for risk management.

D2.	The performance information and data presented to the Committee allows for easy identification of deviations from acceptable performance (both negative and positive).	1 (8%)	10 (77%)	2 (15%)	-	-	Whilst there is a lot of data and information, the format does not lend itself to a full understanding of the system. Common cause and special cause variation cannot be identified accurately in the current format. I think this leads to narrative that focuses on month to month changes. It is easy to see the RAG status and benchmarking where appropriate. Note the potential for improvement though the work of the IPQR review group and the recs from the active governance session.
D3.	Where there is a negative deviation from acceptable performance, the Committee receives adequate information to provide assurance that appropriate action is being taken to address the issues.	-	10 (77%)	3 (23%)	-	-	I think that, due to the system pressures and challenges in the context of a global pandemic, there is acknowledgement that adding burden of increased reporting may not be most appropriate use of time at this stage. I believe that once data is presented differently it will support focus on system-level performance and the efficacy (or otherwise) of the improvement programmes in place.

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Annual Clinical Governance Committee Workplan 2022/2023**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Author:	**Gemma Couser, Associate Director of Quality and Clinical Governance**

1 Purpose

This is presented to the Clinical Governance Committee for:

- Decision

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

This paper sets out the Clinical Governance Committee (CGC) workplan for 2022/2023 and summaries the approach adopted to ensure there is a regular review of the workplan to enable the CGC to fulfil its remit.

2.2 Background

The CGC is a Standing Committee of the Board. In order to provide effective scrutiny, assurance and escalation of key issues the CGC adheres to the Committee Assurance Principles. To support the effective delivery of the Committee an annual workplan is developed to ensure clarity of priorities and focused agendas.

2.3 Assessment

The 2022/2023 CGC workplan is attached in appendix 1 for consideration of the Committee. Updates to the workplan reflect the establishment of the new Public Health and Wellbeing Committee.

Given the dynamic nature of our organisation the workplan is included as a standing agenda item at each Committee meeting. This regular review will ensure the workplan reflects new and emerging risks or areas of focus. To support this a tracker of the workplan is maintained to monitor the business of the Committee.

2.3.1 Quality/ Patient Care

The Clinical Governance Committee's responsibility is to oversee the delivery of Clinical Governance agenda and will seek to assure the Board and the public of Fife that appropriate systems of control are in place to continuously improve and safeguard the quality and safety of care. An effective workplan is required to ensure that this responsibility is delivered.

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

The workplan will be reviewed at each Committee meeting and updated to ensure that emerging risks or concerns are reflected in the workplan.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

The workplan for 2022/2023 has been developed in collaboration with Directors.

2.4 Recommendation

The Clinical Governance Committee is recommended to:

- Consider and approve the proposed workplan for 2022/2023; and
- Approve the approach to ensure that the workplan remains current

3 List of appendices

The following appendices are included with this report:

- Appendix 1- Clinical Governance Committee Workplan 2022/2023

Report Contact
Gemma Couser
Associate Director of Quality and Clinical Governance
Email gemma.couser2@nhs.scot

CLINICAL GOVERNANCE COMMITTEE

PROPOSED ANNUAL WORKPLAN 2022 / 2023

Governance - General							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Minutes of Previous Meeting	**Chair**	✓	✓	✓	✓	✓	✓
Action list	**Chair**	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	**Chair**	✓	✓	✓	✓	✓	✓
Covid-19 Update							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
General Covid-19 Update	**Director of Public Health**	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Committee Self-Assessment Report	**Board Secretary**						✓
Corporate Calendar / Committee Dates	**Board Secretary**			✓			
Review of Annual Workplan	**Associate Director of Quality & Clinical Governance**	✓	✓	✓	✓	✓	✓ Approval
Review of Terms of Reference	**Board Secretary**						✓ Approval
Annual Committee Assurance Statement (inc. best value report)	**Board Secretary**	✓					
Annual Assurance Statements from sub-committees	**Board Secretary**	✓					
Annual Statement of Assurance for Clinical Governance Oversight Group	**Medical Director / Associate Director of Quality & Clinical Governance**	✓					✓
Annual Internal Audit Report	**Director of Finance & Strategy**		✓				
Board Assurance Framework - Quality and Safety	**Medical Director / Director of Nursing**	✓	✓	✓	✓	✓	✓
Board Assurance Framework - Strategic Planning	**Director of Finance & Strategy / Associate Director of Planning & Performance**	✓	✓	✓	✓	✓	✓

Governance Matters (cont.)							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Board Assurance Framework - Digital and Information	**Medical Director**	✓	✓	✓	✓	✓	✓
Strategy / Planning							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Clinical Governance Framework	**Medical Director / Associate Director of Quality & Clinical Governance**	✓					✓
Clinical Governance Framework Delivery Plan	**Medical Director / Associate Director of Quality & Clinical Governance**				✓		
Corporate Objectives	**Director of Finance & Strategy / Associate Director of Planning & Performance**	✓			✓		
Cancer Strategy	**Medical Director**					**TBC**	
Data Loch	**Medical Director / Associate Director for Research, Development & Innovation**	✓					
Emergency / Resilience Planning	**Director of Public Health**	✓					
Governance of Advanced Practitioners	**Director of Nursing**	✓					
Integrated Unscheduled Care	**Medical Director**				✓		
Redesign of Urgent Care	**Medical Director**				✓		✓
Strategic Planning Resource Allocation (RMP 2022/23)	**Director of Finance & Strategy / Associate Director of Planning & Performance**	✓			✓	✓	✓
Winter Plan / Winter Performance Report	**Associate Director of Planning & Performance**	✓			✓	✓	✓
Quality / Performance							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Integrated Performance and Quality Report	**Medical Director / Director of Nursing**	✓	✓	✓	✓	✓	✓

Quality / Performance (cont.)							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Healthcare Associated Infection Report (HAIRT)	**Director of Nursing**	✓	✓	✓	✓	✓	✓
Safer Management of Controlled Drugs	**Director of Pharmacy & Medicines**			✓			
Digital / Information							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Digital and Information Strategy Update	**Medical Director / Associate Director of Digital & Information**		✓				
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme	**Medical Director**			✓			✓
Person Centred Care / Participation / Engagement							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Equalities Outcome Report *(also goes to PHWC)*	**Director of Nursing**						✓
Patient Experience & Feedback	**Director of Nursing**	✓	✓	✓	✓	✓	✓
Volunteering Report	**Director of Nursing**				✓		
Annual Reports							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Adult Support & Protection Annual Report *(also goes to PHWC)*	**Director of Nursing**					✓	
Annual Review of Deaths of Children & Young People	**Director of Nursing/Associate Director of Quality and Clinical Governance**						✓
Area Radiation Protection Annual Report	**Medical Director**	✓					
Clinical Advisory Panel Annual Report	**Medical Director**		✓				
Digital and Information Annual Report	**Medical Director**		✓			✓	

Annual Reports (cont.)							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
NHS Fife Equality Outcomes Progress Report	**Director of Nursing**	✓					
Fife Child Protection Annual Report	**Director of Nursing**					✓	
Integrated Screening Annual Report *(also goes to PHWC)*	**Director of Public Health**			✓			
Medical Education Report	**Medical Director**	✓					
Medical Appraisal and Revalidation Annual Report	**Medical Director**				✓		
Nursing, Midwifery, Allied Health Professionals – Professional Assurance Framework	**Director of Nursing**	✓ **TBC**					✓
Organisational Duty of Candour Annual Report	**Medical Director**				✓		
Participation and Engagement Report *(also goes to PHWC)*	**Director of Nursing**	✓	✓	✓	✓	✓	✓
Prevention and Control of Infection Annual Report	**Director of Nursing**				✓		
Research & Development Progress Report & Strategy Review	**Medical Director**					✓	
Research, Innovation and Knowledge Annual Report	**Medical Director**					✓	
Quality Framework for Participation and Engagement Self Evaluation	**Director of Nursing**			✓			
Linked Committee Minutes							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Acute Services Division Clinical Governance Committee	**Acute Services Director**	✓ 23/03	✓ 18/05	✓	✓ 20/07	✓ 16/11	✓ 18/01
Area Clinical Forum	**Chair of Forum**	✓ 03/02	✓ 07/04	✓ 09/06 & 04/08	✓ 06/10	✓ 01/12	✓ 02/02

Linked Committee Minutes (cont.)							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Area Medical Committee	**Medical Director**	TBC	TBC	TBC	TBC	TBC	TBC
Area Radiation Protection Committee	**Medical Director**	✓ 02/03			✓ 31/08		
Cancer Governance and Strategy Group	**Medical Director**	TBC	TBC	TBC	TBC	TBC	TBC
NHS Fife Clinical Governance Oversight Group	**Medical Director**	✓ 15/02	✓ 19/04	✓ 14/06	✓ 16/08	✓ 18/10 & 06/12	
Digital and Information Board	**Medical Director**		✓ 19/04	✓ 28/07	✓ 18/10		
Fife Drugs and Therapeutic Committee	**Medical Director**	✓ 09/02	✓ 27/04	✓ 22/06	✓ 24/08 & 12/10	✓ 07/12	
Fife IJB Clinical and Care Governance Committee	**Associate Medical Director**	✓ 04/03	✓ 26/04	✓ 05/07	✓ 09/09	✓ 08/11	
Health and Safety Sub-Committee	**Chair of Sub-Com**	✓ 11/03	✓ 10/06		✓ 09/09	✓ 09/12	
Infection Control Committee	**Director of Nursing**	TBC	TBC	TBC	TBC	TBC	TBC
Ionising Radiation Medical Examination Regulations Board (IRMER)	**Medical Director**			✓ TBC			
Information Governance and Security Steering Group	**Director of Finance & Strategy**	TBC	TBC	TBC	TBC	TBC	TBC
Research, Innovation and Knowledge Oversight Group	**Medical Director**	✓ 31/03	✓ 24/05	✓ 31/08		✓ 24/11	
Ad Hoc Items							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Neonatal Adverse Events Update	**Medical Director**	✓					

Ad Hoc Items (cont.)							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Early Cancer Diagnostic Centre (ECDC)	**Medical Director**	✓					
Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Board Assurance Framework (BAF) - Quality & Safety**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Author:	**Pauline Cumming, Risk Manager, and Gemma Couser, Head of Quality and Clinical Governance**

1 Purpose

This is presented to the Clinical Governance 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.

Due to the emerging Omicron picture and system pressures, the meeting of the Committee on 13 January 2022 had a condensed agenda; this did not include the BAF.

This report therefore provides the Committee with an update on the report presented on 3 November 2021.

2.2 Background

The BAF brings together key information on the above risk, integrating objectives, risks, controls, assurances and additional mitigating actions. It should:

- identify and describe key controls and actions in place to reduce or manage the risk
- provide assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect
- link to performance reporting to the Board and associated risks, legislation & standing orders or opportunities

The Committee is invited to consider the following on receipt of each update on the BAF:

- 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 linked high level risks are set out in Appendix 1 and 2. Further information on quality and safety performance is provided in the Board Integrated Performance & Quality Report.

Linked Risk Changes

The following changes are reported since the last report to the Committee:

- Risk 43: Vascular Access for Haematology/Oncology has reduced its rating from a High risk (20) to a High risk (16). This is due to the likelihood having reduced from Likely to Possible.

- Risk 529: Information Security has been unlinked from the BAF, closed and split into 3 new risks
  i) Risk 2216 - Information Security (High 16)
  ii) Risk 2217 - Information Governance Records Management (High 16) and
  iii) Risk 217 - Network Security / Cyber Attack Risk (Moderate 8)

The Associate Director for Digital &Information will conduct a review of these regenerated risks and associated mitigations. A view will then be taken on the need to link any of these to components of the BAF.

- Risk 1652: Medical Capacity in Community Paediatrics has reduced its rating from a High risk (25) to Moderate risk (12). This is due to the appointment of 2 new consultant paediatricians and a trainee Advanced Nurse Practitioner; these posts will enhance the clinical capacity of the service. It has been unlinked from the BAF.

Review of the Quality and Safety BAF Risk
Progress of the review is set out in the following sections.

Recommendations Presented to the Committee
At the last Committee, the following recommendations were presented and agreed. The table below provides an update on progress on action:

Table 1

	Review of Quality and Safety BAF Recommendations	**Update**
1.	**BAF Risk:** Consider rewording in line with options above and invite discussion.	Approach agreed and new wording suggested
2.	**Vascular Access for Haematology/Oncology (43):** Following the next review and assessment of this risk, consider if it requires to be linked to the BAF or can be managed through the Emergency Care Directorate Risk Register and Acute Services Division governance structures.	Discussions planned
3.	**Information Security Risk (529):** Split into 3 new risks as described above, risk assess, and then determine if any risks should be linked to this BAF.	Risk split as proposed
4.	**Cancer Waiting Times Access Standards Risk (1365)**: Close risk and raise a new risk which reflects the current position regarding delivery of performance standards. Consider new risk for linkage to the BAF.	New risk description drafted and to be reflected on updated BAF
5.	**Emergency Evacuation, VHK Phase 2 Tower Block (1296):**Note the current risk assessment and consider if the risk should be unlinked from this BAF and managed through the Property & Asset Management risk register and related governance structures.	Recommendation that this remains on the BAF; further discussion required
6.	**Identify existing and new risks** which ought to be considered for linking to this BAF • Increase in waiting lists for elective care as a consequence of the pandemic • Mental Health service provision, estate, and increase in waiting times, including CAMHS and Psychological Therapies • Risk to population health following 18 months of reduced levels of healthcare • Reputational risk • Strategic planning considerations for the evolving	Recommendations provided below

	Population Health and Wellbeing Strategy for NHS Fife	
7.	**Senior Leadership Team** Review of risks with Senior Leadership Teams to review and identify any risks which should be defined and considered for linking to the BAF	Meetings to be arranged

Risk Description

Further to agreement that the wording of the risk description associated with this BAF should be updated to reflect the risks associated with the impact of the pandemic, a new risk description has been developed as follows:

- *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". Additionally, there is a risk that the effects of the COVID - 19 pandemic, including restricted capacity, reduced elective & non urgent services, and workforce pressures, will impact on the quality & safety of patient care and service delivery.*

New Risks to be considered for linking to the BAF

To ensure that relevant risks are linked to the BAF, a review of all high risks has been completed. The most recent review was conducted at the end of January 2022. 92 active high risks (including the overarching Workforce Sustainability BAF risk) were reviewed.

The most recent review identified several high risks on operational risk registers relating to COVID -19 related staff absence, and the impact on service delivery, as well as other existing and pending vacancies. It is suggested that consideration be given to developing a generic linked risk relating for inclusion on the BAF. The 12 high risks which should be considered for linking to the Quality and Safety BAF are set out in Table 2 below.

Table 2

ID	Title	Position of Risk (Risk Register)	**Description**	Rating (current)	Considerations/ Recommendations
1904	Coronavirus Disease 2019 (COVID-19) Pandemic	NHSFBD – COVID-19 Risk Register	As a result of the current global COVID-19 pandemic, there is a risk of significant morbidity and mortality in the Fife population due to a lack of immunity to this novel disease. This could result in mild-to-moderate illness in the majority of the population, but complications requiring hospital care and severe disease (including death) in a minority of the population, particularly among the elderly and those with underlying health risk conditions. The potential impacts for NHS Fife include increased deaths, increased pressure on healthcare and support services affecting service delivery, reduced capacity for non-urgent services, disruption to supply chains and high levels of employee absence due to personal illness and caring responsibilities.	25	Since the previous report, risk has increased from High 20 to High 25. Strategic risk impacting current and future delivery. Consider if this risk should be added to the BAF or broken down to reflect each element: • increased mortality • increased pressure on healthcare and support services – impact on waiting times and delays to treatment • Reduced capacity for non-urgent services • Disruption to supply chain • Levels of employee absence
2214	Nursing and Midwifery Staffing Levels	NHSFBD - Nursing Directorate Risk Register	There is an established and continuing risk that safe nursing and midwifery levels cannot be achieved. NHS Fife is experiencing critical nursing and midwifery shortfalls, similar to other Boards across NHS Scotland. Vacancy rates, sickness absence levels and high activity related to consequences of the pandemic are aligned to the unprecedented demand on clinical services and on nursing and midwifery. There continues to be a heavy demand on supplementary staffing. Impact on quality of care remains a consequential concern.	20	Consider possible link or combining with risk 1673 below.

2148	Patients in delay awaiting packages of care.	Acute Services - EMERGENCY CARE & MEDICINE DIRECTORATE RISK REGISTER	Patients who are medically fit and ready to be discharged home with a POC are having an increased length of stay in an acute hospital due to social work not having the resources to provide a POC at time of Discharge. This increases the LOS for each patient there is a clinical risk due to patient safety, infection control and deterioration of the patient's condition. This also impacts on capacity and flow within the hospital due to reduced number of available downstream beds. There is a financial risk due to the requirement to open additional surge beds to support capacity.	9	While risk has reduced from High 20 to Moderate 9 due to improved allocation of community beds, challenges remain within the partnership/social work around the allocation of care packages. Recommendation stands to develop system wide risk relating to delays in patient pathways and incorporate within 2145
2145	Hospital capacity and flow	Acute Services - EMERGENCY CARE & MEDICINE DIRECTORATE RISK REGISTER	There has been a significant increase in attendances and admissions to both ED and Admission units. This is due to many factors COVID/availability of GP/ and the new unscheduled care pathway. There is a risk of not meeting the 4 hour target in the ED due to availability of bed capacity within the hospital downstream wards in particular early discharge planning to allow patient transfer/movement to support safe patient flow and prevent overcrowding within the front door areas.	25	Review wording of risk given that the 4 hour target is not being achieved in view of increased demand and system pressures. Note consideration of combining with 2148 as above.
2111	Over capacity within the ED waiting area due to lack of space secondary to having to maintain red and amber pathways.	Acute Services - ACUTE SERVICES DIVISION RISK REGISTER, Acute Services - EMERGENCY CARE & MEDICINE DIRECTORATE RISK REGISTER	Due to COVID social distancing requirements within the ED department there is serious overcrowding within the department. This has been increased due to new unscheduled care process where NHS 24 are allocating times to patients to attend the department. Attendances within the ED have increased significantly due to this new process.	16	Since the previous report, risk has reduced from High 20 to High 16. Consider linking with risk 2145 and 2148.

1673	Board Assurance Framework (BAF) - Workforce Sustainability	NHS Fife Board Assurance Framework (BAF)	There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy and the future population Health & Wellbeing Strategy and the challenges and demands associated with the current COVID-19 pandemic.	16	This is currently contained on the workforce BAF, however it is recommended that consideration is given to the position of this risk in view of intractable link between staffing and impact on quality and safety
2064	Whole System Capacity	NHSFBD – COVID-19 Risk Register	There is a risk that there may not be sufficient capacity in the system across a range of services to allow enough flexibility to meet the requirements of patients/service users and the organisation and support timely discharge/movement. This could lead to sub-optimum use of beds, patients remaining in hospital longer than necessary and impact on admissions.	25	Since the previous report, risk has increased from High 16 to High 25. Consider : • if wording needs to be changed if risk has come to fruition • linking with risk 2148 and develop system wide risk relating to delays in patient pathways.
1995	Service delivery risk	PROJECT - URGENT CARE REDESIGN - REDESIGN GROUP	There is a risk of uncertain delivery of key objectives and the sustainability of the hub due to availability of all workforce including medical and nursing staff	15	This is a project risk, however in view of the pressures relating to urgent care pathways consideration should be given to linking this risk.

1905	Contact Tracing including TTIS programme	NHSFBD – COVID-19 Risk Register	COVID-19 is highly transmissible. Contact tracing is a well-established public health measure to reduce transmission in the population by rapid identification and self-isolation of cases and their contacts. With schools open, most restrictions lifted, and reduced isolation requirements, we are seeing rapid and sustained spread and increasing hospitalisations despite high vaccination rates among the more vulnerable. The very high incidence of infection now means there is a requirement to identify those cases in highest risk settings for detailed manual contact tracing, while cases outwith those settings who are able are managed digitally through SMS and web-based forms. Undertaking contact tracing at a larger scale in Fife is a challenge due to limited specialist workforce. High levels of transmission will increase pressure on NHS services and elsewhere, impacting the health outcomes and economic wellbeing of the population in Fife.	16	Discussion required if all COVID -19 high risks should be included in the BAF, or if 1904 is sufficient.
2198	Ligature Risk - Mental Health Estate	COMPLEX AND CRITICAL CARE SERVICES - Mental Health Service Risk Register	A number of ligature risks are evident throughout the mental health estate	15	Consideration to be given if this risk is limited to Mental Health estate or is an organisational risk
1829	Adult and Child Protection	NHSFBD – COVID-19 Risk Register	There is a risk that Adult and Child protection concerns may be increased due to the Coronavirus outbreak. This may arise from increased social isolation of families and individuals but also from new ways of working that may not fully address risks e.g. PPE concerns/confusion in Care Homes etc	16	Consideration to be given for linking to BAF given significant impact of risk to the health and wellbeing of some members of the population

1907	Public Health Oversight of COVID-19 in Care Homes	NHSFBD – COVID-19 Risk Register	As a result of the current global COVID-19 pandemic, there is a risk of significant morbidity and mortality. It is recognised that adults living in care homes often have multiple health and care needs and many are frail with varying levels of dependence. Many are inevitably at greater risk of poorer outcomes if they were to contract COVID-19 due to conditions such as frailty, multiple co-morbidity, pre-existing cardio-respiratory conditions or neurological conditions. Care homes are environments that have proved to be particularly susceptible to Coronavirus and require whole system support to protect residents and staff. The potential impacts for care home include increased morbidity and mortality, increased pressure on care home staff, high levels of employee absence due to personal illness and caring responsibilities. (Abridged description).	15	Risk increased from moderate 12 to high 15 on14/12/21. As above, re risks 1904 and 1905, discussion required if all COVID - 19 high risks should be included in the BAF or if 1904 is sufficient.

Next Steps

It is proposed that the review of the Quality and Safety component of the BAF is taken forward in accordance with the actions outlined in Tables 1 and 2 above. Additionally, further work will be undertaken to:

- Revise the current BAF risk rating and related rationale. Update and strengthen the assurance components
- Align objective data to the performance statement

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 Appendices 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

The process involved risk owners, handlers, senior managers and directors.

2.3.8 Route to the Meeting

This paper has been developed through discussions with the Associate Director of Quality and Clinical Governance, the Medical Director, the Director of Nursing, and the EDG.

2.4 Recommendation

The Committee is invited to:

- **Approve** the proposed rewording of the BAF risk
- **Approve** the recommendations outlined in section 2.3
- **Approve** the updated quality and safety component of the BAF

3 List of appendices

Appendix 1, NHS Fife Board Assurance Framework (BAF) Quality & Safety to NHS Fife CGC 100322 V1.0
Appendix 2, BAF Risks - Quality & Safety - Linked Operational Risks to NHS Fife CGC 100322 V 1.0

Report Contact

Gemma Couser
Head of Quality and Clinical Governance
Email gemma.couser2@nhs.scot

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

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Quality & Safety																											
1674	Clinically Excellent, Person Centred	03/11/2021	10 March 2022	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	*Ongoing actions designed to mitigate the risk including:* Oversight and monitoring of strategy / framework / policy and procedure implementation and impact including: 1. Strategic Framework 2. Clinical Strategy 3. Clinical Governance Structures and operational governance arrangements 4. Clinical & Care Governance Strategy 5. Participation & Engagement Strategy 6. Risk Management Framework 7. Governance arrangements established to support delivery of the UK Coronavirus (COVID-19) action plan 8. Processes established for reporting and escalation of COVID-19 related incidents & risks 9. Remobilisation plan 3 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 requires review, update & plan for implementation	1. Give due consideration to how to balance the remobilisation of clinical services and manage staff and public expectations, while dealing with the ongoing COVID-19 pandemic 2. Continually review the Integrated Performance and Quality (IPQR) to ensure it provides an accurate, current picture of clinical quality / performance in priority areas 3. Refresh the extant Clinical Governance structures and arrangements to ensure these are current and fit for purpose 4..Review the coverage of mortality & morbidity meetings in line with national developments and HIS 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, risk management, clinical effectiveness 6. Review annually, all technology & Digital & Information systems that support clinical governance e.g. Datix / Formic Fusion Pro./ Labs systems 7. Review our position against the Quality of Care Framework and understand our state of readiness for a review 8. Further develop the culture of a person centred approach to care 9. Executive commissioning of reviews as appropriate e.g. internal audit, external peer and 'deep dives' 10. Align the developing Clinical Governance Framework with the NHS Fife Corporate Objectives and the developing Population Health & Wellbeing Strategy 11.Identify improvements within the adverse events process taking into consideration communication, roles, use of DATIX and lines of reporting 12. Build a risk culture which ensures that there is engaged risk leadership and proactive measures with focus in place to address risks 13 .Build risk culture which links the identification of risk to organisational objectives and strategic priorities 14.Identify and implement an electronic system/ quality management system for managing policy and procedures to improve efficiency and assurance of document management 15. Use the Essentials of Safe Care framework as the basis of an organisational self assessment to understand status quo and support development of CG Framework 16..Ensure linkages with Patient Relations Team to allow for shared learning and identification of organisational themes 17. Further develop and monitor implementation of NHS Fife governance and reporting structure for the review of deaths and young people ensuring a pan organisational approach with clear reporting lines taking into consideration existing review groups e.g. groups for suicide and peri-natal deaths	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. External 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 9. Compliance and monitoring of policies & procedures to ensure these are up to date 9. Locally designed subject specific audits 10. National audits	1. Internal Audit reviews and reports on controls and process; including annual assurance and governance review / departmental reviews 2. External Audit reviews 3. HIS visits and reviews 4. Healthcare Environment Inspectorate (HEI) visits and reports 5. Health Protection Scotland (HPS) support and feedback 6. Health & Safety Executive visits and reports 7. Scottish Patient Safety Programme (SPSP) visits and reviews 8. Scottish Govt Organisational DoC Annual Report 9. Scottish Public Service Ombudsman (SPSO) reports 10. Patient Opinion 11. Specific National reporting 12. Mental Welfare Commission (MWC) reviews	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 and monitoring of actions from a variety of sources e.g. audit, adverse events, SPSO, MWC reviews 3. We require additional assurances that there are systems in place for oversight of operational and strategic 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
43	Vascular access for haematology/Oncology	Active Risk	High Risk	16	Savage, Shirley-Anne
1365	Cancer Waiting Times Access Standards	Active Risk	High Risk	15	Couser, Gemma
1296	Emergency Evacuation, VHK Phase 2 Tower Block	Active Risk	High Risk	15	McCormick, Neil

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
528	Pandemic Flu Planning	Active Risk	Moderate Risk	12	Brown, George
637	SAB LDP standard	Active Risk	Moderate Risk	9	Cook, Julia
1652	Medical Capacity in Community Paediatric Service	Active Risk	Moderate Risk	12	Dobson, Claire
1670	Temperature within fluid storage room within critical care.	Active Risk	Moderate Risk	12	Morgan, Belinda
356	Clinical Pharmacy Input	Closed Risk	High Risk	15	McKenna, Christopher
521	Capacity Planning	Closed Risk	Very Low Risk	1	Watts, Miriam
529	Information Security Risk	Closed Risk	High Risk	16	McGurk, Margo
1287	Overcapacity in AU1 Assessment Unit	Closed Risk	Very Low Risk	3	Shepherd, Angie
1297	Obsolete Equipment In Use – No Replacement Plan In Place (Graseby 3000 Series)	Closed Risk	Moderate Risk	10	Lowe, David
1366	T34 syringe drivers in the Acute Division	Closed Risk	Low Risk	6	Savage, Shirley-Anne
1502	3D Temperature Monitoring System (South Lab)	Closed Risk	Moderate Risk	12	Campbell, Ken
1514	Impact of the UK's withdrawal from the EU on the availability and cost of medicines and medical devices	Closed Risk	High Risk	15	Garden, Scott
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	High Risk	15	Anderson, Jane
1524	Oxygen Driven Suction	Closed Risk	High Risk	20	McKenna, Christopher
1667	Infusion pumps, volumisers and Syringe Divers in Paediatrics and Neonatal Units	Closed Risk	High Risk	25	Dobson, Claire

ID	43	1365
Position of Risk (Risk Register)	Acute Services - EMERGENCY CARE & MEDICINE DIRECTORATE RISK REGISTER	Acute Services - ACUTE SERVICES DIVISION RISK REGISTER, NHSFBD - Cancer Services Risk Register, NHSFBD – COVID-19 Risk Register
Opened	24/03/2012	15/06/2017
Title	Vascular access for heamatology/Oncology	Cancer Waiting Times Access Standards
Description	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.	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.
Likelihood (initial)	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Almost Certain - Expected to occur frequently - more likely than not
Consequence (initial)	4 - Major	3 - Moderate
Risk level (initial)	High Risk	High Risk
Rating (initial)	20	15
Current Management Actions	11/11/21 Due to COVID there has been a delay in availability of theatre space the plan is still to be organised but will have to be reviewed again March 2022.	24/02/22 - The Cancer Strategy and Governance Group is overseeing local performance and taking forward the Cancer Recovery Plan. - Cancer Performance & Audit Team continue to carry out daily tracking with local escalations as required. - Patient Tracker List (PTL) weekly reviews with Service Managers and business coordinator continue to ensure appropriate escalation for patients who are not moving through their pathways. - Local & national pathway reviews as part of Cancer Recovery Plan. - Implementing the SG Effective Cancer Management Framework - Collaboration with other Boards through Cancer Managers' Forum. - Regular review of the Data & Definitions (D&D) Manual to ensure up to date and appropriate waiting times adjustments are applied 09/12/21 Risk to be redefined as now been realised. Redefined risk is out for comments. Once agreed this risk will be close and superseded by a new risk which aims to manage further deterioration
Likelihood (current)	4 - Likely - Strong possibility this could occur	5 - Almost Certain - Expected to occur frequently - more likely than not
Consequence (current)	4 - Major	3 - Moderate
Risk level (current)	High Risk	High Risk
Rating (current)	16	15
Likelihood (Target)	3 - Possible - May occur occasionally - reasonable chance	3 - Possible - May occur occasionally - reasonable chance
Consequence (Target)	2 - Minor	3 - Moderate
Risk level (Target)	Low Risk	Moderate Risk
Rating (Target)	6	9
Risk Owner	Savage, Shirley-Anne	Couser, Gemma
Handler	Davidson, Dr Kerri	Nicoll, Kathleen
Previous Review Date	11/11/2021	24/02/2022
Next Review	01/03/2022	11/03/2022

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 - 21/02/2022 - Quotes received for repair to fire doors on compartment boundary. Works proceeding in March
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
McCormick, Neil
Ramsay, Jimmy
21/02/2022
31/05/2022

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Board Assurance Framework (BAF) - Strategic Planning**
Responsible Executive:	**Margo McGurk, Director of Finance**
Report Author:	**Bryan Archibald, Planning and Performance Manager**

1 Purpose

This is presented to the Clinical Governance 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 the 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, the Committee will seek further information from risk owners.

This report provides the Committee with the next version of the NHS Fife BAF 5 on 23.09.21.

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

- Work will continue on the development of the Population Health and Wellbeing Strategy in respect of revised timescales.
- The results from public and staff survey have been received.
- The process for SPRA for 2022/23 has commenced with a view to finalising Corporate Objectives for 2022/23 by end of March 21.

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.

- EDG, December 2021

2.4 Recommendation

The Committee is invited to:

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

Report Contact
Bryan Archibald
Planning and Performance Manager

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Strategic Planning																											
1675	Clinically Excellent, Exemplar Employer, Person Centred, Sustainable	15/02/2022	15/03/2022	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. Key Risks from previous BAFs will remain until committees are content they are covered in renewed PHW Strategy. 1. Community/Mental Health redesign is the responsibility of the H&SCP/IJB which hold the operational plans, delivery measures and timescales 2. Governance of the transformation programmes remains between IJB and NHS Fife. 3. Regional Planning - risks around alignment with regional plans are currently reduced as regional work is focussed on specific workstreams 4. Clinical Strategy does not reflect that the strategic direction of the organisation following the COVID-19 pandemic.	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	4 – Likely – Strong possibility this could occur	4 – Major	16	Moderate Risk	Following period of COVID-19, portfolio management is being put in place. Programme management approach being refreshed through Strategic Planning Resource Allocation (SPRA) process.	Director of Finance	Margo McGurk Director of Finance Clinical Governance. Christina Cooper.	*Ongoing actions designed to mitigate the risk including:* **1. PHW Portfolio Board established** **2. Public and Staff Survey, developed in relation to PHW Strategy, released in November 21 with results received in February 22.** **3. SPRA 22/23 returns analysed, to inform Corporate Objectives for 22/23, to be finalised**	EDG Strategy meetings will provide the required leadership and executive support to enable strategy development.	**PHW Portfolio Board is established and will meet monthly. TOR signed off. Governance route will be Public Health and Wellbeing Committee** **Time period for Strategy has been amended to start from 23/24 rather than 22/23. Operational Delivery Plan for 22/23 providing interim strategic direction. Work will continue during 2022 to ensure delivery of Strategy for 23/24.** Responsible Person: Director of Finance Timescale: 31/03/2022	1. Minutes of meetings record attendance, agenda and outcomes. 2. Reporting of key priorities to governance groups from the SPRA process.	1. Internal Audit Report on Strategic Planning (no. B10/17) 2. Governance committee scrutiny and reporting.	Governance of new arrangements will be agreed to deliver the required assurance.	Corporate Objectives agreed for 21/22. **SPRA process 22/23 commenced in October 21, results analysed and will inform the Operational Delivery Plan and corporate objectives for 22/23.** **RMP4 submitted on 30 September 21 with Q3 update on deliverables on 9 February 22.**	3 – Possible – May occur occasionally – reasonable chance	4 – Major	12	Moderate Risk	Once governance and monitoring is in place and transformation programmes are being realised, the risk level should reduce.

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:	**10 March 2022**
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 to the Clinical Governance Committee for:

- Assurance

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 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 an update on NHS Fife BAF in relation to Digital & Information (D&I) as at 17 January 2022.

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 are as follows: -

New Linked Operational Risks:

No new linked operational risks.

Previously Linked Operational Risks:

During the period, 1 risk has been removed as linked risk.

Risk 1932 – User Error in use of O365 Products

This risk has been mitigated to a moderate risk rating due to the sustained provision of training and education materials during the adoption of O365 products. The associated assessment of the likelihood of risk impact has been reduced.

Other Changes

Risk 1422 – Unable to meet NIS and Cyber Essentials compliance

This risk, while remaining with a high rating, has seen a reduction of its risk rating score from 20 to 16 during the period. The rating recognises a sustained period of awareness, education and development of controls that sees an improvement in the likelihood rating from almost certain to a strong possibility this could occur. This also takes into consideration the external threat rating to NHS organisations.

The BAF's current risk level has been assessed as 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

Digital & Information 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.

Submission of requirements has been made through the SPRA Process for 2022-23.

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

- **Assurance** – the content and current assessment of the Digital & Information BAF is provide to the Group for assurance.

3 List of appendices

The following appendices are included with this report:

- Appendix 1, NHS Fife Board Assurance Framework (BAF) Digital & Information to NHS Fife CGC 100322 V1.0
- Appendix 2, Digital & Information linked operational risks to NHS Fife CGC 100322

Report Contact
Alistair Graham
Associate Director of Digital & Information
Email alistair.graham1@nhs.scot

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score: Likelihood (Initial)	Initial Score: Consequence (Initial)	Initial Score: Rating (Initial)	Initial Score: Level (Initial)	Current Score: Likelihood (Current)	Current Score: Consequence (Current)	Current Score: Rating (Current)	Current Score: Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score: Likelihood (Target)	Target Score: Consequence (Target)	Target Score: Rating (Target)	Target Score: Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Digital & Information																											
1677	Clinically Excellent, Exemplar Employer, Person Centred, Sustainable	07/01/2022	25 February 2022	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.	4 – Likely – Strong possibility this could occur	5 - Extreme	20	High Risk	3 – Possible – May occur occasionally – reasonable chance	5 - Extreme	15	High Risk	Failure in this area could have a direct impact on patients care, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme can occur daily, the proportion of these in relation to overall activity is very small and reporting to competent authorities is minimal.	CMK Medical Director	Clinical Governance, Finance Performance & Resources (FP&R) Christina Cooper (CGC), Rona Laing (FP&R)	*Ongoing actions designed to mitigate the risk including:* 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 and presented via SPRA process 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. (ITIL implementation - Phase 1 Agreed - Phase 2 underway) 2. Organisation to consider the gaps in current operating financial commitments and assessment of financial implementation of Digital Strategy presented through SPRA process. 3. Develop long term financial, lifecycle and workforce planning - plan to address is in development (Completed - October 2021) 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 complete (October 2021) Findings presented via SPRA 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 Audit 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	2 – Unlikely – Not expected to happen – potential exists	5 - Extreme	10	Moderate Risk	1. Difficulty in securing investment in people, tools and maintaining systems that are resilient and always within support cycles. 2. Fully implementing resistance to attack through 'resilience by design', well practised response plans and recovery procedures. 3. Reduce the 'human factor' through ongoing 'user base education' and improving organisational digital readiness. 4. Enhanced controls and continuing improvements to systems and processes for improved usage, monitoring, reporting and learning are continually being put in place. Aim for Moderate Risk as target rather than Low Risk is due to the fact that likelihood whilst unlikely may still happen and consequence will be extreme due to level of fines that may be imposed, reputational damage and patient harm.

Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
885	Digital & Information Financial Position	Active Risk	High Risk	20	Graham, Alistair
1338	NHS Fife at increased cyber attack risk due to legacy systems / application versions	Active Risk	High Risk	20	Graham, Alistair
2192	Risk that Digital & Information Service Management activities are not aligned to ITIL	Active Risk	High Risk	20	Graham, Alistair
1422	Unable to meet NIS & Cyber Essentials compliance	Active Risk	High Risk	16	Graham, Alistair
1934	Loss of Cloud based Email & Collaboration Services	Active Risk	High Risk	16	Young, Allan
1996	Office 365 - Unknown Financial Consequence and so risk to licence availability	Active Risk	High Risk	16	Graham, Alistair
537	Failure of the Network causing widespread 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
226	Security of data being transferred off/on site	Active Risk	High Risk	16	Graham, Alistair
1393	Patch Management Risk	Active Risk	Moderate Risk	12	Young, Allan
1504	Lack of a central IT location to store guidance documents	Active Risk	High Risk	20	McKenna, Christopher
1576	Risk of not meeting Software as a Medical Device full compliance	Active Risk	Moderate Risk	9	McKenna, Christopher
1746	O365 May Cause Disruptive Network Overhead	Active Risk	Moderate Risk	9	Young, Allan
1932	T4 - User error in use of O365 products (including those supporting system)	Active Risk	Moderate Risk	12	Fowles, Malcolm
529	Information Security Risk	Closed Risk	High Risk	16	McGurk, Margo
913	MIDIS replacement	Closed Risk	Moderate Risk	9	Donovan, Lesly
1424	End of support lifecycle for Microsoft Server Products	Closed Risk	High Risk	16	Young, Allan
1927	Deliberate unauthorised data access or misuse by insiders (staff, contractors etc.)	Closed Risk	Moderate Risk	12	Fowles, Malcolm
1928	T2 - Deliberate unauthorised access or misuse of O365 Email by outsiders (e.g. hackers)	Closed Risk	Moderate Risk	12	Young, Allan
1929	T7 - Inadequate or absent audit trail	Closed Risk	High Risk	25	Young, Allan

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
885	NHSFBD - Digital and Information Directorate Risk Register	31/10/2014	Digital & Information Financial Position	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.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	7/1/22 - Financial planning for 5 year period included in SPRA process 2022/23. Key priorities to be agreed due to the number of initiatives identified linked to the Digital Strategy and mandated Nationally. Await SPRA outcome.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	2 - Unlikely - Not expected to happen - potential exists	2 - Minor	Low Risk	4	Graham, Alistair	Marshall, Shelley	07/01/2022	25/02/2022
1338	NHSFBD - Digital and Information - Information Technology Risk Register, NHSFBD - Digital and Information Directorate Risk Register	23/02/2017	NHS Fife at increased cyber attack risk due to legacy systems / application versions	There is a risk of increased cyber security vulnerability levels because NHS Scotland remains reliant upon legacy systems and versions and the external threat level. Although legacy products will continue to function outside of support lifecycle, there may no longer be patches available for security vulnerabilities identified in these products, require out of lifecycle OS or they rely upon out of date protocols etc.	3 - Possible - May occur occasionally - reasonable chance	4 - Major	Moderate Risk	12	21/11/2021 Increased levels of general communications. Workshops on operational readiness to cyber attack ongoing. Introduction of new technology to support recovery to be implemented by March 2022. Executive presentations, including Audit and Risk Committee (Dec 2021) ongoing. Time frame is now possibly by 31st March 2022 for Microsoft 2007. Earlier time frame estimates were based on just migration of NHSmail to O365, and whilst that is now complete, with users now either accessing email via Outlook Online (web) or Outlook for O365 (E3) or Outlook 2016 where applications don't support O365, although Office 2007 could now be removed from clients, the rest of Office 2007 needs to remain until H: and S: drive data has been moved to OneDrive & SharePoint. This part of the project is now underway, but only at an early stage. There are a number of dependencies such as data cleanse, business classification scheme, endpoint management, conditional access etc that need to be resolved/implemented first.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	2 - Unlikely - Not expected to happen - potential exists	2 - Minor	Low Risk	4	Graham, Alistair	Young, Allan	07/01/2022	25/02/2022

ID	2192	1422	1934
Position of Risk (Risk Register)	NHSFBD - Digital and Information Directorate Risk Register	NHSFBD - Digital and Information - Information Technology Risk Register, NHSFBD - Digital and Information Directorate Risk Register	NHSFBD - Digital and Information - Information Technology Risk Register, NHSFBD - Digital and Information Directorate Risk Register
Opened	15/09/2021	19/02/2018	08/09/2020
Title	Risk that Digital & Information Service Management activities are not aligned to ITIL	Unable to meet NIS & Cyber Essentials compliance	Loss of Cloud based Email & Collaboration Services
Description	There is a risk (As supported by IA ReportB23-21) that the lack of governance and procedures aligned to the maintenance of ITIL standards will result in increased periods of system unavailability and adverse impact to clinical and corporate functions in NHS Fife	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 NHS Fife users and services could be prevented from using Email and Collaboration solutions (such as Teams / SharePoint), also online MS Office Products due to a loss of connectivity to the Internet or Microsoft Azure Infrastructure, resulting in a negative impact upon services, collaboration and communication.
Likelihood (initial)	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur
Consequence (initial)	4 - Major	4 - Major	4 - Major
Risk level (initial)	High Risk	High Risk	High Risk
Rating (initial)	20	20	16
Current Management Actions	7/1/22 - Cost benefit analysis agreed at the Digital and Information Board - October 2021. Recruitment of key roles (within Budget) underway. ITIL standards for all IT service management areas e.g. Labs and Radiology - through reinstatement of Labs/Digital Meetings Consider the opportunity presented through the implementation of Service Now supports improved change management processes	01/12/21 - Action plan being progressed in line with NISD recommendations / priorities using appropriate resources vs run commitments. Plan presented to IG&S Operational and Steering Group meetings for scrutiny and assurance. Pressure also being put on suppliers heedless of lifecycle management.	Dec 2021 - Work continues to find funding for secondary Internet connectivity.
Likelihood (current)	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Likely - Strong possibility this could occur	4 - Likely - Strong possibility this could occur
Consequence (current)	4 - Major	4 - Major	4 - Major
Risk level (current)	High Risk	High Risk	High Risk
Rating (current)	20	16	16
Likelihood (Target)	2 - Unlikely - Not expected to happen - potential exists	2 - Unlikely - Not expected to happen - potential exists	4 - Likely - Strong possibility this could occur
Consequence (Target)	3 - Moderate	4 - Major	4 - Major
Risk level (Target)	Low Risk	Moderate Risk	High Risk
Rating (Target)	6	8	16
Risk Owner	Graham, Alistair	Graham, Alistair	Young, Allan
Handler	Young, Allan	Young, Allan	Fowles, Malcolm
Previous Review Date	07/01/2022	20/10/2021	07/01/2022
Next Review	25/03/2022	10/01/2022	31/03/2022

ID	537	1996
Position of Risk (Risk Register)	NHSFBD - Digital and Information - Information Technology Risk Register, NHSFBD - Digital and Information Directorate Risk Register	NHSFBD - Digital and Information Directorate Risk Register
Opened	02/05/2006	17/11/2020
Title	Failure of the Network causing widespread loss of access to IT systems	Office 365 - Unknown Financial Consequence and so risk to licence availability
Description	There is a risk of localised or widespread extensive and persistent IT network failure caused by failure of any of Local Area Networks, Wide Area Network connections 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.	There is a risk that the cost to NHS Fife of adopting M365 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.
Likelihood (initial)	3 - Possible - May occur occasionally - reasonable chance	4 - Likely - Strong possibility this could occur
Consequence (initial)	5 - Extreme	4 - Major
Risk level (initial)	High Risk	High Risk
Rating (initial)	15	16
Current Management Actions	7/1/22 - Additional funding received from SG to allow some replacement and upgrade of Network infrastructure to take place. Orders placed and wait for delivery and installation of equipment. Longer term financial plan provided to FCIG.	7/1/22 - Revised internal governance arrangements established - M365 Programme Board - included clear establishment of NHS Fife Phase 2 and Business Case requirement for Phase 3 Additional representation on national governance groups from NHS Fife team members Business Case for future Phase in development - March 2022
Likelihood (current)	3 - Possible - May occur occasionally - reasonable chance	4 - Likely - Strong possibility this could occur
Consequence (current)	5 - Extreme	4 - Major
Risk level (current)	High Risk	High Risk
Rating (current)	15	16
Likelihood (Target)	1 - Remote - Can't believe this event would happen	2 - Unlikely - Not expected to happen - potential exists
Consequence (Target)	5 - Extreme	1 - Negligible
Risk level (Target)	Low Risk	Very Low Risk
Rating (Target)	5	2
Risk Owner	Young, Allan	Graham, Alistair
Handler	Fowles, Malcolm	Granger, Claire Louise
Previous Review Date	07/01/2022	07/01/2022
Next Review	01/03/2022	25/03/2022

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Redesign of Urgent Care**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Authors:	**Belinda Moran, General Manager ECD** **Chris Conroy, Clinical Services Manager (Primary and Preventative Care Directorate)** **Rose Robertson, Assistant Director of Finance** **Stephen McNamee, Portfolio Manager (Interim)**

1 Purpose

This is presented to the Clinical Governance Committee for:

- Assurance

This report relates to a:

- Redesigning Urgent Care Programme

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

- Safe
- Effective
- Person Centred

2 Report summaries

2.1 Situation

2.1 Situation

This paper is presented to the NHS Fife Clinical Governance Committee to provide an update on the delivery of the Redesigning Urgent Care Programme. This is a system-wide national improvement and redesign supported by some dedicated new non-recurring funding. The programme is aimed at managing the increasing system wide demands for urgent and unscheduled care. Boards and HSCP's have been asked to develop a model where urgent care demand can be scheduled and delivered closer to home to ensure the right care is provided at the right place and right time. This Programme aligns with the Scottish Government NHS Recovery plan.

2.2 Background

2.2.1 National Redesign of Urgent Care Programme Context

The focus patient population for the RUC programme is a sub-group of patients who historically self-presented to A&E services (includes Emergency Department (ED) and Minor Injuries Unit (MIU)) who may be safely managed through patient pathways with alternative entry and exit points to health and care services.

The RUC pathway (Figure 1) aims:

- To increase care nearer to home for patients and carers
- To convert some unscheduled care activity to planned care activity
- To reduce patients who self-present to A&E services
- To reduce overcrowding in A&E services

The RUC pathway includes 3 main interventions:

- Public messaging to encourage patients and carers to use NHS 24 111 more frequently including routine working hours
- Increase capacity in NHS 24 111 service to manage increased demand and o create appropriate options and pathways for patients including to FNCs.
- Establish new local FNCs to help navigate patients to most appropriate local services and provide rapid access to a SCDM by phone or digitally to provide self-care advice or as necessary onward referral.

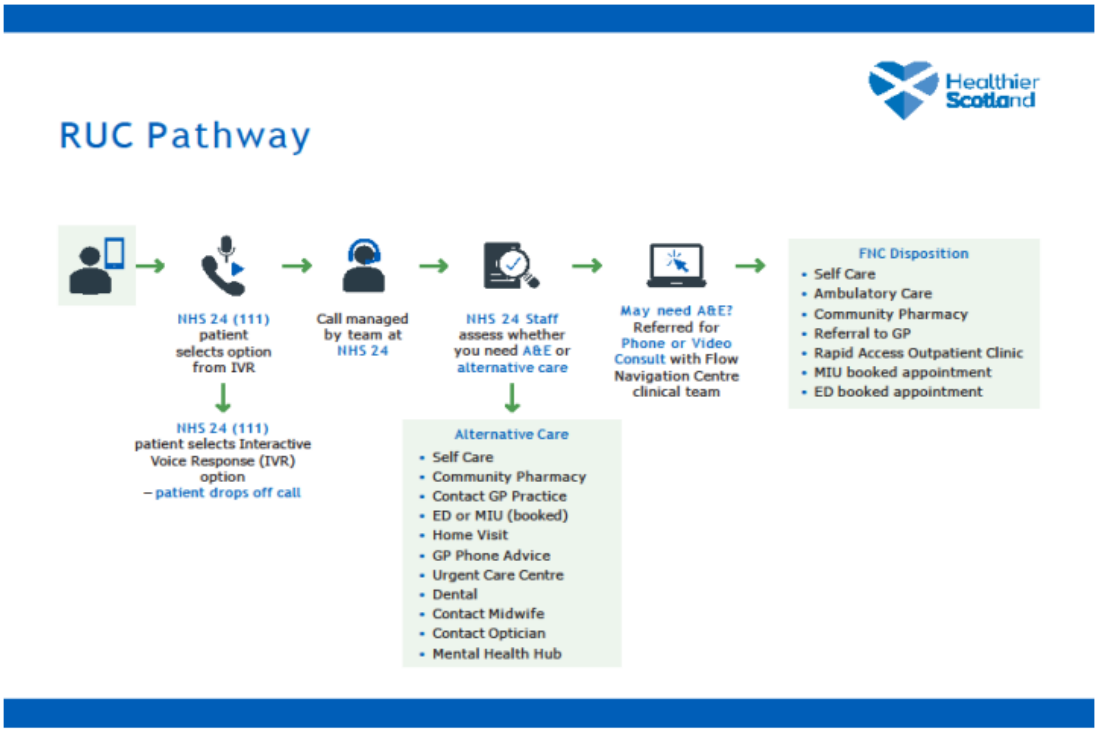


Figure 1 - RUC Pathway

In December 2021, Scottish Government published *NHS Scotland Redesign of Urgent Care Second National Staging Report April – September 2021*[1]. The report describes the steps taken to embed the national approach. The report evaluates available national data and determines that the envisaged benefits of the programme have yet to be realised. The report makes a series of recommendations for all Boards to review and implement. This review has been completed in NHS Fife and incorporated into local programme planning.

2.2.2 Fife Data

Remote Triage & Disposals

Figure 2 below details the number of patients passed by NHS24 to NHS Fife FNC / ED on the 4-hour pathway. These calls receive a remote consultation by an ED clinician. The trend over time indicates that the proportion of calls advised to attend non-VHK MIUs is generally in the region of 30-35%. The number of patients advised to attend VHK ED was generally in the region of 40% but in December and January has risen to 50%. This is attributed to higher acuity for this timescale.

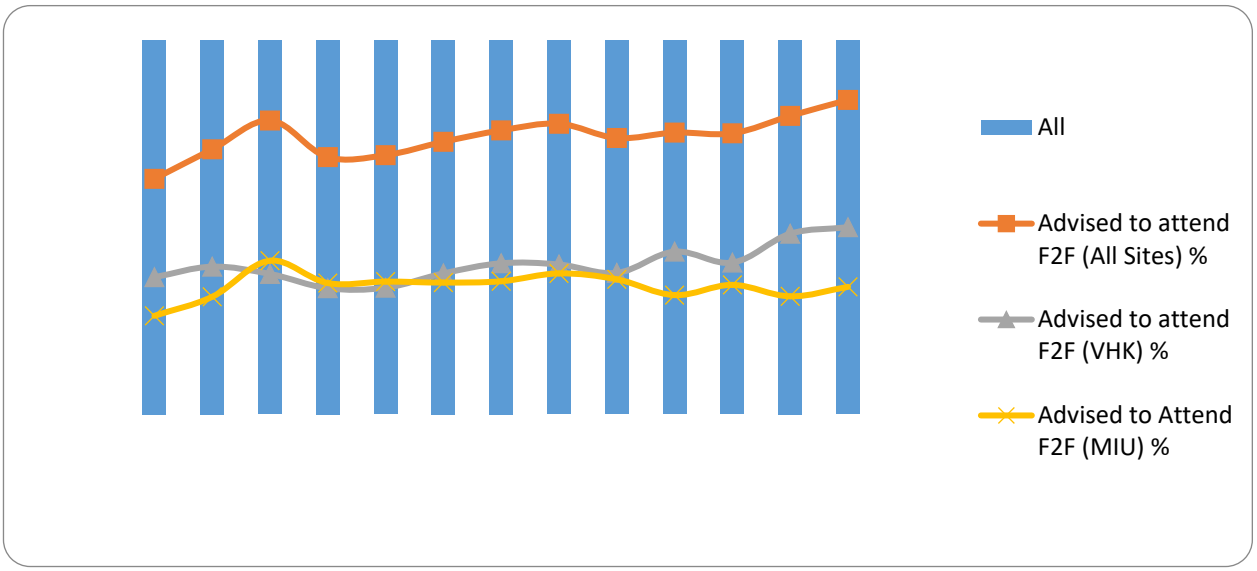


Figure 2 - Number of Remote Consultations and advised attendance destination

Unscheduled Attendances

Figure 3 below details the number of patients attending on a planned and unplanned basis. The trend over time suggests that the number of unplanned attendances are falling, though there will still be an element of uncertainty around the impact of Covid 19 on these numbers. It is also clear that we have been able to sustain an increased number of planned attendances throughout 2021.

[1] https://www.gov.scot/publications/nhs-scotland-redesign-urgent-care-second-national-staging-report/

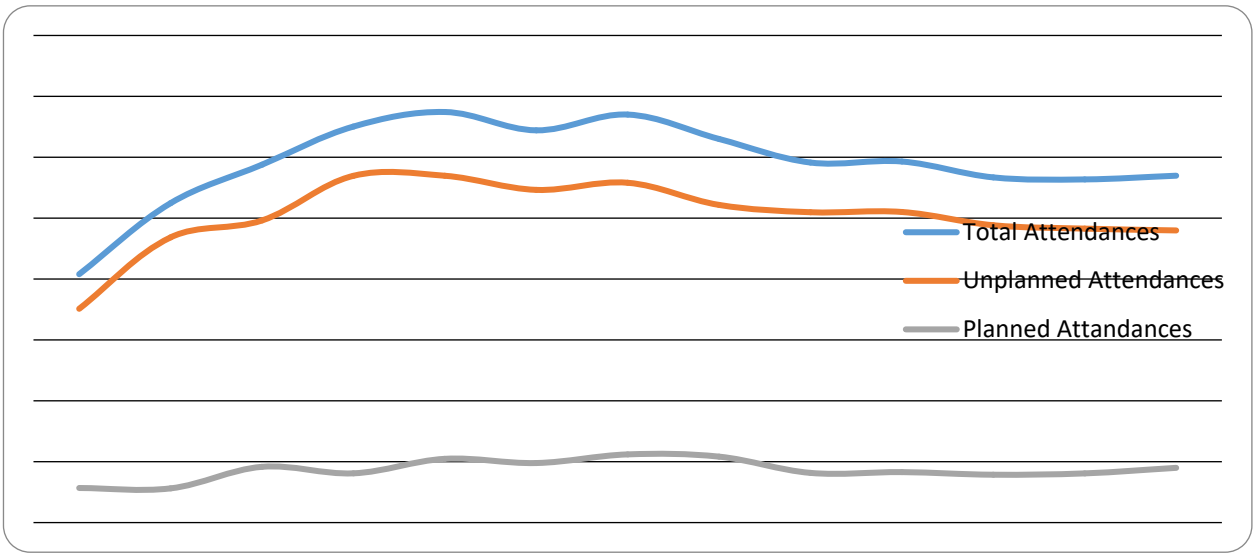
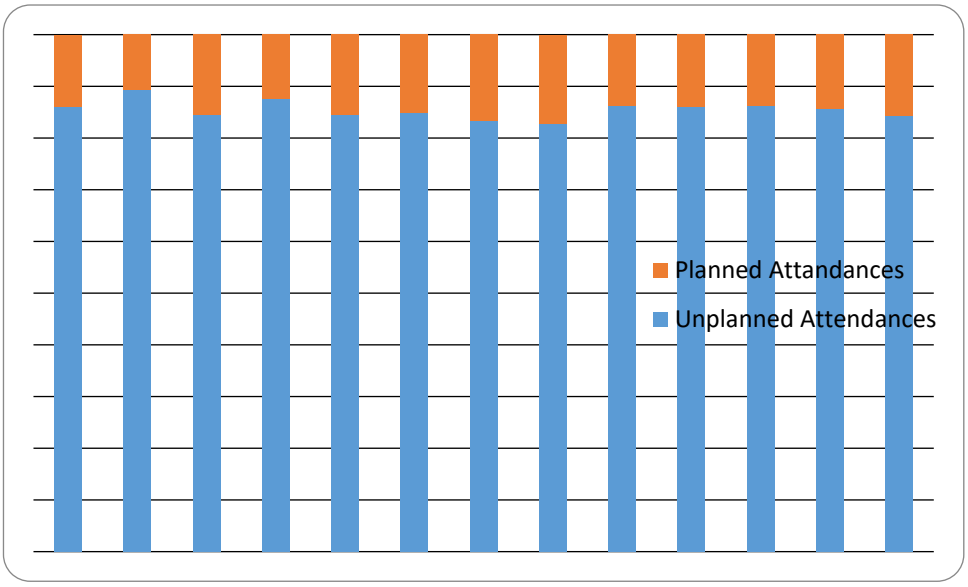


Figure 3 - Total number of Attendances at ED (Planned and Unscheduled)

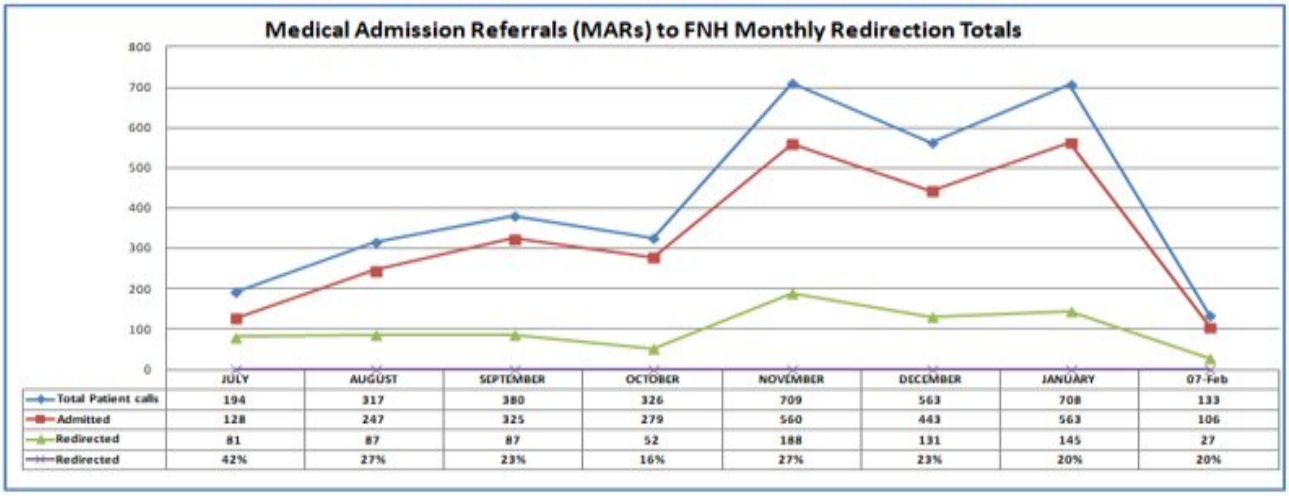
Figure 4 below demonstrates that improvements are being also made in terms of the proportion of patients attending on a planned basis versus attending in an unscheduled way.



2.2.3 Pathway Development

MAC / FNC Transition into AU1

Since 1st October 2021, all medical admissions into VHK between the hours of 8am and 8pm 7 days a week are assessed by the FNC ANP team, with the team directing patient referrals to the right care, in the right place at the right time. As per Figure.3 below, the FNC receive up to just over 700 call per month, with 23% or referrals redirected away from AU1 to a pathway right for the needs of the patient.



	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	07-Feb
Total Patient calls	194	317	380	326	709	563	708	133
Admitted	128	247	325	279	560	443	563	106
Redirected	81	87	87	52	188	131	145	27
Redirected	42%	27%	23%	16%	27%	23%	20%	20%

Figure 3 - Medical Admission referrals to FNC redirection

Along with redirecting referrals away from AU1, feedback from GPs referring to AU1 through FNC indicates that they are now more informed in which pathways are available for patients, meaning they direct patients away from AU1 without the need to contact FNC. This is reflected in the reduction in the redirection rate at the end of February, beginning of March.

Work remains ongoing to explore additional alternative pathways, continued improvement in clinical assessment and increased access to FNC. In terms of additional pathways, since the middle of February the FNC have been carrying out a test of change with social care, whereby any referrals where the need is predominately a social one, the FNC have direct access to a Social Care manager. The aim of this test of change is prevent a medical admission where the need of the patient is a social one. There has been no 'social' referrals since the introduction of this test of change, however, the test will continue throughout March.

The FNC has an MDT Clinical Governance structure, which allows for regular review of Datix's, feedback from clinical teams of referrals and a proactive review of a random sample of referral, allowing for amendments of clinical guidance on pathways when required and continuous learning for the ANP team facilitating FNC pathways. With a broad range of clinical input across Primary and secondary care, the FNC Governance structure allows for a truly MDT development of processes and pathways.

An additional two working groups have been convened, to review further opportunities for other health care professions to access pathways across primary, community and secondary care. These two groups are focusing on access to Community Pharmacies and the Scottish Ambulance Service (SAS). For SAS access, the first focus is on maximising the current Clinical Decision support option available of SAS crews across Fife, of an ED Consultant. This early focus will look to see how FNC can support access to already established pathways, preventing ED presentation. Concurrently, following review of SAS patient outcome data, a pathway mapping is taking place during March to identify any new pathways which SAS may be able to access directly of via FNC.

The initial focus for the Community Pharmacy workstream is to evaluate work currently underway within pathfinder health boards, along with evaluate opportunities to test direct access to FNC for a select few community pharmacies, for a select few presentations. This includes exploring replicating current established professional to professional OOHs between Community Pharmacy and Urgent Care Services Fife.

2.2.4 Interface Care Programme

Interface Care was launched in November 2021 to further support transformational change under the umbrella of Redesign of Urgent Care. We have established a single governance structure with Interface Care reporting to RUC. A programme group has been established with wide stakeholder representation from HSCP and ASD chaired by both General Managers. Clinical Directors from each area are represented and each clinical lead and HoN attends.

Interface Care is defined as the delivery of high-quality care for defined groups of patients, that safely provides an alternative to hospital admission or leads to early front door discharge and reduces length of stay. Interface Care will provide care for the complete patient journey, from point of contact to conclusion of need, optimising staff and patient experience.

The priority areas for Boards are improvements within integrated respiratory pathways and an implementation or an increased capacity of an Outpatient Parentarel Antimicrobial Therapy (OPAT) service. Boards have been asked to submit a detailed 30, 60 & 90 plan with weekly data to the National programme Board. We are currently progressing onto our 60 day plan, after completing a service mapping and gap analysis.

The 4 agreed aims are:

- To deliver high quality care for defined patient groups that
- To safely provide an alternative to hospital admissions
- To achieve earlier front door discharges
- To deliver an improvement target to reduce length of stay and occupied bed days by 20%

2.2.5 Fife Referral Organisational Guidance (FROG) Improvement work

There is an organisational priority to review, update and augment the referral information / guidance we have locally by specialty. A team of colleagues have been brought together to support clinical leads (or their delegates) in the rapid review of this content on Blink. To this end the Fife Referral Organisational Guidance (FROG) was developed rapidly in the autumn and launched at the end of November 2021.

The work has been done at pace and continues. As of the end of the February the following position has been established:

Specialties include those from ASD, MH, HSCP and a small number of Regional Services not provided in Fife

Number of Specialties in FROG Remit	Signed Off Completely	Awaiting Sign Off	Work in Progress
46	30	7	9

Current estimated completion of FROG for business as usual is 80-85%. Further HSCP specialties may wish to become involved in the future.

Transformation & Change Team supported the Communications Department on this work which will revert to Communications Department again from 1 April. They will then be responsible for the maintenance and review of the content. Standard Operating Procedures have been agreed.

Since the beginning of December there have been a total of 3932 hits on the FROG homepage.

- December 2021 – 1382
- January 2022 – 1377
- February 2022 – 1173

The most frequently visited specialties are musculoskeletal and orthopaedics, mental health & acute medicine and ECAS. Further communications to raise the profile of FROG are planned for March 2022.

2.2.6 Mental Health

As part of a series of pathfinder pathways across Boards Fife has been selected as a mental health pathfinder site. Scenarios are being benchmarked against the delivery of services for patients to identify any gaps. Qualitative data is also being sought from the voices of service users through their lived experience to further explore i improvements.

2.3 Assessment

2.3.1 Quality/ Patient Care

To enable us to deliver person centred care within urgent care we must ensure people receive the Right Care, at the Right Time and in the right place. We will shortly be undertaking a Patient Satisfaction Survey as part of the national programme evaluation. An update on this will be given in the next report.

The approach being taken in Fife to reduce demand on ED and schedule unscheduled care through the RUC Programme, has seen the following outcomes:

- Approximately 23% of patients who have a local assessment via ENP/ANP clinical team whilst seeking to access ED are signposted to another service out with VHK
- When patients need to attend ED or MIU, 30% are scheduled
- 23% of medical admissions coming via FNC are redirected away from AU1

Whilst making these changes consideration has also been given to the following:

- Inequity of provision (digital access to support digital consultation) - action plan created following publication of EQIA stage 2
- Consequences of delaying/denying treatment – Review of re-admissions, Datix and complaints highlight no concerns

2.3.2 Workforce

This programme is being delivered in the main within the existing staff profile of both organisations with the following posts recruited to directly to aid delivery:

Staff role	Contribution	Number of Staff
Dispatchers	The Dispatching team are key navigators within the FNC, following clear protocols to make sure patients follow the correct pathways and facilitating the scheduling element of the pathways.	**6.9 WTE**
Senior Dispatchers	This role will oversee and provide leadership and development to the dispatch team and play a crucial role in maintaining governance over current and future processes and protocols	**1.6 WTE**
ENP	This role will support the local clinical assessment of 4-hour minor injury pathway patients	**3.2 WTE**
ANPs	This role will support the local clinical assessment of 4-hour minor injury pathway patients and medical admission pathway patients.	**6 WTE**
Senior Decision Maker	This role, along with programme lead for the FNC workstream, will provide live time SCDM support to the ANP team	**1 WTE**
GPSI	This role will support the ED team in releasing ED Consultant time to allow them to support the SCDM role for all 4-hour patients	**1.5 WTE**

Whilst the FNC model will support all 5 strategic areas outlined within Phase 2 of the RUC programme, it is clear that the model will evolve over the next 2-3 years and should constantly be reviewed as the detail around the 5 workstreams become clearer, both nationally and locally.

2.3.3 Financial

No change in implications in this Update Paper.

2.3.4 Risk Assessment/Management

A Programme Risk Register is maintained on DATIX. The main programme risk remains around the financial sustainability of the programme as there is no recurring funding associated with the programme. Work is ongoing with Scottish Government to ascertain future financial plans.

2.3.5 Equality and Diversity, including health inequalities

An EQIA has been completed for this programme.

2.3.6 Communication, involvement, engagement and consultation

Communications

A programme communications and engagement plan has been developed to work in conjunction to a national communications plan.

Patient engagement and experience

A working group is currently developing a patient experience plan to build on the learning from pervious ED and FNH led surveys.

2.3.7 Route to the Meeting

This is an interim report provided following a comprehensive paper previously considered in September 2021.

2.4 Recommendation

Clinical Governance Committee is asked to note the contents of this paper.

3 List of appendices

None

Report Contact

Belinda.Morgan@nhs.scot
Stephen.McNamee@nhs.scot
Chris.Conroy@nhs.scot

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Joint Remobilisation Plan 2021/22 – Winter Plan Actions**
Responsible Executive:	**Janette Owens, Director of Nursing**
Report Author:	**Susan Fraser, Associate Director of Planning & Performance**

1 Purpose

This is presented to the Clinical Governance Committee for:

- Assurance

This report relates to the:

- Remobilisation Plan 4 2021/22 – Update to end of December 2021
- Winter Report 2021/22 – Data to January 2022

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The fourth Joint Remobilisation Plan for Health and Care services delivered by NHS Fife and Fife Health and Social Care Partnership (HSCP) was submitted to Scottish Government on 30th September. This plan is considered as a review of the Remobilisation Plan 3, reflecting on progress and set out what is expected to be delivered over the remainder of 2020/21.

This paper reports on the actions of the Remobilisation Plan 4 and has been renamed as NHS Fife's Operational Delivery Plan (including the winter actions) 2021/22.

2.2 Background

The Scottish Government letter dated 20 July 2021 titled *Remobilisation Plans 2021/22: Mid-Year Update (RMP4)* commissioned the next iteration from NHS Boards of the Remobilisation Plan.

The feedback letter from Mr John Burns, Chief Operating Officer, Scottish Government was received on 19 November 2021 confirming that the RMP4 for the second half of 2021/22 can be taken through NHS Fife's governance process.

2.3 Assessment

The guidance document issued in July 2021 described a different approach and requirements for RMP4 since the submission of RMP3. We were required to provide a shorter strategic organisational overview with specific delivery action plans to be delivered by March 2022.

Progress against deliverables is to be reported to the Scottish Government on a quarterly basis. This paper focusses on status at end of December (submitted on 9th February) with further update due for early 2022/23 based on status at end of March 2022.

Winter Performance Analysis

The Winter Report highlights the following key indicators for Winter:

A&E

The 95% Standard has not been met in the last 26 weeks. The Redesign of Urgent Care Program has had an impact on performance, and this affects all boards across Scotland. The board average has maintained within 5% of the Scotland average for the majority of the last 2 months.

Covid-19

Over the last 2 months the bed days of patients with Covid-19 in Acute has been below 300, with the exception of 1 week.

During the same period within a community setting the numbers during December were significantly lower. However due to several community hospital outbreaks these numbers have risen, reaching a peak above 400.

Occupancy

With the exception of the festive fortnight and the first week in December, VHK occupancy has been consistently above 95%, peaking at the end of January with 99%. The percentage occupied is currently trending higher than the same period pre-Covid.

The non-respiratory pathway has almost mirrored the overall occupancy and ending January with 98%.

Occupancy in Community Hospitals has been above 100% for the whole of December and January, with all surge areas being utilised. Many wards throughout the period have had to close due to Covid outbreaks.

Delayed Discharges

There has been an average of just above 423 bed days lost to delayed discharges within the community hospital throughout December and January. The standard delays have dipped through this period, however this has been offset by an increase in the code 9 delays. The bed days lost to delays is trending higher than any previous year, this will have a knock-on effect to the occupancy with the community hospitals also.

Health & Social Care Placements

The number of referrals to H&SCP is on average 70 patients per week, with the number of discharges over this period falling slightly short at an average of 66 per week. This is the reason for the waiting list number increasing, however these numbers are trending higher than pre-Covid levels.

Action Plan Delivery

The delivery action plan of the Remobilisation Plan 4 is being monitored and documented monthly. Appendix 1 documents those actions that are completed, at risk of not being delivered and those actions that are unlikely to be delivered in 2021/22. Key themes relate to current services pressures.

2.3.1 Quality/ Patient Care

Quality of patient care and safety are at the heart of the Remobilisation Plan. The Remobilisation Plan was endorsed by NHS Fife Board on 30 November 2021.

2.3.2 Workforce

Oversight to workforce implications during remobilisation have been considered and form part of the Strategic Planning and Resource Allocation process. The Remobilisation Plan was endorsed by NHS Fife Board on 30 November 2021.

2.3.3 Financial

Oversight to financial implications during remobilisation have been considered and form part of the Strategic Planning and Resource Allocation process. The Remobilisation Plan was endorsed by NHS Fife Board on 30 November 2021.

2.3.4 Risk Assessment/Management

A 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.

- Winter Silver Command

The paper has also been discussed at EDG on 17 February 2022

2.4 Recommendation

Clinical Governance Committee is asked to:

- **Discuss** progress of deliverables within Joint Remobilisation Plan 4 (RMP4)

3 List of appendices

- Highlight Report of actions from Delivery Action Plan 2021/22

Report Contact
Susan Fraser
Associate Director of Planning & Performance
Email Susan.Fraser3@nhs.scot

Appendix 1: Highlight Report of Actions from RMP4 Delivery Action Plan 2021/22

Complete Actions (those in **bold** since previous update)

Pandemic Response

- ✓ **ICU capacity**

Resilience

- ✓ **Escalation Plans**

Unscheduled / Elective Care

- ✓ Seamless GP Admission Pathways
- ✓ Increased scheduling for patients accessing ED
- ✓ Increased capacity within ED Resus
- ✓ Safe and timely discharges – COVID STATUS
- ✓ Lack of physical capacity in Admissions Unit 1
- ✓ **Effective HALO resource to support front and back-door flow**
- ✓ **Minimise delays across the in-patient bed base through the systematic use of the Moving on Policy.**
- ✓ **HSCP Escalation to support daily decision making at HSCP huddles aligned to joint escalation plan with Acute services.**
- ✓ **Review current clients who have packages of care and require a renewed assessment.**
- ✓ Community ANPs will return to General Practice from the COVID Hub and Assessment Centre to support workload
- ✓ Pharmacy support to safely manage discharge and transfer medications within the SUMPP parameters

Out of Hours

- ✓ NHS 24 – 4-hour pathways for minor illness triaged via FNH from 13/5/21
- ✓ Urgent Care Services and ED have revisited the OOH redirection policy and reviewed pathways between ED and OOH

Covid-19, RSV, Flu etc

- ✓ An urgent need for Paediatric escalation planning which cannot wait until Autumn/Winter.
- ✓ Review of red pathway into acute paediatrics that ensures that all referrals have been assessed by another health care professional (GP, ED, Unscheduled Care) which will filter out the patients currently being seen with mild symptoms.
- ✓ Increase in HDU/ITU Paediatric Demand
- ✓ Protecting the most vulnerable babies

Primary, Community and Social Care

- ✓ Development of a Specialist Respiratory team to support a wide range of respiratory conditions to work collaboratively with the wider Community Teams to support patients, both acutely and long term with COVID.
- ✓ Develop a new Fife laryngectomy service in collaboration with Acute Services.
- ✓ Working towards reinstatement of the diagnostic pathway for Children and Young People, subject to restrictions and guidance.

Mental Health

- ✓ Resumption of activity in AMH Day Hospitals.
- ✓ **Re-development of the Moodcafe website to facilitate information-giving and support self-help across the life span and for people with long term health conditions.**

Cancer Performance and Early Diagnosis

- ✓ Continue implementation of 'Framework for Recovery of Cancer Surgery' and 'National Approach to Clinical Prioritisation'.

Planned Care, Electives and Diagnostics

- ✓ Introduce PIR (Patient Initiated Review) within Medical Paediatrics.
- ✓ Continue to increase the number of Nurse Endoscopist posts which is one of the priorities to creating a future sustainable workforce.
- ✓ Review the model of collection for issuing repeat prescriptions for patients on ADHD/sleep medication.
- ✓ Introduction of home spirometry.
- ✓ **Developmental assessments for Global Developmental Delay to be re-established.**

Workforce

- ✓ Potential long term COVID-19 health issues for staff to be addressed through incorporating national guidance from developing evidence into our policy, practice, and service delivery arrangements.
- ✓ Continue to ensure Workforce Mobilisation Hubs are robust and flexible to adapt to future challenges.
- ✓ Workforce Planning & Mobilisation Silver Group to continue into 2021/2022 and review workforce deployment mechanisms to address the changing workforce needs across the year.
- ✓ **Adapt our onboarding and development delivery approach through the use of e-enabled fast-track induction and other training.**

Digital

- ✓ **ServiceNow - Migration to joint South-East activity to modernise the IT Service Management suite offering improved automation and slicker processes for activities such as 'Joiners, movers and leavers' consistent SLA/OLA's and much improved self-help solutions.**
- ✓ ITIL Process Maturity Improvement - Assess and benchmark our maturity against the 5 lifecycles and 27 processes of ITIL.
- ✓ **Digital Business Continuity and Disaster Recovery (BC/DR) Plan.**

- ✓ Infrastructure and Network Connectivity - Initiate an architectural review of our infrastructure to support remobilisation including a review of licensing to ensure we have sufficient capacity to support the increase in digital usage.

Actions at risk

Resilience

- Review of Business Continuity/Resilience
- Workforce planning - planning for surge capacity to include a robust Medical, Nursing & AHP model.

Unscheduled / Elective Care

- Sustainable Workforce – ED & AU1
- Maximise discharges from inpatient wards within VHK before 12 noon and move discharge profile to earlier in the day. Improve weekend discharge profile for Emergency Care Directorate.
- Capacity available for pre-assessment and pre-admission for front door areas of the hospital.
- Develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge
- Continue 7-day step-down for Acute (AU1 and AU2) and review a potential ED pathway in hospital @ home. Increase capacity in ICT in preparation for winter
- Develop a Home First Strategy
- Reduce hand offs in discharge processes
- Care Homes
- Home Care Capacity - develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care
- Promote interim care home moves for people waiting on PoC.
- Ensure timely access to UCAT and addiction services for patients within the Acute Services Division in crisis's
- Increase overall GP Practice capacity - improve frailty pathways to avoid acute attendance
- Use intelligence to inform better planning in localities to avoid unnecessary admission to hospital
- Prevent un-necessary admission into acute hospital

Primary, Community and Social Care

- Review the arrangements to Primary Care 'Care Home Local Enhanced Service' during 2021-22 including strengthening good quality anticipatory care planning.
- Embed robust collaboration and joint working across the interface of primary and secondary care within our ways of working as we remobilise.
- Refresh of the primary care improvement plan following the joint Cabinet Secretary/BMA letter.
- Remobilise the delayed National Dental Inspection Programme. This programme would help address inequalities. Restart Childsmile in a phased manner, dependent on capacity within NHS and education.
- Working towards a return to this routine therapeutic support as soon as restrictions allow e.g. securing of IPC compliant clear masks, vaccination of staff.
- Phase 3 (return to majority of previous service provision) will be implemented when safety measures such as social distancing can be relaxed.
- Redesign by recruiting Advanced Nurse Practitioners who can support the Consultant Rheumatologists in the delivery of the service. This will reduce the reliance on agency medical locum staffing.

Planned Care, Electives and Diagnostics

- ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services.
- Deliver the Fife Elective Orthopaedic Centre Project (FEOC)
- Exploring Locum Consultant recruitment options.
- Develop and implement plan to deliver all sleep studies in Community setting.
- Patient Self- Booking - Support Patient Self-Booking across acute and community services. Linked to the Digital Hub is also the emerging capability for pathways to be enhanced by Remote Health Pathways, with COVID discharge and Pre-operative Assessment being identified as high impact areas for consideration.

Pharmacy

- Implementation and roll out of HEPMA.

Workforce

- Consolidation of our Staffing Bank management arrangements.
- Staff personal/professional development needs that have been delayed or restricted due to COVID-19 response to be prioritised as restrictions are eased through Directorate development delivery plans.

Digital

- Digital Business Continuity and Disaster Recovery (BC/DR) Plan - Creating and maintaining a robust organisational BC/DR plan following initial review. This programme will have a strong emphasis on full business impact analysis to understand the impact of services not being available on the organisation.

Actions unlikely to meet target

Public Health

- Improve the health of the Black and Minority Ethnic Community.
- Take forward the recommendations from the Independent Expert Reference Group on COVID-19 and Ethnicity on behalf of NHS Fife.

Unscheduled / Elective Care

- Reducing length of stay on CAMHS
- The development of an app to support the Moving on Policy and help with decision making of moving on patients. This will include care home videos, staff messages.
- Winter elective plan to minimise the impact on elective activity as far as possible.

Out of Hours

- Optimise digital healthcare where possible.

Mental Health

- Community Wellbeing Hubs across Fife to support delivery of mental health interventions and integrated care

Cancer Performance and Early Diagnosis

- Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis

Planned Care, Electives and Diagnostics

- Secure additional Waiting Times funding to increase capacity and enable waiting list reduction.
- T&O to achieve 100% of pre covid activity with progression to 110% by March 2022 in line with national commitment.
- Remobilisation of Elective pathway in a phased manner with the need to maintain adequate red and amber capacity.

Innovation

- Develop a framework for Innovation adoption, generation, development, monitoring and evaluation.

Winter Planning

Monthly Report

Week Ending 29th November to 30th January 2022

Contents

Introduction

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

In 2021/22, the Winter Plan is integrated in the Remobilisation Plan and describes the actions that will be taken forward by NHS Fife and the Health and Social Care Partnership to optimise service resilience during the winter months and beyond in a COVID-19 sensitive environment. Executive leadership sits with the Director of Nursing and delivery lies with both the Directors of Acute Services in NHS Fife and the Health and Social Care Partnership.

A Silver Command has been established for winter planning which meets weekly and agrees actions, supported by the Winter Planning Bronze Command that monitors the dashboard weekly and escalates issues to Silver Command where appropriate. A bi-monthly report is provided to the board for assurance. The weekly reporting will cease at the end of March with the monthly report going to the NHS Fife Board in May 2022. Weekly reporting has commenced in October 2021 as part of the Winter Plan 2021/22.

The Winter Planning Performance Review Summary will be considered by the Finance, Performance and Resources and Clinical Governance Committees and for performance measures relating to the HSCP via Finance and Performance and Clinical and Care Governance Committees.

Section A: Executive Summary

This is the second bi-monthly report summarising performance against key indicators and actions for Winter 2021/22. The key points to note this month are as listed below.

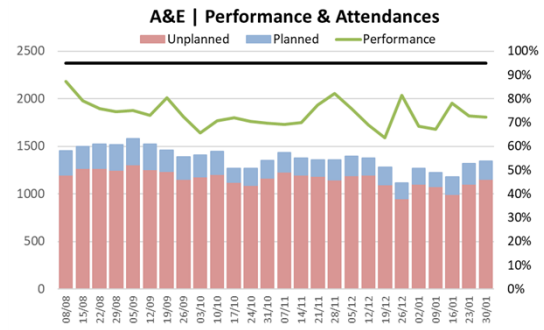
A&E

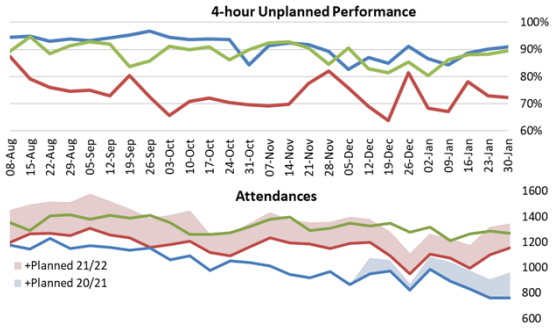
Narrative

The 95% Standard has not been met in the last 26 weeks. The board average has maintained within 5% of the Scotland average through the last 2 months with only week ending 19th December falling way below.

Planned attendances are not included within the numbers used to calculate the emergency access 4-hour target. The Redesign of Urgent Care (RUC) programme will transfer a portion of what previously would have been unplanned (minor) attendances into planned attendances. These patients would have been less likely to breach the 4-hour target, removing them has caused a negative effect on the performance.

Attendances have had a couple of dips in December and January. Trending below the same period in 2019, however starting and then finishing with around the same numbers during this period.





Commentary

4-hour performance continues to be a proxy measure for whole-hospital flow within Acute and the challenges in performance through January reflect the extraordinary pressures placed on the hospital system.

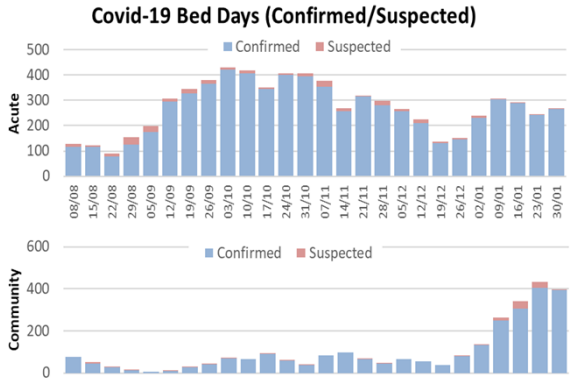
Attendances for Jan-22 were 30% higher than Jan-21 (4,811 vs 3,715) with an additional 342 patients requiring admission comparing the same periods, giving indication of the significant system strain.

Covid-19 Bed Days

Narrative

The number of Covid-19 positive/suspected patients in Acute has maintained below 300 over the last 2 months with the exception of the week ending 9th January.

During the same period within a community setting the numbers during December were significantly lower. However due to several community hospital outbreaks these numbers have risen, reaching a peak above 400 during week ending 23rd January.



Commentary

Acute – Thankfully, COVID admissions did not track to the levels anticipates, peaking early January and fluctuating since.

HSCP – outbreaks in community hospitals have peaked at the end of January due to the cases of omicron variant circulating in the community and coincided with opening wards up to restricted visiting.

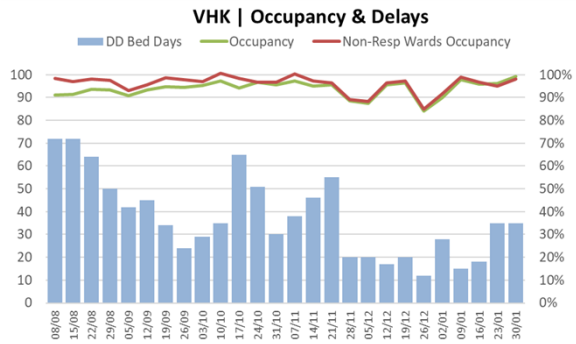
Acute Occupancy & Delays

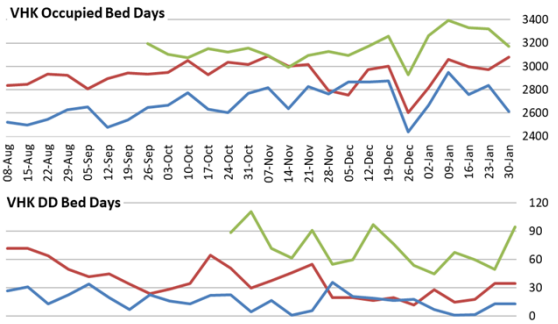
Narrative

With the exception of the festive fortnight and the first week in December, VHK occupancy has been consistently above 95%, peaking at the end of January with 99%. The percentage occupied is currently trending higher than the same period pre-Covid.

The non-respiratory pathway has almost mirrored the overall occupancy and ending January with 98%.

The number of Delayed Discharge Bed Days in VHK has gradually climbed throughout January however is well below the peaks of the summer and autumn period. Over the 2 months there was an average of just above 22 days. This is much lower than the same period pre-Covid.





Commentary

Occupancy pressures have been extreme, driven by significant increases in admission demand. Emergency admissions for Jan-22 were 15% higher than Jan-21 (2,847 vs 2,479) leading to the requirement for the use of contingency inpatient capacity, over and above surge capacity to accommodate demand. This significantly disrupted the urgent elective programme, particularly Orthopaedics, with occupancy levels continuing to impact activity.

Site pressures have been compounded by staffing challenges, with high absence rates eroding staff ratios and placing additional strain across teams. Pre-emptive service retraction, based on clinical priority, enabled staffing resource to be consolidated based on greatest need.

Delayed discharge bed days have come down because of the discharge profile to HSCP with enough flex in the system to accommodate additional flow during times of significant pressure.

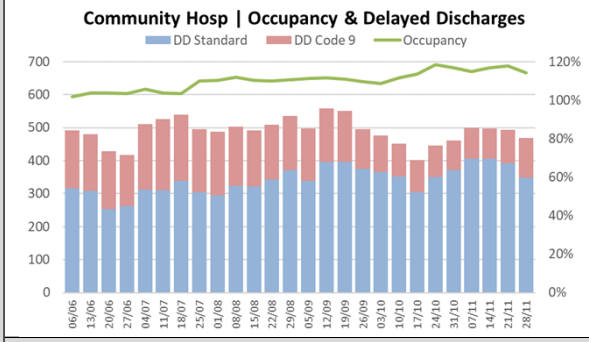
Community Occupancy & Delays

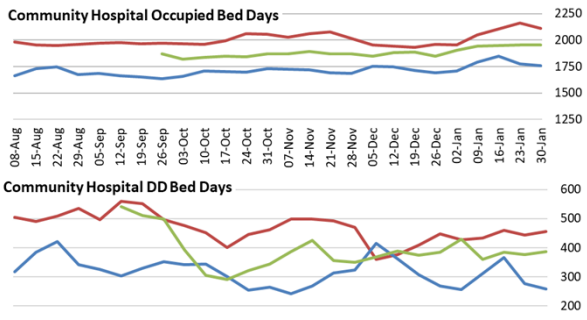
Narrative

Occupancy has maintained well above 100% for the whole of December and January and peaked over 120% week ending 23rd January. Many wards throughout the period have had to close due to Covid which has contributed to pressure throughout.

The occupancy this winter is trending higher than any other due to the number of surge beds opened to try and maintain flow within the acute hospital.

There has been an average of just above 423 bed days lost to delayed discharges within the community hospital throughout December and January. The standard delays have dipped through this period, however this has been offset by an increase in the code 9 delays. The bed days lost to delays is trending higher than any previous year, this will have a knock-on effect to the occupancy with the community hospitals also.





Commentary

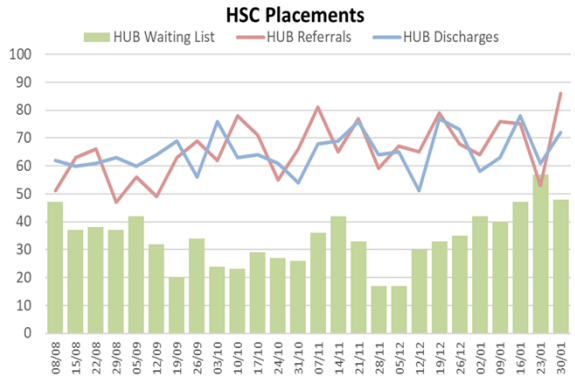
Occupancy across HSCP MoE wards is higher than what it has ever been. This is due to the fact that there are 65 additional beds open over and above the MoE normal covid bed base.

Bed days lost has significantly dropped. We are seeing a sustained discharge profile to care at home and interim beds which has attributed to this reduction.

H&SCP Placements

Narrative

The number of referrals to H&SCP is on average 70 patients per week, with the number of discharges over this period falling slightly short at an average of 66 per week. This is the reason for the waiting list number increasing, however these numbers are trending higher than pre-Covid levels.



The waiting list peaked at 57 week ending 23rd January with the greatest number of patients waiting on a down stream bed. This has started to fall the last week in January. The waiting list also includes patients in other hospitals waiting on a bed in Fife.

Commentary

It should be noted that referrals into HSCP have tracked well above average (58 per week) since Sept 2019 and peaked in January 2022 at 86. There have been several weeks recently where referrals have been above 70. Discharges from Acute services into HSP services mainly track the amount of referrals in despite a significant rise in referrals. When the demand has not been met this is due to care home closures and ward closures throughout December and January. During some weeks 27 care homes were closed and over 50% of community wards were closed due to covid outbreaks.

The waiting list includes all patients who are in the assessment and planning stage of discharge and not on official delay codes. The peak in January was due to DSBs not being available due to significant ward closures.

Section B: Performance Summary to Wk Ending 30th January 2022

Area	Indicator	Trend	08-Aug	15-Aug	22-Aug	29-Aug	05-Sep	12-Sep	19-Sep	26-Sep	03-Oct	10-Oct	17-Oct	24-Oct	31-Oct	07-Nov	14-Nov	21-Nov	28-Nov	05-Dec	12-Dec	19-Dec	26-Dec	02-Jan	09-Jan	16-Jan	23-Jan	30-Jan
Urgent Care	Contacts		2209	2168	1832	2224	2258	2303	2312	2243	2339	2823	1993	2138	2218	2190	2257	2360	2223	2352	2312	2354	1920	3117	2897	2252	2341	2245
	% ref to 2ndary Care		5.16%	5.58%	5.79%	4.18%	5.14%	4.69%	4.24%	3.97%	4.53%	3.86%	4.82%	4.21%	4.24%	3.88%	4.61%	4.11%	5.49%	3.66%	4.93%	4.84%	4.69%	6.35%	5.32%	5.77%	4.66%	5.35%
	Home Visits		117	119	81	96	101	111	101	124	120	152	107	125	134	104	98	108	116	118	107	83	98	247	179	124	124	131
	OoT Home Visits		10	13	14	2	14	11	14	17	3	18	15	18	8	18	8	8	6	14	12	13	9	37	26	19	15	13
	COVID Outcome		212	194	200	309	339	408	426	396	383	530	370	391	308	385	411	431	369	398	358	422	359	666	556	337	308	289
	NHS24 Outcome		380	346	303	328	353	321	326	338	344	414	323	351	376	365	359	351	369	398	399	342	308	522	440	367	383	396
	ED/MIU to Book (4hr)		190	196	168	201	203	204	183	197	177	170	101	144	142	155	143	141	147	144	142	141	104	120	101	125	165	148
	Virtual Assessment		43	31	57	29	27	17	13	17	20	33	33	17	17	15	11	13	20	18	18	25	33	20	25	33	11	21
	Acute Admissions		41	46	49	87	80	127	104	83	92	72	70	95	92	131	141	156	161	188	151	151	155	166	185	218	199	187
VHK RUC	All		#N/A	1498	1521	1515	1580	1524	1462	1392	1411	1450	1268	1267	1350	1434	1377	1357	1359	1398	1380	1283	1114	1267	1227	1177	1319	1348
	Face2Face		#N/A	1330	1344	1330	1379	1348	1305	1226	1251	1288	1167	1149	1220	1300	1248	1235	1209	1261	1258	1159	1002	1169	1123	1049	1173	1218
	Remote		#N/A	168	177	185	201	176	157	166	160	162	101	118	130	134	129	122	150	137	122	124	112	98	104	128	146	130
	% Advised 2 Attend		#N/A	64.9%	81.4%	82.2%	71.1%	71.6%	66.2%	84.9%	71.9%	81.5%	67.3%	81.4%	80.0%	85.8%	76.0%	73.8%	79.3%	65.0%	80.3%	83.1%	81.3%	74.5%	85.6%	87.5%	89.7%	73.1%
	% Advised to Attend VHK		#N/A	31.0%	42.4%	43.2%	32.8%	27.3%	38.9%	50.0%	36.9%	50.0%	36.6%	50.0%	44.6%	49.3%	38.8%	37.7%	43.3%	38.7%	40.2%	51.6%	50.9%	55.1%	51.9%	46.9%	55.5%	43.8%
	Unplanned		#N/A	1266	1269	1250	1309	1254	1234	1157	1180	1208	1120	1091	1165	1233	1196	1186	1148	1189	1199	1094	951	1106	1077	997	1105	1164
	Planned		#N/A	232	252	265	271	270	228	235	231	242	148	176	185	201	181	171	211	209	181	189	163	161	150	180	214	184
Emergency Department	Attendances		#N/A	1266	1269	1250	1309	1254	1234	1157	1180	1208	1120	1091	1165	1233	1196	1186	1148	1189	1199	1094	951	1106	1077	997	1105	1164
	Performance		#N/A	79.1%	76.0%	74.6%	75.0%	73.0%	80.4%	72.5%	65.6%	70.8%	72.1%	70.4%	69.6%	69.3%	69.9%	77.4%	82.1%	75.9%	69.0%	63.7%	81.5%	68.4%	67.1%	78.0%	72.9%	72.4%
MIU RUC	Total		#N/A	408	460	502	507	491	484	414	419	377	361	339	347	353	375	374	370	305	352	295	197	204	199	320	367	325
MIU	Total		#N/A	328	366	405	411	388	405	348	346	322	311	290	299	293	308	315	304	250	292	242	146	179	158	267	306	271
VHK	Admissions		#N/A	744	761	751	747	715	695	730	729	709	705	703	682	714	701	689	705	767	717	749	648	713	640	665	730	735
	Emergency		#N/A	650	671	663	663	621	588	642	637	628	624	650	610	626	620	601	619	674	629	658	587	686	619	624	665	664
	Medical		#N/A	356	370	363	376	375	355	357	351	360	358	407	355	351	378	355	357	403	367	391	362	424	368	372	371	375
	Surgical		#N/A	294	301	300	287	246	233	285	286	268	266	243	255	275	242	246	262	271	262	267	225	262	251	252	294	289
	Discharges		#N/A	683	712	697	699	656	615	677	648	648	644	649	630	659	660	636	686	679	617	729	656	562	611	642	650	665
Theatre Activity	Scheduled		206	225	254	252	247	224	255	258	245	217	213	207	244	280	225	280	267	265	242	273	141	51	96	182	200	227
	Cancelled		7	12	17	9	7	14	16	16	15	14	16	15	16	15	11	22	11	13	15	19	4	1	11	7	7	20
	Hospital Cancelled		1	0	0	0	0	0	1	3	3	8	1	0	3	4	1	8	0	1	3	2	0	0	3	0	0	0
VHK Bed Utilisation	Occupancy		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Non-Resp Wards Occupancy		98.4%	97.1%	98.2%	97.4%	93.2%	95.6%	98.8%	98.0%	96.9%	100.5%	98.3%	96.8%	96.8%	100.5%	97.2%	96.5%	89.1%	88.3%	96.5%	97.2%	84.9%	91.7%	99.0%	96.7%	95.0%	98.0%
	COVID Bed Days		129	122	90	153	199	307	346	380	430	420	352	408	408	379	268	318	297	265	224	138	152	241	308	292	245	270
	DD Bed Days		72	72	64	50	42	45	34	24	29	35	65	51	30	38	46	55	20	20	17	20	12	28	15	18	35	35
Community Hospital	Admissions		#N/A	37	47	33	42	55	54	51	52	52	53	42	52	59	59	50	65	52	40	60	57	53	47	72	35	55
	Discharges		#N/A	42	41	30	48	44	55	53	55	46	45	36	69	53	47	48	78	53	40	56	57	50	34	60	37	58
	Occupancy		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	COVID Bed Days		76	52	27	13	7	14	28	45	73	65	95	60	37	84	98	67	48	64	54	37	84	136	264	340	433	397
	DD Bed Days		504	491	509	535	497	559	551	496	476	452	401	445	462	499	498	493	469	359	376	408	448	428	434	459	443	456
	DD Standard		323	321	343	372	338	396	397	376	365	352	305	351	372	405	405	392	349	225	195	231	265	242	196	179	132	173
	DD Code 9		181	170	166	163	159	163	154	120	111	100	96	94	90	94	93	101	120	134	181	177	183	186	238	280	311	283

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Position Statement on Work Underway to Reduce Incidence of Harm for Pressure Ulcers**
Responsible Executive:	**Lynn Barker, Associate Director of Nursing, H&SCP**
Report Author:	**Marie Paterson, Head of Nursing, ASD** **Tanya Lonergan, Head of Nursing H&SCP**

1 Purpose

This is presented to the Clinical Governance Committee for:

- Assurance

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction
- National Health & Well-Being Outcomes

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 provide an overview on Pressure Ulcer performance across NHS Fife, highlighting any causal factors, actions and improvement plans to address.

2.2 Background

Pressure ulcers are described as “an injury that breaks down the skin and underlying tissue. They are caused when an area of skin is placed under pressure and are sometimes known as ‘bed sores’ or ‘pressure sores’. Pressure ulcers can occur in any person, regardless of age, who has, for example, limited mobility, cognitive impairment, palliative and end of life care needs or is acutely ill. Other contributory factors include poorly controlled diabetes, poor bladder or bowel function, or poor nutrition and

hydration”

The Tissue Viability toolkit is applied across the whole of NHS Fife for the prevention, assessment and management of pressure ulcers. This toolkit covers identification of vulnerable patients, applying a safety bundle for vulnerable patients, multi-disciplinary assessment involving the Tissue Viability team, the use of pressure ulcer relieving equipment, and interventions pre and post pressure ulcer.

All wards across NHS Fife are expected to carry out a top-to-toe inspection and complete a Pressure Ulcer Risk Assessment (PURA) within 6 hours of admission or transfer of a patient into the ward and daily thereafter. The Surface, Skin Inspection, Keep Moving, Incontinence and Nutrition (SSKIN) assessment must be completed if the person is deemed to be at risk of developing a pressure ulcer, it must be tailored to the individual needs of the person and is supported by the use of the comfort clock.

PURA and SSKIN bundle are currently being built on Patientrack which is expected to improve compliance and therefore outcomes for patients.

The local aim of reducing Hospital Acquired Pressure Ulcer (HAPU) incidence by 50% by December 2020 was not achieved. Rates have gradually increased since August 2020 with a shift in the data over the last six months, indicating an unfavourable, non random change in the system.

2.3 Assessment

Anecdotal evidence suggests that the impact of the Covid-19 pandemic has led to an increased number of patients admitted to the hospital in a deconditioned state with increased frailty and/or acuity. These patients are at a higher risk of developing pressure ulcers.

Scottish Ambulance Service (SAS) report an increase in response times with patients waiting longer for ambulances and higher turnaround times at Emergency Department (ED). This has resulted in patients having prolonged periods of time on trolleys or chairs without any pressure relieving equipment or provision of pressure area care.

In the ED there are increased waits for beds and whilst these patients are transferred onto trolleys with pressure redistribution properties and skin inspections are carried out, PURA and SSKIN bundles, where applicable, are not completed until transfer to a ward. This places these patients at greater risk.

Sustained nursing workforce pressure resulting from a high number of vacancies, sickness absence and Covid-19 related special leave and additional requirements e.g. critical care uplift, Seasonal Flu and Covid-19 Vaccination Programme (FVCV) has resulted in suboptimal staffing levels which have often fallen below levels agreed through the outputs of the Nursing and Midwifery Workload and Workforce Planning (NMWWP) tools. These pressures are adversely impacting on the quality and delivery of safe and effective patient care including pressure area prevention and management.

A Tissue Viability report produced from information services is shared on a monthly basis with the Tissue Viability steering group, which is held bi-monthly and chaired by HSCP Associate Director of Nursing. This report is cascaded through clinical/professional structures to Senior Charge Nurses and Team Leaders in clinical areas and forms part of regular 1-1 discussions between the Heads of Nursing and the Lead Nurses.

Pressure Ulcer damage is reported as

- All newly developed pressure ulcers of grade 2 or above
- All newly developed suspected deep tissue injury
- All newly developed pressure ulcers graded as "upgradeable"
- All new pressure ulcers acquired after admission/transfer in a healthcare setting where expert assessment and clinical history does not ascertain damage started prior to admission.

Acute Services Division (ASD)

From July to December 2021 the average number of HAPU reported was 27 per month (see Table 1). Ward 31 (Orthopaedic/Hip Fracture), Ward 32 (Medicine of the Elderly) and Intensive Care Unit (ICU) continue to be the highest reporting areas.

A significant number of Covid positive patients were required to be managed in a prone position in ICU; this led to an increase in the number of anterior pressure ulcers acquired.

Table 1: Number of HAPU per category

Category	Number
Grade 2	121
Grade 3	15
Grade 4	0
Multiple	9
Suspected Deep Tissue Injury	18
Ungradeable	0
TOTAL	163

Health and Social Care Partnership (HSCP)

From 01/07/2021 to 31/12/2021 the average number of reported hospital acquired PU (inpatient wards only) was 7. The average number of reported community acquired PU was 21.

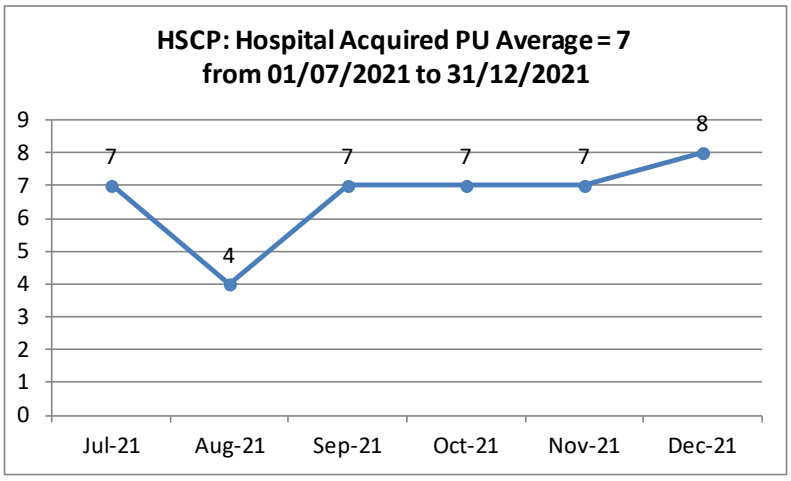
The top 5 wards areas reporting higher hospital acquired PU during this period are: Ward 5 QMH; Ward 1 SACH; Ward 1 GH; Ward 6 QMH and Balgonie.

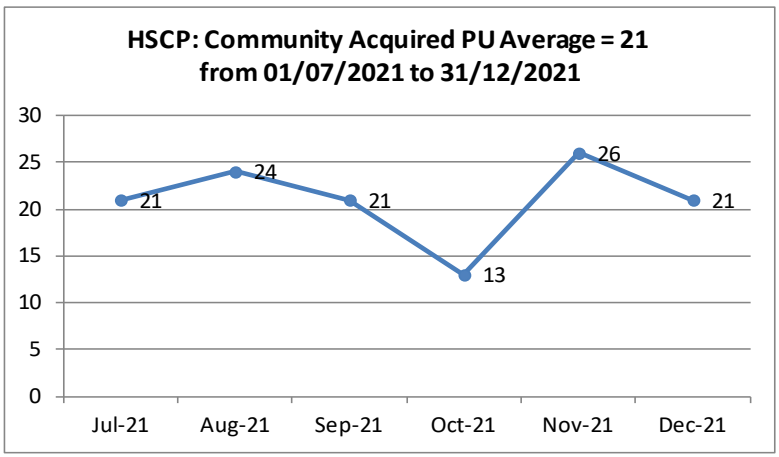
The top 5 areas reporting higher community acquired PU during this period are: St Andrews DN team; Cowdenbeath DN team; Glenrothes DN team; Dunfermline DN team and Kirkcaldy (HC) DN team.

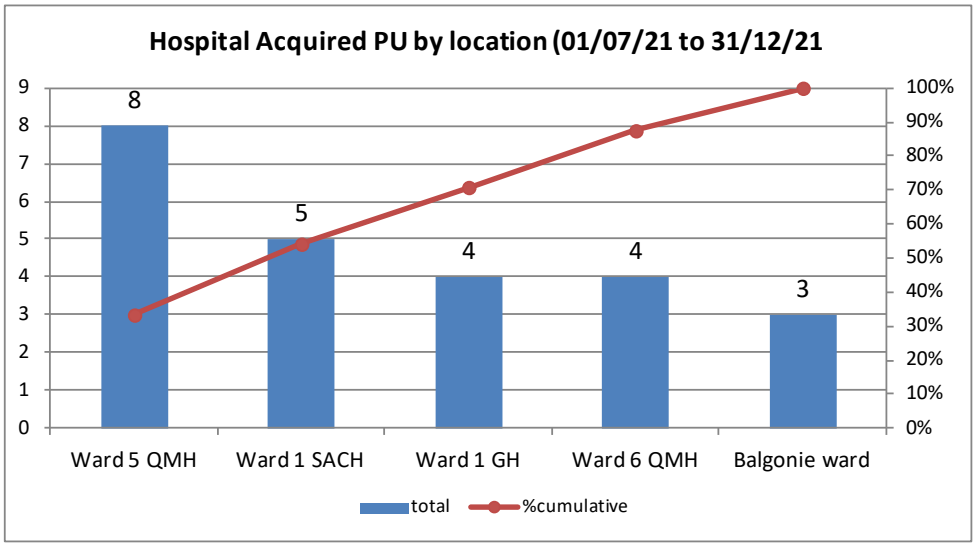
HSCP - Community Inpatient Wards

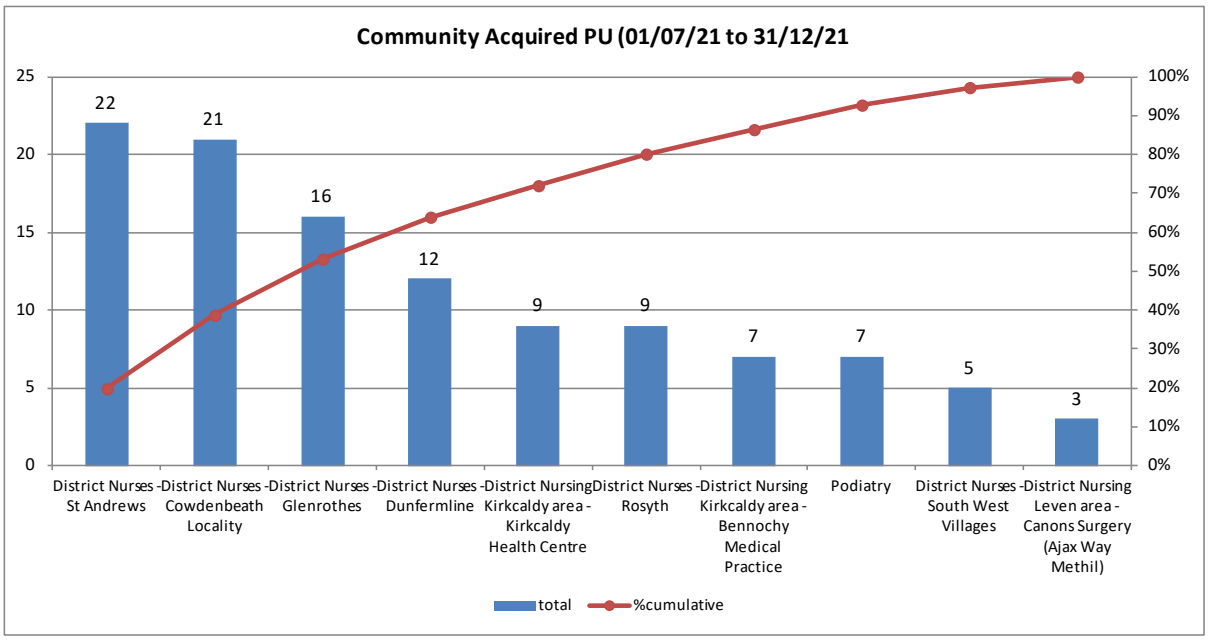
Sub-category (Tissue Viability)	total
On Ward or Caseload - Grade 2 Pressure Ulcer Developing	29
On Ward or Caseload - Suspected Deep Tissue Injury	5
On Ward or Caseload - Grade 3 Pressure Ulcer Developing	5
On Ward or Caseload - Grade 4 Pressure Ulcer Developing	1
Grand Total	40

HSCP - District Nursing / ICASS/ Podiatry (Community Acquired PU)	
Sub-category (Tissue Viability)	**total**
On Ward or Caseload - Grade 2 Pressure Ulcer Developing	56
On Ward or Caseload - Suspected Deep Tissue Injury	29
On Ward or Caseload - Grade 3 Pressure Ulcer Developing	27
On Ward or Caseload - Ungradeable	7
On Ward or Caseload - Multiple Pressure Ulcers Developing	5
On Ward or Caseload - Grade 4 Pressure Ulcer Developing	2
Grand Total	**126**









Quality Improvement (QI)

ASD

Teams previously involved in the Pressure Ulcer Improvement Programme (PUIP) were asked to complete a number of QI modules and use the methodology to test different change ideas. Teams continue to be offered bespoke QI support but uptake is extremely low. More recently, teams engaging in improvement activity have been offered support with the SPSP Essentials of Safe Care package but this has yet to be accepted. ICU TV link nurses continue to test a number of approaches to prevent Medical Devise Related Pressure Ulcers.

HSCP

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. The work is currently under review in order to reflect and establish SMART objectives to ensure improvement targets are met. Community inpatient wards continue to measure compliance with skin assessment, review and intervention, using weekly data to identify areas for improvement; however this improvement work has been slowed due to the pressures of staffing.

Community Nursing

Community District Nursing Teams use the Waterlow tool to assess patients. There are regular team huddles to highlight Waterlow risk scores above 20. There are monthly documentation audits in place (5 patient case-notes per week) with results fed back to Team Leaders for further discussion and action. In addition to this a pressure ulcers audit is also undertaken each month on three patients on the district nursing caseload. Podiatry Services and District Nursing Teams have been working closely and collaboratively with care homes and following the outcome of a couple of Local Adverse Event Reviews (LAER's) they have provided bespoke training to care home managers and staff. There is due over the next month, two webinars, one on personal foot care and CRP for feet delivered to care home staff.

Leadership and Governance

Outcome and process measure reports are monitored, reviewed and shared with clinical teams to drive improvement. This data is discussed at safety huddles and at team meetings. There is visible and supportive leadership at all levels. All pressure ulcers graded major or extreme undergo robust review with key learning to inform improvement activity, there is ongoing work to improve the sharing of learning from these reviews.

Within the HSCP monitoring is undertaken weekly using a patient safety dashboard, involving all key senior stakeholders, and presented weekly by the Associate Director of Nursing and Clinical Care Governance colleagues at a quality matters assurance safety huddle. This report covers all inpatient wards, community and care homes covered within the partnership. The dashboard enables timely action by early identification of emerging themes so that support can be provided early and areas for further improvement activity are highlighted. This is to compliment the Excellence in Care, CAIR, however work was paused on the roll out of CAIR due to the pandemic but has started back at pace and will continue be rolled out across all areas.

Specialist Advice and Equipment

A range of specialist equipment is available on site across ASD and the Community Settings; there is no delay in accessing this. All mattresses in patient areas have been replaced with hybrid mattresses across the site which can be activated to provide alternating therapy. All trolleys within ED have been replaced with trolleys with pressure relieving properties and all mattresses within ICU have been replaced with specialist mattresses that have the technology to deflate individual cells under targeted areas of the body at particular risk which are beneficial when patients are nursed prone. A short life working group met recently to ensure all areas across the Mental Health and Learning Disability wards had access to pressure relieving equipment. Although their numbers of pressure ulcer damage is very low, a procedure was put in place to ensure they had access to speciality equipment. Specialist advice from the Tissue Viability team is available, however this can be delay as it relies on the ward team completing an on-line referral, this is currently being reviewed as well as recruitment for the team, due to a couple of long standing staff members who have recently moved to another board.

Education and Training

Prevention and Management of Pressure Ulcers education and CRP for feet is available on Turas learn and is a mandatory course for all clinical staff with patient contact, education and training on pressure ulcers is also part of NHS Fife induction. During the pandemic training was delivered virtually with a number of webinars along with a Senior

Nurse Forum which focused on Pressure Ulcer Prevention and Management. There are also a wide range of educational resources available on the Tissue Viability Webpage including videos on the grading tool, top to toe inspection, skin integrity and wound assessment and management.

2.3.1 Quality/ Patient Care

Current nursing staffing levels are monitored closely, trialing a safe to start tool in ASD and the HSCP and reporting in staffing level using the OPAL tool. This is to ensure safe staffing in all areas and to ensure staffing is not negatively impacting on the quality and delivery of safe and effective patient care, including pressure area prevention and management. Whilst steps are being taken to mitigate the risk of lower staffing levels, quality of care continues to be an organisational priority. The Tissue Viability Steering Group oversees the compliance with the Prevention and Management of Pressure Ulcer standards (Oct 2020). Elements of the standards are also reflected in the pressure ulcer process measures which allow wards to identify weekly compliance percentage. Wards involved in improvement collaborative currently undertake audit of five patient case notes per week and record results against each measure. All inpatient wards (excluding Mental Health) have Quality Assurance Boards displaying monthly data including hospital acquired pressure ulcers.

2.3.2 Workforce

Ongoing workforce challenges in regard to vacancies, absences and covid 19 have contributed to the rate of improvement being delayed to reduce pressure ulcer harm. However, NHS Fife has recruited 50 WTE Band 2s and 3s split across Acute and HSCP with an additional 60 still to be interviewed. Discussions are underway regarding Band 4 Health Support Worker Roles . NHS Fife will be the first Board in Scotland to welcome staff through international recruitment the first 40 candidates will be allocated to Acute Services. Communication and Promotion of recruitment campaigns through social media are also underway.

2.3.3 Financial

This paper does not seek to quantify specific costs but any damage to a person's skin may potentially lead to an extended inpatient stay, the requirement for the use of specialist equipment and longer term care requirements therefore carries a financial implication.

2.3.4 Risk Assessment/Management

All risk assessment and management are adhered to and review of risk is discussed at the Tissue Viability Steering Group Monthly.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this improvement work is a consistent approach for all inpatients.

2.3.6 Other impact

The impact on the patient may include ongoing health care needs as well as their lifestyle due to both physical and psychological factors.

2.3.7 Communication, involvement, engagement and consultation

The Tissue Viability Teams have pages on staff blink where staff can access both up to date documentation and information and education.

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.

- Clinical Governance Oversight Group 15th February 2022
- Nurse Leadership Group -24th February 2022
- EDG 17th February 2022

2.4 Recommendation

- **Assurance** – For Members' information only

3 List of appendices

N/A

Report Contact
Lynn Barker
Associate Director of Nursing
Email lynn.barker@nhs.scot

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Position Statement on Work Underway to Reduce Incidence of Harm for Falls**
Responsible Executive:	**Janette Owens, Director of Nursing**
Report Author:	**Lynn Campbell, Assistant Director of Nursing**

1 Purpose

This is presented to the Clinical Governance Committee for:

- Assurance

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction
- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

An overview of in patient falls and work to reduce falls with harm in NHS Fife and H&SCP inpatient settings.

2.2 Background

The World Health Organisation notes falls are the second leading cause of unintentional injury deaths worldwide. Falls are generally not accidental but result of complex interplay between:

- Functional decline and the normal aging process
- Medical decline
- Social factors
- The environment

Falls are considered in two ways; those that don't result in any harm and those that incur harm are defined by the Scottish Patient Safety Indicator (SPSI) as:

"Any instance where a fall with harm is identified. Harm will be where another secondary care intervention is necessary (steri-strip, suture, and/or management of dislocation, fracture, head injury, death), and/or a patient has fallen and received harm or injury requiring radiological investigation (x-ray, ultrasound, MRI or CT) with a confirmed harm."

Falls and fall-related injuries are a common and serious problem for older people. People aged 65 and older have the highest risk of falling, with 30% of people older than 65 and 50% of people older than 80 falling at least once a year (NICE 2013) * Falls can occur across a broader age range particularly where there are underlying conditions. Falls can result in the need for a stay in hospital and, when there is a fall in an in patient setting it is likely to prolong an admission period and that comes with the associated impact on patient experience, additional risks as a result of a prolonged in patient stay as well as the financial implications. Falls can result in both physical and psychological harm.

Prevention strategies include timely assessment of falls risk, the environment and the individual's health and underlying conditions. Staff need to be aware of the tools available to support management and the robust use of the policies and procedures in place to support appropriate management of an identified falls risk.

**Falls in older people: assessing risk and prevention Clinical guideline [CG161] Published: 12 June 2013*

2.3 Assessment

Data
A monthly falls report from information services is shared with the In patient Falls Steering Group and cascaded through clinical structures to MDTs including SCNs in ward areas. Local awareness of this is evidenced through local audit on falls data being displayed for ward staff to review and consider for their area and subsequently supporting improvement activity. Table 1 and Table 2 are taken from the December Report and illustrate the trends over the previous two years. It is important to note over this period that rates may have increased due to a decrease in occupied bed days*.

When considering the data, it is important to consider data over time as there will be fluctuations month by month and the overall trend provides the direction of travel. Local targets are a reduction to **7.68** *(rate per occupied bed days)* **by end of March 2022 for All Falls** and to a rate of **1.68 of Falls with Harm** by the same time- this represents a 10% reduction in both.

- All falls as of December 2021 was a rate of 7.91 with a median of 7.93
- Falls with Harm as of December 2021 was a rate of 1.70 and a median of 1.77

Although there has been monthly fluctuation there is no change in the median in Falls with Harm since January 2018 and a small change noted in the last year in All Falls.

Without doubt the rate of improvement has been slowed as a result of the various challenges outlined later in the report but mitigations and actions to date have held this at an overall almost stable rate. This of course does not take the focus away from the work required to evidence real improvement moving forward.

**Rates are calculated by determining the numerator (total number of in patient falls for the month) and dividing it by the denominator (total number of occupied bed days for the month) then multiplying this figure by 1000 to give the number of falls per 1000 occupied bed days.*

Table 1 All Falls rate across all in patient settings

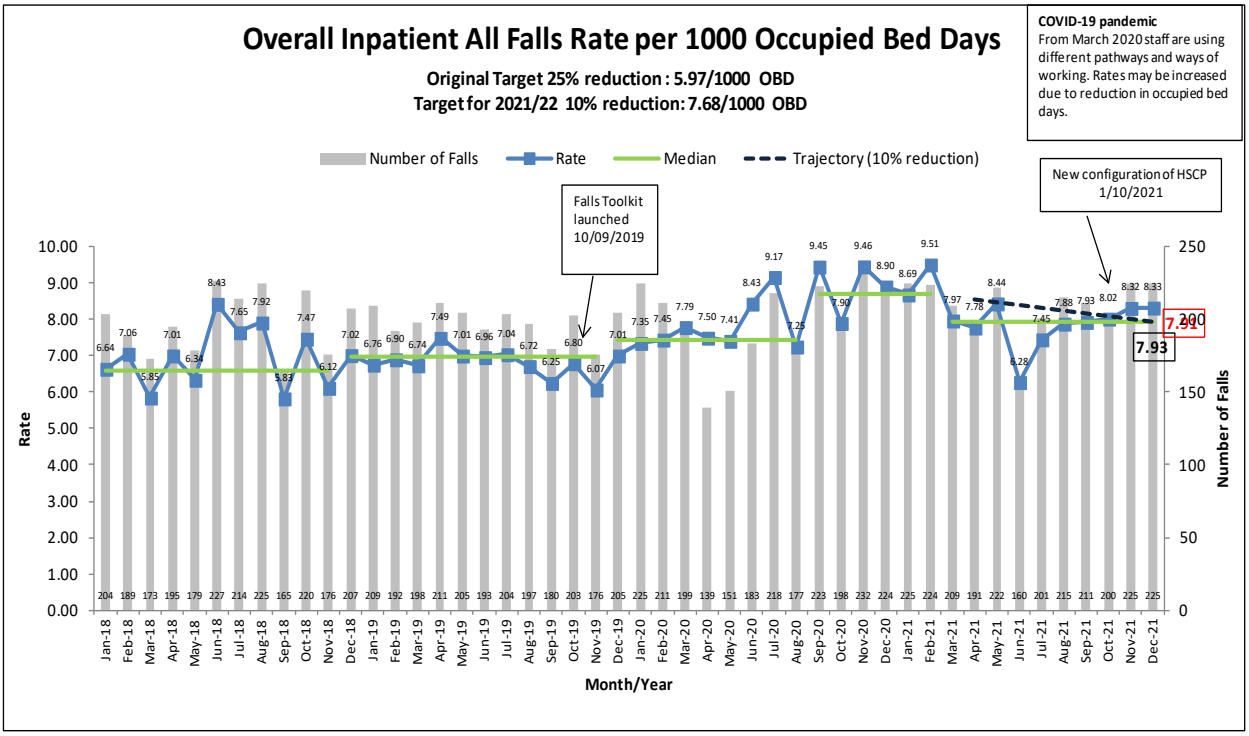
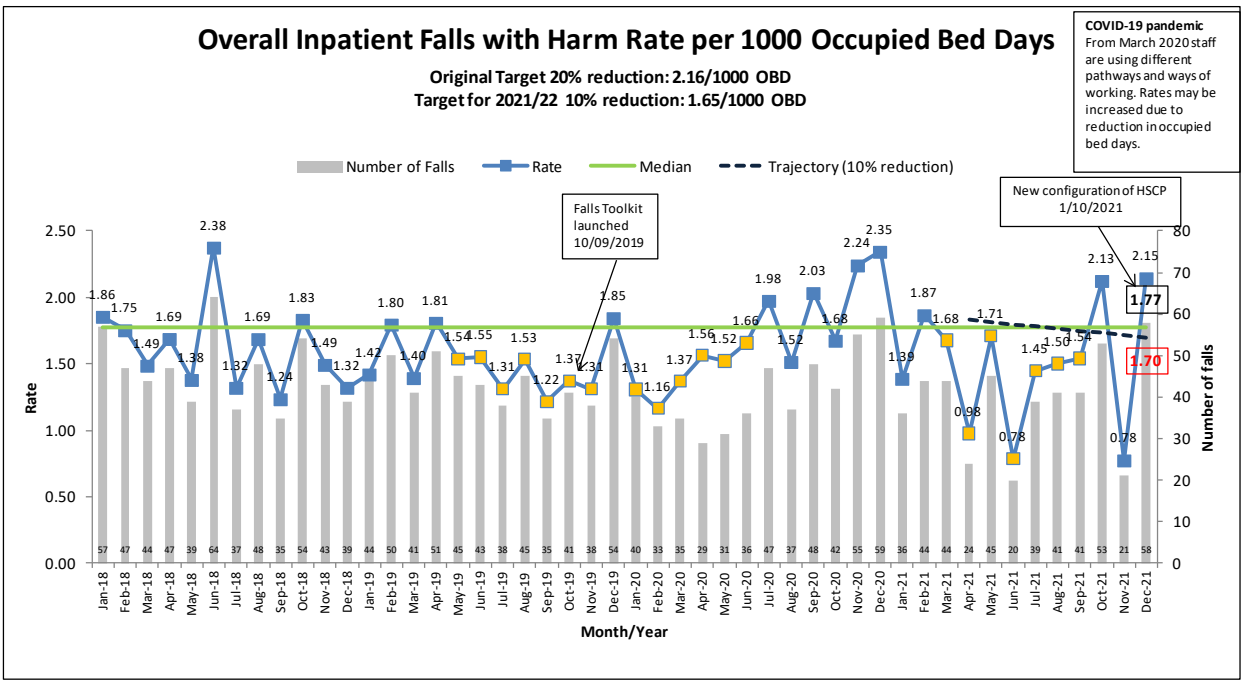


Table 2 Falls with harm rate across all in patient settings



To provide a little more context for the purpose of this report, additional information is provided in relation to all falls reported in December 2021*(This is all falls, with harm and no harm)*

Overview
The following table illustrates the total number of inpatient falls reported in December 2021 by site and severity.

Table 3 – all inpatient falls in December 2021 – site and severity

	No Harm	Minor	Moderate	Major	Total
Victoria Hospital	100	8	1	1	110
Stratheden Hospital	21	8	2	0	31
Queen Margaret Hospital	18	8	0	1	27
St. Andrews Community Hospital	16	4	0	0	20
Cameron Hospital	12	3	0	0	15
Glenrothes Hospital	8	2	2	0	12
Adamson Hospital	7	1	0	0	8
Lynebank Hospital	3	0	0	0	3
Whyteman's Brae Hospital	0	1	0	0	1
Total	185	35	5	2	227

More than half of these falls (61%) occurred when the patient was walking (other reasons can be e.g., a slip from a chair or when getting out of bed etc). Of all falls 75% were not witnessed. A range of contributory factors is noted in the data with the highest recorded as confusion or a diagnosis of dementia,

Injuries sustained as a result of the falls in this period is outlined in Table 4

Table 4 - Injuries sustained by inpatients who had falls in December 2021

Injury	Number
Laceration	19
Bruise / Swelling	18
Abrasion	9
Tissue Damage	5
Musculoskeletal	4
Sprain / Strain	3
Fracture	2
Concussion	1
Head Butting	1
Total	62

Another factor to note is that within the numbers reported there are individual patients who fall on more than one occasion and within December 97 of the 227 incidents (43%) involved patients who had fallen more than once.

- 38 in Acute inpatient wards
- 59 in HSCP inpatient wards

The following table outlines the specialties where falls were reported in this month and there were no complaints received in December 2021 in relation to patient falls

Table 5 – Specialties where patients were noted to have fallen more than once

Multiple falls December 2021 by Specialty and severity	No Harm	Minor	Moderate	Major	Total
Medicine For the Elderly	18	1	0	0	19
Continuing Care / Dementia	12	1	1	0	14
GP / Medical	11	3	0	0	14
Recovery and Adaptation	10	0	0	0	10
Acute Medical Admissions Unit (AMAU)	4	0	0	0	4
Cardiology	4	0	0	0	4
Elderly Assessment	2	1	0	1	4
Fife Rehabilitation Service - Inpatients	2	1	0	0	3
General Medicine	3	0	0	0	3
Learning Disabilities - Inpatients	3	0	0	0	3
Long Stay / Continuing Care	3	0	0	0	3
Transitional / Long Stay	3	0	0	0	3
Endocrinology	2	0	0	0	2
Old-Age Psychiatry	1	1	0	0	2
Orthopaedic Trauma	2	0	0	0	2
Stroke / General Medicine	2	0	0	0	2
Adult Mental Health - Over 65 years Acute Admissions	1	0	0	0	1
Fife Rehabilitation Service - Continuing Care Beds (Glenrothes)	1	0	0	0	1
Haematology / Oncology	0	1	0	0	1
Lower GI	1	0	0	0	1
Stroke Rehabilitation	0	1	0	0	1
Total	85	10	1	1	97

National work

In 2020 a national Falls Expert Reference Group was established with representation from all NS Boards in Scotland. The group met virtually (Due to COVID), and the aim was to redesign the SPSP/HIS falls driver diagrams and change package to support falls reduction in hospitals. Once the draft driver diagram was developed, it was tested in four boards over the summer months. Following the conclusion of the test, the package and driver diagram were launched at a virtual Falls Networking event in September 2021 as part of the Acute Adult Collaborative. The driver diagram developed was a refined and streamlined version of the 2018 diagram with a focus on promoting mobilisation and person-centred care.

The national aims were to reduce all falls by 20% and all falls with harm by 30% by September 2023. Boards were asked to identify their own local aims in terms of falls reduction.

The national Acute Falls Network meet virtually four times a year to share learning and practice. This is shared through the Inpatient Falls Group to clinical teams.

This connects with local work and the plan to establish a multi-professional group to review and refresh the NHS Fife inpatient falls documentation, however due to challenges described and clinical pressures this has been delayed. The revised documentation will reflect the national change package.

LOCAL WORK

The following section provides an overview of the work to date and ongoing activity within the challenging clinical context. Outwith a pandemic situation the reduction of falls is a complex problem in a complex setting which requires complex solutions, and this has been significantly more difficult over the last few years with the added context of COVID.

Background and Purpose of NHS Fife falls toolkit

Falls and falls with harm reduction has been recognised as a strategic priority within the organisation in conjunction with national guidance issued by the Scottish Patient Safety Programme (SPSP), the iHub and our local Fife Falls Strategy (2018). SPSP aims to challenge perceptions that falls are inevitable and is clear that all inpatient areas should reduce falls and falls with harm through:

- Individualised risk assessment and care planning based on people's clinical conditions, health needs and their care setting
- An approach that promotes mobilisation and meaningful activity to enhance cognitive and physical functioning
- The use of four care bundles (tabled below) to support identification of patients who are more vulnerable and refined to fit with local context

FOUR bundles	**NHS Fife Response**
Identification of vulnerable patients	Frailty Screening Tool
Safety bundle for more vulnerable patients	Care Rounding/Cohorting/Supervision
Multidisciplinary assessment and intervention bundle	Multidisciplinary falls Intervention Plan
Post falls bundle	Post falls bundle

The purpose of this toolkit is to provide health care professionals working in the hospitals within NHS Fife the essential tools to identify patients who are at risk of falls in hospital; manage those who are at risk of falls and support and manage those who have had a fall in hospital.

Key factors in this process are the identification and management of risk. There are many different falls risk assessment tools available, and it is recognised in the literature that falls

risk assessment tools vary in their sensitivity and specificity depending on the setting in which they are used. However, there is good evidence around multi-factorial risk assessment and intervention, and NHS Fife has aligned the falls risk assessment with an initial Fife Frailty Screen and every person who is admitted to a Fife hospital should be screened for Frailty (either in the paper admission documentation or on Patientrack).

The Frailty Screen is updated if the patient's condition deteriorates or changes and upon transfer to another hospital. Where a patient falls for the first time in hospital, they are considered at risk of further falls and are managed accordingly.

If the patient is identified as a falls risk:

- a frailty assessment should be completed
- Falls intervention plan should be initiated

Registered Nurse should implement appropriate comfort round frequency in relation to falls risk and this toolkit is used in all in patient settings in Fife.

A large aspect of improvement work focuses on compliance with this aspect.

Challenges

As highlighted in previous IPQR reports there are significant challenges in the current clinical context that have impacted on the progress on falls reduction. Many clinical areas are being staffed by a range of staff not familiar with the area and supplementary staffing. This can mean less familiarity with the toolkit and clinical environment as well as speciality e.g., for a nurse normally working in theatre or in a non-inpatient setting such as outpatients. Over and above this, clinical areas have been working with fewer staff and the ability to support formal update and education has also been impacted by the collective clinical pressures. Some areas are working with differing footprints and a number have been over capacity for an extended period which impacts on maintaining a safe environment alongside social distancing measures. There is also a growing sense that patients being admitted to hospital are frailer and as part of discussions regarding staffing plans a higher acuity and dependency of patients has been observed. Triangulation of these factors mean a complex and challenging background for improvement.

Education

Falls education is encouraged for all staff working within NHS Fife. Manual Handling (patient handling) is a core skill requirement within TURAS along with Fife Falls, and Bone Health for all clinical staff.

NHS Education Scotland offer two key training courses on prevention of falls: Falls Prevention and Falls Prevention Facilitator's Guide. Facilitator's will allow staff to gain appropriate knowledge and skills in relation to falls prevention enhancing their role and area of practice something that would be part of the Champions role.

Audit

There are a number of related audits such as documentation that support review of compliance with the falls assessment and intervention process. Inpatient wards who are involved with quality improvement projects complete weekly compliance audits based on a falls process measures linked to elements of the fall's toolkit. Recommendations and learning from falls audits are reviewed through the relevant groups e.g., local falls group or directorate discussions. Work has progressed to reframe a system wide audit

and following successful testing discussions are underway to seek support for the clinical areas in taking this forward and is part of the plan for this year.

Examples of current activity

- The inpatient falls steering group has membership from inpatient services across the system with Nursing, AHP and Medical representation and is supported by a public member. The data is reviewed along with any LEARN summaries from Significant Adverse Events involving a fall.
- Sub-groups focussed on specific specialties meet to drive local improvement and review activity and provide a Flash Report to update the steering group. Learning points are shared and any success is noted.
- Collaboratives have been used as a focussed effort in areas to support work where data has informed a need for additional support. This approach uses improvement methodology to drive change. The most recent example of this type of approach is within Mental Health. Some of the changes noted by this collaborative are:

    - changes in staffing establishment in wards to allow for increased observation of patients.
    - MDT meetings with a focus on falls risk implemented
    - Medication reviews by pharmacy to address medication related risk
    - Collaborative working with physiotherapy and podiatry around footwear checks

- A full network of falls champions meant that every ward area across Fife had a nominated member of staff to champion the falls reduction activity. As a result of staff movement and challenges noted as above this has become less robust with gaps in some areas. Activity is underway to redefine a champion in each area as this has been a successful driver for improvement in the past.
- Development of more frequent data sets available at a number of levels to support more “real time” review. This is in place in the H&SCP and at time of writing is almost complete for the Acute Services Division.
- Discussion is underway to add the falls bundle to Patienttrak which will support nursing staff to complete the relevant documentation electronically. This supports compliance, communication and audit and makes it easier for staff in the clinical setting.

Summary

This paper is intended to provide an illustration of the range of activity that considers the data, promotes, and supports action intended to reduce falls and in particular falls with harm. The challenges outlined have meant a change in progress toward this years agreed target but the summary is presented to provide an overview for assurance to committee that this is an area that continues to be in focus across all in patient areas.

2.3.1 Quality/ Patient Care

Any fall but particularly a fall with harm will impact on the experience of care for the patient as well as the staff providing the care as there is a continued focus to reduce falls in spite of the challenges outlined.

2.3.2 Workforce

Ongoing workforce challenges have contributed to the progress to reduce falls with harm.

2.3.3 Financial

This paper does not seek to quantify specific costs but any extended stay in an inpatient setting as a result of a fall carries a financial implication

2.3.4 Risk Assessment/Management

Nothing specific to add beyond the risk management aspect of individual patients.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed as this improvement work is a consistent approach for all inpatients.

2.3.6 Other impact

The impact on the patient may include ongoing health care needs as well as their lifestyle due to both physical and psychological factors.

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

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

- Clinical Governance Oversight Group 15th February 2022
- Nurse Leadership Group -24th February 2022
- EDG 17th February 2022

2.4 Recommendation

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

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

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Position Statement on Work Underway to Reduce Incidence of Harm for Catheter Associated Urinary Tract Infections (Cauti)**
Responsible Executive:	**Janette Owens, Director of Nursing**
Report Author:	**Sally O'Brien, HoN, Chair of Urinary Catheterisation Improvement Group.**

1 Purpose

This is presented to the Clinical Governance Committee for:

- Assurance

This report relates to a:

- NHS Board/Integration Joint Board Strategy or Direction
- National Health & Well-Being Outcomes
- Scottish Patient Safety Programme

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report provides an overview of Catheter Associated Urinary Tract Infections (CAUTI) causing E.Coli bacteraemia within Fife, and the improvement work carried out by the Urinary Catheterisation Improvement Group (UCIG) to address number of infections to support achieving the National Local Delivery Plan Targets of a 50% reduction in healthcare associated E.coli bacteraemia by 2023/24 (DL(2019)23).

2.2 Background

NHS Fife has participated in the mandatory national surveillance since October 2015 (voluntarily up to April 2016).

Following analysis of its ECB data in 2016, NHS Fife established that the most prevalent sources of HCAI ECBs were from lower urinary tract infection (UTI) source and urinary catheter associated UTIs (CAUTIs).

CAUTI associated ECBs

Fife's analysis of own data against earliest shared (non-published) national data indicated that Fife's CAUTI rate appeared higher than national rates which was analysed further locally.

On further analysis of the CAUTI ECBs in 2016/17 the Infection Prevention and Control Surveillance team noted some ECBs resulted from associated trauma during the insertion and removal of the urinary catheter.

As a result of these findings, NHS Fife's HSCP formed a Traumatic Catheter Group in October 2017 to investigate these CAUTI traumas in line with the adverse event policy and establish learning's from these cases.

This group evolved into Fife's Urinary Catheter Improvement group (UCIG) in January 2019 to improve urinary catheter services based on these findings.

The Urinary Catheterisation Improvement Group (UCIG) leads and coordinates the improvement plan linked to the nationally agreed targets with locally agreed milestones to drive improvement across NHS Fife and Fife HSCP. The four priority areas are:

Promotion: Of hydration and continence as the first line treatment to enable good bladder health and prevent risk of bladder and bowel dysfunction.

Prevention: Of insertion of unnecessary, long term urinary catheters to reduce the risk of harm and to support effective and person-centred care.

Protection: Of people with urinary catheters from harm through the application of best evidence and practice.

Prioritisation: Of the quality improvement work to enable timely delivery of pathways of care, promoting self management as well as mutual partnerships with carers and care providers across health and social care.

The UCIG meets bi-monthly and provides a forum to exchange quality assurance knowledge, data, information, learning and best practice across Acute Services Division, Community Services, Social care and the independent care sector. The group also promotes awareness amongst staff of the importance of Catheter and Continence improvement work to the delivery of safe, effective and person-centred care.

The group provides assurance to Fife's Infection Control Committee, that prioritised objectives outlined in the Urinary Catheter Improvement Driver Diagram are delivered to agreed timescales. The group receives regular monitoring and

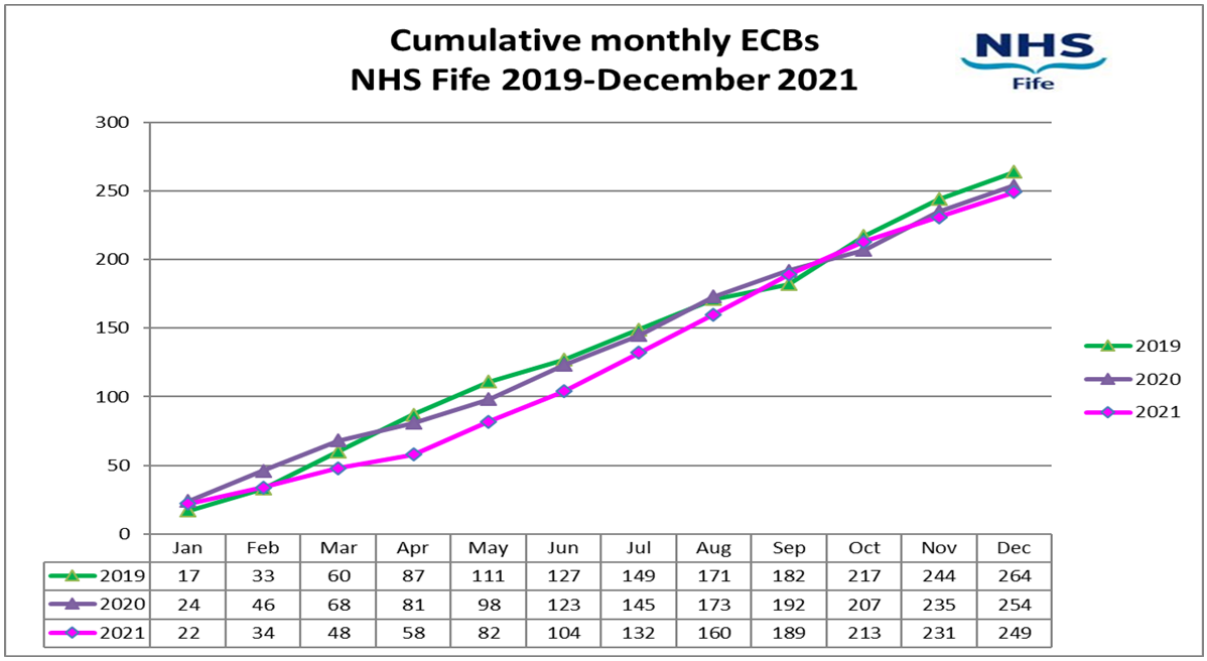
assurance reports from the sub-groups and run chart data is used to monitor progress using trigger rules, in addition to qualitative feedback and flash progress reports.

2.3 Assessment

2.3.1 Quality/ Patient Care

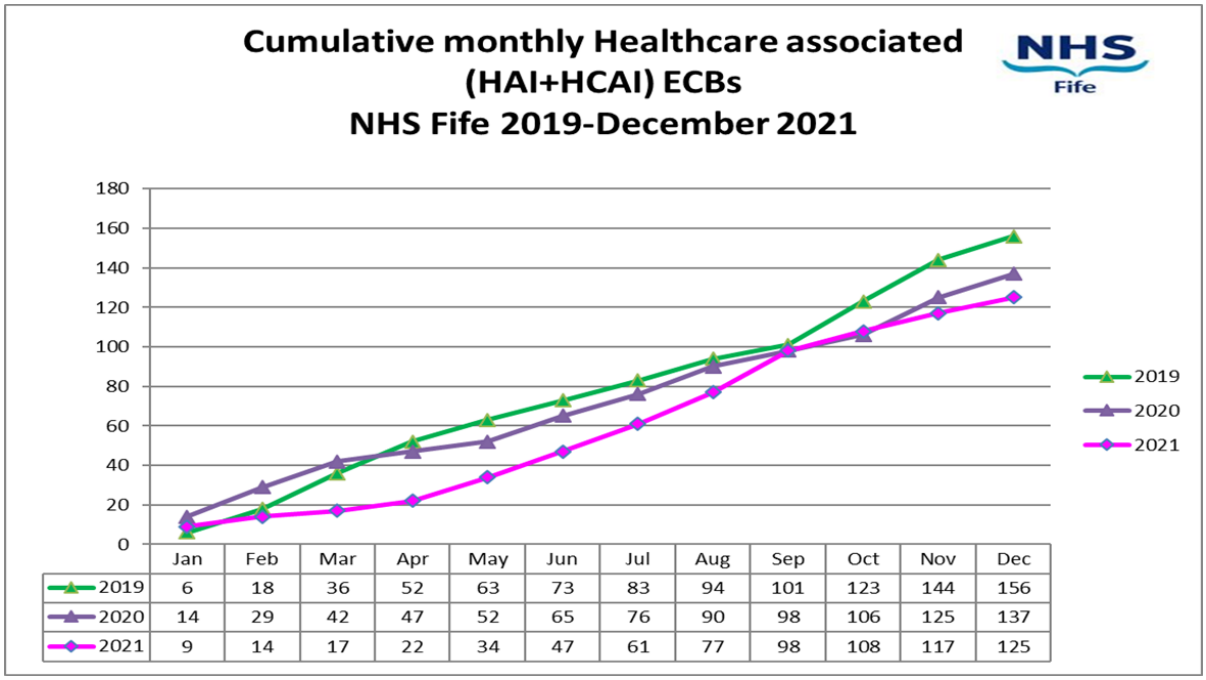
E.coli Bacteraemia (ECBs) Report 2021

From 1st Jan to 31st December 2021 there were 249 ECB, (Diagram 1) Evidence from data shows a steady reduction over the last 12 months in ECBs and less Health Care Acquired Infections (HCAI) (Diagram 2 and 3).



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	17	33	60	87	111	127	149	171	182	217	244	264
2020	24	46	68	81	98	123	145	173	192	207	235	254
2021	22	34	48	58	82	104	132	160	189	213	231	249

Diagram 1



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	6	18	36	52	63	73	83	94	101	123	144	156
2020	14	29	42	47	52	65	76	90	98	106	125	137
2021	9	14	17	22	34	47	61	77	98	108	117	125

Diagram 2

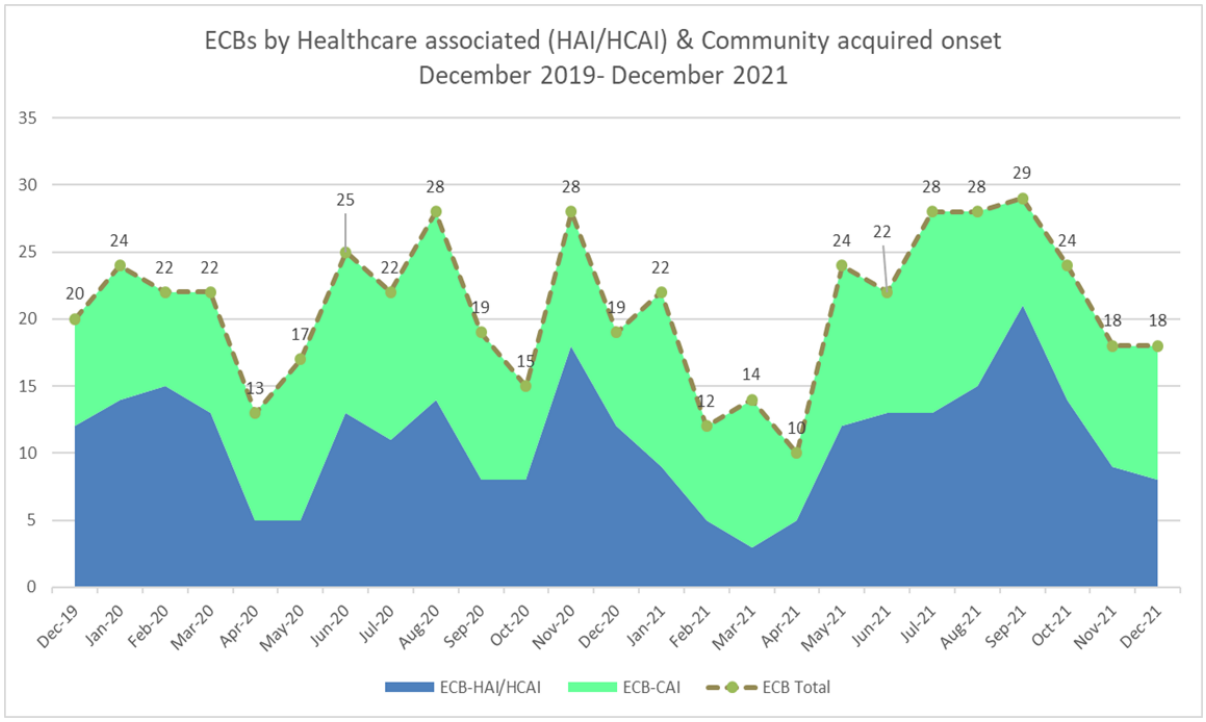
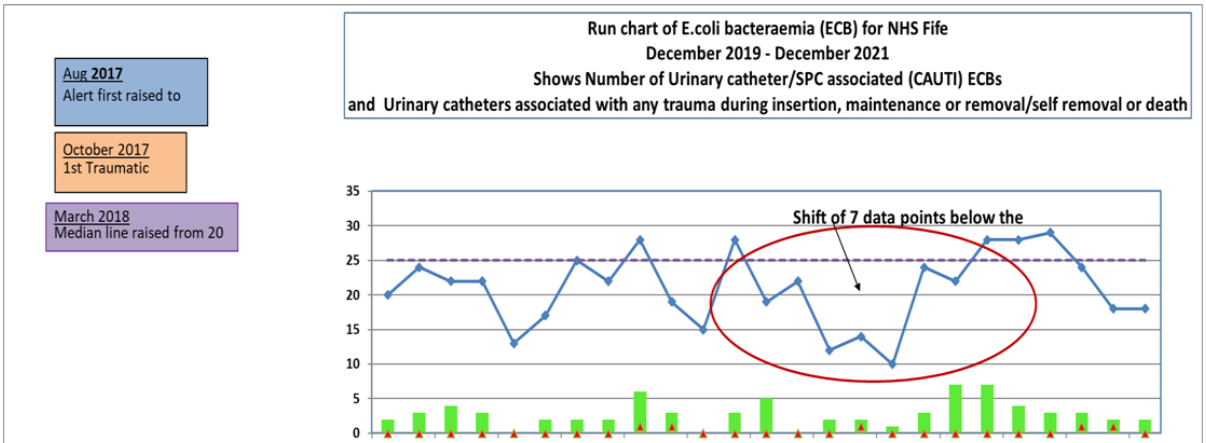


Diagram 3

Graph showing E.coli bacteraemias (ECBs) for NHS Fife with incidence of ECBs linked to Urinary/Suprapubic catheters and highlighting traumatic insertion/removals amended up to 31st December 2021



	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21
Total No of Urinary catheter device related ECBs	2	3	4	3	0	2	2	2	6	3	0	3	5	0	2	2	1	3	7	7	4	3	3	2	2
Total Monthly Number ECBs	20	24	22	22	13	17	25	22	28	19	15	28	19	22	12	14	10	24	22	28	28	29	24	18	18
No of Urinary catheters assoc with trauma/death	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0
Median Line	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25	25
% of ECBs due to Urinary catheter Devices	10%	13%	18%	14%	0%	12%	8%	9%	21%	16%	0%	11%	26%	0%	17%	14%	10%	13%	32%	25%	14%	10%	13%	11%	11%

Diagram 4

According to NHS Fife's Annual Report on EColi bacteraemia, in non hospital acquired infections CAUTI are the third most common cause of ECB, whereas in hospital acquired ECB, urinary catheters are the second most common source.

Despite the overall reduction in ECB, the number of CAUTI and CAUTI related to trauma has not reduced (Diagram 4) and, as such, improvement work needs to focus on greater awareness and improved management of UTI, CAUTI and hepato-bilary infection in patients to prevent these infections developing into bloodstream infections.

Diagram 5 and 6 show the number of days since last CAUTI associated ECB linked with trauma.

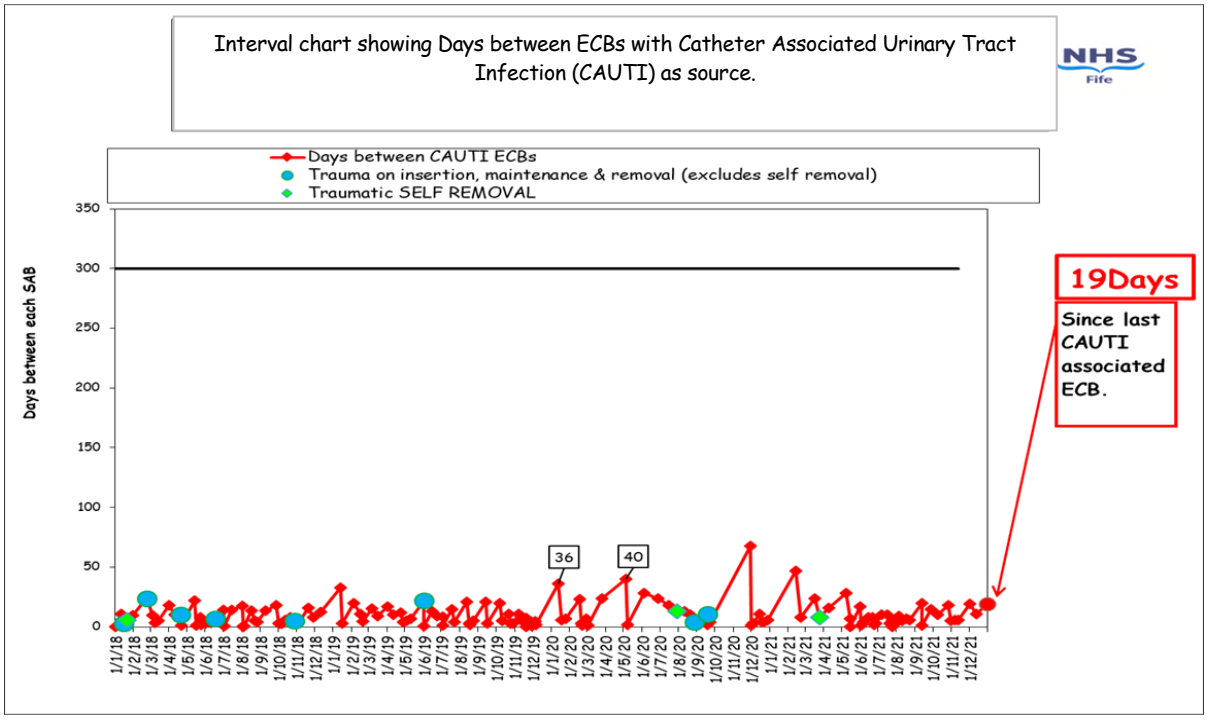


Diagram5

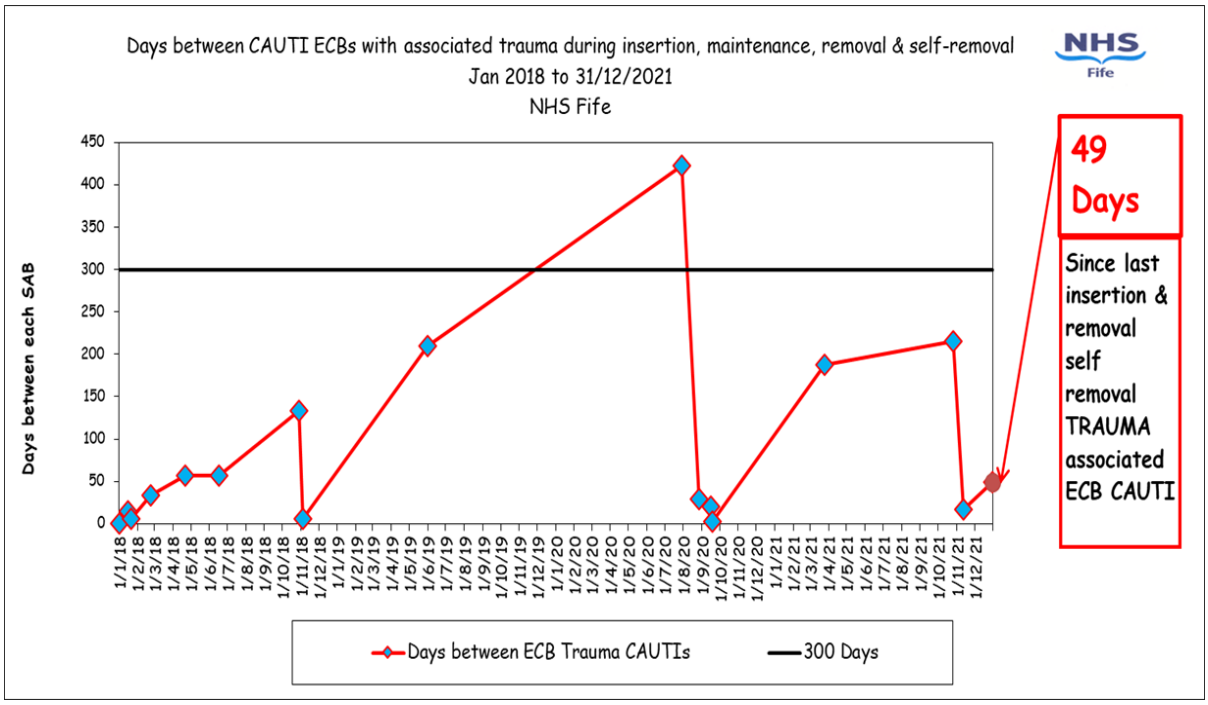


Diagram 6

UCIG Improvement Work

To continue the reduction in catheter related E.coli bloodstream infections, all incidents are now subject to a Local Adverse Event Report (LAER). Technical advisors/experts have been identified to assist in these LAERs from Urology, Microbiology and the Continence Service.

Other, recent improvement work the group has instigated is the development by the Continence and Urology teams of an integrated site on Stafflink “Blink” providing information for all NHS/ HSCP Staff. The site is still under development but is being updated regularly. On completion, it will include three sections on Bladder and Bowel Dysfunction, Urology and Catheters. The information is the same for Acute and Community Services.

The CAUTI improvement project has also expanded to include work undertaken with a GP practice to reduce the use of catheter maintenance solutions, promotion of the ‘Catheter Passport’ and the use of a formula to predict a patient specific catheter change dates.

Most recently, bladder scanners have been purchased for community use with the aim of reducing the number of patients requiring an indwelling catheter and therefore associated problems, as well as the number of inappropriate catheter changes and associated infections. Alongside the use of scanner, intermittent self catheterisation will be more actively promoted and supported for those patients requiring catheterisation, again reducing need for indwelling catheter and therefore number of CAUTI leading to ECB.

Other key initiatives implemented from UCIG:

- eDocumentation for catheter insertion/maintenance bundles now available in MORSE for District nurses
- eDocumentation CAUTI bundles to be implemented for Acute services and community hospitals onto Patientrack – project delayed due to COVID-19 response, small working group are clarifying format and planned roll out in 2022
- Guidance protocols for complex catheter insertion and use of antibiotics in the acute and community setting.
- Catheter passport implementation
- Catheter valve promotion
- Regular newsletters/promotion of UCIG work and initiatives
- Continence link folder established for care homes

2.3.2 Workforce

Capacity for improvement work to progress as quickly as UCIG had intended has been significantly impacted by COVID 19 pandemic with key staff being temporarily deployed or managing increased workloads.

2.3.3 Financial

This paper does not seek to quantify specific costs but any admission and/or extended stay in an inpatient setting as a result of CAUTI carries a financial implication

2.3.4 Risk Assessment/Management

The improvements have reduced and mitigated CAUTI associated risks to patients

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed because this improvement work is a consistent approach across all services.

2.3.6 Other impact

The impact on the patient may include ongoing health care needs as well as their lifestyle due to both physical and psychological factors.

2.3.7 Communication, involvement, engagement and consultation

The UCIG has consulted, engaged and involved stakeholders in the stages of the improvement work and communicated via a range of mediums including Staff Blink, cascading through members' team, regular reports to committee and other groups.

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.

- Clinical Governance Oversight Group 15th February 2022
- Nurse Leadership Group 24th February 2022
- EDG 17th February 2022

2.4 Recommendation

Assurance and information of the CGC members

Report Contact
Sally O'Brien
Head of Nursing
Fife HSCP Nursing Directorate

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Strategy to reduce *E.coli* Bacteraemia (ECB) Infections**
Responsible Executive:	**Janette Owens, Director of Nursing and HAI Executive Lead**
Report Author:	**Dr A Keith Morris**

1 Purpose

This is presented to the Clinical Governance Committee for:

- Discussion
- Decision

This report relates to a:

- Emerging issue
- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

All Health Boards in Scotland were given a LDP target to reduce *E. coli* bacteraemia (ECB) by 25% by 31st March 2022 from the baseline year of 2018/19[1]. NHS Fife will not achieve this target and, as yet, has no strategy to attempt to reduce ECB numbers.

The EDG is asked to consider the strategy below and, if agreed, commit to support it both financially and practically to achieve the ECB reduction

2.2 Background

The UK Government has committed itself to reduce Gram negative bacteraemia in the National Action Plan to tackle antimicrobial resistance[2].

HCAI - CNO - 10 October 2019 LDP tar

1.
2. https://www.sehd.scot.nhs.uk/dl/DL(2019)23.pdf

In Scotland the commitment has been to reduce *E.coli* bacteraemia by 50% by 31st March 2024. The incidence of *E. coli* bacteraemia (ECB) in Fife has remained stable for the last 5 years (appendix 1). *E. coli* are now the primary cause of bloodstream infection in Fife. In Fife there were 254 ECB in 2020. As a comparison for the same period there were 82 *S. aureus* bacteraemia (SAB); the next most common bloodstream infection.

2.3 Assessment

Microbiology and the infection prevention surveillance audit nurses undertake mandatory *E. coli* bacteraemia surveillance as required by CNO 2019. The Fife ECB annual report for 2020 demonstrates 53.9% ECB are healthcare associated and 46.1% community acquired. The report also demonstrates that ~39% of all ECB the entry point for the infection is the renal tract and ~15% are due to urinary catheters. To get close to achieving the LDP target Fife will require to target all the potential entry points. However the most amenable to quality improvement measures are catheter associated urinary tract related ECB (CR-ECB).

NHS Fife has set up a Urinary Catheter Improvement Group (UCIG). The UCIG is chaired by Sally O'Brien, Head of Nursing HSCP, and has wide representation across Fife including from the hospital sector, Health & Social Care Partnership (HSCP), Social Care, community nursing, urology and care homes. The UCIGs role will be to take the surveillance data and commission quality improvement programmes across the health and social care sector. The UCIG has a central role in ensuring policies around the management of urinary catheters in Fife are followed.

Clinical microbiology and the IPCT carryout ECB surveillance, analyse the data and report to the UCIG, Infection Control Committee (ICC) and the Clinical Governance Committee. The IPCT will produce an annual report into *E. coli* bloodstream infections and report significant trends. The ICC will be kept informed of these trends through the annual report and quarterly reports published by NHS ARHAI.

The Patientrack Clinical Users Group is developing an electronic tool for reporting the insertion and maintenance of catheters for in-patients within NHS Fife hospitals. This work needs to be encouraged by the hospital senior management team as an opportunity to improve catheter management and to reduce the risk of ECBs.

- EDG is asked to consider making it mandatory for all CR-ECB to be Datix'd. The Datix would trigger a local adverse event review (LAER). The role of the LAER is to review each case and identify the reasons why the CR-ECB occurred and learn lessons. Collating the data over time will identify interventions to reduce the risk.

  A similar strategy has been successful in reducing vascular access device infections and NHS Fife is on track to achieve the LDP reduction target for SAB.

- EDG is asked to consider endorsing enhanced surveillance of catheter related ECB (CR-ECB) to be undertaken by the infection control surveillance audit nurses. Enhanced surveillance is the critical part of the overall strategy as the surveillance tool would be designed to identify the risk factors for CR-ECB

occurring in the healthcare setting and in the community. The information obtained would be used to support the LAER process.

- EDG should consider asking the Health Protection Team to undertake a local campaign to raise awareness of UTI in the community and how to prevent it. This may be part of a national campaign or unique to Fife.

Table 1 lists each of the measures required to make up the CR-ECB reduction strategy

	Recommendation	Status
1	Set up a Urinary Catheter Improvement Group (UCIG)	Complete
2	Microbiology with IPCT undertake ECB surveillance	Complete
3	Annual ECB report prepared for the ICC by IPCT	Complete. First report issued in 2021 on 2020 data
4	Develop eCatheter reporting tool on Patientrack	In progress
5	All catheter related ECB to be Datix'd	For consideration by ICC, Clinical Governance and other senior strategic groups
6	All catheter related ECB to undergo a Local Adverse Event Review (LAER)	For consideration by ICC, Clinical Governance and other senior strategic groups
7	IPCT to undertake enhanced surveillance into catheter related ECB	For consideration by ICC, Clinical Governance and other senior strategic groups
8	Public Health to develop local campaign to raise awareness of CAUTI/UTI and how they can be prevented	For consideration by ICC, Clinical Governance and other senior strategic groups

2.3.1 Quality/ Patient Care

CAUTI related ECB can be seen as a quality indicator. Urinary catheters are indwelling medical devices. Failure to manage indwelling devices will lead to an increase in blood stream infections. Improvements in the management of catheters will not only reduce the number of ECB, it is patient centred. Individual catheter plans need to be adopted for each patient i.e. Days between catheter changes.

2.3.2 Workforce

While rates of CAUTI remain high there will be a significant workload for district nurse teams in managing catheters as most patients with catheters are managed in the community. However as the number of CAUTIs fall due to the improved understanding of CAUTIs and how to prevent them, then less District Nurse time will be spent managing catheter related problems and CAUTI. Reducing the number of ECBs will also decrease the number of hospital admissions. For the year 2021 there were 249 ECB's identified in NHS Fife, all of which required some level of hospital care; presentation to ED, admission to hospital, Renal Outpatients, ICASS or H@H.

2.3.3 Financial

The enhanced surveillance would be additional work to that already undertaken by the infection control surveillance team and would need supported. The cost of band 6 1.0 whole time equivalent surveillance nurse is £53,551.

2.3.4 Risk Assessment/Management

Failure to reduce the number of ECB occurring in NHS Fife will result in the Executive Board coming under pressure from the Scottish Government at the annual review for failing to make any inroad into the ECB LDP target. Healthcare associated infections also put NHS Fife at reputational risk for failing to prevent infections. However by adopting the above strategy, NHS Fife can claim to be addressing the problem of CR-ECB via a whole system approach involving the acute service, HSCP, social care, and care homes.

2.3.5 Equality and Diversity, including health inequalities

CR-ECB is associated with individuals in lower socio-economic groups. Therefore any reduction in CR-ECB helps to reduce the burden of health inequality.

2.3.6 Other impact

All CR-ECB are classed as healthcare associated infections because a medical device is the cause of the infection. Any reduction in CR-ECB will reduce the number of beds days lost to healthcare associated infection. The reduction in beds days lost to infection will release the bed days for other activity.

2.3.7 Communication, involvement, engagement and consultation

The strategy has been discussed at the UCIG and ICC.

2.3.8 Route to the Meeting

The strategy has been previously been considered by the ICC and UCIG as part of its development. The groups have supported the proposed strategy. The paper has also been discussed at EDG on 17 February 2022.

2.4 Recommendation

- **Discussion**

3 List of appendices

The following appendices are included with this report:

- Appendix 1 ECB annual report 2020

Report Contact
Dr A. Keith Morris
Consultant Microbiologist and Infection Prevention & Control Doctor
Email: allen.morris@nhs.scot

Annual report: *e. Coli* bacteraemias (ECB) in NHS Fife from 1st January 2020 to 31st December 2020

Dr Keith Morris, Microbiologist & Infection Control Doctor

INTRODUCTION

The report demonstrates the *E. coli* bacteraemia (ECB) epidemiology in 2020. The Infection Control Committee are asked to **note** this report and clinical directors and general managers should **act** on the conclusions to further reduce the number of *E. coli* bacteraemia.

Data for this report has been obtained from surveillance carried out by consultant microbiologists and the Infection Control Surveillance Audit Nurses in NHS Fife. During the surveillance period there was a total of 254 ECB. Bloodstream infections with *E. coli* are widespread in NHS Fife and were identified in patients in hospitals care homes, community and under social care.

The ECB epidemiology in this report occurred during the SARS-CoV-2 pandemic and must be considered in this environment. During the first lockdown starting on 23rd March 2020 elective admissions to hospitals were stopped and all elective surgery and medical admissions were paused. This may have influenced the number of hospital acquired ECB.

RESULTS

Between 1st January and 31st December 2020 there were 254 episodes of ECB. 144 occurred in females and 110 in males Figure 1 demonstrates the trend in the number of ECB over the last five years split by gender.

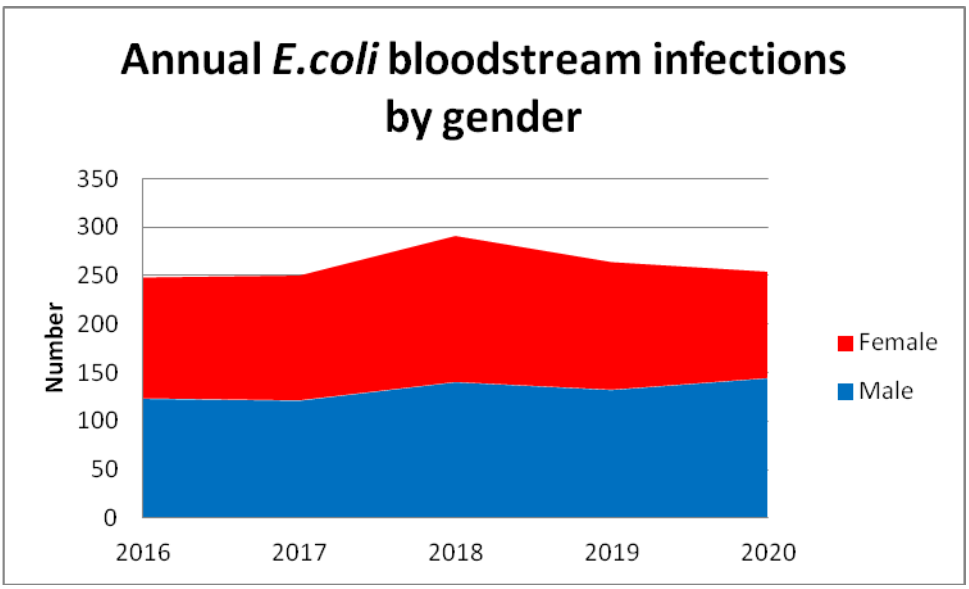


Figure 1: Trend in ECB by gender

Figure 1 demonstrates that gender does have a role to play in the entry points for ECB. Males are more likely to have a urethral catheter as the cause of an ECB, while lower UTI as an entry point is more common in women.

50 (19.7%) of ECB episodes were hospital acquired and 204 (80.3%) were non hospital acquired. Non hospital ECB can be divided into Healthcare Associated Infection (HCAI) and community acquired infections. Table 1 Demonstrates the age and gender of patients with a hospital or non hospital acquired ECB

	Hospital acquired infection* (*n*=50)	Healthcare associated infection* (*n*=87)	Community Acquired infection* (*n*=117)	Total ECB (*n*=254)
	n (%)	n (%)	n (%)	n (%)
Male	34 (68.0)	49 (56.3)	61 (52.1)	144 (43.3)
Female	16 (32.0)	38 (43.7)	56 (47.9)	110 (56.7)
Age: mean Range: (years)	64.9 (22–92)	61 (0-83)	57.1 (10 – 91)	61.0 (0 – 92)

Table 1 Age and gender split by origin of infection

*The origin of an ECB is defined in the Enhanced *E. coli* Bacteraemia Surveillance Protocol

Figure 2 demonstrates the trend between hospital acquired and non-hospital ECB over the last five years.

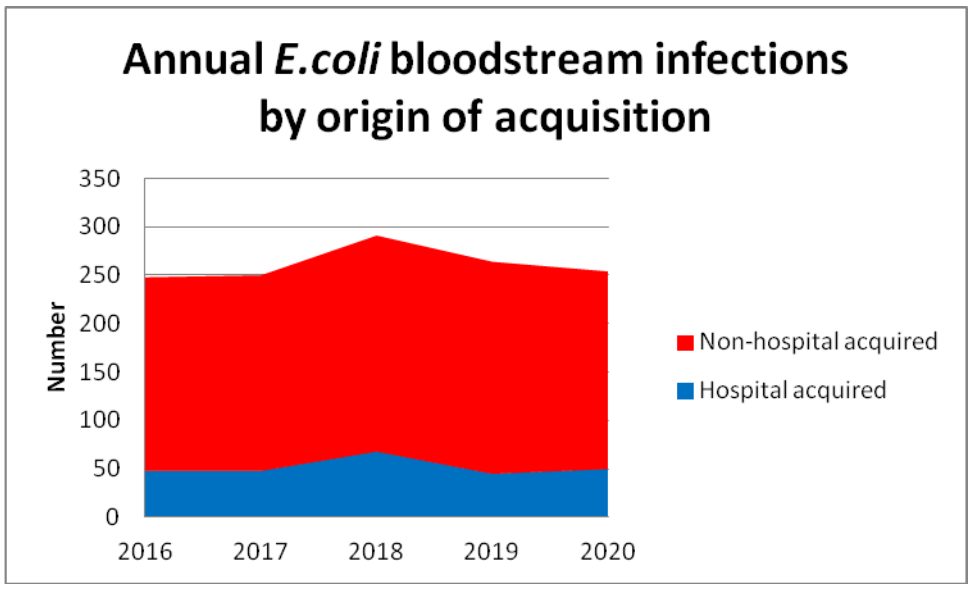


Figure 2: Annual ECB by origin of acquisition

Figure 3 presents data on the entry point of each hospital acquired ECB by system during 2020.

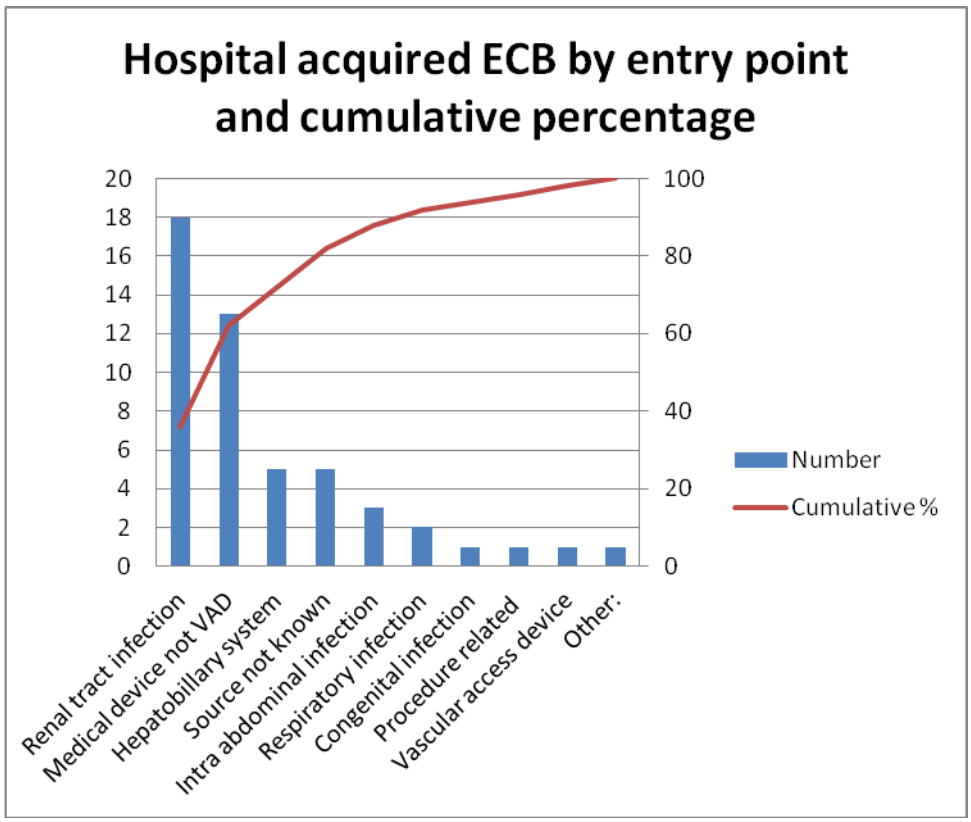


Figure 3: Pareto chart demonstrating the entry point by system of each hospital acquired ECB. More detail on the source of each ECB can be found in appendix 1.

All thirteen “Medical device not VAD” were due to catheter associated UTI (CAUTI).
15 of the “Renal tract infections” were due to lower UTI, two were due to pyelonephritis and one was the result of infected urostomy urine

Figure 4 presents data on the entry point of each non hospital acquired ECB episode during 2020.

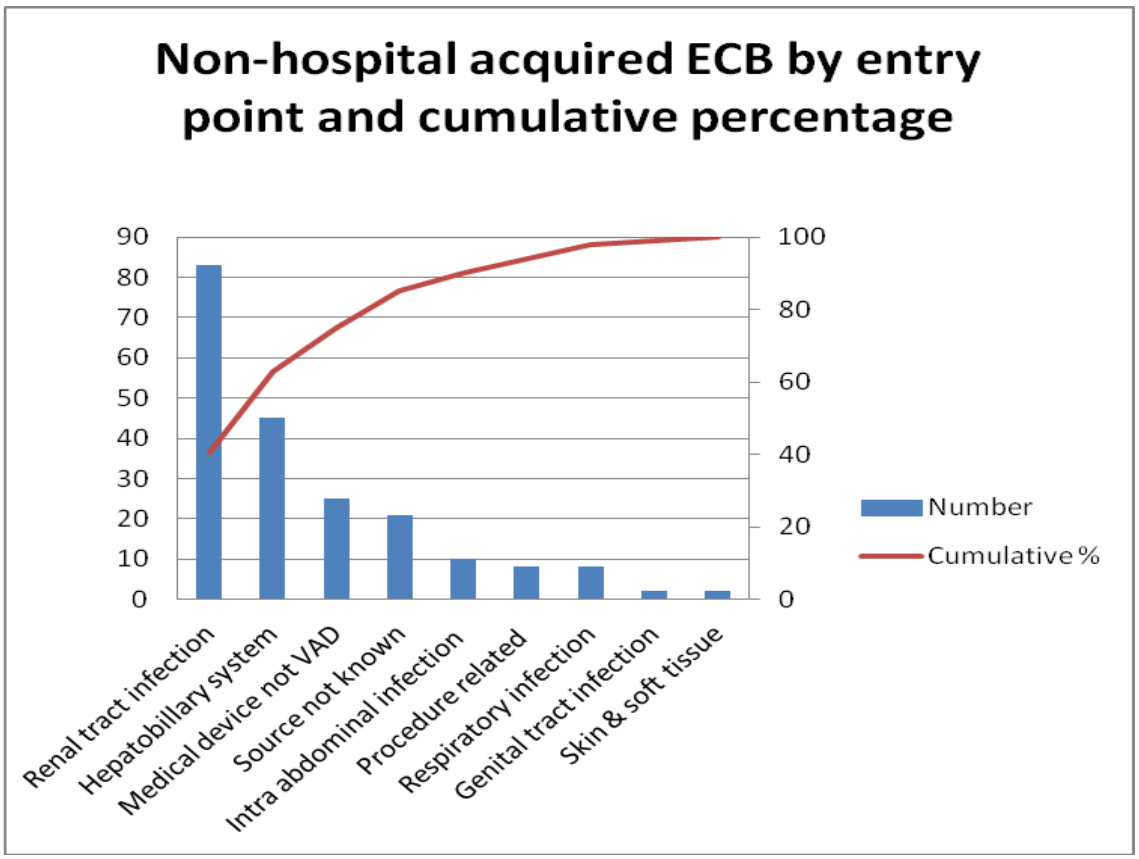


Figure 4: Pareto chart demonstrating the entry point by system of each non hospital acquired SAB.

Figure 5 demonstrates the entry point for non-hospital acquired ECB that are related to the renal tract.

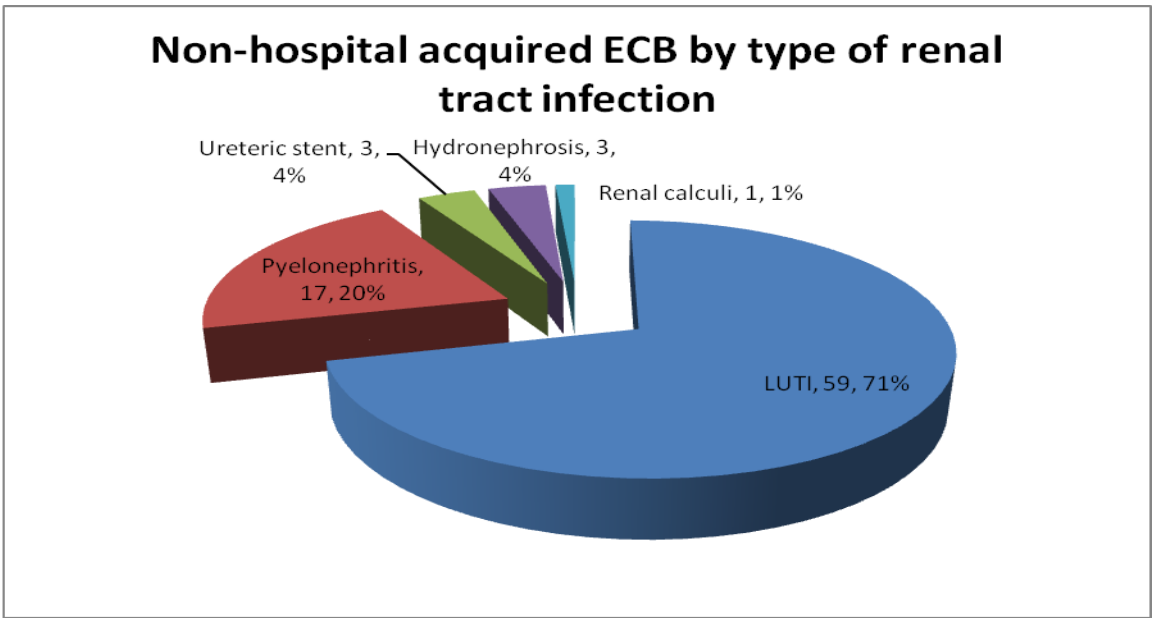


Figure 5: Non-hospital acquired ECB by renal tract entry point

Figure 6 demonstrates the entry point for all non-hospital acquired ECB due to a non-VAD medical device.

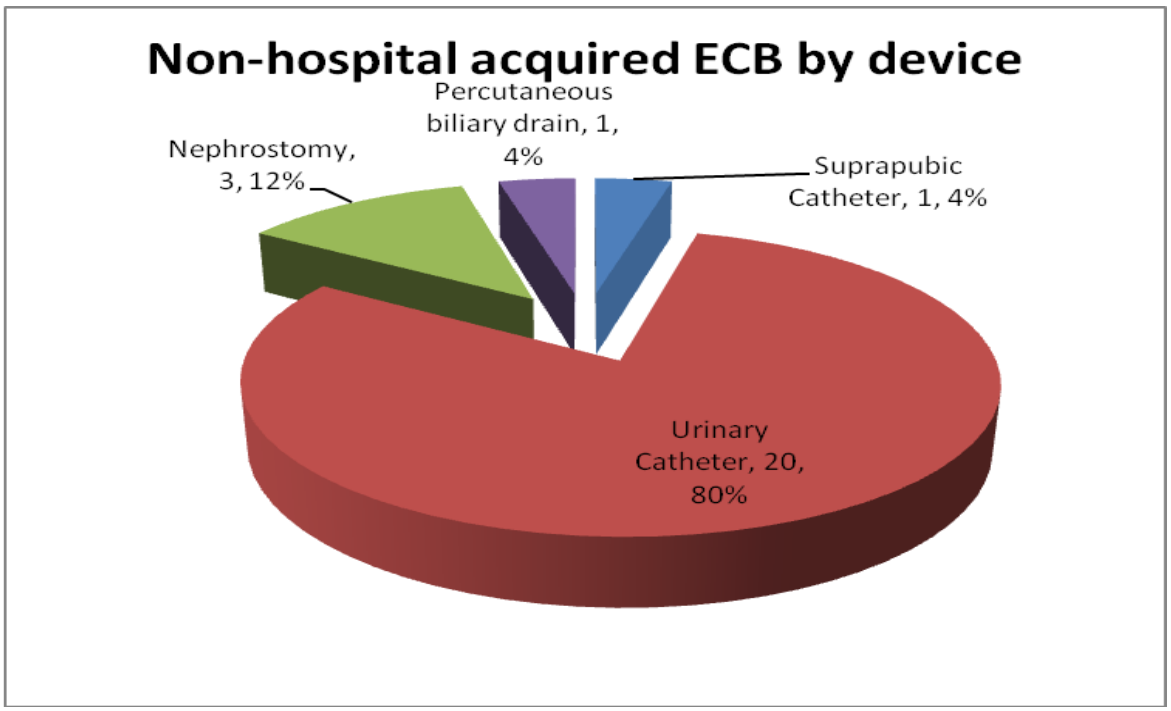


Figure 6: Non-hospital acquired ECB by device

COMMENTS

- The total number of ECB remains static over the last five years
- ECB are evenly split by gender. The age range for an *E.coli* bloodstream infections is skewed towards the over 50s in non-hospital acquired infections and over 60years of age if acquired in hospital. This possibly reflects the age of patients admitted to hospital and co-morbidities.
- In both hospital acquired infections and non-hospital acquired infections the renal tract is the major source of infection with lower UTI the major entry point.
- In non-hospital acquired infections, hepato-biliary infections are the second most common cause of an ECB followed by urethral catheters. However in hospital acquired ECB, urethral catheters are the second most common source of infection.
- Hospital patients only account for ~20% of the total ECB therefore reducing ECB to achieve the LDP will require infection prevention measures in both the hospital sector and in the Health and Social Care Partnerships.
- Quality improvement programs need to focus on greater awareness and improved management of UTI and CAUTIs in patients; to prevent these infections developing into bloodstream infections.

NATIONAL LOCAL DELIVERY PLAN (LDP) TARGETS

The National LDP targets were redefined in October 2019 (see DL(2019) 23). The letter set out a reduction of 50% in healthcare associated E. coli bacteraemia by 2023/24, with an initial reduction of 25% by 2021/22. 2018/19 should be used as the baseline for E. coli bacteraemia reduction.

In the letter healthcare associated ECB includes hospital acquired infections plus healthcare associated infection as described in the table in appendix 2.

Appendix 1

System involved split by gender

System involved	Female	Male	Total
Congenital infection		1	1
Genital tract	1	1	2
Hepatobillary system	21	29	50
Intra abdominal infection (other than HB)	3	10	13
Other: please specify		1	1
Procedure related bacteraemia	4	5	9
Related to medical device not VAD	7	31	38
Renal tract infection	60	41	101
Respiratory infection	5	5	10
Skin & soft tissue		2	2
Source not known	8	18	26
Vascular access device	1		1
Total	**110**	**144**	**254**

Appendix 2

Entry point for each ECB episode by origin

System involved	HAI (*n=50*)	%	HCAI (*n=87*)	%	Community (*n=117*)	%	Total (*n=254*)	%
Congenital infection	0	0.00	0	0.00	1	0.85	1	0.39
Genital tract	1	2.00	1	1.15	0	0.00	2	0.79
Hepatobiliary system	5	10.00	13	14.94	32	27.35	50	**19.69***
Intra-abdominal	3	6.00	5	5.75	5	4.27	13	5.12
Procedure-related	1	2.00	9	10.34	0	0.00	10	3.94
Medical device not VAD	14	28.00	26	29.89	0	0.00	40	**15.75***
Renal tract	17	34.00	22	25.29	59	50.43	98	**38.58***
Respiratory tract	2	4.00	2	2.30	6	5.13	10	3.94
Skin & soft tissue infection	0	0.00	9	10.34	2	1.71	11	4.33
Not known	5	10.00	0	0.00	12	10.26	17	6.69
Vascular access device	1	2.00	0	0.00	0	0.00	1	0.39
Other	1	2.00	0	0.00	0	0.00	1	0.39
Total	**50**		**87**		**117**		**254**	

*The numbers in red highlight the three most common ECB by system

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Integrated Performance & Quality Report**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Bryan Archibald, Head of 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 (RMP4)

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

This report informs the Clinical Governance (CG) Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) up to the end of December 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 meetings of the Clinical Governance, Staff Governance, Finance, Performance & Resources and Public Health & Wellbeing Committees, and an 'Executive Summary' IPQR (ESIPQR) is then produced as a formal NHS Fife Board paper.

2.3 Assessment

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 working according to the Joint Fife Remobilisation Plan for 2021/22 (RMP4), and the IPQR provides a high-level activity summary on Page 4. This will be updated monthly until the end of the FY.

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.

Measure	Update	Local/National Target	Current Status
HSMR	Quarterly	1.00 (Scotland average)	Above Scottish average
Falls	Monthly	7.68 per 1,000 TOBD	Not achieving
Falls With Harm	Monthly	1.65 per 1,000 TOBD	Not achieving
Pressure Ulcers	Monthly	0.42 per 1,000 TOBD	Not achieving
CS SSI [1]	Quarterly	2.5%	Achieving
SAB (HAI/HCAI)	Monthly	18.8 per 100,000 TOBD	Achieving
ECB (HAI/HCAI)	Monthly	33.0 per 100,000 TOBD	Achieving
C Diff (HAI/HCAI)	Monthly	6.5 per 100,000 TOBD	Achieving
Complaints (S1)	Monthly	80%	Not achieving
Complaints (S2) [2]	Monthly	65%	Not achieving

[1] Formal data collection continues to be 'paused' (as per instruction from Scottish Government), but we are able to report on local data up to the end of September 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 initially agreed the target should be extended to March 2022, with a mid-year target of 50%. A decision was made in September 2021 to pause certain aspects/areas of complaints handling due to the situation in the Acute Hospital, and this is reflected in the performance.

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

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 and existing Standing Committees are aware of the approach to the production of the IPQR and the performance framework in which it resides.

The February IPQR will be available for discussion at the round of March Standing Committee meetings.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG and approved for release by the Director of Finance & Strategy.

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

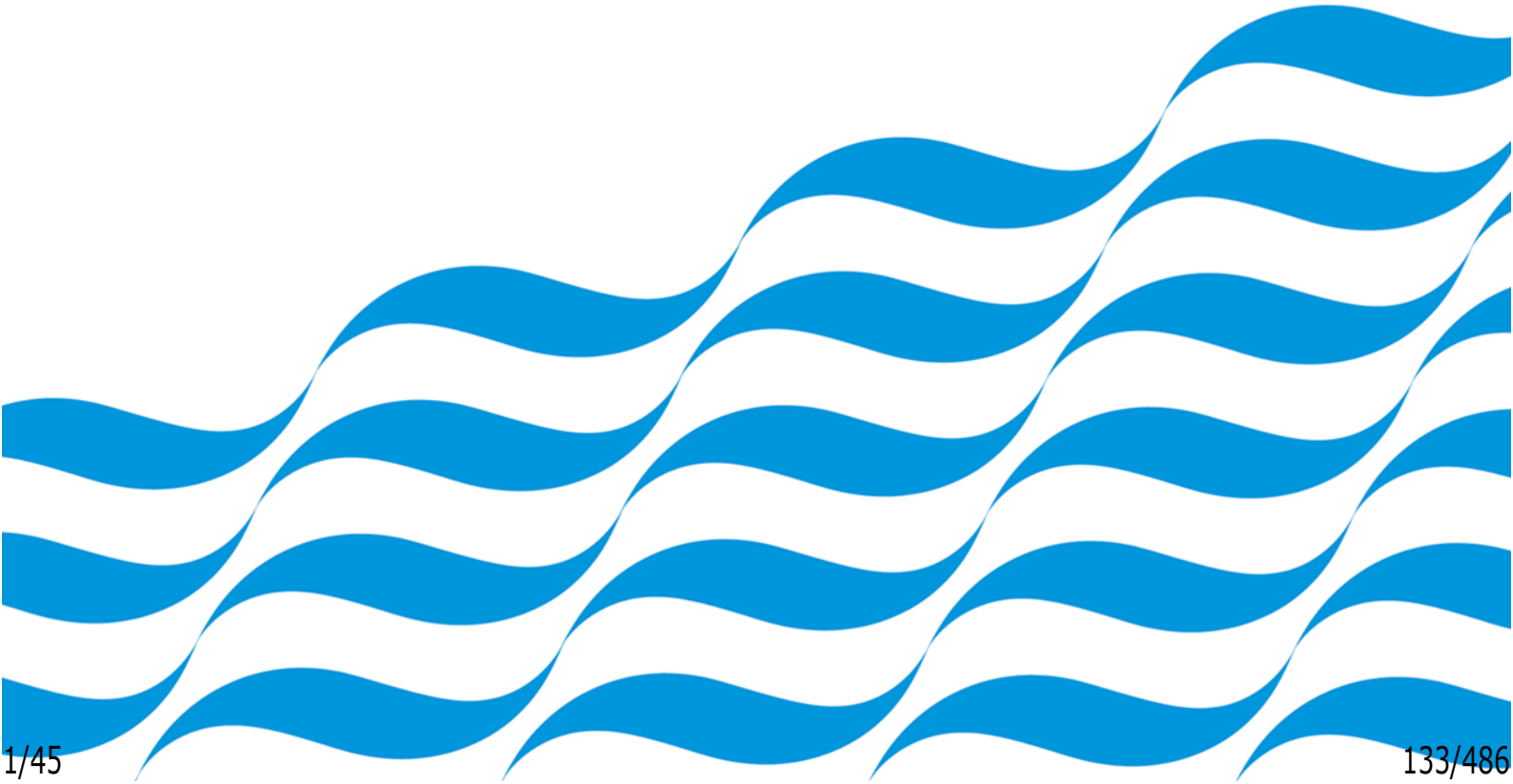
3 List of appendices

None

Report Contact
Bryan Archibald
Head of Performance
Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

Produced in February 2022



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

d. Public Health & Wellbeing

Section II provides further detail for indicators of continual focus or those that are currently experiencing significant challenge. Each 'drill-down' contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions.

MARGO MCGURK
Director of Finance & Strategy
15th February 2022

Prepared by:
BRYAN ARCHIBALD
Planning & Performance Manager

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 agreed its Joint Remobilisation (RMP3) for 2021/22 at the start of 2021, and this effectively replaced the previous 1-year or 3-year Annual Operational Plans. It has now been superseded by RMP4, addressing the status and forecasts for the second half of the FY. Both RMP3 and RMP4 include 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.

Action completion dates appear in **RED** text if they have slipped, but will revert to BLACK text in the next issue of the report, provided no further slips have been reported.

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 8 (28%) classified as **GREEN**, 5 (17%) **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 were notable improvements in the following areas in December:

- All HAI Infection Rates ahead of trajectory for achieving improvement targets by March
- % bed days lost due to patients in delay and 'Standard' delays at lowest levels since March 2021

Additionally, it has now been 20 months since the Cancer-31 DTT performance fell below the 95% Standard, with 5 months out of 9 this FY reporting no breaches.

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 (●). This benchmarking information indicates that whilst a number of areas continue to experience significant levels of challenge, in around 80% where we are able to compare our performance nationally we are delivering performance within either the upper quartile or the mid-range.

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	Dec-20	24	Nov-21	32	Dec-21	26	↑		N/A			
	HSMR	N/A	Year Ending	Sep-20	1.01	Jun-21	1.03	Sep-21	1.04	↓		YE Sep-21	1.04	●	1.00
	Inpatient Falls	7.68	Month	Dec-20	8.90	Nov-21	8.35	Dec-21	8.33	↑		N/A			
	Inpatient Falls with Harm	1.65	Month	Dec-20	2.35	Nov-21	1.37	Dec-21	2.18	↓		N/A			
	Pressure Ulcers	0.42	Month	Dec-20	0.83	Nov-21	1.40	Dec-21	1.37	↑		N/A			
	Caesarean Section SSI	2.5%	Quarter Ending	Sep-20	2.2%	Jun-21	3.6%	Sep-21	2.5%	↑		QE Dec-19	2.3%	●	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Dec-20	20.6	Nov-21	15.1	Dec-21	12.7	↑		QE Sep-21	16.6	●	18.3
	SAB - Community	N/A	Quarter Ending	Dec-20	11.7	Nov-21	11.9	Dec-21	9.6	↑		QE Sep-21	9.5	●	9.6
	C Diff - HAI/HCAI	6.5	Quarter Ending	Dec-20	6.5	Nov-21	5.8	Dec-21	4.6	↑		QE Sep-21	9.5	●	16.7
	C Diff - Community	N/A	Quarter Ending	Dec-20	2.1	Nov-21	2.1	Dec-21	1.1	↑		QE Sep-21	4.2	●	4.9
	ECB - HAI/HCAI	33.0	Quarter Ending	Dec-20	50.3	Nov-21	47.6	Dec-21	33.6	↑		QE Sep-21	60.3	●	41.4
	ECB - Community	N/A	Quarter Ending	Dec-20	24.4	Nov-21	32.4	Dec-21	33.1	↓		QE Sep-21	42.2	●	39.4
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Dec-20	82.4%	Nov-21	71.4%	Dec-21	67.9%	↓		2020/21	80.2%	●	79.5%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Dec-20	25.8%	Nov-21	12.2%	Dec-21	7.0%	↓		2020/21	32.8%	●	57.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Dec-20	100.0%	Nov-21	100.0%	Dec-21	100.0%	↔		N/A			
	4-Hour Emergency Access	95%	Month	Dec-20	86.9%	Nov-21	74.6%	Dec-21	71.4%	↓		Dec-21	76.1%	●	75.7%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Dec-20	62.3%	Nov-21	65.1%	Dec-21	63.1%	↓		Sep-21	69.3%	●	37.5%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Dec-20	57.5%	Nov-21	57.1%	Dec-21	53.8%	↓		Sep-21	58.0%	●	48.1%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Dec-20	95.9%	Nov-21	68.3%	Dec-21	57.8%	↓		Sep-21	75.8%	●	57.8%
	18 Weeks RTT	90%	Month	Dec-20	70.9%	Nov-21	70.0%	Dec-21	72.9%	↓		QE Sep-21	71.4%	●	75.1%
	Cancer 31-Day DTT	95%	Month	Dec-20	98.8%	Nov-21	100.0%	Dec-21	100.0%	↔		QE Sep-21	98.9%	●	96.7%
	Cancer 62-Day RTT	95%	Month	Dec-20	91.3%	Nov-21	85.0%	Dec-21	75.4%	↓		QE Sep-21	89.3%	●	83.1%
	Detect Cancer Early	29%	Year Ending	Mar-20	24.5%	Dec-20	19.4%	Mar-21	19.6%	↑		2019, 2020	22.5%	●	24.1%
	Freedom of Information Requests	85%	Quarter Ending	Dec-20	85.4%	Nov-21	80.9%	Dec-21	84.5%	↑		N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Dec-20	5.3%	Nov-21	10.6%	Dec-21	6.0%	↑		QE Jun-21	9.2%	●	5.0%
	Delayed Discharge (# Standard Delays)	N/A	Month	Dec-20	25	Nov-21	82	Dec-21	44	↑		Dec-21	14.56	●	23.83
	Antenatal Access	80%	Month	Nov-20	85.1%	Oct-21	90.2%	Nov-21	88.4%	↓		FY 2020/21	89.3%	●	88.5%
	Smoking Cessation	473	YTD	Oct-20	51.4%	Sep-21	57.6%	Oct-21	52.9%	↓		QE Jun-21	64.4%	●	92.4%
	CAMHS Waiting Times	90%	Month	Dec-20	85.8%	Nov-21	71.2%	Dec-21	68.2%	↓		QE Sep-21	83.8%	●	78.6%
	Psychological Therapies Waiting Times	90%	Month	Dec-20	80.8%	Nov-21	78.8%	Dec-21	81.1%	↑		QE Sep-21	86.3%	●	87.2%
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑		FY 2019/20	79.2%	●	83.2%
	Drugs & Alcohol Treatment Waiting Times	90%	Month	May-20	86.8%	Apr-21	91.0%	May-21	87.1%	↓		QE Mar-21	94.5%	●	95.6%
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	93.2%	2020/21	96.1%	↑		2018/19	93.7%	●	75.1%
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.5%	2020/21	50.5%	↓		2018/19	60.9%	●	43.4%
Finance	Revenue Resource Limit Performance	(£14.2m)	Month	Dec-20	N/A	Nov-21	(£14.2m)	Dec-21	(£13.8m)	↑		N/A			
	Capital Resource Limit Performance	£33.5m	Month	Dec-20	N/A	Nov-21	£9.9m	Dec-21	£11.8m	↑		N/A			
Staff Governance	Sickness Absence	3.89%	Month	Dec-20	5.87%	Nov-21	6.79%	Dec-21	6.98%	↓		YE Mar-21	4.77%	●	4.67%

d. NHS Fife Remobilisation Summary – Position at end of January 2022

Better than Projected | Worse than Projected | No Assessment
(NOTE: Better/Worse may be higher or lower, depending on context)

		Quarter End	Quarter End	Quarter End	Month End			Quarter End
		Jun-21	Sep-21	Dec-21	Jan-22	Feb-22	Mar-22	Mar-22
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,981	3,120	3,400	1,203	1,269	1,268	3,740
	Actual	3,260	2,953	2,795	752			
	Variance	279	-167	-605	-451			
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	17,100	19,125	20,905	7,286	7,287	7,288	21,861
	Actual	19,488	20,161	19,599	5,060			
	Variance	2,388	1,036	-1,306	-2,226			
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,801	1,833	1,840	613	613	614	1,840
	Actual	1,406	1,511	1,258	441			
	Variance	-395	-322	-582	-172			
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,850	11,250	13,642	4,480	4,605	4,607	13,692
	Actual	12,971	12,629	11,733	3,962			
	Variance	2,121	1,379	-1,909	-518			
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	17,110	19,110	20,620	7,110	6,450	6,780	20,340
	Actual	20,728	21,110	18,701	5,920			
	Variance	3,618	2,000	-1,919	-1,190			
A&E 4-Hour Performance (%) : ALL A&E and MIU (Definitions as per Core Sites, unplanned attendances only)	Projected			80.0%	85.0%	86.0%	87.0%	83.0%
	Actual			77.4%	77.1%			
	Variance			-2.6%	-7.9%			
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	8,040	8,320	10,680	3,520	3,190	3,410	10,120
	Actual	10,085	10,006	9,980	3,298			
	Variance	2,045	1,686	-700	-222			
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected	5.82	5.85	5.63				5.73
	Actual	5.55	6.17	6.34				
	Variance	-0.27	0.32	0.71				
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,450	2,610	2,610	870	870	870	2,610
	Actual	2,885	3,047	2,819	980			
	Variance	435	437	209	110			
31 Day Cancer – Decision to treat to first treatment (Definitions as per published statistics)	Projected	415	435	384	128	128	128	384
	Actual	305	337	306				
	Variance	-110	-98	-78				
62 Day Cancer - Referral to First treatment (Definitions as per published statistics)	Projected			200	70	70	70	210
	Actual			215				
	Variance			15				
CAMHS - First Treatment Appointments (patients treated within 52 weeks of referral)(Definitions as per published statistics)	Projected			405	130	143	120	393
	Actual			350				
	Variance			-55				
CAMHS - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			68	20	10	0	30
	Actual			13				
	Variance			-55				
CAMHS - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			69.3%	70.0%	75.0%	80.0%	75.0%
	Actual			71.9%				
	Variance			2.6%				
Psychological Therapies - First Treatment Appointments (patients treated within 52 weeks of referral) (Definitions as per published statistics)	Projected			1,941	768	799	630	2,197
	Actual			1,750				
	Variance			-191				
Psychological Therapies - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			234	85	70	55	210
	Actual			113				
	Variance			-121				
Psychological Therapies - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			73.2%	67.5%	65.9%	70.9%	67.9%
	Actual			80.1%				
	Variance			6.9%				

		Month End	Month End	Month End	Month End			Month End
		Jun-21	Sep-21	Dec-21	Jan-22	Feb-22	Mar-22	Mar-22
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) [1]	Projected	65	63	84	81	73	66	66
	Actual	128	112	69	96			
	Variance	63	49	-15	15			
Code 9 Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) [1]	Projected	28	27	23	21	21	20	20
	Actual	47	29	25	46			
	Variance	19	2	2	25			
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) [1]	Projected	37	36	61	60	52	46	46
	Actual	81	83	44	50			
	Variance	44	47	-17	-10			

[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**	**1.04**
Hospital Standardised Mortality Ratio (HMSR) is not intended for use in a pandemic situation. However, the increased HSMR will be closely monitored over the coming months, and appropriate action including target audit will be commenced if required.			
Inpatient Falls (with Harm)	*Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21*	**1.65**	**2.18**
Falls data/trends are reviewed continuously, and currently show a broadly static picture in the number of falls with harm over the last year, with some increase noted in December. This correlates with an increase in staff absence alongside significant vacancies and an associated increase in the use of supplementary staffing. Environmental challenges in relation to maintaining the appropriate infection control measures and the demand on capacity across all in patient areas increases the challenge of maintaining supervision. Data is reviewed with wards to support mitigation and consider action for improvement, but the challenges noted has impacted the pace of improvement towards the target.			
Pressure Ulcers	*50% reduction by December 2020, continued for FY 2021/22*	**0.42**	**1.37**
Acute: In the previous quarter the pressure ulcer performance remains below trajectory. The data shows non-random variation with no noticeable signs of improvement. Data continues to be shared with local teams in order to drive improvement. To complement the Excellence in Care, CAIR dashboard a Quality and Clinical Governance dashboard is being built locally. This will allow for a real time review of adverse events, including pressure ulcers and will allow for early identification of emerging themes so that that support can be provided timely. HSCP: The rate of hospital acquired pressure ulcers has increased from the last quarter. Monitoring is undertaken weekly at the Quality Matters Assurance Safety Huddle using adverse events quality dashboard, involving senior clinicians and managers from across the HSCP representing all services. This dashboard continues to evolve and covers all care delivery services within the partnership, and enables a timely action to be taken to the incidences. The LAER/SAER process continues to ensure robust review with key learning to inform improvement activity, and there is ongoing work to improve the sharing of learning from these reviews.			
Caesarean Section SSI	*We will reduce the % of post-operation surgical site infections to 2.5%*	**2.5%**	**2.5%**
Mandatory SSI surveillance remains paused until further instruction from the Scottish Government. However, Maternity Services continue to monitor Caesarean Section SSI cases and, where necessary carry out Clinical Reviews. The performance data provided is non-validated and does not follow the NHS Fife Methodology, and no national comparison data has been published since Q4 2019.			
SAB (MRSA/MSSA)	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022*	**18.8**	**12.7**
NHS Fife continues to be on target to achieve a 10% infection rate reduction by March 2022. There was one Renal haemodialysis line SAB in October, but there have been no PVC SABs since August.			
C Diff	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022*	**6.5**	**4.6**
At the end of December, NHS Fife is in line to achieve the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022. There was just one health care associated CDI in December. Reducing the incidence of CDI recurrence is pivotal to achieving the HCAI reduction target, and continues to be addressed. There has not been a recurrence since August.			
ECB	*We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022*	**33.0**	**33.6**
The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. At the end of December, NHS Fife was on target to achieve this. There were 18 ECBs in total for December with two of these due to a CAUTI. Reducing CAUTI incidence remains the quality improvement focus to achieve the reduction target of HCAI ECBs.			

CLINICAL GOVERNANCE		Target	Current
Complaints – Stage 2	*At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)*	**65%**	**7.0%**

There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescales due to the ongoing response to COVID-19 and current service pressures. There is an increase in the complexity and number of complaints received and numbers received continue to be high. PRD continues to respond to concerns and Stage 1 complaints relating to COVID-19 vaccination appointments, particularly in regard to the programme team delivering third vaccines.

OPERATIONAL PERFORMANCE		Target	Current
4-Hour Emergency Access	*95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer*	**95%**	**74.6%**

The high attendance trend has continued which has impacted on the 4-hour access target, a theme across mainland health boards. Access pathways through the Flow and Navigation Centre are being increased further to support prevention of admission from primary care and early redirection where possible. Embedding of the Assessment pathways in AU1 continues, but is challenged by high occupancy and demand for bed capacity. The Emergency Department has successfully remodelled the Resus area, providing increased capacity accommodating both red and amber pathways.

Patient TTG (Waiting)	*All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat*	**100%**	**63.1%**

Performance in December has deteriorated further with 63.1% waiting less than 12 weeks compared to stable performance of 68% in June. Elective activity in December was significantly less than projected with surgery being restricted to urgent patients only in response to significant pressures in unscheduled care and the emergence of the Omicron variant. The waiting list continues to rise with 4,121 patients on list in December, 34% greater than in January. There is a continued focus on clinical priorities whilst reviewing long waiting patients. A recovery plan is in place with additional resources agreed with the Scottish Government to deliver the plan. However, the implementation has been restricted following the decision to focus on urgent patients and difficulties in maintaining access to beds for elective activity. It is anticipated that there will be a gradual resumption in non urgent activity in February, but this is heavily dependent on our ability to maintain access to beds for elective activity.

New Outpatients	*95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment*	**95%**	**53.8%**

Performance stabilised in November but deteriorated in December with 53.8% waiting less than 12 weeks following the decision to cancel routine outpatients to support the response to the emergence of the Omicron variant and significant pressures in unscheduled care. The waiting list has reduced but remains high with 20,619 on the outpatient waiting list. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks. The number waiting over 52 weeks rose slightly in December but has reduced by 67% since March. Due to the ongoing need for physical distancing our outpatient capacity and therefore activity continues to be restricted. A recovery plan is in place with additional resources agreed with the Scottish Government to deliver the plan. However, the implementation has been restricted following the decision to focus on urgent patients.

Diagnostics	*100% of patients to wait no longer than 6 weeks from referral to key diagnostic test*	**100%**	**57.8%**

Performance continues to be under significant pressure, decreasing to 57.8 % of patients in December waiting less than 6 weeks (52.7 % for endoscopy and 58.7% for radiology). The waiting list for diagnostics has increased again, to 6,661 in December. This increase is seen in both endoscopy (mainly Colonoscopy) and radiology (mainly CT and Ultrasound). The demand for urgent and inpatient examinations particularly for CT and Ultrasound remains high resulting in increased routine waits for these modalities. There is a continued focus on urgent and urgent suspicion 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 but the recovery is likely to be slower than anticipated because of the continued restrictions in activity and increases in unscheduled and urgent demand.

Cancer 62-Day RTT	*95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral*	**95%**	**75.4%**

December continued to see challenges in the 62-day performance. The number of USC referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to staffing issues and lack of resources. Breast, Oncology and Urology capacity are our current most challenging areas. The majority of breaches continue to be seen in Prostate due to the challenging, lengthy pathway. The range of breaches were 2 to 126 days (average 27 days).

FOI Requests	*At least 85% of Freedom of Information Requests are completed within 20 working days*	**85%**	**84.5%**

OPERATIONAL PERFORMANCE		Target	Current

There were 55 FOI requests closed in December, 7 of which were late, a monthly closure performance of 87.3%.

The performance figure above reflects the performance for the final quarter of 2021, and is the highest 3-month figure since the period from April to June, earlier in the year. Recent figures show a continuing improvement towards the target after a challenging period in the summer.

An Information Governance and Security Advisor has been appointed as FOISA lead and is now overseeing FOISA requests.

Delayed Discharges	*The % of Bed Days 'lost' due to Patients in Delay is to reduce*	**5%**	**6.0%**

The number of bed days lost due to patients in delay has reduced from the previous quarter, but has remained above the target of 5%. Increased hospital activity over the recent months has resulted in more people requiring social care; this demand has been unable to be met due to social care services experiencing significant workforce pressures. H&SCP have surged 65 downstream beds over the last 6 months to mitigate against the lack of care at home, care home and ward closures, and continue to recruit for care at home and commission additional interim beds. As of the 31st December, 40% of the official delays are code 100 and code 51X and 14% are coded against care home/ward closures.

FINANCE		Forecast	Current
Revenue Expenditure	*Work within the revenue resource limits set by the SG Health & Social Care Directorates*	**(£14.2m)**	**(£13.8m)**

At the end of December the board's reported financial position is an overspend against budget of £13.8m comprising an adverse variance for Acute Services Division of £16.5m and £4m for External Health Care Providers, offset by favourable variances across Corporate Budgets of £6.7m. The exceptional demand on unscheduled care capacity within Acute Services continues to be a challenge to available financial resources coupled with increasing costs of External Health Care Providers. The forecast outturn for the board is an overspend of £14.2m which is a significant improvement on the September (Q2) forecast of £16.9m. The savings target of £8.2m the board committed to delivering in year was delivered in full at the end of December.

Capital Expenditure	*Work within the capital resource limits set by the SG Health & Social Care Directorates*	**£33.5m**	**£11.8m**

The overall anticipated capital budget for 2021/22 is £33.5m. The capital position for the period to December records spend of £11.8m. The full capital budget is on track to be delivered in full by 31 March 2022.

STAFF GOVERNANCE		Target	Current
Sickness Absence	*To achieve a sickness absence rate of 4% or less*	**3.89%**	**6.98%**

The sickness absence rate in December was 6.98%, an increase of 0.19% from the rate in November. The average rate for COVID-19 related special leave, as a percentage of available contracted hours for the financial year to date was 1.37%.

Given on-going workforce pressures and service challenges, the March 2022 target set in relation to NHS Circular PCS(AfC)2019/2 is unlikely to be achieved and we anticipate further NHSScotland guidance on sickness absence targets, which will reflect the circumstances of the last two years.

PUBLIC HEALTH & WELLBEING		Target	Current
Smoking Cessation	*Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas*	**473**	**146**

Service provision has continued to be delivered remotely by phone, Near Me appointments and use of translation service. Main service access is self-referral by phone, with limited referrals for other health professionals. Some service staff have been deployed to support organisational pressures therefore reduced capacity within the team. The specialist smoking cessation service have been asked to support the Midwifery smoking cessation service as they are experiencing capacity issues with one member of staff on long term absence and one retired. Services have been promoted on hospital radio and planning has started for No Smoking Day on 9th March.

CAMHS Waiting Times	*90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral*	**90%**	**68.2%**

As predicted in the CAMHS Referral to Treatment (RTT) Projections, RTT% has reduced as work on the longest waits increases. The amount of activity is lower than projected due to ongoing vacancies, persistent levels of staff absence and patient cancellations as a result of Covid-19. Urgent and priority referrals remain high with an increased proportion of staff activity allocated to this client group. To assist in managing the urgent presentations and to free capacity to offer same day assessments at VHK/A&E, CAMHS has introduced Risk Assessment Clinics provided by East & West Core Teams. New recruits are working towards full capacity and Longest Waits staff will take up post in February. Vacant posts remain under review and out to advert. SG Recovery & Renewal funding proposal for Phase 2 recruitment has been approved by HSCP SLT and has been escalated to NHS Fife EDG for support.

Psychological Therapies	*90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral*	**90%**	**81.1%**

The demand for PTs increased significantly in the latter half of 2021 compared to the first 6 months of the year, with an average increase of 82 referrals per month. This has resulted in an increase in numbers on the waiting list and a slowing of the reduction in the number of people waiting over 53 weeks. Issues of workforce availability have negatively impacted the increase in activity that was anticipated from October onwards.

II. Performance Exception Reports

Clinical Governance

Finance, Performance & Resources: Operational Performance

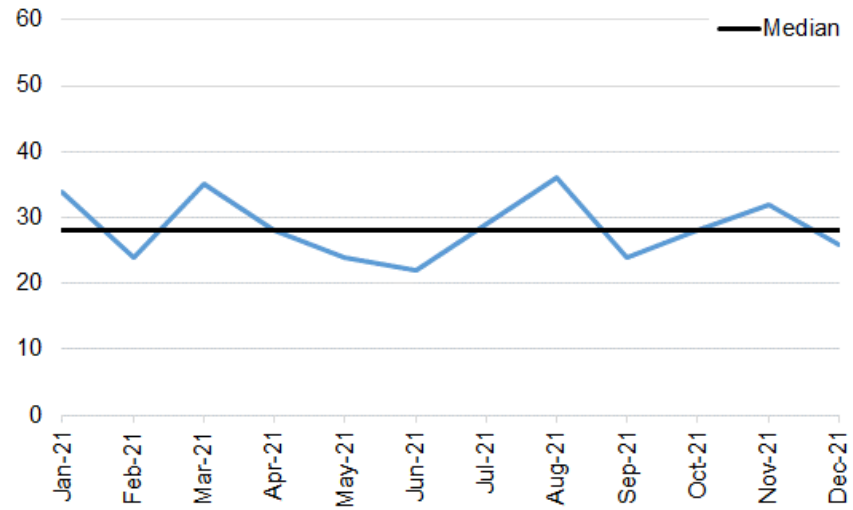
Finance, Performance & Resources: Finance

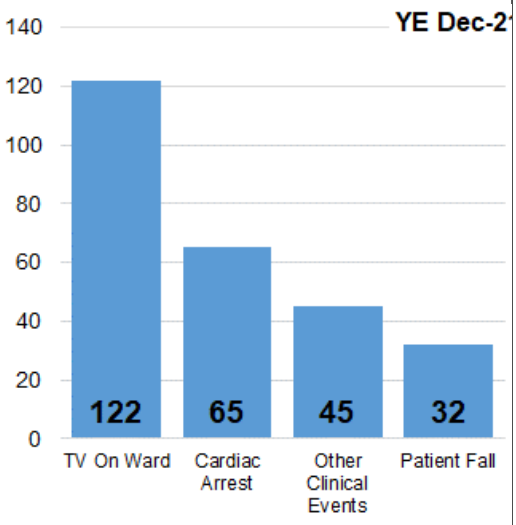
Staff Governance

Public Health & Wellbeing

Adverse Events

Major and Extreme Adverse Events





All Adverse Events

	Month	2020/21						2021/22					
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ALL	NHS Fife	1289	1209	1366	1358	1372	1350	1419	1452	1396	1387	1427	1459
	Acute Services	573	530	631	594	648	605	629	615	608	642	623	582
	HSCP	695	653	708	725	682	694	740	799	746	690	743	820
	Corporate	21	26	27	39	42	51	50	38	42	55	61	57
CLINICAL	NHS Fife	905	854	955	937	1011	935	1008	954	963	943	1007	950
	Acute Services	534	494	589	547	599	546	568	549	535	564	572	522
	HSCP	360	346	353	372	388	365	411	384	401	351	406	395
	Corporate	11	14	13	18	24	24	29	21	27	28	29	33

Commentary

The overall number of incidents reported in November and December are in keeping with normal variation. There is an upward surge in November of incidents reported related to patient information; within this category document/results or wrong patient or wrong document sees the biggest increase.

Within clinical categories, confidentially, communication or consent increased in November and returned to a level that is seen across normal variation in December.

Focused improvement work continues in relation to falls, pressure ulcers and deteriorating patient.

Adverse Events improvement work has commenced. Staff have engaged in the review of the SAER process through a FORMS questionnaire. Results will be available at the end of February and provide valuable feedback to inform the improvement plan.

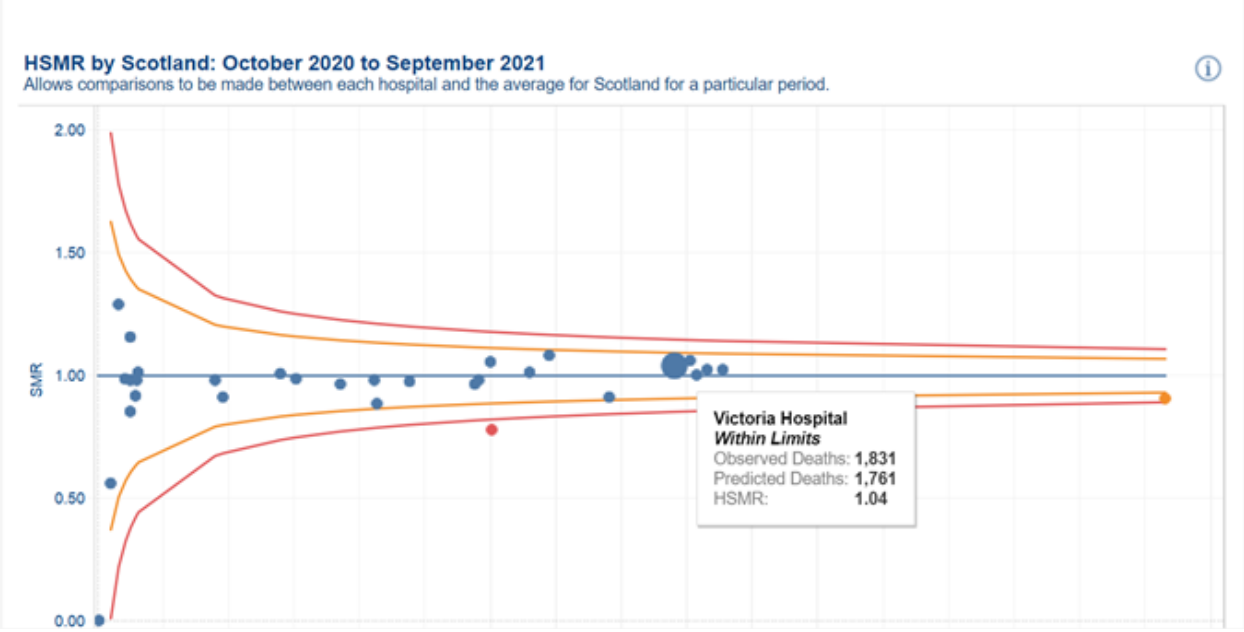
HSMR

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; October 2020 to September 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 rate for Victoria Hospital is shown within the Funnel Plot.



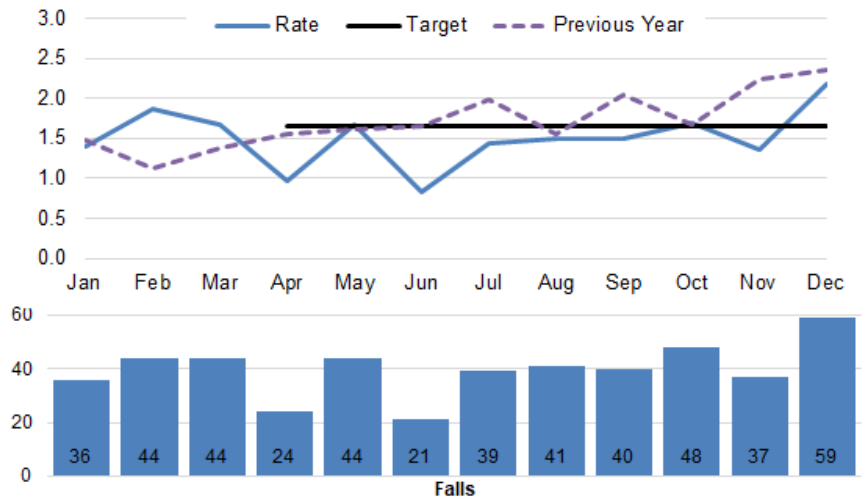
Commentary

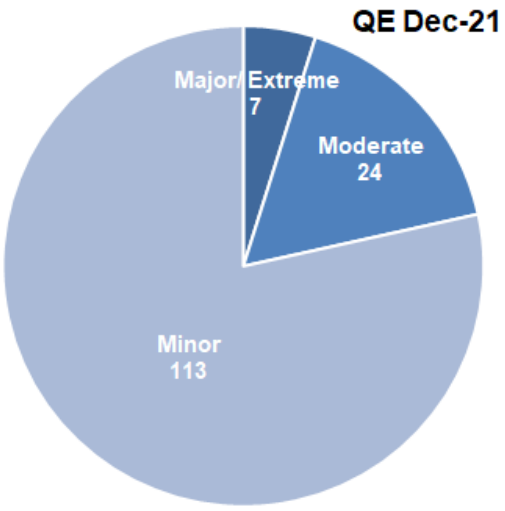
Hospital Standardised Mortality Ratio (HMSR) is not intended for use in a pandemic situation. However, the increased HSMR will be closely monitored over the coming months, and appropriate action including target audit will be commenced if required.

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								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	1.39	1.87	1.68	0.98	1.68	0.82	1.45	1.50	1.50	1.69	1.37	2.18
Acute Services	1.24	1.18	0.98	0.35	0.88	0.33	0.79	1.26	0.81	1.52	1.27	2.08
HSCP	1.53	2.47	2.29	1.54	2.40	1.27	2.03	1.72	2.11	1.84	1.46	2.27
Target				1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65

KEY CHALLENGE(S) IN 2021/22

- Continued challenges in in-patient settings with patient placement, social distancing - the falls toolkit is continuing to be used to support assessment and local plans on care delivery and this will be reviewed in line with the national work expected later this year
- Ongoing combined challenges of the dynamic nature of provision of care while ensuring COVID measures are firmly in place, and remobilisation of services
- Re-establishing the Falls Champion Network across all in-patient areas to support local work and support how to address the challenges noted

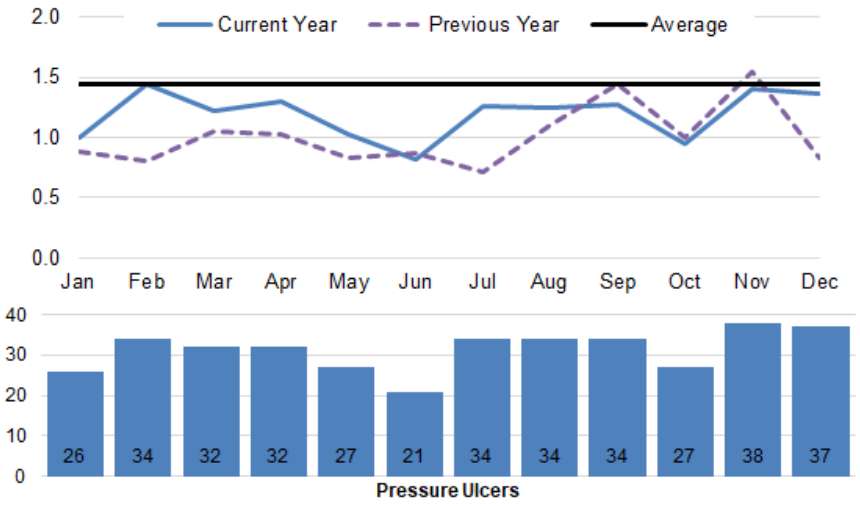
IMPROVEMENT ACTIONS

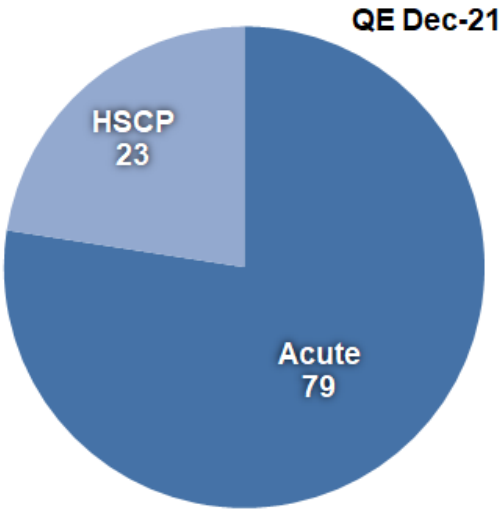
20.3 Falls Audit	***By May-22***
A new national driver diagram and measurement package have still to be finalised and due to current challenges NHS Fife documentation will be reviewed and audit plans finalised. There is no update on progress in the national work and the planned review of local documentation and update of the local paperwork will be deferred until then. This action will be for ongoing review and local action until the national position is clarified.	
20.5 Improve effectiveness of Falls Champion Network	***By Mar-22***
This work is on hold due to staffing challenges, with contact being maintained with existing champions	
21.2 Falls Reduction Initiative	***Complete Nov-21***
21.3 Integrated Improvement Collaborative	***Complete Jan-22***
The Community Hospital collaborative has been concluded. As a result of this work data is collated and shared with the Nursing Directorate and Heads of Service weekly. This data looks at a number of differing indicators including falls, tissue viability, and medication errors to inform decisions and strategy. Actions from the weekly Quality matters huddle are logged and actioned, with involvement of Lead Nurses and services real time. This is now embedded and this specific action is closed.	

Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting
Target Rate (by end March 2022) = 0.42 per 1,000 OBD

Local Performance





Performance by Service Area

		2020/21			2021/22								
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Grade 2 to 4	NHS Fife	1.00	1.44	1.22	1.30	1.03	0.82	1.26	1.25	1.28	0.95	1.40	1.37
	Acute Services	2.06	2.18	2.12	2.51	1.68	1.58	2.13	2.36	2.18	1.44	2.46	2.32
	HSCP	0.07	0.80	0.43	0.23	0.44	0.15	0.49	0.27	0.49	0.53	0.49	0.55

KEY CHALLENGE(S) IN 2021/22

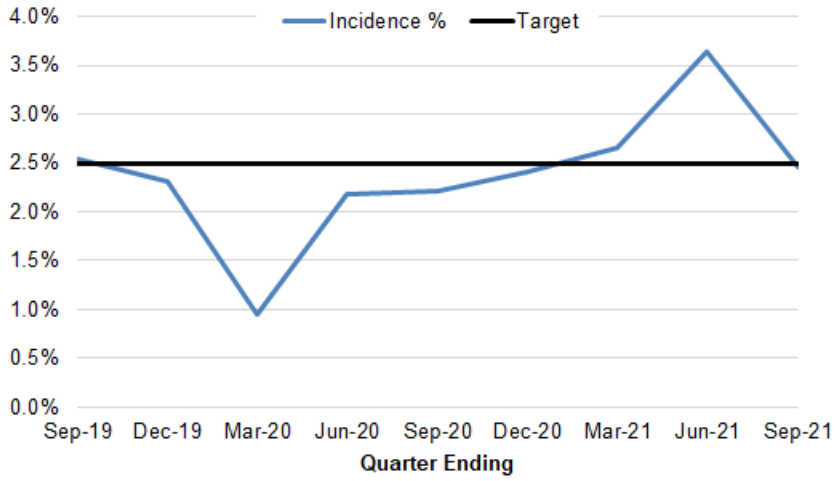
Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance – this continues to require an agile response

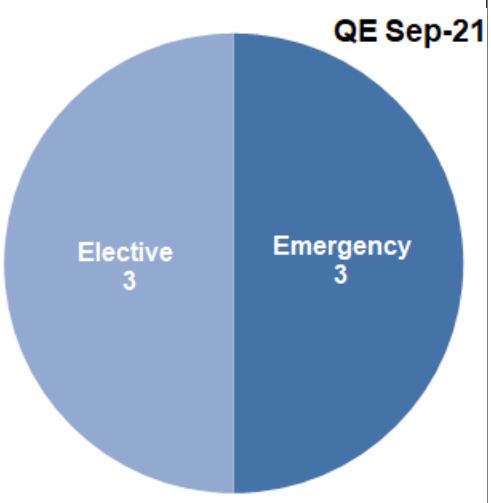
IMPROVEMENT ACTIONS	
21.2 Integrated Improvement Collaborative	**Complete Jun-21**
21.3 Implementation of robust audit programme for audit of documentation	**Complete Jun-21**
22.1 Improvement Collaboratives - HSCP	**By Apr-22**
Community inpatients wards continue to undertake self-assessment against the Prevention and Management of Pressure Ulcers to enhance good practice and identify opportunities for improvement. Due to the pandemic, and current staffing pressures, and in order to reflect and establish SMART objectives and ensure improvement targets are met, support from the QI team is more targeted to individual areas on a bespoke basis. Wards continue to measure compliance with skin assessment, review and intervention, using weekly data to identify areas for improvement. Dashboards are displayed and staff are encouraged to discuss the data at their daily huddles.	
22.2 Community Nursing QI Work	**By Mar-22**
One of the community nursing teams has implemented a focused piece of improvement work to ensure that all relevant skin and risk assessments are completed. This is having a positive impact on patient outcomes. Joint adverse event reviews and sharing learning have increased between services, including working collaboratively with care homes.	
22.3 ASD Pressure Ulcer Improvement Programme	**By Mar-22**
The Pressure Ulcer Improvement Programme remains temporarily paused due to sustained nursing workforce shortages but ongoing review of data and response continues at local level and through directorate discussions. Four of the wards previously involved in the programme continue to collect process measures data to identify areas for improvement and address any quick fixes. QI support is still available to the teams but uptake has been extremely low.	
22.4 Implementation of Focused Improvement Activities	**By Mar-22**
ICU continue to test change ideas to prevent Medical Devise Related Pressure Ulcers, including prophylactic use of barrier creams and the development of a poster depicting preventative techniques. All mattresses have been replaced with specialist mattresses that have the technology to deflate individual cells under targeted areas of the body at particular risk. Ward 31 and ED continue to discuss pressure ulcer incidences at the Hip Fracture Meeting.	

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	2018/19				2019/20		
	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19
NHS Fife	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%
Scotland	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/SAER) any Deep or Organ Space SSI cases. The group will re-establish if any future concerns develop.

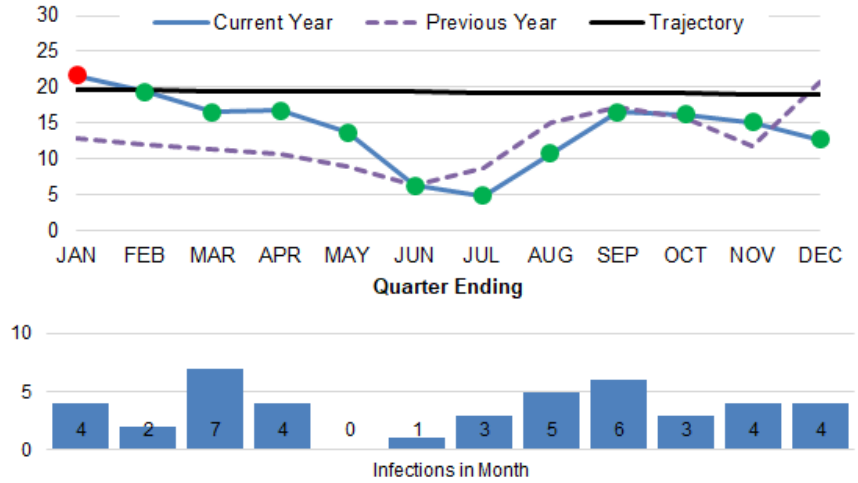
Due to the ongoing Covid-19 pandemic, there is currently no date (set by ARHAI) for resumption of SSI surveillance.

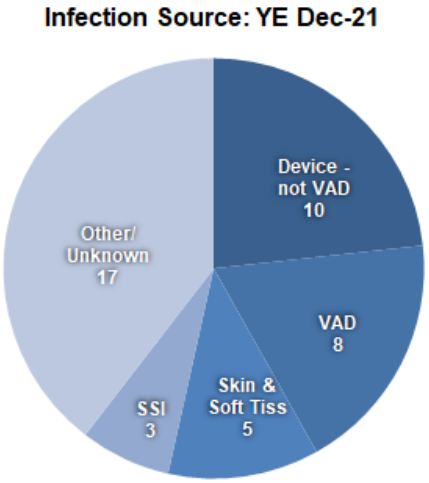
On resumption of the C-section SSI surveillance programme, the IPCT will review the surveillance methodology to capture any practice/patient pathway changes due to the pandemic response and/or any alterations to the case definition. This will ensure that the surveillance methodology remains the most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

SAB (HAI/HCAI)

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

Local Performance





National Benchmarking

Quarter Ending	2019/20	2020/21				2021/22	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	12.5	6.3	18.7	20.6	17.8	6.3	16.6
Scotland	16.3	20.3	17.3	18.9	18.4	18.6	18.3

KEY CHALLENGE(S) IN 2021/22

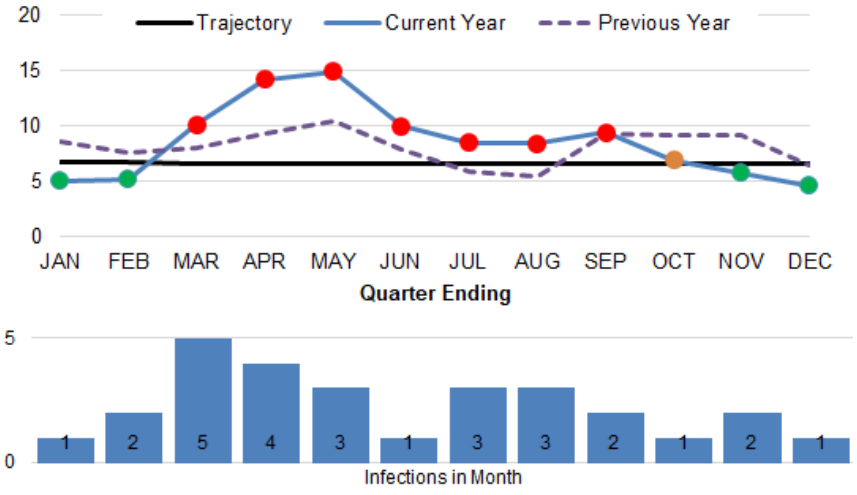
Vascular access devices and medical devices such as urinary catheters are risk factors identified for SAB, and infections in these areas need to be minimised in order to achieve the 10% reduction by March 2022

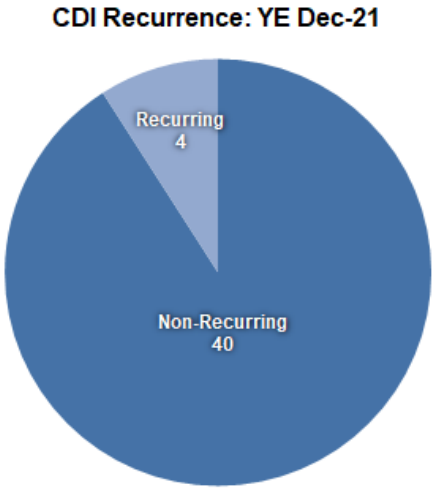
IMPROVEMENT ACTIONS	
20.1 Reduce the number of SAB in PWIDs	***By Mar-22***
The incidence of SABs in PWIDs has continued to reduce, with only 4 cases identified in 2021 (compared to 5 in 2020 and 14 in 2019). The PGD for Antibiotic prescribing is now in progress by Addiction Services and IPCT continues to provide support. IPCT are currently awaiting an update from the Addictions Services Manager. A voiced over educational video by IPCT on SAB definitions, signs, symptoms and interventions has been completed for AS staff training.	
20.2 Ongoing surveillance of all VAD-related infections	***By Mar-22***
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	
20.3 Ongoing surveillance of all CAUTI	***By Mar-22***
Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions in regard to catheter and urinary care with ECB data presented to indicate CAUTI incidence and trends. The most recent January meeting was cancelled. The Driver Diagram for the UCIG is currently being reviewed and updated.	
20.4 Optimise comms with all clinical teams in ASD & the HSCP	***By Mar-22***
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 utilised by clinical staff to access and display 'days since last SAB' in each ward for public assurance is currently inaccessible, so wards are currently being updated by the IPC surveillance team.	
22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters	***By Mar-22***
Electronic insertion and maintenance bundles for PVCs are completed on Patientrack to support best practice. Compliance is reported weekly to ward Senior Charge Nurses if the ward 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 and CVCs to promote and support best practice, reduce avoidable harm and improve quality of care.	

C Diff (HAI/HCAI)

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

Local Performance





National Benchmarking

Quarter Ending	2019/20	2020/21				2021/22	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	8.0	7.9	9.3	7.7	14.0	10.0	9.5
Scotland	13.6	15.4	17.4	16.4	15.8	14.6	16.7

KEY CHALLENGE(S) IN 2021/22

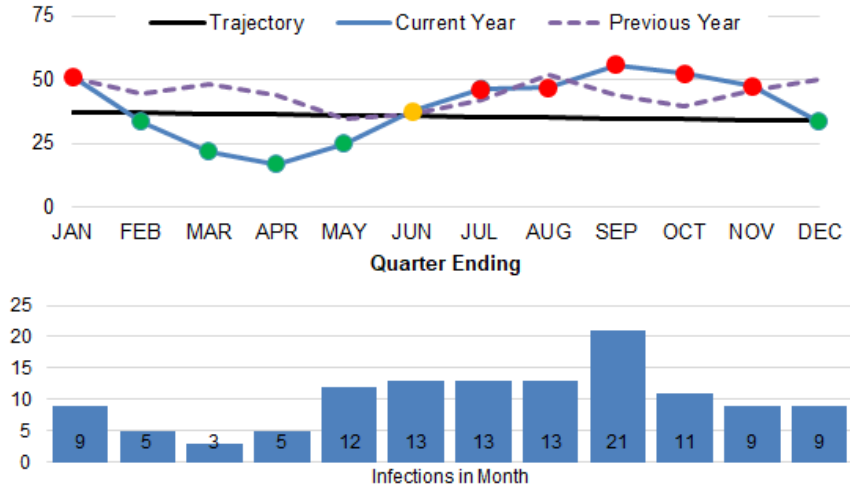
Sustain and further reduce healthcare-associated CDI and recurrent CDI in order to achieve the 10% reduction target by March 2022

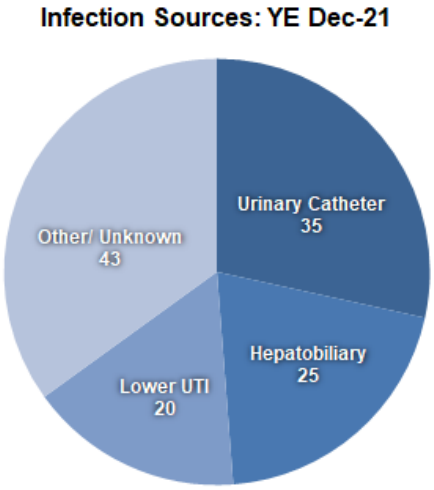
IMPROVEMENT ACTIONS	
20.1 Reducing recurrence of CDI	***By Mar-22***
Each CDI occurrence is reviewed by a consultant microbiologist. The patient's clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection. To reduce recurrence of CDI Infection for patients at high risk of recurrent infection, two treatments are utilised in Fife, Fidaxomicin and Bezlotoxumab. The latter 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 and the revised Microguide app has been circulated to all GP practices.	
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. IPCN 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 utilised by clinical staff to access and display 'days since last CDI' in each ward for public assurance is currently inaccessible, so wards are currently being updated by the IPC surveillance team.	

ECB (HAI/HCAI)

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

Local Performance





National Benchmarking

Quarter Ending	2019/20	2020/21				2021/22	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	47.9	36.4	45.3	50.3	21.6	37.6	60.3
Scotland	36.4	39.7	42.0	40.9	34.7	38.2	41.4

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 inflection ECB rate

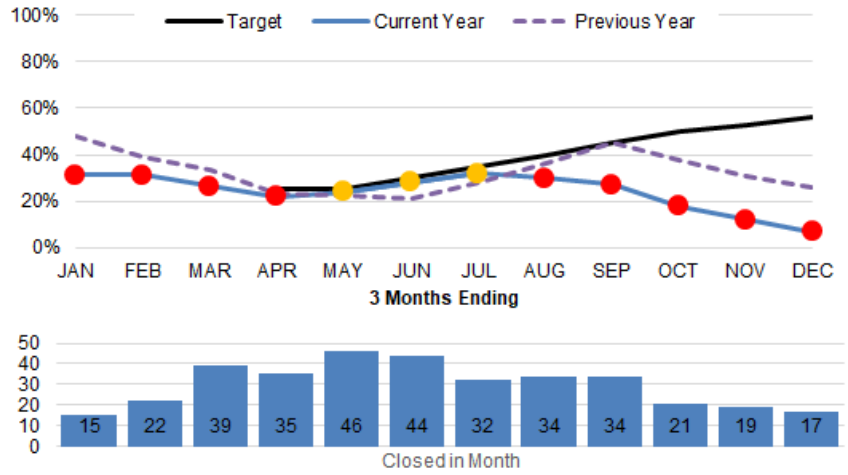
IMPROVEMENT ACTIONS

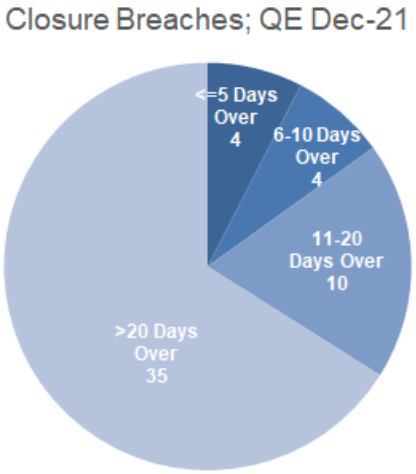
20.1 Optimise communications with all clinical teams in ASD & the HSCP	***By Mar-22***
Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB undergoes IPC surveillance to establish a history. From December, as part of the strategy to reduce E.coli Bacteraemia (ECB), a DATIX will be submitted for ALL catheter associated ECBs (including those without trauma), prompting an LAER by the patient`s clinical team. During Q3 2021 (Jul-Sep), NHS Fife was above the national rate for HCAI & CAI. This has resulted in the board being issued with an Exception Report from ARHAI (Antimicrobial Resistance & Healthcare Associated Infection, National Services Scotland). The data is being examined locally and an Action Plan is being developed, to be returned to ARHAI by 8th February.	
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)	***By Mar-22***
The UCIG meeting last met in November. 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 the district nursing service and staff in both private and NHS care homes as well as a QI CAUTI programme at Kelty GP Practice.	
22.1 Develop ECB Strategy	***By TBD***
NHS Fife are collaborating with NHS Shetland and NHS Grampian to pioneer an enhanced ECB CAUTI surveillance tool. The aim is to gather data on all CAUTIs, identify risk factors and, where appropriate, make subsequent improvements to practice.	

Complaints | Stage 2

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

Local Performance





Performance by Service Area

3-Month Ending	2020/21			2021/22								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	31.3%	31.1%	26.3%	21.9%	24.2%	28.0%	32.0%	30.0%	27.0%	18.0%	12.2%	7.0%
Ack <= 3 Days (Monthly)	93.3%	95.5%	94.9%	100.0%	93.5%	100.0%	96.9%	100.0%	100.0%	100.0%	100.0%	94.1%
ASD	36.5%	35.3%	19.3%	15.9%	15.7%	22.5%	23.5%	25.7%	27.3%	20.7%	15.7%	7.5%
HSCP	20.0%	18.2%	50.0%	38.1%	48.3%	31.4%	38.7%	23.3%	20.8%	13.0%	5.9%	8.3%

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 Mar-22**

Patient Relations are completing in-house QA checks on draft final responses; however this has been impacted due to current pressures within the department.
A review of the current complaint handling process by Clinical Governance and Patient Relations has started, but remains on hold due to the ongoing response to COVID-19 and current capacity issues.

22.2 Improve education of complaint handling	**By Mar-22**

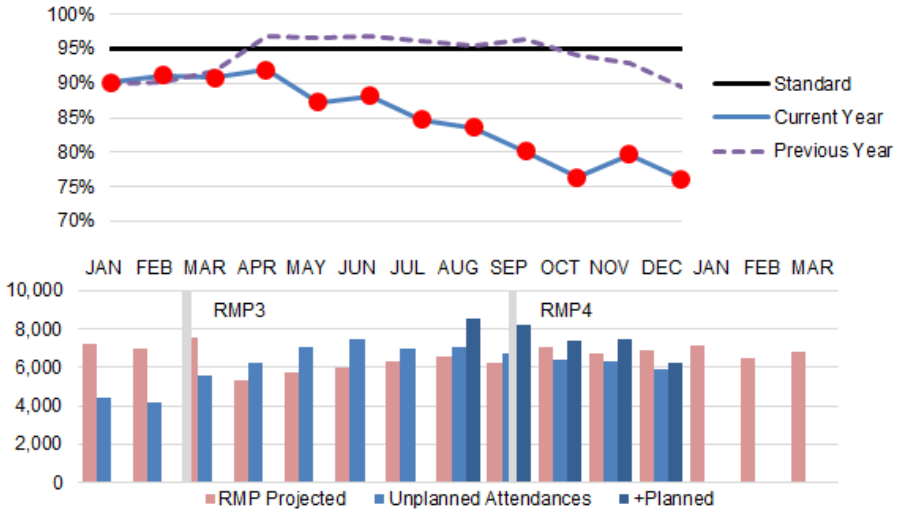
This action aims to improve overall quality by delivering education programmes at induction and bespoke training sessions across the Clinical Services. While some training sessions have been delivered virtually, this remains on hold due to the ongoing response to COVID-19 and current capacity issues.

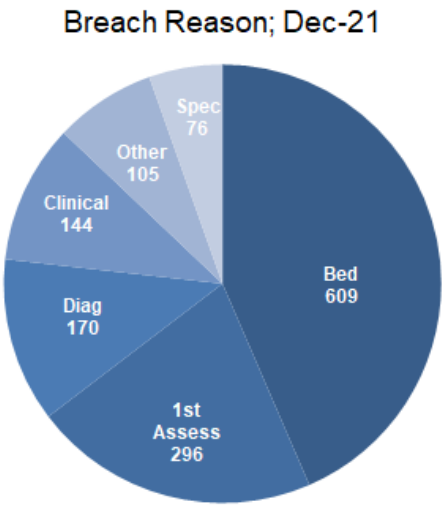
Although bespoke training sessions were undertaken with Fife Wide & Fife East in May and June 2021, the aim was to restart during the remainder of 2021; however, there has not yet been the capacity to do so.

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





National Benchmarking

Month	2020/21			2021/22								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	90.1%	91.1%	90.8%	91.9%	87.2%	88.2%	84.7%	83.6%	80.1%	76.3%	79.7%	76.1%
Scotland	86.0%	86.2%	88.5%	88.7%	87.2%	85.0%	81.5%	77.8%	76.1%	73.5%	75.9%	75.7%

KEY CHALLENGE(S) IN 2021/22

- Achievement of 4-hour access Standard
- Delivery of an integrated Flow and Navigation HUB
- Increased patient demand for urgent care

IMPROVEMENT ACTIONS

21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub	**By Apr-22**

Virtual Flow and Navigation appointments to ED are now in place and the Hub has expanded to handle GP calls previously taken by ANPs into AU1. Early indication shows decreased number of referrals with a re-direction rate of 26%. Expansion for 24/7 handling is in planning and the Clinical Director for Planned Care is reviewing surgical pathways through FNC with a focus on a more streamlined urology pathway.

22.1 Co-produce (with NHS 24) patient criteria for access to ED via 1-hr and 4-hr pathways	**Complete Nov-21**
22.2 Reduce number of patients breaching at 4 hrs, 8 hrs, and waits for beds	**By Mar-22**

Bed waits continue to be the principal reason for breaches. There has been an increase in 8-hour breaches due to capacity challenges across the site. All directorates are focused on improvement actions which can improve flow into downstream wards and effectively manage admission demand from front door. Principle actions are focused on: reducing duplication with handovers, in reach model from wards to AU1 achieving earlier transfers, reducing number of patients in delay, earlier discharge planning and improving team(s)communication. An OPEL escalation tool is in development and at the testing stage to support capacity planning and management – EDG and SLT fully sighted and supportive of the tool. Early indications are positive with action cards out for consultation.

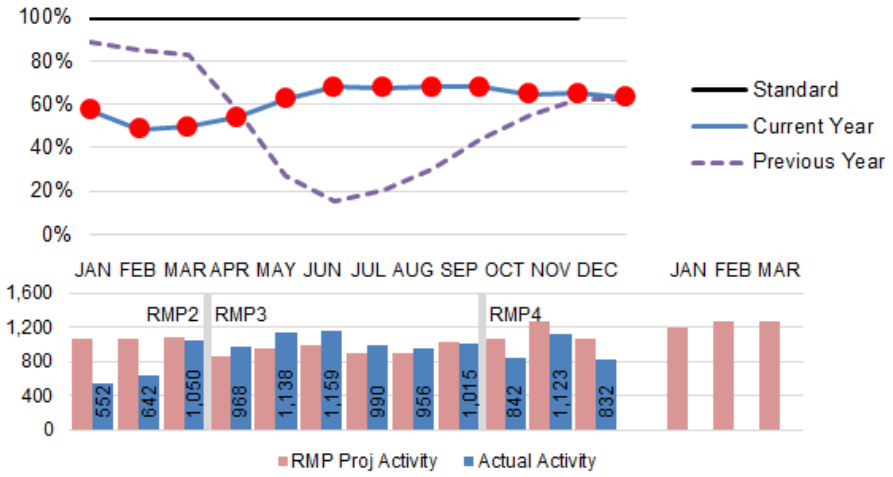
22.3 Develop re-direction policy for ED	**Complete Dec-21**

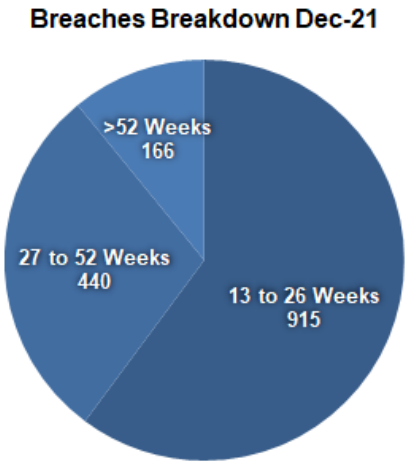
SLWG and joint HSCP/ASD reference group established to embed principles from National Re-direction Guidance into ED pathways and re-direct patients who can be supported in alternative clinical settings or through self care. Formal redirection in place, action complete.

Patient TTG

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

Local Performance





National Benchmarking

	2020/21			2021/22								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	57.4%	48.6%	49.7%	54.1%	62.7%	67.9%	67.6%	68.2%	68.2%	64.9%	65.1%	63.1%
Scotland	35.9%	33.5%	34.7%	35.5%	37.2%	38.6%	36.7%	36.5%	34.0%			

KEY CHALLENGE(S) IN 2021/22

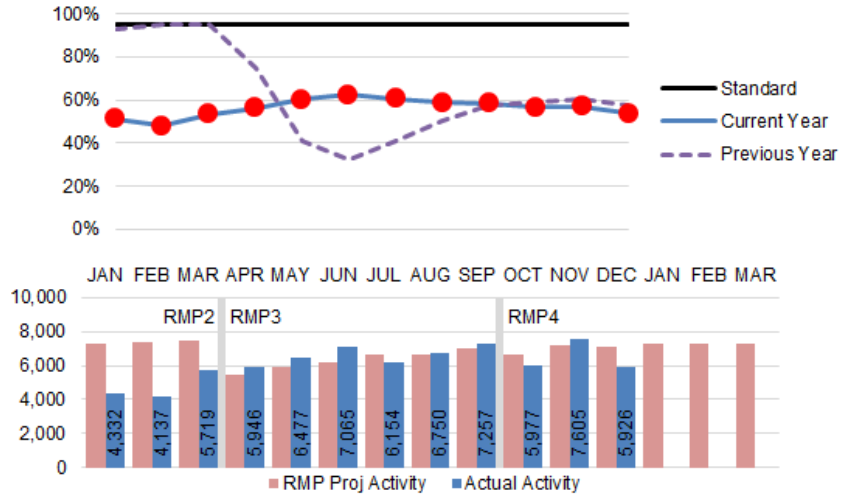
- Reduced Theatre Capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of backlog in outpatients and change in case mix
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

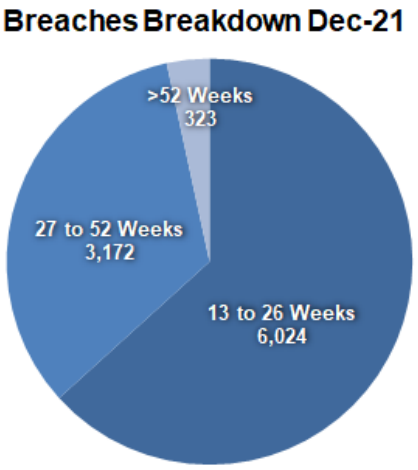
IMPROVEMENT ACTIONS	
22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	**Complete Sep-21**
22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling	**By Mar-22**
Business case delayed awaiting decision on suitable IT system	
22.3 Undertake waiting list validation against agreed criteria	**By Mar-22**
Clinical teams continue to review lists and prioritise patients, Clinical Prioritisation Group meets regularly. This work will continue as clinical prioritisation remains essential when elective capacity is restricted due bed capacity and unscheduled care demand.	
22.4 Develop and deliver improvement actions in line with CFSD priority projects overseen by Integrated Planned Care Programme Board	**By Mar-22**
First meeting of Integrated Planned Care Programme Board held on 8th December; revised HEAT map being developed	

New Outpatients

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

Local Performance





National Benchmarking

	2020/21			2021/22								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	51.2%	48.0%	53.4%	56.4%	60.3%	62.4%	60.7%	58.6%	58.3%	56.5%	57.1%	53.8
Scotland	44.5%	43.9%	48.3%	50.5%	52.3%	53.4%	51.6%	49.7%	48.1%			

KEY CHALLENGE(S) IN 2021/22

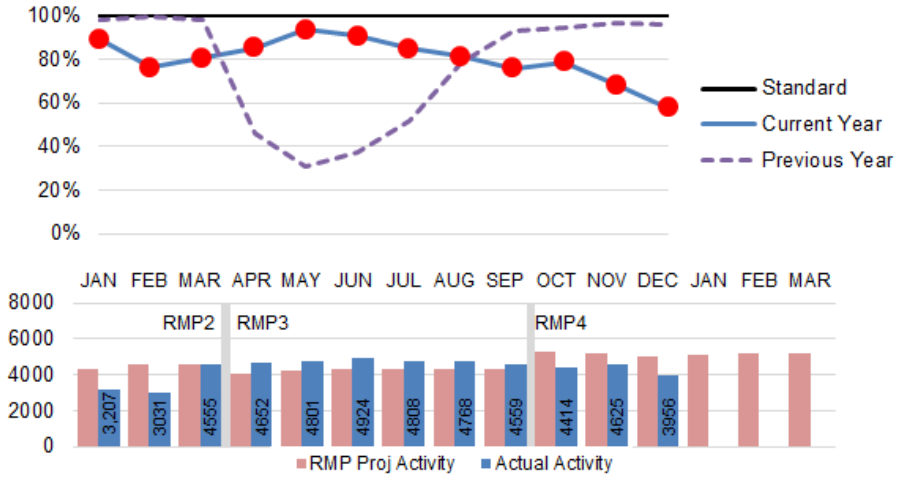
- Reduced Clinic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need and change in case mix of referrals
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

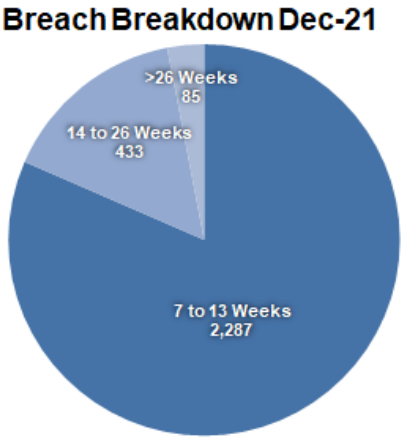
IMPROVEMENT ACTIONS	
22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	**Complete Sep-21**
22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity	**By Mar-22**
First meeting of Integrated Planned Care Programme Board held on 8th December; revised HEAT map being developed	
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	**Complete Dec-21**
Revised guidance issued and following advice from Infection Control local team unable to reduce social distancing to 1m in outpatients in VHK or QMH. Restricted capacity remains.	

Diagnostics Waiting Times

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

Local Performance





National Benchmarking

	2020/21			2021/22								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	89.2%	76.2%	80.6%	85.3%	93.5%	90.6%	84.9%	81.2%	75.7%	78.7%	68.3%	57.8%
Scotland	52.0%	57.8%	61.4%	61.8%	64.1%	62.6%	57.2%	56.5%	57.8%			

KEY CHALLENGE(S) IN 2021/22

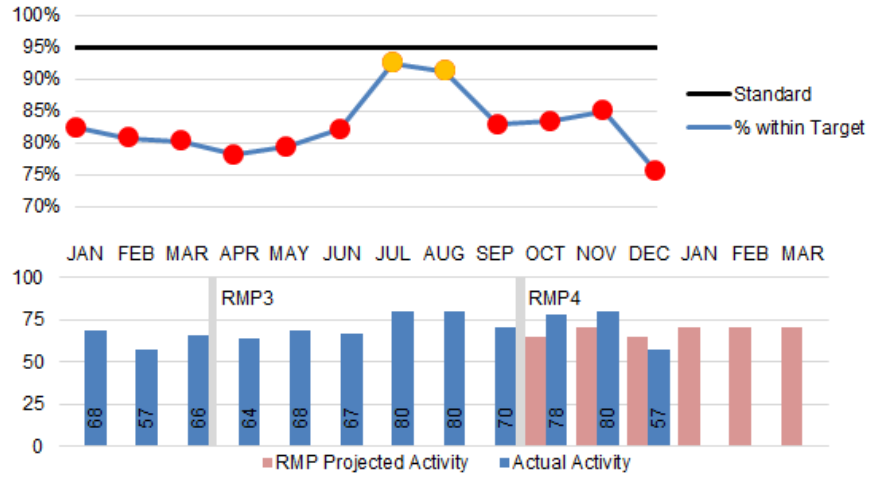
- Reduced diagnostic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need, backlog in outpatients and change in case mix of referrals
- Staff vacancies, absence and fatigue

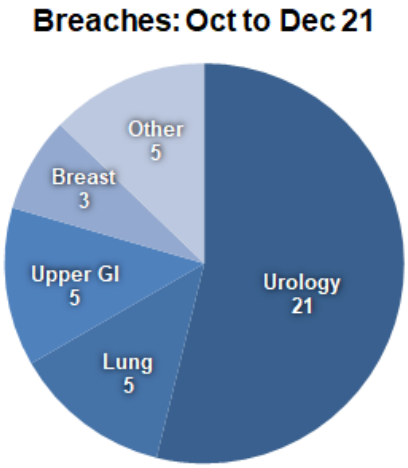
IMPROVEMENT ACTIONS	
22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	**Complete Sep-21**
22.2 Explore implementation of point of care testing in endoscopy	**By Mar-22**
Testing platform chosen, governance processes to support implementation nearing completion and implementation date agreed for February	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	**By Mar-22**
Directorates promoting and supporting initiatives	
22.4 Actively seek alternative sources of additional CT capacity to manage increasing waiting times for routine patients	**Complete Jan-22**
CT mobile van secured for March, and funding agreed with Scottish Government	

Cancer 62-Day Referral to Treatment

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

Local Performance





National Benchmarking

Month	2020/21			2021/22								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	82.4%	80.7%	80.3%	78.1%	79.4%	82.1%	92.5%	91.3%	82.9%	83.3%	85.0%	75.4%
Scotland	81.6%	81.9%	83.0%	84.5%	83.0%	83.6%	82.8%	83.5%	83.1%	78.8%	78.1%	

KEY CHALLENGE(S) IN 2021/22

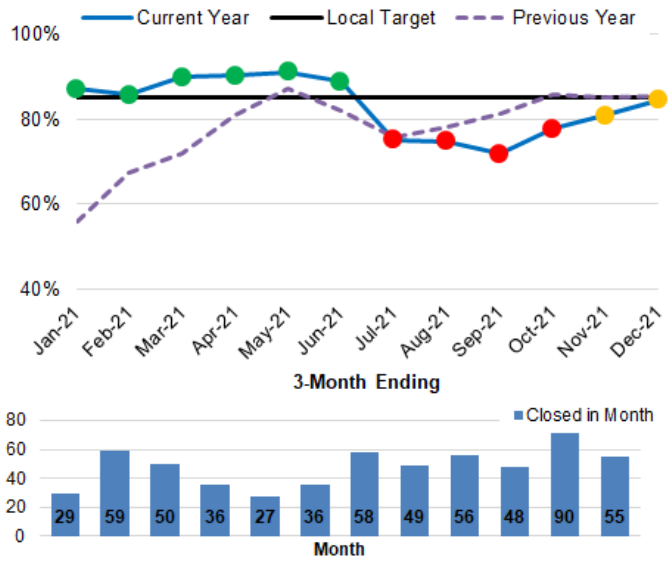
- Prostate cancer pathway (remains the most challenged pathway in NHS Fife)
- Increased number of referrals into the breast service, converting to cancers
- Catch up with the paused screening services (which will increase the number of patients requiring to be seen)
- Introduction of the robot may impact on waits to surgical treatment due to training requirements

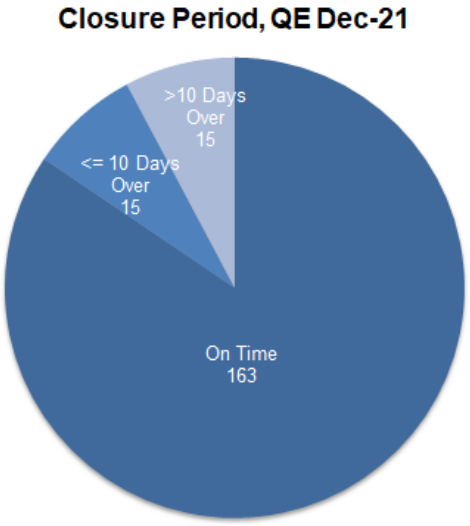
IMPROVEMENT ACTIONS	
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points	**By Mar-22**
This will be addressed as part of the overall recovery work and in line with priorities set within the Cancer Recovery Plan and by the leadership team. Priority will be given to the most challenging pathways.	
20.4 Prostate Improvement Group to continue to review prostate pathway	**By Mar-22**
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 May-22**
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. Engagement sessions have been completed and the Framework and delivery plan is currently being drafted.	
22.1 Effective Cancer Management Review	**By Mar-22**
The Scottish Government Effective Cancer Management Framework review to improve cancer waiting times performance is underway. The recommendations from the review will be addressed as part of the improvement process. The Scottish Government will be visiting NHS Fife to introduce the reviewed Framework.	

Freedom of Information Requests

We will respond to a minimum of 85% of FOI Requests within 20 working days

Local Performance





Performance by Service Area

Monthly	2020/21			2021/22								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Health Board	92.3%	83.6%	93.5%	93.5%	79.2%	88.6%	58.0%	83.3%	74.5%	78.0%	84.1%	85.4%
IJB	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	42.9%	77.8%	100.0%	87.5%	100.0%

KEY CHALLENGE(S) IN 2021/22

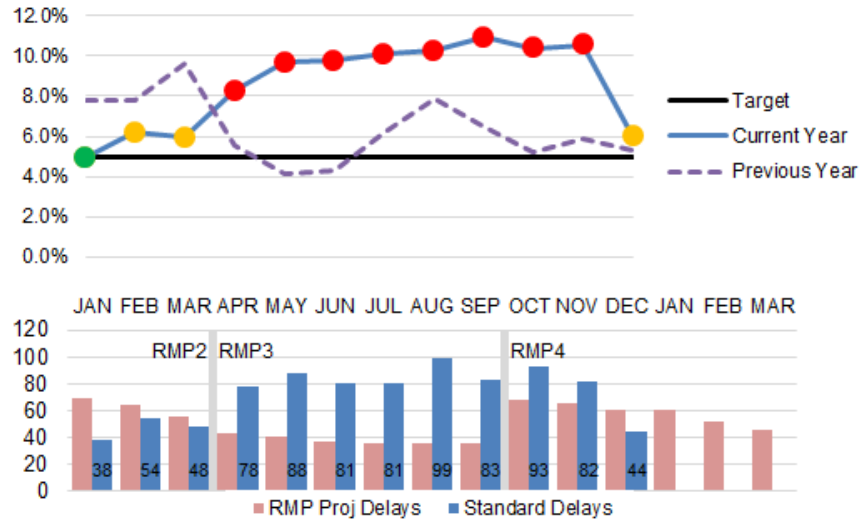
Establishment of a permanent resource level for all Information Governance and Security activities. Within the area of Freedom of Information, the temporary appointment has left the organisation and an Information Governance and Security Advisor is overseeing FOI administration. The route to a permanent post is still going through Human Resources and it is hoped that this will be ready for advertisement soon.

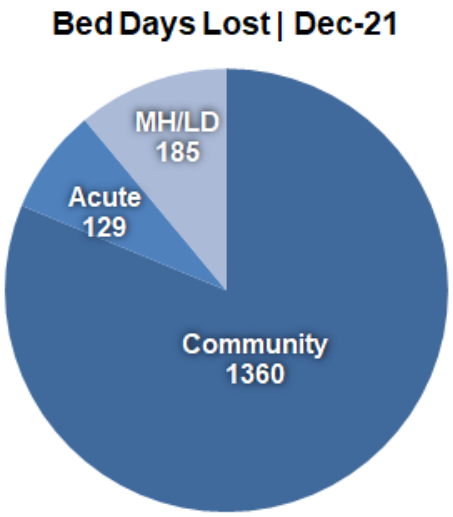
IMPROVEMENT ACTIONS	
21.1 Organisation-wide Publication Scheme to be introduced	**Complete Jun-21**
21.2 Improve communications relating to FOISA work	**Complete Dec-21**
The first EDG Paper (1.0 - Process) passed through EDG in February. The Scottish Information Commissioner's Office commended the work NHS Fife has undertaken to remedy the Board's previous low level of FOISA compliance. With resourcing problems now addressed, this action is complete.	

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





National Benchmarking

Quarter Ending	2019/20				2020/21				2021/22
	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	7.6%	8.0%	7.2%	8.3%	4.6%	6.8%	5.4%	5.7%	9.2%
Scotland	6.8%	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%	4.6%	5.0%

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 Mar-22**
The Oversight "Home First" group continue to meet on a regular basis. Seven subgroups are taking forward the operational actions to bring together the "Home First" strategy for Fife. Monthly meetings take place, action plans/driver diagrams are now in place for the oversight and subgroups.	
22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals	**Complete Jul-21**
22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community	**By Mar-22**
The test of change is ongoing, however, the number of STAR beds available has been limited due to care home closures (COVID)	
22.3 Reduce number of delays due to awaiting the appointment of a Welfare Guardian	**By Mar-22**
Project working with families/carers to ensure that they can navigate the system to apply for private guardianship started last May and will be taken forward by Circles Project. A review of the guardianship paperwork and templates is complete, and the refreshed document has been approved by H&SC and NHS Fife (Acute). It will be held within patient notes to provide an overview and audit trail.	
22.4 Develop capacity within START plus additional investment to develop a programme of planning with the private agencies supported by Scottish Care	**By Apr-22**
Development of Care at Home Collaborative, supported by Scottish Care, started in November. This will bring together 10-12 care at home providers to work together, to maximise resources and capacity to help service user return to their own home, following a period in a care home interim placement. Recruitment is ongoing.	
22.5 Surge capacity established to support admission demand	**By Jun-22**
QMH (Ward 3/8/8A), Glenrothes (Ward 1/2/3), Cameron (Balgonie/Balcurvie/Letham), VHK (Ward 6/9)	

Revenue Expenditure

NHS Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

1. Executive Summary

At the end of December the board's reported financial position is an overspend against budget of £13.796m comprising an adverse variance for Acute Services Division of £16.490m and £4.024m for External Health Care Providers, offset by favourable variances totalling £6.718m across Corporate Functions. Included in the Acute Services overspend is an adverse variance for Set Aside budgets of £5.1m and, as NHS Fife have current responsibility for the set aside budgets, this places additional financial pressure on the board and non-IJB health care services. The health services delegated to the Health & Social Care Partnership (H&SCP) are reporting an underspend of £0.606m for the 9 months to December following a non-recurring payment (budget realignment) made from Health Board to Fife Council of £3.734m.

Revenue Financial Position as at 31st December 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services Division	234,729	178,742	195,232	-16,490
IJB Non-Delegated	9,462	7,112	6,954	158
Non-Fife & Other Healthcare Providers	90,611	67,975	71,999	-4,024
Non Clinical Services				
Estates & Facilities	77,516	57,656	56,459	1,197
Board Admin & Other Services	89,735	70,154	68,817	1,337
Other				
Financial Flexibility & Allocations	20,028	3,961		3,961
HB retained offsets	60	0	0	0
Income	-38,709	-30,702	-30,767	65
SUB TOTAL	**483,432**	**354,898**	**368,694**	**-13,796**
Health & Social Care Partnership				
Fife H & SCP	383,444	281,601	280,995	606
SUB TOTAL	**383,444**	**281,601**	**280,995**	**606**
TOTAL	**866,876**	**636,499**	**649,689**	**-13,190**

1.2 Included in the board's reported overspend are Health Board retained unachieved legacy savings targets totalling £10.242m (annual £13.656m).

1.3 As previously reported, the Scottish Government has confirmed non repayable funding support to enable the board to break even at the end of the financial year. We have commenced submission of our additional monthly reporting templates to SG which addresses the actions the board has taken to minimise the level of funding support required. These actions include the board conducting a robust review of savings plans and developing savings plans which will reflect 50% of the 2022-23 funding gap by the end of quarter 3 of this financial year. The steps taken by NHS Fife to take forward the actions requested by Scottish Government include our detailed 2022/23 Strategic Planning Resource Allocation Process, enhancement of the capacity within the PMO team and the establishment of a Financial Improvement/Sustainability programme reporting to the boards Population Health and Wellbeing Portfolio Board. This programme will develop and agree productive opportunities and savings targets for 2022/23 and a clear pipeline of plans for the more medium term.

1.4 Cost pressures within Acute Services continue to increase reflecting the exceptional demand on unscheduled care capacity. The many actions being taken to manage demand pressures have increased the requirement for temporary staffing. Additionally, increasing expenditure across medicines budgets continues to add to the significant cost pressures within clinical directorates particularly with Haematology/Oncology drugs budgets. Robotic assisted surgery is operational for the fifth month and the costs of surgical instruments are currently

signposted as a pressure within the financial planning process. Planned Care are absorbing the cost within existing underspend this year, with a longer term solution sought.

1.5 The financial impact of COVID-19, including direct additional costs for vaccination, testing and remobilisation plus indirect costs associated with the managing the wider impact and recovery measures continues to be regularly updated and shared through established reporting mechanisms through quarterly reporting returns. Details are contained within Appendix 1.

1.6 Funding allocations confirmed in month included additional Band 2-4 Staffing £1.022m and Multi-disciplinary of £1.384m. Anticipated allocations total £3.074m. Allocation details are contained within Appendix 2.

1.7 At the beginning of the financial year the board was committed to delivering cost improvements in year of £8.181m which are now confirmed as delivered in full, with £8.383 delivered at the end of December. Appendix 3 sets out the savings achieved including an analysis of recurring and non-recurring sources, and forms the basis of our additional monthly reporting to Scottish Government.

1.8 Redesign of Urgent Care (RUC) will be fully funded this year through a combination of Scottish Government funding £0.681m and earmarked H&SCP reserves of £0.935m brought forward from 2020/21. The expenditure against the Navigation Flow Hub will be monitored on a regular basis alongside the other workstreams that are focusing on RUC.

1.9 The overall anticipated capital budget for 2021/22 is £33.546m. The capital position for the period to December records spend of £11.811m. Therefore, 35.21% of the anticipated total capital allocation has been spent to month 9.

2. Health Board Retained Services

Clinical Services financial performance at December 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division	234,729	178,742	195,232	-16,490
IJB Non-Delegated	9,462	7,112	6,954	158
Non-Fife & Other Healthcare Providers	90,611	67,975	71,999	-4,024
Income	-38,709	-30,702	-30,767	65
SUB TOTAL	**296,093**	**223,127**	**243,418**	**-20,291**

2.1 Costs directly attributable to Covid-19 have been identified and matched with budget, on a non-recurring basis and work continues to develop the projected covid impact into the new financial year. The Quarter 3 financial return and projections which includes an update on the financial impact of Covid 19 will be used by Scottish Government to inform further funding allocations for Covid 19 for the remainder of the financial year.

2.2 The Acute Services Division reports an **overspend of £16.490m.** Acute Services are experiencing particularly challenging capacity pressures at the front door and downstream wards on top of existing historic cost pressures.. Measures are underway to ease the pressures including increasing temporary over recruitment to unregistered nursing posts and creation of a nursing pool. A significant proportion of the reported overspend to December relates to unachieved savings of £9.077m. The remainder of the reported overspend continues across Nursing, Senior and Junior Medical Pay budgets, non-pay pressures within Haematology/Oncology medicines budgets and growth demand on diabetic pumps. Growth in spend on Acute medicines has accelerated beyond available funding significantly and is an issue being reported across boards in Scotland.

2.3 The IJB Non-Delegated budget reports an **underspend of £0.158m.** This is mostly being driven by a pay underspend in the Daleview Regional Unit, resulting from occupational therapy and learning disabilities nursing vacancies.

2.4 The budget for healthcare services provided out-with NHS Fife is **overspent by £4.024m** per Appendix 4. As reported previously, the main driver is the increase in the expected annual value of the service agreement with NHS Lothian. Discussions are still ongoing with NHS Tayside. There has been seen an increase in spend (actual & expected) for patients receiving treatment out-with Scotland.

Corporate Functions and Other Financial performance at December 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Non Clinical Services				
Estates & Facilities	77,516	57,656	56,459	1,197
Board Admin & Other Services	89,735	70,154	68,817	1,337
Other				
Financial Flexibility & Allocations	20,028	3,961		3,961
HB retained offsets	60			0
SUB TOTAL	**187,339**	**131,771**	**125,276**	**6,495**

2.5 The Estates and Facilities budgets report an **underspend of £1.197m.** This comprises an underspend in pay of £0.396m across several departments including estates services, catering, and laundry. The non-pay underspend includes £0.800m on rates as previously reported and additional rebates were received for two sites in month. This benefit is partially offset by overspends on property maintenance £0.471m which includes grounds spend and waste management.

2.6 Within the Board's corporate services there is **an underspend of £1.337m**. The main driver for this underspend is the level of vacancies across Finance (£0.256m) and Nursing (£0.287m) directorates.

2.7 As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget; with allocations released on a monthly basis. The **financial flexibility of £3.961m** has been released at month 9, with further detail shown in Appendix 5.

3. Health & Social Care Partnership

3.1 Health services in scope for the Health and Social Care Partnership report an **underspend of £0.606m.** This underspend is net of a non-recurring payment on account of the Health Delegated in-year underspend to Social Care made in December.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health & Social Care Partnership				
Fife H & SCP	383,444	281,601	280,995	606
SUB TOTAL	**383,444**	**281,601**	**280,995**	**606**

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding services defined as Set Aside. The financial pressure related to 'Set Aside' services is currently held within the NHS Fife financial position. These services are currently captured within the Clinical Services areas of this report (Acute set aside £5.1m overspend to month 9 per 1.1 above).

3.2 A review of the Integration Scheme has been agreed by the respective partners, NHS Fife Board and Fife Council in September 2021, and has been submitted for Ministerial Approval, after which final approval will be sought at the IJB Committee in January 2022.

3.3 The overspend on the set-aside services is currently held within the Acute Services Directorate Budget and not the IJB and is not included in the reported projected overspend for the IJB. If a different arrangement was in place between the IJB and the Health Board in relation to the management of costs in excess of the available budget, the IJB would face significant cost pressure as a result of the significant demand for hospital services.

Details of funds held within Delegated Health Earmarked Reserves are noted at Appendix 6.

4. Forecast

4.1 Our forecast outturn to the year end is held at a potential overspend of £14.207m for Health Board retained services (as reported at month 8). This includes the in-year deficit in our opening financial plan of £13.656m unachieved savings and a core potential additional overspend of £0.551m. We continue to work to reduce the potential overspend and are working with Scottish Government colleagues to secure ADEL (Additional Departmental Expenditure Limit) funding. This follows a detailed review of our expenditure which includes ADEL qualifying expenditure across replacement of obsolete equipment; and property and vehicle repair expenditure. An update will be provided next month.

4.2 In addition, we have previously reported that limited NRAC funding was received in 2021/22, which means we remain c£5m-£8m away from NRAC funding parity across Scotland. Whilst this issue has been largely addressed in the Draft Scottish Government 2022/23 budget settlement for NHS Fife, it remains a significant bearing on our 2021/22 financial planning arrangements and our qualitative and quantitative performance.

4.3 The Health delegated underspend position is forecast at £5.871m and £3.734m has been transferred to Fife Council following a non-recurring budget realignment in December. The most recent H&SCP finance report identifies a projected year end overspend position of £1.050m (Source: January 2022 H&SCP Finance & Performance Committee). Five key areas of overspend that are contributing to the projected outturn overspend are Hospital & Long Term Care, Family Health Services, Older People Residential and Day Care, Homecare Services and Adult Placement. The agreed recovery plan has been implemented and actions taken have helped reduce the projected overspend position. The Scottish Government have confirmed that whilst no funding is being allocated at this time to meet under-achievement of savings, support will be provided to Integration Authorities to deliver breakeven on a non-repayable basis, providing there is appropriate review and control in place. Discussion and detailed review of the projected year end outturn and the mitigating actions required to improve the financial position will continue with the Chief Finance Officer of the H&SCP.

4.4 The projected NHS Fife forecast does not include any risk share with the Health and Social Care Partnership given Integration Authorities will also be provided with Scottish Government support to a balanced position. A cash transfer has been actioned in December from Health to Council to allow both organisations to report a balanced position; and it is likely a further transfer will crystallise towards the end of the financial year.

5. Recommendation

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

- **Note** the reported core overspend of £13.796m for the 9 months to date;
- **Note** that workforce and capacity pressures across our system continue to drive increased costs in-year and present a financial challenge.
- **Note** the potential total overspend outturn position is held at £14.207m, with work continuing to reduce this position
- **Note** the confirmation of funding support by Scottish Government on the proviso a number of actions are taken forward

Appendix 1: 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	
Additional allocation	6,815	7,023		13,838	
HSCP ear marked reserve		2,898		2,898	
Anticipated allocation	4,088			4,088	
Total funding	**19,605**	**12,799**	**0**	**32,404**	**0**
Allocations made for April to December					
Planned Care & Surgery	1,220			1,220	
Emergency Care & Medicine	5,974			5,974	
Women, Children & Clinical Services	2,361			2,361	
Acute Nursing	170			170	
Estates & Facilities	873			873	
Board Admin & Other Services	1,399			1,399	
Public Health Scale Up	778			778	
Test and Protect	3,872			3,872	
Primary Care & Prevention Serv		576		576	
Community Care Services		1,198		1,198	
Complex & Critical Care Serv		214		214	
Professional/Business Enabling		156		156	
Covid Vaccine/Flu		9,987		9,987	
Social Care					
Total allocations made to M9	**16,647**	**12,131**	**0**	**28,778**	**0**
Balance In Reserves	**2,958**	**668**	**0**	**3,626**	**0**

Appendix 2: Revenue Resource Limit

		Baseline Recurring	Earmarked Recurring	Non-Recurring	Total	Narrative
		£'000	£'000	£'000	£'000	
	Initial Baseline Allocation	712,534			712,534	
	June Letter	9,264	12,244	20,964	42,472	
	July Letter			8,002	8,002	
	August Letter	141	230	1,522	1,893	
	September Letter	-135	59,994	-1,931	57,928	
	October Letter		3,390	14,908	18,298	
	November Letter	2,042	1,704	4,333	8,079	
22 December 2021	Increase in Motor Neuron Disease Clinical Nurse Specialists			19	19	As per allocation letter
	HNC Students backfill Q1&Q2			48	48	Normal support for students
	Improvements to forensic medical services			10	10	As per allocation letter
	Chronic Pain winter support funding			9	9	Specific allocation
	Preregistration pharmacy scheme		-166		-166	Annual Adjustment
	Community Pharmacy Champion		20		20	Annual Allocation
	PMS - Telephony Systems			35	35	Agreed allocation
	Support acceleration of 22/23 MDT recruitment plans			300	300	Specific allocation
	Additional CT & MRI capacity			44	44	Specific allocation
	Redesign and merged eyecare service			81	81	Specific allocation
	Inequalities Project			27	27	As per allocation letter
	Task force for ADP			147	147	As per previous PfG
	Mental Health Funding for Pharmacy		64		64	As per allocation letter
	Mental Health & Wellbeing in Primary Care Services		105		105	As per allocation letter
	Multi-Disiplinary Teams			1,384	1,384	Specific allocation from announced Winter Funding
	Additional Band 2-4			1,022	1,022	Specific allocation from announced Winter Funding
	Total Core RRL Allocations	**723,846**	**77,585**	**50,924**	**852,355**	
Anticipated	Distinction Awards		193		193	
Anticipated	NSS Discovery		-39		-39	
Anticipated	NDC Contribution		-842		-842	
Anticipated	Golden Jubilee SLA		-24		-24	
Anticipated	PCIF		682		682	
Anticipated	Waiting List		1,367		1,367	
Anticipated	Covid 19			4,089	4,089	
Anticipated	GP Sustainability payment			1,000	1,000	
Anticipated	Capital to Revenue			277	277	
Anticipated	NSD Adjustments		-2,130		-2,130	
		0	**-793**	**5,366**	**4,573**	
Anticipated	IFRS			8,900	**8,900**	
Anticipated	Donated Asset Depreciation			115	**115**	
Anticipated	Impairment			1,333	**1,333**	
Anticipated	AME Provisions			-400	**-400**	
	Total Anticipated Non-Core RRL Allocations	**0**	**0**	**9,948**	**9,948**	
	Grand Total	**723,846**	**76,792**	**66,238**	**866,876**	

Appendix 3: Savings Position at December 2021

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Forecast unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to December £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	5,779	2,604	8,383	0
					0		0
Total Savings	**21,837**	**8,181**	**13,656**	**5,779**	**2,604**	**8,383**	**0**

Appendix 4: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	99	74	72	2
Borders	45	34	43	-9
Dumfries & Galloway	25	19	43	-24
Forth Valley	3,227	2,420	2,753	-333
Grampian	365	274	212	62
Greater Glasgow & Clyde	1,680	1,260	1,256	4
Highland	137	103	153	-50
Lanarkshire	117	88	162	-74
Lothian	31,991	23,993	25,315	-1,322
Scottish Ambulance Service	103	77	77	0
Tayside	40,084	30,063	31,991	-1,928
Savings				0
	77,873	**58,405**	**62,077**	**-3,672**
UNPACS				
Health Boards	10,801	8,101	8,494	-393
Private Sector	1,151	863	1,072	-209
	11,952	**8,964**	**9,566**	**-602**
OATS	721	541	291	250
Grants	65	65	65	0
Total	**90,611**	**67,975**	**71,999**	**-4,024**

Appendix 5: Financial Flexibility & Allocations

	£'000	Flexibility Released to Dec-21 £'000
Financial Plan		
Drugs	0	0
CHAS	408	0
Junior Doctor Travel	22	11
Consultant Increments	224	168
Cost Pressures	3,530	1,624
Developments	1,960	673
Sub Total Financial Plan	**6,144**	**2,476**
Allocations		
Waiting List	2,740	0
AME: Impairment	73	0
AME: Provisions	219	0
Pay Award:AfC	1,716	1,212
6 Essential Action	456	0
ICU	485	0
Test & Protect	2,958	0
Winter	661	0
Cervical Incident	4	0
Cancer Waiting Time	327	0
Distinction Award	57	0
Unscheduled Care Summer	180	0
Cardiac Physiologists	24	0
Support to build recruitment capacity	65	0
Building Capacity for international recruitment	68	0
Young Patients Family Fund	45	18
Best Start	75	0
Emergency Cancer Diagnostic Centre	196	0
Pregnancy Anaemia Management	28	0
Workforce Wellbeing	129	0
Discharge Without Delay Pathfinders	340	0
Interface Care Programme	480	0
Nurse Director Support	403	0
Fleet Decarbonisation	108	0
National recovery:Single point of contact	64	0
R&D	12	0
2020/21 Surplus	340	255
Motor Neuron Clinical Nurse	19	0
Chronic Pain	9	0
Additional CT & MRI Capacity	44	0
Redesign and merged eyecare	81	0
Inequalities Project	27	0
Mental Health Pharmacy recruitment	64	0
Additional Band 2-4	1,022	0
Capital to Revenue	365	0
Sub Total Allocations	**13,884**	**1,485**
Total	**20,028**	**3,961**

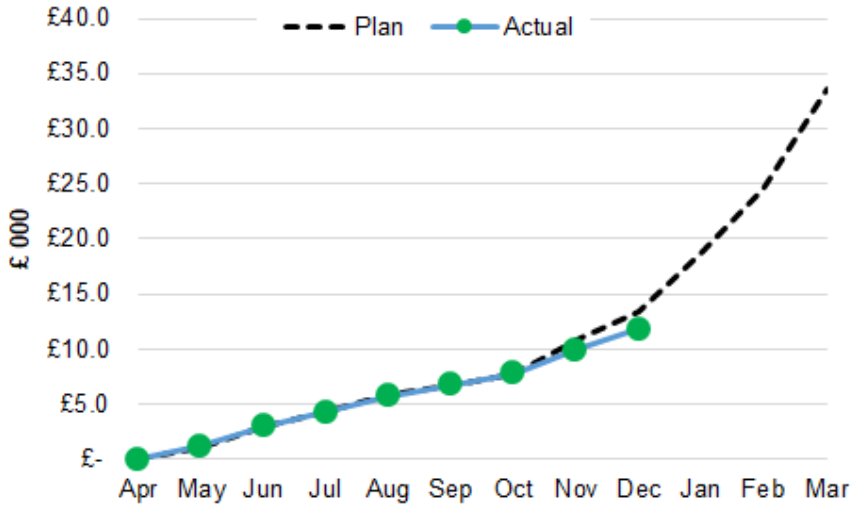
Appendix 6: Anticipated Funding from Health Delegated Earmarked Reserve

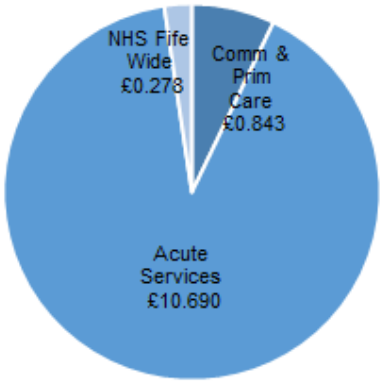
Health Delegated Earmarked Reserve		Included within Health		
	Total	To M9	Anticipated	Balance
	£000's	£000's	£000's	£000's
Vaccine	740	740		0
Care homes	526	82		444
Urgent Care Redesign	935	408		527
Flu	203	203	0	0
Primary Care Improvement Fund	2,524	1,011		1,513
Action 15	1,315	242		1,073
RT Funding	1,500			1,500
FSL	500	500		0
District Nurses	30			30
Fluenz	18			18
Core run rate	1,767	680	216	871
Core (covid offsets)	1,250	1,250		0
Total	**11,308**	**5,116**	**216**	**5,976**

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 was subsequently tabled at the NHS Fife Board. NHS Fife has assumed a programme of £33.546m. This comprises:

Capital Plan	£'000
Initial Capital Allocation	7,394
National Equipping Funding	1,537
Elective Orthopaedic Centre	15,907
HEPMA	1,100
Mental Health Review	76
Lochgelly Health Centre	348
Kincardine Health Centre	207
Energy Scheme Funding	1,800
Pre Capital Fund Grant	50
Covid Capital	1,878
QMH Theatre	1,000
CT Scanner	700
Repay PY Overallocation	- 200
Louisa Jordan Equipment	22
Laundry Equipment	600
2nd Tranche NIB Equipment	1,176
National Eyecare Workstream	228
Capital to Revenue Transfer	- 277
Total	33,546

Despite being a challenging year in terms of supply chain issues, availability of materials and price increases on materials the capital plan and achievement of the capital resource limit remains on target.

Capital Receipts

1.1 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 - however the GP's have now put in an objection to the planning department

2. Expenditure / Major Scheme Progress

2.1 The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £11.811m, this equates to 35.21% of the total capital allocation, as illustrated in the spend profile graph above.

2.2 The main areas of spend to date include:

Statutory Compliance	£2.106m
Equipment	£1.509m
Digital	£0.172m
Elective Orthopaedic Centre	£7.427m
Health Centres	£0.312m
Clinical Prioritisation	£0.198m

3. Recommendation

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

note the capital expenditure position to 31 December 2021 of £11.811m and the year-end spend of the total anticipated capital resource allocation of £33.546m.

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	300	156	300
Statutory Compliance	334	262	334
Capital Equipment	151	88	151
Condemned Equipment	24	23	24
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
National Infrastructure Equipment Funding	6	0	6
Total Community & Primary Care	815	528	815
ACUTE SERVICES DIVISION			
Statutory Compliance	2,910	1,823	2,910
Capital Equipment	1,933	996	1,933
Clinical Prioritisation	601	42	601
Condemned Equipment	88	63	88
National Infrastructure Equipment Funding	3,407	340	3,407
Elective Orthopaedic Centre	15,907	7,427	15,907
Laundry Equipment	600	0	600
National Eyecare Workstream	228	0	228
Total Acute Services Division	25,674	10,690	25,674
NHS FIFE WIDE SCHEMES			
SG Payback Balance	200	0	200
Equipment Balance	51	0	51
Information Technology	1,000	172	1,000
Clinical Prioritisation	99	0	99
Statutory Compliance	54	0	54
Condemned Equipment	0	0	0
Fire Safety	60	21	60
Scheme Development	0	0	0
Vehicles	142	0	142
Covid Capital	1,325	0	1,325
Total NHS Fife Wide Schemes	2,932	193	2,932
TOTAL CAPITAL ALLOCATION FOR 2021/22	**29,420**	**11,411**	**29,420**

ANTICIPATED ALLOCATIONS 2021/22			
HEPMA	1,100	85	1,100
Kincardine Health Centre	207	130	207
Lochgelly Health Centre	348	182	348
Mental Health Review	76	3	76
Energy Funding Grant	1,800	0	1,800
Pre Capital Grant Funding	50	0	50
SG Payback	-200	0	-200
ECG Machines - Louisa Jordan Equipment	22	0	22
QMH Theatre	1,000	0	1,000
Capital to Revenue Transfer	-277	0	-277
Anticipated Allocations for 2021/22	**4,126**	**400**	**4,126**

Total Anticipated Allocation for 2021/22	**33,546**	**11,811**	**33,546**

Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22 Routine Expenditure	Pending Board Approval £'000	Cumulative Adjustment to November £'000	December Adjustment £'000	Total December £'000
Community & Primary Care				
Capital Equipment	0	151	0	151
Condemned Equipment	0	24	0	24
Clinical Prioritisation	0	223	77	300
Statutory Compliance	0	343	-10	334
National Infrastructure Equipment Funding	0	6	0	6
Total Community & Primary Care	**0**	**747**	**68**	**815**
Acute Services Division				
Capital Equipment	0	1,931	2	1,933
Condemned Equipment	0	88	0	88
Clinical Prioritisation	0	216	385	601
Statutory Compliance	0	2,930	-20	2,910
National Infrastructure Equipment Funding	0	2,231	1,176	3,407
Elective Orthopaedic Centre	0	0	15,907	15,907
National Eyecare Workstream	0	0	228	228
Laundry Support	0	0	600	600
	0	**7,396**	**18,278**	**25,674**
Fife Wide				
SG Payback Balance	200	0	0	200
Backlog Maintenance / Statutory Compliance	3,500	-3,475	29	54
Fife Wide Equipment	1,805	-1,805	51	51
Digital & Information	1,000	0	0	1,000
Clinical Prioritisation	500	-439	38	99
Condemned Equipment	90	-90	0	0
Fife Wide Asbestos Management	0	0	0	0
Fife Wide Fire Safety	0	60	0	60
General Reserve Equipment	94	-94	0	0
Pharmacy Equipment	205	-205	0	0
Fife Wide Vehicles	0	142	0	142
Covid Capital		0	1,325	1,325
Total Fife Wide	**7,394**	**-5,906**	**1,443**	**2,932**
Total Capital Resource 2021/22	**7,394**	**2,237**	**19,789**	**29,420**

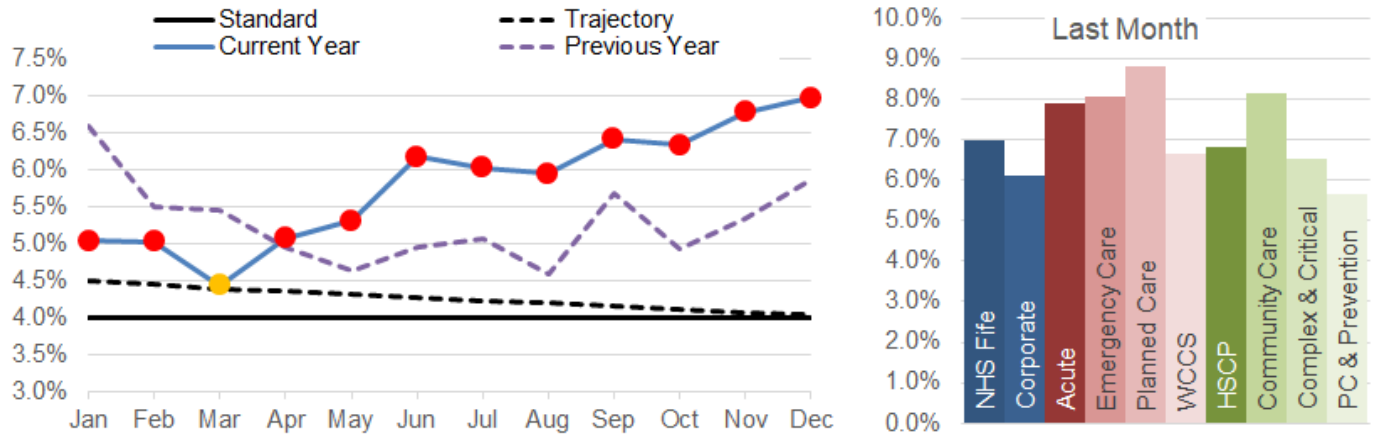
ANTICIPATED ALLOCATIONS 2021/22				
HEPMA	1,100	0	0	1,100
Kincardine Health Centre	207	0	0	207
Lochgelly Health Centre	348	0	0	348
Mental Health Review	76	0	0	76
Energy Funding Grant	1,800	0	0	1,800
Pre Capital Grant Funding	50	0	0	50
SG Payback	-200	0	0	-200
ECG Machines - Louisa Jordan Equipment	22	0	0	22
QMH Theatre	1,000	0	0	1,000
Capital to Revenue Transfer	-277	0	0	-277
Anticipated Allocations for 2021/22	**4,126**	**0**	**0**	**4,126**

Total Planned Expenditure for 2021/22	**11,520**	**2,237**	**19,789**	**33,546**

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								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	5.04%	5.03%	4.43%	5.07%	5.31%	6.17%	6.03%	5.95%	6.42%	6.34%	6.79%	6.98%
Scotland	4.82%	4.30%	4.56%	4.59%	5.04%	5.52%	5.62%	5.76%	6.12%	6.30%	6.37%	6.23%

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 improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions	**By Mar-22**

The additional Occupational Health Physician is taking forward specific support for staff affected by Mental Health and mental health training for managers. This is in addition to the individual case work being progressed by local managers and HR Officers and Advisors, with input from the specialist Occupational Health Mental Health Nurse. The new Occupational Health Occupational Therapist is providing support to staff resuming work following diagnoses of long COVID.

Additional staff support is being provided on an ongoing, requested and targeted basis via the Spiritual Care Service, Staff Listening Service, Psychology Staff support, Being Mindful of Your Wellbeing sessions, Peer Support, Care Space Mindfulness Drop-in sessions, outdoor sessions, access to Counselling, introduction of new eLearning Modules on resilience and wellbeing and access to the National PROMiS resources. This is complemented by a range of supporting materials, including a new “Benefits of Being Outdoors” poster and desktop campaign.

Additional monies to support staff during the winter months have been allocated and include improved access to meals out of hours, additional resources for Spiritual Care, Psychology Staff support and Health Psychology, alongside bespoke wellbeing sessions for specific staff groups.

22.2 Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence	**By Mar-22**

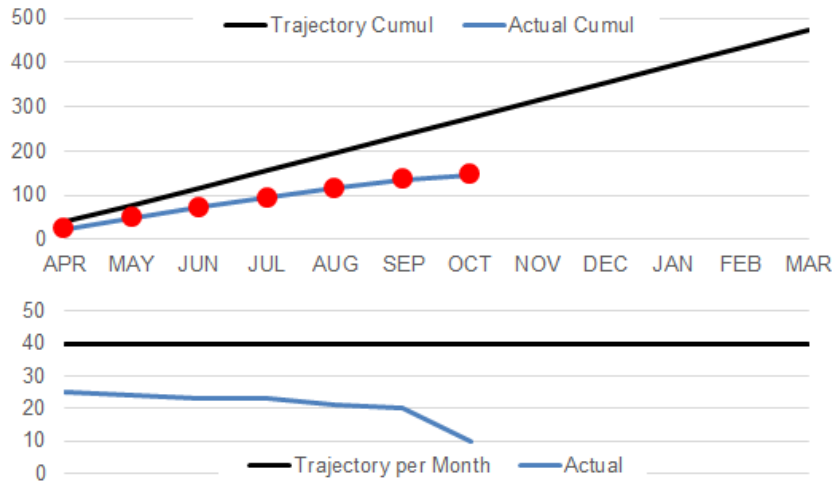
Promoting Attendance Review and Improvement Panels continue to meet regularly. This is alongside regular monthly and bespoke training sessions and the use of Tableau to identify and analyse “hot spots” / priority areas and trajectory setting / reporting. Feedback received following a programme to reinforce attendance management processes, undertaken between May and July 2021 was discussed in partnership at the Attendance Management Workforce Review Group held in December, with a series of actions being progressed by key stakeholders. Promoting positive attendance at work is discussed at each attendance management is a regular agenda item at LPF and APF meetings ensuring regular discussion and suggestions/actions for consideration.

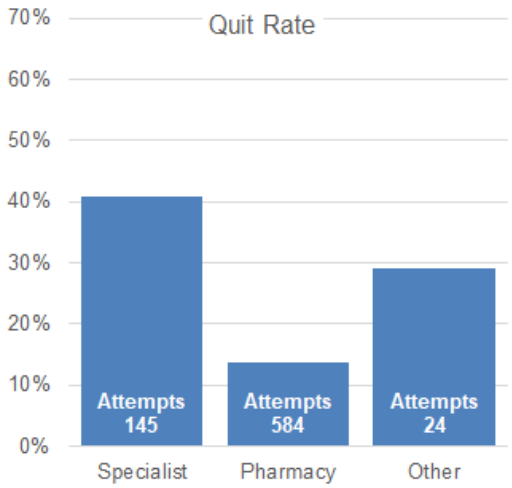
22.3 Consider refinements to COVID-19 absence reporting, including short-term manual data capture from SSTS and eESS in preparation for any change to self-isolation guidance and to support ongoing workforce resourcing actions, acknowledging that systems development is required to support MI reporting	**Complete Nov-21**

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	24	23	23	21	20	10					
	Actual Cumul	25	49	72	95	116	136	146					
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	47
	Achieved	62.5%	62.0%	61.0%	60.1%	58.9%	57.6%	52.9%					
Scotland	Achieved			92.4%									

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	**Complete Oct-21**
20.3 'Better Beginnings' class for pregnant women	**Complete Oct-21**
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 Jul-21**
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative	**Complete Sep-21**
22.1 Test face to face provision in two GP practices and one community venue	**By Mar-22**

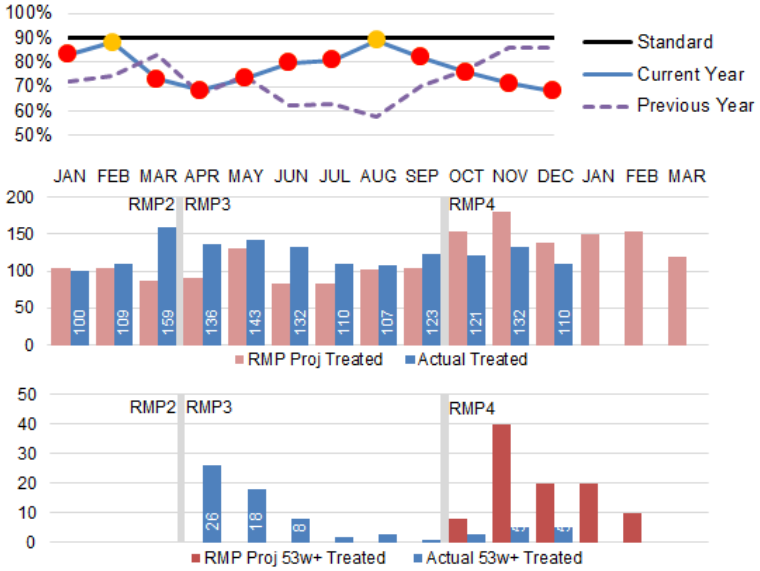
Assess and engage with two GP practices and one community venue to re-establish face to face provision in the most deprived communities. Risk assessments, PPE, equipment and patient flow to be considered and included in plans.

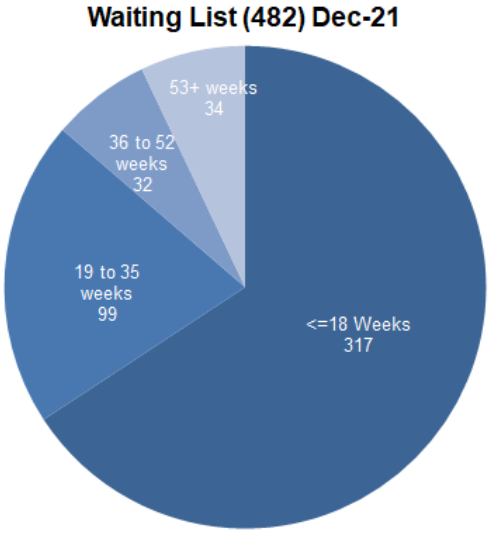
Early discussions with 2 GP practices were due to restart in the second week of January, while the remobilisation plan was scheduled to go to the remobilisation committee on 9th December. However, both activities have been paused due to the impact of the COVID Omicron strain.

CAMHS 18 weeks RTT

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

Local Performance





National Benchmarking

Month	2020/21			2020/21								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	83.0%	88.1%	73.0%	68.4%	73.4%	79.5%	80.9%	88.8%	82.1%	76.0%	71.2%	68.2%
Scotland	67.5%	63.8%	67.5%	71.3%	71.8%	74.8%	75.9%	77.4%	82.1%			

KEY CHALLENGE(S) IN 2021/22

- Implementation of additional resources to meet demand; development of workforce to meet National CAMHS Service Specification
- COVID-19: relaxation on referrals and delivery of 'models' to reflect social distancing

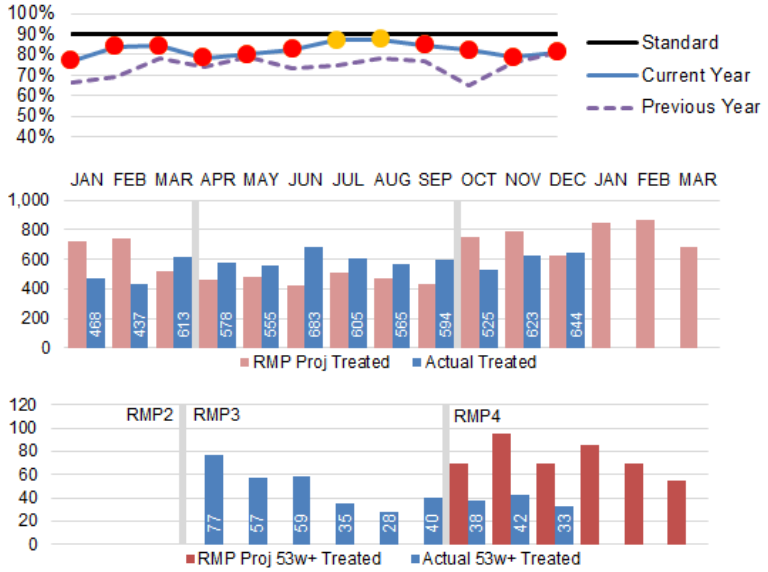
IMPROVEMENT ACTIONS

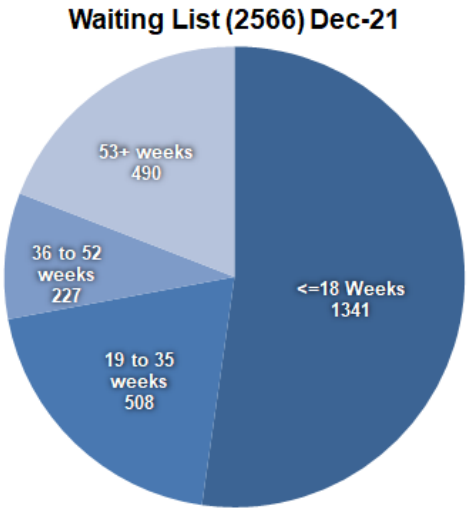
21.1 Re-design of Group Therapy Programme	**Complete Jul-21**
21.3 Build CAMHS Urgent Response Team (CURT)	**By Mar-22**
The CURT model is in place. Responsiveness to A&E and Paediatric inpatient unit has been extended with same day assessments available if young people are considered fit for assessment. Presentations to Emergency department due to self harm/suicidal ideation remain high. This has resulted in all of the available CURT capacity being required to respond to this urgent need with limited capacity available to extend the short term intervention model that was initially proposed. Two members of existing staff have retirements pending which adds additional pressures to the service. Review of activity and effectiveness of the model is ongoing.	
22.1 Recruitment of Additional Workforce	**By Mar-22**
Recruitment is ongoing across multiple service areas to improve RTT, Longest waits and CAMHS service provision. From the 10 staff identified to address immediate capacity issues, 7 have been appointed and 2 temporary staff are due to take up post in February to work on longest waits. All new staff have worked through induction programme to ensure they are competent to take on caseloads and are incrementally increasing clinical activity towards full capacity. SG funds have been allocated in order to achieve the CAMHS National Service specification. Phase 1 recruitment is underway and proposal for Phase 2 recruitment has been approved by HSCP SLT and escalated to EDG for support. Re-allocation of caseloads based on revised East and West CAMHS geographical boundaries is underway.	
22.2 Workforce Development	**By Mar-22**
A revised development and training programme was postponed in January due to high Covid-19 absences and it has been rescheduled for February. Three Programmes have been developed to suit different levels of CAMHS experience. A Training needs analysis will be completed once all recruitment is completed to ensure the right skills and competencies exist across the range of teams in CAMHS.	

Psychological Therapies 18 weeks RTT

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

Local Performance





National Benchmarking

Month	2020/21			2021/22								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	77.1%	84.0%	84.3%	78.2%	80.0%	82.6%	86.9%	87.4%	84.5%	82.3%	78.8%	81.1%
Scotland	79.3%	80.9%	80.9%	81.3%	82.5%	84.3%	88.5%	87.0%	86.1%			

KEY CHALLENGE(S) IN 2021/22

- Recruitment of staff required to achieve waiting times standard 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	**Complete Sep-21**
22.1 Increase access via Guided self-help service	**Complete Sep-21**
22.2 Expansion of skill mix model to increase delivery of low intensity interventions	**Complete Jan-22**
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 brief/low intensity psychological interventions and the introduction of a tiered service model of 1:1 psychological therapies. The impact of these changes has been evaluated and have shown positive clinical outcomes. They have also had a positive impact on waiting times within the Pain Management service. A different approach to their implementation is now underway in the general medical service.	
22.3 Recruit new staff as per Psychological Therapies Recovery Plan	**By Mar-22**
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. A national issue with workforce availability has impacted recruitment, so the service has progressed recruitment of other grades of staff who can increase delivery of PTs for people with less complex problems and free some capacity amongst staff qualified to work with the more complex presentations. The Director of Psychology is also participating in work with NHS Education for Scotland and Scottish Government colleagues to address the issues around workforce availability.	
22.4 Waiting list management within General Medical Service in Clinical Health	**By May-22**
Staff are undertaking a focused piece of work to clear the backlog on the assessment waiting list. A key driver is the need to differentiate patients with functional neurological disorder from those with other needs in order to inform development of appropriate clinical pathways. The work will ensure that only those for whom psychological therapy is the best option remain on the waiting list. It will also inform next steps in development of clinical pathways.	
22.5 Programme of training to increase capacity for work with more complex patients	**By Jun-22**
The AMH psychology service have implemented a structured programme of training and supervision to increase the skills of the Clinical Associates in Applied Psychology. This will reduce the demand upon the Clinical Psychologists in the service who are able to work with people with more complex presentations.	

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Integrated Performance Quality Report (IPQR) Review Process**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Authors:	**Bryan Archibald, Planning and Performance Manager**

1 Purpose

This is presented to the Clinical Governance Committee for:

- Assurance

This report relates to:

- Integrated Performance and Quality Report

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

Following the Active Governance workshop held on 2 November 2021, a review of the current Integrated Performance and Quality Report (IPQR) commenced by the establishment of a IPQR review group.

2.2 Background

The IPQR presents performance data and information on improvement activity across a range of key service areas. The report is considered to be a good example of effective integration of clinical service performance with workforce and financial information. It presents information on performance clearly and sets out improvement actions where performance is challenged. In line with good practice the report presentation is reviewed annually. This paper sets out some proposals for immediate improvement and some more medium-term improvement activity.

2.3 Assessment

The review originally proposed the development of a Whole System Dashboard within the executive summary of the report. Over the past few months both Acute Services Division and the HSCP have been working on the development and implementation of formal operational escalation frameworks, known as OPEL, following initial testing it has been agreed that the output from these frameworks will in fact deliver the whole system dashboard or view of overall performance. There is therefore no requirement to create a separate dashboard within the IPQR.

The IPQR review has concentrated on a number of aspects of presentation as detailed in the table below.

	Immediate-term Improvement (From April 2022)	Medium-term Improvement (From September 2022)
Review of Current Metrics		√
Review of Areas of Operational Performance	√	
New Reporting Section on Public Health	√	
Utility of Statistical Process Control Charts (SPC)	√	
Tailoring IPQR to be Committee Specific		√
Review of Presentation of Key Indicators Summary	√	
Utility of Pie Chart Presentation	√	
Developing an Interactive Dashboard		√
Integrating Improvement Actions with SPRA/ RMP		√

Review of Current Clinical Governance Metrics

Current metrics within IPQR are being reviewed. Discussions are taking place around possible removals, or whether there are any metrics to be added based on organisational focus in the forthcoming year, primarily around Adverse Events and Patient Feedback. These discussions are being led by Associate Directors of Quality and Clinical Governance and Nursing.

Review of Areas of Operational Performance

The review proposes that most of the presentation on operational performance should remain as currently reported. A number of additional areas are under development in relation to Information Governance and Workforce. The Associate Director of Digital is progressing the review on Information Governance data and the Deputy Director of Workforce is progressing the addition of performance information in relation to PDPR and the activities supporting the health and wellbeing of staff across the system. The aim is to

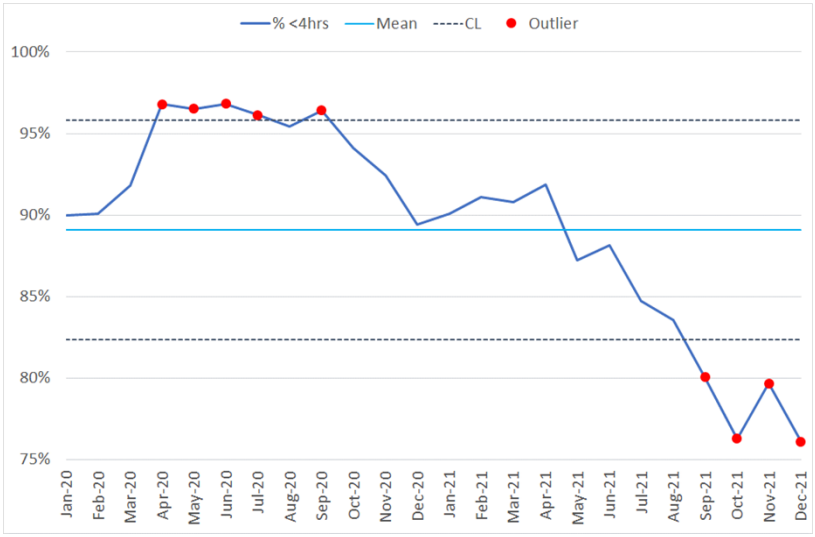
include these additional aspects from April 2022. The inclusion of mandatary training information will be explored through next reporting year.

New Reporting Section on Public Health

A new section of the report has been added to create specific reporting on performance relevant to the Public Health and Wellbeing Committee. This has involved discussion and agreement with the Committee and Board Chairs in relation to moving some performance information from both the Finance Performance and Resources Committee and the Clinical Governance Committee to the new Committee. This change has been made in the most recent IPQR. Additionally, work is progressing to include relevant information in relation to the screening programmes and immunisation, this work is more medium-term due to the frequency and access levels locally available to those data.

Utility of Statistical Process Control Charts (SPC)

Review group considered use of SPC charts to present information in IPQR. Active Governance session focussed on the use of XmR charts, which was not consistent with the groups understanding on type of chart to use. Guidance was also sought from Public Health Scotland (PHS) and group agreed that, if SPC charts were to be applied to the IPQR, XmR chart would the type of chart used, if applicable. XmR charts are simple to understand and do not require any assumptions about underlying data distributions. A&E example below, charts would identify outliers as per Active Governance session. In this example, outliers have been identified between April and September 2020 (performance 95%+) and September to December 2021 (<=80%). As target for A&E performance is 95%, it can be argued that thhe use of SPC doesn't add any additional context in this example.



Tailoring IPQR to be Committee Specific

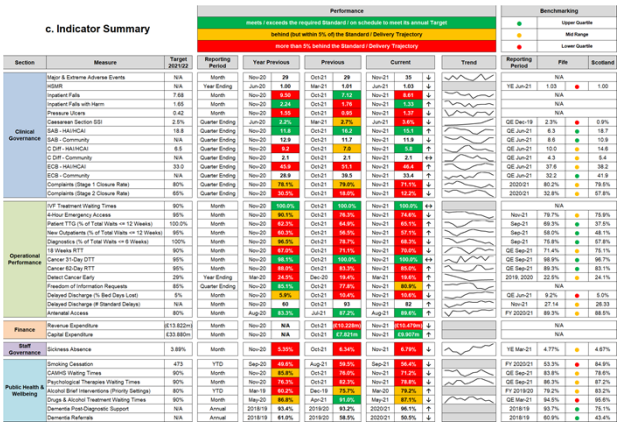
Currently each Committee and Board receive identical reports, the proposal would be to provide tailored reports to each Committee. Each Committee report would include Executive Summary and Assessment for each metric but would only include detailed 'drill-down' for metrics delegated to that Committee e.g. detailed information on Revenue and Capital

Expenditure would only be contained with FP&R report. Report would also contain additional 'deep-dive' that would be initiated by Board, Committee, EDG and/or Exec Lead.

Review of Presentation of Key Indicators Summary

The presentation of the indicator summary within IPQR has been reviewed. Proposed layout has removed supplementary information but still retains current performance levels, comparisons against previous time periods and benchmarking.

Current



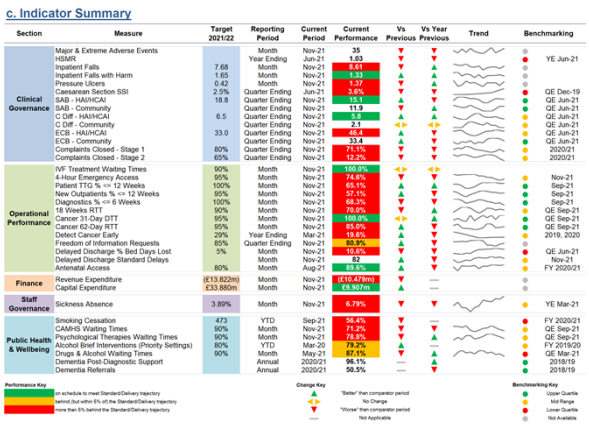
c. Indicator Summary

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	Nov-20	29	Nov-21	35		N/A	
	HSMR	N/A	Year Ending	Jun-20	1.00	Jun-21	1.03	YE Jun-21	1.03	1.00
	Inpatient Falls	7.68	Month	Nov-20	9.59	Nov-21	8.61		N/A	
	Inpatient Falls with Harm	1.65	Month	Nov-20	2.24	Nov-21	1.53		N/A	
	Pressure Ulcers	0.42	Month	Nov-20	1.55	Nov-21	1.37		N/A	
	Caesarean Section SSI	2.5%	Quarter Ending	Jun-21	2.3%	Mar-21	2.7%	QE Dec-19	2.3%	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Nov-20	11.8	Oct-21	16.2	QE Jun-21	8.3	18.7
	SAB - Community	N/A	Quarter Ending	Nov-20	12.9	Oct-21	11.7	QE Jun-21	8.6	10.9
	C Diff - HAI/HCAI	6.5	Quarter Ending	Nov-20	5.3	Oct-21	7.5	QE Jun-21	10.0	14.6
	C Diff - Community	N/A	Quarter Ending	Nov-20	2.1	Oct-21	2.1	QE Jun-21	4.3	9.4
	ECB - HAI/HCAI	33.0	Quarter Ending	Nov-20	45.9	Oct-21	51.1	QE Jun-21	37.6	38.2
	ECB - Community	N/A	Quarter Ending	Nov-20	28.9	Oct-21	39.3	QE Jun-21	32.2	41.9
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Nov-20	78.1%	Oct-21	79.8%	2020/21	80.2%	79.5%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Nov-20	30.3%	Oct-21	18.8%	2020/21	32.8%	67.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Nov-20	100.0%	Oct-21	100.0%		N/A	
	4-Hour Emergency Access	95%	Month	Nov-20	95.1%	Oct-21	78.5%	Nov-21	74.6%	
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Nov-20	82.3%	Oct-21	64.9%	Nov-21	65.1%	
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Nov-20	80.3%	Oct-21	58.5%	Nov-21	57.1%	
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Nov-20	86.5%	Oct-21	78.7%	Nov-21	68.3%	
	18 Weeks RTT	90%	Month	Nov-20	87.0%	Oct-21	71.5%	Nov-21	70.6%	
	Cancer 31-Day DTT	95%	Month	Nov-20	88.1%	Oct-21	100.0%	Nov-21	100.0%	
	Cancer 62-Day RTT	95%	Month	Nov-20	89.0%	Oct-21	83.3%	Nov-21	85.9%	
	Detect Cancer Early	29%	Year Ending	Mar-20	24.5%	Dec-20	19.4%	Mar-21	19.6%	
	Freedom of Information Requests	85%	Quarter Ending	Nov-20	85.1%	Oct-21	77.8%	Nov-21	80.9%	
	Delayed Discharge (% Bed Days Lost)	5%	Month	Nov-20	5.8%	Oct-21	10.4%	Nov-21	10.6%	
	Delayed Discharge (# Standard Delays)	N/A	Month	Nov-20	60	Oct-21	93	Nov-21	82	
	Antenatal Access	80%	Month	Aug-20	83.3%	Jul-21	87.2%	Aug-21	89.6%	
Finance	Revenue Expenditure	(£13.822m)	Month	Nov-20	N/A	Oct-21	(£10.339m)	Nov-21	(£10.479m)	
	Capital Expenditure	£33.880m	Month	Nov-20	N/A	Oct-21	£7.621m	Nov-21	£9.907m	
Staff Governance	Sickness Absence	3.89%	Month	Nov-20	5.35%	Oct-21	6.34%	Nov-21	6.79%	
Public Health & Wellbeing	Smoking Cessation	473	YTD	Sep-20	49.6%	Aug-21	59.5%	Sep-21	56.4%	
	CAMHS Waiting Times	90%	Month	Nov-20	53.3%	Oct-21	79.4%	Nov-21	71.2%	
	Psychological Therapies Waiting Times	90%	Month	Nov-20	76.3%	Oct-21	82.3%	Nov-21	78.9%	
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	
	Drugs & Alcohol Treatment Waiting Times	90%	Month	Nov-20	86.8%	Apr-21	77.7%	May-21	87.1%	
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	93.2%	2020/21	96.1%	
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.5%	2020/21	59.5%	
								2018/19	90.9%	
								2018/19	60.9%	

Proposed



c. Indicator Summary

Section	Measure	Target 2021/22	Reporting Period	Current Period	Current Performance	Vs Previous	Vs Year Previous	Trend	Benchmarking
Clinical Governance	Major & Extreme Adverse Events		Month	Nov-21	35				
	HSMR		Year Ending	Jun-21	1.03				YE Jun-21
	Inpatient Falls	7.68	Month	Nov-21	8.61				
	Inpatient Falls with Harm	1.65	Month	Nov-21	1.53				
	Pressure Ulcers	0.42	Month	Nov-21	1.37				
	Caesarean Section SSI	2.5%	Quarter Ending	Jun-21	3.6%				QE Dec-19
	SAB - HAI/HCAI	18.8	Quarter Ending	Nov-21	15.1				QE Jun-21
	SAB - Community		Quarter Ending	Nov-21	11.9				QE Jun-21
	C Diff - HAI/HCAI	6.5	Quarter Ending	Nov-21	5.3				QE Jun-21
	C Diff - Community		Quarter Ending	Nov-21	2.1				QE Jun-21
	ECB - HAI/HCAI	33.0	Quarter Ending	Nov-21	45.8				QE Jun-21
	ECB - Community		Quarter Ending	Nov-21	33.4				QE Jun-21
	Complaints Closed - Stage 1	80%	Quarter Ending	Nov-21	77.1%				2020/21
	Complaints Closed - Stage 2	65%	Quarter Ending	Nov-21	12.2%				2020/21
Operational Performance	IVF Treatment Waiting Times	90%	Month	Nov-21	100.0%				
	4-Hour Emergency Access	95%	Month	Nov-21	74.6%				Nov-21
	Patient TTG % <= 12 Weeks	100%	Month	Nov-21	65.1%				Sep-21
	New Outpatients % <= 12 Weeks	95%	Month	Nov-21	57.1%				Sep-21
	Diagnostics % <= 6 Weeks	100%	Month	Nov-21	68.3%				Sep-21
	18 Weeks RTT	90%	Month	Nov-21	70.0%				QE Sep-21
	Cancer 31-Day DTT	95%	Month	Nov-21	100.0%				QE Sep-21
	Cancer 62-Day RTT	95%	Month	Nov-21	85.0%				QE Sep-21
	Detect Cancer Early	29%	Year Ending	Mar-21	19.6%				2019, 2020
	Freedom of Information Requests	85%	Quarter Ending	Nov-21	80.9%				
	Delayed Discharge % Bed Days Lost	5%	Month	Nov-21	10.6%				QE Jun-21
	Delayed Discharge Standard Delays		Month	Nov-21	82				Nov-21
	Antenatal Access	80%	Month	Aug-21	89.6%				FY 2020/21
Finance	Revenue Expenditure	(£13.822m)	Month	Nov-21	(£10.479m)				
	Capital Expenditure	£33.880m	Month	Nov-21	£9.907m				
Staff Governance	Sickness Absence	3.89%	Month	Nov-21	6.79%				YE Mar-21
Public Health & Wellbeing	Smoking Cessation	473	YTD	Sep-21	56.4%				FY 2020/21
	CAMHS Waiting Times	90%	Month	Nov-21	71.2%				QE Sep-21
	Psychological Therapies Waiting Times	90%	Month	Nov-21	78.9%				QE Sep-21
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-20	79.2%				FY 2019/20
	Drugs & Alcohol Waiting Times	90%	Month	May-21	87.1%				QE Mar-21
	Dementia Post-Diagnostic Support		Annual	2020/21	96.1%				2018/19
	Dementia Referrals		Annual	2020/21	59.5%				2018/19

Performance Key
- on schedule to meet Standard/Delivery trajectory
- behind (but within 5% of) the Standard/Delivery trajectory
- more than 5% behind the Standard/Delivery trajectory

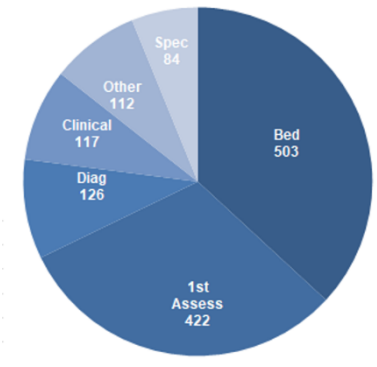
Change Key
- "Better" than comparator period
- No Change
- "Worse" than comparator period
- Not Applicable

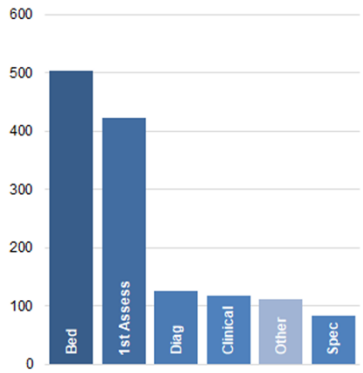
Benchmarking Key
- Upper Quartile
- Mid-Range
- Lower Quartile
- Not Available

Utility of Pie Chart Presentation

Pie charts are used to provide supplementary information at a glance, they are currently used for several metrics to give further detail. The review group considered different chart types but concluded that a pie chart should remain as an option to present data if appropriate to do so. Example considered was in relation to Accident & Emergency performance.

From both pie chart and bar chart it is clear the predominant reasons for patients breaching 4-hour target, it is however, not clear from bar chart what is the proportion.





Integrating Improvement Actions with SPRA/RMP Process

Improvement actions are aligned to the metrics within the IPQR, these have been sourced from Annual Delivery Plans pre-Covid or from Service Leads.

Proposal for next reporting year is to utilise information collated as part of the SPRA process. Information collated as part of this process included risks and controls as well as interdependencies on other services. This will form a basis for next RMP/Delivery Plan submission to Scottish Government with progress against relevant actions reported through the IPQR.

It is acknowledged that it is likely that improvement work will not be captured within SPRA therefore these will still need sought from Service Leads. These improvement actions will be collated with same format as SPRA for consistency.

Developing an Interactive Dashboard

Development on an interactive dashboard for IPQR will begin early in next reporting year. This will be available via web platform and be updated on a timely basis. Dashboard will include various filters and different visualisations, giving users the ability to interrogate the data and ask informed questions.

2.3.1 Quality/ Patient Care

The IPQR reports on the quality of patient care through a number of core targets, the targets are reported individually.

2.3.2 Workforce

The IPQR currently reports on staff absence rates however it has been agreed that this requires to be developed to report on the important range of activity supporting the health and wellbeing of our staff.

This report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

The IPQR reports on the financial position of the Board, this section is also under development.

2.3.4 Risk Assessment/Management

The improvements planned for the IPQR will enhance the visibility of risk levels and mitigating actions associated with the management of service performance.

2.3.5 Equality and Diversity, including health inequalities

The IPQR considers the appropriate equality and diversity impact.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement, and consultation

The cross directorate senior leadership group will ensure the appropriate communication and engagement on this review.

2.3.8 Route to the Meeting

This paper was considered by EDG on 17 February 2022.

2.4 Recommendation

The Committee is requested to take assurance from the report and the proposed changes to the IPQR as part of the IPQR Review.

3 List of appendices

N/A

Report Contact

Bryan Archibald
Planning and Performance Manager

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2021**
Title:	**Healthcare Associated Infection Report (HAIRT)**
Responsible Executive:	**Janette Owens**
Report Author:	**Julia Cook Infection Control Manager**

1 Purpose

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

This is presented to the Clinical Governance Committee 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 February 2022 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 circulated to the Infection Control Committee February 2022 (meeting postponed to March 2022).

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, *Clostridiodies 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 below for new LDP Standards.

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

- New LDP standards are to reduce incidence of healthcare associated 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.

***Staphylococcus aureus* Bacteraemia 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% reduction target rate for 2021/22 is 18.8 per 100,000 total bed days.

***Escherichia coli* Bacteraemias (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 by 25% from 44.0 per 100,000 total bed days in 2018/19, target rate for 2021/22 is 33.0 per 100,000 total bed days.

2.3 Assessment

SAB

For Quarter 3 2021 (July-September) NHS Fife was below the national rate for healthcare associated infection (HCAI) and community associated infection (CAI).

There were a total of 80 SABs for 2021, which is a record low for NHS Fife.

Fife-wide Collaborative Improvement Initiatives: NHS Fife will continue to:

- Collect and analyse SAB data on a monthly basis to understand the magnitude of the risks to patients in Fife.
- Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs where possible.
- Examine the impact of interventions targeted at reducing SABs.
- Use results locally for prioritising resources.
- Use the data to inform clinical practice improvements thereby improving the quality of patient care.
- Liaise with Drug addiction services re PWID (IVDU) SABs. IPCT are currently awaiting an update from the Addictions service Manager.

CDI

- For Quarter 3 2021 (July-September) NHS Fife was below the national rate for HCAI and CAI.

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 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 (EPFX) regime aiming to prevent recurrent disease in high risk patients.
- Bezlotoxumab for recurrent CDI currently used in Fife.

ECB

- For Quarter 3 2021 (July- September) NHS Fife was above the national rate for HCAI and CAI. This has resulted in NHS Fife being issued with an Exception Report from ARHAI (Antimicrobial Resistance and Healthcare Associated Infection, National Services Scotland). The data is being examined locally and an action plan is being developed, to be returned to ARHAI by 8.2.22.

Current ECB Initiatives

- 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 in MORSE for District nurse documentation
- Patientrack CAUTI bundles still to be implemented for Acute services/HSCP but in progress with eHealth

COVID-19 pandemic

The IPCT has continued proactive work in preventing healthcare outbreaks, supporting clinical areas with outbreak management and support the safe remobilisation of services.

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.

Outbreaks (November - end of December 2021)

- **Norovirus**

There has been 2 new ward closures due to a Norovirus outbreak

- **Seasonal Influenza**

There has been NO new closures due to confirmed Influenza

- **COVID-19**

Six ARHAI Scotland reportable outbreaks/incidents of COVID-19 are detailed in the HIIAT

Hospital Inspection Team

NHS Fife have not received any further unannounced Hospital Inspections since last report

Hand Hygiene

- Ward Dashboard is no longer available as a link on Intranet. This has been reported to eHealth and a response is awaited.

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 3 (October - December 2021) was **95.9%**.

National Cleaning Services Specification

- The National Cleaning Services Specification – quarterly compliance report result for Quarter 3 (October - December 2021) shows NHS Fife achieving **Green** status.

Estates Monitoring

- The National Cleaning Services Specification – quarterly compliance report result for shows Quarter 3 (October - December 2021) 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

No financial costs identified in this report.

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

This paper has been considered by the Infection Control Manager

2.3.8 Route to the Meeting

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

This is a summary of the HAIRT submitted to the Infection Control Committee February 2022

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- HAIRT Report

Report Contact
Julia Cook
Infection Control Manager
Email Julia.Cook@nhs.scot

Infection Prevention
and Control Team

Fife Health & Social Care Partnership

NHS Fife

HAIRT Report

HAIRT Report for Infection Control Committee on 2nd February 2022.

(Validated Data up to December 2021)

February 2022

www.nhsfife.org

Contents

Board Wide Issues

Key Healthcare Associated Infection Headlines up to 1st of December 2021

1.1 Achievements:

Staphylococcus aureus Bacteraemia Prevention (SAB)
During Q3 2021 (Jul-Sep), NHS Fife was below the national rate for healthcare associated infection (HCAI) and community associated infection (CAI).

There were a total of 80 SABs for 2021, which is a record low for NHS Fife.

Clostridioides difficile Infection (CDI)

During Q3 2021(Jul-Sep), NHS Fife was below the national rate for HCAI & CAI.

1.2 Challenges:

SABs

Vascular access devices (VAD) remain the greatest challenge for hospital acquired SABs, ongoing improvement work continues.

ECBs

During Q3 2021 (Jul-Sep), NHS Fife was above the national rate for HCAI & CAI. This has resulted in NHS Fife being issued with an Exception Report from ARHAI (Antimicrobial Resistance and Healthcare Associated Infection, National Services Scotland). The data is being examined locally and an action plan is being developed, to be returned to ARHAI by 8.2.22.

CDI

NHS Fife had a total of 44 CDI cases reported for 2021. This is higher than in 2020, when there were 34 cases, but less than 2019 when 47 cases were reported.
Whilst Fife's CDI Year ending Q3 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

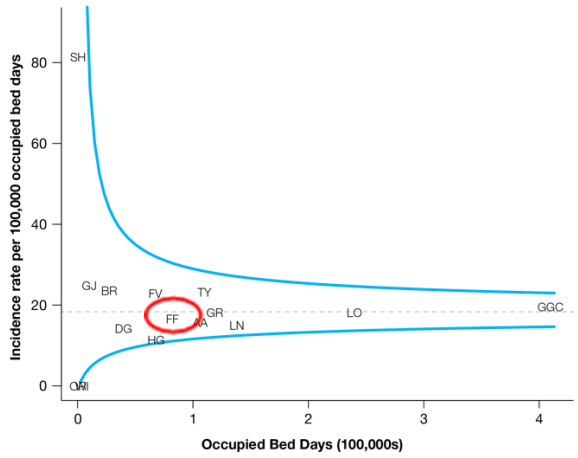
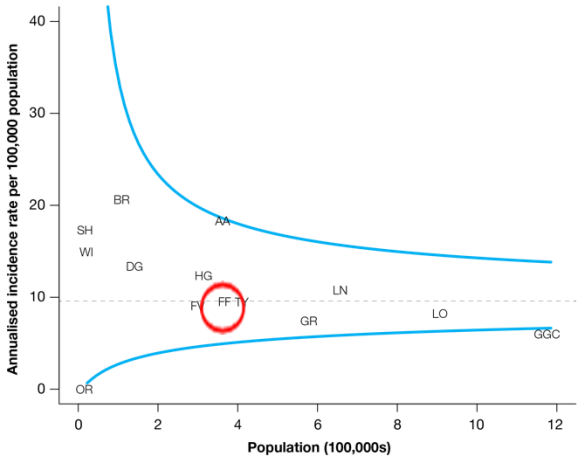
National surveillance programme for SSI 2021/22 has been paused due to the COVID-19 pandemic.

Surveillance

2. Staphylococcus aureus incorporating MRSA/CPE screening compliance

2.1 Trends – Quarterly

Staphylococcus aureus Bacteraemias (SABs)				
Local Data: Q3 2021 (Jul-Sep) **(Q3 2021 National comparison awaited)**				
In Q4 2021 NHS Fife had:	20 SABs	11 HCAI/HAI 9 CAI	This is **DOWN** from	23 Cases in Q3 2021

Q3 2021 (Jul-Sep) - ARHAI Validated data with commentary			
Healthcare associated SABs		**Community associated SABs infection**	
HCAI SAB rate: **16.6**	Per 100,000 bed days	CAI SABs rate: **9.5**	Per 100,000 Pop
No of HCAI SABs: 14		No of CAI SABs: 9	
This is **BELOW** National rate of 18.3		This is **BELOW** National rate of 9.6	
			
NHS Fife was **WITHIN** the 95% confidence interval in the funnel plot analysis for HCAI & CAI.			

New standards for reducing all Healthcare Associated SAB by 10% by 2022 (from 2018/2019 baseline)		
Standards application for Fife:	**SAB Rate Baseline 2018/2019**	**SAB 10% reduction target by 2022**
SAB by rate 100,000 Total bed days	**20.9** per 100,000 TBDs	**18.8** 100,000 TBDs
SAB by Number of HCAI cases	**76**	**68**
Current 12 Monthly HCAI SAB rates for Year ending September 2021 (HPS)		
SAB by rate 100,000 Total bed days	**15.3** per 100,000 TBDs	
SAB by Number of HCAI cases	**49**	

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 no further dialysis line related SABs since the most recent case on 15/10/21. The IPCT continues ongoing surveillance and provides support to the renal staff around VAD care.

As of **10/01/2022** the number of days since the last confirmed SAB is as follows:	
CVC SABs	120 Days
PWID (IVDU)	71 Days
Renal Services Dialysis Line SABs	87 Days
Acute services PVC (Peripheral venous cannula) SABs	150 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. IPCT are currently awaiting an update from the Addictions service Manager.

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 **93%** compliance with the **MRSA** CRA in Q4 (Oct-Dec) 2021

This was **UP** on Q3 2021 (88%) & **ABOVE** the compliance target of 90%.

This National Scottish average for Q4 2021 is still to be published.

MRSA Critical risk assessment (CRA) screening KPI compliance summary:

Quarter	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	Q3 2021 Jul-Sep	Q4 2021 Oct-Dec
Fife	93%	83%	98%	88%	98%	95%	98%	88%	93%
Scotland	88%	88%	87%	86%	82%	83%	84%	81%	N/k

CPE (Carbapenemase Producing Enterobacteriaceae)

From April 2018, CRA has also included screening for CPE.

NHS Fife achieved **98%** compliance with the **CPE** CRA for Q4 2021 (Oct-Dec)

This is **DOWN** from 100% in Q3 2021

The National Scottish average for Q4 2021 is still to be published.

Quarter	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	Q3 2021 Jul-Sep	Q4 2021 Oct-Dec `
Fife	80%*	93%	95%	85%	98%	88%	90%	100%	98%
Scotland	85%	85%	80%	85%	79%	82%	83%	82%	N/k

CPE CRA screening KPI compliance Summary- Commenced from April 2018

MDRO CRA Patientrack Update

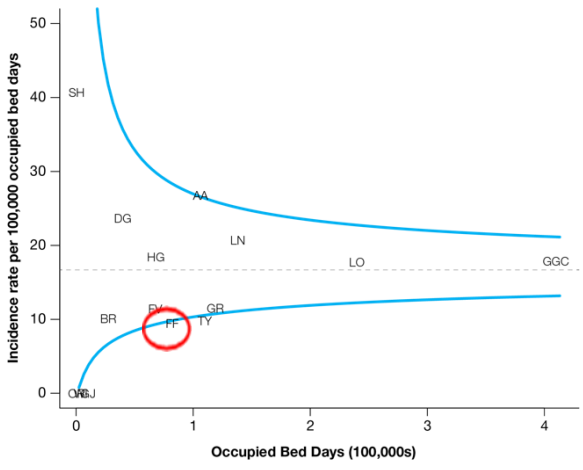
- Following a successful pilot of the electronic MDRO CRA in AU2, Patientrack has now added the CPE and MRSA assessments which were rolled out across the Board in September 2021
- The IPCT available for support to clinical teams
- Ongoing quality assurance will continue through 2022

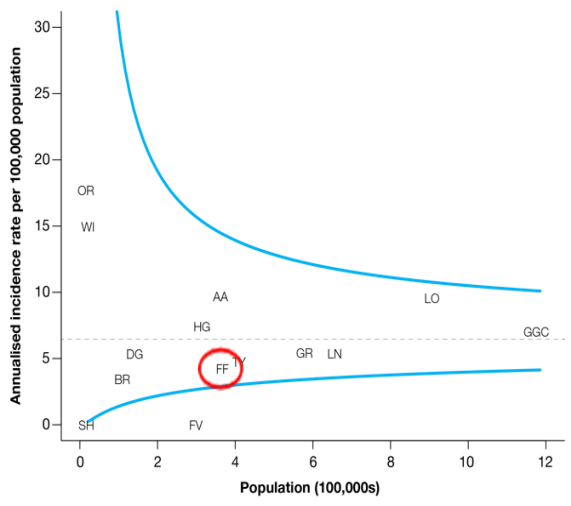
3 Clostridioides difficile Infection (CDI)

3.1 Trends

Clostridioides difficile Infection (CDI)				
Local Data: Q4 Oct-Dec 2021 **(Q4 2021 HPS National comparison awaited)**				
In Q4 2021 NHS Fife had:	5 CDIs	4 HCAI/HAI/Unknown 1 CAI	This is **DOWN** from	12 Cases in Q3 2021
Q3 (July-Sep) 2021 ARHAI validated data with commentary				
With ARHAI Quarterly epidemiological data Commentary *Please note for ARHAI reporting- the CDI denominator may vary from locally reported denominators. This is due to some Fife resident Community onset CDIs allocated back to NHS Fife, even though they were treated at other Health boards.				

Healthcare associated CDIs		Community associated CDIs infection	
HCAI CDI rate: **9.5**	Per 100,000 bed days	CAI CDIs rate: **4.2**	Per 100,000 Pop
No of HCAI CDIs: 8		No of CAI CDIs: 4	
This is **BELOW** National rate of 16.7		This is **BELOW** National rate of 6.5	





New standards for reducing all Healthcare Associated CDI by 10% by 2022 (from 2018/2019 baseline)		
Standards application for Fife:	**CDI Rate Baseline 2018/2019**	**CDI 10% reduction target by 2022**
CDI by rate 100,000 Total bed days	**7.2** per 100,000 TBDs	**6.5** 100,000 TBDs
CDI by Number of HCAI cases	**26**	**23**
Current 12 Monthly HCAI CDI rates for Year ending June 2021 (HPS)		
CDI by rate 100,000 Total bed days	**10.3** per 100,000 TBDs	
CDI by Number of HCAI cases	**33**	

3.2 Current CDI initiatives

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

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

4.0 Escherichia coli Bacteraemias (ECB)

4.1 Trends:

<table>
<tr><th colspan="5">Escherichia coli Bacteraemias (ECB)</th></tr>
<tr><th colspan="5">Local Data: Q3 (Jul-Sep) 2021

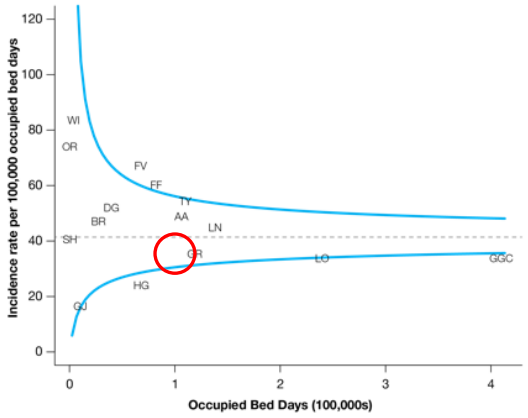
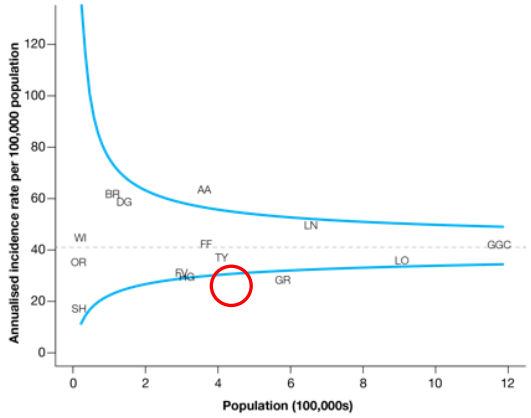
(Q3 2021 HPS National comparison awaited)</th></tr>
<tr><td>In Q4 2021

NHS Fife had:</td><td>60 ECBs</td><td>29 HAI/HCAIs

31 CAIs</td><td>This is DOWN from</td><td>85 Cases in

Q3 2021</td></tr>
<tr><td colspan="5">Q4 2021 There were 7 Urinary catheter associated ECBs (4 x HCAI, 2 X CAI and 1X HAI). This is an improvement on Q3 2021, when there were 14 ECBs

There was 2 trauma related CAUTIs in Q4 2021.</td></tr>
</table>

Q3 (Jul-Sep) 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: **60.3**	Per 100,000 bed days	CAI ECBs rate: **42.4**	Per 100,000 Pop
No of HCAI ECBs: 51		No of CAI ECBs: 40	
This is **ABOVE** National rate of 41.4		This is **ABOVE** National rate of 41.1	
			
For HCAI ECBs: NHS Fife was **OUTWITH** the 95% confidence interval in the funnel plot analysis			

Two HCAI reduction standards have been set for ECBs:

1) 25% reduction ECBs - 2021/2022		
New standards for reducing all Healthcare Associated ECB by 25% by 2021/22 (from 2018/2019 baseline)		
Standards application for Fife:	**ECB Rate Baseline 2018/2019**	**ECB 25% reduction target by 2022**
ECB by rate 100,000 Total bed days	**44.0** per 100,000 TBDs	**33.0** per 100,000 TBDs
ECB by Number of HCAI cases	**160**	**120**
Current 12 Monthly HCAI ECB rates for Year ending September 2021 (HPS)		
ECB by rate 100,000 Total bed days	**42.7** per 100,000 TBDs	
ECB by Number of HCAI cases	**137**	

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**

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 *E.coli* Bacteraemia
Count of Device- Catheter over Total Fife **HAI** ECBs

	NHS Scotland	**NHS Fife**	Rate calculation
2021 Q4	TBC	***9.1%**	* Locally calculated data- TBC by HPS when Q3 & Q4 data publish on Discovery
2021 Q3	TBC	***19.0%**	
2021 Q2	23.4%	**25%**	
2021 Q1	12.9%	**8.3%**	
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 *E.coli* Bacteraemia
Count of Device- Catheter over Total Fife **HCAI** ECBs

	NHS Scotland	**NHS Fife**	Rate calculation
2021 Q4	TBC	***33.3%**	
2021 Q3	TBC	***33.3%**	
2021 Q2	32.5	**40.9%**	* Locally calculated data- TBC by HPS when Q3 & Q4 data published on Discovery
2021 Q1	27.2%	**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- the most recent meeting on **19th January 2022** was cancelled.

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
There have been **FOUR** 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 2022.

CAUTI QI projects: Kelty MP- CAUTI QI project ongoing

Other NHS Fife Initiatives to reduce ECB incidence

NHS Fife is collaborating with NHS Shetland & NHS Grampian Infection control surveillance teams to trial a enhanced surveillance tool for all CAUTI associated ECBs & to collate all data to identify risk factors for onset of infection.

As part of the NHS Fife ECB strategy plan, all catheter related ECBs are now reported on Datix , to then undergo a LAER to provide further learning from all ECB CAUTIs.

5. Hand Hygiene

- Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections.
- NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non-compliance.
- Reporting of Hand Hygiene performance is based on data submitted by each ward via LanQIP
- 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 should be viewed on Ward Dashboard.
- However, from October 2021 it was noted that Ward Dashboard is no longer available. This has been reported to eHealth and the IPCT are organising a meeting to explore what alternatives are available.
  The hand hygiene compliance for the last up to March 2021 only can be found in Section 11.

5.1 Trends

- Unable to report

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 3 (Oct-Dec 2021) was **95.9%**.
- The cleaning compliance score for NHS Fife & each acute hospital can be found in Section 11

6.1 Trends

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

- **National Cleaning Services Specification**

Domestic Location	Q3 Oct-Dec 21	Q2 Jul-Sep 21
Fife	95.9% ↑	95.7%
Scotland	Awaiting national comparison data	95.5%

- The National Cleaning Services Specification – quarterly compliance report result for Q3 (Oct-Dec) 2021 shows NHS Fife achieving **GREEN** status.

- **Estates Monitoring**

Estates Location	Q3 Oct-Dec 21	Q2 Jul-Sep 21
Fife	96.6↑	96.0
Scotland	Awaiting national comparison data	96.3

- The National Cleaning Services Specification – quarterly compliance report result for Quarter 3 (Oct-Dec) 2021 shows NHS Fife achieving **GREEN** status.

6.2 Current Initiatives

· Areas with results below 90% for all Hospital & Healthcare facilities have been identified to relevant managers for action.

.

7.1 Outbreaks

This section gives details on any outbreaks that have taken place in the Board since the last report, or a brief note confirming that none has taken place.

Where there has been an outbreak this states the causative organism, when it was

declared, number of patients & staff affected & number of deaths (if any) & how many days the closure lasted.

A summary of all outbreaks since the last report will be within Section 4.1h of the Agenda.

All ward/ bay closures due to Norovirus & Influenza are reported to HPS weekly plus all closures due to an Acute Respiratory Illness (ARI).

All Influenza patients admitted to ICU are also notifiable to HPS

November – end of December 2021

Norovirus

There has been 2 new ward closures due to a Norovirus outbreak since last ICC report

Weekly national Laboratory reports of Norovirus in Scotland- week 52 2021 (Week ending 2nd January 2022)

- The provisional total of laboratory reports for norovirus in Scotland up to the end of week 52 of 2021 (week ending 2 January 2022) is 346.
- In comparison, to the end of week 52 in 2020 PHS received 219 laboratory reports of norovirus. The five-year average for the same time period between years 2015 and 2019 was 1311.

Seasonal Influenza

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

Weekly national seasonal respiratory report- week 52 2021

- Influenza activity was at **Baseline** level. There were 25 influenza cases: 14 type A (subtype unknown), six type A (H3) and five type B. This compares with 26 influenza cases reported in week 51.
- Human metapneumovirus (HMPV) was at **Extraordinary** activity level.
- Coronavirus (non-SARS-CoV-2), parainfluenza and rhinovirus were at **Low** activity level.
- Adenovirus, respiratory syncytial virus (RSV) and Mycoplasma pneumoniae were at **Baseline** activity level.

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 November – December 2021, there has been 6 new COVID-19 outbreaks/incidents reportable to ARHAI Scotland during this reporting period.

COVID-19 outbreaks/incidents reported to ARHAI Scotland Nov/Dec 2021	
Hospital	Ward
Queen Margaret Hospital	Ward 6
Queen Margaret Hospital	Ward 3
Queen Margaret Hospital	Ward 5
Victoria Hospital	Ward 41
Stratheden Hospital	Hollyview (IPCU)
Stratheden Hospital	Radernie ward

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

There have been no inspections during this reporting period

10. Assessment

- **CDIs**: The number of *Clostridioides difficile* cases was higher in 2021 than during the previous year (44 cases in 2021, 34 cases in 2020). However, it was less than in 2019, when 47 cases were reported for Fife. The same pattern is true for the number of HCAI in 2021 (28 cases) compared to the previous 2 years (34 cases in 2019 and 24 cases in 2020) 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.

Summary

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.

The summary and conclusions section is sometimes placed before the discussion section. It describes the purpose of the report, your conclusions and how you reached them.

The conclusions are your main findings. Keep them brief. They should say what options or actions you consider to be best and what can be learned from what has happened before. So they may include or may lead to your recommendations: what should be done in the future to improve the situation?

Often, writers will put the summary and conclusions and the recommendations together and circulate them as a separate document. This is often called an executive summary because people can get the information they need without having to read the whole report.

Report Cards

	NHS Fife								
	SAB			C Diff			ECB		
Month	HAI & HCAI	Community / Not Known	SAB Total	HAI/HCAI / UnKnown	Community	CD Total	HAI & HCAI	Community / Not Known	ECB Total
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	2	3	13	9	22
Jul-21	3	2	5	3	2	5	13	15	28
Aug-21	5	3	8	3	0	3	13	15	28
Sep-21	6	4	10	2	2	4	21	8	29
Oct-21	3	4	7	1	0	1	11	13	24
Nov-21	4	3	7	2	0	2	9	9	18
Dec-21	4	2	6	1	1	2	9	9	18

Hand Hygiene Monitoring Compliance (%) TOTAL FIFE											
	Feb 21	Mar 21	Apr 21	May 21	June 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
Overall	99	99	NK	NK	NK	NK	NK	NK	NK	NK	NK
AHP	100	97	NK	NK	NK	NK	NK	NK	NK	NK	NK
Medical	97	99	NK	NK	NK	NK	NK	NK	NK	NK	NK
Nurse	100	99	NK	NK	NK	NK	NK	NK	NK	NK	NK
Other	100	100	NK	NK	NK	NK	NK	NK	NK	NK	NK

Please note: there is currently no access to `Ward Dashboard`.

Cleaning Compliance (%) TOTAL FIFE											
	Feb-21	Mar-21	Apr-21	May 21	June 21	July 21	Aug 21	Sep 21	Oct 21	Nov-21	Dec-21
Overall	95.9	95.9	95.6	94.9	95.6	95.6	96.0	95.6	95.8	95.7	96.2

Estates Monitoring Compliance (%) TOTAL FIFE											
	Feb-21	Mar-21	Apr-21	May21	June 21	July 21	Aug 21	Sep 21	Oct 21	Nov-21	Dec-21
Overall	96.3	96.5	96.3	95.7	96.4	95.7	96.3	96.1	96.0	96.6	97.1

Victoria Hospital

	VHK		
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
Month	HAI	HAI	HAI
Apr-21	2	0	0
May-21	0	2	3
Jun-21	1	1	4
Jul-21	0	1	3
Aug-21	2	0	5
Sep-21	2	2	7
Oct-21	3	0	4
Nov-21	2	2	5
Dec-21	3	0	1

Cleaning Compliance (%) Victoria Hospital												
	Jan-21	Feb-21	Mar-21	Apr-21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
Overall	95.8	95.9	96.1	95.9	95.3	95.8	95.5	96.0	95.9	95.7	95.4	96.4

Estates Monitoring Compliance (%) Victoria Hospital												
	Jan-21	Feb-21	Mar-21	Apr-21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
Overall	95.2	96.9	95.2	96.5	96.4	97.2	96.5	96.8	96.8	96.5	97.3	97.7

Queen Margaret Hospital

	QMH		
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
Month	HAI	HAI	HAI
Apr-21	0	0	0
May-21	0	1	0
Jun-21	0	0	0
Jul-21	1	1	2
Aug-21	0	0	2
Sep-21	1	0	0
Oct-21	0	0	0
Nov-21	0	0	1
Dec-21	0	0	0

Cleaning Compliance (%) Queen Margaret's hospital												
	Jan-21	Feb-21	Mar-21	Apr-21	May 21	Jun-21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
Overall	96.1	96.5	96.5	96.0	96.7	96.7	96.3	97.0	96.3	96.7	97.0	96.9

Estates Monitoring Compliance (%)Queen Margaret's hospital												
	Jan - 21	Feb - 21	Mar-21	Apr-21	May 21	Jun-21	July 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21
Overall	96.2	95.6	97.1	95.5	94.3	95.3	94.6	95.3	95.5	95.7	97.0	97.4

Community Hospitals

	COMMUNITY HOSPITALS		
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
Month	HAI	HAI	HAI
Apr-21	0	1	0
May-21	0	0	1
Jun-21	0	0	0
Jul-21	1	0	0
Aug-21	0	0	1
Sep-21	0	0	0
Oct-21	0	0	0
Nov-21	0	0	0
Dec-21	0	0	0

Out of Hospital Infections

	OUT OF HOSPITAL					
	SAB <48hrs admx		CDI <48hrs admx		ECB <48hrs admx	
Month	HCAI	Community / Not Known	HCAI / UnKnown	Community	HCAI	Community / Not Known
Apr-21	2	2	3	0	5	5
May-21	0	3	0	2	8	12
Jun-21	0	2	0	2	9	9
Jul-21	1	2	1	2	8	15
Aug-21	3	3	3	0	5	15
Sep-21	3	4	0	2	14	8
Oct-21	0	4	1	0	7	13
Nov-21	2	3	0	0	3	9
Dec-21	1	2	1	1	8	9

Appendix 1 References and Links

References & Links
Understanding the Report Cards – Infection Case Numbers *Clostridioides difficile infections (CDI)* and *Staphylococcus aureus* bacteraemia *(SAB)* cases are presented for each hospital, broken down by month by Healthcare Associated (HCAI & HAI) & Community (Community/Unknown) onset. More information on these organisms can be found on the NHS24 website: *Clostridioides difficile*: https://www.hps.scot.nhs.uk/a-to-z-of-topics/clostridioides-difficile-infection/ *Staphylococcus aureus* : https://www.hps.scot.nhs.uk/a-to-z-of-topics/staphylococcus-aureus-bacteraemia-surveillance/ For each hospital, the total number of cases for each month are those, which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered confirmation that the infection was contracted prior to hospital admission and will be shown in the "out of hospital" report card. **Targets** There are national targets associated with reductions in C.diff and SABs and from 2019 for e.coli bacteraemias (ECBs). More information on these can be found on the Scotland Performs website: http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance **Understanding the Report Cards – Hand Hygiene Compliance** Hospitals carry out regular audits of how well their staff are complying with hand hygiene. Each hospital report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used. **Understanding the Report Cards – Cleaning Compliance** Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website: http://www.hfs.scot.nhs.uk/online-services/publications/hai/ **Understanding the Report Cards – *'Out of Hospital Infections'*** *Clostridium difficile infections* and *Staphylococcus aureus bacteraemia* cases can be associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infections from community sources. The final Report Card report in this section covers '*Out of Hospital Infections*' and reports on SAB and CDI cases reported to NHS Fife which are not attributable to a hospital.
For HPS categories for Healthcare Associated Infections: **https://www.hps.scot.nhs.uk/web-resources-container/quarterly-epidemiological-commentary-for-the-surveillance-of-healthcare-associated-infections-in-scotland-methods-caveats/**

Appendix 2 Categories of Healthcare & Community Infections

Categories of Healthcare & community Infections

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

HPS **ECB** & **SAB** definitions for Hospital Acquired, Healthcare Associated, Community or Not known

Hospital Acquired Infection (HAI):
Positive Blood culture obtained from patient who has been
-Hospitalised for >48 hours
If the patient was transferred from another hospital the duration of the in-patient stay is calculated from the date of the first hospital admission
OR
-The patient was discharged from hospital in the 48 hours prior to the positive blood culture being obtained
OR
-A patient receives regular haemodialysis as an outpatient

Community Infection
-Positive Blood culture obtained from a patient with 48 hours of admission to hospital who does not fulfil any of the criteria for the healthcare associated blood stream infections

Not known:
-Only to be used if the ECB is not a HAI and unable to determine if community or HCAI

Healthcare Associated Infection (HCAI):-
Positive blood culture obtained within 48 hours of admission to hospital and fulfils one or more of the following criteria:
-Was hospitalised overnight in the 30 days prior to the +ve blood culture being obtained.
OR
-Resides in a Nursing home, long term facility or residential home
OR
-IV,IM, Intra-articular or sub cut medication in the 30 days prior to the positive blood culture,
but EXCLUDING IV illicit drug use.
OR
-Underwent venepuncture in the 30 days before +ve BC
OR
-Underwent medical procedure which broke mucous or skin barrier i.e. biopsies or dental extraction in the 30 days before +ve BC
OR
-Underwent any care for chronic medical condition or manipulation of medical device by a healthcare worker in the community in the 30 days prior to the +ve BC being obtained i.e. podiatry or dressing of chronic ulcers, catheter change or insertion
OR
-Has a long term indwelling device (i.e. catheter, central line, drain (excluding a haemodialysis line)

HPS **CDI** Definition for Hospital Acquired, Healthcare Associated, Unknown or Community onset

HPS Linkage Origin Definitions

CDI Origin	Origin sub category : definitions
Healthcare	**HAI :** Specimen taken after more than 2 days in hospital (day three or later following admission on day one)
	HCAI : Specimen taken within 2 or less days in hospital and a discharge from hospital 4 weeks prior to specimen date; or specimen taken in the

	community and a discharge from hospital within 4 weeks of the specimen date **Unknown** : Specimen taken 2 or less days in hospital and a previous discharge from hospital 4-12 weeks prior to specimen date; or specimen taken in the community and a discharge from hospital in 4-12 weeks prior to the specimen date
Community	**CAI :** Specimen taken 2 or less days in hospital and no hospital discharges in the 12 weeks prior to specimen date; or not in hospital when specimen taken and no hospital discharges in the 12 weeks prior to specimen date.

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

NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife-UHB.EqualityandHumanRights@nhs.net or phone 01592 729130

NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

www.nhsfife.org

facebook.com/nhsfife
@nhsfife
youtube.com/nhsfife
@nhsfife

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Implementation of Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021**
Responsible Executive:	**Janette Owens, Director of Nursing**
Report Author:	**Louise Noble, Lead Nurse/Nominated Board Lead**

1 Purpose

This is presented to the Clinical Governance Committee for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act was unanimously passed in December 2020 and received Royal Assent in January 2021. Officials are currently working towards commencement of the FMS Act on 1st April 2022.

Health Boards are working towards the introduction of self referral to Forensic Medical services for those who have experienced rape or sexual assault. This is to be available in each Health Board area from 1st April 2022.

The purpose of this report is to update Clinical Governance Committee on the progress made within Fife to assure that the suitable arrangements are in place.

2.2 Background

Self-referral services will be available in all health boards from 1 April 2022 and delivered in line with the FMS Act. A national protocol is currently being developed for all staff involved in the delivery of these services, to ensure a consistent approach and that the chain of evidence is maintained in a way that meets the requirements of the Scottish Criminal Justice System. NHS Education Scotland (NES) has developed and delivered "train the trainer" training on the protocol.

NHS 24 will deliver a national telephony service to enable people to request a self-referral Forensic Medical Examination (FME) 24 hours a day, 7 days a week, 365 days a year. Easily accessible information has been developed for NHS Inform with NHS Fife being one of the main contributors to this process. Referral pathway protocols have been developed with each health board for Adult and Young Person referrals. A national referral HUB has been established sited with Ayrshire and Arran Health Board to ensure appropriate pathway adherence from NHS 24 to the individual health boards.

A national awareness raising / information/ advertising campaign is also being developed to raise awareness of the availability of self –referral. This will include the information developed for NHS inform includes the creation of specific information that is required to be provided under the FMS Act.

Specific IT software is under development to support FME under the act by CELMA.

Monthly readiness assessments are being completed by Board Nominated Leads in preparation for the implementation of self-referral. CMO Taskforce officials undertake monitoring of the assessments to ensure progress remains on track.

2.3 Assessment

In line with the readiness self assessment (appendix 2) developments to introduce Self Referral for FME are on track in NHS Fife.

- The local SARC (Sexual Assault Referral Centre) is the Fife Suite which has been upgraded and equipped to ensure appropriate facilities are available to securely store wet and dry evidence taken from a self-referral examination (in line with the chapter 7 of the national protocol and SARCS spec doc[1]).
- The facility is fully functioning to incorporate self-referral from 1st April 2022; it is fully secure with restricted and monitored access.
- All care pathways are complete and shared with NHS 24 and the national HUB.
- The phone number for NHS 24 has been obtained and will be shared/advertised with the media campaign. NHS Fife has been involved, with all other board leads, with the development of the media campaign.

- NHS Fife have a rota to ensure that there is a response to a self referral via NHS24 and the national HUB on a Monday to Friday basis. Out of hours referrals will be received by NHS Lothian. FME services are provided for NHS Fife by NHS Lothian.
- All relevant staff in NHS Fife have undertaken NES essentials training.
- Work is now underway on the introduction of the CELMA IT system. Hardware is expected to be configured and distributed this week with testing of the system taking place from 7-11 February. It is expected the IT system will continue to develop over the course of the next 12-24 months. The CMO taskforce has made contact with eHealth and Information Governance leads and progress is being made rapidly with weekly meetings being held on the roll out of the system.

2.3.1 Quality/ Patient Care

It is expected that the option of self referral to Forensic Medical Services without making an official Police complaint will support victims to seek medical help whilst making 3rd sector support agencies known to them and referral routes more achievable. This service will offer victims time to process the trauma they have experienced without losing the opportunity of prosecution.

2.3.2 Workforce

Self Referral will be managed in NHS Fife by the Gender Based Violence Team. This is a small team of only 2.3 WTE trained nursing staff. A rota has been developed to ensure the team can respond to self referrals in the agreed timeframe however close observation will be required to assess and review the level of increased demand the development brings and the workforce required to respond to this appropriately.

2.3.3 Financial

Scottish Government previously funded 0.8wte band 6, however due to the unpredictability of the demand for the self referral service it is difficult to assess if there will be additional resource required to maintain the standard of care currently being provided .

The costs of the national infrastructure will be met by Scottish Government. Digital and Information Services Leads have agreed to meet the costs of the IT System.

2.3.4 Risk Assessment/Management

There is risk of contamination of the SARC. In mitigation there are national decontamination and access protocols along with monitoring and security which has been upgraded for the purpose of Self Referral and storage of evidence on the site.

2.3.5 Equality and Diversity, including health inequalities

This brings access to health services and to FME for victims of rape and sexual assault who would otherwise have had to make a Police complaint to access FME.

2.3.6 Other impact

Self referral to FME may increase numbers accessing Sexual Health Services following rape and/or sexual assault.

2.3.7 Communication, involvement, engagement and consultation

NHS Fife has been actively involved in the CMO taskforce from the beginning working alongside partners in all NHS Boards in Scotland, Police Scotland and Rape Crisis.

2.3.8 Route to the Meeting

This report was discussed at the Health and Social Care Partnership SLT and the Executive Directors Group in February 2022.

2.4 Recommendation

Clinical Governance Committee is invited to take assurance that in line with the readiness self assessment developments to introduce Self Referral for FME are on track in NHS Fife.

3 List of appendices

The following appendices are included with this report:

Appendix 1 CMO Taskforce and Asks of Chief Executives
Appendix 2 Readiness assessment

Report Contact
Louise Noble, Lead Nurse, nominated board lead for CMO Taskforce
Email louise.noble11@nhs.scot
Heather Bett Interim Senior Manager
Heather.bett@nhs.scot

CMO Taskforce and Asks of Chief Executives
(updated 27/01/22)

Subgroup	Current Status	Ask of Chief Executives	Relevant to CMO Ask	Update
Legislation	The Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act was unanimously passed in December 2020 and received Royal Assent in January 2021. Officials are currently working towards commencement of the FMS Act on 1 April 2022 which includes bringing forward secondary legislation which will: Commence the FMS Act 2021. • Commence section 9 of the Victims and Witnesses Act 2014 which will enable individuals to request the sex of the examiner involved in their care. • Set the retention period for health boards to retain evidence collected during a forensic medical examination in cases of self-referral. The Scottish Government carried out a public consultation to seek views on a retention period of 26 months (based on experience elsewhere, clinical guidance and the views of survivors). A consultation report will be published in due course. • Ensure parity between the functions of reserved police forces (i.e. the British Transport Police, Ministry of Defence police and the armed services police forces), investigating a rape or sexual assault that has occurred in Scotland and that of Police Scotland. • Enable Scottish Ministers to confer functions to other bodies. For further details see https://www.gov.scot/policies/violence-against-womenand-girls/forensic-medical-services-for-rape-victims/.	Ensure all your staff working within this service are preparing for the commencement of the Act and the introduction of self-referral services across Scotland.	8	NHS Fife is on track to go live with Self Referral in April 2022 Retention period of 26 months agreed nationally.

Subgroup	Current Status	Ask of Chief Executives	Relevant to CMO Ask	Update
Self-Referral	Self-referral services will be available in all health boards from 1 April 2022 and delivered in line with the FMS Act. A national protocol is currently being developed for all staff involved in the delivery of these services, to ensure a consistent approach and that the chain of evidence is maintained in a way that meets the	Ensure all your staff working within this service are preparing for the introduction of	8	Fife has contributed to all meetings and development of the

Subgroup	Current Status	Ask of Chief Executives	Relevant to CMO Ask	Update
	requirements of the Scottish Criminal Justice System. Work is ongoing with NHS Education Scotland (NES) to develop and deliver the necessary training on the protocol. Work is progressing with NHS 24 to develop and deliver a national telephony service, so that when the Act is commenced, people can request a self-referral FME, 24 hours a day, 7 days a week, 365 days a year. Regional engagement with health boards is ongoing to ensure preparedness for the implementation of the telephony service and the necessary workforce to support the referral pathway from NHS 24 to health boards. A national awareness raising / information campaign is also being developed in partnership with NHS Inform and other key partners, which will include the creation of specific information that is required to be provided under the FMS Act. Monthly readiness assessments are being completed by Board Nominated Leads in preparation for the implementation of self-referral. CMO Taskforce officials undertake monitoring of the assessments to ensure progress remains on track.	self-referral services across Scotland, including the implementation of the national telephony service and ensure the necessary workforce models are in place to support the service.		national protocols and associated training. All national protocols are now complete and under final review. NHS Fife has been actively involved in the development of these. There is now a designated national telephone number and this will be promoted in the national awareness campaigns. Awareness campaigns for all forms of media currently under review and being “tweaked”. NHS Fife GBV staff have led the development of content for NHS inform. Process in place for all in hours (9-5) calls to be picked up by NHS Fife and directed to Gender Based Violence Service. Work undertaken with switchboard to ensure staff are aware of the service and potential for calls to be received. It is

Subgroup	Current Status	Ask of Chief Executives	Relevant to CMO Ask	Update
				planned and expected that all in hour's calls will be answered within 1 hour of receipt. Out of hours calls will be answered by the FME service regionally. Monthly readiness assessments submitted and regular meetings to review performance are in place with CMO Taskforce officials.
Delivery and Performance	All Board Nominated Leads have been supported to develop and implement a local improvement plan in line with the HIS Standards, Taskforce vision and the Sexual Assault Response Coordination Service (SARCS) national specification document. Taskforce funding has been provided to support the creation of SARCS in each territorial health board where these did not previously exist; to make improvements to existing facilities; and to develop regional centres of expertise. It is recognised that some capital projects have been impacted by COVID-19 but that positive progress is now being made to move these to completion. Health board performance against the Healthcare Improvement Scotland Standards and Quality Indicators is currently monitored on a quarterly basis through an Interim Performance Framework (IPF). The data provided by health boards to the SG in IPF returns, is not published but a summary of key performance information is shared with the CMO Taskforce and areas for improvement are followed up directly with Board Nominated Leads as appropriate. Public Health Scotland will collate and publish a full set of performance data against the HIS QIs from Spring 2023, following the first year of the operation of the FMS Act.	Plan for the sustainability and continuous improvement of the service from April 2022. Ensure local pathways of care and rota coverage enable the three hour standard to be met where possible (for police and self-referral). Ensure each health board Information Governance and	1, 2, 6, 7, 9 and 10	Local Improvement Plan currently being reviewed and updated for 2021-2023. Rota is managed by East SEAT services. 3 hour standard continues to be achieved in the majority of referrals

Subgroup	Current Status	Ask of Chief Executives	Relevant to CMO Ask	Update
	An environmental monitoring regime will be published shortly and will be accompanied by a series of internal audits. This will ensure a robust process is in place to check compliance with the decontamination protocol. Through the IPR process health boards are reporting a very high level of compliance with the decontamination protocol. The HIS Quality Indicators (QI) underpinning the HIS Standards, specify that a forensic medical examination should commence within three hours of the person being referred in to or making contact with the service to request an examination. A person-centred, trauma-informed approach should always be taken by the health board SARCS when considering a referral from NHS 24 for an Out of Hours self-referral examination. Appropriate OOH risk assessments (and any necessary mitigating action) should be developed as part of the board's readiness assessment exercise. Self-evaluation against the HIS standards should be monitored as part of the continuous improvement of the service. This subgroup has oversight of the Information Governance Delivery Group (IGDG) which is working to develop the national documentation needing to be in place prior to commencement of the FMS Act. This includes a template for the Data Protection Impact Assessment and Information Sharing Agreements. All health board Information Governance and e-health leads will need to be involved in this work and will be responsible for ensuring these reflect local processes and circumstances.	eHealth lead is engaged in the work of the Information Governance Delivery Group and that the relevant national documentation is completed in time for commencement of the FMS Act.		DPIA assessments carried out by NHS Fife Information Governance, IG and eHealth working in partnership with CMO taskforce IT lead. Ayrshire and Arran healthboard will be fielding all calls from NHS 24 and directing them to the appropriate SARCs nationwide.
Workforce and Training	The availability of a female examiner is the first QI underpinning the HIS Standards and work to continuously improve this remains a top priority for the Taskforce and the Cabinet Secretary for Health and Social Care. The Taskforce continues to provide funding for NHS Education Scotland (NES) to deliver 'essentials' trauma training in sexual offence examinations with the aim of increasing the number of females available to undertake this work. The training has been adapted to provide joint inputs for nurses involved in providing healthcare and support to victims of sexual crime. The application process for the NES essentials course includes a commitment from boards to ensure that those who	Ensure all staff involved in the delivery of sexual offence examinations that have completed the required NES training have transitioned on to rotas.	3, 4, 5 and 7	Staff training being undertaken by East region SEAT. Training continues with a noted disparity between numbers undertaking the training and subsequently transitioning to rotas.

Subgroup	Current Status	Ask of Chief Executives	Relevant to CMO Ask	Update
	undertake the training transition into rotas and continued review of this is undertaken by CMO Taskforce officials and Board Nominated Leads. Work is also underway to develop national initiatives to raise awareness of the Sexual Offence Examiner (SOE) role with a view to attracting more females in to SARCS. In January 2021, two appropriately qualified and experienced nurses were recruited to the nurse examiner Test of change, funded by Scottish Government and hosted in NHS Greater Glasgow and Clyde, to explore the potential role nurses could play as part of a female led, multi-disciplinary workforce for the future. Taskforce funding has paid for priority places on a new Post Graduate Qualification in Advanced Forensic Practice at Queen Margaret University (QMU) in Edinburgh. Fourteen nurses from eight health boards are undertaking this qualification – the first of its kind in Scotland.	Prioritise improving the availability of female examiners in line with the requirements of the HIS Standards and QI. Ensure staff are engaged and supportive of the implementation of the national initiatives for raising awareness of the SOE role.		SG are focusing work on understanding the reasoning behind this and addressing. Availability of female examiners is improving however increasing numbers remains critical and work continues as described above. Fife will work with Lothian to identify any support that can be offered from the sexual health workforce Staff are committed to the implementation of the SOE role.
Clinical Pathways	The CMO Taskforce launched a package of resources in November 2020 to ensure a consistent, national approach to the pathways of care for adults, children and young people, as well as for the recording, collation and reporting of data in relation to these services. The clinical pathways for all ages are being updated ahead of commencement of the FMS Act and self-referral services. The children and young people's pathway will also reflect other national developments around Barnahus, the incorporation of UN Convention on the Rights of the Child (UNCRC) and the updated national Child Protection Guidance. To support the implementation of the FMS Act and the children and young people's clinical pathway, the former Cabinet Secretary for Health and Sport committed to	Ensure that all staff involved in the delivery of these services continue to follow the clinical pathways and are appropriately supported to access the ongoing through care they require.	7 & 9	The adult clinical pathway continues to be followed ensuring high quality person centred ongoing through care. The Gender Based Violence team work closely with partner services and agencies and user feedback of the

Subgroup	Current Status	Ask of Chief Executives	Relevant to CMO Ask	Update
	developing the role of Child and Family Support Workers (CFSW) across Scotland. Reflecting on the nurse coordinator role for adults, a CFSW will provide a consistent point of contact for children, young people and their non-abusing parents/carers and help to ensure a smooth pathway of care to support their onward recovery. Following discussion with Regional Planners, funding will be provided from 2021/22 to 2022/23 to build on the learning of the West of Scotland pilot. The funding will be utilised by the three regions to work with multiagency partners to undertake further scoping work to ascertain what resources are currently in place across Scotland, where the CFSW is best placed and how the roles can be sustained. A report will be prepared by the three regions and relevant partners which will be brought to BCEs and ministers following completion of the scoping work.			service remains overwhelmingly positive. Fife continues to provide an ongoing contribution to clinical pathway development.
Quality Improvement	This subgroup continues to progress work on the development and implementation of a national clinical IT system. Confirmation of the go live date will be communicated to health board leads shortly. Work is also underway on the data processing and data sharing agreements specific to the FMS IT system that need to be in place (these are separate agreements to those required to be in place within health boards for implementation of self-referral). A wide range of health board staff are involved in this work (including clinicians, information governance and e-health leads), to ensure that the system best meets the requirements of both staff and people using the service. Paper-based national forms (health assessment and forensic form) should be used consistently until the national clinical IT system goes live.	Ensure that all relevant staff continue to support work on the development and implementation of the national clinical IT system.	9	.Regular meetings taking place to guide the testing and implementation of the CELMA IT system which is on track to be live for 01/01/22. Hardware for CELMA being distributed at this time.

Appendix 2

Health Board Readiness Assessment – Updated February 2022
Self-Referral Implementation

Background

The Forensic Medical Services (Victims of Sexual Offences) (Scotland) Act 2021 (FMS Act) was unanimously passed by the Scottish Parliament on 10 December 2020 and received Royal Assent on 20 January 2021. Once commenced, the FMS Act will provide a statutory basis for health boards to provide forensic medical services (FMS) for people who have experienced rape, sexual assault or child sexual abuse, and will establish a legal framework for consistent access to "self-referral" so a person can access healthcare and request an FMS without first having to make a report to the police.

Process

To ensure that Health Boards are prepared for the implementation of the FMS Act, a Health Board Readiness Assessment has been developed using the criteria set out below. The intention of this initial assessment is to provide a framework for the CMO Taskforce to evaluate Health Board readiness across all 14 Health Boards, to ensure the consistent implementation of a self-referral service across Scotland and what further work is required before go-live.

- Health Board Nominated Leads are responsible for undertaking a monthly assessment of their board's state of readiness and for submitting this to the CMO Taskforce Mailbox CMOTaskforce.Secretariat@gov.scot on the last working day of each month.
- The assessment template should also be updated and circulated by the Nominated Lead prior to each quarterly review meeting with the Scottish Government CMO Taskforce team.
- Nominated leads are responsible for ensuring that all relevant NHS and multi-agency colleagues have the opportunity to contribute to the assessment; that the necessary approvals are obtained and that key personnel including the Chair and Chief Executive are appropriately briefed prior to submission to the SG.

If concerns are raised by the Health Board out with the meeting cycle, extraordinary meetings can be convened.

Go-live

We are working towards commencement of the FMS Act. This includes the roll out of a national self-referral service.

RAG Rating

RAG Status and scoring	Definition	Action Required
Green (10)	10 – System / Process / Workforce requirements are fully in place & tested where appropriate. Ready to implement	Ready to go Live
Amber (6 – 9)	9 – System / Process / Workforce requirements are in place and partially tested 8 – System / Process / Workforce requirements are in place but not tested 7 – System / Process / Workforce requirements are in development (80% - 100% complete) 6 – System / Process / Workforce requirements are in development (50% - 70% complete)	Active Monitoring and Review
Red (1 – 5)	5 – System / Process / Workforce requirements are in development (<50% complete) 1 – 4 – System / Process / Workforce requirements are not in place and there is no implementation plan	Urgent Action Required
Awaiting National Guidance	Awaiting further information / national guidance before local work can be progressed	Please include update where appropriate

Assessment template *(to be completed by each board)*

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	Facilities			
F001	Local SARCS facility operational. **Taskforce update** All health boards should ensure their SARCS facility is fully operational ahead of go-live, with relevant SOPS and processes tested and in place	3 months before go-live	10	Completed and ready

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
F002	Appropriate facilities are available to securely store wet and dry evidence taken from a self-referral examination (in line with the chapter 7 of the national protocol and SARCS spec doc[2]). **Taskforce Update** All health boards should ensure that they have, or have plans in place, to ensure the necessary storage facilities are available in each SARCS before go-live. • Dry evidence must be stored securely in a locked cupboard with controlled access with a log book to track who has accessed the room. • Shelving used for dry item storage should have location markers so items can be easily tracked. • The exact location of any dry items within the room should be recorded on the Police Scotland Production Book. • Any paper logs should be duplicated and backed up electronically. • The majority of items being stored for self-referral cases will be 'wet' samples, which require frozen storage. This includes intimate swabs, skin swabs, underwear, condoms and sanitary wear.	1 month before go-live	10	Completed and ready
F003	The SARCS facilities meets the minimum security requirements set out in the SARCS spec doc. **Taskforce Update** It is recommended that facilities consider several levels of secure access. Video access and electronic or mechanical numeric keypad entry are recommended. This reduces the likelihood of lost keys or swipe cards which would require to be reported through DATIX, or a similar incident reporting system. A log of those who know the code should be maintained. See the separate document attached to this email communication for the minimum standards for building security requirements.	1 month before go-live	10	Completed and ready

[2] Sexual Assualt Response Coordination Service (SARCS) specification document - gov.scot (www.gov.scot) – currently being updated

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	The self-referral protocol does not contain this detail however the updated SARCS specification document will provide specific guidance on security. An extract of the SARCS specification document has been provided to all boards which contains this detail as well as the specific specification for freezers.			
F004	Appropriate freezer management processes in place, in line with the SARCS spec doc *(SARCS spec doc currently being updated to include this)* **Taskforce Update** The updated SARCS specification document will provide specific guidance the freezer spec A freezer specification was provided to all health board leads in June 2021 and has been included in the attached document again for clarification. An extract of the SARCS specification document has been provided to all boards which contains this detail as well as the specific specification for freezers. Health boards must flag to the Taskforce if they do not currently have a freezer and the remedial action to ensure this will be in place for 1st April 22.	1 month before go-live	10	
F005	Police Scotland production book available in each SARCS to record all evidence retained from self-referral examinations. To obtain additional Police Scotland production books please contact SCDRapeTaskForceReview@scotland.pnn.police.uk **Taskforce Update** Police Scotland are printing and sending out to all SARCS.	1 month before go-live	9	Wider SEAT group confirming process for obtaining i.e. whether can be obtained centrally by Lothian for distribution or whether each board needs to have board specific.
F006	Necessary stock of tamper evident bags and window production bags available in the SARCS facility. **Taskforce Update** SARCS staff should ensure that the facility has a sufficient stock of tamper evident bags and window production bags and should contact Police Scotland via 101 to request more stock when necessary.	1 month before go-live	9	Wider SEAT group confirming process for obtaining i.e. whether can be obtained centrally by Lothian for distribution or whether each board needs to have board specific.
Workforce				

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
W001	Arrangements are in place locally / regionally to ensure that all calls transferred from the national telephony service will be picked up and triaged by a suitably trained Health Care Professional within 1 hour of receipt, in and out of hours. **Taskforce Update** As a national hub is being established, all health boards should have the necessary staff available 24/7 to pick up referrals sent from NHS 24 to the national hub and then to the local health board. Due to the nature of these calls and the possibility of 13-15 year olds being referred from NHS 24, a timeous response from health boards is required to ensure all calls are responded to and that people are phoned back to discuss their health care needs and the options available to them e.g. an FME.	3 months before go-live	10	NHS Lothian will be receiving initial calls as part of a coordinated response
W002	Arrangements are in place locally / regionally to ensure that all required staff (for both police and self-referral), are available so that examinations commence within three hours of the person making contact with the service to request an examination in all SARCS facilities. **Taskforce Update** The health board should ensure that arrangements are in place to ensure that self-referral services are available to be activated at the appropriate time, while taking cognisance of the health and safety of the person and staff, and putting in place / taking appropriate mitigating action where appropriate, as well as employing professional and clinical judgement.	3 months before go-live	10	NHS Lothian will provided a coordinated response to meet this requirement taking cognisance of health and safety of staff in relation to out of hours/overnight FME.
W003	Appropriate regional arrangements are in place to ensure appropriate handover of cases where the staffing model (e.g. a peripatetic workforce) means that staff are required to travel to other Health Boards SARCS facilities to undertake examinations.	2 months before go-live	10	In place.

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	Taskforce Update For those health boards who operate within a peripatetic workforce model, there should be seamless handover processes in place, from the staff who carry out the FME to the local staff who will be responsible for the follow up and ongoing care of the person who has had an FME e.g. the Nurse Coordinator.			
W004	All staff involved in forensic medical services have undergone, at a minimum, mandatory NES training on the self-referral protocol and NES Essentials Training. All boards to identify a clinical and operational lead to attend the train the trainer session on 14 January 2021. All boards to develop local training plans to ensure all staff are trained on the self-referral protocol before go-live. **Taskforce Update** All boards should have attended the NES self-referral train the trainer session on Friday 14th January and now developing plans to deliver this training locally to all staff. These plans should be submitted to the CMO Taskforce Team along with the January HBRA. Boards who outsource SOE's to undertake examinations should ensure the training is also disseminated to them so they are aware of the protocol and the processes that must be followed for self-referral examinations.	1 month before go-live	10	Completed
	Technology			
T001	Ensure locally that any necessary technology for the electronic transfer of people who call the national telephony service for accessing self-referral is in place (work ongoing with the Access to Services group to establish processes between NHS 24 and Cellma). **Taskforce Update**	3 months before go-live	9	IT equipment has been received and is with eHealth for configuration. Need to expedite escalated to head of eHealth 22/2/22.

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	Each board will have a requirement to arrange Cellma access via laptop / desktop and Cellma training for all workforce that will be accessing self-referrals via the national service / hub. Depending on the workforce model, this may require access to multiple NHS sites e.g. Lothian will require access to Borders, Fife, Lothian and Forth Valley as a peripatetic model in place. For business continuity, all health boards must provide the national hub (NHS Ayrshire and Arran) with a generic SARCS mailbox address in case of system outage. A referral can be transferred via secure email. Local SOPs should be in place to ensure that all relevant workforce have access to the mail box.			Email address provided to the HUB. SOP's being updated across SEAT
T002	Ensure all staff understand how to record information on Cellma for self-referral, and are aware of the information that is to be shared / not to be shared and when. **Taskforce Update** Training dates TBC but will be ran 7th - 29th March - will be morning and afternoon slots and sessions will be recorded. Will also provide a written user guide.	1 month before go-live	7	User training and testing underway but has not taken place in SEAT region yet due to need to configure IT, escalated to eHealth lead 22/2/22
IT001	Ensure required IT hardware in place (Other than the new Tablet to be provided by the taskforce) e.g. printers, scanners, etc. If hardware required for the service assistance may be provided by the Taskforce. Lead Responsibility: eHealth **Taskforce Update** Tablet, keyboard, pen and covers to be provided. Access to printer required in each SARCS so Cellma output can be printed and wet signed.	Early Feb 2022	10	In place
IT002	Local HB configures new tablet and digipen for use. Lead Responsibility: eHealth **Taskforce Update**	TBC (Jan/Feb 2022)	9	Tablet and digipen currently with IT for configuration.

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	Will provide basic guidance for how to set up - should match local policies.			
IT003	Cellma users identified in each HB for each Cellma access role (Clinical, admin, etc) Lead Responsibility: Board Nominated Lead **Taskforce Update** Health boards will be provided with current user list - nominated leads to confirm if correct or amend.	Jan 2022	10	
IT004	Cellma testing users identified and allocated time to complete testing (at least one SOE from each HB) Lead Responsibility: Board Nominated Lead **Taskforce Update** Testing 7 - 11th Feb (also other testing activity in Feb to ensure all elements tested and any defects fixed and retested - each board provide 1 or 2 testers for adults and at least 1 for CYP (may not need to test CYP in all 14 boards).	Feb 2022	10	Nurse specialist and Lothian users to test when IT hardware configured.
IT005	Cellma Testing carried out and signed off once completed. Lead Responsibility: Board Nominated Lead **Taskforce Update** Testing will be co-ordinated by national programme but requires sign off by board leads. Need to ensure each board is content that Cellma works as expected in the board.	Feb 2022	8	Testing still to take place, awaiting IT hardware configuration.
IT006	Local IT Helpdesk staff engaged and agree local responsibilities. Lead Responsibility: eHealth **Taskforce Update** Will provide guidance and support model - local support to be agreed in place by local leads. Limited responsibility for local helpdesks. Need ability to have a process to route issues to NSS helpdesk if not a local issue.	Jan/Feb 2022	8	To be confirmed by eHealth lead
IT007	Staff available for Cellma training. (Clinical, admin and system roles). Lead Responsibility: Board Nominated Lead	TBC (Feb/Mar 2022)	10	Staff are available

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	Taskforce Update Training dates TBC but will be ran 7th - 29th March - will be morning and afternoon slots and sessions will be recorded. Will also provide a written user guide. A user list will be provided to ensure all Cellma users identified and clarify the correct access required (clinical or admin) Requires board leads to review the user list and provide any changes.			
IT008	Training provided and signed off by HB as complete. Lead Responsibility: Board Nominated Lead **Taskforce Update** Training will be co-ordinated by national programme but requires sign off from board leads that training provided and staff can use the system.	Mar 2022	8	Training and testing still to be provided. Awaiting IT hardware configuration.
IT009	Local HB person appointed to lead PHS reporting. (run monthly report and provide to PHS). Lead Responsibility: Board Nominated Lead **Taskforce Update** Appoint person - programme will then provide training and confirm if tested and working.	Jan 2022	10	This will be carried out regionally by the Lothian Data Analyst
IT010	Local reporting person completed Cellma reporting testing & training. Lead Responsibility: Board Nominated Lead **Taskforce Update** As above. Sign off that reporting lead trained and can carry out reporting.	Mar 2022	10	This will be carried out regionally by the Lothian Data Analyst
IT011	Local HB lead appointed for user management of Cellma. (Lead person to approve new / remove users and local processes in place to add / remove users of Cellma). Lead Responsibility: Board Nominated Lead **Taskforce Update** Envision board lead or clinical lead to provide authority and local ehealth to add / remove users based on notification from leads.	Feb 2022	10	Lead Nurse for Sexual Health/GBV and CSM for Sexual Health and GBV.

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	Processes and Systems			
P001	The necessary national –> regional –> local pathways are in place between the telephony service, the national hub and the Health Board to ensure safe handoff of callers from the telephony service and hub to the local SARCS including any relevant information that has been provided to the call handler on the initial call. **Taskforce Update** As communicated in December, to ensure a safe and robust handoff, a national hub (delivered by NHS Ayrshire and Arran) is being established. All health boards must work with NHS A&A to ensure the necessary processes are in place to allow handover of referrals from A&A to each board. All health boards must provide the National Hub with: • On-call Forensic rota (rotas would be distributed to Police Scotland for police referrals in non 27 x 7 staffed SARCS). Notify the hub of any changes so the hub can call the on call staff to notify that a referral has been received. • Provide national hub with local escalation process in case the on call HCP does not respond. • Any changes to board contacts details. • Local pathway for those who call the national telephony service >7 days post assault when an FME is not required. • Pathway for anyone aged 13-15 who calls the telephony service as they will also be referred via the hub. Health boards must ensure staff are available to pick up referrals / calls from the national hub timeously (24/7) and take appropriate action e.g. call the person back to organise an appointment for a FME, in line with HIS Standards and Self-Referral Protocol. When an FME is not required, ensure relevant SARCS staff are available, who can ensure a smooth pathway of onward, person	3 months before go-live	10	Pathway complete within NHS Fife for coordinated care response

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	centred healthcare, in line with the requirements of the FMS Act, the HIS Standards and the Adult Clinical Pathway. A process must be agreed with the hub so that confirmation can be provided that a referral has been picked up and actioned by the local SARCS.			
P002	The numbers for the local SPA lab and out of hours are available to all SARCS staff in the event that advice is required to be sought from an SPA scientist regarding the retention of evidence. **Taskforce Update** Daytime numbers will be the local lab contact number. Aberdeen – 01224 306 700 Edinburgh – 0131 6661 212 Scottish Crime Campus (Glasgow/West) – 01236 818243 or 01236 808296 Dundee – 01382 315 890 For out of hours; Biology on call co-ordinator – 07584 330 382 (in first instance) Carol Rogers, Lead Forensic Scientist, Scottish Police Authority - 07825236098	1 month before go-live	10	
P003	Process in place for the management and destruction of evidence to ensure any evidence collected from a self-referral examination is not being retained after the agreed retention period as per chapters 7 & 9 of the national protocol. **Taskforce Update** The Self-Referral Protocol includes guidance on the destruction of evidence. All health boards must ensure they have local processes in place to manage all evidence they are storing, to ensure this is stored in line with the protocol. This process should be developed and shared with all staff in the health board who are involved in the delivery of forensic medical services. Based on the responses received to the consultation and all the evidence gathered, the Scottish Government proposes to set the retention period	1 month before go-live	9	NHS Fife documentation being developed in collaboration with SEAT. In finishing/review stages.

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	at 26 months under regulations, these will be put before the Scottish Parliament towards the end of the month for final approval. All forensic evidence captured or taken must be destroyed with no distinction made between different types. Disposal / destruction of any biometric data taken as evidence should be carried out in accordance with the health board destruction policy on biological material disposal. Section 8 of the FMS Act states that evidence should be destroyed 'as soon as reasonably practicable' at the expiry of the retention period. Whilst the Act does not specify a timeframe for this, subject to any UK GDPR or Data Protection obligations, health boards should ensure that this happens within at least 5 working days of the end of the retention period, to ensure consistency in practice across the country.			
P004	Process in place for the returning of evidence to the person when requested (in line with chapter 8 of the national protocol). **Taskforce Update** The Self-Referral Protocol includes guidance on the return of evidence when requested. All health boards must ensure they have local processes in place to manage all evidence they are storing, to ensure this is stored in line with the protocol. A process for the return of certain items (if requested) should be developed and shared with all staff in the health board who are involved in the delivery of forensic medical services. For self-referral, before returning evidence under section 7 of the FMS Act, health professionals must consider if: • The item requested to be returned belongs to the person who made the request. The health board should ensure it is satisfied that the request has come from the person whom the items belong to and not from anyone else prior to returning items. If it is not satisfied, the health board must refuse the request and explain to the person why the item of evidence will not be returned to them. • The item is safe to return to the person. There could be exceptional circumstances where an item has become	1 month before go-live	8	Being developed by NHS Lothian.

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	biologically hazardous and it would be unsafe for it to be returned to the person. For example, if there were remnants or traces of a "date rape" drug on the item. If it established that the item is not safe to return, the health board must refuse the request and explain to the person why the item of evidence is not being returned to them.			
	Information Governance			
I001	All necessary Data Protection Impact Assessments (DPIAs) in place, to identify, assess and mitigate any actual or potential risks to privacy due to requirement to share information with the police. This will be in line with current GDPR and Data Protection obligations, and signed off through local Information Governance structures, including oversight by the Health Board's SIRO. (Board Chairs have been made aware of the need to identify resource to develop IG documentation required. In your return let us know if your board is planning on developing their own DPIA or has offered resource to help develop this centrally and then modify locally. You will need to liaise with your SIRO/IG lead to respond to this) **Taskforce Update** An information governance short life working group (IG SLWG) has been convened to ensure there is a DPIA template for all health boards to follow. Work is progressing well and the DPIA will be easy to adapt to local circumstances.	1 month before go-live		
I002	All necessary Information Sharing Agreements in place, based on a centrally agreed template, to set out the arrangements for the sharing of information between the Health Board and the police.	1 month before go-live		

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	(Board Chairs have been made aware of the need to identify resource to develop IG documentation required. In your return let us know if your SIRO/IG lead has started discussions with other boards about how to develop this document). **Taskforce Update** Central Legal Office will write an ISA to cover information sharing with police. A draft will be ready in late January for consideration by the IG SLWG. Once complete there will be very little to modify for each Health Board.			
I003	Privacy notices developed and available in a range of appropriate formats for anyone who accesses forensic medical services and has their information stored by the Health Board. **Taskforce Update** A short life working group under the Clinical Pathways and Access to Services subgroups is working to update the patient information leaflet for police referral FME and is developing the patient information leaflet for self-referral FME. In tandem the group will develop an information card that people accessing services can refer to which will provide the relevant information regarding their data rights, including the ability to request return of personal items stored by the health board under the retention service, or destruction of their evidence. This information will also require a privacy notice that will be developed by the group, with IG input. Board Nominated Leads should check that their health board generic privacy notices are up-to-date, and whether any references to the FMS Act need to be included in references to 'legal basis' for using personal info.	1 month before go-live	10	
I004	Process in place, working with e-health leads to ensure any photographs can be stored securely in line with GDPR, data protection and the FMS Act. **Taskforce Update**	1 month before go-live		Local training in photography dates arranged for 23 and 24 March

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
	The CMO Taskforce is currently working with medical illustration staff within NHS GG&C to develop guidance and training for clinicians in the event they are required to take photographs of external injuries as part of an FME (e.g. when medical illustration are not available) In November 2021, Board e-health leads were briefed on the requirement for all boards to have a secure way to store photographs, in line with GDPR, data protection and the FMS Act and asked to liaise with board leads to ensure that from 1st April, their respective boards have processes in place, in the absence of a national photo storage solution. The guidance currently being developed will outline the guiding principles by which photographs should be stored, but will not prescribe the solution for health boards due to the differences in practice currently across health boards. Medical illustration within GG&C are developing a video to provide an overview on the process of taking forensic photographs. Two dates for training have also been identified in March (23rd from 10am – 11am and 24th from 2pm – 3pm) and BNLs have been asked to send the invites on to all clinicians within their board areas to ensure they can join one of these sessions.			
	General			
G001	All Health Board Nominated Leads engaged directly (or indirectly via a regional rep) on the development of the national telephony service. **Taskforce Update** All health boards should ensure they are engaging with the national hub board to provide local pathways and ensuring processes are agreed for handover. Testing of processes will be required before go-live and therefore all boards should ensure they are engaged on this	June 2021	10	

ID	Category	Ready date	RAG rating and score	Further Actions / Comments
G002	All Health Board Nominated Leads contributed to the development of the National Self-Referral Protocol to ensure it is fit for purpose and the key requirements of the protocol have been communicated to wider Health Board staff. **Taskforce Update** This document has been approved by the CMO Taskforce and the Lord Advocate. Please note, the protocol is subject to minor change before 1st April when the final version will be sent to all health boards. Any versions previously sent to board leads should only be utilised to inform service planning between now and 1st April.	May 2021	10	
G003	All Health Board Nominated Leads to ensure they have appropriate processes in place to provide the necessary information (as provided for in the FMS Act and detailed in chapter 6 of the national protocol), before a self-referral examination, in line with the nationally agreed format. **Taskforce Update** A SLWG is currently developing a Self-Referral leaflet and an important/necessary information leaflet that will be given to all persons who attend SARCS. Electronic access to these along with appropriate Easy Read and translations will be made available to all SARCS for go live date. SARCS are to ensure they have storage capacity for the leaflets and process in place to ensure they are handed out.	1 month before go-live	10	Facility available and national leaflet imminent.
G004	Each SARCS facility where examinations take place have all other necessary leaflets (take away information for victims) to provide before and following a self-referral examination **Taskforce update** As above under development by the SLWG.	1 month before go-live		As per taskforce update

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Paediatric Audiology Report**
Responsible Executive:	**Claire Dobson, Director of Acute Services**
Report Author:	**Claire Dobson, Director of Acute Services** **Carol Sinclair, Head of Audiology Services** **David Comiskey, Chief Paediatric Audiologist** **Dr John Morrice, AMD, WCCS**

1 Purpose

This is presented to the Clinical Governance Committee for:

- Discussion
- Assurance

This report relates to an:

- Emerging issue

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Scottish Government Cabinet Secretary for Health and Social Care requested a response from NHS Fife in relation to the recent publication of an Independent Review into the Paediatric Audiology Service in NHS Lothian (Appendix 1).

The purpose of this document is to share the response and action plan submitted by NHS Fife.

2.2 Background

Following the publication of an Independent Review into the Paediatric Audiology Service in NHS Lothian carried out by the British Academy of Audiology (BAA) in response to published complaints upheld by the Scottish Public Services Ombudsman (SPSO) in May 2021, the Cabinet Secretary for Health and Social Care wrote to all Scottish Health Boards requesting that they note the content of his letter and provide information on 3 key points in relation to Paediatric Audiology Services:

1. Provide the average age of diagnosis of hearing loss for the periods 2018-2019 and 2019-2020 and how this is calculated.
2. Advise of any specific actions being taken in the Paediatric Audiology Service of the learning highlighted in the three reports.
3. Identify and provide a single point of contact in the Paediatric Audiology Service and associated Lead Director to enable continued engagement on this matter

For awareness:

- One to two babies in every 1000 are born with permanent hearing loss in 1 or both ears.
- The NHS Fife Birth rate in 2018-2019 was 3294 and in 2019-2020 was 3534.
- A new born hearing test should only take place if the baby is well and not less than 34 weeks gestational age.
- The entire screening process should be completed while the baby is still in hospital but as close to discharge as possible.
- Screening should normally be completed by 3 months corrected age.
- There is room for flexibility, and screening can be carried out at up to 6 months (Babies with a no clear response result in one or both ears or other result require an immediate onward referral for audiological assessment and so must be referred for diagnostic audiological assessment in a timely manner.
- The required timescale for well babies is either within 4 weeks of screen completion or by 44 weeks gestational age.

2.3 Assessment

The following responses were provided to the Cabinet Secretary:

Provide the average age of diagnosis of hearing loss for the periods 2018-2019 and 2019-2020 and how this is calculated

A review of the average age of diagnosis of hearing loss for all newborns referred from the Universal Newborn Hearing Screen (UNHS) Programme in 2018-2019 and 2019-2020 was conducted.

Clarity was received from the BAA regarding the patient group to be reported on and this review focuses on Permanent Congenital Hearing Impairment (PCHI) and does not include the diagnosis of other types of deafness in older children.

Within NHS Fife In the period 2018-2019 the average age of diagnosis of hearing loss was 22 days and in the period 2019-2020 the average age of diagnosis of hearing loss was 44 days (this increase was due to two newborns not being well enough to be tested at the target time).

This information was obtained by identifying all newborns referred for diagnostic testing who are registered on the Audiology Service electronic patient management system (Auditbase) and manually checking the waiting time.

Advise of any specific actions being taken in the Paediatric Audiology Service of the learning highlighted in the three reports

The Head of Audiology Services and the UNHS Co-ordinator/Chief Audiologist (Paediatrics) have read and reviewed the reports and recommendations for NHS Lothian.

The reports have been shared with the Senior Audiologists who support the delivery of the diagnostic element of the service.

An initial audit of NHS Fife Paediatric Audiology Service identified areas of good practice and areas for improvement. A further quality audit was undertaken and an action plan was developed (Appendix 2).

Where areas for improvement were indicated, an identified lead within the service has been agreed and will have responsibility for the completion of actions within agreed timescales. An update will be shared with the Director on a monthly basis.

Identify and provide a single point of contact in the Paediatric Audiology Service and associated Lead Director to enable continued engagement on this matter

David Comiskey UNHS Co-ordinator/Chief Audiologist (Paediatrics) will be the single point of contact in the Paediatric Audiology Service. The Director of Acute Services will be the executive lead for Paediatric Audiology.

2.3.1 Quality/ Patient Care

The review of age of diagnosis provides reassurance that babies with sensorineural hearing loss are being identified in timely manner.

A number of actions have been identified by the Chief Audiologist and Head of Audiology to provide ongoing reassurance that these assessments are carried out appropriately and by well trained staff. There are training days that are currently free of charge that the department can participate but it is anticipated that resource is likely to be required to enrol staff on to the BAA higher training scheme.

It is anticipated that subsequent to the Lothian review there will be national guidance and structure of peer review that the department in Fife is well placed to follow and participate in.

Although audiology sits in the Planned Care directorate given the focus on babies and young children that the clinical oversight should rest in paediatrics and currently this would be with the AMD in WCCS.

2.3.2 Workforce

Not applicable.

2.3.3 Financial

Resource is likely to be required to enrol staff on to the BAA higher training scheme. This cost is to be confirmed.

2.3.4 Risk Assessment/Management

The Head of Service is approaching retirement and so this is some uncertainty regarding succession planning and how this service will look in the coming months. The recommendations from the NHS Lothian review will require to be continued to be treated as a high priority.

Given the above uncertainty within the service and the likelihood of further national recommendations and developments it is recommended that there be a further review of the service in 6 months time that will report back to the Executive Directors Group.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

- Discussion with MD, AMD, Director of Acute Services.
- Discussion with Audiology staff.

2.3.8 Route to the Meeting

- Scrutiny of the action plan by the Director of Acute Services.
- Response sent to Scottish Government by CEO.
- EDG 17/02/22

2.4 Recommendation

- **Assurance**
  The Clinical Governance Committee is asked to note the response made to the Scottish Government on behalf of NHS Fife in relation to Paediatric Audiology.

3 List of appendices

Appendix 1
Letter from Cabinet Secretary

Appendix 2
NHS Fife Paediatric Audiology Action Plan

Report Contact:
Claire Dobson
claire.dobson3@nhs.scot

Cabinet Secretary for Health and Social Care
Humza Yousaf MSP

Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0300 244 4000
E: scottish.ministers@gov.scot

NHS Scotland
Board Chairs / Chief Executives
Via e-mail

15th December 2021

Dear Colleagues

URGENT REQUEST - PAEDIATRIC AUDIOLOGY SERVICES ACROSS NHS SCOTLAND

I am writing to you following the publication of an Independent Review into the Paediatric Audiology Service in NHS Lothian carried out by the British Academy of Audiology (BAA) in response to published complaint upheld by the Scottish Public Services Ombudsman (SPSO) in May 2021. The BAA was commissioned by NHS Lothian to undertake a review which included both a clinical audit and governance review of the Board's Paediatric Audiology Service.

The BAA reports outline a series of failures which led to some babies and children being undiagnosed or significantly delayed in receiving a diagnosis and/or appropriate treatment. For some of the children highlighted in the review there will be life-changing consequences. The lifelong impact that undiagnosed, delayed diagnosis and untreated hearing loss has on individuals and families cannot be underestimated.

NHS Lothian has taken immediate actions in response to the BAA reports and the delivery of a robust and overarching action plan is underway which includes a commitment to provide monthly updates to both the SPSO and the Scottish Government until the actions are complete.

I take these unacceptable failures very seriously and that is why I want to draw your attention to the three BAA reports and their recommendations. Copies of these reports are available on the NHS Lothian website.

You will appreciate that the reports have raised significant public concern about the effectiveness and quality of our paediatric audiology services across Scotland. Our priority is to restore and rebuild confidence, ensure support is provided to those affected by the

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

situation in Lothian and to mitigate the risk that this is not repeated for any families elsewhere in Scotland. This is why we are sharing these reports widely.

Our response to the findings and to the concerns that have been raised must assure families across Scotland that their children are getting the best possible audiology care. The Scottish Government has already met with the National Deaf Children's Society who have proposed six recommendations they believe would promote public confidence in paediatric audiology services. We are considering these recommendations carefully, including how we work in partnership with NHS Scotland to respond to the concerns raised.

NHS Boards are asked to:

- note the contents of this letter and that further communication is to follow;
- provide the average age of diagnosis of hearing loss for the periods 2018-2019 and 2019-2020 and how this is calculated in your Board;
- advise of any specific actions being taken in their Paediatric Audiology Service in light of the learning highlighted in the three reports;
- identify and provide a single point of contact in your Paediatric Audiology Service and associated Lead Director to enable continued engagement on this matter.

I would be grateful for a response to be submitted to my officials via Abigail.Parkin@gov.scot by no later than **Friday 21 January 2022.**

Many thanks for your co-operation.

HUMZA YOUSAF

St Andrew's House, Regent Road, Edinburgh EH1 3DG
www.gov.scot

Audit of NHS Fife Paediatric Audiology Service in relation to recommendations from the Independent Review of NHS Lothian Paediatric Audiology Service published December 2021.

Auditors: Carol Sinclair, Head of Audiology Services, NHS Fife and David Comiskey, UNHS Co-ordinator/Chief Audiologist (Paediatrics).

Date: 14/01/2022

Recommendation	Current Position	Comment	Action	Date
Onsite VRA training **Establish Audiological scientific knowledge and leadership skills in the leadership roles within** **the department, seconding to post if necessary. This will enable the staff undergoing VRA** **and ABR training to be supported and to embed this new practice across the department,** **ensuring that the incorrect practice does not**	Audit of all VRA cases for period Jan 2021 to Dec 2021, suggests all staff performing VRA testing are aware of the national British Society of Audiology (BSA) recommended guidelines. Annual clinical competency reviews of the Senior Audiologists support this finding. Audit of Diagnostic ABR cases for period Jan 2020 to Dec 2021 suggests staff performing ABR are aware	Although the audit indicates good practice, it would be beneficial for the Chief and Senior Audiologists to enrol in the British Academy of Audiology(BAA) Higher Training Scheme to support their ongoing learning and development. In addition, ensure all relevant clinical staff attend a national 2 day training event planned for March 2022 in VRA and ABR.	Head of Service to support the enrolment of and continuing support required for all relevant staff involved in the BAA Higher Training Scheme. Head of Service to release staff to attend the national 2 day training event in VRA and ABR.	June 2022

continue	of the national (BSA) recommended guidelines.			
Commence ABR training for appropriate staff (minimum 2 staff) with external support provided (including mentorship and supportive peer review). Consider enrolment onto BAA Higher Training Scheme module in Paediatric Assessment (newborn) to enable staff to obtain recognised qualification which includes externally assessed clinical competency. Consider having two staff working jointly in ABR clinics for peer support, joint learning and to build confidence. **Commence training for 2 members of staff to perform ABR to BSA**	Audit of Diagnostic ABR cases for period Jan 2020 to Dec 2021 suggests staff performing ABR are aware of the national (BSA) recommended guidelines. In addition, there is an informal peer review of ABR cases agreement with NHS Tayside, this references *BSA Principles of external peer review of auditory brainstem response (ABR) testing in babies (Sep 2019)*, this commenced May 2021 with an audit due in May 2022. Audit indicates ABR testing is only performed by the Chief Audiologist (Paediatrics). There is currently a "shadowing" scheme in place to support the learning and	There is an ongoing "shadowing" approach in relation to learning and development within the service. Senior Audiologists shadow the Chief Audiologist in relation to the delivery of ABR testing and sharing of news with parents. It would be beneficial for the Chief and Senior Audiologists to enrol in the British Academy of Audiology Higher Training Scheme to support their ongoing learning and development. In addition, ensure all relevant clinical staff attend a national 2 day training event planned for March 2022 in VRA and ABR.	Head of Service to continue to support staff learning and development through "shadowing". Head of Service to support the enrolment of and ongoing support required for all relevant staff involved in the BAA Higher Training Scheme. Head of Service to release staff to attend the national 2 day training event in VRA and ABR. Chief Audiologist – Paediatrics to continue to develop the informal ABR peer review with NHS Tayside and discuss nationally the implementation	

recommended **procedures including for complex cases such as Auditory Neuropathy Spectrum Disorder** **(ANSD), Unilateral hearing loss and special cases** **Commence training of the 2 members of staff performing ABR testing in sharing the news** **with parents and appropriate ongoing management options for infants diagnosed at ABR**	development of Senior Audiologists which will support the Chief Audiologist in the delivery of this assessment. The Chief Audiologist is solely responsible for sharing the news with parents. There is currently a “shadowing” scheme in place to support the learning and development of Senior Audiologists which will support the Chief Audiologist in the delivery of this.		of a formal process involving all Boards in NHS Scotland.	
Ensure there are adequate toys available during behavioural testing meeting current Health **and Safety guidance**	Audit of toys available suggests there is an adequate choice and they meet current health and safety requirements.	No action required		
Ensure there is adequate functioning equipment and spares for the	Audit suggests service maintains equipment and has ready access to	No action required		

Newborn Hearing Screening Programme.	supplies of replacement test equipment, parts and consumables.			
Share the findings of this review within the multidisciplinary team to ensure clinicians are aware that there may be children within their caseloads who may have been tested inaccurately, and the need to review the full clinical picture, so that repeat testing can be arranged as needed.	The review has been shared within the Audiology Team responsible for delivering the Paediatric Audiology Service with particular attention being given to supporting immediate enquiries from families who have become concerned due to the publishing of the review. In addition, the report has been disseminated to the Early Support Team and Lead Community Paediatrician.	To date the team have received an enquiry from one family who were initially reviewed by NHS Lothian. This child has been reviewed and a satisfactory outcome achieved.	No further action required	
Protocols / guidelines to be reviewed, consolidated where appropriate, and updated using full referencing, using version numbers to facilitate document control. New protocols written if they	Audit suggests national guidelines are primarily used. Review of additional local documentation is required.	The Chief Audiologist – Paediatrics is keen to secure a comprehensive list of policies required for the safe & effective delivery of Paediatric Audiology Service in a similar vain to the comprehensive	Chief Audiologist – Paediatrics to review local guidelines. Chief Audiologist to approach the national Heads of Service Group to request support in developing national guidance.	

don't currently exist or adopt and amend guidelines from other departments to reduce workload. All clinical staff to receive training in all protocols to ensure they are understood and the importance of following them is highlighted.		guidance provided for the safe and effective delivery of UNHS Service. Share all current guidance with relevant staff and ensure sign off is achieved in relation the understanding and importance of adherence. A risk identified has been the lack of support for developing a robust Aetiological Investigation pathway for all newly diagnosed children, this was previously provided by the Community Paeditrician with a Special Interest in Audiology, due to retiral in recent years, it has been extremely difficult to secure medical cover for this important investigation.	Chief Audiologist to ensure all relevant staff are provided with access to all relevant guidance and sign off is achieved. Chief Audiologist to arrange meeting with Lead Community Paediatrician to discuss Aetiological Investigation for newly diagnosed children.	
The importance of following protocols and guidelines.	Audit of staff suggests all clinical staff understand the importance of following protocols and guidelines.	Clinical staff are fully aware to seek support from the Chief Audiologist - Paediatrics, when required.	No further action required.	

Review of the evidence base to include: **Accuracy of parental reports of hearing ability.**	Audit of staff suggests all clinical staff understand the importance of accurately reporting parental interpretation of hearing ability. In addition, language used to describe incomplete consultations suggests staff are sensitive to the child and family's needs.	Clinical staff are fully aware to seek support from the Chief Audiologist – Paediatrics when required. A discussion has taken place to ensure all staff continue to remain fully aware of appropriate language and phrasing to use when referring to the interaction of child and family during the consultation.	No further action required.	
Review of the evidence base to include: **Test techniques to include scientific rational and understanding of child development.**	Audit of staff suggests all clinical staff understand the need to identify the most appropriate testing techniques to be used in relation to the developmental age of a child.	Clinical staff are fully aware to seek support from the Chief Audiologist – Paediatrics when required.	No further action required.	
Review of the evidence base to include: **Effects of mild and high frequency ski slope losses.**	Audit of staff suggests all clinical staff understand the impact of mild and high frequency ski slope losses.	Clinical staff are fully aware to seek support from the Chief Audiologist- Paediatrics, when required.	No further action required.	
Review of the evidence	Audit of staff suggests all	Clinical staff are fully aware	No further action required.	

base to include: **The impact of delayed diagnosis of permanent childhood hearing impairment.**	clinical staff understand the impact of delayed diagnosis of permanent childhood hearing impairment.	to seek support from the Chief Audiologist Paediatrics when required.		
Result integration & critical review.	Audit of reports for period Jan 2021 to Dec 2021 suggest all staff obtain diagnostic results and interpret the findings within the report.	Attention to detail in relation to typing errors and grammar were highlighted in the audit, a system has been introduced for all reports to be peer reviewed prior to dissemination.	No further action required	
Management of inconclusive & complex patients.	Audit of reports for period Jan 2021 to Dec 2021 suggests a further qualitative review of this group of patients, including the "not brought to appointment" children would benefit the team.	Clinical staff are fully aware to seek support from the Chief Audiologist – Paediatrics when results are inconclusive or unachievable through conventional testing. A system is in place for informing referrers/appropriate professionals when a child is not brought to their appointment. This would benefit from further review to incorporate any up to	Chief Audiologist – Paediatrics to discuss approach to managing this patient group at national level. Chief Audiologist to approach Child Protection Team to discuss current guidance and disseminate to appropriate team members.	

		date guidance from NHS Fife Child Protection Officer in relation to the “not brought to appointment” child.		
Arrange clinical mentorship and support for Audiologists to consolidate good practice.	Clinical support is available for Senior Audiologists within the team from the Chief Audiologist (Paediatrics). Support is available from the Head of Audiology Services(Adult and Paediatrics) for teh Chief Audiologist (Paediatrics).	It may be beneficial to look an additional external peer mentorship option for the Chief Audiologist (Paediatrics).	Head of Services to discuss at a national level options available within NHS Scotland.	
Consider enrolling key staff on BAA Higher training scheme module in Paediatric assessment (6mths +) to enable staff to obtain recognised qualification which includes externally assessed clinical competency and critical appraisal skills.	No staff are currently enrolled.	As previously stated this would be of great benefit to the team.	Head of Service to support the enrolment of and continuing support required for all relevant staff involved in the BAA Higher Training Scheme.	

Develop an external regular and ongoing peer review system for ABR traces in line with recommendations.	There is an informal peer review of ABR cases agreement with NHS Tayside, this references *BSA Principles of external peer review of auditory brainstem response (ABR) testing in babies (Sep 2019)*, this commenced May 2021 with an audit due in May 2022.	This has been highlighted at recent national meeting and there is interest to formalise this involving additional Boards.	Chief Audiologist to liaise with NHS Tayside in the first instance in relation to formalising process and feedback to national Heads of Service Group progress.	
Ensure all staff are familiar with the correct child protection reporting procedures, and **recognise when concerns should be highlighted, including some children who fail to attend**	Audit of staff suggests there is an awareness of when to raise concern in relation to a child (including non – attendance), this escalation is normally to the Chief Audiologist – Paediatrics who can provide guidance as to next steps.	Refresher training in what and when to escalate would be beneficial to the team.	Chief Audiologist – Paediatrics to arrange this training.	
Review management of the Newborn Hearing Screening Team to ensure	A review has taken place and findings have indicated the UNHS Team are adequately supported			

the team are **supported as needed**	in relation to clinical competency and general management. An escalation system exists which both clinical and administrative staff use regularly to discuss any concerns or issues with the UNHS Ci-ordinator, there is an excellent working relationship within this team.			
Develop a comprehensive quality assurance programme for the clinical aspects of the service, to include peer review, and reporting / oversight mechanism to Director. Suitable peer reviewer to be identified, which may be external.	The Chief Audiologist leads an annual in-house clinical competency programme for Senior Audiologists clinical practice to be observed and reported on. The outcomes are shared with the Head of Audiology Services (Paediatrics and Adults) and areas of concern are actioned through peer support. The introduction of the quality assurance of reports as previously mentioned supports robust			

	interpretation and reporting of findings. A reintroduction of the informal ABR peer review process with NHS Tayside supports the Chief Audiologist –Paediatrics in the delivery of this diagnostic assessment. Head of Audiology Services (Adults and Paediatrics) reports on experienced waiting times each month and raises concerns in relation to demand and capacity as required. In addition, provides support to the team clinically and managerially.			
Adequate senior staffing with the appropriate scientific approach and critical appraisal skills in each of the three areas: screening, diagnostic assessment and habilitation, to enable	One member of staff has the dual role of UNHS Co-ordinator and Chief Audiologist (Paediatrics). There is a need to futureproof these roles by reviewing and agreeing to expand the senior			

appropriate service development and leadership.	workforce delivering on this.			
Adequate senior staffing to enable more management functions to be delegated to ensure robust leadership and management in the absence of the Head of Service.	The management structure within NHS Fife differs from NHS Lothian as the Head of Service is supported by 1.8 wte Chief Audiologists who have been delegated responsibility in relation to in-house training, clinical competency review and daily clinical lead support in the Adult and Paediatric Services, therefore, the Head of Service absence has no impact on this. In the absence of the Chief Audiologists, the Head of Service is available to support staff. In the rare event all 3 staff are unavailable, there is a designated Clinical Lead for Adult Services and a Clinical Lead for Paediatric Services to continue the support of the team.			

Staff grading is reflective of the specialist roles and training.	The Chief Audiologist – Paediatrics is a Band 7. The Senior Audiologists are Band 6. No other clinical staff grades support the service.	There is no plan to review the skill mix at present.		
Clinical audit so they are able to support the quality assurance programme, and recognise the importance and benefits of accurate self assessment.	Clinical audit initiated by a review of service in relation to NHS Lothian Report has involved all of the clinical team who the Paediatric Audiology Service. This has proved to be invaluable to the team and indeed the team themselves have reflected the benefits of maintaining this level of scrutiny in their day to day work.	The team will become more involved in regular clinical audit within the service.	Head of Service and Chief Audiologist will develop a robust clinical audit programme.	
Critical appraisal and reflection, such that in the future issues should be identified and acted upon earlier.	There are several formal and informal sessions in place to enable the team to share and reflect on clinical experiences, this includes challenging consultations as well as unexpected outcomes from	No further action required.		

	testing.			
Regular recording of all complaints received by the Paediatric Audiology Department , to include informal complaints.	Informal complaints are not recorded.	Identify a robust process for recording informal complaints.	Head f Audiology to establish this.	
Monitoring of complaints at departmental level to look for patterns and themes, and agreeing appropriate action plans.	Complaints/concerns are managed in accordance with current NHS Fife guidelines initially by the Head of Service. There is a strong emphasis of learning through reflection in relation to all complaints received. Please note: the number of complaints received by the service is extremely low.			
Review use of aids for trials and as loan aids in line with infection control guidance.	Audit of the service indicates this is not a practice which occurs in NHS Fife.	No further action required.		
Consideration given to sending staff to observe other large paediatric audiology departments, with priority given to	NHS Fife Paediatric Audiology Team are willing to support a national programme in relation to supporting staff who			

those with clear scientific leadership.	require access to large paediatric audiology departments.			
Perform a full review into the hyperacusis and tinnitus service in order to ascertain and **ensure:** **-the best management approach** **-families are receiving the information provided.** **-That all referrals to the service are appropriate**	An audit of the approach to children who present with hyperacusis /tinnitus suggests the team have a robust approach to assessment and management of this group. There are strong links with the Lead Specialist in Hyperacusis and Tinnutus who primarily sits within the Adult Service but is able to provide support and guidance as required.			
Review and update the PCHI record so that it is an accurate reflection of all children with **hearing aids for a permanent childhood hearing impairment known to the department**	An audit of children with hearing aids has identified the PCHI module has been populated and is updated required.	No further action required.		

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Digital Strategy Delivery 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 Clinical Governance 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 come to the end of the 3rd year of the 5-year Digital and Information Strategy, this paper is presented as an update to the delivery plan designed to best meet the targets outlined in 2019. The paper also seeks to assure that the plan is aligned to the current organisational priorities and can be adapted to support any requirements identified within the development of the Population Health and Wellbeing strategy.

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 presented to NHS Fife from a National, Local and Regional perspective through various digital and data initiatives and delivery plans. It noted the disruptive drivers that 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 digital healthcare service
- Joined Up Care – Joining Up Our Services to ensure all relevant information is available at the 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 that the systems on which they operate are effective, efficient, and complement their working practices.

Each of these ambitions consisted of multiple deliverables that would evidence the completion of these ambitions when completed. This paper will discuss the progress of the originally defined deliverables, progress towards the key aspirations, and identified obstacles to delivery.

2.3 Assessment

As previously outlined in assurance reports provided through 2021-22, the Digital strategy would have benefited from a resourcing and financial assessment to achieve the stated ambitions. The previous reports also noted the impact of the COVID-19 pandemic response and the requirement to align activities to the evolving risk profile within the Digital and Information domains.

The financial impact alone identifies the requirement for prioritisation over the remaining term of the strategy and through the organisation's SPRA process.

Engagement & Prioritisation

Recognising the need for consistent prioritisation and ranking of projects and initiatives, a new engagement model commenced in February 2022. Through the work of the Digital and Information Board, the Digital and Information team will work with the Senior Leadership Teams (SLT) of the Acute and HSCP to align the digital deliverables to their operational and strategic requirements.

The primary focus will be to agree on a prioritised workplan that matches the resource and finance availability and raise general visibility and identify support necessary for digital projects at an SLT level.

A revised prioritisation matrix is being introduced in this engagement to balance the adoption of existing digital capabilities with the implementation of new ones.

Turing to the progress with the 5 ambitions the items for consideration are as follows: -

Modernising Patient Delivery

The delivery plan has seen the completion of the Digital Maturity Assessment, Near Me (Phase 1) projects and the development of supporting outpatient appointments and waiting list management via Patient Initiated Reviews (PIR) and Active Clinical Referral Triage (ACRT), which are available for broader adoption across services. The digital maturity assessment identifies several opportunities for improvement within Digital Infrastructure and Digital Readiness.

Digital Infrastructure maintenance and improvement are closely aligned with the technical infrastructure's capital plans and continuous investment. The Digital readiness of our staff and patients is a key focus for the remaining period of the strategy. The Digital and Information Workforce plan has aligned resources to a Digital Enablement team to support our adoption of digital working and extended delivery of services through digital means. The enablement team consists of Senior Nursing, Midwifery and Allied Health Professional digital roles, digital facilitators and trainers.

Current implementations are ongoing and will extend into 2022-23. Phase 2 implementation of Near Me seeks to ensure that remote consultation technology is readily available for patients from hubs based in the community.
Three venues have been identified within Glenrothes, Kirkcaldy and St Andrews, and work is ongoing to provide the Near Me function from those locations. Consultation with Local Authority and 3rd Sector looks to identify other opportunities for similar venues in our communities across Fife. The Digital Hub is also available to support a more modern and patient centre provision of outpatient and attendance information, reducing the reliance on paper and further enhancing the delivery of features identified as part of NHS Fife's National Treatment Centre – Fife Orthopaedics. The Digital Hub also provides an opportunity to support the work for Cancer Single Point of contact and Technology Enabled Care and provide digital interaction with patients in or near to home.

Assessments have been completed for extending clinical decisions, consultant to consultant guidance and Paperlite. Priority is being given to Paperlite as we move into 2022-2023, again recognising the National Treatment Centre's opportunity to ensure the Electronic Paper Record (EPR) can support the efficient and safe flow of patients through the system.

Delays to the National Programmes for Laboratory Information Management Systems (LIMS) and GP-IT Re-provisioning, see the delivery of these projects move to 2023-24 for earliest delivery of business cases and start of implementation.

Joined Up Care

Delivery has been 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 continue to be progressed, with the final delivery expected to complete in 2022 – 23. The implementation of the community system Morse upgrades to both the Health and Social Care Portal and Trakcare are also planned. The upgrade to TrakCare provides the opportunity to support the TrakCare Maximum Utilisation work and a significant modernisation to its user interface to promote ease of use and a move to the more real-time entry of information.

We have seen some delays to the national CHI and Child Health Replacement programme. This work extends into 2023-24 before it will be complete, and a similar challenge exists with the appropriate design of a national approach to Neurology Electronic Referral, resulting in a delay to implementation.

The most significant change in the reporting period is the decision to cease contract negotiations with the preferred supplier for Hospital Electronic Prescribing and Medicines Automation (HEPMA). The requirement to re-procure will result in an alteration to the programme, with the upgrade to the stock control system being completed in 2022-23 and the replacement of the current, at risk, electronic discharge system (eIDD) commencing in 2022-23. In addition, work continues with the broader Medicines Automation Programme.

The Women and Children's Redesign (Business Case) assessment will conclude in 2021-22, with outcomes a consideration for the remainder of the digital strategy period.

Additional areas of work have been identified and are under assessment for commitment to the delivery plan for 2022-23. These include the opportunity to test the integration of medical devices with Patientrack, the implementation of National Early Warning Score Version 2 (NEWS2), and the development of an approach to results sign off and reconciliation and extending the order communications functions to include Primary Care.

Information and Informatics

Most deliverables within this area persist for the duration of the strategy. Work steadily progresses in several areas, including business and health intelligence, management information hub, improving data quality, and Information Security/Data Protection.

It is recognised that the volume and complexity of assessments required of all digital and information assets have resulted in increased workloads for the Information Governance and Security team and Digital Operations, something that will endure beyond the pandemic response.

Additional focus on the organisation's Records Management requirements and general improvements to Information Governance continues to be overseen by the Information Governance and Security Steering Group. The Information Commissioners Office has also confirmed their intention to audit NHS Scotland Boards during March/April of 2022.

Fife Safe Haven has been completed ahead of target. The NIS and Cyber Essentials Audit was also completed in 19/20 and 21/22, and this remains a constant deliverable to continue to improve NHS Fife's security posture. The next audit is planned for 22 March 2022, which will inform the workplan for 2022-23.

A Data and Insight Hub was also agreed at the most recent Digital and Information Board (25 January 2021). It will form to deliver a collaborative group across a wide range of service areas supporting the delivery of validated, practical data tools in support of operational and strategic planning.

Technical Infrastructure

Like Information and Informatics, this section relates to operational requirements and therefore, several ambitions stretch the whole timeline of the strategy. Work continues with the adaptation of the revenue-based business model for MS Products with a considerable level of technical support provided to the Office 365 delivery.
Additional financial risk sits within this area, given that licence costs are directly associated with recruitment and headcount levels.

The move to the regional IT Service Management tool is complete (Service Now). The team, including our digital clinical leads, continues to develop a prominent role through Regional and National initiatives.

Work will progress in 2022-23 to develop a future Telephony and Communication platform strategy to provide a business case for replacing the current telephone system during 2023-24.

A Data and Insight Hub was also agreed at the most recent Digital and Information Board (25 January 2021). It will form to deliver a collaborative group across a wide range of service areas supporting the delivery of validated, practical data tools in support of operational and strategic planning.

Workforce and Business Systems

e-Rostering Programme will commence in 2022-23 for delivery over multiple years and will be required to establish a business-as-usual function for the continuous delivery and support of rostering functionality. Digital and Information continue to deliver improved digital literacy for all our staff and patients and seek to embed the learning over the pandemic period to support digital inclusion and demonstrate equality in the design and approaches taken. Future phasing of Office 365 as new tools and capabilities are made available from the national teams, and the continued adoption of existing digital capabilities remains at the forefront of the revised engagement and communications plans.

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. This continues to be a significant challenge for NHS Fife, as the delivery costs are high, so a measured approach to appropriate prioritisation is required.

Digital at the Heart of Deliver is an ambitious strategy, and regular review of these ambitions to ensure they continue to meet the needs of services and patients continues. The opportunity to develop a digital framework as part of the Population Health and Wellbeing Strategy will ensure we maximise the remaining opportunity through the strategy for a consistent digital delivery model within NHS Fife.

.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 significant staff turnover within this period. The NHS funded posts compete for resources with the private sector, where salaries are significantly higher for some critical skills. Through the SPRA process, support is sought to improve the balance towards a more substantive workforce model.

A revised workforce plan has been developed by the Digital and Information SLT, with implementation now underway. This plan sees the team utilise and extend its workforce support through the Modern Apprenticeships and imminently through the Kickstart scheme.

As we prepare for the final years of the strategy, we also consider the work necessary to ensure our wider workforce can feel supported in their digital adoption. We will work closely with colleagues in Partnership and Workforce colleagues to provide this support.

2.3.3 Financial

The scale of the ambition in the strategy and the financial impact associated continues to be a risk that is managed. Digital and Information continue 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.

Additional risk has also been recognised in the supply chain resulting in suppliers being unable to fulfil their commitments for delivery within financial years.

2.3.4 Risk Assessment/Management

The risk management approach continues to be maintained via the Board Assurance Framework, with additional risk reporting and presentation being provided to the Information Governance and Security Steering Group and Digital and Information Board.

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 Groups and Committees prior to sign off by the NHS Fife Board.
- The challenges outlined have been presented to the Digital & Information Board and form a consistent part of that group's workplan
- The engagement model has been further developed to include Acute and HSCP SLTs

2.3.8 Route to the Meeting

This paper has not been considered by any other groups.

2.4 Recommendation

- **Assurance** – Provided to the Committee for assurance of suitable progress for the Digital and Information Strategy 2019-2024.

3 List of appendices

No appendices are included with this report

Report Contact
Alistair Graham
Associate Director of Digital and Information
Email – alistair.graham1@nhs.scot

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme**
Responsible Executive:	**Chris McKenna – Medical Director** **Ben Hannan – Director of Pharmacy and Medicines**
Report Author:	**Nicola Jensen – Digital & Information Programme Manager**

1 Purpose

This is presented to the Clinical Governance Committee for:

- Assurance

This report relates to a:

- NHS Board / Integration Joint Board Strategy or Direction

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

NHS Fife HEPMA Programme Board had been in ongoing negotiations with EMIS Healthcare since June 2021 regarding the contract for the supply of a HEPMA solution, which was anticipated to also replace the existing electronic immediate discharge document (eIDD) solution. Negotiations were ceased in January 2022 following a stalemate regarding the inclusion of a provision of limitation of liability in the contract, and the HEPMA Programme Board (following EDG recommendation) declined to enter into a contract with the supplier. NHS Fife now seek alternative options to procure a suitable HEPMA solution better fit for purpose for NHS Fife, in addition to seeking a replacement solution for the existing electronic discharge solution.

The HEPMA Programme Board are undertaking work in several avenues to progress the HEPMA Programme and to mitigate some of the risks associated with the eIDD solution. This paper outlines the steps taken to inform the decision to cease contract negotiations, and the next steps in delivery.

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 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 monitoring and feedback to prescribers and those administering medicines to address variation, minimise inefficiency and improve quality.

Following development of a National Business Case in 2016, agreement was reached that HEPMA procurement would be available as a National Framework with NHS Boards calling off the agreed framework. Three suppliers were available on the framework; EMIS (previously 'Ascribe'), Dedalus and System C (previously 'JAC', then 'WellSky'). At Outline Business Case (OBC) stage it was agreed that NHS Fife would undertake a mini competition to determine the provider that best met the needs and requirements of the 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 Healthcare should be selected as the preferred supplier as they provided the most economically advantageous tender for NHS Fife. An Options Appraisal document detailing the full decision-making process was provided in Appendix A of the Full Business Case (FBC) with relevant details in sections 4 and 5. The FBC was presented to NHS Fife Board in November 2020, where it was ratified that NHS Fife should award to EMIS Healthcare on the basis of this scoring as most appropriate supplier for NHS Fife.

NHS Fife HEPMA Programme Board had been in ongoing negotiations with EMIS Healthcare since June 2021 regarding the contract for the supply of a HEPMA solution. Negotiations were concluded in January 2022.

2.3 Assessment

Leadership from Pharmacy, Medical (Primary and Secondary Care settings), Nursing, Psychology, Allied Health Professionals as well as Finance & Strategy will all be required to deliver the HEPMA Programme. There was a recent proposal to EDG to ask for each

Director to identify a nominated lead from their directorate to ensure active contributions which would create supportive conditions for change from the outset and allow the development of a programme that is multi-faceted and well-rounded. This request has been followed up to create an options appraisal for the various methods NHS Fife might employ to procure a new HEPMA solution. Each option for procurement of a suitable HEPMA solution is being appraised in terms of timelines for procurement, timelines for delivery, cost, implementation, and clinical impact. Once all options have been appropriately assessed, programme initiation will commence and relevant communications circulated.

To enable aspects of HEPMA to progress while a new supplier is found, work is currently being undertaken to achieve two major milestones for the HEPMA Programme:

1. Upgrade of the Pharmacy Stock Control solution & replacement of unsupported Windows 7 technology

The upgrade of the existing Pharmacy Stock Control solution should be commencing imminently, however exact are yet to be confirmed and are dependent on engagement of the supplier. It is anticipated that the upgrade will have minimal impact on provision of clinical care outside of Pharmacy.

2. Replacing the existing electronic Immediate Discharge Document (eIDD) solution.

Market engagement has begun to seek a replacement of the existing electronic Immediate Discharge Document (eIDD) solution. Conscious of the existing frailty and clinical concern regarding the current solution, the scoping, purchasing and implementing of a replacement system is a priority for the HEPMA Programme Board. Once an appropriate supplier is found, timelines for delivery (including staff training etc) will be created and circulated.

2.3.1 Quality/ Patient Care

The full benefits which were identified within the business case will not be realised for NHS Fife until such times as a new supplier is identified, and procurement has completed on this process. However, the committee is asked to note the improvements which will be delivered through the two major milestones previously described.

2.3.2 Workforce

NHS Fife Procurement were being supported by resource from NHS Orkney. A large-scale procurement of HEPMA would require specialist NHS procurement knowledge and therefore, it is anticipated there will be a need for contracting of this work.

There has been a need to redeploy some of the resource recruited for HEPMA to other areas of work within the business, which has been discussed with the appropriate staff and teams.

2.3.3 Financial

Fife will be required to discuss with Scottish Government the financial implications to funding for the HEPMA Programme Board and discuss with NHS Fife the shortfall in funding.

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.

2.3.5 Equality and Diversity, including health inequalities

An EQIA impact assessment has been completed and approved by the HEPMA Programme Board.

2.3.6 Other impact

There is potential for reputational impact to NHS Fife following the failing of successful contract negotiation with a supplier, however the strength of diligence applied would be a contraindicator of this.

2.3.7 Communication, involvement, engagement, and consultation

The HEPMA Programme Board recognises the need to ensure that appropriate communication with the respective internal HEPMA teams, as well as wider NHS Fife colleagues is required. Managing clinical expectation is very important in large scale transformations such as the HEPMA programme, and the HEPMA Programme team will continue to work at pace on a communication plan.

2.3.8 Route to the Meeting

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

NHS Fife Executive Directors Group – 16th December 2021, 3rd February 2022

2.4 Recommendation

Clinical Governance Committee are asked to acknowledge this paper for **assurance**, noting the rigour and detailed consideration of contract terms and management of the supplier prior to cessation of contract negotiations to ensure best value for NHS Fife. This rigour sought

to minimise the risk to NHS Fife and ensure the establishment of contractual controls to support supplier management throughout the lifetime of the contract.

Assurance is given to the Clinical Governance Committee that actions are being taken to mitigate and reduce the clinical risk profile associated with the existing electronic discharge document solution, and the Pharmacy Stock Control Solution. The committee are to be assured that delivery of an upgraded Pharmacy Stock Control solution, and a replacement eIDD solution are priority for the HEPMA Programme team. The HEPMA team also continues to engage and work with Directors, specialists, and various National teams & colleagues to appraise options for an appropriate HEPMA solution.

Report Contact

Nicola Jensen
Digital & Information Programme Manager
Email Nicola.jensen@nhs.scot

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Information Governance and Security Steering Group Update**
Responsible Executive:	**Margo McGurk - SIRO**
Report Author:	**Alistair Graham – Associate Director of Digital & Information**

1 Purpose

This is presented to Clinical Governance Committee for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy

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

- Safe
- Effective

2 Report summary

2.1 Situation

The Information Governance & Security (IG&S) Steering Group has been asked to provide an update on its workplan and outline assurance that the revised governance arrangements can support the key priorities for the year.

The Steering Group continue to support the tasks, activities and projects that are key to the continuous improvement, mitigation of risk and evidence of improved controls for the areas of IG&S. The Group has an agreed workplan and revised measures necessary to evidence assurance. The risk reporting has developed following critical review, and reporting demonstrates risk management performance, including detailed reporting on the highest of risks. Issues of key importance are carefully considered between the IG&S Operational Group and IG&S Steering Group.

The reporting to the Steering Group covers the following areas: -

- Data Protection & GDPR
- Freedom of Information Requests
- Public Records
- NHS Scotland Information Security Policy Framework

Within each area, consideration has been given to the necessary activities and evidence of compliance, reporting, training and education, quality assurance through audit or assessment and policy, guideline and operating procedure creation and review.

The prioritisation of activities is based on the current risk profile within IG&S, through direct instruction by competent or audit authority or via the guidance of the IG&S Steering Group.

2.2 Background

Risk Management

The risk reporting to the IG&S Steering group includes summary information of risk performance and a detailed review of root cause and committed mitigating actions for the highest ranked risk items.

This work ensures that IG&S Steering Group can support the risk mitigation activities specific to the IG&S domains.

The summary risk position for IG&S is currently: -

Categorisation	Total Risks	Current Risk Level Breakdown
DPA and GDPR Risk that data maybe lost, used inappropriately, or retained for longer than necessary	13	High Risk – 6 Moderate Risk – 6 Low Risk – 1
Freedom of Information Risk that inhibits the organisation's ability to comply with the statutory requirements and proactive publication of information	0	High Risk – 0 Moderate Risk – 0 Low Risk – 0
Public Records Risks that inhibit the organisation's ability to create, maintain and comply with a Records Management Policy	4	High Risk – 3 Moderate Risk – 1 Low Risk – 0
NISD Risks that inhibit the organisation's ability to comply with the necessary security controls protecting access to data and digital assets including user behaviour	9	High Risk – 3 Moderate Risk – 5 Low Risk – 1

Key Priorities

At the June 2021 meeting of the Steering Group, a summary Activity Tracker was provided to demonstrate the planned improvement activities across the year 2021-22. A summary of the tracker, with updates, is provided in Appendix 1.

The key areas of action in the early part of the year have been identified as:-

- Review the management and implement an improvement plan for Subject Access Requests
- Develop a Governance Gate assurance framework to support adoption of new technologies
- Planned improvement to Information Asset Recording and associated Service Catalogue
- Development and issue of Model Publication Scheme
- Policy review
- Records Management Action Plan
- NISD Action Plan Implementation
- Review of Cyber Response activities

Assurance Measures

At the March meeting of the Steering Group, a set of assurance measures were presented to help formulate the development and reporting required to continue to provide assurance and evidence the impact of improvement plan, the controls and performance. The measures have continued to be developed over the year into a form of a summary set of indicators and aligned and cross-referenced with the activity tracker which provides a performance summary across the IG&S areas.

The IG&S Operational and Steering groups will use these measures to adapt priority activities ensuring a continuation of improved performance from the baseline highlighted in Internal Audit reports in 2019/20 and 2020/21.

2.3 Assessment

Through the work summarised in this report and with the support of the Information Governance & Security Operational and Steering Group, the documentation of controls, workplans and consideration of risk has allowed the Group to have visibility of the activity and performance reporting to prioritise the areas for improvement.

This work has ensured the establishment of a baseline of consistent and reliable assurance and the improvement plans summarised in this paper will further enhance performance as we embedded these activities in practice.

Look at each of the priority areas the following can be reported.

Review the management and implement an improvement plan for Subject Access Requests (SAR)

An implementation plan has been agreed and is ready for implementation. The SAR performance is varied across different service areas and a unified approach will deliver a more consistent approach. While delayed from the original delivery objective the work continues to progress.

Develop a Governance Gate assurance framework to support adoption of new technologies

This work nears completion and will ensure Information Governance, Records Management and Security considerations form a standard component to the introduction of information assets and their management during a contractual lifecycle. Given the legislative nature and critical eye provided by competent authority, assets that do not comply with the necessary standards will not be able to be adopted, unless significant mitigations can be found.

Planned improvement to Information Asset Recording and associated Service Catalogue
Work continues to catalogue the historic assets in use within NHS Fife. Information Asset owners will be sought within the services in support of this work.

Development and issue of Model Publication Scheme
The model publication scheme has been reviewed, updated and published.

Policy review
All IG&S Policy documents have been reviewed within the year and are now available for publication. Review dates form part of the workplans for future years. Focus now turns to the procedures relating to IG&S.

Records Management Action Plan
The Records Management plan has been developed and considered by the IG&S Steering Group. While work continues with engaged services and the records management champion network, the Steering group have requested further consideration be given to a plan that delivers consistency across all service areas. Specific work in support of the COVID enquiry is being progressed.

NISD Action Plan Implementation
The NISD Action Plan, was reviewed by the Steering group and specific actions progress as per the audit (April 2021) output. These actions focus on the areas of Manage and Respond. The next audit will take place in March 2022.

Consideration has also been given to the required resources within the team. Progress in some areas has been limited due to the availability of resource and increased turnover in the team from the temporary roles that were established within the team. Following presentation to the SIRO, via the SPRA process and directly EDG, it has been agreed that a substantive resourcing model needs to be established. The recruitment to these roles is now underway and will be key to ensuring the workplan progresses and changes are maintained.

The committee should also note that the Information Commissioners Office is expected to conduct an audit against their accountability framework during March/April 2022.

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 previously reported resource limitations within the team has been resolved, however full mitigation will take some months to achieve as the necessary recruitment and training takes place.

2.3.3 Financial

Some of the activities to mitigate risk and support compliance may incur additional costs.

2.3.4 Risk Assessment/Management

The risk management approach and review has concluded, and the ongoing reporting and mitigation actions forms a standard component of the IG&S Steering Group activities. The IG&S Operational, Steering groups and D&I teams continue to monitor existing and emerging risks.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been considered in the creation of this report.

2.3.6 Other impact

No other impact considered.

2.3.7 Communication, involvement, engagement and consultation

- Report creation reflects the work undertaken by the IG&S Team, view of the Information Governance Steering Group and associated stakeholders.

2.3.8 Route to the Meeting

- This paper has been presented directly to the Clinical Governance Committee

2.4 Recommendation

- **Assurance** – the Committee are asked to note the progress being made with the governance and assurance activities within the revised IG&S Governance framework.

3 List of appendices

Appendix 1 – IG&S Steering Group Summary Activity Tracker

Report Contact

Alistair Graham
Associate Director of Digital & Information
Email alistair.graham1@nhs.scot

Appendix 1 – IG&S Steering Group Summary Activity Tracker

Data Protection and GDPR - Action Tracker

Officer/Team	Description	Actions	Target Completion	Comments/Updates	Risk Relationship	Status	Compliance Target/ QC - Assurance Measure
DPO & IG&S Team SAR SLWG – Reporting via IG&S Ops Group	Review management of Subject Access Requests and develop improvement plan.	Improvement plan should support improved compliance	Q2	Item will be prioritised Potential target for AXLR8 **Update 01/09/2021** Some services are not engaging with figures and the implementation of AXLR8 will be presented with a recommendation for a single point of contact to manage compliance and reporting **Update 15/11/2021** SBAR for Steering Group presented 1/12/21.		Complete	100% compliance to SAR completion (30days) QC 3.2
DPO & IG&S Team SAR SLWG – Reporting via IG&S Ops Group	Implement Subject Access Requests improvement plan.	Consideration to use of AXLR8 to support improvement to be considered	Q3 Implementation will commence Q4 and run to Q2 2022/23	Initial meeting has taken place with the SAR leads and a SLWG has been established **Update 15/11/2021** IG&S Operational Group recognised the resource limitations prevented full consideration and implementation of the improvement plan. **Update 28/2/2022** Recruitment to team underway. Unified approach required across all teams required to conduct SARs.		Ongoing	100% compliance to SAR completion QC 3.2
DPO & IG&S Team Reporting via D&I SLT	Develop an IG&S Governance Gate framework to support adoption of new technologies	In Progress - this will take into consideration a similar approach being discussed nationally.	Q2 Implementation to complete Q4	Meeting with National Team. Framework can be adopted within NHS Fife prior to national team agreement. **Update 01/09/2021** Governance Gateway submitted by the IG team locally and nationally **Update 15/11/2021** The governance gate recommendations are considered through the Digital & Information request process and through the ITIL process and	2109	Ongoing	New technologies introduced with suitable DPIA, DSA, IS Design, Training Assurance & Caldicott approvals QC Future 5

				architecture implementation programme. (Presented to D&I Board October 2021). Implementation underway but will not complete till Q4 **Update 28/2/2022** Local governance gate framework agreed and now being implemented. On track for completion Q4.			
DPO & IG&S Team Reporting via D&I SLT Assurance to IG&S Steering Group	Review all organisational contracts to ensure compliance documentation is in place and forms part of Info Asset Register (IAR)/Service Catalogue	In Progress - this will include the same approach for National contracts. This is further required for EU Exit and NIS D.	Q2-Q4	This process is followed for all new contracts/systems work has commenced on historic contract/systems with the most recent first – extended to Service Catalogue work Support response to Urgent NIS D control **Update 01/09/2021** The IG team have commenced work in collaboration with the Procurement Team **Update 15/11/2021** Process established and operating for new contractual requirements Approach and resourcing for backlog to be determined **28/2/2022** National Contracts complete. Local contract reviews ongoing as part of IAR completion	2103 2109 1994 1911 1528	Ongoing	Existing technologies introduced with suitable DPIA, DSA, IS Design, Training Assurance & Caldicott approvals % age improvement completion to be reported QC 1.4
DPO & IG&S Team	Develop action plan for compliance with emerging requirements for EU Exit	Scoping of the work underway and being supported by	Q3	Some actions underway around contractual review and appropriate documentation **Update 01/09/2021** The IG team have commenced work in collaboration with the Procurement Team **Update 15/11/2021** Process established and operating for new contractual requirements Approach and resourcing for backlog being considered. Priority given to contract items above.	1994	Ongoing	Alignment of plan with emerging requirements from SG DPO. Resource impact

				Update 28/2/2022 National Contracts complete. Local contract reviews ongoing as part of IAR completion.			
DPO / IG&S Staff Reporting to IG&S Operational Group Assurance to IG&S Steering Group	Ensure Data Protection Training is reviewed and updated as required	Added to workplan	Q2 Moved to Q4	Effective knowledge and understanding required by users. **Update 01/09/2021** Not started due to lack of resource **Update 15/11/2021** Upcoming legislative changes expected. Review to coincide with these changes. **Update 28/2/2022** Review complete	1932 1594 225	Complete	QC 5.1
DPO / IG&S Team Reporting via D&I SLT	Ensure regular communications to services to support training uptake	Added to workplan	Q2 & Q4	Communication to be agreed **Update 01/09/2021** Not started due to lack of resource **Update 15/11/2021** Activities ongoing. Impact of move to TURAS being understood. Training consideration for next IG&S Steering Group – including mandatory training frequency. **Update 28/2/2022** Ongoing – information on training uptake is limited and resources not in place to support communication development	1932	Ongoing	Collaborate with Learning and Development to receive a monthly report QC 5.1
DPO / IG&S Staff	Provide training to all D&I staff on commencement of employment	This is in place for Project Managers, a further proposal is required for remaining areas	Q2	A discussion is required at the D&I SLT to establish the needs of each area **Update 15/11/2021** A department induction plan for D&I department includes the necessary training where required	226	Complete	QC 5.1
DPO / IG&S Staff	Provide bespoke training to departments throughout the business	This has been completed where need identified	Q2 & Q4	Regular communication required to ensure the organisation is aware this service is available. Outcomes from reportable incidents should also be used **Update 15/11/2021** Working with the Comms department to add a detailed introduction to the area through Blink. IG&S to be	1932	Complete	Uptake statistics to be confirmed QC 5.1

				represented on Organisational Learning Group. Training consideration for next IG&S Steering Group – including mandatory training			

Freedom of Information - Action Tracker

Officer/Team	Description	Actions	Target Completion	Comments/Updates	Risk Relationship	Status	Compliance Target/ **QC - Assurance Measure**
FOI Officer	Develop and issue a compliant Model Publication Scheme	Continue the engagement across several teams to develop and issue NHS Fife's Model Publication scheme	Q2 14/07/2021	Item completed. Confirmation provided to Scottish Information Commissioner Scheme will undergo period review	305	Complete	Compliance through publication. Revised designed to Internet site QC 2.1
FOI Officer	Seek appropriate sign off for Model Publication, including review frequency	Item to be progressed through EDG/NHS Fife Board as appropriate	Q2 14/7/2021	Complete Agreed at EDG meeting 8/7/21 Presented to FP&R 13/7/21	305	Complete	Compliance through publication and review and comment from SIC QC 3.3
FOI Officer	Maintain compliance with FOI Reponses	Further review and development of FOI process across all areas	Q2 – Q3	Include in the remit clarity on escalation and sign off procedure for each area/Director **Update 28/2/2022** Performance erratic due to availability of services being able to prioritise through COVID period and availability of consistent resource in IG&S Team. Resources now being recruited to IG&S team.	305	Ongoing	85% of responses achieved within the statutory timeframe. Quarterly Reports to SIC QC 2.1
FOI Officer	Ensure FOI Training is reviewed and updated as required and included as part of induction	Added to workplan	Q1 & Q3	Effective knowledge and understanding required by users. **Update 15/11/2021** Impact of move to TURAS being understood. Training consideration for next IG&S Steering Group – including mandatory training frequency. **Update 28/2/2022** Presentation on Training and Education included.	1932 1594 225	Ongoing	Item included in Induction Training QC 5.1
FOI Officer	Following review of process and agreement on escalations provide FOI operating procedures	Some work completed in 2020-21 Added to workplan	Q3	Also include consideration of review process	305	Complete	Futures 6
FOI Officer	Communication Plans developed in support of FOI Compliance	Added to workplan	Q3	Not started due to resource levels. Resources now being recruited	305	Not Started	QC5.1

Public Records Management – Action Tracker

Officer/Team	Description	Actions	Target Completion	Comments/Updates	Risk Relationship	Status	Compliance Target/ QC - Assurance Measure
DPO & IG&S Team	Timely Review of NHS Fife IG&S policies and procedures	Added to Workplan – Annual review as per policy review dates	Annual Timetable	**Update 01/09/2021** A member of the IG team now sits on the policy review group which has recommenced. Policies reviewed and await confirmation of publication **Update 15/11/2021** Confirmed position for all D&I Policy/Procedures identified. Timetable of reviews ongoing and reportable **Update 28/2/2022** Policy review complete.	2082 2086 529	Ongoing	All policies reviewed and published with future review date QC 3.3
DPO & IG&S Team	Ad-hoc review of NHS Fife's IG&S policies following change in requirements or technologies introduced	Ad-hoc review as required	No current requirement	Likely review following national guidance from Office 365 programme **Update 28/2/2022** No new requirements identified	2082	Ongoing	QC 3.3
DPO & IG&S Team	Detailed action plan for Records Management to be created for implementation by the IG&S Operational Group	Continue to await feedback from Keeper following submission in March 2021	Q2	Records management remains a significant area of work. Some activities underway while formal review outstanding **Update 01/09/2021** A pilot is underway with the HR department to establish an effective role out to the entire business. **Update 15/11/2021** Plan presented for Steering Group – Dec 2021	1911 2082 2086	Complete	Assurance Measures to be developed This is a significant organisational change with an estimated implementation of 24 months.
DPO & IG&S Team	Implementation of Records Management Action Plan	Significant undertaking expected	Q2 – Q4 Implementation Delayed Q4	Wide reaching impact within NHS Fife. Some associated activities in DP and GDPR stream will assist **Update 01/09/2021** The RM assessing data cleansing product. Team to ensure records retention and cleansing is a robust practice to	2082 2086	Pilot Complete Implementation Delayed	Already known delivery risk due to size of compliant records management activity Records and data cleansing tools expensive – particularly for support to O365 move to Cloud storage QC 3.1

				enable the RM to manage this going forward with BAU. **Update 15/11/2021** Pilot has informed the plan – likely to require EDG Support **Update 28/2/2022** Further consideration of approach underway to be presented to Steering Group.			
DPO & IG&S Team	Some technical controls and technologies may offer limited RM assurance following extended use of systems e.g. Fairwarning	List of systems for review to be developed and consideration of mitigations/redesigns to be considered	Q3	Will require alignment of resource across multiple teams	1292 1609	Started	QC 3.1This work has commenced and a review is underway of all contracts and services
DPO & IG&S Team	The training and education support required to compliant records management needs to be developed	Consideration on effective approach giving resource limitations will be considered	Q2 Commenced Qtr 3	This will follow on completion of the RM pilot and when sufficient resource is in place **Update 15/11/2021** Records Management champions are now in place to support the organisation going forward. Each champion will be trained various aspects of the RM discipline. Training/Support materials have been created to assist departments in cleansing data covering duplicate, sensitive and stale data **Update 28/2/2022** Records Management Champion Programme established	2103	Complete	QC 5.1
DPO & IG&S Team	A communication plan required to support compliance with records management needs to be developed	Consideration on effective approach giving resource limitations will be considered	Q3	**Update 01/09/2021** This has commenced with a communication plan over a 6-week period commencing Monday 6Th September	2086	Phase 1 Complete	QC 5.1 This is considerable piece of work and will generate further actions for IG&S and Records Management

NIS D – Action Tracker

Officer/Team	Description	Actions	Target Completion	Comments/Updates	Risk Relationship	Status	Compliance Target/ QC - Assurance Measure
Cyber Sec Consultant, IS Manager & Cyber Team	Creation of action plan following NIS D audit (March 2021)	Audit report provided May 2021 noting rise to 69% compliance (Previously 53% in 2020)	Q2	As action plan is created activities and underway to address the key priorities **Update 15/11/2021** Action Complete – Presented to IG&S Steering Group December Meeting	529 217 541 1499 1500	Completed	Identified as Amber as known risks in legacy technologies/ systems QC 4.1
Cyber Sec Consultant, IS Manager & Cyber Team	Implementation of action plan following NIS D audit (March 2021)	Audit report provided May 2021 noting rise to 69% compliance (Previously 53% in 2020)	Q2 – Q4	Full action plan will include assessment of resource and funding required **Update 15/11/2021** Progress continues to be made with estimated compliance = 73% **Update 28/2/2022** Evidence gathering underway for External Audit – March 2022.	529 217 541 542	Ongoing	Identified as Amber as known risks in legacy technologies/ systems QC 4.1
Cyber Sec Consultant, IS Manager & Cyber Team	Commencement of activities in support of priority recommendations following NIS D audit report (May 2021) 6 x Urgent & 1 x Critical	Commence IS & Cyber response workshops x 3 Commence Technical tabletop exercises following emerging threat scenarios Reconfiguration of Datix to support incident review process	Q2	Cyber response Workshop 1 - Complete Emerging threat workshop - 2 & 3 June Penetration Test conducted – 27/5/21 Await Datix being updated – ongoing Reviews to inform BC & DR Plans for Services and Digital & Information **Update 15/11/2021** Items Complete	529 541	Complete	Priority Area Summary Report provided for EDG/NHS Fife Board Consideration QC 5.1
Cyber Sec Consultant, IS Manager & Cyber Team	Develop a consistent approach to post incident review and learning, including reportable incidents and near misses	Ensure action plans are developed for incident review and learning so actions, educational activities and design alterations can be evidenced	Q2	Reconfiguration of Datix to support incident review process requested **Update 15/11/2021** Incident Review – Dacoll being presented to IG&S Steering Group – Dec 2021 – consider feedback	529	Complete	Priority Area Evidence of approach to be provided QC 1.1
Associate Director of Digital & Information	Implementation of defined, documented risk management framework for identification and management of risk	Reconfiguration of Datix to support accurate capture, reporting and management of risk required	Q1	Work underway and planned completion by June 2021 Includes all areas of Digital & Information at a corporate level **Update 15/11/2021** D&I Risk review complete including Datix. Carried out in line with Corporate Risk Management Policy and emerging		Complete	Support risk appetite discussions Futures 6

				risk development work. Risk report included to IG&S Steering Group			
Associate Director of Digital & Information	Additional controls and design consideration for all new technologies being considered	Consideration of formal Technical Design Architecture group, additional gateways during procurement including enforcement of NHS Scotland Infrastructure and IS Standards	Q3	Additional Stakeholders involved earlier in technology/system consideration. Resource requirements being considered as part of TOM **Update 15/11/2021** Recruitment underway. Agreement to re-establishment of regular meetings with other NHS Fife IT Functions. Medical Device Group and strategy needs formed **Update 28/2/2022** Recruitment still to conclude	2109	Ongoing	Future 5
Cyber Sec Consultant, IS Manager & Cyber Team	Additional controls and design consideration for all existing technologies to assess current risk	Assessment of systems against existing NHS Scotland Infrastructure and IS Standards	Q3-Q4	Additional Stakeholders need to be involved, including National, Regional and Local Information Asset Owners, Labs, Medical Devices etc **Update 15/11/2021** Regional Agreement Reached. NIG completed review of National Infrastructure Standards. Further action required **Update 28/2/2022** Recruitment still to conclude	2109	Ongoing	Resource Impact significant Future 7
Cyber Sec Consultant, IS Manager & Cyber Team	Action plan for mitigation of risks associated with Legacy systems identified	Completion of the W10 replacement project will also identify legacy systems	Q3-Q4	Links to lifecycle management work and Service Catalogue **Update 28/2/2022** Less than 1% of device remain on Windows 7. List being compiled for target decommissioning plan	529 541 542 1499	Started	Future 7

Cyber Sec Consultant, IS Manager & Cyber Team	Further controls and guidance on the use of personal devices to be established	Acceptable standard to be adopted given the range of technologies and system that can be connected to from a personal device	Q4	Expected implementation of technologies by National Team as part of O365 programme **Update 28/2/2022** SLWG established and review has commenced. Initial Risk Assessment complete.	1932 225	Ongoing	QC 3.3
Cyber Sec Consultant, IS Manager & Cyber Team	Development of Information Security awareness training to be developed for LearnPro/Turas	Consideration of modules from other Boards to be considered	Q2	**Update 01/09/2021** Progressing through the national team **Update 15/11/2021** Complete and trialled with Exec PA Group and Exec Directors	541	Complete	QC 5.1 – In progress
Cyber Sec Consultant, IS Manager & Cyber Team	Development of bespoke training for specific information security concerns e.g. Phishing attack	Consideration of modules from other Boards to be considered	Q3- Q4	**Update 01/09/2021** Session one in progress **Update 28/2/2022** Various communications and training being used to support continued education and awareness	541 542	Complete	QC 5.1
Cyber Sec Consultant, IS Manager & Cyber Team	Review and guidance provided to project implementation to ensure appropriate IS considerations as part of system training	This work will be considered within approach to HEPMA and O365 training	Q1-Q4	Evidence of assurance/controls to be reviewed as part of system training assessment **Update 15/11/2021** Training approach developed in O365. Programme Board still to develop assurance evidence HEPMA Programme Delayed start	2103	Ongoing	Improved awareness of IS education and impact of users on behaviours/reduced reportable incidents Limitations due to lack of training team QC 5.1
Cyber Sec Consultant, IS Manager & Cyber Team	Develop ongoing schedule of cyber event simulations to help inform response and service preparedness	Utilise learning from other Public Sector events Consider regional simulations for some key service areas	Q4	Scoping consideration required **Update 28/2/2022** Range of simulation events completed. Outstanding Exec response to Cyber Event to be arranged.	529	Ongoing	QC 5.1

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Research and Development Strategy Review 2020-2021 & Research Strategy 2020-2022**
Responsible Executive:	**Dr Chris Mckenna**
Report Author:	**Professor Frances Quirk, Assistant RIK Director**

1 Purpose

This is presented to the Clinical Governance 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

The Research and Development Review of Strategic Priorities 2020-2021 and the R&D Strategy 2020-2022 are being brought to the Clinical Governance Committee for their Awareness to provide an update on activities against 2020/2021 strategic priorities and to provide the refreshed R&D Strategy for 2020-2022.

The R&D Strategy will transition to the Research, Innovation and Knowledge (RIK) Strategy in 2022 (July 2022)

2.2 Background

This Review details the activities aligned to the 2020-2021 Strategic Priorities within Research & Development (R&D) across NHS Fife from April 2020 to March 2021. The R&D Strategy documents the refreshed strategies to address priorities for 2020-2022. The R&D strategy will support NHS Fife's overall strategic aim to provide the highest quality care to, and improve the health of, the population of Fife, within the resources available

and in partnership with its staff, community planning partner organisations and the citizens of Fife. The R&D Strategy will support this by:

- promoting a culture that supports and encourages research as part of routine practice;
- building on the opportunities to work closely with academic and community planning partners to increase the volume and quality of research;
- promoting research within an appropriate governance framework;
- developing research knowledge and skills of staff and appropriate independent contractors;
- working in partnership with the citizens of Fife to ensure that research is patient-centered;
- aligning activity and priorities with the Population Health and Wellbeing Strategy and the Boards ambition to transition to Teaching/University Hospital status

  Effective completion of activities supporting these priorities will better position NHS Fife to: seriously address the research agenda; compete in the national research arena; attract new and retain existing staff; whilst improving healthcare for the citizens of Fife.

2.3 Assessment

Despite ongoing achievements it is recognised that there is still scope to increase the research capacity within NHS Fife. Although it has not yet been determined locally exactly what the main barriers to research are, drawing on surveys in other similar healthcare organisations, they are likely to include a lack of protected time and/or dedicated funds for research, a lack of peer group support, lack of training in research skills and a perceived lack of the relevance / importance of research.
Every NHS organisation requires an appropriate balance of service delivery, research and learning in order to deliver the healthcare needs of the population. NHS Fife is predominately involved with service delivery supported by lifelong learning. Taking account of future demographic, social and technological change NHS Fife must increase the emphasis placed on research activity in order to support the delivery of the local health plan and Population Health and Wellbeing Strategy into the future.

2.3.1 Quality/ Patient Care

Clinical research informs the development of better outcomes in healthcare. New knowledge gained through clinical research results in improved methods of disease detection, prevention, diagnosis and treatment.
The benefits of clinical research are not only limited to patients who receive better health journeys as a result of their participation in clinical studies. Studies show that research-active hospitals have improved outcomes for all patients, not just study participants, research engagement also improves staff recruitment and retention through improved job satisfaction.

2.3.2 Workforce

The ongoing requests to prioritise COVID and COVID vaccine studies is placing strain on staff's ability to adequately service restarted non-COVID studies and will have implications for capacity to participate in future eligible funded studies and future budget allocations. Reaching capacity will impact on meeting priorities related to increasing the number of studies, recruitment numbers and CSO budget allocations.

2.3.3 Financial

NHS Fife's annual research budget allocation of Support Funding from CSO (Chief Scientist's Office) is £836,000 in 2021-22. These monies are provided for research considered eligible for funding, in recognition of the costs incurred by the NHS of undertaking and participating in such projects. This is currently the main source of funding available to support research in NHS Fife. Additional funding can be secured by increasing the number of eligibly funded projects1 undertaken by an NHS organisation, increasing the number of NHS Fife Chief Investigators and the recruitment into such studies. Additionally, commercial research and a small number of specific grant funded projects undertaken across NHS Fife also provide funding to support key staff to be employed to enable the research to be undertaken. Commercial research does not attract support funding from CSO since all costs to the NHS of participating in such activities must be met in full by the participating companies. Income from commercial recruitment activity during 2020-21 was £135,603 (compared with £99,850 in 19-20 and £111,412 in 18-19).

2.3.4 Risk Assessment/Management

Research, Innovation and Knowledge Oversight Group has noted a reduction in the number of staff involved in research and the number of publications produced over the reporting period. These unmet KPI's will be a focus of monitoring and the development of strategies to address them in 2021-2022. A strategy to support and develop growth in Chief and Principal Investigators has been developed and will be submitted to RIK Oversight Group for approval in 1Q 2022.

2.3.5 Equality and Diversity, including health inequalities

-

2.3.6 Other impact

-

2.3.7 Communication, involvement, engagement and consultation

Communication is the lynchpin of creating a research focused culture. During 2020-2021 regular NHS Fife Research Newsletters and Bulletins were delivered, a monthly Publications Bulletin was circulated, a new weekly R&D News Update was initiated for inclusion in the weekly staff update and the website was refreshed to reflect the transition from R&D to RIK. The Publications Bulletin and R&D weekly updates have been made available as outward facing to facilitate knowledge sharing and foster opportunities for collaboration. The NHS Fife Research

[1] projects funded by any of the non commercial charitable or government organisations detailed in the list of qualifying funders on the CSO website.

Annual Report 2020-2021 was produced and will be disseminated and research education and training was provided for NHS Fife staff and others.

2.3.8 Route to the Meeting

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

- Research, Innovation and Knowledge Operational Group - papers reviewed and feedback requested (11th November 2021)
- Research, Innovation and Knowledge Oversight Group – meeting deferred (23rd December 2021)
- Executive Directors Group – papers reviewed and feedback responded to (20th January 2022)

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix No 1 Research Strategy Priorities 2020-2021
- Appendix No 2 Research Strategy 2020-2022

Report Contact

Professor Frances Quirk
Assistant Research, Innovation and Knowledge Director
Email frances.quirk@nhs.scot

OUTCOME OF ACTIVITIES AGAINST R&D STRATEGIC PRIORITIES 2020-21

The following plan of activities has been developed from the current NHS Fife Research Strategy. To ensure delivery, activities have been prioritised and resource requirements determined. Completion of this plan will better position NHS Fife to: seriously address the research agenda; compete in the national research arena; attract new and retain existing staff; whilst improving healthcare for the citizens of Fife.

(A) PROMOTING A CULTURE THAT SUPPORTS AND ENCOURAGES RESEARCH.

Investment in new clinical posts (medical, psychology, allied health professional, nursing and supporting staff) in order to establish meaningful clinical academic positions and/or active researchers with identified and protected research time.

	OUTCOME
A1. To continue to encourage discussion of research as part of normal Personal Development Plans and appraisals of health care staff.	**ONGOING**
A2. To continue R&D participation in the development of the medical and nursing clinical academic career development in Fife.	**ONGOING**
A3. To continue to support and participate in NHS Research Scotland (NRS) East of Scotland research node with St Andrews and Dundee Universities, and NHS Tayside by establishing for example joint standard operating procedures, co-sponsorship agreements.	**ONGOING**

(B) WORKING WITH PARTNERS.

Establish a mutually meaningful and productive link with academic institutions

In order to establish this NHS Fife will continue to:

	OUTCOME
B1. Identify and understand corporate arrangements with institutions such as St Andrews, Edinburgh, Dundee, Napier, Queen Margaret and Abertay Universities to facilitate collaboration.	**ONGOING**
B2. Continue investment (financial or other) with academic institutions (especially St Andrews University Medical School) that will result in a critical mass of research active individuals, employed/seconded by NHS Fife and/or universities to build research capacity and governance structures.	**ONGOING**

(C) PROMOTING RESEARCH WITHIN AN APPROPRIATE GOVERNANCE FRAMEWORK AND SECURING APPROPRIATE SUPPORT TO ENSURE FINANCIAL PROBITY

In consolidating the research governance structure the current areas that need to be considered include:	**OUTCOME**
C1. Continuing to identify commonalities / engagement between the clinical, research, innovation, quality improvement, information and educational governance structures within NHS Fife.	**ACHIEVED**
C2. Preparing for a potential inspection from Medicines and Healthcare products Regulatory Agency.	**ONGOING**
Increasing the income generated from an increased research activity, creating opportunities to further enhance and invest in research programmes in Fife by:	
C3. Maximising commercial research opportunities locally and in collaboration on with external partners.	**ONGOING**

(D) WORKING IN PARTNERSHIP WITH STAFF AND COMMUNICATING RESEARCH INFORMATION ACROSS NHS FIFE.

Consolidate a research communication strategy with all NHS Fife communities.

Communication is the linchpin of creating a research focused culture. During 2018-19 we will:

	OUTCOME
D1. Deliver a regular NHS Fife Research Newsletter.	**ACHIEVED**
D2. Produce and disseminate an NHS Fife Research Annual Report.	**ACHIEVED**
D3. Provide research workshops for patients, carers and other citizens of Fife	**ONGOING**

(E) PATIENT AND PUBLIC INVOLVEMENT

	OUTCOME
E1. Develop meaningful engagement of the public in research	**ONGOING**

Prof. Alex Baldacchino
RIK Director NHS Fife

Prof. Frances Quirk
Assistant RIK Director, NHS Fife

November 2021

Progress against these priorities has been discussed and agreed by the NHS Fife RIK Operational Group and the NHS Fife Research, Innovation and Knowledge Group.

RESEARCH & DEVELOPMENT STRATEGY 2020-22

Greater knowledge
Better services …

Last review date: **November 2021**

Next Formal Review: **May 2022**

Implementation Date: **December 2021**

Authors: **Prof A Baldacchino Research, Innovation and Knowledge Director, NHS Fife**

Prof Frances Quirk, Assistant Research, Innovation and Knowledge Director, NHS Fife

Approval Record	Date
NHS Fife Research Innovation and Knowledge Operational Group	4th November 2021 (reviewed)
NHS Fife Research Innovation and Knowledge Oversight Group	23rd December 2021 (deferred)
NHS Fife Clinical Governance Committee	10th March 2022
NHS Fife Board	

1. INTRODUCTION

1.1 NHS Research Scotland (NRS) via the Chief Scientist Office (CSO) has highlighted the need for the NHS to be an innovative and research-active environment, to ensure that good ideas are translated into wider practice and that ideas with commercial potential are identified and promoted.

1.2 The Scottish Government Health Department (SGHD) is committed to increasing the level of high quality research conducted in Scotland for the health and financial benefits of our population, so we are recognised globally as a leader in health science (Delivering Innovation through Research – Scottish Government Health and Social Care Research Strategy, 2015). The SGHD strategy highlights what needs to be done to achieve this vision, detailing the areas where we can and should make a difference and the need to increase the scope, relevance and quality of research to meet the health and healthcare needs of the people of Scotland.

1.3 The 4 national Research Governance Frameworks (RGF) for Health and Community Care (2006), updated to create an overarching UK Policy Framework for Health and Social Care Research (2017), promotes improvements in research quality and sets the standards for good practice.

1.4 The Life Sciences Vision (July 2021) outlines the UK Governments and Life Sciences Sector vision for the next decade, with plans to stimulate a thriving UK Life Sciences sector. The Vision also focuses on how we can address the UK's most significant healthcare challenges, including cancer, dementia and obesity.

1.5 At a local level NHS Fife, as part of Fife Partnerships is working towards greater integration of research activities in order to:

'Develop and make best use of knowledge from research and information resources to help achieve Fife's Strategic Plan'.

1.6 For the purposes of this strategy 'Research' is defined as:

- All forms of clinical and population research involving patients or members of the public in Fife. This includes work that entails new data collection as well as the analysis of routinely collected data. It also includes research into care pathways that cross boundaries with other agencies.

'Development' is defined as:

- any systematic evaluation of the application of the results of research into practice.

And 'Partners' are defined as:

- academic institutions, regional and national research networks and other agencies involved in for example Fife's Health and Social Care Partnership.

2. CURRENT RESEARCH ACTIVITY

2.1 NHS Fife's annual research budget allocation of Support Funding from CSO (Chief Scientist's Office) was £836,000 in 2020-21. These monies are provided for research considered eligible for funding, in recognition of the costs incurred by the NHS of undertaking and participating in such projects. This is currently the main source of funding available to support research in NHS Fife. Additional funding can be secured by increasing the number of eligibly funded projects[1] undertaken by an NHS organisation, increasing the number of NHS Fife Chief Investigators and the recruitment into such studies. Additionally, commercial research and a small number of specific grant funded projects undertaken across NHS Fife also provide funding to support key staff to be employed to enable the research to be undertaken. Commercial research does not attract support funding from CSO since all costs to the NHS of participating in such activities must be met in full by the participating companies. Income from commercial recruitment activity during 2020-21 was £135,603 (compared with £99,850 in 19-20 and £111,412 in 18-19).

2.2 Funding is used to support research and development activities in NHS Fife. It provides the responsive and collaborative infrastructure (Appendix 1) necessary to ensure the required management and governance of the research undertaken. Appendix 2 illustrates the NHS Fife committee structure in relation to R&D.

2.3 There are currently 103 research projects registered across NHS Fife (compared with 259 in 19-20 and 237 in 18-19). Studies were unsurprisingly focused on COVID-19 related areas in the categories of Infectious Diseases Medicine and Respiratory Medicine followed by Cancer. This research tends to be limited to a few individuals working independently or as part of large national multi-centre trials. There are currently 84 NHS Fife staff who are active as CI's and/or PI's.

2.4 Despite ongoing achievements it is recognised that there is still scope to increase the research capacity within NHS Fife. Although it has not been determined locally exactly what the main barriers to research are, drawing on surveys in other similar healthcare organisations, they are likely to include a lack of protected time and/or dedicated funds for research, a lack of peer group support, lack of training in research skills and a perceived lack of the relevance / importance of research. We aim to quantify this for NHS Fife in

[1] projects funded by any of the non commercial charitable or government organisations detailed in the list of qualifying funders on the CSO website.

2021-22 through the deployment of a whole of organisation survey of research capacity and culture using a validated measure.

2.5 Every NHS organisation requires an appropriate balance of service delivery, research and learning in order to deliver the healthcare needs of the population. NHS Fife is predominately involved with service delivery supported by lifelong learning. Taking account of future demographic, social and technological change NHS Fife must increase the emphasis placed on research activity in order to support the delivery of the local health plan and Clinical Strategy into the future.

3. NHS FIFE'S VISION FOR RESEARCH

3.1 Strategy Aim

The R&D strategy will support NHS Fife's overall strategic aim to provide the highest quality care to, and improve the health of, the population of Fife, within the resources available and in partnership with its staff, community planning partner organisations and the citizens of Fife.

The R&D Strategy will support this by:

- promoting a culture that supports and encourages research as part of routine practice;
- building on the opportunities to work closely with academic and community planning partners to increase the volume and quality of research;
- promoting research within an appropriate governance framework;
- developing research knowledge and skills of staff and appropriate independent contractors;
- working in partnership with the citizens of Fife to ensure that research is patient-centered;
- aligning activity and priorities with the Population Health and Wellbeing Strategy and the Boards ambition to transition to Teaching/University Hospital status

4. PROMOTING A CULTURE THAT SUPPORTS AND ENCOURAGES RESEARCH

4.1 As a result of receiving R&D support funding from NRS, considerable progress has been made in NHS Fife, supporting and encouraging research activities. Work will continue to be taken forward within existing resources to make research meaningful and increasingly accessible and to ensure its integration into everyday practice and policy development.

4.2 We (NHS Fife) will continue to achieve this by:

- supporting the NHS Fife Executive Lead and Director for Research and Development (which has now transitioned to Research, Innovation and Knowledge (RIK))

- supporting the NHS Fife Research Governance Group (which has now transitioned to the Research, Innovation and Knowledge Oversight Group)

- advocating to include R&D information in recruitment and induction materials, personal development plans, knowledge and skills frameworks, contracts and terms of employment

- enabling access to the evidence base to support research by providing access to a full range of library services

- promoting research and researchers' achievements in Fife as part of clinical governance activities

- producing an annual report on research activity for submission to Fife NHS Board and Clinical Governance Committee

- ensuring R&D and RIK is a high profile item for discussion on the agenda of appropriate NHS Fife meetings e.g. Clinical Governance Committee

- including measurable objectives for research within NHS Fife's Research & Development Strategy

- ensuring alignment of activities with key strategic priorities and direction, including the Population Health and Wellbeing Strategy and ambition to achieve Teaching/University Health Board status

5 WORKING WITH PARTNERS

5.1 NHS Fife currently works with a number of partners to take forward research. By improving the co-ordination and links at a senior level we aim to increase the volume and quality of research and the opportunities for Fife-based clinicians and other staff to become Principal / Chief Investigators.

5.2 In addition to supporting an NHS Fife Executive Lead/Director for Research Innovation and Knowledge on we have achieved this by:

- enabling joint senior clinical appointments with our university partners

- identifying and supporting staff to nominate for honorary appointments with our university partners

- seeking opportunities to improve research collaboration with NHS Fife's Health and Social Care Partnership (HSCP)

- promoting multidisciplinary and multiagency research

- identifying local research education/training needs

- working with established regional and national networks (such as the Scottish Cancer Research Network (SCRN), Scottish Primary Care Research Network (SPCRN), Scottish Diabetes Research Network (SDRN), Scottish Stroke Research Network (SSRN), Scottish Mental Health Research Network (SMHRN), Scottish Neuroprogressive and Dementia Research Network (SDCRN), and Social Dimensions of Health Institute (SDHI)) to identify resources and mentors to provide support for staff undertaking research.

- concentrating on developing and supporting developing researchers through targeted funding calls and support for applications for Fellowships and following Fellowship completion.

<u>NRS Fellowships and pre and post fellowship support:</u>

  - Infectious Diseases
  - Orthopaedics
  - Palliative Care

<u>Collaborative workshops:</u>

  - Digital Health Science Initiatives

  - Supporting the South East Regional Innovation Programme through our involvement with the South East Health Innovation Hub (HISES).

Over the next 12 months we will:

- Continue to identify and prioritise joint clinical academic and honorary positions between NHS Fife and the University of St. Andrews
- Continue to improve the research culture within the clinical environment in Fife by supporting the nursing, allied health professional and supporting staff to establish their research priorities
- Support NHS Fife's vision in helping to shape /deliver the Clinical Strategy that meets the demands of future populations and COVID-19 recovery and resilience programmes
- Develop a Research, Innovation and Knowledge Strategy that supercedes the R&D Strategy from July 2022

5.3 As a result of the above actions we will aim to:

- *increase the number of staff actively involved in Research and Development activity by 7.5% each year*

- *increase the number of ongoing projects, including eligibly funded /adopted projects as defined by the CSO, and commercial research within NHS Fife by 10% per year*

- *increase the number of publications by NHS Fife Staff in peer reviewed journals by 10% per year*

- *Increase the number of clinical academic positions by 10% over the next 3 years.*

6 PROMOTING RESEARCH WITHIN AN APPROPRIATE GOVERNANCE FRAMEWORK

6.1 Research Governance is the framework through which NHS Fife Board can be assured that the quality of research is maintained and continuously improved and that high standards of patient care are maintained when research is carried out.

Research Governance is used as an overarching term to describe the cohesive set of management and quality improvement systems to ensure NHS Fife meets its commitment to deliver high quality research, whilst protecting patients and researchers alike.

The UK Policy Framework for Health and Social Care Research (2017) highlights 'the need for organisations to be aware of the activity involved in supporting research and of what it costs'. Further, as a minimum requirement, the CSO expects that as part of sound research governance arrangements NHS organisations should ensure that expert accounting input is available for the costing and monitoring of all research (both commercial and non commercial). NHS Fife needs to be able to demonstrate to its auditors that it is covering the entire cost of undertaking research, including appropriate R&D Department costs and organisation overheads for commercial research. NHS Fife, therefore, needs to deliver rigorous and effective costing mechanisms and financial management in R&D.

This has been achieved in Fife through delivery of efficient research management and approval processes, developing research databases, providing support & training for researchers, ensuring financial probity, and monitoring ongoing research and the publications arising from it.

Our approach to Research Governance demonstrates to staff, users and carers that improving the quality of research provided by NHS Fife is viewed as an important issue across the organisation.

6.2 In order to achieve this we will:

- ensure that all externally (outwith NHS Fife) and internally (within NHS Fife) commissioned research undertaken in NHS Fife is registered and accurately costed

- ensure that policies are in place to support invention and innovation in NHS Fife while exploiting the potential these activities present for the organisation

- update, improve and develop NHS Fife policy, procedures and guidelines for commercial and non-commercial research

- ensure we undertake an annual monitoring exercise to identify all ongoing research

- ensure we undertake an annual audit of all research sponsored by NHS Fife

- ensure accurate data capture systems are in place to record R&D activity for analysis and dissemination

- maintain R&D tabs and links on the NHS Fife StaffLink Corporate hub and the R&D website (this is now incorporated into the Research, Innovation and Knowledge website)

- hold regular awareness raising sessions around R&D and Intellectual Property (IP)

- continue to employ a dedicated R&D Business Accountant from the NHS Fife Finance Directorate and have:

    - appropriate financial management and guidance on the costs of research and recovery of such costs
    - costing mechanisms for commercial and non-commercial research
    - systems to identify patient recruitment to studies, raise invoices and track payments
    - systems that comply with financial probity to facilitate appropriate transfer of monies from one organisation to another
    - systems to accept, manage, monitor and disseminate funds.

- ensure that financial systems and audit trails are in place to capture and account for support funding expenditure and NHS Fife overheads from commercial research.

6.3 As a result of the above actions we will continue to:

- *provide R&D support for every research project registered in NHS Fife*

- *provide assurance to NHS Fife Board that all research activity meets the requirements of the UK Policy Framework for Health and Social Care Research*

- *increase the identification and protection of intellectual property by 5% each year thereby increasing commercialisation activity, increasing both financial and healthcare benefits for NHS Fife through opportunities arising from the South East Scotland Innovation Programmes*

- *ensure that a minimum of 10% of all 'high risk' projects[2] sponsored by NHS Fife are audited annually.*

- *continue to provide accurate regular updates and annual reports on financial expenditure and research activity to the CSO*

- *continue to provide financial information for the NHS Fife Research Innovation and Knowledge Annual Report*

- *continue to identify the actual cost of research undertaken in NHS Fife and maximise our returns from commercial research.*

- *Maximise utilisation of the Clinical Research Facilities and explore opportunities for extension.*

7 WORKING IN PARTNERSHIP WITH STAFF

7.1 Research is undertaken by and with staff for the benefit of patients and members of the public. It is essential that we work with staff and the Public Partnership Forum to promote the benefits of research activity for individual staff members as part of their commitment to personal development.

Research activity depends on staff having appropriate skills. The Assistant RIK Director and RIK Team will, in collaboration with other NHS organisations, university partners and external agencies and within existing resources, provide the necessary information for staff to access regular research education and workshops both within and out with NHS Fife.

7.2 In order to achieve this we will continue to:

- Identify / determine research education needs within NHS Fife

- encourage staff to consider research training and education and the development of evidence-based practice as part of their CPD

- work jointly with other external organisations to promote access to high quality multidisciplinary/multiagency programmes which address identified research training requirements

- encourage and support NHS Fife staff to apply for NRS Research Fellowships and other programmes, details of which will be circulated throughout NHS Fife.

- identify sources of funding and work towards securing funds in partnership with new and established researchers to undertake research within the identified priorities and needs areas.

[2] projects where the potential for an adverse event is deemed to be higher, such as those involving investigational medicinal products, devices or investigations. NB NHS Fife does not currently sponsor Clinical Trials of Investigational Medicinal Products.

7.3 As a result of the above actions we will, in addition to increasing the percentage of staff actively involved in research and development activity:

- *review the demand and access to research training and education, plan and determine access to widely accessible programmes out with NHS Fife and with university partners aimed at increasing the capability of staff to undertake research*
- *increase the number of staff participating in research training and education both within and out with NHS Fife*
- *support staff aspirations in registering for higher degrees.*

8 PATIENT AND PUBLIC INVOLVEMENT IN RESEARCH

8.1 It is important that the organisation has systems in place to identify the involvement of consumers in research and to ensure their involvement in the development and execution of research projects.

8.2 In order to achieve this we will continue to:

- ensure that there is patient and public representation on relevant RIK groups
- encourage the involvement of patients and the public in the development of studies and patient information relating to research projects

9 COMMUNICATING RESEARCH INFORMATION ACROSS NHS FIFE

9.1 Two-way communication of research information across NHS Fife presents a significant challenge due to the dispersed nature of the organisation. In light of this, established communication networks are used where possible.

9.2 Health & Social Care Partnerships, the Division and Corporate Directorates use current systems such as local newsletters, briefing sheets or web sites to disseminate information about local and National research initiatives.

9.3 RIK has presence on StaffLink along with a RIK website. Relevant information and updates will also continue to be provided via a weekly news update, monthly electronic bulletin, quarterly newsletter and SWAY monthly updates on the website and the R&D Twitter account. Updates to this information will be supported by staff within RIK and co-ordinated by the Assistant RIK Director.

9.4 The NHS Fife Research, Innovation and Knowledge Oversight Group will continue to be actively involved in promoting research awareness, the Research Strategy and communicating the benefits of research to staff, users,

carers and other partner organisations in Fife, Scotland and the rest of the UK.

10 PLAN OF ACTIVITIES AND PRIORITIES FOR 2021-22

11.1 In order to ensure the continued implementation of this wide-ranging strategy, it has been agreed that a number of strategic 'priorities' will be selected annually, to be advanced throughout the year, and reported on at the year end. These priorities are included in Appendix 3.

12 REVIEW

This Strategy and Plan of Activities and Priorities will be reviewed in May 2022 leading to a transition to a Research, Innovation and Knowledge Strategy from July 2022.

References

1. Delivering Innovation through Research (2015)
2. Scottish Office Department of Health Research Strategy (2009)
3. UK Policy Framework for Health and Social Care Research (2017)
4. UK Life Sciences Vision. https://www.gov.uk/government/publications/life-sciences-vision
5. Scottish Office Department of Health Funding Manual (2004)
6. Policy Framework for the Management of Intellectual Property within the NHS Arising from Research & Development MEL (1998)23.
7. Management of Intellectual Property in the NHS. HDL (2004) 09

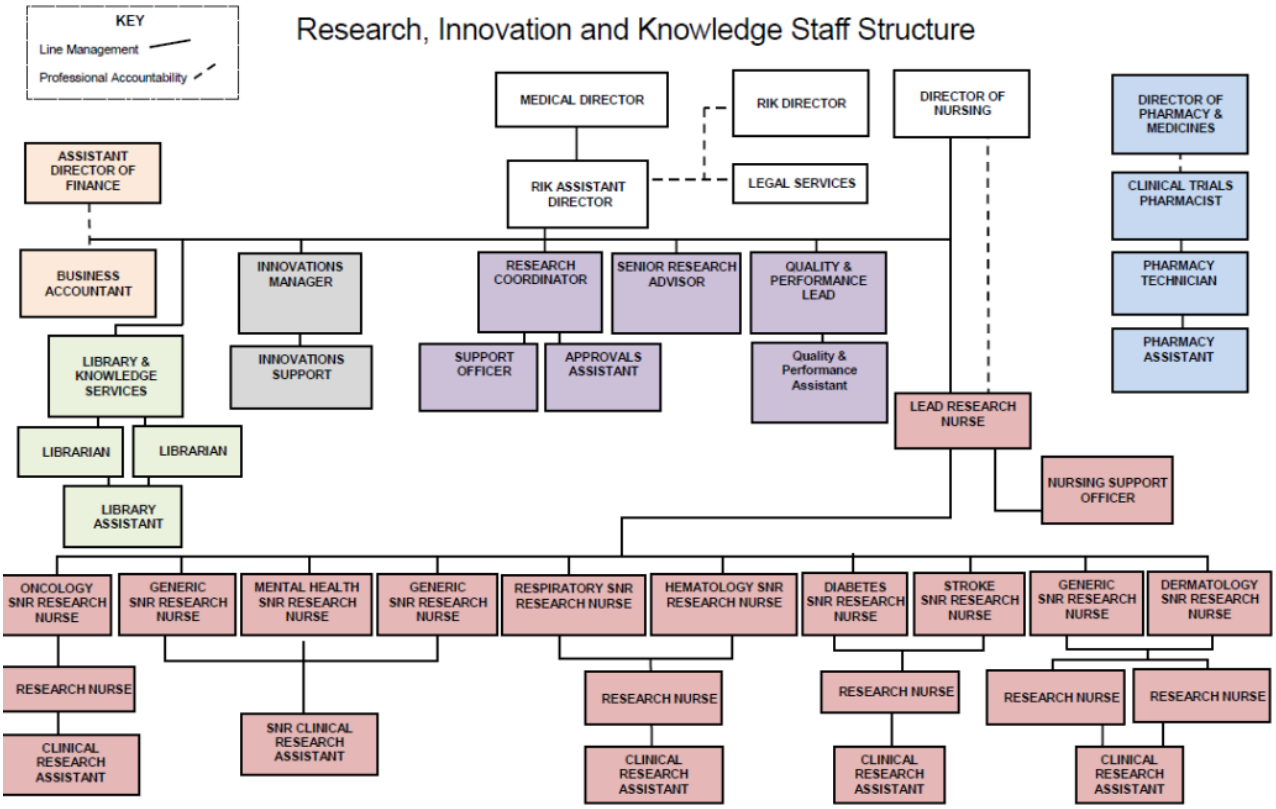
13 RECOMMENDATION

The Clinical Governance Committee is asked to:

- note the contents of this paper

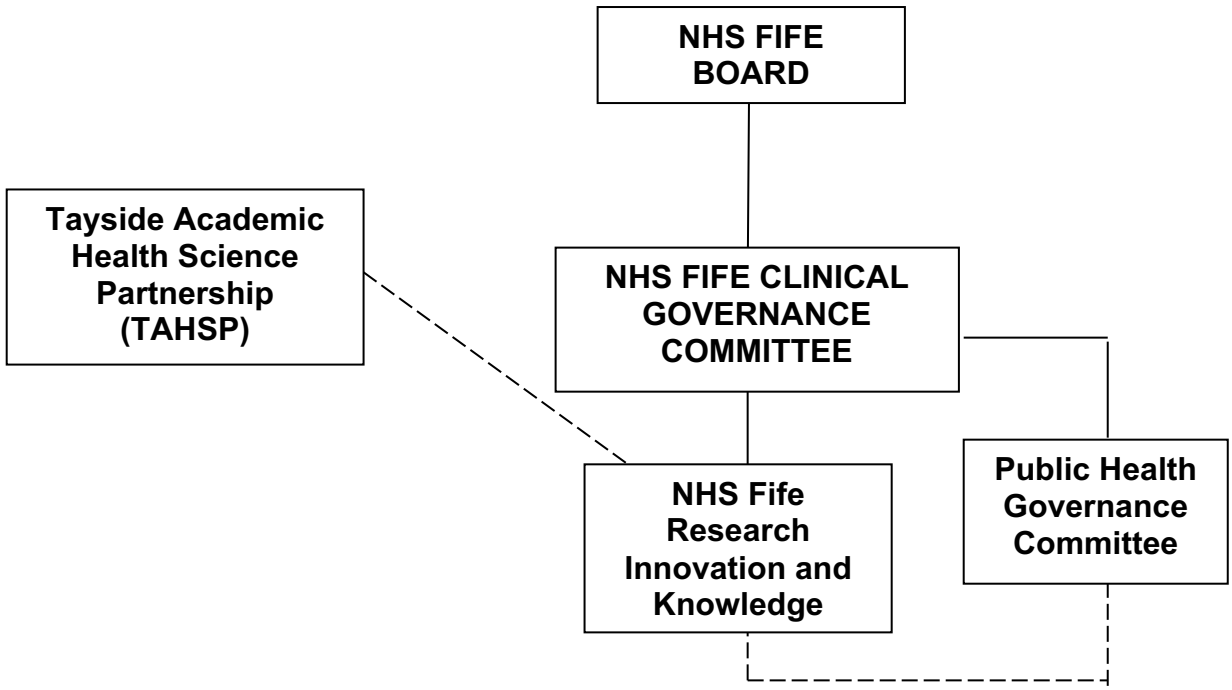
Appendix 1

NHS Fife Research, Innovation and Knowledge Support Structure 2021-22



Appendix 2

COMMITTEE STRUCTURE / NHS FIFE IN RELATION TO RESEARCH



Accountability ————

Communication _ _ _ _ _ _ _ _ _

Appendix 3

PLAN OF ACTIVITIES AND PRIORITIES FOR 2021-22

The following plan of activities has been developed from the current NHS Fife Research Strategy. To ensure delivery, activities have been prioritised and resource requirements determined. Completion of this plan will better position NHS Fife to: seriously address the research agenda; compete in the national research arena; attract new and retain existing staff; whilst improving healthcare for the citizens of Fife.

(A) PROMOTING A CULTURE THAT SUPPORTS AND ENCOURAGES RESEARCH.

Investment in new clinical posts (medical, psychology, allied health professional, nursing and supporting staff) in order to establish meaningful clinical academic positions and/or active researchers with identified and protected research time.

A1. To continue to encourage discussion of research as part of normal Personal Development Plans and appraisals of health care staff.

A2. To continue RIK participation in the development of the medical, nursing and allied health professional clinical academic career development in Fife.

A3. To continue to support and participate in NHS Research Scotland (NRS) East of Scotland research node with St Andrews and Dundee Universities, and NHS Tayside by establishing for example joint standard operating procedures, co-sponsorship agreements.

(B) WORKING WITH PARTNERS.

Establish a mutually meaningful and productive link with academic institutions

In order to establish this NHS Fife will continue to:

B1. Identify and understand corporate arrangements with institutions such as St Andrews, Dundee, Edinburgh, Napier, Queen Margaret and Abertay Universities to facilitate collaboration.

B2. Continue investment (financial or other) with academic institutions (especially St Andrews University Medical School) that will result in a critical mass of research active individuals, employed/seconded by NHS Fife and/or universities to build research capacity and governance structures.

(C) PROMOTING RESEARCH WITHIN AN APPROPRIATE GOVERNANCE FRAMEWORK AND SECURING APPROPRIATE SUPPORT TO ENSURE FINANCIAL PROBITY

In consolidating the research governance structure the current areas that need to be considered include:

C1. Continuing to identify commonalities / engagement between the clinical, research, innovation, quality improvement, digital and e/health, information governance structures within NHS Fife.

C2. Consolidate preparations for future inspection(s) from Medicines and Healthcare products Regulatory Agency.

Increasing the income generated from an increased research activity, creating opportunities to further enhance and invest in research programmes in Fife by:

C3. Maximising commercial research opportunities locally and in collaboration with external partners.

(D) WORKING IN PARTNERSHIP WITH STAFF AND COMMUNICATING RESEARCH INFORMATION ACROSS NHS FIFE.

Consolidate a research communication strategy with all NHS Fife communities.

Communication is the linchpin of creating a research focused culture. During 2021-22 we will:

D1. Deliver regular NHS Fife RIK news updates, bulletins and newsletters.

D2. Produce and disseminate an NHS Fife RIK Annual Report.

D3. Support research workshops for patients, carers and other citizens of Fife

(E) PATIENT AND PUBLIC INVOLVEMENT

E1. Develop ongoing, meaningful engagement of the public in research

Prof Alex Baldacchino
RIK Director
NHS Fife

Prof Frances Quirk
Assistant RIK Director
NHS Fife

October 2021

These priorities have been discussed and agreed by the NHS Fife RIK Operational Group and the NHS Fife Research , Innovation and Knowledge Oversight Group.

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**10 March 2022**
Title:	**Research, Innovation and Knowledge Annual Report 2020/2021**
Responsible Executive:	**Dr Chris Mckenna**
Report Author:	**Professor Frances Quirk, Research, Innovation and Knowledge Assistant Director**

1 Purpose

This is presented to the Clinical Governance 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

The Research, Innovation and Knowledge Annual Report 2020-2021 (formerly Research and Development Annual Report) is being brought to the Clinical Governance Committee for their Awareness to provide an update on activities in increasing culture to include research as part of role and to build research capacity and delivery against 2020/2021 strategic priorities.

2.2 Background

This report details the activities within Research, Innovation and Knowledge (formerly Research and Development) across NHS Fife from April 2020 to March 2021. It details progress made over the last 12 months in relation to ongoing work, previously identified challenges and identifies the key challenges currently facing Research, Innovation and Knowledge (RIK).

Continued significant developments within RIK include our relationships with the Universities of St Andrews and Dundee in relation to research activities and education and training. The joint clinical academic appointments with the Universities of Dundee and St Andrews have produced benefits in terms of major research grants and contribution to an expanding NHS Fife research culture. Work has advanced particularly well with the University of St Andrews, building on the experience of developing the teaching agenda, and creating further joint posts, with other universities and colleges. A number of joint research and teaching Honorary Appointments within the University of Andrews School of Medicine were confirmed in 2021.

The format of the report has been revised to reflect feedback from the lay representative member of the Research, Innovation and Knowledge Oversight Group.

2.3 Assessment

During 2020-21 the research culture within NHS Fife has maintained recent advances, delivering: consistent levels of research activity, increased numbers of clinical academics; compliance with research governance framework, monitoring 100% of Fife Sponsored studies; and the delivery of a R&D Education Programme revised to accommodate Covid restrictions.

The following challenges have been amalgamated from unmet objectives from the 2020-21 R&D Strategy Key Performance Indicators (KPIs), and the NRS objectives & associated performance metrics to be delivered during 2020-21:

Unmet KPIs (R&D Strategy2020-21):

- Increase the number of staff actively involved in research
- Increase the number of publications

R&D Strategy priorities (2020-21):

All activities detailed in the prioritised plan of the R&D Strategy for 2020-21 are ongoing or have been achieved.

2.3.1 Quality/ Patient Care

-

2.3.2 Workforce

The restarting of non-COVID studies suspended in March 2020 and the continued requests to prioritise Covid- related studies, along with requirements to work from home, have led to some resourcing implications and challenges for staff in R&D. The wellbeing of staff is considered a priority and this has been an ongoing focus.

2.3.3 Financial

Research is categorised as *'commercial'* (funded by the pharmaceutical or medical device industry) or *'non-commercial'*. Non-commercial research is further divided into "eligible" (funded by charitable organisations, research councils or Government bodies), or "non-eligible" (NEF - funded by a non-eligible organisation or is unfunded).

R&D funding is provided via NHS Research Scotland (NRS) by the Chief Scientist Office (CSO) in respect of research considered 'eligible' for funding, in recognition of the unfunded costs incurred by the NHS for undertaking and participating in such projects.

CSO funding remains the main source of income to support all non-commercial R&D activities across NHS Fife. It is used to provide and support the R&D infrastructure (Appendix 2), to maximise its activity and to ensure the required management, governance and support of research.

CSO Funding Allocation Income 2020-2021 -£826,000
Commercial Income 2020-2021- £135,603
Cost Savings (Pharmacy and Medicines) 2020-2021-£502,074

2.3.4 Risk Assessment/Management

Research, Innovation and Knowledge Oversight Group has noted a reduction in the number of staff involved in research and the number of publications produced over the reporting period. These unmet KPI's will be a focus of monitoring and the development and implementation of strategies to address them in 2021-2022.

2.3.5 Equality and Diversity, including health inequalities

-

2.3.6 Other impact

Within Fife, research is undertaken by and with staff for the benefit of patients. It is essential to work with staff to promote the benefits of research activity for individual staff members as part of their commitment to personal and professional development.

Research activity depends on staff having appropriate skills. Local access or directed access to regular research education and workshops provided by RIK is usually available to all NHS Fife staff and open to staff outside NHS Fife. Whilst many workshops were suspended due to Covid restrictions where possible these have been resumed as online via Teams.

2.3.7 Communication, involvement, engagement and consultation

Two-way communication of Research information across NHS Fife has improved despite the challenges of the dispersed nature of the organisation. To help facilitate communication, key research information is available via a dedicated NHS Fife RIK webpage, weekly updates, and monthly or quarterly bulletins and newsletters. The format of these has been revised to take advantage of newly available platforms, such as SWAY.

Internal Communications

Updates on the research training programme, R&D support and details of research conferences are circulated regularly. Monthly electronic research 'bulletins' are sent to all research active staff (past and present), providing up to date information about advice clinics, seminars, workshops and recently issued commissioned bids / grants - within and out with NHS Fife.

Details of events and training opportunities have been regularly included in the electronic organisation-wide 'StaffLink'. To reach staff that do not have access to email, details of

the RIK Department, its staff and the support offered have been placed on electronic notice boards and sites across the organisation.

External Communications

Work has been completed on a fully functioning RIK website www.nhsfife.org/research with dedicated Clinical Research Facility, Publications and News Updates pages. The website has been refreshed to reflect the transition from R&D to Research, Innovation and Knowledge. Further development of R&D communications has been progressed via a regular weekly R&D News update which is included in the weekly All Staff update and also a monthly summary via the R&D website.

Generic R&D email address have been created to maximise the efficiency of responses to queries to the department, fife.randd@nhs.scot and for R&D news fife.rdnews2@nhs.scot

Our Public Involvement representative with a special interest in research is a member of the joint University of St Andrews and Fife Community Advisory Committee (FCAC). They have been an active member of the NHS Fife Research Governance Group (now NHS Fife RIK Oversight Group) in their role as Lay Advisor.

The FCAC assist in providing lay view/input into the development of research proposals and ongoing research, and help raise awareness and understanding of research being undertaken locally.

2.3.8 Route to the Meeting

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

- Research, Innovation and Knowledge Operational Group- reviewed and feedback requested (4th November 2021)
- Research, Innovation and Knowledge Oversight Group- meeting deferred (23rd December 2021)
- Executive Directors Group-reviewed and feedback responded to (20th January 2022)

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix No 1 Research and Development Report 2020-2021

Report Contact

Professor Frances Quirk
Research, Innovation and Knowledge Assistant Director
Email frances.quirk@nhs.scot

Research, Innovation and Knowledge

Annual Report 2020-2021

Published February 2022

www.nhsfife.org

Contents

1. Executive Summary

The NHS Fife R&D Department, now the Research, Innovation & Knowledge (RIK) Department has seen 20 years of significant sustainable progress and is increasingly able to support high quality and more complex research and innovation related activities in Fife, working with partners in the NHS, Universities, Industry and other relevant stakeholders.

Throughout these years this department has utilised a multitude of innovative models to help sustain the increasing research activities in Fife. One such example is the R&D research nurse model with research nurses located within the R&D Department, which has had acclaim due to its effective results in recruiting, establishing and communicating the research activities within various fields. This model was instrumental in Fife becoming a major recruitment site for several COVID-19 related national studies following a rapid 10-day turnaround during both lockdown periods to make Fife's very busy clinical environments research friendly and active. Another example is the Clinical Research Facility at the Victoria Hospital in Kirkcaldy enabling complex clinical trials to occur locally, again for the benefit of Fife patients.

These and other examples are only possible due to the Research, Innovation & Knowledge department's ability to work with colleagues spanning the clinical and academic divide. The delivery business model around innovation and diversity in investment and activities allow this department to move forward with confidence. Last but not least this is also a testament to the effective and responsive leadership qualities that incoming NHS Fife's R&D Assistant Director and Innovation Champion, Professor Frances Quirk who, in these challenging times sustained and further improved the credibility, professionalism and governance of this department internally to NHS staff and externally to our partners. Professor Quirk was also instrumental in establishing the first building blocks of a Fife health innovation agenda.

RIK in Fife has again utilised the principles of added value and critical mass to good effect. We look forward to next year, keen to work even more closely with neighbouring Health Boards, Universities and other agencies either under the auspices of the East of Scotland Research Node, Health Innovation South East Scotland (HISES) and/or other similar national and regional collaborations in a landscape that is continuously changing and demanding only the best for our Fife citizens that we serve with pride. We, especially, also look forward to continue to synergise our research strategic priorities with the University of St Andrews, our local university and medical school.

Many thanks to the whole RIK team for their consistent hard work and commitment towards the implementation of the Research strategy. We also thank Dr Christopher McKenna who has supported RIK even when his attention was needed urgently elsewhere.

We are all looking forward to another exciting and productive year.

Professor Alex Baldacchino
Research, Innovation & Knowledge Director, NHS Fife

2. Introduction

This report details the activities within Research, Innovation and Knowledge (RIK) across NHS Fife from April 2020 to March 2021. It details progress made over the last 12 months in relation to ongoing work, previously identified challenges and identifies the key challenges currently facing RIK.

There were significant changes over this period, not least responding to the COVID-19 pandemic and the requirements to move to working from home where possible, suspending studies and responding to the Scottish Government Urgent Public Health priorities.

The Department has also seen significant change of leadership with Assistant Director R&D, Dr Amanda Wood retiring in August 2020 and incoming Assistant Director Professor Frances Quirk commencing virtually from Australia in August 2020, arriving in Fife in November 2020.

From November 2020 the Department has grown to include Innovation and Library and Knowledge Services and been rebadged as Research, Innovation and Knowledge (RIK). Continuing significant developments within RIK include our relationships with the Universities of St Andrews and Dundee in relation to research activities and the South East Region Innovation Hub (HISES) for Innovation. The joint clinical academic appointments with the Universities of Dundee and St Andrews have produced benefits in terms of closer collaboration and contribution to an expanding NHS Fife research culture. Work has advanced particularly well with the University of St Andrews, with a renewed commitment to partnership between the University of St Andrews and NHS Fife with confirmation of St Andrews primary medical degree awarding status in March 2021.

Professor Frances Quirk
Research, Innovation & Knowledge Assistant Director, NHS Fife

3. Activity and Income

Research

1. R&D Studies and Recruitment

Research is categorised as *'commercial'* (funded by the pharmaceutical or medical device industry) or *'non-commercial'*. Non-commercial research is further divided into "eligible" (funded by charitable organisations, research councils or Government bodies), or "non-eligible" (NEF - funded by a non-eligible organisation or is unfunded).

R&D funding is provided via NHS Research Scotland (NRS) by the Chief Scientist Office (CSO) in respect of research considered 'eligible' for funding, in recognition of the unfunded costs incurred by the NHS for undertaking and participating in such projects.

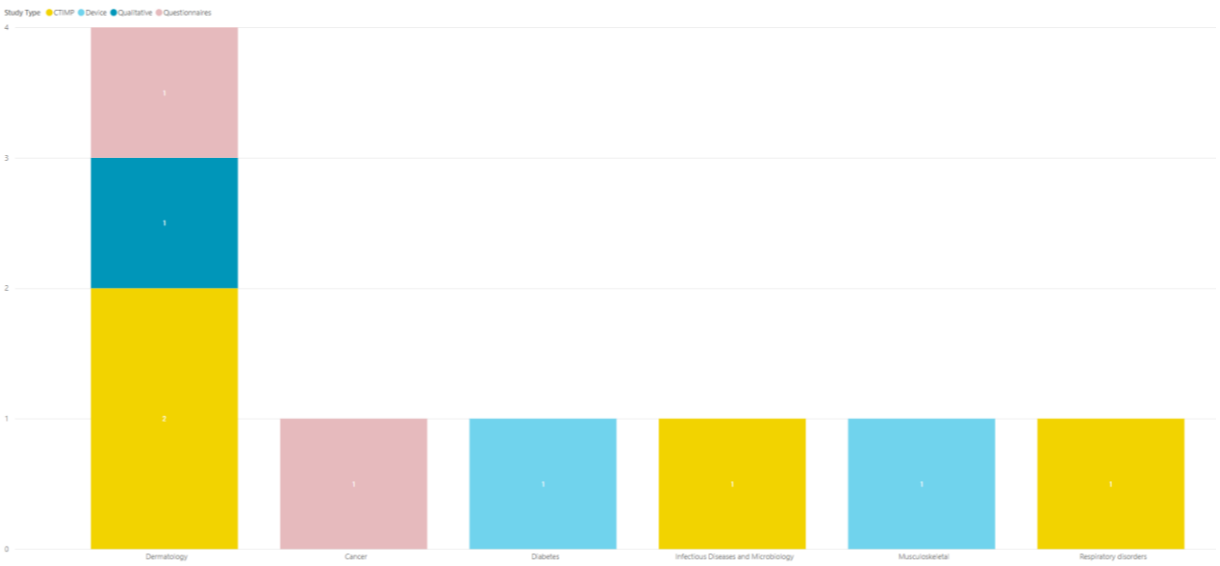
The following R&D activity summary includes the studies open to recruitment in NHS Fife at some point within the 2020-21 financial year. A further 29 studies had completed recruitment and were in follow-up during this period.

Data has been obtained from the SReDA database and excludes PIC (Patient Identification Centre) and NLI (No Local Investigator) studies.

Commercial/Non-commercial Studies

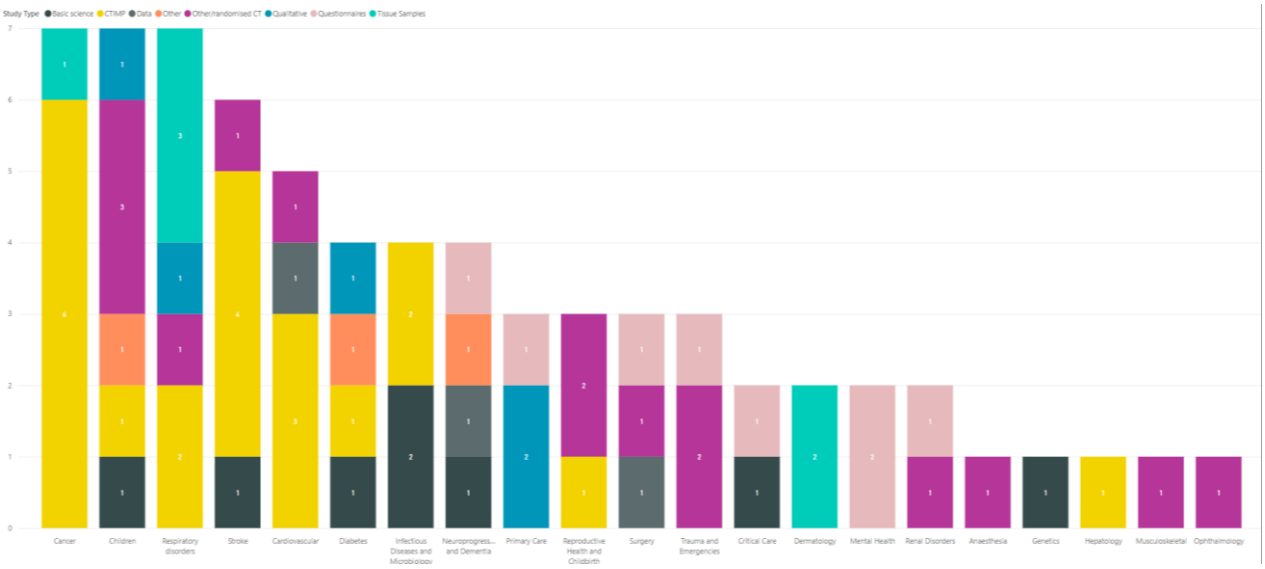
Commercial

The specialities which were involved in commercial studies were: Dermatology (3), Cancer (1), Diabetes (1) Infectious Diseases (1), Musculoskeletal (1) and Respiratory Disorders (1).



Non-Commercial

The top 5 non-commercial research active areas in terms of study numbers were: Cancer (7), Children (7), Respiratory Disorders (7), Stroke (7) and Cardiovascular (5).



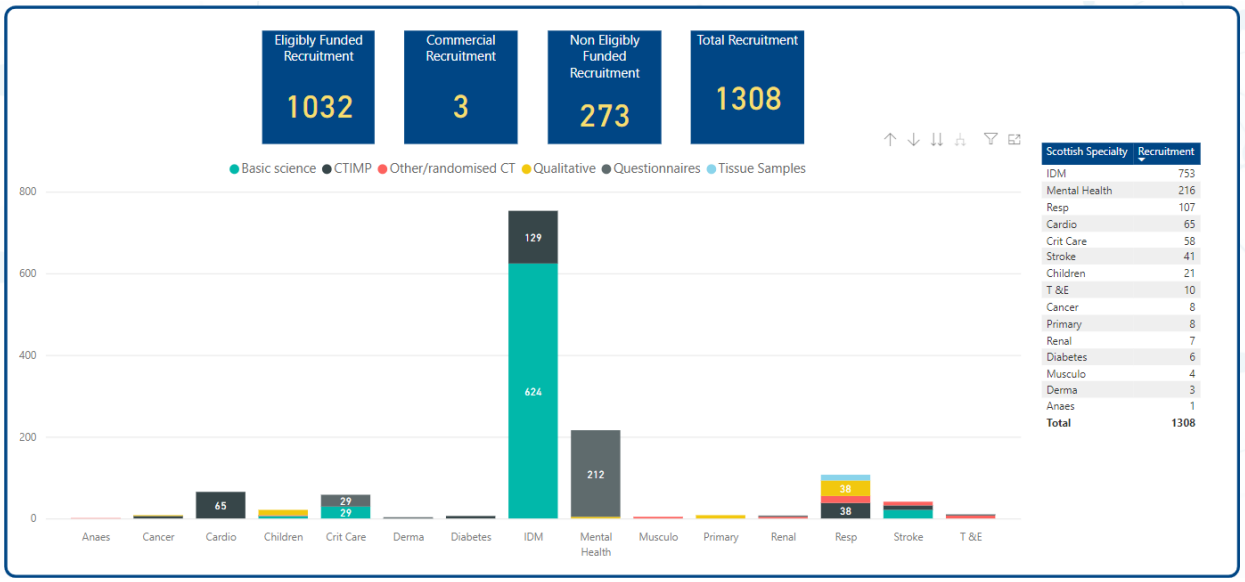
Number of study participants

In 2020-2021 a total of 1308 new participants were recruited.

Commercial recruitment was limited due to the suspension of research activity for non-essential non-COVID 19 studies.

The top 5 non-commercial studies in 2020-2021 in terms of recruited participants were: Infectious Diseases (753), Mental Health (216), Respiratory (107), Cardiovascular (65) and Critical Care (58).

NHS Fife Recruitment – April 2020 – March 2021

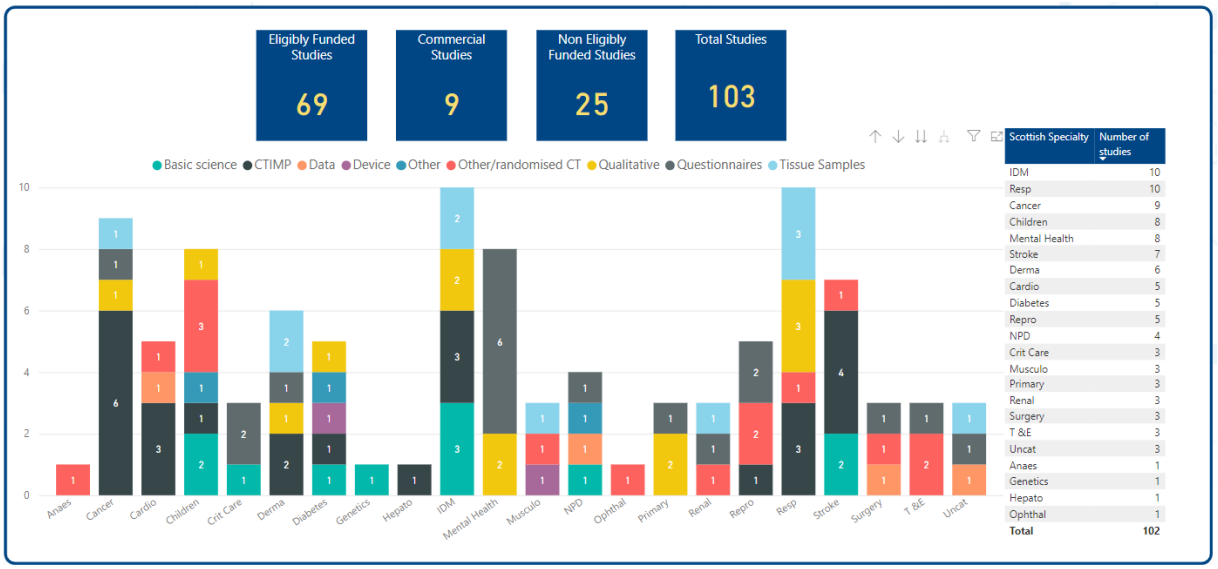


Type of Studies

We have a balanced portfolio of studies ranging from observational to complex interventional studies across a number of therapeutic areas.

The number of studies according to study type and disease specialty, as listed on the National database is shown below.

NHS Fife Recruiting Studies – April 2020 – March 2021



Scottish Specialty	Number of studies
IDM	10
Resp	10
Cancer	9
Children	8
Mental Health	8
Stroke	7
Derma	6
Cardio	5
Diabetes	5
Repro	5
NPD	4
Crit Care	3
Musculo	3
Primary	3
Renal	3
Surgery	3
T &E	3
Uncat	3
Anaes	1
Genetics	1
Hepato	1
Ophthal	1
Total	**102**

2. NHS Fife Research Active Staff

NHS Fife staff can be involved in the delivery of research by becoming the Chief Investigator (CI), or Principal Investigator (PI). The CI is the person designated as having overall responsibility for the design, conduct and reporting of a study, while the PI is the named individual who has responsibility for oversight of the study at a specific site.

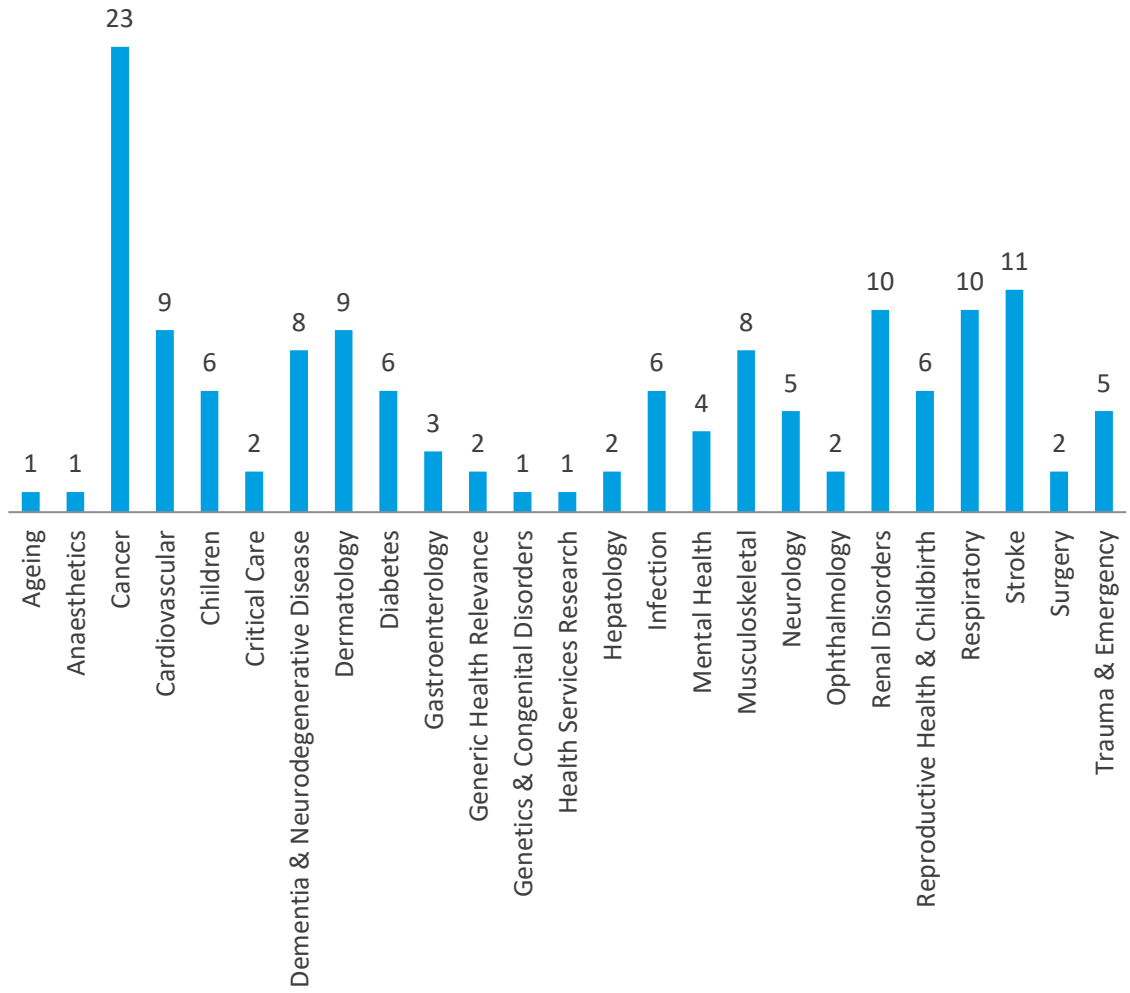
Chief Investigators

Eight NHS Fife staff members acted as Chief Investigator for a research study and 6 of these studies were sponsored by NHS Fife.

Number of studies led by NHS Fife Principal Investigators per therapeutic area

The number of studies led by NHS Fife PIs according to therapeutic area is shown below.
The top six therapeutic areas of number of studies led by NHS Fife PIs were Cancer (23), Stroke (11), Renal Disorders (10), Respiratory (10), Cardiovascular (9), and Dermatology (9).

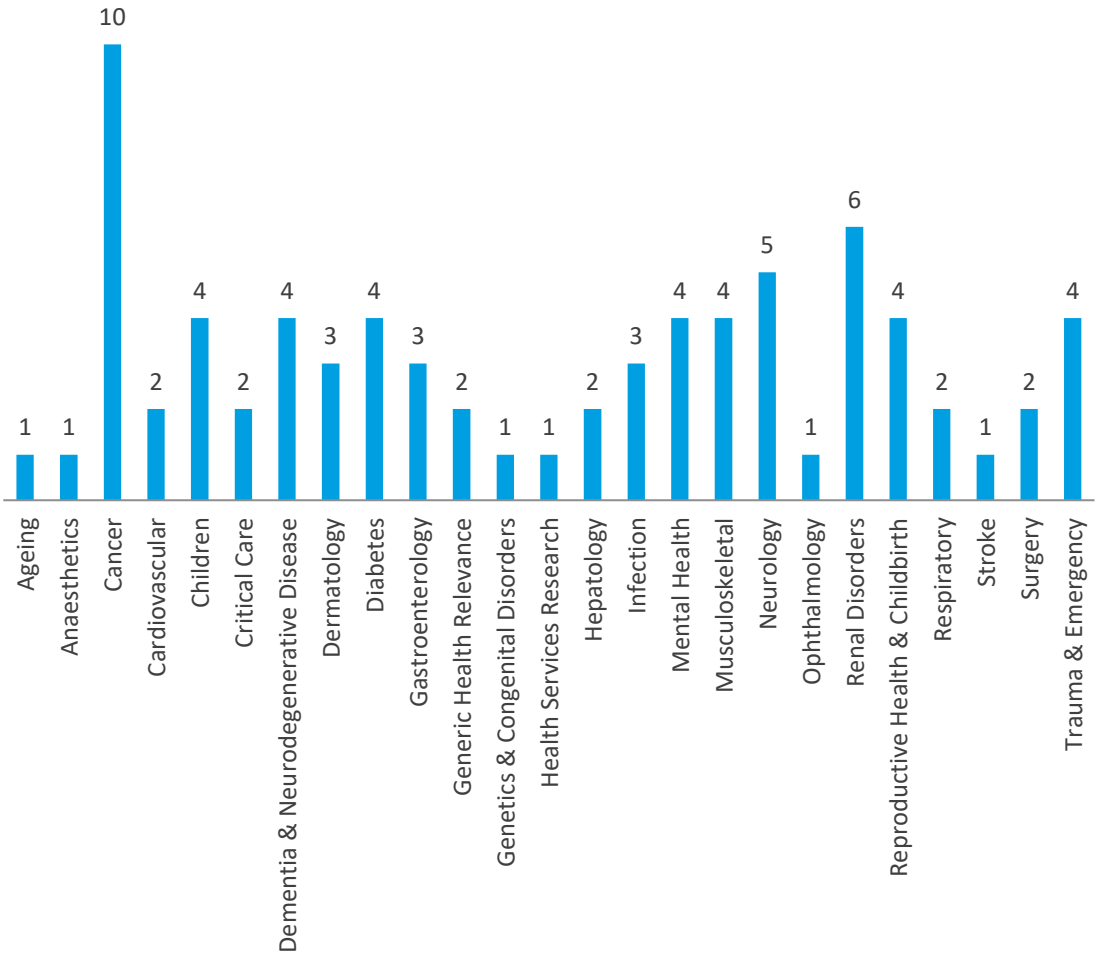
Number Of Studies Led By NHS Fife Principal Investigators Per Therapeutic Area



Number of NHS Fife Principal Investigators per therapeutic area

The number of NHS Fife Principal Investigators according to therapeutic area is shown below. There were a total of 76 NHS Fife PIs leading studies. The highest numbers of NHS Fife PIs according to therapeutic area were Cancer (10), Renal Disorders (6) and Neurology (5).

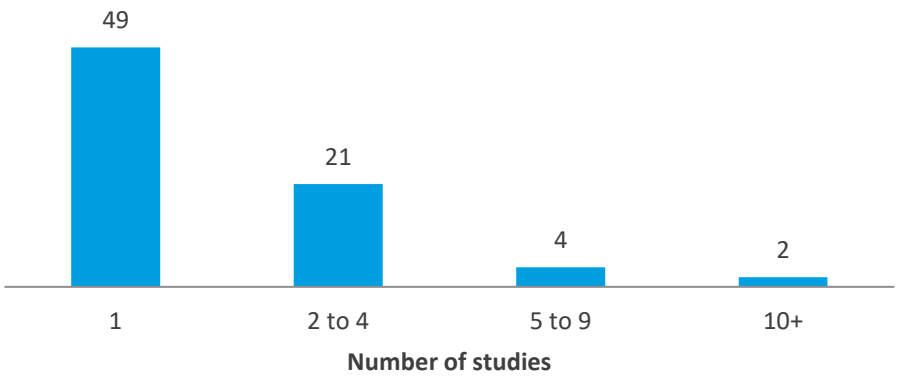
Number of studies led by NHS Fife Principal Investigators per Therapeutic Area



Number of Studies each Principal Investigator has responsibility for at NHS Fife

The number of studies that each PI has responsibility for at NHS Fife is shown below.

Number of Studies each Principal Investigator has responsibility for at NHS Fife



R&D Income

NHS Fife R&D received an allocation from Chief Scientist Office (CSO) of £826,000 in 2020-21 to support clinical research activity and general infrastructure, Commercial Income was £135,603 for this period. A combined total of **£961,603**.

This is relative to £848,000 CSO allocation and £99,850 Commercial Income for 2019/20 (Total £947,850) and £881,000 CSO allocation and £111,412 Commercial Income for 2018/19 (Total £992,412).

The provision of pharmaceuticals study drugs and supplies associated with the implementation and support of clinical trials at NHS Fife leads to significant costs savings for NHS Fife Pharmacy and Medicines. For the period April 2020 to March 2021 these cost savings were **£502,074**.

Innovation

NHS Fife is a member of the South East Region Health Innovation Hub (HISES) and the majority of Innovation activity supported by RIK over the period of April 2020-March 2021 was focused on HISES hosted Small Business Research Initiatives (SBRI's) and supporting a range of regional Innovation projects. These were in the areas of; delayed discharge, multimorbidity, Care Home data, Diabetes and improving Hip Fracture outcomes.

The focus of HISES innovation activity has been directed towards:

- the better management of long term conditions, frailty and multi-morbidity
- enabling people to benefit from healthier living in their homes and communities

NHS Fife was an SBRI Phase 1 test bed for the Kind-o-coin Challenge SBRI (seeking digital solutions to address delayed discharge through connecting volunteers to patients on a discharge pathway) from August to December 2020.

The Kind-o-coin project stemmed from an idea from a clinician in NHS Lothian to create more resilient communities able to better support each other through volunteering and reducing the increasing demands now placed on the wide range of statutory services.

The first innovation challenge was to seek prototype solutions to increase volunteering in the community to support hospital delayed discharges. The challenge was being run in collaboration with Scottish Enterprise, who funding this SBRI through the Can Do Fund (£150,000) and it was tested in five Health and Social Care areas within the East Region, including Fife H&SCP.

NHS Fife were partnered with Uppertunity a Fife based social Community Interest Company (CIC) as the lead company. Uppertunity also worked with SCIENAP (Science and Engineering Applications Ltd.) on this challenge.

NHS Fife H&SCP staff involved in supporting this SBRI included Donna Hughes (Head, Person Centred Care Relations), Belinda Morgan (General Manager), Alayne Early (Team Lead Community Nursing), Amy Walker (Volunteer Development Lead) and Torfinn Thorjborgsen (Head of Information Services).

Phase 1 aimed to develop a feasible solution that would enable people awaiting discharge from hospital, but are prevented from doing this due to the lack of someone (a friend/relative, care provider) being available, to then be securely connected with a registered volunteer who with their approval would be available to support them in safely getting settled back in their home.

Phase 1 relaunched, after being paused due to COVID-19, on the 10th August and came to an end on 30th November 2020. The 5 companies from Phase 1 submitted end of Phase 1 reports in December 2020, Uppertunity and SCIENAP proposed a digital solution, CHAI (Connected Health Administration Interface) to integrate health and social care data using a mobile data healthcare collaboration protocol to enable healthcare staff to connect more directly with volunteers.

- The 5 companies from Phase 1 submitted end of Phase 1 reports in December 2020.
- Phase 2 will run for up to 12 months, from November 2021 and will present the opportunity for two successful companies from Phase 1 to further develop and evaluate their prototype solution in a real-world setting.

Library and Knowledge Service

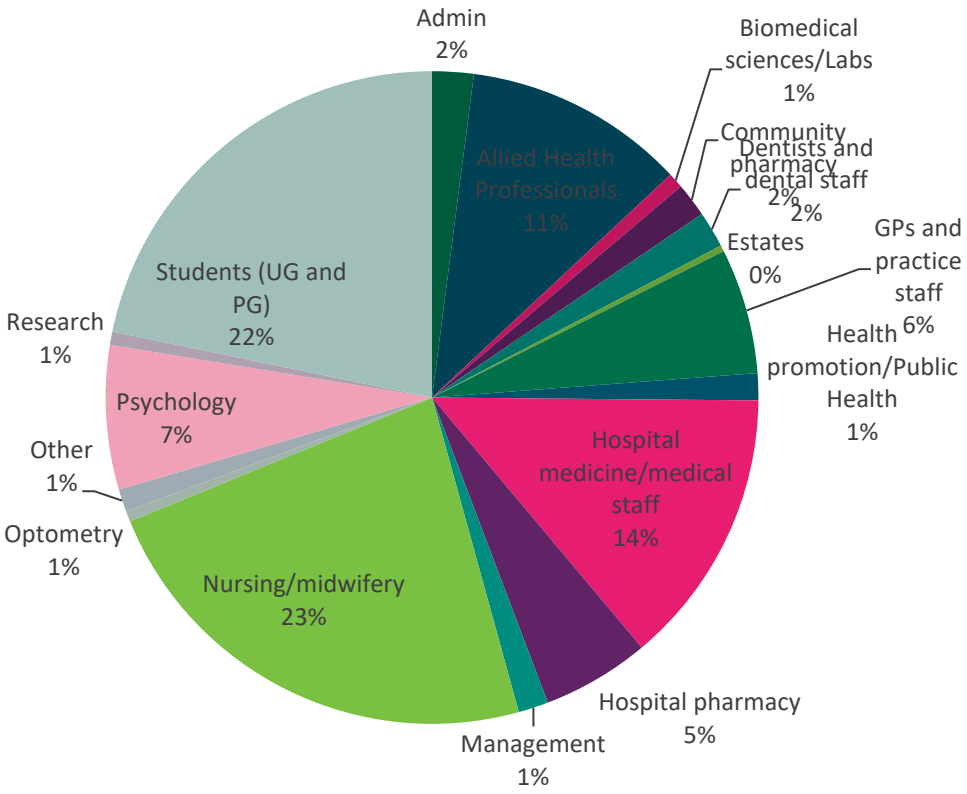
The Library and Knowledge Service continued to support NHS Fife staff during the difficult circumstances of the pandemic. Like many office-based services, Library and Knowledge Service staff worked from home for most of 2020-21 adapting to new ways of working. Core functions were maintained as far as possible and new technology such as Microsoft Teams allowed us to keep in contact with our local users, immediate colleagues and the wider NHSS library network.

Core business activity

Activity	Number
Library patrons:	
Total number of registered library users at 31st March 2021	2,234
New borrowers registered	402
Library bookstock:	
Total number of books in stock	3,726
Books added to stock	13
Book loans:	
Book loans from own stock to NHS Fife patrons	97
Book loans from own stock to external Boards' patrons	31
Book loans to NHS Fife patrons supplied by external Board libraries	43
Book renewals	175
Book returns	189
Resource Sharing requests:	
Journal articles requested from the British Library	70
Books borrowed from the British Library	22
Journal articles supplied from national ejournal subscriptions	52
Literature searches / evidence searches / scoping searches	25

Number of registered individuals with a Library/Athens account at 31/3/21:	NHS Fife workforce (headcount):	% of workforce registered with library:
2,234	9,609	23.25%

Library/Athens accounts by profession



NHS Fife Service Review 2020/21 – Library and Knowledge Service

Objective	Progress
Ensure budgetary cost-efficiency targets are met: carry out a review of travel expenses.	Savings have been made to the travel expenses budget by ensuring that regular visits to Stratheden Library are made by the member of staff who lives geographically closest thus incurring no additional travel costs.
Work with NHS Education for Scotland to avoid duplicate purchasing of journal articles by NHSS libraries from the British Library. Although BL costs are met nationally, this local action will contribute to national cost savings.	All journal article pdfs from the British Library are now saved and recorded locally for re-use by NHSS staff. New workflows are now embedded.
Work with Pharmacy Dept to provide training sessions to enable NHS Fife pharmacists to answer the full range of drug-related enquiries they receive locally.	This has already been reported on under the "User support" heading.
Participate in the Eido Inform trial for NHSS (Eido Inform is a collection of procedure-specific informed consent documents covering the most common surgical/medical procedures. The service provides up-to-date, peer-reviewed patient information on nearly 400 procedures in pdf format to be printed or emailed direct to the patient. It is both a **risk management tool** and a **patient information service**. The overall aim of the trial is to raise awareness of the service among clinicians to establish whether there is interest in a national subscription to this resource).	This trial did not go ahead due to the Covid pandemic.
Review and update local documents and procedures regarding literature searching training, stock selection, and stock management to ensure a standardised and consistent approach in the department.	Carried forward to 2021/22.

4. Clinical Researcher Career Spotlight – Devesh Dhasmana

Dr Devesh Dhasmana is a Consultant in Respiratory Medicine and was actively engaged, as a Principal Investigator, in all the COVID-19 clinical research studies over the peak period of the pandemic in 2020/21.
Dr Dhasmana shared his views about his clinical research career in an interview with Professor Frances Quirk.

Early Interest in Research

As a child Devesh really enjoyed watching Detective movies and TV series, such as Inspector Clouseau and Columbo and fancied the idea of being a Detective but didn't fancy the risk of being killed!

> *"wouldn't it be great to have a job with an element of discovery"*

This early interest in discovery led Devesh to a career in clinical medicine and to incorporate research into his clinical career as soon as he could.

Devesh was only the second person on the combined MBPhD program at University College London after completing a successful intercalated BSc.

> *"really enjoyed the science"*

The focus of Devesh's PhD was Neuroscience, investigating how to support the regeneration of Schwann cells in the brain. Whilst he enjoyed the topic and the basic science within he decided Neurology was not for him as a Speciality.

> *Devesh's greater interest became infection and respiratory infection specifically.*

Respiratory Medicine brought Devesh to NHS Fife and he was successful in being awarded an NRS Fellowship (2015-2018). Trying to balance the 'day a week' of research time with a full clinical load proved tricky and it took Devesh 2 years to work out a model that gave him more flexibility to be clinically and research active and to add in some academic time at the University of St Andrews.

Research Motivation and Success

Devesh is motivated by questioning the boundaries of what we know, the notion of what matters most to the patient.

> *"marrying what you can do in theory with what you should do in practice"*

Devesh believes it's important to get the right information, the right test for the right person at the right time. In the context of respiratory infection, knowing when to treat and how best to treat can make a big difference.

> *"want to make the most of the interface between science and clinical practice, bringing the science closer to the coal face"*

Devesh's ambition would be to have a self-contained Respiratory Unit with clinical medicine and research working alongside each other for the benefit of patients. He has a 'MasterPlan' for respiratory medicine over the next 5 years!

Career Highlights

Devesh really enjoyed seeing his first lead author paper published, it was a long time coming!

> *"it's vain but I really enjoyed it"*

What does the Future Look Like?

Devesh's goal is to be able to provide the best care for Fife patients and citizens with respiratory infections.

> *"want Fifers to get a really good deal"*

Good care is the blend of good medicine and good clinical research, ideally delivered in the context of a dedicated Clinical Respiratory Unit.

Advice For Those Thinking About Undertaking Research

Start small and get as much exposure as you can from anywhere you can. Get involved in audit or quality improvement or if possible be a small part of a big trial.

> *"can have exposure to research in so many ways in today's healthcare"*

Devesh advises those interested in starting a research career or interest to pipe up and ask

> *"show me what you do"*

The moment they see it they will know what they like and don't like, what really fires their interest, and how they might like to take this further.

For students, if clinical research is not in the curriculum, reach out to your local scientists or clinicians who are showing an interest in clinical research. Most successful researchers are natural collaborators and would happily extend opportunities to interested students or at least just show them what they are doing. The research community is a welcoming and open community, so just ask to find out more!

5. Research, Innovation and Knowledge Support

5.1 R&D Nursing

From left to right: Lead R&D Nurse Karen Gray, R&D Nursing Support Officer Joanna Driscoll

Nursing Team: Lead R&D Nurse Karen Gray leads the nursing team of 21. This consists of 10 Senior Research Nurses, 5 Research Nurses, 5 Clinical Research Assistants and a Nursing Support Officer.

Activity: 2020/21 was an unusual year for activity within R&D and for the nursing team. With the pandemic hitting early in March 2020 we quickly had to redirect resources to Urgent Public Health (UPH) studies and suspend all non-essential research. We recruited our first Covid-19 patients in early April 2020 to the RECOVERY study.

We were fortunate to be able to keep some essential drug trials in Dermatology, Haematology and Oncology open throughout to ensure our patients on drug studies did not suffer any detriment. While we lost some staff to assist with the clinical effort, we had fantastic support from NHS Fife management to continue and deliver on urgent research priorities.

The R&D nursing team supports 95 active studies recruiting and in follow-up. This includes drug studies, non drug studies, and commercial and academic research studies.

Most of our priority studies this year have been COVID studies, including RECOVERY, ISARIC, GenOMICC, RECOVERY RS, STOP Covid and SIREN.

Highlights: The highlights this year has to be the fantastic response and team work the research nurses have shown in adapting to the pandemic. Suspending studies and being relocated, working with different staff and responding to urgent set up of priority studies created some anxieties for the staff. Working with Covid-19 patients in the early days of the pandemic was an uncertain time for us all but the nurses got on with the job demonstrating their professionalism and working in extremely difficult circumstances.

NHS Fife has been in the top 5 recruiting sites in Scotland several times for RECOVERY and STOP-Covid and despite many challenges; we have opened the SIREN study which was seeking to recruit over 600 NHS Fife staff to the study. This important study seeks to determine if the presence of COVID-19 antibodies is associated with a reduction in the risk of re-infection.

Motivation: Following such an uncertain year in research where we have had to adapt to changes several times, the teams continued enthusiasm, motivation and determination has never failed. The nursing team has pulled together and worked with new team members and sometimes on unfamiliar specialties to deliver the highest quality urgent public health research as quickly as possible in an extremely challenging environment. Once the call to prioritise UPH studies came in, the team quickly and efficiently set to work suspending non essential studies, opening Covid studies in super fast time and working round the clock to make sure all of NHS Fife patients were afforded the same opportunities as everyone else.

The nursing team has been truly amazing over the past year and continues to develop and deliver on every COVID-19 study in Fife.

The Oncology Team

Clinical Research Staff (from left to right):

Fiona Adam (Senior Research Nurse), Julie Penman (Research Nurse), Sophie Iwanikiw (Clinical Research Assistant)

Principal Investigators: Dr Sally Clive (Colorectal), Dr Catriona McLean (Colorectal), Dr Marjory MacLennan (Breast), Dr Caroline Michie (Breast), Mr HamidRaiss-Ahmad (Breast), Dr Joanna Bowden (Palliative Care), Ms Irene Russell (Urogynae).

Summary of Activity: The Oncology team have been contributing to research in Fife with help from the Scottish Cancer Research Network for many years. The team support a wide variety of specialties including breast, colorectal, lung and pancreatic cancers. While collaborating closely with visiting consultants the team work hard to provide opportunities to allow Fife patients access to trials locally.

Recruiting Studies: ADD-ASPIRIN (3 cohorts), MENAC, POSNOC, SOCCS3, ROSELEE

Studies in Follow-up: SoFEA, PRIMEII, TACT2, SUPREMO, SOLE, BIG3-07, ARISTOTLE, FAST-FORWARD, EORTC 10085, TOPSY

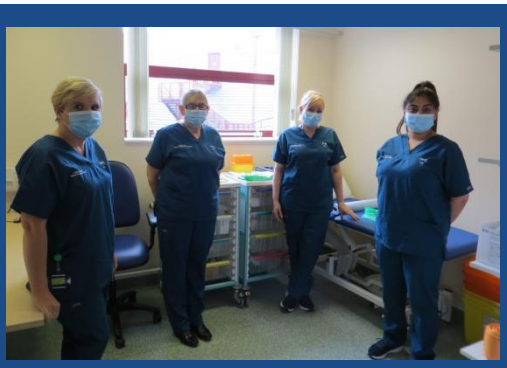
Highlights: Highlights this year must include the group effort, sacrifices made and collaboration of so many, during the height of the pandemic. Our team received a Certificate of Achievement

from the TOPSY study, acknowledging that NHS Fife "completed the TOPSY paperwork to the highest standard and in the most timely manner". This was truly welcomed after hitting our recruitment target, earlier in the year.

Personal Statements/Motivation: Research activity in 2020 was swiftly diverted from Oncology to facilitate study set up and recruitment for the RECOVERY and RECOVERY RS, COVID-19 studies. While essential Oncology drug trials continued we also worked alongside Infectious Disease and Respiratory colleagues helping with the COVID-19 research effort. This was a fantastic opportunity to do some very worthwhile acute research and clinical work which is very different to the team's usual studies.

> *"What motivates me (Fiona Adam) is leading a strong, dedicated, enthusiastic team, who during such uncertain times, pulled together, supported each other, and adapted without complaint...to our new normal."*

The Orthopaedic Team



Clinical Research Staff (from left to right):

Claire Stewart (Senior Research Nurse), Sue Pick (Clinical Research Assistant), Julia Sutherland (Research Nurse), Zunera Ali (Research Nurse)

Principal Investigators: Philip Walmlsey (Orthopaedic Consultant), Mr Andy Ballantyne (Orthopaedic Consultant), Mr Adeel Ahktar (Orthopaedic Consultant) and Mr Melvin Carew (Emergency Medicine Consultant)

Summary of Activity: The Orthopaedic team was set up late 2019 to support a growing portfolio of Orthopaedic studies and a high level of engagement with the clinical team. The team facilitates a mixture of interventional and observational studies. The research team work closely with the clinical staff to open and set up new studies within NHS Fife and help to carry out activities such as recruitment, patient follow up and ongoing management of the studies until completed.

Studies Recruiting: Workwell, FAME, CRAFFT, ATTUNE, SCIENCE, PROPHER 2

Studies in Set up: CORE Kids, HP15 Mobile Link Hip Study,

Highlights: The nursing team received much deserved praise for recruited the 100th patient into the FAME trail. Robert Norrie, from Glenrothes agreed to feature in our Twitter feed proudly displaying his certificate congratulating him on being their 100th patient. The nursing team received much deserved praise for recruited the 100th patient.

Motivation: Being such a new team has brought its challenges but the engagement from the clinical team in Orthopaedics has been fantastic and has led to a strong collaboration between research and clinical staff. The development of the new Centre for Excellence Orthopaedic Centre in Fife is an amazing opportunity to continue to deliver and expand cutting edge Orthopaedic research to the people of Fife.

The Respiratory Team

Clinical Research Staff (from left to right):

Senior Research Nurse Angela Scullion, Research Nurse Amanda McGregor and Clinical Research Assistant Emma Simpson

Principal Investigators: Dr Devesh Dhasmana (Respiratory Consultant) Dr Jo Bowden (Palliative Care Consultant) Derek Sloan (Infectious Disease Consultant) Dr Patrick Lui (Respiratory Consultant) Dr Ian Fairbairn (Respiratory Consultant) Joe MacKenzie (Respiratory Consultant) Dr Mike McMahon (Consultant Anaesthetist)

Summary of Activity: NHS Fife respiratory clinical trials team was initially set up in October 2020 in response to a significant increase in our Covid-19 trials workload. The team is made up of Senior Research Nurse, Angela Scullion, Research Nurse, Amanda McGregor and Clinical Research Assistant Emma Simpson with the purpose of helping and supporting busy clinicians to undertake research in Fife. Vital medical research into possible treatments to help patients with COVID-19 is already showing encouraging results.

Recruiting Studies: RECOVERY, ENSEMBLE 2, ISARIC

Studies in Set up: MABEL, ECBS, PROSPECT

Highlights: During the first months working on Covid wards the team managed to recruit the 100th patient into the RECOVERY study in January 2021, recruiting 125 by March and NHS Fife are particularly pleased to be part of the ENSEMBLE 2 vaccine study working in collaboration with Tayside on the first Hub & Spoke study model in Scotland. This allowed 24 Fife patients access to the vaccine in Tayside while benefitting from local follow up in NHS Fife.

Personal Statements/Motivation: "As a team we are extremely motivated and work particularly hard on Covid studies to ensure that we optimise participant recruitment in order to establish new treatments quickly and effectively and offer patients every possible opportunities".

Study websites
https://isaric.org/
https://genomicc.org/
https://warwick.ac.uk/fac/sci/med/research/ctu/trials/recovery-rs/
https://stop-covid19.org.uk/
https://snapsurvey.phe.org.uk/siren/
https://www.recoverytrial.net/
https://www.jnj.com/coronavirus/about-phase-3-study-of-our-covid-19-vaccine-candidate
https://isaric4c.net/ or https://isaric.org/
https://www.hull.ac.uk/work-with-us/research/institutes/health-trials/study/morphine-and-breathlessness-study
www.SCIENCEstudy.org
https://crafft-study.digitrial.com/
https://fame-study.digitrial.com/
https://www.nottingham.ac.uk/research/groups/orthopaedicsandtrauma/trauma-research/core-kids.aspx
https://nottinghambrc.nihr.ac.uk/take-part/live-trials/trials/1431-profher-2
http://www.addaspirintrial.org/
http://www.posnoc.co.uk/
https://www.supremo-trial.com/
https://w3.abdn.ac.uk/hsru/TOPSY
https://www.icr.ac.uk/our-research/centres-and-collaborations/centres-at-the-icr/clinical-trials-and-statistics-unit/clinical-trials/sofea
https://www.icr.ac.uk/our-research/centres-and-collaborations/centres-at-the-icr/clinical-trials-and-statistics-unit/clinical-trials/tact2
https://www.ibcsg.org/en/patients-professionals/clinical-trials/closed-trials/223-ibcsg-35-07-sole
http://www.ctc.ucl.ac.uk/TrialDetails.aspx?Trial=82
https://www.icr.ac.uk/our-research/centres-and-collaborations/centres-at-the-icr/clinical-trials-and-statistics-unit/clinical-trials/fast_forward_page
https://www.eortc.org/research_field/clinical-detail/10085p/
https://www.workwelluk.org/
https://www.hull.ac.uk/work-with-us/research/institutes/health-trials/study/morphine-and-breathlessness-study

5.2 R&D Approvals Team

R&D Approvals and Support (from left to right):

Aileen Yell (Research Coordinator), Roy Halliday (R&D Support Officer)

The R&D Approvals Team consists of Aileen Yell, Research Coordinator and Linzi Wilson, Approvals Assistant who deal with a variety of approvals related tasks including:

Research Approvals

All research conducted within the NHS must have R&D Management Approval in order to ensure that the legal obligations of the Board are met. Approval also provided insurance/indemnity for research studies under the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS).

The Approvals Team ensure that such research studies are reviewed and approved within national timelines. This can include working with researchers and staff to provide advice and assistance around what types of approval are required, reviewing documentation, checking any implications around resource and costing, information governance, risk assessment, arranging contractual reviews, processing Research Passport applications and dealing with any queries which arise during the process. During the year 2020 we received notification of 104 potential new studies. There are generally in excess of 200 research projects active and in follow up in Fife.

Research Amendments

The majority of research projects which are approved will be subject to amendments during the period the studies are active or in follow up. The Approvals Team liaise with local study teams to ensure there are no issues around capacity or resources/costings and review and process the amendments timeously. During the year 2020 we received and processed 212 study amendments.

R&D Support Officer

Roy Halliday, provides overall administrative support to the R&D Department, including being a primary point of contact for the R&D Team, responding to all types of enquiries, organising and minuting of meetings, regular production of R&D Bulletin, providing support to the Assistant RIK Director and other team members where required. The R&D Support Officer is also responsible for processing of feasibility requests, ordering via the e-Procurement Scotland system (PECOS), Scottish Standard Time System (SSTS) and assisting with the delivery of the R&D Education Programme.

Highlights

The team have been involved in the implementation of the EDGE Research Management Platform, particularly in relation to the creation and modification of Approvals and Amendment Workflows, Attributes, the creation of new studies, updating and maintaining accurate records in relation to existing studies, amendments, etc.

The team have successfully transitioned from full time office work to working flexibly between home and office without any significant impact on our target timelines.

5.3 Quality and Performance

Quality and Performance
(from left to right):

Julie Aitken (Quality and Performance Team Lead), Penny Trotter (Quality and Performance Assistant)

The R&D Quality & Performance Team, consisting of Julie Aitken (R&D Quality and Performance Lead) and Penny Trotter (R&D Quality and Performance Assistant), are responsible for a number of important activities including:

Management of SOPs and Work Instructions

Standard Operating Procedures (SOPs) and Work Instructions (WIs) are vital to ensure efficient, controlled and uniform conduct across all studies. The R&D Quality and Performance Team ensure all SOPs and Work Instructions are constructed in accordance with the standard format, regularly reviewed and distributed and made available to staff as appropriate.

We work with R&D Department admin and research staff to review the content of these documents and suggest improvements, as well as identifying gaps in the existing suite of documents where new procedures are required. This is an ongoing cycle and feeds in to the continuous development of the department.

Between April 2020 and March 2021 16 SOPs and 6 Work Instructions and their associated forms and templates were reviewed, updated and re-issued. No new SOPs or WIs (version 1) were issued in this time period.

Audit

The team are responsible for performing audits across all the clinical research conducted in NHS Fife. This covers a wide range of activities, looking at studies and their activities as well as procedures within the R&D Department itself. The audits are intended not only to ensure compliance to SOPs, WIs and study protocols but to assist those being audited by identifying and addressing issues and helping to identify improvements that can be made to streamline processes.

Between April 2020 and March 2021 formal audits were conducted for the following studies:

- R&D Ref: 20-092 - Obese Healthcare Workers - Physical Activity and Healthy Eating
- R&D Ref: 20-009 - COVID-19 ISARIC/WHO Clinical Characterisation Protocol for Severe Emerging Infections

Tracking Research Activity and Performance

The team liaise with research teams to review study progress and timelines, collate recruitment figures and update local and national databases to track all research activity in NHS Fife.

Highlights

Implementation of Q-Pulse

We began implementing the use of the Document Management System Q-Pulse at the start of 2020, initially just using the Documents module. Each new/revised document is uploaded to Q-Pulse and sent for acknowledgement to appropriate staff and this has proved invaluable for keeping track of our SOPs and WIs and for distributing them to appropriate staff.

We have now extended the use of Q-Pulse to include the Assets module to record the maintenance and calibration of equipment.

We would like to thank Ken Campbell, Laboratory Service Manager, for his patience and help getting Q-Pulse set-up.

Implementation of the EDGE Research Management Platform

Over the last year the team have been busy working with the R&D Approvals Team, Clinical Trials Pharmacy Team and R&D research teams to implement the use of the EDGE Research Management Platform which has helped streamline the process of tracking research activity. All R&D approvals processes and study set-up processes are recorded and tracked on EDGE, details of all recruits are added and study documentation stored on the system. This has helped improve communication between the various team and allows recruitment activity to be collated quickly.

The R&D Quality and Performance Team have delivered EDGE training sessions to assist research teams with the tracking of recruitment activity and the management of study set-up processes using workflows and entities and they are available to assist research teams with queries as they arise.

5.4 Education and Training

During 2020-2021 our Senior Research Advisors gave 162 advice “events” which were delivered via email, Microsoft Teams or by telephone to 50 members of staff, plus 1 external individual. Advice sought related to study design (24%), statistics (10%), approvals – R&D, ethics, IRAS (12%), grant applications (18%), degree projects 4%), general support (22%) and writing up (10%). 12 Training sessions took place via Microsoft TEAMS with a total of 40 attendees.

Many of our training courses were cancelled during 2020/21 and while we normally offer national Good Clinical Practice (GCP) training on a quarterly basis, Covid restrictions meant that face to face training was not possible. Researchers and staff who required GCP training during this time were directed to the NIHR online resources where both an Introduction to GCP and an update course are available. GCP was re-introduced early in the year following a socially distanced model.

5.5 Library and Knowledge Service

The Library Services team
(from left to right):

Wendy Haynes (Librarian),
Missing from picture Hannah Coulston (Librarian)
Alan Mill, Library Assistant and
Marie Smith (Library Services Manager)

The Library & Knowledge Service (LKS) continued to provide individual and small group training sessions to support information literacy skills development in the workforce. The sessions involve training in the use of a range of online resources including bibliographic databases, e-journals, e-books and reference management software. We carried out seven training sessions for individuals during 2020-21. This is a reduction in numbers from previous years (12 sessions in 2019-20, 24 sessions in 2018-19) but demand is increasing again as staff adapt to using Teams.

In addition, we were approached by the Senior Pharmacist for Education and Training to support the department in bringing the Medicines Information (MI) service in-house. The pharmacists who will provide this service required additional training in evidence searching to enable them to answer complex MI enquiries. The Library and Knowledge Service designed and delivered a short training programme, containing both demonstrations and hands-on elements that were well received. Sessions have been delivered to post-graduate foundation trainee pharmacists and there are plans to extend this to foundation pharmacists in future. The programme is also available as a recording for members of pharmacy staff to access as required. We received excellent feedback from participants who appreciated our friendly approach and thorough overview of resources.

Highlights

New Meta Data Editor

Library resources both print and online, are catalogued using the Library Management System, Alma. One of the Library team members was involved in the national cataloguing support group which piloted new cataloguing software in late 2020. Following implementation of the new software, the LKS team member was involved in revising the workflow documentation, providing training resources and demonstrations, and providing ongoing peer support across NHSS libraries.

KIND course pilot

In early 2021 a member of the library team participated in a pilot programme to assess materials for a new course that is being developed for the KIND workforce. The KIND workforce comprises staff that have the management of knowledge, information and data as a core element of their role. The four pilot modules, developed by NHS Education for Scotland, the Digital Health & Care Institute, and Public Health Scotland, were undertaken by a range of staff from the KIND workforce across Scotland. Library staff were given the opportunity to participate in the pilot and provide feedback which will enable course content to be refined and finalised.

Physical collection

We undertook a review of the physical book collection to improve display and accessibility. While continuing to stock essential textbooks, we have focussed on resources to support staff well-being, research and professional development.

6. Research, Innovation and Knowledge Participants/User Experience

R&D Participants Experience

Mr Robert Norrie (pictured left) was featured in the UK FAME study newsletter recently.

The multicentre FAME study is a clinical trial looking at two different standard care treatment types for ankle fractures in adults aged up to 60. Participants will be followed over 10 years to see the outcomes for surgical treatment (plates and screws) versus non-operative treatment (a close contact cast which is a special snug fit plaster cast).
This information will help improve treatment for future patients with similar injuries.

The FAME study at NHS Fife was led by Mr Phil Walmsley and Muhammad Adeel Ahktar, and NHS Fife R&D Senior Nurse Claire Stewart, the team give a big thank you to Fife patients like Mr Norrie who are taking part. The multi-disciplinary team are invaluable in helping the R&D team produce high quality research data and immense gratitude also goes to theatre and ward staff, the radiology team, orthopaedic clinic staff and orthopaedic plaster technicians.

Quote from a monitor following a visit to NHS Fife

> *"It was an absolute pleasure to visit your site in person yesterday and meet your team. They have been doing a wonderful job, working to an exceptionally high standard to ensure that all sources have been clearly documented and the protocol is being followed closely. Given the current circumstances of working in a pandemic too, along with the challenges that this study had faces with couriers and drug shipment I wanted to really stress how impressed I am with how amazing your team has done, so thank you."*

Quote from Miss Caitlin Cameron, Dermatology patient

> *"The Research Staff have been amazing and extremely helpful. I was amazed they were still allowed to do the study throughout lockdown.*
>
> *I was so happy that they were able to come to my flat instead of me risking catching COVID to come to hospital. This study has changed my life."*

Library and Knowledge Service User Experience

Topic - Cancer-related fatigue

"[The evidence search] allowed us to update the resources we use for training/education [of OT staff]."

"[The evidence search] allowed us to update the resources we provide to patients/carers."

"Thank you for your help – responded very quickly and information provided was well presented and easy to access."

Topic - SLT interventions for adults with learning disabilities

"[The evidence search] supports our decision-making on next steps. We still have further scoping work to be done but [the] research provided will help inform future plans for service development around targeted work for adults with learning disability."

"I have accessed the library services several times over the years for support on literature services and always found staff extremely helpful and efficient. This is an excellent service."

7. NRS Fellowship Support Scheme Awards

Completing Fellowship Award-Joanna Bowden

NHS Fife and the University of St. Andrews jointly sponsored a targeted call for applications, in March 2020, for a support scheme to provide recently completed or completing NRS Fellows with the equivalent of a day a week for 24 months to continue the research programme developed through their NRS Fellowship. This was a competitive call and Dr Joanna Bowden (Consultant in Palliative Care) was the successful applicant. Dr Joanna Bowden shared what motivates her to be a research engaged clinician.

What motivates you to fit research into your busy clinical life?

My research work is heavily informed by my clinical practice – specifically by the shortfalls in clinical interventions, pathways and systems that impact negatively on patient experiences and outcomes. Knowing that we can address these issues by developing an evidence base for practice is a powerful motivator. At a personal level, I really enjoy having variety in my working week, undertaking a spectrum of activities with colleagues with whom I share a common goal.

Why did you apply for the NRS Fellows Support Scheme?

I had completed a three year research fellowship (NRS Career Researcher scheme) in March 2021, during which time I grew from someone with an interest in research, who could support others' research in Fife, to someone with the skills and confidence to develop my own research ideas and to see these materialise into studies. Securing funding from the Health Foundation for a large regional study was a great boost, as was securing endowment funding for a Fife-based study of the reality of end of life care in the community during the Covid-19 pandemic. The Fellows Support Scheme will enable me to continue progress these studies and to build stronger links with academic colleagues in the University of St Andrews, aiming for a strong and effective programme of Fife-led palliative care research for the future.

What will be the benefits of your project for our patients and for your service?

The research work I undertake, as part of multidisciplinary research teams, is primarily focused on improving our understanding of current experiences, pathways and outcomes, with a view to making policy and practice recommendations and influencing clinical care for the better. This should benefit future patients in Fife, but also nationally and beyond. In addition, I am the Principal Investigator for two clinical trials in Fife, both for people with advanced disease, testing new interventions for symptom management. Being a research active clinical team means that patients in Fife with advanced illnesses can participate in research, which can benefit them in a great variety of ways; including the reward that they are helping others in their position in the future (altruism) and receiving additional close support and follow-up by skilled research clinicians. It is also the case research drives higher clinical standards in the here and now, promoting a culture of critical thinking and evidence based practice. Finally, being research active is a great way of promoting the positive contribution that palliative care can make for individuals and those close to them, as well as the health and social care systems and society more generally.

What advice would you give to other clinicians/health professionals thinking about applying for funding for research support?

I would greatly encourage anyone considering applying for funding to approach the R&D department for an informal discussion, and also to get in touch with clinician-academics like me, even if their proposed research is in a completely different area. A move into research alongside clinical practice can feel daunting, but with the right support can be rewarding and enriching. Research offers so many great opportunities for learning and development, as well as for working with people with completely different skill sets to your own, and all with improving patient care at the centre. What's not to like?

Aspiring Fellowship Award – Adeel Ahktar

NHS Fife RIK sponsored a targeted call for applications, in March 2020, for a Support Scheme to provide aspiring NRS Fellows with the equivalent of half a day a week for 12 months to develop a high quality application for an NRS Fellowship. This was a competitive call and Mr Mohammed Adeel Ahktar (Consultant in Orthopaedics) was the successful applicant. Mr Mohammed Adeel Ahktar shared what motivates him to be a research engaged clinician.

What motivates you to fit research into your busy clinical life?

I am passionate about evidence based realistic medicine with patients at the heart of any decision making process after receiving appropriate information to make a choice. I have a special interest in improving patient care with end stage arthritis in the presence of Obesity. With the development of new technologies in health care provision, we can provide personalised care to our patients to improve their quality of life. I believe in Research as a life style choice for an intriguing mind to learn from existing knowledge to develop new techniques and treatments for our patients.

Why did you apply for the NRS Fellows Support Scheme?

Lower Limb arthroplasty in obese individuals has higher risks of complications. Weight loss may reduce the risk for developing symptomatic lower limb osteoarthritis and may also lead to the resolution of arthritic symptoms. Musculoskeletal-focused digital apps are increasingly being used for physical therapy and rehabilitation, telehealth, pain management, behavioural health, and remote patient monitoring. I wanted to find out what is available in the literature by doing a scoping review and then use the most helpful intervention in our patients. The main reason to apply for the NRS Fellows Support Scheme was to have dedicated time to develop my application further and apply for the NRS Fellowship.

What will be the benefits of your project for our patients and for your service?

Policy makers and healthcare providers are increasingly interested in the role of Health Informatics and Digital Health in improving Musculoskeletal (MSK) services. My proposed programme of research addresses this and the information generated will be extremely useful to provide excellent MSK care to patients living in Fife and for NHS Fife to become a leader in Digital innovation in health care provision.

What advice would you give to other clinicians/health professionals thinking about applying for funding for research support?

I will encourage everyone working in NHS Fife to discuss their research ideas with the R&D team who can guide you to develop it further. Once you have a clear plan of action then it is possible to apply for funding not only to conduct your research but also to polish that project further with good peer support and advice before you actually start your project like I am doing at present with the NRS Fellows Support Scheme.

8. Opportunities and Challenges

In order to ensure the successful implementation of the NHS Fife Research Strategy a series of annual 'priorities' have been selected from it, to be progressed. An update on identified priorities / challenges to be taken forward within Research and Development in 2019 -20 were as follows:

a. We have continued with the long process of encouraging discussion of research as part of Personal Development Plans within the operational division and CHPs during appraisals of health care staff and this is now part of the e job planning framework

b. R&D participation in the development of the medical and nursing clinical academic career development in Fife has been continued.

c. Preparations for an inspection by the Medicines and Healthcare products Regulatory Agency have continued and were implemented and built upon following the inspection in October 2019.

d. Although details of research-related academic degree programmes and bursaries, encouraging staff to apply, have been circulated there were fewer Fife applicants for NRS Research Fellowships.

e. Liaising closely with universities and other academic institutions to establish research programmes by identifying opportunities via NHS Fife endowment funds.

f. We have continued to support and participate in the NHS Research Scotland (NRS) East Node, establishing joint documentation and actively participating in membership of groups and committees.

g. We have continued to support the Health Informatics Centre (HIC), consolidating and adding to the joint Tayside and Fife HIC Database to facilitate service based evaluations/research.

h. The infrastructure and processes required for NHS Fife to act as Sponsor for increasingly complex studies is being delivered.

i. Greater activity and collaboration with academics, pharmaceutical and medical device companies are resulting in increased utilisation of the Clinical Research Facility.

Challenges for RIK in 2020-21

During 2020-21 the Research, Innovation and Knowledge teams within NHS Fife have had to adapt to the impact of COVID-19 on the clinical research profile and priorities and changes to ways of working for all areas, as well as maintained recent advances, delivering: research activity focused on COVID-19 and Urgent Public Health studies; compliance with the research governance framework, monitoring 100% of Fife Sponsored studies; the adoption of a revised R&D Education Programme to online delivery for relevant programmes, the adaptation of Library Services to primarily online support. All teams have risen extraordinarily well to these challenges but they have had an impact on productivity, staff wellbeing and ability to address non-COVID-19 related priorities.

R&D Strategy priorities (2020-21)

All activities detailed in the prioritised plan of the R&D Strategy for 2020-21 are ongoing or have been achieved.

9. Conclusions

Significant progress continues to be made implementing many aspects of the Research & Development Strategy, promoting the research agenda, developing a research culture and raising the profile of RIK, whilst continuing to build strong alliances with colleagues with the wider research, innovation and knowledge communities.

The teams within RIK rose to the challenge of the impact of the COVID-19 pandemic on daily operations and priorities and the Clinical Research Team, led by Karen Gray, are to be particularly commended on their agility, flexibility and high standards of professionalism in meeting the priorities of the Scottish Governments Urgent Public Health studies, maintaining quality and adherence to MHRA guidelines throughout.

The NHS Fife Executive Lead for RIK, RIK Director and Assistant RIK Director have ensured a significant raising of the profile of NHS Fife RIK and the promotion of Fife as an important, emerging player in the current, and future Scottish research agenda

10. Publications

Research and related activity: publications by NHS Fife staff

Produced by NHS Fife Library and Knowledge Service

Fife.libraries2@nhs.scot; 01592 643355 ext 28790

NHS Fife Library and Knowledge Service

AhSee, K.L., Blaikie, A., Boyle, N., Foulds, J., Wheeldon, C., Wilson, P., Styles, C., Sutherland, S. and Sanders, R. (2021) **'Cataract surgery redesign: meeting increasing demand, training, audit and patient-centered care.',** *Clinical Ophthalmology,* 15, pp.289-297.

Akhtar, M.A., Tyas, B. and Bethapudi, S. (2020) **'A rare case of calcific tendinitis of biceps femoris presenting with lateral knee pain.',** *Journal of Clinical Orthopaedics & Trauma,* 11(Suppl 4), pp.S660-S662.

Akhtar, M.A., Edwards, J., Tate, R., Curzon, I. and Montgomery, R.J. (2021) **'Central acetabular roof defect - more than just a normal variant?',** *Journal of Clinical and Diagnostic Research,* 15(3), pp.TR01-TR04.

Alford, M., O'Rourke, S., Doyle, P. and Todd, L. (2020) **'Examining the factors associated with impulsivity in forensic populations: a** systematic review.', *Aggression and Violent Behavior,* 54, Article number: 101409.

Allcoat, P., Hart, S., Hailwood, S.J. and McLaren, J.S. (2020) **'Real life experience of tocilizumab for the management of giant cell arteritis in Fife, Scotland.',** *Rheumatology (United Kingdom), Conference,* 59(Suppl 2), pp.ii88-ii89.

Ayer, M.G., Vernon, K., Wilkinson, C., Kearney, L. and Hamill, B. (2020) **'(PGM11) collaborative working between multiple sclerosis (MS) nurses and a pharmaceutical company: An educational project from the consortium of multiple sclerosis centers (CMSC) conference, Seattle, 2019...2020 virtual annual meeting of the consortium of multiple sclerosis centers, May 26-29, 2020.',** *International Journal of MS Care*, 22, (S2), pp.59-60.

Bannon, R., Stewart, K.E. and Bannister, M. (2020) **'Non-technical skills and otolaryngology: systematic review',** *Journal of Laryngology & Otology,* 134(5), pp.415-418.

Bell, S., Campbell, J., McDonald, J., O'Neill, M., Watters, C., Buck, K., Cousland, Z., Findlay, M., Lone, N.I., Metcalfe, W., Methven, S., Peel, R., Almond, A., Sanu, V., Spalding, E., Thomson, P.C., Mark, P.B., Traynor, J.P. and Scottish Renal Registry. (2020) **'COVID-19 in patients undergoing chronic kidney replacement therapy and kidney transplant recipients in Scotland: Findings and experience from the Scottish Renal Registry.',** *BMC Nephrology,* 21(1), pp.419.

Bowen, R.K. and Koutsavlis, I. (2020) **'The rare green-blue neutrophil inclusion bodies. Worth reporting in blood films? A case of a patient with polytrauma.',** *Clinical Case Reports,* 8(12), pp.3549-3550.

Broderick, C., Watson, L. and Armon, M.P. (2021) **'Thrombolytic strategies versus standard anticoagulation for acute deep vein thrombosis of the lower limb.',** *Cochrane Database of Systematic Reviews*, 1, Article number CD002783.

Buchanan, P. (2020) **'Celebrating nursing during a global pandemic.',** *Dermatological Nursing,* 19(2), pp.8. [No full text available]

Buchanan, P. (2020) **'Doublebas® dayleve® gel: a product review.',** *Dermatological Nursing,* 19(3), pp.20-22. [No full text available]

Buchanan, P. (2020) **'New MHRA emollient guidance offers pause for thought.',** *Dermatological Nursing,* 19(3), pp.7. [No full text available]

Buchanan, P. (2020) **'Photodynamic therapy: Summary of BDNG pdt webinars.',** *Dermatological Nursing,* 19(4), pp.26-28. [No full text available]

Burns, J., Conway, D.I., Gnich, W. and Macpherson, L.M.D. (2021) **'A systematic review of interventions to link families with preschool children from healthcare services to community-based support.',** *Journal of Public Health,* 43(2), pp.e224-e235.

Campbell, R.A.S., Colhoun, H.M., Kennon, B., McCrimmon, R.J., Sattar, N., McKnight, J. and Wild, S.H. (2020) **'Socio-economic status and mortality in people with type 1 diabetes in Scotland 2006-2015: a retrospective cohort study.',** *Diabetic Medicine,* 37(12), pp.2081-2088.

Campbell, V., Duguid, A. and Storrar, N. (2020) **'Evaluating vyxeos use in routine clinical practice; data from the South East Scotland cancer network.',** *British Journal of Haematology,* Conference: 60th Annual Scientific Meeting of the British Society for Haematology. Birmingham United Kingdom, 189(Suppl 1), pp.192.

Caparrotta, T.M., Greenhalgh, A.M., Osinski, K., Gifford, R.M., Moser, S., Wild, S.H., Reynolds, R.M., Webb, D.J. and Colhoun, H.M. (2021) **'Sodium-glucose co-transporter 2 inhibitors (SGLT2i) exposure and outcomes in type 2 diabetes: a systematic review of population-based observational studies.',** *Diabetes Therapy,* 12(4), pp.991-1028.

Caparrotta, T.M., Templeton, J.B., Clay, T.A., Wild, S.H., Reynolds, R.M., Webb, D.J. and Colhoun, H.M. (2021) **'Glucagon-like peptide 1 receptor agonist (GLP1RA) exposure and outcomes in type 2 diabetes: a systematic review of population-based observational studies.',** *Diabetes Therapy,* 12(4), pp.969-989.

Caparrotta, T.M., Blackbourn, L., McGurnaghan, S.J., Chalmers, J., Lindsay, R., McCrimmon, R., McKnight, J., Wild, S., Petrie, J.R., Philip, S., McKeigue, P.M., Webb, D.J., Sattar, N., Colhoun, H.M. and Scottish Diabetes Research Network Epidemiology Group (2020) **'Prescribing paradigm shift? Applying the 2019 European Society of Cardiology-led guidelines on**

diabetes, prediabetes, and cardiovascular disease to assess eligibility for sodium-glucose cotransporter 2 inhibitors or glucagon-like peptide 1 receptor agonists as first-line monotherapy (or add-on to metformin monotherapy) in type 2 diabetes in Scotland.', *Diabetes Care*, 43(9), pp.2034-2041.

Carosso, A., Cosma, S., Serafini, P., Benedetto, C. and Mahmood, T. (2020) **'How to reduce the potential risk of vertical transmission of SARS-CoV-2 during vaginal delivery?',** *European Journal of Obstetrics, Gynecology, & Reproductive Biology*, 250, pp.246-249.

Carreno, G., AlvarezLarran, A., Harrison, C., HernandezBoluda, J.C., FerrerMarin, F., Radia, D., Mora, E., Francis, S., Goddard, K., Narayanan, S., Raya, J.M., Singh, V., Xabier, G., Toth, P., Mcilwaine, L., AlObaidi, M., Mayani, K., Stuckey, R., Segura, A., Alvares, C., Davidson, K., Osorio, S., Cutting, R., Sweeney, C., Rufian, L., Moreno, L., RosaRosa, J.M., Smith, J., Koutsavlis, I., Wang, L., Mead, A., Ayala, R., MartinezLopez, J. and Cross, N. (2020) **'Chronic neutrophilic leukemia and atypical chronic myeloid leukemia are highly overlapping disorders. Results from an international British Spanish study.',** *HemaSphere*, Conference, 4(Suppl 1), pp.502-503.

Cheng, K.K., Anderson, M.J., Velissaris, S., Moreton, R., AlMansour, A., Sanders, R., Sutherland, S., Wilson, P. and Blaikie, A. (2021) **'Cataract risk stratification and prioritisation protocol in the COVID-19 era.',** *BMC Health Services Research*, 21(1), pp.153.

Chia, W.L., Harrison, F., Hartley, T., Szapiro, D. and Dhasmana, D. (2020) **'The burden of idiopathic pulmonary fibrosis (IPF): a multimodal study of prevalence, healthcare utilization and survival.',** *European Respiratory Journal*, Conference, 56(Suppl 64).

Chien, S., Ekatah, G. and Chan, E. (2020) **'Hospital readmissions in general surgery: how can we reduce preventable readmissions?',** *British Journal of Surgery*. *Conference: Association of Surgeons in Training International Surgical Conference. Birmingham United Kingdom,* 107(SUPPL 3), pp.115.

Christopher, E. (2020) **'COVID-19: an opportune period to reform the medical curriculum.',** *Journal of the Royal College of Physicians of Edinburgh*, 50(3), pp.343-350.

Clifford, C., Challoumas, D., Paul, L., Syme, G. and Millar, N.L. (2020) **'Effectiveness of isometric exercise in the management of tendinopathy: a systematic review and meta-analysis of randomised trials.',** *BMJ Open Sport & Exercise Medicine*, 6(1), pp.e000760.

Colhoun, H.M. and McKnight, J. (2020) **'Diabetes in Scotland: a rising tide.',** *The Lancet Diabetes & Endocrinology,* 8(5), pp.375-376. [No full text available]

Colombo, M., Asadi Shehni, A., Thoma, I., McGurnaghan, S.J., Blackbourn, L., Wilkinson, H., Collier, A., Patrick, A.W., Petrie, J.R., McKeigue, P.M., Saldova, R., Colhoun, H.M. and Scottish Diabetes Research Network Type Bioresource Investigators (2021) **'Quantitative levels of serum N-glycans in type 1 diabetes and their association with kidney disease.',** *Glycobiology*, 31(5), pp.613-623.

Conway, D.I., Culshaw, S., Edwards, M., Clark, C., Watling, C., Robertson, C., Braid, R., O'Keefe, E., McGoldrick, N., Burns, J., Provan, S., VanSteenhouse, H., Hay, J., Gunson, R. and Dental COVID Surveillance Survey Group (2021) **'SARS-CoV-2 positivity in asymptomatic-screened dental patients.',** *Journal of Dental Research*, 100(6), pp.583-590.

Corcoran, J.P., Psallidas, I., Gerry, S., Piccolo, F., Koegelenberg, C.F., Saba, T., Daneshvar, C., Fairbairn, I., Heinink, R., West, A., Stanton, A.E., Holme, J., Kastelik, J.A., Steer, H., Downer, N.J., Haris, M., Baker, E.H., Everett, C.F., Pepperell, J., Bewick, T., Yarmus, L., Maldonado, F., Khan, B., HartThomas, A., Hands, G., Warwick, G., De Fonseka, D., Hassan, M., Munavvar, M., Guhan, A., Shahidi, M., Pogson, Z., Dowson, L., Popowicz, N.D., Saba, J., Ward, N.R., Hallifax, R.J., Dobson, M., Shaw, R., Hedley, E.L., Sabia, A., Robinson, B., Collins, G.S., Davies, H.E., Yu, L.M., Miller, R.F., Maskell, N.A. and Rahman, N.M. (2020) **'Prospective validation of the RAPID clinical risk prediction score in adult patients with pleural infection: the PILOT study.',** *European Respiratory Journal*, 56(5), pp.11.

Courtney, A., O'Connell, R., Rattay, T., Kim, B., Cutress, R.I., Kirwan, C.C., Gandhi, A., Fairbrother, P., Sharma, N., Cartlidge, C., Horgan, K., McIntosh, S.A., Leff, D.R., Vidya, R., Potter, S., Holcombe, C., Copson, E., Coles, C.E. and Dave, R.V. (2020) **'The B-MaP-C study: Breast cancer management pathways during the COVID-19 pandemic. study protocol.',** *International Journal of Surgery Protocols*, 24, pp.1-5.

Crawford, F., Chappell, F.M., Lewsey, J., Riley, R., Hawkins, N., Nicolson, D., Heggie, R., Smith, M., Horne, M., Amanna, A., Martin, A., Gupta, S., Gray, K., Weller, D., Brittenden, J. and Leese, G. (2020) **'Risk assessments and structured care interventions for prevention of foot ulceration in diabetes: Development and validation of a prognostic model',** *Health Technology Assessment (Winchester, England),* 24(62), pp.1-198.

Cronin, O., Subedi, D., Forsyth, L., Goodman, K., Lewis, S.C., Keerie, C., Walker, A., Porteous, M., Cetnarskyj, R., Ranganath, L.R., Selby, P.L., Hampson, G., Chandra, R., Ho, S., Tobias, J.H., YoungMin, S.A., McKenna, M.J., Crowley, R.K., Fraser, W.D., Tang, J., Gennari, L., Nuti, R., Brandi, M.L., del PinoMontes, J., Devogelaer, J.P., Durnez, A., Isaia, G.C., Di Stefano, M., Rubio, J.B., Guanabens, N., Seibel, M.J., Walsh, J.P., Kotowicz, M.A., Nicholson, G.C., Duncan, E.L., Major, G., Horne, A., Gilchrist, N.L. and Ralston, S.H. (2020) **'Characteristics of early Paget's disease in SQSTM1 mutation carriers: baseline analysis of the ZiPP study cohort.',** *Journal of Bone and Mineral Research*, 35(7), pp.1246-1252.

Cunningham, K.B., Rogowsky, R.H., Carstairs, S.A., Sullivan, F. and Ozakinci, G. (2021) **'Methods of connecting primary care patients with community-based physical activity opportunities: a realist scoping review',** *Health & Social Care in the Community*, 29(4), pp.1169-1199.

Cunningham, S.G., Urquhart, W.M., Burns, D., Jamieson, F., Robertson, S., Neilan, L., Gillies, N., MacDonald, N. and Chalmers, J. (2020) **'Data linkage to reduce severe hypoglycaemia.',** *Diabetic Medicine, Conference: Diabetes UK Professional Conference 2020. Glasgow United Kingdom,* 37(SUPPL 1), pp.9.

Cvoro, V., Ferguson, K., Levin, D., Reynish, E., Donnan, P., Guthrie, B., Maclullich, A. and Wardlaw, J. (2020) **'Small vessel disease (SVD) in patients with and without delirium in acute medical admissions aged 65 and over: preliminary results.',** *International Journal of Stroke*, Conference, 15(1 Suppl), pp.579.

Cvoro, V., Ferguson, K., Levin, D., Reynish, E., Donnan, P., Guthrie, B., Maclullich, A. and Wardlaw, J. (2020) **'The distribution of old and new infarcts and other lesions in acute medical patients with and without delirium aged 65 and over: preliminary results.',** *International Journal of Stroke*, Conference, 15(1 Suppl), pp.565-566.

da Silva Filipe, A., Shepherd, J.G., Williams, T., Hughes, J., ArandayCortes, E., Asamaphan, P., Ashraf, S., Balcazar, C., Brunker, K., Campbell, A., Carmichael, S., Davis, C., Dewar, R., Gallagher Gunson, R., Hill, V., Ho, A., Jackson, B., James, E., Jesudason, N., Johnson, N., McWilliam Leitch, E.C., Li, K., MacLean, A., Mair, D., McAllister, D.A., McCrone, J.T., McDonald, S.E., McHugh, M.P., Morris, A.K., Nichols, J., Niebel, M., Nomikou, K., Orton, R.J., O'Toole, A., Palmarini, M., Parcell, B.J., Parr, Y.A., Rambaut, A., Rooke, S., Shaaban, S., Shah, R., Singer, J.B., Smollett, K., Starinskij, I., Tong, L., Sreenu, V.B., Wastnedge, E., COVID Genomics UK Consortium, Holden, M., Robertson, D.L., Templeton, K. and Thomson, E.C. (2021) **'Genomic epidemiology reveals multiple introductions of SARS-CoV-2 from mainland Europe into Scotland.',** *Nature Microbiology*, 6(1), pp.112-122.

Dave, R.V., Kim, B., Courtney, A., O'Connell, R., Rattay, T., Taxiarchi, V.P., Kirkham, J.J., Camacho, E.M., Fairbrother, P., Sharma, N., Cartlidge, C., Horgan, K., McIntosh, S.A., Leff, D.R., Vidya, R., Potter, S., Holcombe, C., Copson, E., Coles, C.E., Cutress, R.I., Gandhi, A., Kirwan, C.C. and B.MaP.C. (2021) **'Breast cancer management pathways during the COVID-19 pandemic: Outcomes from the UK 'alert level 4' phase of the B-MaP-C study.',** *British Journal of Cancer*, 124(11), pp.1785-1794.

Davidson, K., Boyle, A., Barclay, S., Boxall, E., Fleming, C., Gossman, P., McAvennie, J., Reilly, E., Sheridan, E., Sommerville, A. and Marra, F. (2020) **'The quetiapine question: management strategies for drug-drug interactions with antipsychotics and direct acting antivirals; a multicentre review.',** *Journal of Hepatology*. *Conference: EASL: The Digital International Liver Congress. Virtual, Online,* 73(Supplement 1) (pp S349), pp.S349.

DeJong, C., DeJong Verhagen, J.G., Pols, R., Verbrugge, C. and Baldacchino, A. (2020) **'Psychological impact of the acute COVID-19 period on patients with substance use disorders: We are all in this together.',** *Basic and Clinical Neuroscience*, 11(2), pp.207-216.

Dewey, R. (2020) **'The unwelcome breech: a discussion on the management of breech birth in the UK',** *MIDIRS Midwifery Digest*, 30(4), pp.497-502. [No full text available]

Diernberger, K., Luta, X., Bowden, J., Fallon, M., Droney, J., Lemmon, E., Gray, E., Marti, J. and Hall, P. (2021) **'Healthcare use and costs in the last year of life: a national population data linkage study.',** *BMJ Supportive & Palliative Care*.

Doggui, R., Elsawy, W., Conti, A.A. and Baldacchino, A. (2021) **'Association between chronic psychoactive substances use and systemic inflammation: a systematic review and meta-analysis',** *Neuroscience & Biobehavioral Reviews*, 125, pp.208-220.

Dunne, P., Sinha, R., Stanley, A.J., Lachlan, N., Ireland, H., Shams, A., Kasthuri, R., Forrest, E.H. and Hayes, P.C. (2020) **'Randomised clinical trial: standard of care versus early-transjugular intrahepatic porto-systemic shunt (TIPSS) in patients with cirrhosis and oesophageal variceal bleeding.',** *Alimentary Pharmacology & Therapeutics*, 52(1), pp.98-106.

Falconer, R., Semple, C.M., Walker, K.G., Cleland, J. and Watson, A.J.M. (2021) **'Simulation for technical skill acquisition in open vascular surgery',** *Journal of Vascular Surgery*, 73(5), pp.1821-1827.e2.

Fawke, J., Tinnion, R.J., Monnelly, V., Ainsworth, S.B., Cusack, J. and Wyllie, J. (2020) **'How does the BAPM framework for practice on perinatal management of extreme preterm birth before 27 weeks of gestation impact delivery of newborn life support? A Resuscitation Council UK response',** *Archives of Disease in Childhood Fetal & Neonatal Edition*, 105(6), pp.672-674.

Gibb, F., Jeyam, A., McKnight, J., Kennon, B., McGurnaghan, S., Blackbourn, L.A.K., McKeigue, P. and Colhoun, H.M. (2020) **'Marked improvements in HbA1c following flashmonitor initiation in people with type 1 diabetes: A nationwide observational study in Scotland.',** *Diabetologia*. *Conference: 56th Annual Meeting of the European Association for the Study of Diabetes, EASD 2020.Virtual,* 63(SUPPL 1), pp.S338.

Glasbey, J.C. ... Akhtar, M.A., Brunt, A., McIntyre, J., Milne, K., Rashid, M.M., Sgro, A., Stewart, K.E., Turnbull, A. et al (2021) **'Elective cancer surgery in COVID-19-free surgical pathways during the SARS-CoV-2 pandemic: An international, multicenter, comparative cohort study.',** *Journal of Clinical Oncology*, 39(1), pp.66-78.

Grant, H. (2021) **'An audit of general anaesthetic drug dosing in obese patients.',** *Anaesthesia*. *Conference: Winter Scientific Meeting of the Association of Anaesthetists of Great Britain and Ireland, AAGBI WSM 2021.Virtual,* 76(SUPPL 2), pp.41.

Hallifax, R.J., McKeown, E., Sivakumar, P., Fairbairn, I., Peter, C., Leitch, A., Knight, M., Stanton, A., Ijaz, A., Marciniak, S., Cameron, J., Bhatta, A., Blyth, K.G., Reddy, R., Harris, M.C., Maddekar, N., Walker, S., West, A., LaskawiecSzkonter, M., Corcoran, J.P., Gerry, S., Roberts, C., Harvey, J.E., Maskell, N., Miller, R.F. and Rahman, N.M. (2020) **'Ambulatory management of primary spontaneous pneumothorax: an open-label, randomised controlled trial.',** *Lancet*, 396(10243), pp.39-49.

Hallifax, R., McKeown, E., Sivakumar, P., Fairbairn, I., Peter, C., Leitch, A., Knight, M.J., Stanton, A.E., Ijaz, A., Marciniak, S.J., Cameron, J., Amrithraj Bhatta, A., Blyth, K.G., Reddy, R., Harris, M., Maddekar, N., Walker, S.P., West, A., LaskawiecSzkonter, M., Corcoran, J.P., Gerry, S., Roberts, C., Harvey, J.E., Maskell, N., Miller, R.F. and Rahman, N. (2020) **'Randomised trial for ambulatory management of primary spontaneous pneumothorax.',** *American Journal of Respiratory and Critical Care Medicine*, Conference, 201(1).

Hallifax, R., McKeown, E., Sivakumar, P., Fairburn, I., Peter, C., Leitch, A., Knight, M., Stanton, A., Ijaz, A., Marciniak, S., Cameron, J., Bhatta, A., Blyth, K., Reddy, R., Harris, M.C., Maddekar, N., Walker, S., West, A., LaskawiecSzkonter, M., Corcoran, J., Gerry, S., Roberts, C., Harvey, J., Maskell, N., Miller, R. and Rahman, N. (2020) **'Late breaking abstract - randomised trial of ambulatory management of primary spontaneous pneumothorax.',** *European Respiratory Journal*, Conference, 56(Suppl 64).

Haque, R., AlJawazneh, S., Hoellwarth, J., Akhtar, M.A., Doshi, K., Tan, Y.C., Lu, W.Y., Roberts, C. and Al Muderis, M. (2020) **'Osseointegrated reconstruction and rehabilitation of transtibial amputees: the Osseointegration Group of Australia surgical technique and protocol for a prospective cohort study.',** *BMJ Open*, 10(10), pp.e038346.

Harrison, M., Singh Roy, A., Hultqvist, J., Pan, A.W., McCartney, D., McGuire, N., Irvine Fitzpatrick, L. and Forsyth, K. (2020) **'Quality of life outcomes for people with serious mental illness living in supported accommodation: systematic review and meta-analysis',** *Social Psychiatry & Psychiatric Epidemiology*, 55(8), pp.977-988.

Heggie, R., Chappell, F., Crawford, F., Martin, A., Gupta, S., Hawkins, N., Horne, M., Leese, G.P. and Lewsey, J. (2020) **'Complication rate among people with diabetes at low risk of foot ulceration in Fife, UK: an analysis of routinely collected data.',** *Diabetic Medicine*, 37(12), pp.2116-2123.

Henderson, K. (2020) **'Rehabilitation following hip fracture; how data can drive service development and improvement...Chartered Society of Physiotherapy conference & trade exhibition, Physiotherapy UK 2019, Nov 1, 2019-Nov 2, 2019, United Kingdom',** *Physiotherapy*, 107, pp.e128-e129.

Hohn, A., Jeyam, A., Caparrotta, T.M., McGurnaghan, S.J., O'Reilly, J.E., Blackbourn, L., McCrimmon, R.J., Leese, G.P., McKnight, J.A., Kennon, B., Lindsay, R.S., Sattar, N., Wild, S.H., McKeigue, P.M., Colhoun, H.M. and Scottish Diabetes Research Network Epidemiology Group (2021) **'The association of polypharmacy and high-risk drug classes with adverse health outcomes in the Scottish population with type 1 diabetes.',** *Diabetologia*, 64(6), pp.1309-1319.

Hughes, D., ElKoubani, O., Lim, D. and Yalamarthi, S. (2020) **'A review of a local unit's use of CT scans in post-op elective colorectal resection patients over a year's time: are we delaying discharges?',** *British Journal of Surgery*. *Conference: International Surgical Congress of the Association of Surgeons of Great Britain and Ireland, ASGBI 2020. Glasgow United Kingdom,* 107(SUPPL 4), pp.134.

Hughes, D., ElKoubani, O., Lim, D. and Yalamarthi, S. (2020) **'Measuring magnesium and phosphate levels in post-operative elective colorectal resection patients: money and resources well spent?',** *Colorectal Disease*. *Conference: Annual Meeting of the Association of Coloproctology of Great Britain and Ireland. Edinburgh United Kingdom,* 22(SUPPL 1), pp.44-45.

Jayaprakash, K., Glasmacher, S.A., Pang, B., Beswick, E., Mehta, A.R., Dakin, R., Newton, J., Chandran, S., Pal, S., Colville, S., Davenport, R., Morrison, I., Gorrie, G., Duncan, C., Connor, M., Simpson, D., Dolezal, O., Lassak, K., Benvenga, A. and Artal, J.C. (2020) **'Riluzole prescribing, uptake and treatment discontinuation in people with amyotrophic lateral sclerosis in Scotland.',** *Journal of Neurology*, 267(8), pp.2459-2461.

Jeyam, A., Gibb, F.W., McKnight, J.A., Kennon, B., O'Reilly, J.E., Caparrotta, T.M., Hohn, A., McGurnaghan, S.J., Blackbourn, L., Hatam, S., McCrimmon, R.J., Leese, G., Lindsay, R.S., Petrie, J., Chalmers, J., Philip, S., Wild, S.H., Sattar, N., McKeigue, P.M., Colhoun, H.M. and Scottish Diabetes Research Network Epidemiology, Group (2021) **'Marked improvements in glycaemic outcomes following insulin pump therapy initiation in people with type 1 diabetes: a nationwide observational study in Scotland.',** *Diabetologia*, 64(6), pp.1320-1331.

Jeyam, A., Gibb, F., McKnight, J., Kennon, B., O'Reilly, J., McGurnaghan, S., Blackbourn, L.A.K., McKeigue, P.M. and Colhoun, H.M. (2020) **'Marked improvements in HbA1c levels following insulin pump therapy initiation in people with type 1 diabetes: a nationwide observational study in Scotland.',** *Diabetologia. Conference: 56th Annual Meeting of the European Association for the Study of Diabetes, EASD 2020.Virtual,* 63(SUPPL 1), pp.S342.

Jeyam, A., McGurnaghan, S.J., Blackbourn, L.A.K., McKnight, J.M., McKeigue, P.M., Colhoun, H.M., Chalmers, J., Collier, A., Fischbacher, C., Green, F., Lindsay, R., McKnight, J., MacRury, S., Palmer, C., Patrick, A., Philip, S., Petrie, J. and Thekkepat, S. (2020) **'Diabetic neuropathy is a substantial burden in people with type 1 diabetes and is strongly associated with socioeconomic disadvantage: a population-representative study from Scotland.',** *Diabetes Care*, 43(4), pp.734-742.

Keag, O.E., Murphy, L., Bradley, A., Deakin, N., Whyte, S., Norman, J.E. and Stock, S.J. (2020) **'Postal recruitment for genetic studies of preterm birth: a feasibility study.',** *Wellcome Open Research*, 5, pp.26.

Kelman, M.E., Hammersley, V.S., Kendall, M., Mukherjee, M., Morrice, L., Harley, S., Schwarze, J. and Sheikh, A. (2020) **'Development and implementation of a nurse-led allergy clinic model in primary care: A feasibility trial.',** *Allergy: European Journal of Allergy and Clinical Immunology. Conference: European Academy of Allergy and Clinical Immunology Digital Congress. London United Kingdom,* 75(SUPPL 109), pp.584-585.

Kolb, A., Gallacher, P.J., Campbell, J., O'Neill, M., Smith, J.R., Bell, S., Conway, B.R., Metcalfe, W., Joss, N., Dey, V., Alfonzo, A., Kelly, M., Shah, S., McQuarrie, E., Geddes, C., Traynor, J., Hunter, R.W. and Scottish Renal Biopsy, R. (2021) **'A national registry study of patient and renal survival in adult nephrotic syndrome.',** *KI Reports*, 6(2), pp.449-459.

Koutsavlis, I. (2021) **'Progressive multifocal leukoencephalopathy in multiple myeloma. A literature review and lessons to learn',** *Annals of Hematology*, 100(1), pp.1-10.

Kremel, D., Siatos, D. and Al Jaafari, F. (2020) **'Ureteroscopy in the day case setting: It's worth it! Retrospective single surgeon outcomes analysis during service relocation (inpatient to daycase) in a DGH.',** *Journal of Clinical Urology.* [No full text available]

Lind, M., Seil, R., Dejour, D., Becker, R., Menetrey, J. and Ross, M. (2020) **'Creation of a specialist core curriculum for the European Society for Sports traumatology, Knee surgery and Arthroscopy (ESSKA).',** *Knee Surgery, Sports Traumatology, Arthroscopy*, 28(10), pp.3066-3079.

Lind, M., Seil, R., Dejour, D., Becker, R., Menetrey, J. and Ross, M. (2020) **'Evidence-based education for the future in the European Society for Sports traumatology, Knee surgery and Arthroscopy (ESSKA).',** *Knee Surgery, Sports Traumatology, Arthroscopy*, 28(10), pp.3061-3063.

LiuShiuCheong, P., Lipworth, B.J., WeirMcCall, J.R., Houston, J.G. and Struthers, A.D. (2020) **'Allopurinol in patients with pulmonary hypertension associated with chronic lung disease.',** *International Journal of COPD*, 15, pp.2015-2024.

Luta, X., Diernberger, K., Bowden, J., Droney, J., Howdon, D., Schmidlin, K., Rodwin, V., Hall, P. and Marti, J. (2020) **'Healthcare trajectories and costs in the last year of life: A retrospective primary care and hospital analysis.',** *BMJ Supportive & Palliative Care*.

Lyons, J., Akbari, A., Agrawal, U., Harper, G., AzcoagaLorenzo, A., Bailey, R., Rafferty, J., Watkins, A., Fry, R., McCowan, C., Dezateux, C., Robson, J.P., Peek, N., Holmes, C., Denaxas, S., Owen, R., Abrams, K.R., John, A., O'Reilly, D., Richardson, S., Hall, M., Gale, C.P., Davies, J., Davies, C., Cross, L., Gallacher, J., Chess, J., Brookes, A.J. and Lyons, R.A. (2021) **'Protocol for the development of the Wales multimorbidity e-cohort (WMC): Data sources and methods to construct a population-based research platform to investigate multimorbidity.',** *BMJ Open*, 11(1), pp.e047101.

MacFarlane, H., Baldock, T.E., McLean, R.C. and Brown, L.R. (2021) **'Patient outcomes following emergency bowel resection for inflammatory bowel disease and the impact of surgical subspecialisation in the north of England: A retrospective cohort study.',** *World Journal of Surgery*, 45(5), pp.1376-1389.

MacFarlane, H., Baldock, T., Brown, L. and McLean, R. (2020) **'The impact of surgical subspecialisation on patient outcomes following emergency bowel resection for inflammatory bowel disease in the north of England: A retrospective cohort study.',** *Colorectal Disease*. *Conference: 15th Scientific and Annual Meeting of the European Society of Coloproctology. Virtual United States,* 22(SUPPL 3), pp.9.

MacTavish, P., Quasim, T., Purdie, C., Ball, M., Barker, L., Connelly, S., Devine, H., Henderson, P., Hogg, L.A., Kishore, R., Lucie, P., Murphy, J., O'Brien, P., Shaw, M., Strachan, L., Timmins, A., Iwashyna, T.J. and McPeake, J. (2020) **'Medication-related problems in intensive care unit survivors: Learning from a multicenter program.',** *Annals of the American Thoracic Society*, 17(10), pp.1326-1329.

Mahmood, T. (2020) **'Breech presentation at term: Is it the time to revisit the mode: An introduction to the mini-symposium commissioned by the European Board and College of Obstetrics and Gynaecology (EBCOG).',** *European Journal of Obstetrics, Gynecology, & Reproductive Biology,* 252, pp.570-571. [No full text available]
Mamza, J.B., Geary, R., ElHamamsy, D., Gurol, I., Duckett, J., Mahmood, T., Monga, A., ToozsHobson, P., Wilson, A., Tincello, D. and Van der Meulen, J. (2020) **'Variation in surgical treatment advice for women with stress urinary incontinence: A study using clinical case vignettes.',** *International Urogynecology Journal,* 31(6), pp.1153-1161.

Mariappan, P., Johnston, A., Padovani, L., Clark, E., Trail, M., Hamid, S., Hollins, G., Simpson, H., Thomas, B.G., Hasan, R., Bhatt, J., Ahmad, I., Nandwani, G.M., Mitchell, I., Hendry, D. and for members of the Scottish Bladder Cancer QPI Research Collaborative (2020) **'Enhanced quality and effectiveness of transurethral resection of bladder tumour in non-muscle-invasive bladder cancer: A multicentre real-world experience from Scotland's quality performance indicators programme.',** *European Urology,* 78(4), pp.520-530.

Marks, B., McLean, R. and Brown, L. (2020) **'Ischaemic bowel in the north of England: Trends in patient outcomes, management approach and the influence of subspecialisation.',** *Colorectal Disease. Conference: 15th Scientific and Annual Meeting of the European Society of Coloproctology. Virtual United States,* 22(SUPPL 3), pp.15.

Maxwell, D. (2020) **'Radiology in the great war',** *Imaging & Therapy Practice*, pp.17-20. [No full text available]

McCartney, M., Sullivan, F. and Heneghan, C. (2020) **'Information and rational decision-making: Explanations to patients and citizens about personal risk of COVID-19.',** *BMJ Evidence-Based Medicine*, 26(4), pp.143-146.

McGregor, R.J. and Robertson, A.G. (2020) **'Benign surgical diseases of the gastro-oesophageal junction.',** *Surgery (United Kingdom),* 38(11), pp.694-701.

McGurnaghan, S.J., Weir, A., Bishop, J., Kennedy, S., Blackbourn, L., McAllister, D.A., Hutchinson, S., Caparrotta, T.M., Mellor, J., Jeyam, A., O'Reilly, J.E., Wild, S.H., Hatam, S., Hohn, A., Colombo, M., Robertson, C., Lone, N., Murray, J., Butterly, E., Petrie, J., Kennon, B., McCrimmon, R., Lindsay, R., Pearson, E., Sattar, N., McKnight, J., Philip, S., Collier, A., McMenamin, J., SmithPalmer, A., Goldberg, D., McKeigue, P.M., Colhoun, H.M., Public Health Scotland COVID Health Protection Study Group and Scottish Diabetes Research Network Epidemiology Group (2021) **'Risks of and risk factors for COVID-19 disease in people with diabetes: A cohort study of the total population of Scotland.',** *The Lancet Diabetes & Endocrinology,* 9(2), pp.82-93.

McKnight, J.A., Ochs, A., Mair, C., McKnight, O., Wright, R., Gibb, F.W., Cunningham, S.G., Strachan, M., Ritchie, S., McGurnaghan, S.J. and Colhoun, H.M. (2020) **'The effect of DAFNE education, continuous subcutaneous insulin infusion, or both in a population with type 1 diabetes in Scotland',** *Diabetic Medicine,* 37(6), pp.1016-1022.

McLaren, J.S., Campbell, V., Rahilly, M., Rehman, J.M. and Cargill, R. (2020) **'Erdheim-chester disease: An ultra-rare mimic of IgG4-related disease.',** *Rheumatology (United Kingdom),* Conference, 59(Suppl 2), pp.ii33.

McSorley, S.T., Digby, J., Clyde, D., Cruickshank, N., Burton, P., Barker, L., Strachan, J.A., Fraser, C.G., Smith, K., Mowat, C., Winter, J. and Steele, R.J.C. (2021) **'Yield of colorectal cancer at colonoscopy according to faecal haemoglobin concentration in symptomatic patients referred from primary care.',** *Colorectal Disease,* 23(7), pp.1615-1621.

Michalova, L., Dhasmana, D.J., Chaudhuri, R., Yang, J.F., Smith, S.J. and Morris, P.G. (2021) **'The role of generalised anxiety in asthma outcomes: Experiential avoidance and self-efficacy as mediators.',** *Thorax. Conference: British Thoracic Society Winter Meeting. Online,* 76(SUPPL 1), pp.A127-A128.

Molokwu, C.N., Ndoumbe, J.K. and Goodman, C.M. (2020) **'Cold weather increases the risk of scrotal torsion events: Results of an ecological study of acute scrotal pain in Scotland over 25 years.',** *Scientific Reports,* 10(1), pp.17958.

Moore, S., Kinnear, M. and Freeman, L. (2020) **'Autistic doctors: Overlooked assets to medicine.',** *The Lancet Psychiatry,* 7(4), pp.306-307.

Nicholson, J.A., Holland, G., Kumar, S.C. and Clayton, R.A.E. (2020) **'Technical tip: Talar neck fixation strategy based on fracture variants',** *Techniques in Orthopaedics,* 35(4), pp.276-280.

O'Reilly, J.E., Blackbourn, L., Caparrotta, T.M., Jeyam, A., Kennon, B., Leese, G.P., Lindsay, R.S., McCrimmon, R.J., McGurnaghan, S.J., McKeigue, P.M., McKnight, J.A., Petrie, J.R., Philip, S., Sattar, N., Wild, S.H., Colhoun, H.M. and Scottish Diabetes Research Network Epidemiology Group (2020) **'Time trends in deaths before age 50 years in people with type 1 diabetes: A nationwide analysis from Scotland 2004-2017.',** *Diabetologia,* 63(8), pp.1626-1636.

Pendleton, M.P., Padovani, L.P., Shetty, J.S., Zuberi, S.Z., McLeod, S.M., AbuArafeh, I.A., Callaghan, M.C. and McLellan, A.M. (2021) **'Population study of death in children with epilepsy in Scotland.',** *Developmental Medicine and Child Neurology. Conference: Annual Meeting of the British Paediatric Neurology Association. Virtual,* 63(SUPPL 1), pp.70.

Plevris, N., Fulforth, J., Siakavellas, S., Robertson, A., Hall, R., Tyler, A., Jenkinson, P.W., Campbell, I., Chuah, C.S., Kane, C., Veryan, J., Lam, W.L., Saunders, J., Kelly, C., Gaya, D., Jafferbhoy, H., Macdonald, J.C., Seenan, J.P., Mowat, C., Naismith, G., Potts, L.F., Sutherland, D.I., Watts, D., Arnott, I., Bain, G., Jones, G. and Lees, C.W. (2021) **'Real-world effectiveness and safety of ustekinumab for the treatment of Crohn's disease: The Scottish ustekinumab cohort.',** *Journal of Gastroenterology & Hepatology,* 36(8), pp.2067-2075.

Purvis, P. and Francis, O. (2020) **'Prone position ventilation in non-intubated, spontaneously ventilating patients: New guidance from the Intensive Care Society (UK) and existing evidence.',** *Journal of the Intensive Care Society.*

Qurishi, R., Drenth, J., Baldacchino, A., Broers, B., Buwalda, V. and De Jong, C. A. J. (2021) **'An international consultation on case reports in addiction medicine.',** *Substance Abuse,* 1-7. [No full text available]

Rai, P., Aziz, S., Kannan, S., Ashford, R., Mitchell, L., Brown, A., Hutchings, S., Hau, M., Howard, D., Ahad, A., Sant, K., Spacey, K., Bagga, R., Wigley, C., Stirling, E., Bleibleh, S., Marlow, N., Walsh, N., McCusker, D., Marusza, C., Morrison, R., Hensley, O., Osman, K., Ahmed, U., Young, P., Marson, B., Lambert, R., Kiran, M. and Robiati, L. (2020) **'Current surgical management of metastatic pathological fractures of the femur: A multicentre snapshot audit.',** *European Journal of Surgical Oncology,* 46(8), pp.1491-1495.

Raman, R. and Fleming, L. (2021) **'We need to talk about codeine: An implementation study to reduce the number of emergency department patients discharged on high-strength co-codamol using the behaviour change wheel.',** *Emergency Medicine Journal*, Article number emermed-2020-209479.

Richardson, H., Clarke, C., Lonergan, M., Barclay, H., Crichton, M., Pollock, J., Finch, S., Billingham, P., Hussain, F., MacKenzie, A., Cassidy, D., Band, M., Smith, A., Paracha, M., Chowdhury, G., Dhasmana, D., Chaudhuri, R., Short, P.M., Keir, H.R., Dicker, A.J. and Chalmers, J.D. (2020) **'Microbiome use to stratify inhaled corticosteroids in chronic obstructive pulmonary disease (MUSIC) trial: Baseline data and impact of inhaled corticosteroid withdrawal in severe COPD with frequent exacerbations.',** *European Respiratory Journal*, Conference, 56(Suppl 64).

Rimmer, M.P., Fishwick, K., Henderson, I., Chinn, D., Al Wattar, B.H. and Quenby, S. (2021) **'Quantifying CD138+ cells in the endometrium to assess chronic endometritis in women at risk of recurrent pregnancy loss: A prospective cohort study and rapid review',** *Journal of Obstetrics & Gynaecology Research,* 47(2), pp.689-697.

Robertson, C. and Buchanan, P. (2020) **'Accessible information for all: Addressing inequalities for people who have learning disabilities with reference to providing skin care',** *Dermatological Nursing,* 19(1), pp.47-50. [No full text available]

Ross, I. and Banerjee, I. (2020) **'Explorative data analysis of new cases of syphilis in a rural population over a 6 year period.',** *International Journal of STD and AIDS. Conference: British Association for Sexual Health and HIV Conference, BASHH. Virtual,* 31(SUPPL 12), pp.28-29.

Sakalis, V., Gkotsi, A., Guillamier, S., Tsafrakidis, P., Ierides, S., Zarkadoulias, A., Charpidou, D. and Apostolidis, A. (2020) **'The effect of pharmacotherapy on prostate volume, prostate perfusion and PSA (prostate morphometric parameters) in patients with lower urinary tract symptoms (LUTS) and benign prostatic obstruction (BPO)? A systematic review and meta-analysis.',** *European Urology Open Science,* Conference: EAU20 Virtual Congress and Theme Week. Virtual, Online, 19(Suppl 2), pp.e634-e635.

Sarica, S.H., Gallacher, P.J., Dhaun, N., Sznajd, J., Harvie, J., McLaren, J., McGeoch, L., Kumar, V., Amft, N., Erwig, L., Marks, A., Bruno, L., Zollner, Y., Black, C. and Basu, N. (2021) **'Multimorbidity in antineutrophil cytoplasmic antibody-associated vasculitis: Results from a longitudinal, multicenter data linkage study.',** *Arthritis & Rheumatology,* 73(4), pp.651-659.

Sarica, S.H., Dhaun, N., Sznajd, J., Harvie, J., McLaren, J., McGeoch, L., Kumar, V., Amft, N., Erwig, L., Marks, A., Black, C. and Basu, N. (2020) **'Characterizing infection in anti-neutrophil cytoplasmic antibody-associated vasculitis: Results from a longitudinal, matched-cohort data linkage study.',** *Rheumatology (United Kingdom),* 59(10), pp.3014-3022.

SavonaVentura, C. and Mahmood, T. (2020) **'EBCOG position statement about the use of herbal medication during pregnancy.',** *European Journal of Obstetrics and Gynecology and Reproductive Biology,* 244, pp.38-39. [No full text available]

Seaton, R.A., Cooper, L., Fairweather, J., Fenning, S., Ferguson, L., Galbraith, S., Duffy, T. and Sneddon, J. (2021) **'Antibiotic use towards the end of life: Development of good practice recommendations.',** *BMJ Supportive & Palliative Care*.

Seaton, R.A., Gibbons, C.L., Cooper, L., Malcolm, W., McKinney, R., Dundas, S., Griffith, D., Jeffreys, D., Hamilton, K., ChooKang, B., Brittain, S., Guthrie, D. and Sneddon, J. (2020) **'Survey of antibiotic and antifungal prescribing in patients with suspected and confirmed COVID-19 in Scottish hospitals.',** *Journal of Infection,* 81(6), pp.952-960.

Stevenson, G., Foster, S. and Grove, M. (2020) **'Dementia inpatient therapeutic interventions in a Scottish health region.',** *International Psychogeriatrics. Conference: 20th International Congress of the International Psychogeriatric Association, IPA 2020. Virtual,* 32(SUPPL 1), pp.144.

Stevenson, G., Munro, S., McIntyre, C. and Foster, S. (2020) **'Survey of the adequacy of hospital discharge letters from older adult mental health (oamh) wards in a Scottish health region.',** *International Psychogeriatrics. Conference: 20th International Congress of the International Psychogeriatric Association, IPA 2020. Virtual,* 32(SUPPL 1), pp.186.

Stewart, K.E., Bannon, R. and Bannister, M. (2021) **'Benign parotid mass and facial palsy: Systematic review.',** *Annals of the Royal College of Surgeons of England,* 103(1), pp.47-52. [No full text available]

Stewart, K.E., Bannon, R., Mondal, D.B. and Bannister, M. (2020) **'Benign paediatric parotid mass & facial palsy: Systematic review',** *International Journal of Pediatric Otorhinolaryngology,* 134, pp.110024.

Stirling, P.H. and McEachan, J.E. (2020) **'Establishing a virtual hand surgery clinic.',** *Journal of Hand Surgery: European Volume,* 45(9), pp.1002-1004.

Stirling, P.H.C., Jenkins, P.J., Duckworth, A.D., Clement, N.D. and McEachan, J.E. (2021) **'Comorbid status influences quality of life following carpal tunnel decompression.',** *Hand Surgery and Rehabilitation,* 40(3), pp.338-342. [No full text available]

Stirling, P.H.C., Ng, N., Duckworth, A.D. and McEachan, J.E. (2021) **'Extensor indicis transfer improves function in patients after rupture of the extensor pollicis longus tendon.',** *Hand Surgery and Rehabilitation*, 40(3), pp.343-346. [No full text available]

Stirling, P.H.C., Robertson, F.M. and McEachan, J.E. (2021) **'A comprehensive analysis of medium-term outcomes of open first dorsal compartment release for de Quervain's syndrome.',** *Hand Surgery and Rehabilitation,* 40(1), pp.40-43. [No full text available]

Stirling, P.H.C., Jenkins, P.J., Clement, N.D., Duckworth, A.D. and McEachan, J.E. (2020) **'The influence of self-reported hand-arm vibration exposure on functional outcomes following carpal tunnel release.',** *Journal of Hand Surgery – American volume*, 45(11), pp.1029-1036.

Stirling, P., Clement, N.D., Jenkins, P.J., Duckworth, A.D. and McEachan, J.E. (2020) **'A cost-utility analysis of open A1 pulley release for the treatment of trigger finger.',** *Journal of Hand Surgery: European Volume*, 45(10), pp.1083-1086.

Stirling, P., Jenkins, P.J., Clement, N.D., Duckworth, A.D. and McEachan, J.E. (2020) **'Occupation classification predicts return to work after carpal tunnel decompression.',** *Occupational Medicine (Oxford)*, 70(6), pp.415-420.

Stirling, P., Jenkins, P.J., Duckworth, A.D., Clement, N.D. and McEachan, J.E. (2020) **'Functional outcomes of trigger finger release in non-diabetic and diabetic patients.',** *Journal of Hand Surgery: European Volume*, 45(10), pp.1078-1082.

Stirling, P., Jenkins, P.J. and McEachan, J.E. (2020) **'The impact of socioeconomic deprivation on patients undergoing surgery for Dupuytren's disease.',** *Journal of Hand Surgery: European Volume*, 45(9), pp.993-995.

Strachan, H., Williamson, L., Elders, A., Sutherland, B., Hibberd, C. and Williams, B. (2020) **'The development and psychometric testing of three instruments that measure person-centred caring as three concepts - personalization, participation and responsiveness.',** *Journal of Advanced Nursing*, 76(11), pp.3190-3203.

Sullivan, F.M. and van Beusekom, M. (2020) **'Early diagnosis of lung cancer in people most at risk.',** *British Journal of General Practice*, 70(701), pp.572-573.

Swan, A., Babiker, A., Du Plessis, J.C. and Cambell, V. (2020) **'Pondering possibilities: PRES versus PML.',** *British Journal of Haematology*, Conference: 60th Annual Scientific Meeting of the British Society for Haematology. Birmingham United Kingdom, 189(Suppl 1), pp.210.

Swan, A., Latif, A.L. and Campbell, V. (2020) **'Vyxeos in high-risk MDS as induction therapy prior to stem cell transplantation.',** *British Journal of Haematology,* Conference: 60th Annual Scientific Meeting of the British Society for Haematology. Birmingham United Kingdom, 189(Suppl 1), pp.293-294.

Swartzman, S., Kerr, J. and McElhinney, R. (2021) **'An evaluation of a group-based cognitive behavioural therapy intervention for low self-esteem.',** *Behavioural & Cognitive Psychotherapy,* pp.1-10.

Symonds, J.D., Moloney, T.C., Lang, B., McLellan, A., O'Regan, M.E., MacLeod, S., Jollands, A., Vincent, A., Kirkpatrick, M., Brunklaus, A., Shetty, J., Dorris, L., Forbes, K., AbuArafeh, I., Andrew, J., Brink, P., Callaghan, M., Cruden, J., Findlay, C., Grattan, R., MacDonnell, J., McKnight, J., Morrison, C.A., Nairn, L., Pilley, E., Stephen, E., Thomsen, S., Webb, A., Wilson, M. and Zuberi, S.M. (2020) **'Neuronal antibody prevalence in children with seizures under 3 years: A prospective national cohort.',** *Neurology,* 95(11), pp.e1590-e1598. [No full text available]

Symonds, J.D., Dorris, L., Brunklaus, A., Stewart, K., Mclellan, A., O'Regan, M., Macleod, S., Jollands, A., Joss, S., Kirkpatrick, M., Pilz, D.T., AbuArafeh, I., Andrew, J., Brink, P., Callaghan, M., Cruden, J., Diver, L.A., Findlay, C., Gardiner, S., Grattan, R., Morrison, C.A., Nairn, L., Shetty, J., Stephen, E., Webb, A., Wilson, M.T. and Zuberi, S.M. (2020) **'Should children presenting with a first episode of status epilepticus have genetic testing?',** *Developmental Medicine and Child Neurology. Conference: British Paediatric Neurology Association Annual Meeting. Belfast United Kingdom,* 62(Supplement 1), pp.11.

Thoma, I., Colombo, M., Shehni, A.A., McGurnaghan, S.J., Blackbourn, L.A.K., Wilkinson, H., Collier, A., Patrick, A.W., Petrie, J.R., McKeigue, P.M., Saldova, R. and Colhoun, H.M. (2020) **'Quantitative levels of serum N-glycans in type 1 diabetes and their role in kidney disease.',** *Diabetologia. Conference: 56th Annual Meeting of the European Association for the Study of Diabetes, EASD 2020. Virtual,* 63(SUPPL 1), pp.S383.

Tolomeo, S., Steele, J.D., Ekhtiari, H. and Baldacchino, A. (2021) **'Chronic heroin use disorder and the brain: Current evidence and future implications',** *Progress in Neuro-Psychopharmacology & Biological Psychiatry,* 111, pp.110148. [No full text available]

Tuteja, S.Y., Blaikie, A. and Kekunnaya, R. (2021) **'Identification of amblyogenic risk factors with the bruckner reflex test using the low-cost Arclight direct ophthalmoscope.',** *Eye.*

van Zuydam, N.R., Ladenvall, C., Voight, B.F., Strawbridge, R.J., FernandezTajes, J., Rayner, N.W., Robertson, N.R., Mahajan, A., Vlachopoulou, E., Goel, A., Kleber, M.E., Nelson, C.P., Kwee, L.C., Esko, T., Mihailov, E., Magi, R., Milani, L., Fischer, K., Kanoni, S., Kumar, J., Song, C., Hartiala, J.A., Pedersen, N.L., Perola, M., Gieger, C., Peters, A., Qu, L., Willems, S.M., Doney, A., Morris, A.D., Zheng, Y., Sesti, G., Hu, F.B., Qi, L., Laakso, M., Thorsteinsdottir, U., Grallert, H., van Duijn, C., Reilly, M.P., Ingelsson, E., Deloukas, P., Kathiresan, S., Metspalu, A., Shah, S.H., Sinisalo, J., Salomaa, V., Hamsten, A., Samani, N.J., Marz, W., Hazen, S.L., Watkins, H.,

Saleheen, D., Morris, A.P., Colhoun, H.M., Groop, L., McCarthy, M.I., Palmer, C., SUMMIT Steering Committee and CARDIOGRAMplusC4D Steering Committee. (2020) **'Genetic predisposition to coronary artery disease in type 2 diabetes mellitus.',** *Circulation: Genomic and Precision Medicine,* 13(6), Article number e002769.

Walker, S.P., Keenan, E., Bintcliffe, O., Stanton, A.E., Roberts, M., Pepperell, J., Fairbairn, I., McKeown, E., Goldring, J., Maddekar, N., Walters, J., West, A., Bhatta, A., Knight, M., Mercer, R., Hallifax, R., White, P., Miller, R.F., Rahman, N.M. and Maskell, N.A. (2021) **'Ambulatory management of secondary spontaneous pneumothorax: A randomised controlled trial.',** *European Respiratory Journal,* 57(6), pp.06. [No full text available]

Watson, L. (2021) **'Public health and ethics: The case of prenatal screening and down's syndrome.',** *Journal of Public Health,* 43(3), pp.e493-e494.

Woods, Y.L. and Carey, F.A. (2020) **'Pathology of the oesophagus and stomach.',** *Surgery (United Kingdom),* 38(11), pp.687-693.

Wordie, S.J., Bugler, K.E., Bessell, P.R., Robb, J.E. and Gaston (2021) **'Hip displacement in children with cerebral palsy.',** *Bone & Joint Journal,* 103-B(2), pp.411-414.

Wraw, C., Minton, J., Mitchell, R., Wyper, G., Campbell, C. and McCartney, G. (2020) **'Can changes in spending on health and social care explain the recent mortality trends in Scotland? A protocol for an observational study.',** *BMJ Open,* 10(7), pp.e036025.

Wright, C., Ross, C. and Mc Goldrick, N. (2020) **'Are hydroxychloroquine and chloroquine effective in the treatment of SARS-COV-2 (COVID-19)?',** *Evidence-Based Dentistry,* 21(2), pp.64-65.

Yasmeen, A., MacDonald, A., Scott, G. and Saqib, M.B. (2021) **'Nutritional intake of preterm infants -- an audit of practice at a tertiary neonatal unit in Scotland',** *Infant,* 17(1), pp.35-38. [No full text available]

Yasmeen, A., Ghosh, A., Boulton, R., Jackson, A. and Abernethy, C. (2020) **'Administration of surfactant via the LISA technique in a level 3 unit in Scotland',** *Infant,* 16(4), pp.155-158. [No full text available]

Yasmeen, A. and Jackson, A. (2020) **'Bone health of extremely preterm infants: Screening, monitoring and management of metabolic bone disease of prematurity',** *Infant,* 16(5), pp.204-207. [No full text available]

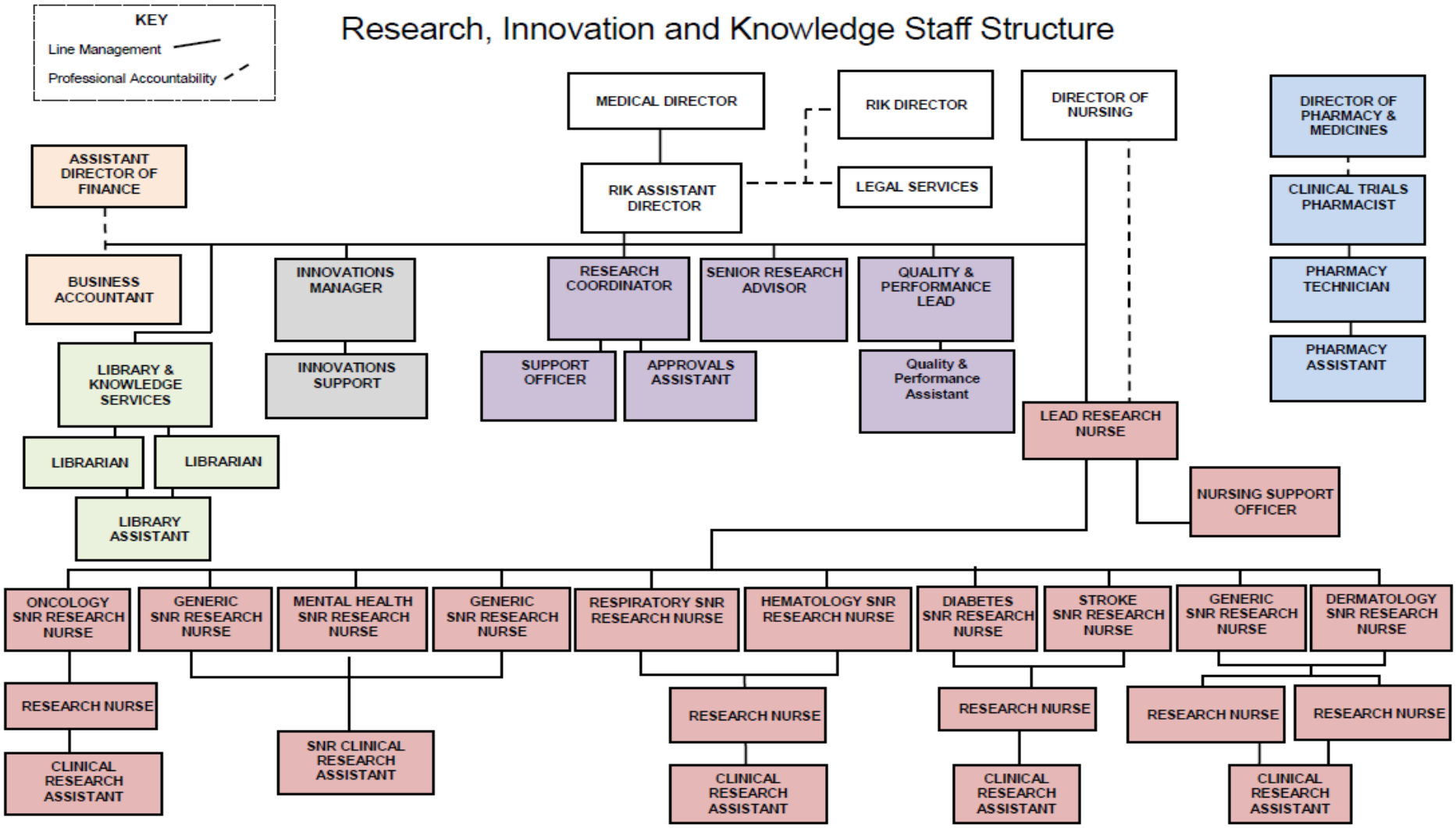
Zanotto, T., Mercer, T.H., Linden, M., Traynor, J.P., Doyle, A., Chalmers, K., Allan, N., Shilliday, I. and Koufaki, P. (2020) **'Association of postural balance and falls in adult patients receiving haemodialysis: A prospective cohort study.',** *Gait & Posture,* 82, pp.110-117.

Zhang, C., Hughes, K., Fulton, C. and Gill, L. (2020) **'An audit of tranexamic acid use in postpartum haemorrhage following operative delivery.',** *Anaesthesia*, Conference, 75(Suppl 2), pp.70.

Zhang, C. and Leeuwenberg, I. (2020) **'Can we do better than 'tick box' consent? An audit of documentation in the anaesthetic consent process.',** *Anaesthesia*, Conference, 75(Suppl 2), pp.69.

Zimmerman, E., Martins, N.N., Verheijen, R. and Mahmood, T. (2021) **'EBCOG position statement - simulation-based training for obstetrics and gynaecology during the COVID-19 pandemic.',** *European Journal of Obstetrics, Gynecology, & Reproductive Biology*, 258, pp.457-458.

11. Appendix 1 – RIK Structure



NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife-UHB.EqualityandHumanRights@nhs.net or phone 01592 729130

NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

www.nhsfife.org

facebook.com/nhsfife
@nhsfife
youtube.com/nhsfife
@nhsfife

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting Date:	**Thursday 10 March 2022**
Title:	**Occupational Health & Staff Wellbeing Service Annual Report 2020/2021**
Responsible Executive:	**Linda Douglas, Director of Workforce**
Report Author:	**Mandy Mackintosh, Head of Service, Occupational Health and Staff Wellbeing**

1. Purpose

This is presented to the Clinical Governance Committee for:

- Assurance

This report relates to a:

- Local policy

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

The purpose of this report is to provide an overview of the Occupational Health & Staff Wellbeing Service's clinical and related activity for the period 1 April 2020 to 31 March 2021, including compliance with Key Performance Indicators (KPIs), as set out in the attached Annual Report.

NHS Fife's Occupational Health & Staff Wellbeing Service (the Service), includes a comprehensive Occupational Health (OH) service provision, including Occupational Therapy expertise, Physiotherapy access, as well as access to self referral Counselling for staff. In addition, OH provides input to a number of other NHS / partner organisations, on a contracted basis.

Occupational Health workload increased rapidly in line with Scottish Government (SG) response to the Pandemic. From January 2020 onwards, the service's journey has been a constantly changing one, with details of the OH contribution during this period described more fully within the annual report.

2.2 Background

The Service's performance against Key Performance Indicators (KPIs) is reported on a rolling three-monthly basis and the current agreed historical KPI compliance rate is 95%, with measures in place for appointment and reports being provided to NHS Fife and contracted organisations.

In August 2020, an SBAR was prepared for EDG requesting investment in the Service, to increase the OH staffing complement. Recruitment to the additional posts is now complete, with the exception of the part time Occupational Therapist post, which has required to be re-advertised. It is already apparent that this has improved the ability of the service to respond to COVID and ongoing demands for OH input, alongside the move to 7 day a week working.

The data presented within the attached Annual Report describes both the service delivered to NHS Fife employees and the work / activity done for the other organisations mentioned above.

2.3 Assessment

KPI compliance has been affected by the Service's need to respond to the pandemic timeously. However, the Service prioritised activity that directly supported organisational needs, for example, recruitment of new staff at pace and staff contact tracing. It was also imperative for the organisation to maintain a healthy workforce and activity such as management referrals, contamination injury assessments and immunisations were maintained. Health surveillance appointments under guidelines from the Health & Safety Executive were paused.

2.3.1 Quality / Patient Care

The contribution of our Occupational Health and Staff Wellbeing Service to promoting staff health and wellbeing can have a positive impact on employee attendance and therefore contribute to patient care.

2.3.2 Workforce

The Occupational Health and Staff Wellbeing Service contributes to effective recruitment, to managing staff health at work, to health and safety in the workplace and through the additional OH services available for staff support the ambition of NHS Fife being an exemplar employer.

2.3.3 Financial

Effective OH input can support prevention of and a reduction in staff sickness absence, which in turn can have a positive impact on the direct and indirect costs of sickness absence.

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

This paper has been previously considered by the OH Management Team and Senior Workforce Leadership Team as part of its development and their feedback has informed the development of the content presented in this report.

2.3.8 Route to the Meeting

This paper has been previously considered by the OH Management Team, Senior Workforce Leadership Team, Executive Directors Group and Staff Governance Committee as part of its development and their feedback has informed the development of the content presented in this report.

2.4 Recommendation

This paper is provided for:

- **Assurance:** Clinical Governance Committee members are asked to **note** the contents of this report and the Occupational Health and Staff Wellbeing Service Annual Report for 2020 / 2021.

3. List of Appendices

- Appendix 1: Occupational Health and Staff Wellbeing Service Annual Report for 2020 / 2021

Report Contact:

Rhona Waugh
Head of Workforce Planning and Staff Wellbeing
Email: rhona.waugh2@nhs.scot

Occupational Health and Staff Wellbeing Service

Annual Report

2020-2021

Edition 01: 29 October 2021

Table of Contents

Foreword

The COVID-19 pandemic has brought into critical focus the critical importance of staff health across the whole of the NHS. Now more than ever before, NHS Fife managers and employees are seeking advice from the specialist services of the Occupational Health and Wellbeing Service (OH). The demand on the OH in Fife has increased significantly since the outset of the COVID-19 Pandemic and the service has continued to deliver a safe and effective service to employees and managers during this period.

We have been fortunate that our OH Service has demonstrated innovation and commitment in stepping up during this time, to meet the needs of staff and managers and the requirements of NHS Fife.

The service has continued to provide a safe, effective, responsive and resilient service and has supported NHS Fife in meeting the legal responsibilities under the Health and Safety at Work etc. Act 1974, the COSHH Regulations (2002), communicable diseases screening and health surveillance.

We look forward to reaping the rewards of the investment in the service during 2020/2021 and to OH helping to support NHS Fife's Staff Health and Wellbeing Framework, alongside the continuing challenges of the pandemic and the potential impact of Long COVID.

Linda Douglas
Director of Workforce
October 2021

Introduction

The report describes the comprehensive Occupational Health (OH) service provided to NHS Fife employees. The OH team also delivers the same comprehensive service to Fife General Practitioners and their staff, General Dental Practitioners and their staff, and local Fife-based independent Pharmacies under other contractual agreements. A wide ranging defined service is provided to Scottish Ambulance Service employees referred under an NHS Scotland Procurement 'Consortium' agreement and St Andrews University medical students, Fife College nursing students, NHS Fife based employees of Engie (Phase 3 Estates Service contract), plus Stirling University nursing students and staff (this contract ceased in July 2020).

Appendix 1 provides further details of the full range of services provided by the OH Service.

COVID-19 Pandemic Activity

Occupational Health workload increased rapidly in line with Scottish Government response to the Pandemic. From January 2020 onwards, the service's journey has been a constantly changing one. The following are examples of the pandemic related work undertaken:

- Support setting up and delivering the staff testing pathway. Development of systems to support the delivery which has now moved on to an electronic system which OH had a large input into with Digital & Information and Public Health colleagues.

- Delivering COVID-19 test results to staff and contact tracing of COVID-19 positive staff.

- Increase of OH staffing from both OH qualified and co-opted non-OH qualified (e.g. shielding staff); producing procedures and processes to support them in this work; training of staff; on-going supervision and support for these staff.

- Supporting the organisation in communication to staff. This work is on-going in line with any advice and guidance from the Scottish Government and other bodies, such as Public Health Scotland / Antimicrobial Resistance and Healthcare Associated Infection (ARHAI).

- Supporting managers new to attending Problem Assessment Groups (PAGs).

- The OH Service revised opening hours to seven days a week to support COVID-19 contact tracing and testing / result work.

- Training and support to OH staff on the introduction of new electronic systems to support OH service delivery, such as MS Teams and NearMe.

- Service redesign to meet the requirement to respond at pace to the needs of the organisation, such as introduction of COVID-19 "co-ordinator of the day" to ensure all COVID-19 work was appropriately prioritised / completed on the day.

NHS Fife Committees Supported by Occupational Health

Occupational Health provides input to the Infection Control Committee; Bacillus Calmette-Guerin (BCG) Implementation Group (deferred due to pandemic); Tuberculosis Multi-disciplinary Group (deferred due to pandemic); Skin Strategy Group; Promoting Attendance Group; Occupational Health / HR Operational Group.

In addition, support has been provided to 'ad hoc' groups established 'for cause', which this year included:

- Problem Assessment Groups and Incident Management Teams for infectious diseases outbreak scenarios. Attendance and participation in a number of Command groups established in response to the Pandemic:

    - Silver and Bronze COVID-19 Vaccine Command Groups
    - Scientific and Technical Cell (STAC)
    - Input to the Staff Health & Wellbeing Group

- Involvement with Health and Safety Executive audit of COVID-19 compliance visit to NHS Fife
- Involvement in Staff Testing meetings
- Supporting the development and delivery of contact tracing training
- Fife Local Resilience Partnership COVID-19 Co-ordinating Subgroup
- Remobilisation Group
- Respiratory Protective Equipment Group
- Meeting with Health Protection Team / Test and Protect Team
- NHS Fife Clinical Lead supporting OH related issues at Scottish Academy and Scottish Government level during the pandemic (e.g. introduction of COVID-age tool / supporting the Scottish Government to assist shielding workers, input to Scottish Government / Public Health Scotland Groups regarding COVID-19 in workplaces / Chair of Vaccination Service Delivery Group (VSDG) Occupational Health Subgroup on request of the Scottish Government)

Occupational Health & Wellbeing Clinical Governance Activity

In February 2020, the OH Clinical Governance Group began compiling its first Annual Report, covering the various improvement work and audit that had been carried out from the of end 2018 to the end of 2019. At the same time, the Coronavirus pandemic began to have an impact on the work of the department with staff queries about foreign travel. Formal clinical governance monitoring ceased due to diverted efforts for the pandemic, and the 2018-2019 Annual Report was then never completed.

As part of the emergency response measures agreed by the Workforce Directorate Senior Leadership Team and the COVID-19 Silver Workforce Group, there was no formal monitoring of clinical governance activity during the first year of the pandemic, the period of this report. However, there was a huge amount of learning and training completed by every member of staff. Learning and training was based on available evidence or guidance from national bodies; our usual checks, procedures and protocols were in operation, or if not, new ones were implemented via collaboration and consensus; the departmental structure was altered to accommodate a new highly responsive model incorporating a "co-ordinator of the day", which

meant that all work activities, complaints, queries were under extremely close supervision by a senior member of the team at all times and a morning "huddle", ensuring optimum communication within the team.

Occupational Health Staffing Complement

In August 2020, an SBAR was prepared for the Executive Directors Group requesting investment in the OH Service, in particular, to increase the staffing complement. Agreement was given to recruit five additional staff, which included a full time Occupational Health Physician, a Specialist Occupational Therapist and an Occupational Health Mental Health Nurse. Recruitment started for these posts in November 2020, with all posts filled permanently, with the exception of the Specialist Occupational Therapist's post, for which temporary cover is in place. We are hopeful to recruit to this post by end of November 2021.

Performance Monitoring

The Service's performance against Key Performance Indicators (KPIs) is reported on a rolling three-monthly basis and the current, agreed historical KPI compliance rate is 95%. Performance is measured in terms of compliance with achieving 95% of management referral appointments offered within the agreed timeframes (10 days) and 95% reports dispatched following appointments (within 5 days). Comparative data with the previous year's activity has been included within the appendices below, for reference.

The data presented within **Appendices 2a, 2b, 3a, 3b and 3c** relates only to the service delivered to NHS Fife employees, excluding the work / activity done for the other organisations outlined above.

Appendix 4 details the activity data of all other organisations the Service delivers OH support to.

Compliance with Key Performance Indicators

KPI compliance has been affected by the Service's need to respond to the pandemic timeously. However, the Service prioritised activity that directly supported organisational needs, for example, recruitment of new staff at pace, staff contact tracing and input to Incident Management Teams and Problem Assessment Group. It was also imperative for the organisation to maintain a healthy workforce and activity such as management referrals, contamination injury assessments and immunisations were maintained. Health Surveillance appointments under guidelines from the Health & Safety Executive were paused.

The overall level of appointment activity (appointments that were carried out) for year 2020/2021 has decreased from that of the previous year (6,501 as compared to 8,557 in 2019/2020). This is a decrease of 24% in activity (see Graph1: green) however, much of the COVID work was reactive and so not possible to capture in the usual way, skewing the true level of activity.

COVID-19 contact tracing and test calls / e-mails totalled 4,887. In comparison to the figures above, 4,887 accounts for more than double the 24% deficit in activity seen in the captured data. This is realistic, given that the time to undertake contact tracing is comparable with the time allocated for a management referral or pre-placement assessment. In particular, at the start of the pandemic OH were phoning each employee / household member with their results and following up with e-mails to the employee and line manager of those who were tested using the staff testing protocol. These employees included staff from outwith the Service's usual remit, such as Care Home, Care at Home Service, Fife Council Social Work employees. This changed at end of July 2020 with the introduction of the National Notification Service. However, the Service still monitored (and continues to do so) the results of employees who attend the staff testing service and contact all employees / household members who are positive for COVID-19, undertaking contact tracing, giving advice to the employee and manager in writing.

Other COVID-19 work included 249 COVID-19 risk assessments; supporting line management with advice regarding the employee's health risks in relation to possible workplace exposure. In addition, 1,154 e-mail queries from both managers and employees were timeously responded to. Importantly, access to the Service via telephone remained a key method of contact for staff and managers. It is difficult to accurately quantify the number of calls answered / managed, as these were being responded to more quickly than there were means of capturing this. Anecdotally, around 30 – 40 calls a day were being handled. Calls dealt with queries around return from travel, pregnant workers and COVID-19 risk, shielding staff, return to work post-COVID-19 and many other COVID-19 related queries. All such work required all of the Service's staff to be up-skilled and / or trained at a very fast pace.

Analysis of pre-placement figures has confirmed a change to OH's way of working. The number of pre-placement appointments (face-to-face and telephone consultation) have decreased by 68% (473 compared to 1,507 in 2019/2020), with an increase by almost 300% of OH Clinicians passing prospective employees 'fit' on paper screen (1,330 compared to 340 in 2019/2020). This change may be explained by three factors:

- A noticeable change in behaviour of prospective employees during pandemic ensuring they attached all evidence required at time of submission of their pre-placement questionnaire (PPQ) perhaps in response to new information to do so;

- The development of a revised, risk-assessed, more general pre-placement screening questionnaire which focused on function in the workplace rather than health diagnoses;

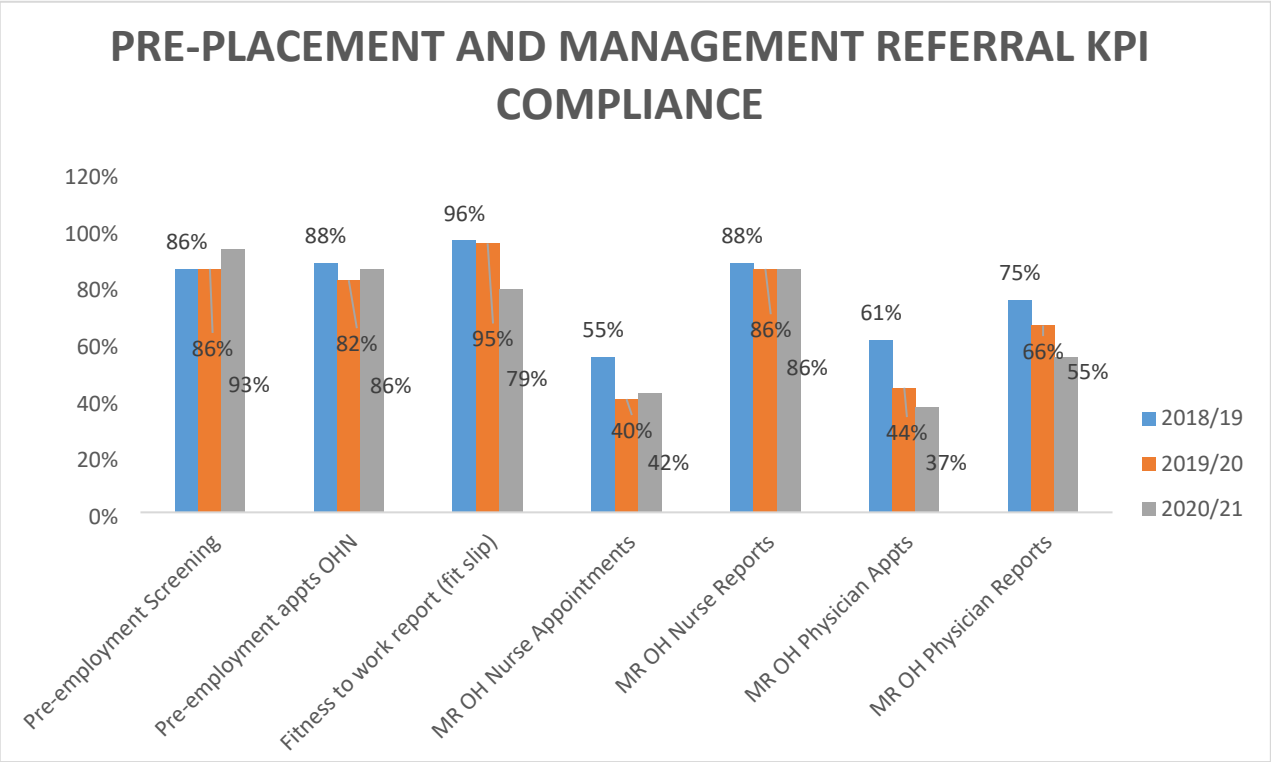
- A change of processes within OH with regards to contacting prospective employees by telephone if there were omissions in the information submitted rather than arranging an appointment.

All of the above took place in response to the need for a recruitment process that was responsive to the organisations need for additional staff during the pandemic.

It is also notable that the Did Not Attend (DNA) rate for attendance for face-to-face or telephone appointment for pre-placement assessment has improved by 66% (63 compared to 186 in 2019/2020). The reasons for this are not clear, but may be a function of aspects of the pandemic and its impact on other industry sectors.

The average total KPI for Management Referrals (referrals appointed within 10 days of receipt) across Nurse and Physician for 2019-2020 was 42%, this has been maintained this year at 41%. The impact of the Service's need to focus on the response to the pandemic work as detailed above, has had an effect on this area, and notwithstanding the current service pressures, the recent investment will progress to improvement in this area.

Graph 1: Pre-Placement and Management Referral KPI Compliance



Further details of the 2020/2021 KPI and activity information, per operational unit, are attached at **Appendices 2a and 2b**.

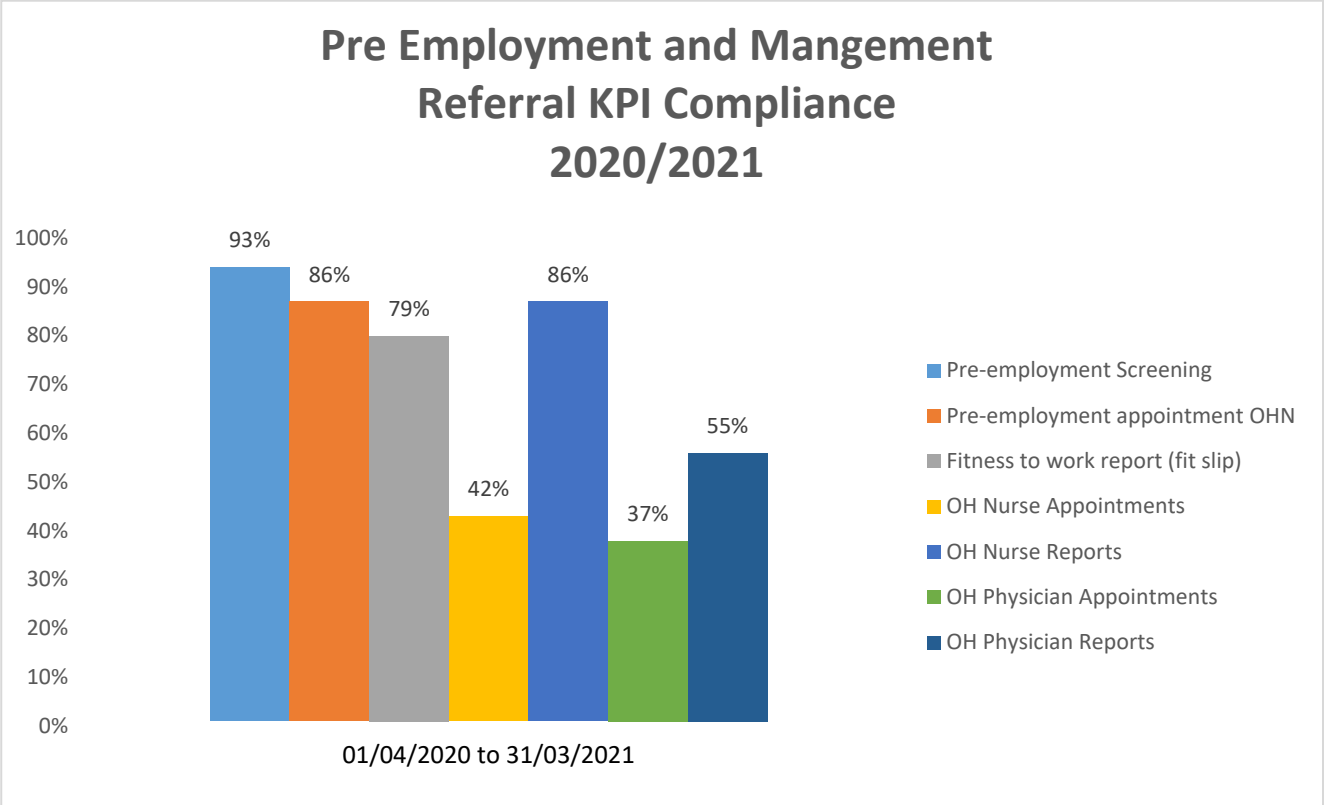
Appendix 1: Staff Occupational Health and Wellbeing – Occupational Health Functions

The functions provided by Occupational Health include a comprehensive service for all NHS Fife employees, Scottish Ambulance Service employees referred under the NHS Scotland Procurement 'Consortium' agreement, Fife General Practitioners and their staff, General Dental Practitioners in Fife local Fife-based independent Pharmacies under other contractual agreements, St Andrews University medical students, Fife College nursing students, NHS Fife based employees of Engie, Stirling University nursing students and staff (this contract ended July 2020).

The activity covered within the comprehensive service includes:

- Pre-placement screening to national standards and complying with Equality Act 2010 and Health and Safety at Work etc. Act 1974.
- Communicable diseases screening complying with the 'Green Book', and Health Protection Scotland guidance.
- Contamination incident risk assessment and follow up complying with national guidance.
- Problem Assessment Groups and Incident Management Teams for infectious diseases outbreak scenario. Risk assessment of staff and related follow up.
- Health Surveillance and Health Assessments complying with Control of Substances Hazardous to Health Regulations 2002 (COSHH) and 'fitness to work' (such as for occupational drivers, Exposure Prone Procedure Workers (EPP) and those entering confined spaces).
- Management referral appointments complying with General Medical Council recommendations on transparency, confidentiality and consent, Faculty of Occupational Medicine 'Good Occupational Medicine Practice' and Ethics guidance.
- Expert OH Occupational Therapy assessments.
- Occupational Physiotherapy assessment and treatment.
- Workplace based assessments / visits.
- Staff Counselling service by British Association for Counselling and Psychotherapy accredited counsellors.

Appendix 2a: Staff Occupational Health and Wellbeing Service – Pre-Employment and Management Referral KPI Compliance (April 2020 to March 2021)



KPI Compliance

Description	KPI Target	Average Days	Processed/ Attended	Nos within KPI	KPI Compliance
Pre-Employments:	**Within:**				
Pre-employment Screening	3 working days	2	1,504	1,401	93%
Pre-employment Appointment OHN	13 working days	10	323	286	86%
Fitness to work report (fit slip)	21 working days of appt	5	303	238	79%
Management Referrals:	**Within:**				
OH Nurse Appointments	10 working days of receipt	16	1,184	499	42%
OH Nurse Reports	5 working days of appt	3	728	623	86%
OH Physician Appointments	10 working days of receipt	9	282	103	37%
OH Physician Reports	5 working days of appt	6	276	152	55%
Combined Dr/Nurse MRs:	**Within:**				
OH Nurse & Physician Appointments	10 working days of receipt	12	1,466	602	41%
OH Nurse & Physician Reports	5 working days of appt	4	1,004	775	77%

Appendix 2b: Staff Occupational Health and Wellbeing – NHS Fife Activity Report (April 2020 to March 2021)

Pre-employment Questionnaires Received: **1,966 (1,791 in 2019 to 2020)**
Management Referrals Received: **1,299 (1,303 in 2019 to 2020)**

Appointment Reason	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Pre-Employment Screening:							
Doctor - Pre-employment Assessment	4	0	0	0	0	2	6
Nurse - Pre-employment Assessment	152	31	5	8	19	2	217
Nurse - Pre-employment Tele Cons	317	14	2	3	44	3	383
Total:	**473**	**45**	**7**	**11**	**63**	**7**	**606**
Management Referrals:							
Doctor - Ill Health Retiral	5	0	0	0	0	0	5
Doctor - Medical Review	16	2	0	0	0	1	19
Doctor - New Management Referral	216	4	1	3	15	9	248
Doctor - Telephone Cons	0	0	0	0	0	0	0
Nurse - Medical Review	0	0	0	0	0	0	0
Nurse - Medical Review Tele Cons	33	0	1	0	3	2	39
Nurse - New Management Referral	4	0	0	0	0	0	4
Nurse - New Management Referral Tele Cons	922	51	5	5	98	64	1145
Total:	**1196**	**57**	**7**	**8**	**116**	**76**	**1460**
Self Referrals:							
Doctor - Self referral	0	0	0	0	0	0	0
Doctor - Self referral Review	0	0	0	0	0	0	0
Nurse - Self Referral	17	0	0	0	1	0	18
Nurse - Self Referral Review	8	0	0	0	2	0	10
Nurse - Self referral Review tele Cons	43	0	0	0	7	1	51
Nurse - Self referral tele cons	95	2	0	1	5	3	106
Self Referral - Triage Initial	0	0	0	0	0	8	8
Self Referral - Triage Review	0	0	0	0	0	0	0
Total:	**163**	**2**	**0**	**1**	**15**	**12**	**193**
Health Surveillance:							
Doctor - Skin Health Surveillance Assess	0	0	0	0	0	0	0
Doctor - Skin Health Surveillance Review	0	0	0	0	0	0	0
Nurse - Skin Health Surveill. Paper Screen	1	0	0	0	0	0	1
Nurse - Skin Health Surveillance Assess	16	0	0	0	1	0	17
Nurse - Skin Health Surveillance Review	32	2	0	0	9	2	45
Nurse - Skin Health Surveillance Review Tele Cons	273	9	1	4	94	5	386
Nurse - Skin Health Surveillance Tele Cons	322	11	1	4	104	7	449
Total:	**644**	**22**	**2**	**8**	**208**	**14**	**898**
Other:							
Doctors - Drivers Medical	0	0	0	0	0	0	0
Nurse - Driver's Medical	3	0	0	0	0	0	3
Nurse - Audiometry	0	1	0	0	1	0	2
Nurse - Workplace Visits	0	0	0	0	0	0	0
Nurse - Havs	0	0	0	0	0	0	0
Nurse - Lung Function Test	0	0	0	0	0	0	0
Nurse - Confined Space	0	0	0	0	0	0	0
Nurse - Mental Health	92	6	5	10	15	15	143
Nurse - Telephone Consultation - Other Reason	97	1	0	0	3	0	101
Nurse - Workstation Assessment	0	0	0	0	0	0	0
OT - Career Search Evaluation	3	0	0	0	0	0	3
OT - Chair Clinic	0	0	0	0	0	0	0
OT - Computer Workstation Evaluation	25	0	2	1	0	3	31
OT - Job Site Evaluation	19	1	1	0	1	1	23
OT - Work Ability Evaluation	7	0	0	3	1	1	12
OT - Workplace Support	0	0	0	0	0	0	0
Total:	**246**	**9**	**8**	**14**	**21**	**20**	**318**

Appointment Reason	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Communicable Diseases Screening:							
BCG Scar Check	207	3	0	1	0	0	211
Covid Vaccine	15	2	0	0	0	0	17
Hep B Imms	994	137	19	64	396	25	1635
Imm - BCG	54	0	0	0	0	0	54
Imm - Chickenpox History	201	0	0	0	1	0	202
Imm - MMR / Rubella	274	44	10	8	69	7	412
Imm- MMR Status	81	0	0	0	0	0	81
Imm -Pertussis Booster	0	1	0	0	0	0	1
Imm - Varicella	7	3	0	1	2	1	14
IV Bld - Hep B antibodies	394	78	4	31	200	2	709
IV Bld - Hep B surface antigen	168	0	1	0	1	0	170
IV Bld - Hep C antibodies	151	0	0	0	0	0	151
IV Bld - Hep C RNA (PCR)	6	0	0	0	0	0	6
IV Bld - HIV	159	2	0	0	0	0	161
IV Bld - IGRA	8	1	0	0	0	0	9
IV Bld - Latex IGE	0	0	0	0	0	0	0
IV Bld - Measles	73	2	0	0	0	0	75
IV Bld - Rubella	68	2	0	0	0	0	70
IV Bld - Storage	51	2	0	0	0	0	53
IV Bld - Varicella	22	2	0	1	8	0	33
Nurse - Imms Consultation	460	69	5	15	118	6	654
Nurse - Mantoux Test	80	15	3	7	39	1	145
Nurse - Mantoux Reading	70	24	17	3	18	5	137
Total:	**3543**	**387**	**59**	**131**	**852**	**47**	**5019**
Contamination Injury Assessments:							
Nurse - Contamination Injury	77	1	0	0	2	0	80
Nurse - Contamination Injury Review	159	26	4	6	112	12	319
Total:	**236**	**27**	**4**	**6**	**114**	**12**	**399**
TOTAL	**6501**	**549**	**87**	**179**	**1389**	**188**	**8893**

TOTAL ACTIVITY BY SERVICE AREA – 2020 to 2021:

	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Acute Services Division	2949	228	42	76	622	70	3988
Corporate Services	690	55	7	20	140	15	927
HSCP	1254	84	9	21	176	42	1586
TOTAL	**4892**	**367**	**58**	**118**	**939**	**127**	**6501**

TOTAL ACTIVITY BY SERVICE AREA – 2019 to 2020:

	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Acute Services Division	4724	649	62	135	762	131	6463
Corporate Services	734	97	6	20	150	21	1028
HSCP	2336	328	38	77	269	75	3123
TOTAL	**7794**	**1074**	**106**	**232**	**1181**	**227**	**10614**

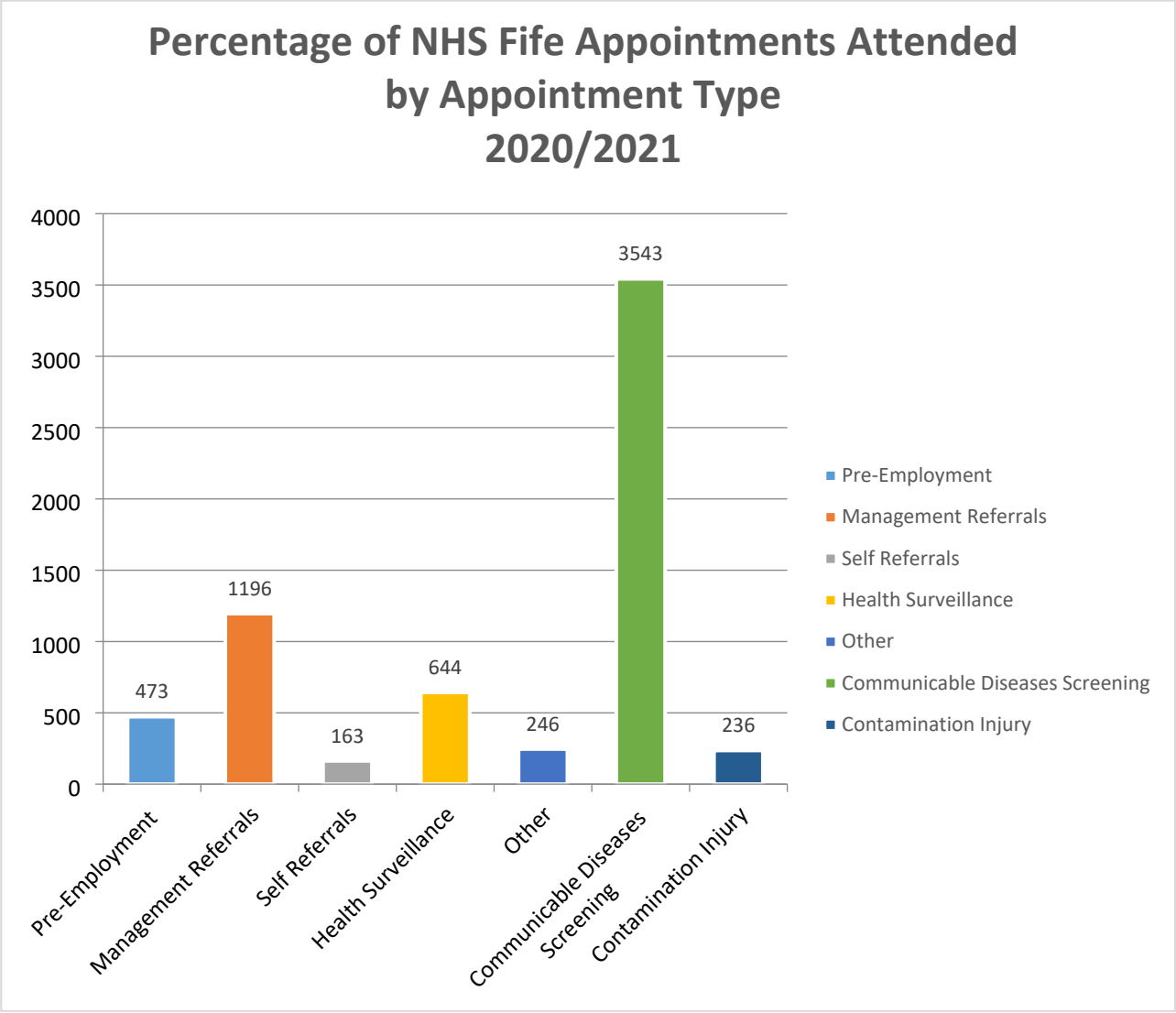
PHYSIO / COUNSELLING SELF REFERRAL

Appointment Reason	TOTAL
Physio Referrals Sessions Via Discharge	795
Caps Referral Sessions Via Discharge	1198

COVID-19

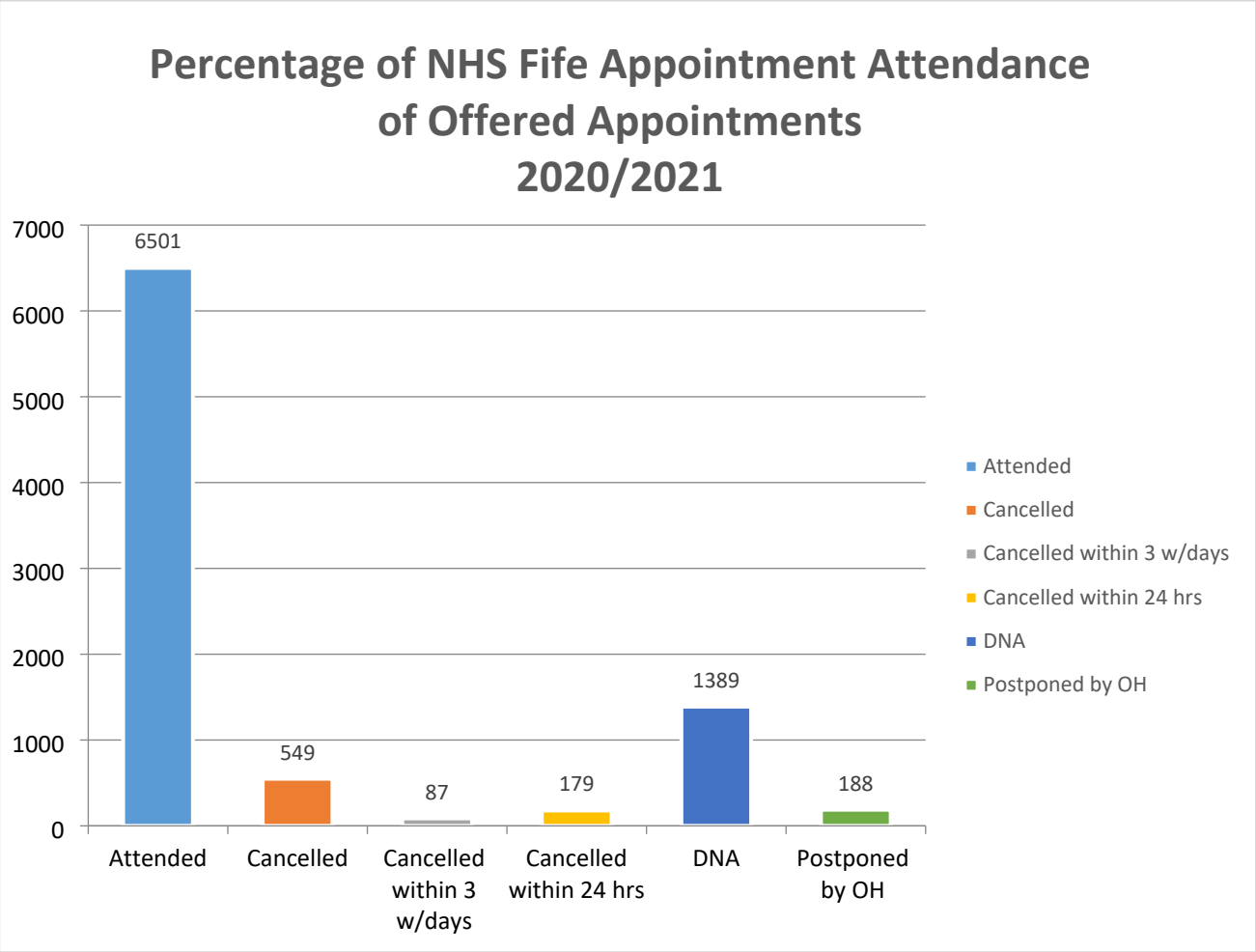
Appointment Reason	Attended	Cancelled	DNA	TOTAL
COVID testing & Contract Tracing calls/emails	4887	0	17	4904
COVID Risk Assessment	249	3	35	287
COVID Manager queries	1154	0	0	1154
TOTAL	6290	3	52	6345

Appendix 3a: Staff Occupational Health and Wellbeing Service – Percentage of NHS Fife Appointments Attended by Appointment Type (April 2020 to March 2021)



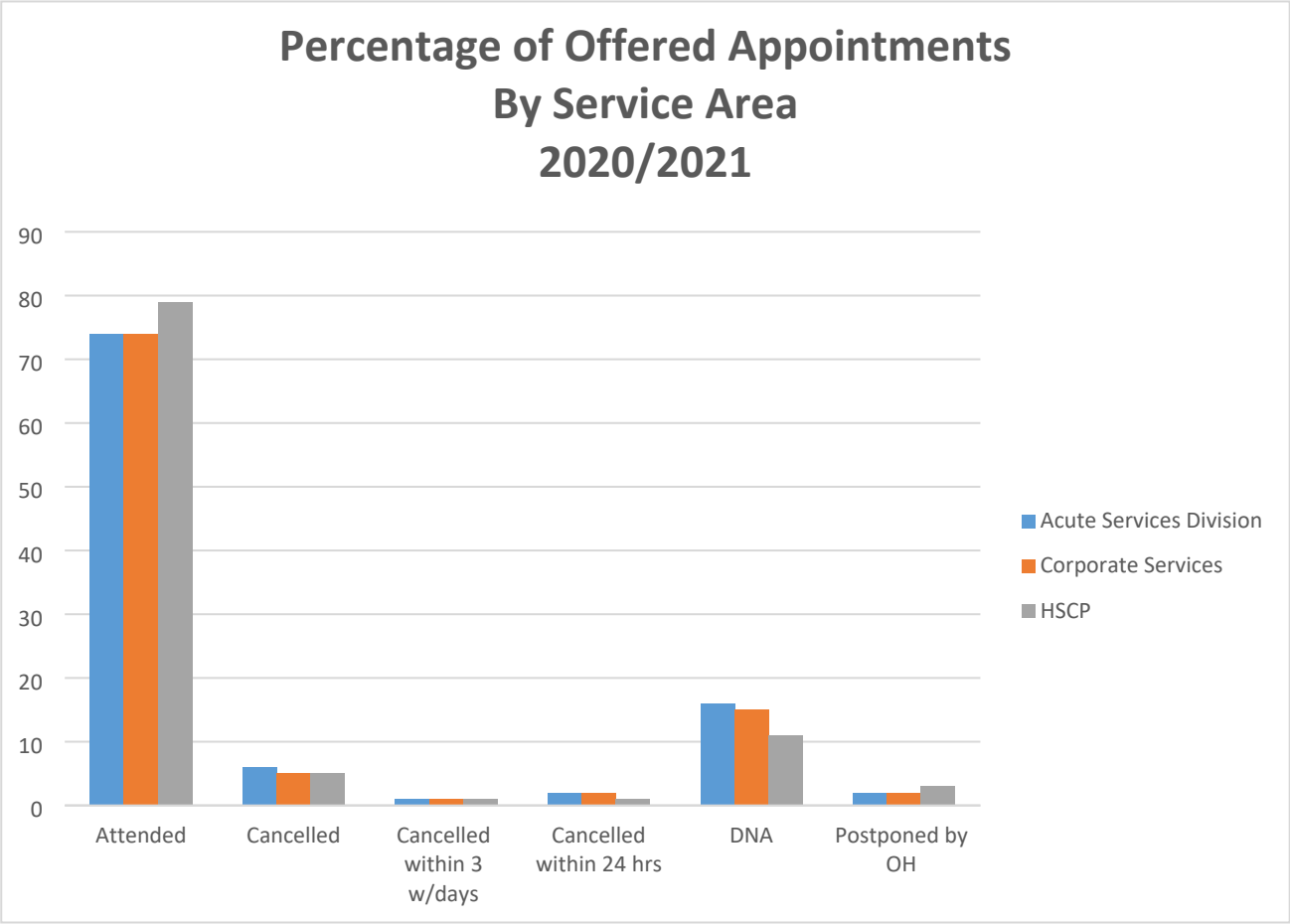
	Pre-Employment	Management Referrals	Self Referrals	Health Surveillance	Other	Communicable Diseases Screening	Contamination Injury	Total
Number of items of activity of those attending OH	473	1196	163	644	246	3543	236	6501
% of total number attended	7%	18%	3%	10%	4%	54%	4%	

Appendix 3b: Staff Occupational Health and Wellbeing Service – NHS Fife Appointment Attendance – Percentage of Offered Appointments (April 2020 to March 2021)



	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH
Total	6501	549	87	179	1389	188
Percentage	73%	6%	1%	2%	16%	2%

Appendix 3c: Staff Occupational Health and Wellbeing Service – NHS Fife Appointment Attendance – Percentage of Offered Appointments by Service Area (April 2020 to March 2021)

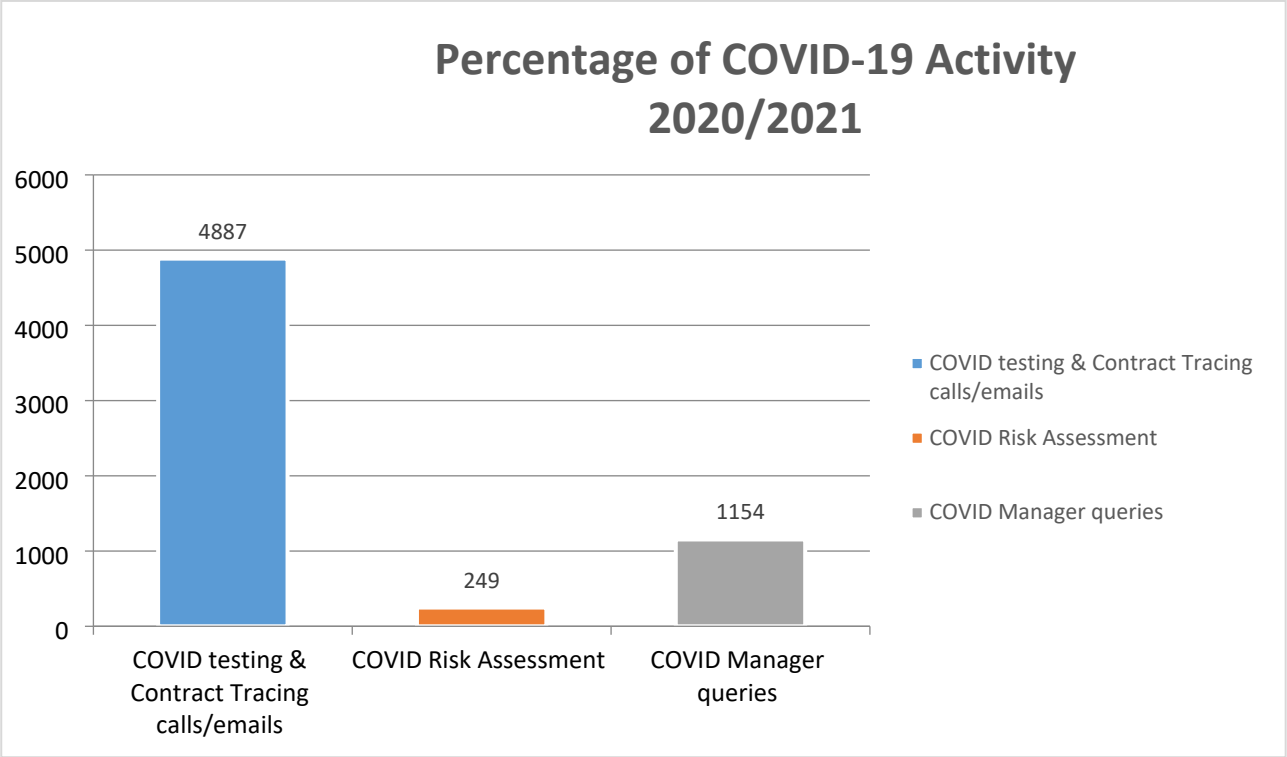


TOTAL ACTIVITY BY SERVICE AREA:

	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Acute Services Division	2949	228	42	76	622	70	3988
Corporate Services	690	55	7	20	140	15	927
HSCP	1254	84	9	21	176	42	1586
TOTAL	4892	367	58	118	939	127	6501

	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH
Acute Services Division	74%	6%	1%	2%	16%	2%
Corporate Services	74%	5%	1%	2%	15%	2%
HSCP	79%	5%	1%	1%	11%	3%

Percentage of COVID-19 Activity

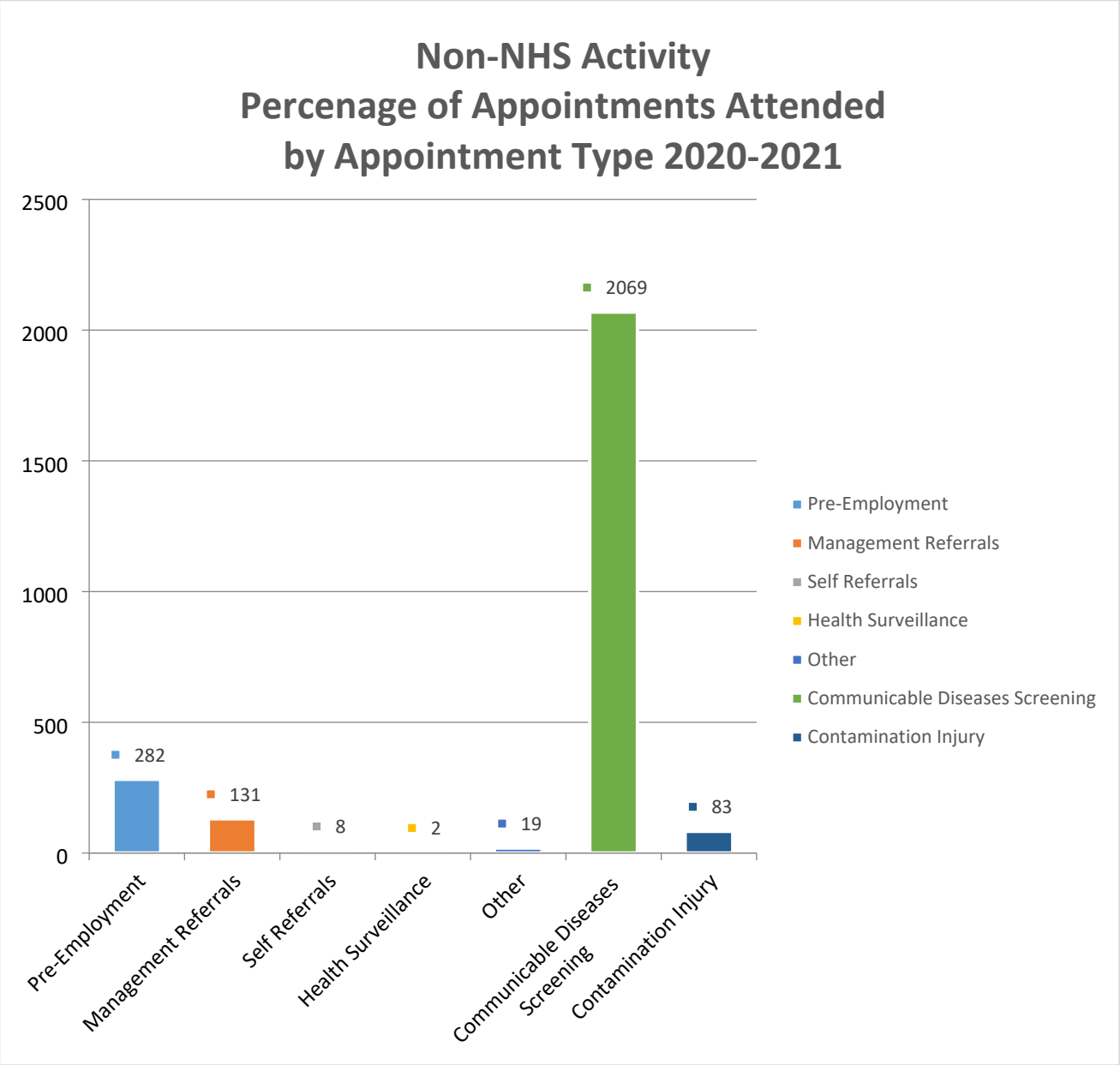


Appendix 4: Staff Occupational Health and Wellbeing Service – Non-NHS Activity Report (April 2020 to March 2021)

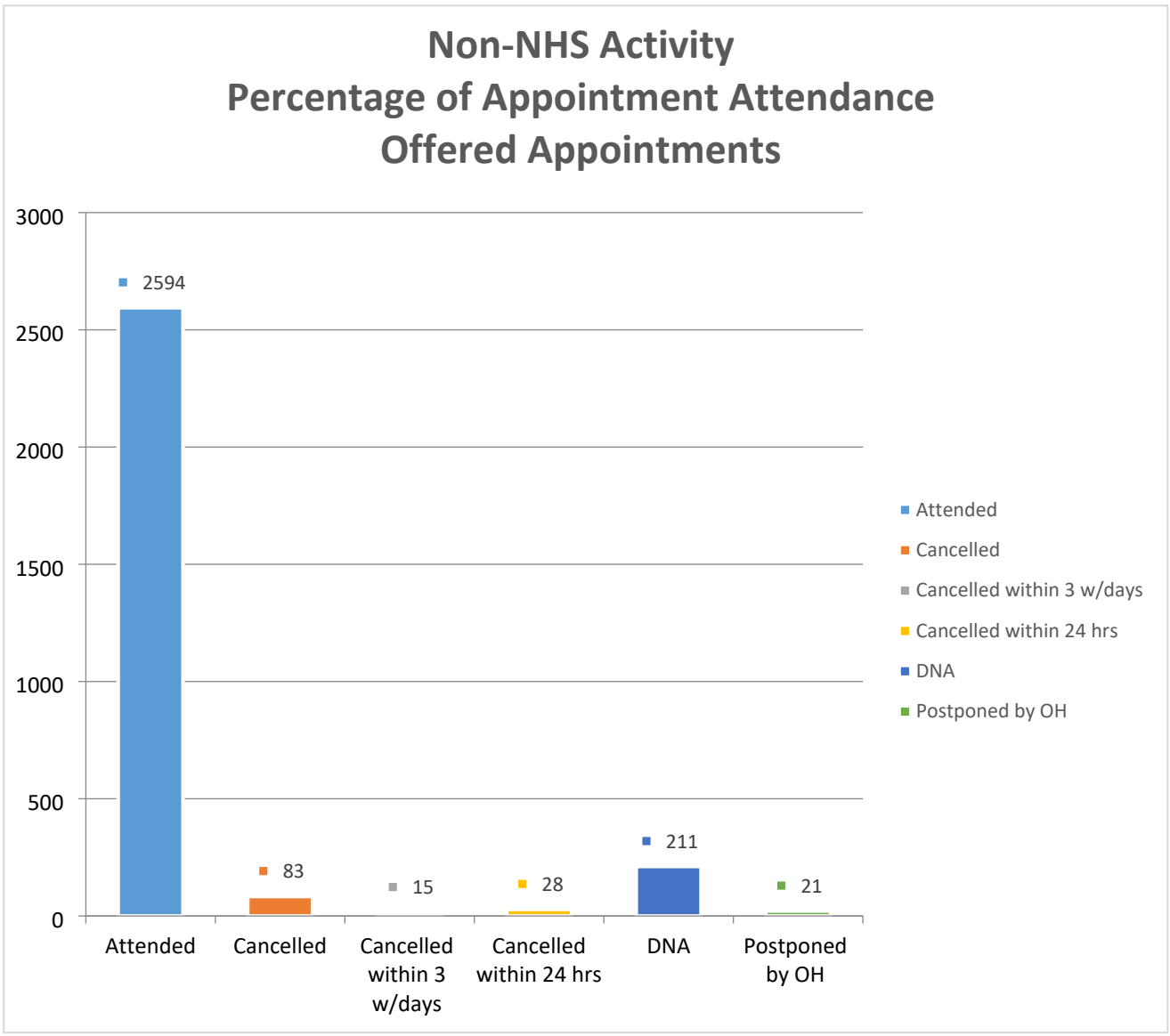
Pre-employment Questionnaires Received: **318**
Management Referrals Received: **146**

Appointment Reason	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Pre-Employment Screening:							
Doctor - Pre-employment Assessment	2	0	0	0	0	0	2
Nurse - Pre-employment Assessment	221	6	1	3	15	0	246
Nurse - Pre-employment Tele Cons	59	1	1	0	17	3	81
Total:	**282**	**7**	**2**	**3**	**32**	**3**	**329**
Management Referrals:							
Doctor - Medical Review	5	0	0	0	1	0	6
Doctor - New Management Referral	47	4	0	2	8	2	63
Nurse - Medical Review Tele Cons	4	0	1	0	0	1	6
Nurse - New Management Referral Tele Cons	75	3	0	1	12	4	95
Total:	**131**	**7**	**1**	**3**	**21**	**7**	**170**
Self Referrals:							
Nurse - Self Referral	1	0	0	0	0	0	1
Nurse - Self referral Review tele Cons	1	1	0	0	0	0	2
Nurse - Self referral tele cons	6	0	0	0	0	0	6
Total:	**8**	**1**	**0**	**0**	**0**	**0**	**9**
Health Surveillance:							
Nurse - Skin Health Surveillance Tele Cons	2	0	0	0	1	0	3
Total:	**2**	**0**	**0**	**0**	**1**	**0**	**3**
Other:							0
Nurse - Telephone Consultation - Other Reason	19	0	0	0	0	0	19
Total:	**19**	**0**	**0**	**0**	**0**	**0**	**19**
Communicable Diseases Screening:							
BCG Scar Check	124	0	0	0	3	0	127
Covid Vaccine	1	0	0	0	0	0	1
Hep B Imms	478	20	5	9	64	2	578
Imm - BCG	24	0	0	0	0	0	24
Imm - Chickenpox History	165	0	0	0	0	0	165
Imm - MMR / Rubella	77	5	0	3	13	1	99
Imm- MMR Status	12	0	0	0	0	0	12
Imm - Varicella	8	0	0	0	0	0	8
IV Bld - Hep B antibodies	223	19	5	4	30	0	281
IV Bld - Hep B Antibodies HBc	44	0	0	0	0	0	44
IV Bld - Hep B surface antigen	282	0	0	0	2	0	284
IV Bld - Hep C antibodies	263	0	0	0	2	0	265
IV Bld - Hep C RNA (PCR)	8	0	0	0	2	0	10
IV Bld - HIV	266	0	0	0	2	0	268
Nurse - Imms Consultation	46	14	0	2	5	1	68
Nurse - Mantoux Test	26	1	0	1	1	1	30
Nurse - Mantoux Reading	22	0	1	1	1	4	29
Total:	**2069**	**59**	**11**	**20**	**125**	**9**	**2293**
Contamination Injury Assessments:							
Nurse - Contamination Injury	23	0	0	0	0	0	23
Nurse - Contamination Injury Review	60	9	1	2	32	2	106
Total:	**83**	**9**	**1**	**2**	**32**	**2**	**129**
TOTAL	**2594**	**83**	**15**	**28**	**211**	**21**	**2952**

Non-NHS Activity includes the following organisations: Doctors & Dentists in training; Scottish Ambulance Service, Community Sharps, Dental Practices, GP Practices, Fife College, St Andrews University, University of Dundee & University of Edinburgh



	Pre-Employment	Management Referrals	Self Referrals	Health Surveillance	Other	Communicable Diseases Screening	Contamination Injury	Total
Number of items of activity of those attending OH	282	131	8	2	19	2069	83	2594
% of total number attended	11%	5%	0%	0%	1%	80%	3%	



	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Total	2594	83	15	28	211	21	2952
Percentage	88%	3%	0%	1%	7%	1%	

A NOTE OF THE ACUTE SERVICES DIVISION CLINICAL GOVERNANCE COMMITTEE HELD ON WEDNESDAY 26th JANUARY 2022 AT 2.00PM VIA MS TEAMS

Present	Designation
Mrs Norma Beveridge	Head of Nursing – Emergency Care Directorate
Mrs Lynn Campbell	Associate Director of Nursing – ASD (CHAIR)
Mrs Donna Galloway	General Manager – Women, Children & Clinical Services Directorate
Dr John Morrice	Associate Medical Director - Women, Children & Clinical Services Directorate
Mrs Elizabeth Muir	Clinical Effectiveness Co-ordinator
Dr Sally McCormack	Clinical Director – Emergency Care Directorate
Mrs Gill Ogden	Head of Nursing – Planned Care Directorate
Ms Arlene Saunderson	Head of Nursing – Planned Care Directorate
Mrs Mims Watts	General Manager – Emergency Care Directorate
Professor Morwenna Wood	Associate Medical Director - ASD

Apologies	Designation
Mrs Pamela Galloway	Head of Midwifery
Mr Ben Hannan	Chief Pharmacist – Acute Services Division
Ms Aileen Lawrie	Associate Director of Midwifery
Ms Marie Paterson	Head of Nursing - Acute
Mr Satheesh Yalamarthi	Clinical Director – Planned Care Directorate

In Attendance:

Mr Alex Chapman	Consultant Urologist (for Item 7.5)
Mrs Margaret Dodds	Senior Nurse – Quality & Risk – Emergency Care Directorate
Mrs Claire Dobson	Director of Acute Services
Ms Fiona Forrest	Pharmacist (rep Ben Hannan)
Miss Lynn Godsell	PA to the Associate Medical Director & Associate Director of Nursing (minutes)
Mr Robert Thompson	Consultant in ICU

ACTION

1 Welcome and Introductions

Mrs Campbell welcomed everyone to the meeting and advised that the Echo Pen was being used for assisting with the note taking process.

Mrs Campbell referred to the agenda and advised that there was an expectation that members had read the papers in advance of the meeting and would ask for brevity in reporting only issues and highlights from papers by exception.

Mrs Campbell asked Dr Thompson and Mr Chapman if they knew the majority of people at the meeting. They both agreed that was the case.

Mrs Campbell noted that there would be a slight adjustment to the running of the agenda and the Committee would take Mr Chapman and Dr Thompson first to allow them to leave the meeting if they so wished.

2 Apologies for Absence

Apologies for absence were noted from the above named members.

3 Unconfirmed Minute of ASDCGC Meeting held on 10th November 2021

Mrs Campbell asked those present for any comments or omissions with the minutes. There were no issues raised hence the minutes were approved as an accurate record.

4 Matters Arising

4.1 Action List

Action 334 – Penicillin Business Case – Dr Alfonzo not present – c/f to March 2022. **LG**

Action 354 – Diabetes & Endocrinology – Dr Alfonzo not present. c/f to March 2022. **LG**

Mrs Campbell noted that these actions had now been on the action list for some time, it was requested that a formal update be submitted prior to the next meeting for all unactioned items in case Dr Alfonzo is unable to attend. **AA/ECD**

Action 355 – ECAS - Dr McCormack noted that there had been a mix up over this action and how it was coded on the action list. Dr McCormack advised that there had been several cases at an M&M within ECAS and patient names were not documented. Dr McCormack had assurance from the department that they will now keep a record of all M&M discussions including patient details and lessons learned. Regard as complete.

Action 367 – AWI Audit Report – Mrs Campbell said that a SLWG has been set up although the actions from it have been a bit slow because of the current situation. There are a number of actions from the audit to be taken forward and an action plan has been formulated. Mrs Campbell was content the actions were progressing so suggested that the action be closed off and brought back in due course. Regard as complete.

Action 370 – Cyclodiode Procedure – Ms Saunderson provided assurance that this is now on the Planned Care register for Interventional Procedures. The audit is in hand and Ms Saunderson will advise Miss Godsell of the exact date it will come back to the Committee. Regard as complete.

Action 374 – ECD Directorate Report – Mrs Beveridge said this was in line with the national work being done on skin damage and tissue viability in the critically ill. Mrs Beveridge had not seen any update since the report had been presented. Regard as complete. The Directorate agreed to bring back future information as it becomes available. **ECD**

Action 376 – ECD Directorate Report – Dr McCormack advised that there has been issues with the Frailty/RAD handover as the unit is not yet up and running as planned due to medical staffing. Dr McCormack said that she could speak to the team and obtain an interim update on the RAD unit for the next meeting but it is unlikely to be what was initially proposed. Mrs Campbell noted that it may be helpful to have a brief paper to outline the current position and what is being progressed. **SMcC**

Action 380 – Complaints – Outcome report for Neonates is an agenda item. Regard as complete.

Action 382 – SAER LEARN Summaries – Ms Saunderson noted this related to a missing filing cabinet within the Psychology service (Pain service) and the service are reviewing whether keeping digital records as opposed to paper records was viable. Ms Saunderson cannot confirm as yet. Action remains live. **AS**

Action 384 – Robotics Assisted Surgery – Mrs Campbell noted that the Committee need to have a separate report on the agenda rather than narrative included within the Directorate report. In the absence of Mr Yalamarthi, the action remains live. **PCD**

Action 385 - Directorate Report – SPSO – Mrs Beveridge said this related to a sudden deterioration on reporting obs on time via Patientrak. Mrs Beveridge said that it has become apparent there had been an upgrade to Patientrak which resulted in anomalies with connectivity between Patientrak and our eHealth systems.. Mrs Beveridge advised that Steven Knapman is working on this and the issue is not as bad as first thought. Action remains live until work is concluded. Mrs Campbell requested that a specific update is brought back from eHealth for the next meeting. **NB**

Action 386 – Specialty Audit & Assurance Data – Standard template shared. Regard as complete.

Action 387 – Clinical Services Report – Emails comms were circulated. Regard as complete.

Action 388 – W&C – Risk Register – Mrs D Galloway advised that permission was obtained to use the kit for Ward 43 so discussions are ongoing to determine if this is enough to do the bay and the side room or if further is required. Paul Bishop is leading on this and remains ongoing. Mrs Campbell asked that any delays are reported back to the Committee. **DG**

Action 389 – W&C – Risk Register – Mrs Campbell said this was in relation to a sense check of what pumps were already in the system. Mrs D Galloway was unsure of what progress had been made but agreed to chase this action. **DG**

Action 390 – W&C – Specialty Reports – Redact LEARN summary with identifiable information. Regard as complete.

Action 391 – W&C – Specialty Reports – Minutes submitted following redaction. Regard as complete.

Action 392 – PCD – Update re Robotics Assisted Surgery – Mrs Campbell noted this action related to guidance from the Procurator Fiscal (PF). Mrs Ogden noted that it referred to and SAER and a delay in the patient being referred to the Procurator Fiscal. Mrs Ogden confirmed there had been no change since 2015 to the process in reporting deaths to the PF office. Mrs Ogden advised that she had a link for the PF and asked Professor Wood if she wanted this to be cascaded via the usual routes. Professor Wood said that she wasn't quite sure there hadn't been changes to the process as Clinicians cannot phone the PF office now and it had to be done by filling in a form and an update to Clinicians would be helpful. Mrs Ogden & Miss Godsell to action and send the Comms. **GO/LG**

Action 393 – Divisional Risk Register – Mrs Dodds advised that the risk around social distancing has been completed. Regard as complete.

Action 394 – Divisional Risk Register – Cancer Waiting Times – Mrs Campbell spoke with Mrs Couser regarding where the risk sat. Mrs Couser to liaise with Dr McKenna and update at the next meeting. Action remains live. **LC**

Action 395 – Divisional Risk Register – Cancer structure within PCD. Ms Saunderson said that the Directorate are quite clear with regard to the Cancer Waiting Times and if there were concerns with any of the waiting times for specialities, it would be added to the Directorate Risk Register. Mrs Campbell said that some housekeeping may be required to ensure that the structure is aligned correctly. Mrs Campbell suggested that it may be that a meeting with Mrs Couser and the Directorates would be beneficial. Mrs Dobson agreed that the Waiting Times are operational and should sit within the Directorate, although there is still a grey area between strategy and operational. Mrs Dobson added that the Cancer Strategy Group meets on Friday and it was hoped the Terms of Reference will be signed off for the new Acute Cancer Services Delivery Group and there will be more clarity after Friday's meeting. **Directorates/ GC**

Action 396 – Divisional Risk Register – CWT Risk – discussed within Actions 394 & 395. Regard as complete.

Action 397 – Divisional Risk Register – H&S within Dermatology – Mrs Campbell said that Estates had been unaware of the risk, not unaware of the work but unaware if it sat on their Risk register. Mrs Campbell had briefly discussed with Mrs Watts and the risk was to be moved over to the Estates Register. Mrs Watts to clarify if this has happened. **MW**

Action 398 – Divisional Risk Register - Medical Staffing – Mrs Campbell noted that this requires to remain on the Divisional Risk Register as the risk was unlikely to change. The risk relates to medical staff changeovers and there always being a risk with working with new equipment. Regard as complete

Action 399 – Divisional Risk Register – Equipment usage for locums – Professor Wood noted that this risk is essentially the same as action 398 and requires to remain on the Risk Register. Regard as complete.

5 Hospital/Board or Population Level Reports:

Scheduled Governance Items:

- **Mortality Report**

Professor Wood advised that there was nothing to report by exception in the Mortality report. It was noted that these data have previously identified normal cause variation due to seasonal effects and special cause variation during the Covid-19 pandemic. Professor Wood added that this information is contained within the IPQR report and is discussed at the NHS Fife Clinical Governance Committee.

The update was noted.

- **Integrated Performance & Quality Report (IPQR)**

Mrs Campbell advised that the IPQR report is submitted to this Committee for information and it is expected that the Directorate reports will pull through anything of note within the IPQR.

The IPQR was noted.

- **Waiting Times Audit – b/f from November 2021**

Mrs Campbell referred to the Waiting Times audit and noted that there were some variances with waiting times due to COVID. Mrs Campbell asked who owned the report. Mrs Muir noted that Mrs Andrea Wilson wrote and submitted the report. Mrs Campbell will liaise with Mrs Wilson regarding the report and if there any issues she wished to highlight. **LC**

- **Cardiac Arrest/Peri-Arrest Reports Q1 – b/f from November 2021**

Mrs Muir advised that the Cardiac Arrest and Peri- Arrest reports were submitted to the NHS Fife Clinical Governance Committee last week and discussed in detail at the Deteriorating Patient Group. Mrs Muir noted there was nothing specific to be escalated from the Quarter 1 reports. Mrs Muir added that the reporting cycle is slightly behind as there was insufficient resources within the Resuscitation Officers to capture the information. It is anticipated that both Quarter 2 & Quarter 3 reports will be presented to the March meeting.

The update was noted.

- **Scottish Structured Response (SSR) Report/Audit**

Mrs Campbell referred to the SSR report and asked Mrs Muir if this had been raised at the Deteriorating Patient Group under Dr Simpson's remit? Mrs Muir advised that it had been discussed at that group last week and added that this audit was undertaken across the Acute Division in November 2021 and the results were shared with the Heads of Nursing in December. Mrs Muir said that discussions are taking place to draw up an improvement plan or the next meeting on how the poor compliance can be addressed.

Mrs Campbell noted that it was likely to be indicative as services are not able to progress at the desired pace due to a range of factors but it was welcome news to know that this work was under scrutiny again.

There were no questions raised by the Committee hence the SSR audit was noted.

- **Medical Education Annual Report – b/f from November 2021**

Professor Wood spoke to the Medical Education report and advised there was nothing of exception to highlight. Undergraduate feedback is always really good and Postgraduate feedback is generally mixed relating to workload and service pressures rather than inability of trainers to train. Professor Wood said that NHS Fife had done as well as any other Board in Scotland during COVID.

The report was noted

- **Tissue & Organ Donation Report**

Dr Thompson provided the Committee with an update on the key points from the Tissue & Organ Donation report. The following points were noted:

- Dr Thompson noted that the data and performance in organ donation is excellent.
- The service is audited on UK wide potential donor audit, every case is reviewed and NHS Fife's performance is very good.
- The number of donors that are being processed for organ retrieval, albeit through tragic circumstances as these patients have suffered severe head injuries and subsequently die are as high in NHS Fife as in any Health Board in the country that doesn't have a Neurological/Neurosurgery service.
- NHS Fife is ranked closely behind the three major Neurological centres.
- Dr Thompson said that the last 2 years have been difficult to interpret as Intensive Care has been distracted by the number of COVID 19 patients and the number of patients presenting who could be potential donors has decreased. This is a national picture and not solely a regional one.
- Dr Thompson referred to numbers at the year ending February 2020 and noted that NHS Fife's performance was very good and continues to improve, Dr Thompson added that the trajectory is also increasing and improving.
- During the period of April to September 2021, no referrals opportunities were missed and all conversations about organ donation with the patient's next of kin were conducted with a specialist requestor or nurse in organ donation present.
- Four donor patients proceeded to undergo organ retrieval, with 6 people being the recipient of a transplanted organ as a result.

Dr Thompson advised that the main parameters which Fife are assessed on included:

- good numbers of referrals,
- utilising specialist nurses for conversations with relatives and donor optimisation.

Performance on these parameters was reported as being very good and meet the scrutiny requirements.

Mrs Campbell noted the excellent performance which was backed up by the data in the charts within the report. Mrs Campbell added that there had been extremely positive feedback both from the local specialist and from the national perspective, this was not just on the performance but also on the communication and compassion shown from the team.

Mrs Campbell thanked Dr Thompson for the positive report.

6 Women Children & Clinical Services Directorate

6.1 Directorate Governance – Specialty National Reports

There were no Specialty National reports for discussion.

6.2 Directorate Level Outcomes Data:

- **Clinical Audit**
- **SBAR Neonates Therapeutic Cooling**

Mrs D Galloway informed members that this report was submitted as it was an action although it had been discussed at the November meeting. There were no particular trends in equipment or personnel and there is a wider review of Neonatal deaths going on at the moment which will come to the Committee in due course.

Dr Morrice advised that the Therapeutic cooling paper refers to 7 babies reviewed in an in-house cluster and was not subject to an external review. This was carried out in September/October 2021 and in summary, there were no commonalities although there was some learning in individual cases but no systemic failings or common themes. Dr Morrice added that a further 2 or 3 incidents came to light hence a broader review is being carried out. Dr Morrice said that so far, no common themes have arisen and that an external review may still be an option to consider. The full report will be presented to the Committee in due course.

The update was noted.

- **SAER LEARN Summaries**

There were no LEARN summaries for discussion.

6.3 Departmental Reports

- **Clinical Services Report**

Mrs D Galloway noted that she would highlight the issues for escalation from the reports. Mrs D Galloway advised the issues related mainly to Radiology. The first issue is related to the risk aligned with patients attending Radiology who do not have identification wristbands on – there has been an increase in this and Mrs D Galloway added that the patients are unsupported and are unable to identify themselves leaving the department unable to scan the patients until identification has taken place resulting in missed appointment slots. Mrs D Galloway advised that this has been discussed with the Clinical Nurse Managers and since then, there has been a significant improvement with the Emergency Department being an outlier. Mrs D Galloway said that actions remain ongoing.

The next issue regarding Radiology is the department are receiving increased requests for scope of practice for non-medical referrers which has to tie in with IRMER guidelines so Mrs D Galloway advised that a short life working group (SLWG) is being set up to work through this and ensure all the procedures are in place for Clinicians. Mrs D Galloway added that informal discussions have taken place but it would be beneficial to formalise these.

Mrs D Galloway informed the final issue related to an increase in the number of referrer errors with wrong side, wrong patient. This was noted to be attributed to the department being very busy and staff are under pressure. Mrs D Galloway said that an action is taken from each error and followed up but felt the need to highlight to the Committee. Mrs Campbell thanked Mrs D Galloway for the report and for escalating the issues and noted that these should be closely monitored.

The update was noted by the Committee.

- **Women & Children**

Mrs D Galloway advised that was nothing in particular to raise for Women &

Children except the Child Death Review Hub which has now gone live but there is a an issue with uploading data. A meeting is planned with Mrs Couser's team on Friday but it is causing the service some concern. Dr Morrice added that is an ask of the Scottish Government for a more formal child death review, up to 25 years of age who have been in receipt of social care. Dr Morrice said that data requires to be fed back to the Scottish Government system which has been up and running since October 2021 and is a welcome initiative. Dr Morrice is supportive of the Review Hub and a paper was submitted to EDG who were also supportive but commitment to the resources remains outstanding.

Mrs Campbell noted it looked like a positive step and a further discussion around resources would likely be required within the Directorate to take forward.

6.4 Specialty/departmental audit & assurance data (incl. guidance)

Nothing to report.

6.5 New Interventional Procedures

Nothing to report.

6.6 SPSO Recommendations

No SPSO recommendations to report.

7 Planned Care Directorate

7.1 Directorate Governance – Specialty National Reports

There were no Specialty National reports.

7.2 Directorate Level outcomes data:

- **Clinical Audit**

Nothing to report.

- **SAER LEARN Summaries**

Mrs Ogden advised there was nothing to highlight by exception from the LEARN summaries but was content to take any questions from members.

7.3 Directorate Report

Mrs Ogden referred to the Directorate report and highlighted that she wished to offer re-assurance to the Committee regarding one of the Directorates clinical events which was subject to an SAER. Mrs Ogden said this was a patient who had an Oesophogal cancer and there has been a further case since hence the whole Barratt's waiting list has been re-vetted and patients have been allocated the appropriate treatment in accordance with the vetting findings.

Mrs Ogden then spoke about the incidents reported, with the greater number of these being related to equipment within Theatres. Mrs Ogden invited Ms Saunderson to update the Committee as this was her remit. Ms Saunderson

advised that there was a concern about the quality of the drapes and some of the equipment within Theatres. Ms Saunderson indicated that a review is being undertaken by Theatre management and the Estates department. Ms Saunderson noted that all our sterile equipment is sourced from Tayside. Ms Saunderson added that considerable work has progressed in relation to this and Fife are setting up a new Sterile services at St Andrews Community Hospital, initially for Robotic Surgery and it is hoped this will be functional by the summer and then longer term a centralised system in Lynebank Hospital for the remainder of the theatre equipment is being looked at. Ms Saunderson noted that Tayside had considered that Fife were doing something wrong with the drapes but it related to the standard of goods that were being received.

Mrs Campbell queried whether more information needed to be noted for the NHS Fife Committee around the sterile equipment issue? Mrs Dobson did not think this was necessary for escalating to the NHS Fife Committee as long as this Committee can provide assurance.

Mrs Campbell asked if the Directorate could bring a briefing paper to the next meeting regarding the Barratt's situation? Mrs Ogden noted that it was not in the current report as was recent but it is on the Risk Register under Endoscopy/GI surveillance. Professor Wood suggested that it would be better that a formal audit report be brought back to the Committee in 6 or 12 months rather than a briefing. Mrs Campbell agreed with the 6 months timeframe and asked Mrs Ogden if it would be beneficial to extract these from general incidents and note the work being done but will leave that to the Directorate to decide. Mrs Ogden said that these are both subject to SAERs and the learning would be shared once the reviews are completed.

Mrs Ogden advised there was nothing further to raise by exception.

The update from Planned Care was noted.

7.4 Specialty/departmental audit & assurance data (incl. guidance)

- **Clinical Quality Indicators**

- **Update re Robotics Assisted Surgery (Urology/Colorectal)**

Mrs Ogden advised that there had been one complication when a patient had to return to theatre and this is subject to an LAER.

Professor Wood added that she was aware of this incident – the patient recovered well and was discharged home. Mr Chapman has detailed a very helpful report back to the LAER which covers all aspects.

7.5 New Interventional Procedures

- Repatriation of Robotically Assisted Laparoscopic Radical Prostatectomy (RALRP)

Mrs Campbell invited Mr Chapman to speak to the Committee about the RALRP Interventional Procedure.

Mr Chapman said that the purpose of this document is to seek endorsement of the

repatriation of the Robotically Assisted Laparoscopic Radical Prostatectomy (RALRP) service from NHS Lothian to NHS Fife.

Mr Chapman advised that the situation in Fife over the last 10 years or so is that the Prostates have always been done in Fife for men who have Prostate cancer but in 2017 Fife went into collaboration with NHS Lothian to carry these procedures out on the Robotic platform which was procured for Lothian by Prostate Cancer UK. Mr Chapman said the rationale for leaving was to offer patients minimally invasive surgery and NHS Fife now have their own platform it seems prudent to repatriate the service. Mr Chapman noted that there have been a number of challenges with the current situation and the initial model intended that the surgeries were carried out in the Western General Hospital but due to pressures on waiting times etc these have been moved to a private hospital which has raised issues with cover, additional travel for patients and continuity of follow up care for patients.

Mr Chapman informed the Committee the request is to access a local service which provides continuity of care, with follow up reviews being with the same surgeon. Mr Chapman added that NHS Fife now has a top of the range facility in the DaVinci robot which will provide further training opportunities and will help us plan for the future. Mr Chapman said that although these procedures were not included in the original plans, it seems a sensible step as theatre teams are familiar with more advanced procedures. It was noted there were practicalities to consider such as:

- theatre time, although Mr Chapman advised that a day of the week has been identified when the theatre can be used which would be welcome news by the Scottish Government that the Robot is being utilised 5 days out of 7.
- Pathology would have to be looked at locally, and discussions have taken place with the Clinical Lead for Urology who was content that the service can absorb this work.
- Cost implications, it is anticipated there will be significant cost savings, although these may not be immediate.

Mr Chapman advised that the service planned to roll this out with the current team but, pending approval of this procedure, have decided to advertise for a further Surgeon competent in Robotics who can support the existing team.

Mrs Campbell thanked Mr Chapman for a succinct paper and said it felt it was a step in the right direction.

Professor Wood also thanked Mr Chapman for a good presentation and paper and indicated that she was supportive. Professor Wood asked how the service planned to audit that everything was running as it should be with these procedures?
Mr Chapman said that the Scottish Cancer Network which NHS Fife are part of, have audit teams involved in major surgery and there will be a level of input from that team and Fife will continue to participate in the meetings to present the data gathered local such as surgical margins, erectile disfunction and urinary incontinence. Mr Chapman referred to patient satisfaction and noted there is a Cancer Nurse Specialist who will be more heavily involved for the post-operative side of treatments as these appointments are currently done in Lothian and it is more difficult to capture some specific outcomes. Mr Chapman was confident the patient experience will be much better having the whole treatment journey carried out in Fife.

Mrs Campbell noted that the paper asks the Committee to discuss the proposal and endorse it. There were no objections from members hence the proposal was

approved to proceed to the next step at Executive Directors Group (EDG) via Mrs Dobson.

Optilume

Mrs Ogden asked Mr Chapman if he was able to speak to paper submitted on Optilume whilst present at the meeting.

Mr Chapman spoke to the Optilume paper and informed the Committee that Optilume is a technique for managing men with Urethral stricture, where the water passing through the Urethra becomes tight and narrow making it more difficult to pass urine. Mr Chapman said the treatment for this is very involved and can be a 1 or 2 part operation and is very difficult to manage if patients do not respond to treatment.

Optilume DCB is a simple, minimally invasive 25-minute procedure designed to be performed in an ambulatory setting under local anaesthesia thus reducing the need for valuable OR time (typically 60 minutes for DVIU and 3-4 hours for Urethroplasty), general anaesthetic, extensive hospital resource and extended length of stay associated with DVIU and Urethroplasty. The procedure can be performed using existing hospital equipment and is an effective method. Mr Chapman noted that the Consultant doing these procedures is no longer in post so patients would be referred out to another Board. Mr Chapman informed members that Optilume is a relatively low risk procedure and would definitely be worth trialling before embarking on further more involved surgery for the patient.

Mrs Campbell thanked Mr Chapman for covering this item.

Professor Wood advised that she would support the paper and noted that she had not picked up from the paper that Fife do not have a surgeon that can do this at present. Professor Wood asked Mrs Dobson to consider the finance aspects but the Committee were happy to support the procedure.

7.6 SPSO Recommendations

There were no issues from SPSO.

8 Emergency Care Directorate

8.1 Directorate Governance – Speciality National Reports

There were no Specialty reports submitted.

8.2 Directorate Level Outcomes Data

- **Clinical Audit**

Nothing to report.

- **SAER Learn Summaries**

The SAER summaries were included for information.

8.3 Directorate Report

- **ECD Clinical Governance Report**

Mrs Dodds referred to the Directorate report and advised that there were a number of LEARN summaries included for information and were self-explanatory but Mrs Dodds was content to answer any questions concerning these.

Patient Falls
Mrs Dodds added that the two areas for exceptional reporting are Patient Falls, there has been a further increase in Falls in the 3 month reporting period and also a small increase in Harms, this has continued to increase since June. Mrs Dodds informed members that a Deep Dive has been undertaken which revealed that the falls rates correlate with the staffing levels within the wards, the infrastructure and over-capacity in the Admissions Unit (AU). Mrs Dodds added that, worryingly, AU1 reported the highest number of falls although prior to June this area had very few falls. This is being monitored closely but is thought to be linked to the cohort of ill/frail patients and over-capacity within AU1. It was noted that Ward 32 continues to be a high reporter of falls in the ward. Mrs Dodds advised that a review has been carried out within the ward to check for improvement opportunities which are not already in place, but it seems that the ward is already working to and adhering to the required procedures relating to Falls.

Tissue Viability
Mrs Dodds advised there is continued ongoing pressure damage within all areas in the Emergency Care Directorate, unfortunately ITU has had a further increase in numbers and this seem to be device related and is consistent with patients who have been proned. The Senior Charge Nurse has done a lot of work with others to ascertain if there are other devices that can be used but there is nothing at the moment. Mrs Dodds said that Ward 32 and AU1 in particular have seen a notable increase in pressure damage and noted that pre-Covid there was no pressure damage, this is due to over capacity in the ward, patients being admitted are really unwell and patients are not being put on the equipment as quickly as we would like. Mrs Dodds added that on admission reported Datix has tripled. Mrs Dodds said that with support from the Tissue Viability team, all appropriate measures and actions are currently being taken. The situation is being closely monitored.

Mrs Dodds said the number of complaints is causing concern. There are nearly 60 ongoing complaints for the Directorate at the moment making the situation very challenging. Mrs Dodds added that these complaints have multiple themes which make it more difficult to get through the complaints and answered within the given timeframes. Mrs Campbell thanked Mrs Dodds for the Directorate update.

Mrs Campbell agreed regarding the complexity of complaints which seems to be cross directorate or cross division and noted that there was a lot of effort being put in to clear the backlog in the current challenges. Mrs Campbell also acknowledged the areas which continue to be outliers for incidents and pressure damage and noted the Directorate's ongoing endeavours to mitigate these incidents and harms.

Mrs Campbell then asked about the Directorate report as it states there have been no extreme incidents and there has also been a reduction in the themes of major incidents and said that it would be worth considering this as there will be learning when something that has actually improved.

Professor Wood said that she had also picked up on the themes of more than one problem in the two wards mentioned and asked the Directorate to continue to audit

these items and report back to the Committee to ascertain whether this is due to winter pressures and things begin to improve or whether further work and interventions are required. **ECD**

8.4 Specialty/departmental audit & assurance data (incl. guidance)

- **Respiratory**
-

The Respiratory update was noted. There were no issues raised from the report**.**

- **Renal Registry Data**

The Renal Registry data was noted. There were no issues raised regarding the data.

- **SBAR – Synaptik Neurology – January 2022**

Dr McCormack advised members that the Synaptik SBAR regarding Neurology clinics was to provide reassurance to the Committee. Dr McCormack said it had become apparent that a doctor working for NHS Fife (via Synaptik) for the last 5 years had not been following up patients and not requesting tests as expected.
Dr McCormack added that a lot of work has been done to review patients who had been seen in the last year and this revealed a 3% error. Dr McCormack said that a further review will take place of the 3% to validate that no harm has come to these patients and then herself and Shirley Anne Savage, Service Manager will undertake a review going back over the last 5 years until there are no errors being picked up. This issue is also subject to review under the Synaptik clinical governance process as they have responsibility for the particular doctor in question. Dr McCormack said that the Directorate will report back to the Committee in due course. **ECD**

Mrs Campbell noted that this was quite concerning and asked for any questions. Mrs Dobson asked if this had been escalated to the Medical Director? Dr McCormack advised that Dr McKenna is aware of the situation and the Doctor was removed from working within Fife some time ago although this issue has just emerged a few weeks ago. Dr McCormack added she will ensure Dr McKenna is made aware of the current situation and that there is an audit process going on. Dr McCormack noted that the SBAR submitted is the official notification to this clinical governance process. Mrs Campbell said that a highlight note is prepared for the NHSF Clinical Governance Committee and this issue will be included for noting and indicating that work is ongoing and a fuller report will come in due course. Mrs Campbell asked if there was anything specific or concerning in the findings that this be alerted to Committee as soon as possible. **LC/LG**

Mrs Campbell thanked Dr McCormack for the reports and updates.

8.5 New Interventional Procedures

- **SBAR – GON Block service for Migraine**

Dr McCormack spoke to the SBAR on GON nerve blocks. Dr McCormack said the SBAR is straightforward and self-explanatory and there is minimal financial impact, it should be beneficial as NHS Fife will be able to repatriate patients from other Health Boards and we have the ability to train a member of the nursing staff who is already involved in the Botox injections. GON is a which is very similar process and

Dr McCormack requested the Committee's support for this procedure.

Mrs Campbell asked members for any questions – there were no questions hence the procedure was endorsed and approved by the Committee.

8.6 SPSO recommendations

There were no SPSO recommendations.

9 Divisional Risk Register – Active Risks

Mrs Campbell noted that the Committee had gone through the Risk register fairly recently and risks had been updated and actioned accordingly and risks were now sitting under the correct ownership which has been a significant improvement.

Mrs Campbell added that the risks around Cancer waiting times were still to be finalised and unless there were any queries with the risks, Mrs Campbell suggested that the Committee note the updated register.

The Committee agreed to note the Risk Register.

10 Items for information only:

10.1 NHS Fife Activity Tracker

The Activity Tracker was noted.

10.2 SIGN Guidance

The SIGN Guidance was noted.

10.3 ASD CGC Workplans 2021/2022 & 2022/2023 DRAFT V1

The completed workplan for 2021/2022 was noted.

Mrs Campbell asked the Directorates to look over the draft workplan for 2022 – 2023 and return any missing information regarding reporting timescales or leads to Miss Godsell prior to the next meeting in March 2022. **Directorates**

10.4 Infection Control Committee Minutes of 1st December 2021

The Infection Control Committee minutes were noted.

10.5 HAIRT Report – December 2021

The HAIRT report was noted.

10.6 NHS Fife CP&PAG Minute of 25th October 2021

The NHSF CP&PAG minutes were noted.

10.7 Resuscitation Minutes of 13th October 2021 – b/f from November 2021

The Resuscitation Committee minutes were noted.

10.8 HTC Minutes of 29th October 2021 – b/f from November 2021

The Hospital Transfusion Committee minutes were noted.

10.9 Review of Terms of Reference – For Info (no changes)

The Terms of Reference for the Committee were noted.

11 AOCB

There were no issues raised for discussion.

12 Date of Next Meeting:

Wednesday 23rd March 2022 at 2.00pm via MS Teams

Unconfirmed

MINUTES OF THE NHS FIFE AREA CLINICAL FORUM HELD ON THURSDAY 7 FEBRUARY 2022 AT 2PM VIA MS TEAMS

Present:
B Hannan, Deputy Director of Pharmacy & Medicines (Chair)
P Duthie, General Practitioner
A MacKay, Speech and Language Therapy SLT Operational Lead
Dr C McKenna, Medical Director

In Attendance:
A Graham, Associate Director of Digital & Information *(agenda items 1 – 5)*
N Robertson, Associate Director of Nursing *(deputising for J Owens)*
H Thomson, Board Committee Support Officer (Minutes)

1. Apologies for Absence

The Chair welcomed everyone to the meeting.

Apologies were received from S Bailey (Consultant Clinical Psychologist), A Lawrie (Associate Director of Midwifery), D Galloway (General Manager Women, Children & Clinical Services), S Garden (Director of Pharmacy & Medicine), J Hornal (Medical Education Pharmacist), P Madill (Consultant in Public Health Medicine), E O'Keefe (Consultant in Dental Public Health), J Owens (Director of Nursing) and D Platt (Optometrist).

2. Declarations of Members Interests

There were no declarations of interest from those present.

3. Minutes of the Previous Meeting held on 9 December 2022

The Minutes from the previous meeting were **agreed** as an accurate record.

4. Matters Arising and Action List

The Forum noted the updates on the action list.

5. Digital Information Presentation

A Graham gave a presentation on Digital Information.

A MacKay questioned if there is a possibility of the re-introduction of a patient self-booking system. In response, A Graham advised that this is being actively pursued, and the infrastructure is ready and discussions are ongoing.

P Duthie questioned if there is an ability to share specified parts of data into secondary care. A Graham advised the system is there, however, there are challenges with supplier engagement, and this was explained.

A MacKay commented that the service within her department has very recently moved to MORSE. A MacKay noted the team were supported, and continue to be supported, and a majority of services were able to be continued throughout the pandemic to a high standard.

A Graham was thanked for joining the meeting and presenting.

6. Nursing & Midwifery Leadership Group Update

N Robertson provided an update on the Nursing & Midwifery Leadership Group and advised the group has been established and had their first meeting on 11 January 2022. The membership and purpose of the group was outlined. An annual workplan will be developed and current pressures across each of the clinical areas will be included as a standing item. Other areas of the workplan were described.

N Robertson advised the Nursing & Midwifery Advisory Group is in the process of being formed, with representation from Registrants and all specialities.

Minutes from the Nursing & Midwifery Leadership Group will come to this Forum.

Action: Board Committee Support Officer will add to the workplan

7. Subcommittee Minutes

The Forum noted the following subcommittee minutes:

7.1 Allied Health Professionals Clinical Advisory Forum dates 1 December 2021

N Robertson advised the membership of the Allied Health Professionals Clinical Advisory Forum has been reviewed and refreshed to better reflect clinical leadership across different areas.

7.2 General Practitioners Subcommittee dated 16 November 2021 and 21 December 2021

8. ANY OTHER BUSINESS

None.

9. DATE OF NEXT MEETING

The next meeting will take place on Thursday 7 April 2022 at 2pm via MS Teams.

CONFIRMED

MINUTES OF THE MEETING OF THE FIFE DRUGS AND THERAPEUTICS COMMITTEE HELD AT 12.30PM ON WEDNESDAY 9 JUNE 2021 VIA MICROSOFT TEAMS

Present: Dr Chris McKenna (Chair)
Mr Scott Garden (Vice Chair)
Ms Karen Baxter
Ms Claire Fernie
Dr David Griffith
Mr Ben Hannan
Dr John Kennedy
Mr Euan Reid
Ms Olivia Robertson
Ms Rose Robertson

In attendance: Mrs Sandra MacDonald (minutes)

ACTION

1 WELCOME AND APOLOGIES FOR ABSENCE

Apologies for absence were noted for Ms Lynn Barker, Dr Marie Boilson, Dr Rob Cargill, Ms Claire Dobson, Dr Iain Gourley, Dr Helen Hellewell; Dr John Morrice, Ms Nicola Robertson; Mr Satheesh Yalamarthi.

Mr Garden welcomed Olivia Robertson to the meeting on behalf of Lynn Barker.

2 MINUTES OF PREVIOUS MEETING ON 30 APRIL 2021

The minutes of the meeting held on 30 April 2021 were confirmed as a true record.

3 SUMMARY OF ACTION POINTS FROM APRIL 2021 MEETING

The summary of action points was reviewed and updated.

IT Repository for Clinical Guidance Documents
Mr Reid advised that Nicola Jenson has been appointed as D&I Programme Manager and will be taking the lead on Pharmacy & Medicines projects. Mr Reid and Ms Jensen to progress discussion with Microguide. To remain on the action tracker and Mr Reid will update the ADTC in due course. **ER**

Lithium SBAR
Mr Reid highlighted email correspondence from Mr David Binyon in response to comments made at the previous ADTC meeting. There has been a slight delay however the timeline will be clearer within the next few weeks. Mr Reid to bring a further update to the next ADTC meeting. **ER**

DOACs and Prescribing in Renal Impairment
Mr Garden advised that the Pharmacy Senior Leadership Team are meeting with Dr Hellewell and Dr Kennedy in advance of the next ADTC meeting. A paper reflecting clear next steps and any potential implications for the Risk Register to be brought back to the next meeting. **SG**

AMT Update – discussion around implications of antibiotics not recommended by SMC due to non-submission
Mr Reid highlighted that discussions are ongoing at national and local level around the approval and access process for emergency use of antimicrobials not approved by the SMC due to non-submission. Discussions include establishing a list of agreed medicines and development of a potential regional / national approach for accessing through the existing Rarely Used Urgent Medicines (RUUM) list process. It was noted that the approval process for the RUUM list of medicines is through the National Acute Pharmacy Services (NAPS) Group. D Griffith/B Hannan/E Reid to update the ADTC in due course. **DG/BH/ ER**

Regional Formulary
Mr Garden provided an update on discussions at the Executive Directors' Group (EDG), including quantification of the financial risk, clarity around links to associated Clinical guidance documents and the potential influence of tertiary specialties to formulary content. Mr Garden and Mr Reid are working with the Regional Formulary Team to address these issues and the next step is to produce a follow up paper for EDG to enable a decision to be made. Mr Garden to provide an update at the next ADTC meeting. **SG**

Medicines in Pregnancy & Breastfeeding - MHRA Advice
Mr Reid advised that Dr John Morrice has confirmed that no further action is required within NHS Fife. **Action closed**.

High Risk Pain Medicines **SG**
Update to be brought to the next ADTC meeting.

4 ANY OTHER MATTERS ARISING FROM THE MINUTES

There were no other matters arising from the minutes.

5 DECLARATION OF INTERESTS

There were no declarations of interests.

6 ADTC SUB-GROUP UPDATE REPORTS

6.1 Fife Formulary Committee

Dr Griffith introduced the update report from the Formulary Committee meeting on 26 May and highlighted key points.

It was noted that upadacitinib (Rinvoq®) was approved for Moderate to severe active rheumatoid arthritis in adult patients and several Formulary

submissions were approved subject to MSDTC approving the guidance: dupilumab (Dupixent ®) as add-on maintenance treatment for severe asthma; ocrelizumab (Ocrevus®) for early primary progressive multiple sclerosis; ozanimod (Zeposia®) for relapsing remitting multiple sclerosis and siponimod (Mayzent®) for secondary progressive multiple sclerosis. Dapagliflozin (Forxiga®) for the treatment of symptomatic chronic heart failure with reduced ejection fraction was approved subject to MSDTC approving the guideline and input from the Finance Business Partner. A request to amend the Formulary status of demeclocycline (Ledermycin®) from hospital use only to specialist initiation/recommendation was approved subject to agreement of a Shared Care Protocol. An application for a stand-alone Oral Nutritional Supplements Formulary was also approved**.**

An issue with some Formulary submissions being signed off by the Clinical Director prior to Finance Business Partner involvement was highlighted. An amendment to the Formulary Application Form to clarify the process is being considered.

The Formulary Committee also reviewed the proposed amendments to the National Pharmacy First Formulary and agreed decisions on behalf of NHS Fife ADTC. To be discussed under agenda item 7.2.

Several SBARs in response to MHRA drug safety updates were also discussed and the actions taken/proposed in NHS Fife agreed.

Gaps in Formulary Committee membership will be progressed along with review of the Terms of Reference.

The ADTC noted the update report from the Fife Formulary Committee and the good linkages between the Committee and the MSDTC.

6.2 MSDTC

Mr Reid provided a verbal update on behalf of the MSDTC and highlighted key points from the meeting on 27 April.

It was noted that several Clinical Guideline submissions were approved, including a Protocol for the Treatment of Eosinophilic Oesophagitis**;** Upper GI Bleeding Protocol; Guideline for the Use of Biologics in Severe Asthma; updated Insulin Prescribing Guidance for Type 2 Diabetes; Intravesical Mitomycin Protocol; Rapid Tranquilisation Guidance; Ketamine Infusion Guidance; Vitamin B12 Guidance and; Alcohol Guidelines. It was noted that formalised training to support the revised Alcohol Guidelines is progressing.
.
Submissions not approved included a protocol for Ialuril to support a proposed amendment in Formulary status to the first line product for bladder instillation and the Biologics & Dental Surgery Guidance.

The ADTC noted the update report from the MSDTC.

The ADTC acknowledged the work of the Formulary Committee and MSDTC in the medicines governance process including the development of Protocols/Guidance to support Formulary applications. The importance of ensuring that this is maintained in the Regional Formulary process was highlighted.

6.3 Fife Prescribing Forum

Mr Garden briefed the ADTC on the background to establishment of the Fife Prescribing Forum and highlighted the Terms of Reference and Service Update Template.

It was noted that the Fife Prescribing Forum has met twice, with updates presented by the Respiratory and Gastrointestinal Service. The standard of the submissions and presentations has been excellent, with good engagement from the Clinical Leads and Clinical Pharmacists. Although the Forum is predominantly Secondary Care led, the submissions reflect a whole system approach including the potential impact on Primary Care. The importance of ensuring there is adequate Primary Care representation to inform the discussions was highlighted.

The ADTC noted the verbal update and approved the Prescribing Forum Terms of Reference. To be reviewed after one year.

7 SBARs

7.1 Diabetes Frailty Guidelines

Mr Reid introduced the Diabetes Frailty Guidelines and briefed the ADTC on the background to these.

This is the second set of Frailty Guidelines to be developed by the Realistic Prescribing Group in conjunction with MCNs. Guidelines for the Management of Hypertension in Frailty, utilising the Rockwood Frailty Score, were approved by the ADTC in October 2019. There are proposals to develop further frailty guidelines in future including the management of lipids.

Feedback from the ADTC members was positive. The Guidelines are user friendly and a welcome addition to the ongoing work around medicines in frailty. It was suggested that it would be useful to undertake an evaluation of the Guidelines in due course.

It was suggested that the bullet point at the bottom of page one “Never stop insulin in type1 diabetes (review of insulin regimen may be required)” should be moved to the top of the page.

There was a discussion around the appropriate approval route for Frailty Guidelines in future and whether this should be through the ADTC as the governance Committee for the Realistic Prescribing Group or whether it should be through the MSDTC. It was noted that historically Prescribing

Guidelines predominantly for use within General Practice are not routinely processed through the MSDTC approval route.

The ADTC supported the Diabetes Frailty Guidelines subject to agreed amendments. Mr Reid to feed back the required amendments. **ER**

7.2 NHS Pharmacy First Service Approved List Review

Mr Reid presented the spreadsheet detailing proposed amendments to the NHS Pharmacy First Service Approved List and briefed the Committee on the background to this.

The NHS Pharmacy First Service replaced the Minor Ailment Scheme last Summer. This is the first review of the list of approved products that can be supplied by Community Pharmacists as part of the Pharmacy First Service. The list has been reviewed by the Formulary Committee and decisions in relation to proposed amendments annotated.

The ADTC supported the recommendations made by the Formulary Committee. To be submitted to the ADTC Collaborative by the end of June. **SM**

7.3 Medicines Administration Observational Audit - Controlled Drugs Theatres

Mr Reid highlighted the Medicines Administration Observational Audit – Controlled Drugs Theatres.

It was noted that there was 100% compliance after two audit cycles and no key themes had been identified.

The ADTC noted the report and the good work undertaken in conjunction with the theatre team.

8 RISKS DUE FOR REVIEW IN DATIX

Mr Reid took the ADTC through the risks scheduled for review and agreed current risk levels and review dates.

Risk 1575 - Insufficient input into medicines management and governance
It was highlighted that the medicines governance groups have all re-mobilised and there is good engagement and robust governance processes within the groups. It was agreed that the target and current risk level should be reduced to moderate. To be brought back to the next ADTC for review.

Risk 1504 - Lack of Central IT Repository
The ADTC noted the work ongoing with Digital and Information to progress the implementation of Microguide for hosting Clinical Guidance documents. It was noted that the current risk level is high and agreed that implementation of the proposed IT solution would reduce this to moderate.

Risk 522 - Prescribing Budget
The ADTC noted the summary on year end position for GP and hospital prescribing and the update provided by Rose Robertson. Following discussion, it was agreed to revise the likelihood to 3.

Risk 1347 – Out of Date Shared Care Protocols
It was noted that Ryan Headspeath, Shared Care Pharmacist is now in post (joint Shared Care/Dermatology Pharmacist post). Mr has met with Dr Hellewell to discuss progressing the Shared Care Group and the next step is to establish the group and agree the Terms of Reference and workplan. It was agreed the current risk level should remain.

Risk 1442 - Single National/East Region Formulary
Following discussion, it was agreed that as the Single National Formulary is no longer progressing, this risk should be closed and a new risk around the East Region Formulary added. **ER**

9 ADTC-COLLABORATIVE/SCOTTISH GOVERNMENT COMMUNICATION

9.1 Independent Medicines and Medical Devices Safety Review - Scottish Government Delivery Plan

The ADTC noted the Scottish Government Delivery Plan in response to the Independent Medicines and Medical Devices Safety Review "*First Do No Harm".* It was noted that the recommendations are at Government/ MHRA level and there are no specific actions for Health Boards.

It was highlighted that there is a national SLWG looking at valproate prescribing, particularly around the IT infrastructure/database and the pregnancy prevention programme. Local valproate audit results will be brought to the Committee for discussion in due course.

Ms Fernie highlighted national work around hernia mesh and queried whether establishing a local database for medical devices should be considered. It was noted that the gap in management of medical devices has previously been highlighted to the Procurement Governance Board. Mr Garden to follow up with the Procurement Governance Board. **SG**

10 EFFECTIVE PRESCRIBING

10.1 SMC Not Recommended Drugs October - December 2020

The ADTC noted the SMC Not Recommended Drugs October-December 2020 quarterly report produced by National Services Scotland.

10.2 Medicines Procurement Newsletter

The ADTC noted the Medicines Procurement Newsletter June 2021. The importance of the newsletter in the horizon scanning process was highlighted.

11 HEPMA Update

Mr Hannan provided a verbal update on progress with the implementation of HEPMA. It was noted that the new Digital and Information Programme Manager is now in post and the Lead Pharmacist will take up post in early July. Contractual discussions are ongoing and a limited roll-out is anticipated early next year.

12 PACS/SMC Non Submissions

12.1 Latest Submissions

The table detailing the latest PACS/SMC non submissions was noted.

13 POINTS FOR RAISING AT CLINICAL GOVERNANCE COMMITTEE

The following items were proposed for raising at the Clinical Governance Committee: **CMcK/ SG**

- HEPMA update - a paper has been requested for the next Clinical Governance Committee.
- Diabetes Frailty Guidelines to be highlighted.

14 ANY OTHER COMPETENT BUSINESS

Karen Baxter advised that this would be her last ADTC meeting as AHP representative and Jane Anderson, Head of Radiotherapy will be attending going forward. Dr McKenna thanked Ms Baxter for her contribution to the ADTC.

Other Information

a **Minutes of MCN Prescribing Groups** - none for noting.

b **Minutes from Safe & Secure Use of Medicines Group 20 April 2021**. Noted.

c **Date of Next Meeting**

The next meeting is to be held on **Wednesday 11 August 2021 at 12.30pm via MS Teams**. Papers for next meeting/apologies for absence to be submitted by 28 July.

It was proposed that after the August meeting, the timing of the meetings be changed to 1.00pm. S MacDonald to progress. **SM**

UNCONFIRMED

MINUTES OF THE MEETING OF THE FIFE DRUGS AND THERAPEUTICS COMMITTEE HELD AT 12.30PM ON WEDNESDAY 8 DECEMBER 2021 VIA MICROSOFT TEAMS

Present:
Mr Scott Garden (Chair)
Ms Claire Fernie
Dr David Griffith (item 7.1 onwards)
Mr Ben Hannan
Dr John Kennedy
Mr Euan Reid
Ms Olivia Robertson
Ms Rose Robertson
Ms Andrea Smith

ACTION

1 WELCOME AND APOLOGIES FOR ABSENCE

Mr Garden welcomed everyone to the meeting. Apologies for absence were noted for Dr Chris McKenna, Dr Annette Alfonzo, Ms Lynn Barker, Dr Marie Boilson, Dr Iain Gourley, Dr Helen Hellewell, Ms Nicola Robertson, Dr Morwenna Wood

2 MINUTES OF PREVIOUS MEETING ON 13 OCTOBER 2021

The minutes of the meeting held on 13 October 2021 were confirmed as a true record.

3 ACTION POINT LOG

The refined action list was discussed and target dates for completion of actions agreed.

4 ANY OTHER MATTERS ARISING FROM THE MINUTES

There were no other matters arising from the minutes.

5 DECLARATION OF INTERESTS

There were no declarations of interests.

C Fernie highlighted her role in the Evidence Directorate at Health Care Improvement Scotland. It was noted that the role has no direct involvement with SMC or Directorate Policy and the ADTC agreed that this did not meet the criteria for declaring an interest in today's agenda items.

5.1 Annual Declarations of Interests

ADTC members were asked to complete an annual declaration of interests form and return to Sandra MacDonald. **ALL**

6 ADTC SUB-GROUP UPDATE REPORTS

6.1 East Region Formulary Committee

Mr Reid introduced the minutes from the inaugural meeting of the East Region Formulary Committee on 29 September 2021 and highlighted key points. It was noted that the Group met again at the end of November but the minutes were not available for circulation with the ADTC agenda.

The main business at the September meeting included introduction of members, approval of the Terms of Reference documents for the East Region Formulary Committee, East Region Working Group and Chapter Expert Working Groups, approval of Formulary Application templates and agreeing the process for new medicines submissions. There was an update from the Chapter Expert Working Groups for GI, Infections and Skin and a small number of Formulary Application forms were also discussed and approved across the region.

Mr Garden provided a verbal update on discussions with the Programme Lead and the Directors of Pharmacy for NHS Lothian and NHS Borders. Overall feedback in terms of progress through the Chapter reviews is positive. Discussions around functions of business as usual and implications for wider aspects of medicines systems are ongoing. Mr Garden is discussing further with Ms Smith, Mr Reid and Mr Hannan and will bring an update to the ADTC in due course. Mr Garden highlighted the excellent engagement of colleagues across Fife with the Chapter Expert Groups, Working Groups and Formulary Committee and thanked all those involved for their contribution.

It was highlighted that the Terms of Reference documents include non-medical prescriber representation and it was suggested that if this role remains vacant consideration be given to representation from the Health and Social Care Partnership. Mr Reid to clarify with the East Region Project Team. **ER**

The ADTC noted the update from the East Region Formulary Committee.

6.2 MSDTC

Mr Hannan provided a verbal update on behalf of the MSDTC and highlighted key points from the meeting on 17 November.

To gain consistency in terms of the MSDTC function, the MSDTC Secretariat has introduced a process where guidance is either approved, provisionally approved subject to minor revisions or not approved. This allows for fluid conversations in relation to minor revisions to make the best use of Clinician time and ensures that actions are followed up and re-submitted to the Secretariat in a timely manner.

Submissions approved by the MSDTC included two urology re-submissions (LHRH repeat prescription and Ialuril), the guideline for biologics for the treatment of difficult asthma and a protocol for IV lidocaine which was approved subject to minor revision.

New paracetamol paediatric overdose guidelines were also discussed and approved. There was good engagement with Clinicians and in addition to scrutiny of the clinical aspects there was good conversation about the launch of the guidelines.

The Antifibrotic Therapy Guideline was not approved as further significant amendments were required.

Guidance produced by the COVID Therapies Group was also noted.

It was highlighted that the November meeting was exceptional due to rescheduling of the October meeting. Meetings are back on track, with the next meeting scheduled for 22 December.

The ADTC noted the update report from the MSDTC and Minutes from the meeting on 17 November. The success of the MSDTC and the Committee's governance processes, good engagement with Clinicians and attendance by submission authors to help facilitate real-time discussions was noted.

6.3 Medical Gas Committee

Mr Garden introduced the update on behalf of the Medical Gas Committee and highlighted key points.

Current progress includes review of the e-learning medical gas modules on Learn Pro; completion of medical gas and stores audit; and responding to a National Patient Safety Alert issued on eliminating the risk of inadvertent connection to medical air via a flow meter.

The workplan for the next six months includes reviewing the current process for identifying and recalling expired cylinder stock; reviewing nitrous oxide cylinder manifolds holdings for all areas; reviewing storage of cylinders for the VHK Hospice; designated Nursing Officer training; proposals for train the trainer sessions; and completion of actions from the medical gas and stores audit.

The ADTC noted the graphs showing the fluctuations in use of CD size cylinders and oxygen demand from vacuum insulated evaporator (VIE) within the pipeline systems and the robust processes in place for monitoring supplies.

The ADTC noted the update and commended the Medical Gas Committee on its clear work plan and ability to respond timely to matters from a national safety perspective.

7 SBARs

7.1 Utrogestan SBAR

Mr Reid presented the Utrogestan SBAR and briefed the ADTC on the background to this.

Utrogestan® (micronised progesterone) was assessed by the Scottish Medicines Consortium (SMC) for use in HRT in 2009, however the manufacturer did not present a sufficiently robust economic analysis to gain acceptance by SMC. Subsequently published data indicate a lower risk of breast cancer and venous thromboembolic events with HRT combinations containing micronised progesterone than with HRT formulations containing synthetic progestogens. The SMC decision remains extant until such time as the company re-submits or there is a generic available. There is no generic available for Utrogestan® and no indication that the company intends to re-submit. There is a process (PACS2) for requesting use of a medicine on an individual patient basis where the SMC has considered a submission and issued 'not recommended' advice.

NHS Lothian ADTC have discussed and supported an interim proposal where medicines that have been designated by the SMC as not recommended greater than 10years ago, where no generic is available and the evidence base has developed can be submitted to the East Region Formulary Committee using a Formulary Application Form 2 (FAF2) application. The NHS Lothian specialists wish to submit a FAF2 for Utrogestan® for consideration by the East Region Formulary Committee but require support from all three East Region Health Boards before submitting the application. Utrogestan® is not on the Fife Formulary, however NHS Fife specialists are supportive of Formulary inclusion. Approving a Formulary application for a SMC 'not recommended' medicine would deviate from Scottish Government policy. A review of the Scottish Government CEL 17 (2010) 'Introduction and Availability of Newly Licensed Medicines in the NHS in Scotland' is expected but there is no indication of timescales or whether any changes will made.

The ADTC was asked to consider three options: (1) maintain status quo which would require a PACS2 submission on a case by case basis; (2) A Formulary submission (FAF2) to the East Region Formulary Committee which would allow the Committee to appraise the current clinical and cost effectiveness evidence for Utrogestan®; (3) Development of a local patient group treatment request.

Mr Garden opened up the discussion and invited comments on the three options put forward.

It was noted that there is no precedence in NHS Fife for accepting a medicine that is 'not recommended' for use by the SMC on to the Formulary and this would be a deviation from national policy. There is a robust governance process for access to Utrogestan® in NHS Fife on an individual patient basis through the PACS2 process. The importance of the appropriate scrutiny provided through the PACS2 process was highlighted. Option 1, maintaining status quo, was proposed as the preferred option with the caveat of a

collaborative approach through the East Region Formulary Committee/East Region Working Group to identify gaps in national policy, feed into the review of CEL 17 and influence changes to national policy.

The evolving evidence for Utrogestan and the importance of patient equity were highlighted. The arguments for both option 1 and option 2 were recognised however support for option 2 or option 1 with changes to national Policy provided this could be undertaken in a timely model, was also put forward for consideration.

From a patient perspective there is a difference between a medicine being available and widely available on Formulary, particularly in the case of a medicine with positive clinical benefits. The SMC predominantly considers new medicines or indications and there is an identified gap for historic medicines with evolving evidence.

Mr Reid also fed back comments submitted from two ADTC members who were not present at the meeting (one member supportive of option 2 but would accept option 3 and one member supportive of option 3).

It was noted that there is significant use of this medicine in Fife which may be due to a number of factors including transfer of patients from other Health Boards, previous HRT shortages and evolving evidence since the SMC assessment. **SG**

Following discussion the ADTC members present were supportive of option 1, status quo, with the caveat of wider Policy gaps being taken forward through the East Region Formulary Committee. Mr Garden to discuss with Dr McKenna and circulate to the ADTC to confirm the decision. **SG**

It was highlighted that NHS Tayside is not one of the East Region Formulary Boards and the potential implications for GP Practices in North East Fife of recommendations by Clinicians in NHS Tayside to prescribe a medicine that is not on the Fife Formulary were noted. Mr Garden to discuss the ADTC's decision with the Director of Pharmacy in NHS Tayside.

7.2 Steroid Emergency Card

Mr Reid briefed the ADTC on the background to introduction of the Steroid Emergency Card. The card was initially developed in NHS England following a National Patient Alert and Healthcare improvement Scotland set up a short life working group to look at development of a version for use across NHS Scotland. The Steroid Emergency Card is an important development from a patient safety perspective and compliments the traditional blue steroid card. All GP Practices, Community Pharmacies and NHS Boards in Scotland have been provided with an initial printed supply. Funding for printing and distribution of further supplies will be the responsibility of individual Boards going forward and Mr Reid is in consultation with Procurement to progress this. NHS Fife has received over 10,000 cards and supplies have been sent to Outpatients, VHK Diabetes Centre and a variety of Clinicians.

There has been no guidance from HIS on implementation of the card however there are actions within the National Patient Alert issued in England. It is proposed that cards are issued on initiation of steroid treatment and whilst undertaking standardised or scheduled reviews in GP practices and clinics. Links will be added to the Fife Formulary/East Region Formulary, and communication issued to consultants, medical prescribers, pharmacy staff and non-medical prescribers to raise awareness and give guidance on use on the card.

Following discussion the ADTC supported the proposed communication and implementation plan. Mr Reid to arrange for a supply and appropriate communication to also be issued to A&E. **ER**

7.3 Shared Care of Medicines

Mr Reid presented the updated Policy and Procedures for the Shared Care of Medicines and Terms of Reference for the Shared Care Group.

The Shared Care Group replaces the previous structure for agreeing shared care of medicines, which was via the GP Clinical Steering Group for Primary Care aspects and MSDTC for aspects relating to the Managed Sector. Membership of the Shared Care Group includes a General Practitioner with dedicated interest in Shared Care (chair), Associate Medical Director - H&SCP, Clinical Director - Acute Services, Lead Pharmacist - Medicines Management, Senior Pharmacist - Shared Care, and Senior Pharmacist - Primary Care. The Shared Care Group will have delegated authority from the ADTC to manage the development, review, ratification and distribution of Shared Care Agreements (SCAs) within NHS Fife. There will be links to the GP Subcommittee for consultation and valuable feedback.

Minor changes to the Shared Care template and Policy & Procedures document were highlighted, including reference to other specialists and non-medical prescribers as well as Consultants, Yellow Card reporting; clarification of the difference between routine and urgent queries; and updating contact details. The priority of the Shared Care Group at present is the review of existing SCAs, some of which are out of date but remain extant. Requests for new SCAs have also been received and a form is being developed to ensure that all the required information is gathered prior to presentation to the Group for consideration.

A discussion followed about funding aspects of SCAs. Reinforcement of the Shared Care Group's role around clinical safety of shared care/development of services and the importance of the group functioning outside the medicines governance structure to take forward funding and commission discussions was highlighted. The Terms of Reference to be amended accordingly. Clarification of the process in Secondary Care in the event of a GP practice deciding to opt out of a Shared Care Agreement is also required. **ER/RH/ BH/AS**

It was highlighted that the roles and responsibilities section does not specify who is responsible for the initial conversation with the patient. Mr Reid to review and clarify if required. **ER**

Subject to the agreed changes the amended documentation to be signed off by Dr McKenna and Mr Garden and noted at the next ADTC meeting.

7.4 Removal of Air Flow Meters

The ADTC noted the paper on the removal of airflow meters which was approved through the Acute Senior Leadership Team. The paper was produced in response to recommendations in the National Patient Safety Alert (NatPSA/2021/003/NHSPS). Mr Garden briefed the ADTC on the background to the Alert and the actions agreed by the Acute Division Senior Leadership Team. Once the actions have been completed Geraldine Smith, Lead Pharmacist Medicines Governance to feed back to Mr Reid for noting at the ADTC. **GS/ER**

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
The formation of the East Region Formulary Committee and improved attendance at MSDTC and ADTC since the move to Microsoft Teams was noted. It was highlighted that today's ADTC was not quorate but noted that this was likely to be due to current Winter pressures. The ADTC noted the update and agreed that the current risk level should remain at moderate.

Risk 1504 – Lack of IT Repository
Mr Reid provided a verbal update on discussions with Digital Information. Microsoft SharePoint has been identified as potentially the most beneficial system however national approval for its implementation in NHS Scotland is awaited. It was noted that there remains a risk that guidance documents not linked into the MSDTC review process are available on other systems. Mr Hannan to consider the potential implementation of an approvals log/renewal date log for guidelines through the MSDTC going forward. The ADTC noted the update and agreed that no change was required to the current risk level. **BH**

9 ADTC-COLLABORATIVE/SCOTTISH GOVERNMENT COMMUNICATION

9.1 National Plasma Product Expert Advisory Group Communication: Immunoglobulin Availability

Mr Garden highlighted the communication from the National Plasma Product Expert Advisory Group with an update on the availability of Normal Human

Immunoglobulin and briefed the Committee on the background to this. It was noted that although there is no formal process for taking forward outstanding actions with Clinical teams, Pharmacy teams are actively engaged in conversations with Clinical teams and there are no concerns in terms of availability and management of ongoing patients. There is a review process for grey category indications through the PACS2 virtual panel. Mr Hannan and Ms Smith to formalise the process for Pharmacy and Clinical responses going forward. **BH/AS**

10 EFFECTIVE PRESCRIBING

10.1 Yellow Card Centre Annual Report 2020-2021

Mr Reid highlighted the Yellow Card Centre Annual Report and summary. The majority of Yellow Card reports for Scotland have been for COVID vaccines however the COVID-19 data is reported separately and not detailed within the main body of the Annual Report. A welcome increase in patient group reports was noted. NHS Fife is slightly below the Scottish average in terms of Health Board Yellow Card reporting per 100,000 population and the need for ongoing reminders around the importance of reporting was noted.

The ADTC noted the Yellow Card Centre Annual Report 2020-2021.

11 HEPMA Update

Mr Hannan provided a verbal update on progress with the implementation of HEPMA. Contractual discussions with the provider are still ongoing and a more comprehensive update will be provided at the February ADTC meeting. **BH/DW**

12 PACS/SMC Non Submissions

12.1 Latest Submissions

The table detailing the latest PACS/SMC non submissions was noted.

13 ADTC Schedule of Attendance

The ADTC noted the schedule of attendance. Mr Garden and Mr Reid to consider whether any communication requires to be issued to members with low attendance. **SG/ER**

14 POINTS FOR RAISING AT CLINICAL GOVERNANCE COMMITTEE

There were no items for escalation to the Clinical Governance Committee.

15 ANY OTHER COMPETENT BUSINESS

There was no other business.

Other Information

a **Minutes of Diabetes MCN Prescribing Group 30 November 2021**. Not available

b **Minutes of Respiratory MCN Prescribing Sub-Group December 2021**. Not available.

c **Date of Next Meeting**

The next meeting is to be held on **Wednesday 9 February 2022 at 1.00pm via MS Teams**. Papers for next meeting/apologies for absence to be submitted by 26 January.

Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE FRIDAY 1ST OCTOBER 2021, 1000hrs - MS TEAMS

Present:	Councillor Tim Brett (Chair) Christina Cooper, NHS Board Member Martin Black, NHS Board Member Councillor David J Ross Councillor Jan Wincott
Attending:	Dr Helen Hellewell, Associate Medical Director Lynn Barker, Associate Director of Nursing Rona Laskowski, Head of Complex and Critical Care Services Lynne Garvey, Head of Community Care Services Cathy Gilvear, Quality Clinical & Care Governance Lead Wilma Brown, Employee Director Simon Fevre, HSCP LPF Co-Chair (Staff Side) Fiona McKay, Head of Strategic Planning, Performance & Commissioning
In Attendance:	Carol Notman, PA to Chief Finance Officer (Minutes)
Apologies for Absence:	Nicky Connor, Director of Health & Social Care Bryan Davies, Head of Preventative and Primary Care Services Janette Owens, Director of Nursing Corporate Services Chris McKenna, Medical Director

No	Item	Action
1	**CHAIRPERSON'S WELCOME AND OPENING REMARKS** Cllr Brett welcomed everyone to the meeting noting that he was pleased to hear at the last Board Meeting that positive Covid-19 numbers were falling within Fife but noted that there was still considerable pressure on all services. Cllr Brett noted that the Consultation regarding the National Care Service had commenced and encouraged all who could to attend an event to do so if they could and noted that the Development Session on Friday 8 October 2021 will be focussing on the consultation.	
2	**DECLARATION OF MEMBERS' INTEREST** There were no declarations noted.	
3	**APOLOGIES FOR ABSENCE** Apologies were noted as above.	

4	**MINUTES OF PREVIOUS MEETINGS HELD ON 08 SEPTERMBER 2021** The minutes were agreed as an accurate record of the meeting.	
5	**ACTION LOG** Cllr Brett noted the Action Log of 08.09.21. Christina Cooper queried whether there was an update regarding the referral times for CAMHS. Rona Laskowski confirmed that the average waiting time for a new referral is 11 weeks. The backlog has been reduced to 221 patients with the majority of these being waiting between 18-38 weeks. Rona Laskowski confirmed that the numbers waiting for 38+ weeks will be reported in full at the November Meeting. There was discussion around the report also being tabled at the Finance and Performance Committee and the reason for this, which Rona Laskowski advised was due to the level of additional revenue that the Partnership has received for the service. Martin Black noted that NHS Fife Board Meeting is still reporting that there are people who are waiting more than 2 years on an appointment and asked for reassurance that this is not the case. Rona Laskowski assured the committee that there was no-one who was waiting more than 2 years for a CAMHS appointment as of September 2021 and noted that the confusion may be due to backlog for Autism Diagnosis.	
6	**GOVERNANCE**	
	6.1 Professional Lead Update Cllr Brett invited Dr Hellewell and Lynn Barker to give a verbal update around Clinical and Care Governance. Lynn Barker noted the services continued to face significant challenges with workforce to ensure that staffing is adequate across all services advising that there are safety huddles held on a daily basis with medium and long-term plans in place. Cllr Brett noted that the Fife Courier (1.10.21) was quoting Wilma Brown in a story regarding staff morale. Wilma confirmed that everybody is doing everything they can to ensure that the levels of staff are safe, unfortunately there are not always enough people to do this and it would be remis of her if she did not highlight concerns. Wilma noted that the senior nurses within community hospitals have asked for new reporting levels (critical / stable / optimal) and noted that she hoped that the current critical status will not become the new “norm” and noted that this is not how we would want to work. Martin Black noted that Fife has managed to recruit 150 new nurses, noting that the service has identified the problem but what is the solution? Wilma Brown noted that the 150 nurses coming into Fife are brand new qualified nurses who will need a period of settling in and orientation. These nurses will require support so for a short period they will be adding to the burden and tasks but one that the senior nurses are delighted to take on. Wilma confirmed that the 150 nurses coming in are not included in the large number of vacancies. Lynn Barker confirmed that staff are exiting the service like never before, but confirmed that everything is being done to fill the vacancies, but noted that there are not enough registered nurses to fill all the vacant posts. Lynn	

	confirmed that the services are looking at the non-registered workforce and how they can support care delivery and registered staff. Lynn noted that the service is in communication with Boards who have successfully undertaken international recruitment. Cllr Ross queried whether admissions for covid positive patients were still increasing and asked where the service was with GP and appointments with regards level of demand, and has this changed over the last few weeks? Dr Hellewell confirmed that within General Practice the service was working hard to increase the number of "face to face" appointments and noted that support is being offered to practices who are finding remobilisation challenging. Dr Hellewell noted that the increase in covid positive patients has impacted on primary care as there is complicated guidance for GP Practices with regards to social distancing and the variety of patients attending for appointments, including immune-compromised patients, requiring face to face appointments mean that some Practices find it challenging to remobilise as they would wish. Cllr Brett queried if there were any services that could be reduced or stopped to support the services that are under extreme pressure, noting that some day care services have not reopened and queried if there are staff from these services that could provide support. Fiona McKay confirmed that Social Care has been experiencing the same unprecedented pressure that the acute services have been facing and noted that the Partnership have been working closely with the acute services to provide support with an additional ward being opened for a short time at the Queen Margaret Hospital to alleviate pressures.	
	6.2 Clinical Quality Report Dr Hellewell noted that the report highlighted that the Healthcare Associated Infection rates had improved compared to the previous year. It has been agreed that a deep dive is going to be undertaken within Mental Health Services looking at ligature incidents and restraints in particular when the prone restraint is required to be used. Lynn Barker noted that there has been a deterioration in the number of falls within the Community Wards and the Clinical Care Governance Team is providing support and working with the clinical teams. Lynn advised, due to the pressures within the service that SAER reporting has been amended but confirmed that reporting of incidents continues within DATIX. Simon Fevre noted concern that there are a few SAERs related to violence against staff members and that he would be concerned if these investigations did not progress, in particular the learning and feedback to staff involved in these incidents. Dr Hellewell confirmed that these reviews will be continuing. Cllr Ross queried the increase in falls within community wards and given the pressure that staff are currently under how can we ensure that falls do not increase. Lynn Barker advised that there has been a lot of work undertaken, with a robust falls assessment undertaken on admission and care plans and action plans being put in place. It was noted that although reduced staff numbers are an ongoing risk, falls prevention uses a Multi-Disciplinary Team approach.	

	6.3 Mobilisation Plan/Current Situation Cllr Brett invited Dr Hellewell and Lynn Barker to give a verbal update around Clinical and Care Governance Lynn Barker noted that it was not just the increasing covid patients that required Ward 8 to be reopened, there is also a considerable number of patients with complex medical conditions requiring care; and in order to open the ward careful redeployment of staff was used to ensure there was minimal impact on all other services. Cllr Ross queried whether capacity in other community hospitals had been reviewed. Dr Hellewell confirmed that all options had been reviewed.. Although it is challenging to reopen Ward 8 Cllr Brett queried with regards day care and what the current national advice is for day case both in house and external. Fiona McKay noted that the remobilisation of day care has happened with support from Public Health. Fiona noted that although In-House provision has not currently opened there is a whole range of support to help people undertake different activities within their local community. Cllr Brett asked if it would be possible for a paper on Day Care Facilities be tabled at the next meeting.	**FMcK**
	6.4 Mental Health Strategy Update on Implementation Cllr Brett invited Rona Laskowski to speak to the paper on the Mental Health Strategic Update. Rona Laskowski noted that following a previous paper at the last committee tabled by Jillian Torrens it was her understanding that while there was acceptance and support to review the Mental Health Strategy, the committee wanted further assurance which is outlined in the report. Rona confirmed that the Scottish Government have an ambitious programme over the coming years and the paper provides an overview of the finances received to date which highlights the size of the programme of change required. Rona noted that the paper outlines progress over the last 18 months and includes learning that has resulted due to the pandemic. Rona confirmed that the proposed timeline is two-fold and offered to commit to regular reporting on the strategic ambitions. It is planned that 4 focus groups, that include general public and carer engagement will be held in February 2022 which will provide feedback and inform the document. It is then anticipated that in March 2022 the refreshed 3-year strategy will be tabled at this committee. Cllr Brett noted the examples of change and improvement outlined in the report were very helpful and noted that he did not wish for the committee to micromanage the process and rather than quarterly reports he suggested ad hoc reports when projects were completed. Christine Cooper agreed with the timeline and agreed that the committee's requirement to be realistic with the "ask" noting that there is a tremendous amount of work with stakeholders that is being done in other boards such as Tayside that we could be learning and watching from. Cllr Brett suggested the strategy and service developments could be discussed at a future Development Session.	**RL** **NA**

	Simon Fevre reminded that full engagement with trade unions was required to implement the strategy as change to service provision leads may heighten anxiety for staff members within the service. Martin Black noted how impressed he was with the detail that had been put into the report but noted that some of the data was from reports from 2017 and queried whether they were the most up to date documents. Rona Laskowski agreed to double check that these were the latest versions. Cllr Brett confirmed that the committee were assured as noted below from the SBAR. • The Clinical and Care Governance Committee is assured of the delivery of the strategy to date. • The Clinical Care Governance Committee agrees to receive progress reports from December 2021 every 4 months evidencing ongoing delivery • The Clinical Care Governance Committee agrees the proposed timeline for the review and refresh of the MH strategy which will be supported by a robust participation and engagement programme and associated implementation plan.	**RL**
	6.5 Care Homes Update Lynn Barker noted that following communication from Scottish Government for care home and community settings in relation to enhanced Infection Control, that there had been some issues as the teams go out and engage with the management of care homes. Lynn noted that to date, the service has recruited to the post of Head of Nursing, increased the Care Hub Team and appointed approximately 10 Care Home liaison Cluster Nurses. Cllr Brett thanked Lynn for her update and queried whether these nurses would be assisting with the covid vaccination rollout in care homes. Lynn advised there was a specific team assigned to delivering the flu and covid vaccination for both residents and staff, however due to being a fluid and agile workforce if will would be reviewed if required.	
	6.6 Delayed Discharge Cllr Brett invited Lynne Garvey to speak to the delayed discharge paper. Lynne Garvey wished to highlight that the majority of patients in delay are due to complex discharge planning with the trend sitting at c. 100-105 but there are approximately 277 service users that are awaiting a package of care but wished to confirm that 79% of these 277 have some input from social work. Lynne confirmed that the reasons for delay was in part due to an increase in demand and an ageing population that is living with more complex health conditions which is providing a significant workforce pressure. Cllr Ross queried with regards the STAR Beds and whether the service is making full use of them and whether we are looking to have more of them. He queried if someone is in hospital waiting for a home care package do they remain in hospital or discharged to a care home. Lynne advised that the service fully utilise the STAR beds noting that it was rare for these beds to be available and when they are, the beds are filled quickly.	

	With regards those who are waiting on packages of care, there are Interim beds, these are more person centred and give the patient choice. Lynn advised that Care Home Managers have visited the hospital to speak to patients, alleviate their concerns and support their move which has been very successful. Martin Black queried whether there was support for families where there are issues with guardianship and power of attorney, as the legalities associated with this are challenging. In addition the disparity regarding costings between care homes was confusing. Fiona McKay confirmed that through the Carer Strategy there is an advocate with "Circle Network" to support families through the guardian and power of attorney process but acknowledged that associated costs put many families off from accessing this service. Fiona confirmed that personal assets are taken into consideration, but all care homes are required to provide a leaflet outlining what their costs are. Fiona confirmed that there was a National Campaign held on 30.9.21 to promote "Organising Your Power of Attorney". Christina Cooper noted that registering for guardianship is a barrier for some people, Fiona confirmed this was the case but the work of the Advocacy Worker is to support people apply for legal aid but acknowledged that it is a drawn out process. Cllr Brett noted that he understood the requirement to keep people moving but noted that it must be more expensive to place someone in a care home than provide a care package for them at their own home. Fiona confirmed that covid funding is paying for 80% of vacancies therefore it does not cost as much as it would have but agreed that those who are currently in care homes need to be reviewed and advised that currently a review of care packages is being undertaken which has identified some hours that can be brought back into the system that can be reused. Cllr Brett confirmed that the committee were aware and had discussed the issue.	
7	**EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES**	
	No items submitted from linked committees.	
8	**ITEMS FOR ESCALATION** Cllr Brett noted that Christina Cooper will be representing him at the IJB and it was agreed that the following would be escalated/highlighted: • The Immunisation Papers, although these will be tabled at the IJB Meeting all agreed that the committee should commend the service. • Current Pressures facing the Services. • Update on the Mental Health Strategy and Delayed Discharges.	**CC**
9	**AOCB** No issues were raised under ACOB	
10	**DATE OF NEXT MEETING** Friday 12 November 2021 at 1000hrs MS Teams	

Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE FRIDAY 12TH NOVEMBER 2021, 1000hrs - MS TEAMS

Present:	Councillor Tim Brett (Chair) Christina Cooper, NHS Board Member Martin Black, NHS Board Member Councillor David J Ross Councillor Jan Wincott Wilma Brown, Employee Director
Attending:	Lynn Barker, Associate Director of Nursing Nicky Connor, Director of Health & Social Care Bryan Davies, Head of Preventative and Primary Care Services Rona Laskowski, Head of Complex and Critical Care Services Lynne Garvey, Head of Community Care Services Catherine Gilvear, Quality Clinical & Care Governance Lead Fiona McKay, Head of Strategic Planning, Performance & Commissioning Fiona Forrest, Head of Pharmacy – Clinical Services Kathy Henwood, Head of Education and Children's Services (Children and Families/CJSW and CSWO)
In Attendance:	Jennifer Cushnie, PA to Associate Medical Director (Minutes)
Apologies for Absence:	Dr Helen Hellewell, Associate Medical Director Councillor Rosemary Liewald Simon Fevre, HSCP LPF Co-Chair (Staff Side) Scott Garden, Director of Pharmacy & Medicines

No	Item	Action
1	**CHAIRPERSON'S WELCOME AND OPENING REMARKS** Cllr Brett welcomed everyone to the meeting and urged Members to be mindful, Fife HSCP have not yet returned to normal working and asked Members to also remind the public of this. He advised he meets with Joy Tomlinson, Public Health on a bi-weekly basis and knows positive Covid cases in Fife are down a little, but not significantly.	
2	**DECLARATION OF MEMBERS' INTEREST** There were no declarations noted.	

3	**APOLOGIES FOR ABSENCE** Apologies were noted as above.	
4	**MINUTES OF PREVIOUS MEETINGS HELD ON 01 OCTOBER 2021** The minutes were agreed as an accurate record of the meeting. Cllr Brett reminded Members it was agreed CAHMS reports will now come to Committee on a 6 monthly basis, rather than bi-monthly. The report on Day Care will now come to the January 2022 meeting.	
5	**ACTION LOG** Cllr Brett asked Members if they would like to raise any points from the Action Log. He noted there were several items which had been completed and he would discuss with Helen/Jenny removal of these items. MB agreed this would enable easier reading. He queried the phrase "when time allows" relating to 'person stories' and asks if this is an acceptable phrase to use. NC recommended the 'person stories' should be deferred to April 2022, in anticipating of the current crisis situation alleviating. She advised the item should be removed from the C&CGC Action Log and shall discuss the matter with Lynn Barker, who leads on Person Stories, with the aim to bring the topic to a development session early 2022.	**NC/LB**
6	**GOVERNANCE**	
	6.1 Professional Lead Update LB confirmed the position across HSCP remains the same with significant pressure across the system in all teams. Senior Leaders are engaging and supporting staff in clinical and care setting areas, in addition to using MS Teams. Staff are working steadfastly through a particularly challenging time – daily workforce huddles take place with many partners, listening and responding with a delivery focus. This works well, however, challenges are tackled on an ongoing basis. Recruitment is taking place to support care delivery in various departments. Cllr Ross asked how the Vaccination Programme is progressing and if it is becoming easier to access GPs. BD confirmed the Vaccination Programme is on track and advised there has been a call from Scottish Government to submit acceleration plans, which Fife has complied with. BD ran through the various vulnerable cohorts which are included and advised Fife has given assurance they are in a good position to meet these changing and new requirements. BD told of a planned response model being developed for General Practice with a 3-tier approach to supporting and improving GP Practices. Also of working with other HSC Partnerships. There is no definitive guidance from SG regarding face-face appointments, other than to advise a blended model of face-face and digital appointments should be used. This will vary from Practice to Practice. MB was very keen to hear of service delivery stories, in addition to the person stories. He realised this was also for a later date, however, thought was worth promoting to negate some of the cynicism.	

	NC referred to the weekly staff briefing which draws on excellent service delivery stories from around Fife. How this could be brought to IJB was discussed and NC took an action to consider ways to further promote stories of the good work of staff across Fife.	**NC**
	6.2 Clinical Quality Report LB pointed out the report remains within the East, West and Fife-Wide Division Structure, the Team moved over to the new structure HSCP from 01.10.21. LB drew members attention to the weekly Quality Dash Board Huddle, chaired by LB, with participation from SLT members and key stakeholders. This meeting reviews data and utilises it as a test of change, LB told of good work across the services, resulting from this. SLT Walkabouts have been taking place. LG and LB recently visited Tarvit Ward in Cupar, witnessing the excellent work going on and supporting the Teams. Falls and pressure ulcers show random variation, a deterioration in falls data, particularly with harm. Pressure ulcer and medicines in the collaborative, which is being reviewed on a monthly basis, improvement work is ongoing. Pressure ulcers work is predominantly within the community nursing teams where 'hot spots' have been identified, commenced work with teams in the West, moving through to the East. In-patient areas, however, have seen sustained improvement. Medicines – in version 8 of SUMP. LB told of audits which have been successfully completed relating to use of medicines in clinical areas. FF told of the launch of a 3-year patient safety programme focussing on high-risk pain medicines. FF described what this would involve and how the aim of managing a patient's chronic pain would be supported. LB explained Q3 ratification of national comparative data for healthcare associated infections is awaiting. Q2 has been ratified with no red flags raised. Fife will be part of a new national collaborative for Mental Health to be launched in April 2022, looking at observation through to intervention. There is a deterioration in identification of Restraint, however, the data highlights the use of the 'prone' restraint has reduced. This feeds into education and training for the Team and also into the Restraint Adult Wards Group, where this data is reviewed weekly with appropriate follow up. RL added, there is an ambition to expand monitoring, reporting and analysis to include Social Care services in Fife. She advised, within Fife, there are a number of individuals with highly complex needs, a percentage of which require restraint, as part of their planned care and support. Cllr Wincott asked if the stats could perhaps be shown differently as they appear quite alarming until the detail of the report is read. This was confirmed by Cllr Brett. RL took this point on board. WB asked for more detail around falls, the impact of short staffing and the steps being taken. LB told, in some detail, of the work taking place within the Quality Improvement Programme.	

6.3 Delay, Winter and Community Care 2021-2022

LG shared a Powerpoint presentation highlighting the key points of the Scottish Government funding stream relating to flow and delays across the System. BD covered the slides relating to Multi-disciplinary Teams.

The key points covered included:

- Additional funding to Fife
- Maximising capacity
- Staff wellbeing
- Ensuring system flow
- Improving outcomes
- Care at Home, Interim Care, Multi-disciplinary Teams
- Risks

Cllr Brett asked for the slides to be shared amongst Members. He commented it was useful to see local figures, in addition to National figures and felt the performance indicators were extremely helpful.
However, he raised concern the Plan is being brought to Committee so late in the year, he felt it would have been more appropriate to bring in June. Additional staffing is also a serious concern.

Cllr Brett voiced concern regarding a bidding process for the £10M Primary Care funds. He queried whether preparing bids is a good use of Senior Staff's time. He asked NC if she can make representation to have funds divided amongst the 32 IJB's?

Cllr Ross agreed with Cllr Brett's concerns, particularly regarding staffing. He asked if Care Homes are happy to increase Interim care beds? Can pay rates attract external providers? START – is there confidence the 42 day target can be met, or will a backlog build up?

FMcK and LG gave assurance to the various concerns raised and explained the work which is taking place to address the risks.

MB suggested Third Sector involvement could somehow alleviate some of the staffing problems and hotels used for accommodation. LG thanked MB for his input and advised his suggestions will be given further consideration.

WM spoke of the risks around recruitment, she pointed out the rates of pay for healthcare workers is not particularly competitive, however, NHS offer very good terms of employment. She stressed 'selling' the job needs to become more of a priority, promoting flexible working. Staff wellbeing is also a major concern, although there are many wellbeing benefits in place, she felt, staff do not have time to take advantage of these. Additional staff are needed to alleviate the situation. WB also felt, the opportunity to buy back holidays sends very mixed messages to staff and will not help the situation with staff who are already exhausted.

CC spoke of lower-level intervention services which allow people to remain at home. FMcK told of investment in work for people to stay at home. She advised, this is not personal care, but is all the other things people need done to enable them to remain at home and a different type of person from

	healthcare workers will be employed to fill these posts. A paper will be coming to the next Committee meeting regarding Day Services. NC advised, feedback from F&P and C&CGC meetings will be incorporated into a final paper which will be presented to IJB. She thanked MB and WB for their inspirational comments and would take forward the sentiment of 'thinking out of the box', promoting recruitment and careers within HSCP. NC thanked the SLT and colleagues for the immense work which has gone into the Plan and asked if the Committee were willing to support the Plan going forward. Cllr Brett supported the recommendation to take the updated Plan to the IJB, there were no objections from the Committee.	**FMcK**
	6.4 Primary Care Improvement Plan MoU2 Update BD introduced the Plan to the Committee. He advised, the purpose of the Paper is to give an update to the Committee, highlighting the risks associated with progress of MoU2 implementation and proposed mitigations. VTP is anticipated to be fully delivered by end March 2022, however CTAC and Pharmacotherapy, due to available funding and uncertainty around next years funding, will only be partially delivered by end of March 2022. BD stated, the main risks are recruiting of the workforce and recruiting on time, given the target date is end of March. Further guidance will be supplied by SG relating to this. There are also risks in terms of community treatment and teams linked to premises. Pharmacotherapy are currently working towards implementing 'Option 3'. Funding will go towards improving the planned implementation of MoU2. TBD advised, the broader recruitment challenges of the nursing workforce are being considered. Working collaboratively on campaigns and considering synergy within roles, ie CTAC can have synergy with VTP workforce. To enable funding for next year, HSCP are submitting a detailed schedule of recruitment, in terms of MoU1 and MoU2 implementation, to SG. This will enable SG to confirm funding for next year and indicate if there will be an increase. BD told of the work taking place to mitigate the risks and the Groups which have been formed to tackle the issues. Cllr Brett queried community care and treatment, will these procedures still be carried out in GP premises? BD advised, premises are a main challenge along with workforce. HSCP will be looking to facilitate treatment within Practices, however other premises are to be considered. Cllr Ross queried who will be making payments to Practices for specific treatments? BD's understanding is it will be the Partnership. If the full MoU2 is not implemented by end of March '22, a transitional arrangement will be required which will bring transitional payments into effect.	

	MB stressed there needs to be a clear plan of hours GPs are working and what services are being delivered. BD advised, there is a 3-tier plan which will consider: • GP sustainability – understanding the pressures across the 54 practices in Fife. Data will be made available of what is being delivered, to help with our understanding. • Implementation of the Contract • Governance review with a new Primary Care Board and new ToRs Cllr Wincott, stressed communication to the public must be given careful consideration from the beginning to avoid a deluge of complaints. Cllr Brett queried MoU No. 4 (*workstreams engaging stakeholders, involve patients, public and carer representatives*) he was interested to know how this will happen as he was unaware of it occurring currently. BD advised, this is only happening in part. He told of actions taking place, both nationally and locally. A GP survey has been agreed with PHS to gauge from GPs, as key stakeholders, their experience of MoU1&2 and GMS implementation. This will be broadened to include the public. Large events and other means will be also be used. BD told of an event which he is keen to organise around the future of PC in Fife, this will include all of Primary Care, not only GP Practices.	
	6.5 Integration Scheme Review NC gave a verbal update regarding the Integration Scheme Review, she advised the Review has been approved by FC and NHS and is currently sitting with SG. The update received indicated SG will take 4-6 weeks before feedback is available, therefore, this is expected in the New Year. NC advised she will bring this to the Board once feedback has been provided.	**NC**
	6.6 Safeguarding the Rights of MH Patients during the Covid 19 Pandemic RL advised the report comes for assurance. RL told of concern raised regarding the number of detentions under the Act being progressed without the presence of a MH Officer. The number of emergency detentions increased in Fife by 10% during the pandemic, this is low in comparison to the National average. Attendance levels of MH Officers dropped to 44%, compared to a National average of 34%. Analysis of current year activity, showed a return to 56% attendance for all emergency detentions. RL advised, these are the only restriction which can proceed without a MH Officer, covering a maximum period of 72 hours. RL discussed the analysis of the implications of Covid restrictions within the paper. She advised a further analysis to identify if there are any particular times of the week/24 hour period when attendance particularly dips, helping to identify if activity is less robust at weekend / overnight, etc. Assurance was given on delivery of Social Circumstances reports. The target is, 90% should be completed within 21 days. Fife consistently has a completion rate of 93%.	

	RL stated, although Fife has followed the trend and themes of the National picture, Fife did not become as 'risky' as other parts of the country. With the gradual return to face-face work, Fife's practice has improved considerably. CC thanked RL for the paper and agreed it gave assurance. She noted the age profile of existing MHOs will be a challenge in the future. Independent advocacy was queried and will be picked up outwith the meeting.	
	6.7 Autism Diagnostic Pathway RL introduced the Paper which Cllr Brett had requested. She stated the Autism Diagnostic Assessment was a service area which was under significant pressure pre-pandemic. Over the past 18 months, autism assessments were, largely, suspended. RL explained due to the long waiting list, assessments were attempted by video link. Referral requests continued throughout the pandemic by ~42/month. RL advised by Summer 2021, Fife reached a position of over 1,000 young people awaiting diagnosis. She advised support for the young people is a separate element and was available. In parallel, National work has been underway, to move away from diagnosis and for the support to be made available to families/individuals immediately. RL went on to explain National work and new funding which has become available. Outsourcing of diagnostic assessment will take place for a short time whilst recruitment processes are completed. The work taking place currently to mitigate the situation was explained, this involved - inflating capacity on a permanent basis, significantly increasing clinical diagnostic appointments, outsource for immediate term additionality for diagnostic assessments and initiate the test of change. Cllr Brett thanked RL for the Paper and was encouraged families are receiving support. He queried what percentage of people who go through the process, are diagnosed with Autism. RL advised she would seek clarification and advise Cllr Brett. Cllr Brett asked if an individual could go straight into FAST or is an assessment required. RL advised there would be a screening by the Autism Diagnosis Team, giving a clinical oversight and an identification the presenting needs were more complex and likely to have elements of mental ill-health before onward support from FAST. Cllr Ross supported the outsourcing of diagnostic assessment to help tackle the long waiting lists. MB queried involvement from schools and any training given to staff. RL assured MB, as part of the Test of Change, Clinical Psychologists are providing training to Education Psychology and to Head Teachers, which commenced Oct '21 and is ongoing. RL will seek details from Education colleagues and discuss with MB	**RL** **RL**
	6.8 Fife HSCP Annual Report 2020-2021 FMcK introduced the report and apologised for late issue. She did not go into detail of the report but welcomed questions. Cllr Brett commended the work which has gone into the report and asked Members to email FMcK any questions relating to the Report. Cllr Brett queried whether feedback is received from SG or others who receive it. FMcK advised feedback/recommendations are received from	

	Scottish Government and Audit Scotland. Fife HSCP are measured against other Partnerships.	
	6.9 Care Inspectorate Report FMck introduced the Care Inspectorate Report which comes to Committee annually. The report highlights the Care Inspectorate Gradings, which during the pandemic have been less frequent and conducted in a different manner. Scoring from the last full inspection conducted by the Care Inspectorate was discussed. FMcK was pleased to report, 2 of the external care homes have received scores of '6' which is excellent and 22 care homes scored '5', very good. One care home received a score of 1. Actions and support which have been put in place to improve the areas of concern were advised. Adult services, third sector/voluntary organisations and day services were also discussed. Cllr Brett queried the scoring criteria used by the Care Inspectorate. FMcK advised cumulative scoring is used and due to the pandemic, the criteria used has changed. Cllr Ross was aware a Council care home in West Fife had a score of 3, also Mathew Fyfe and Henderson House have received negative press. FMcK stated Mathew Fyfe was related to the building and is historical. Henderson House and Craig Head (received low score) are owned by the same company. FMcK told of work and support going on around these care homes. She also commented there are 74 care homes in Fife, some of which are performing exceptionally well, especially in very difficult circumstances.	
	6.10 COVID Risk Register FMcK advised the Covid Risk Register now falls under Audrey Valente's remit, however, FMcK was happy to speak to the report at the meeting. The Covid Risk Register, which was last presented to Committee on 02.06.21, began in March 2020. It has been managed and reviewed regularly since this time. Risks are fed into senior management team meetings in HSCP, NHS and FC, where appropriate. FMcK spoke of the current high scoring risks, she advised the risks will be reviewed alongside the IJB Strategic Risk Register and other Risk Registers within the Partnership at operational level. Once there is a return to the new 'business as usual' the aim is to retain, close or move risks onto one Risk Register which SLT will maintain. Cllr Brett asked if there was an update on international recruitment of staff. Also, he queried the resuscitation guidance and the length of time it takes to don the special PPE. LB advised, due to the aerosol generating nature of resuscitation, FFP3 PPE is used which can take a couple of minutes to don. She explained within the Community Hospital settings, cardiac arrest are fairly rare occurrences, Acute have specific teams trained, and on standby. LB advised, International recruitment of staff is ongoing, advertisements are out and responses are awaited. Current priorities are Adult nursing, specifics in MH and LD where there is a need for more registered nurses.	

	She stated training is different from the UK, so the process is not straightforward.	
7	**EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES**	
	7.1 Fife Area Drugs & Therapeutics Committee Unconfirmed Minute from 13.10.21 No issues to draw to the attention of C&CGC. **7.2 Minute of the Infection Control Committee Unconfirmed Minute from 06.10.21** Cllr Brett asked for "items to be drawn to the attention of C&CGC" be added to the ICC meeting agendas. LB will take this back to the ICC.	**LB**
8	**ITEMS FOR ESCALATION** Cllr Brett commended the Delay, Winter and Community Care, for which there was a great deal of discussion, including the related risks. He also commended to the Board, the work which has been carried out around Autism Diagnostic Pathway. Cllr Brett thanked the Senior Leadership Team for all the work which had gone into the meeting.	
9	**AOCB** No issues were raised under ACOB	
10	**DATE OF NEXT MEETING** Friday 07 January 2022 at 1000hrs MS Teams	

Draft Meeting Note of NHS Fife Clinical Governance Oversight Group
On Thursday, 26th August at 09.30 via MS Teams

Present

Lynn Barker (LB)	Associate Director of Nursing, Health and Social Care Partnership (HSCP)
Dr Sue Blair (SB)	Consultant in Occupational Health
Lynn Campbell (LC)	Associate Director of Nursing, Acute Services Division
Gemma Couser (GC)	Head of Quality & Clinical Governance
Pauline Cumming (PC)	Risk Manager
Anne MacKinnon (MK)	Quality Improvement Midwife Advisor
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 Manager
Janette Owens (JO)	Director of Nursing
Nicola Robertson (NR)	Associate Director of Nursing
Amanda Wong (AW)	Associate Director of Allied Health Professionals

In Attendance

Dorothy Gibson (DG)	Clinical Governance Support Administrator

Apologies:

Scott Garden (SG)	Director of Pharmacy and Medicines
Dr Helen Hellewell (HH)	Associate Medical Director
Aileen Lawrie (AL)	Head of Midwifery/Nursing Women and Children's Directorate
Dr John Morrice (JM)	Consultant Paediatrician
Geraldine Smith (GS)	Lead Pharmacist, Medicines Governance & Education Training

Item		Action
1	**Apologies**	
	Apologies for absence were **noted** from the above named members.	
2	**Minutes of previous meeting held on the 26th of August 2021 at 09.30, MS Teams**	
	The team confirmed that the note from the meeting held on 23rd of June 2021 was a true reflection of what was discussed.	
3	**Action List**	
3.1	**Mental Welfare Commission – Communication regarding Announced Visits**	
	LB provided an update for the group. Following a discussion at the Clinical and Care Governance Pre-Agenda meeting in October 2020, it was agreed that MWC inspection visits would become a standing agenda item for every CCGC meeting. The process entails: • Inspection Visits, including MWC visits, will become a standing item on each agenda; this will facilitate requests from Committee members for papers. • Details of individual inspections will be included within the work plan. As a redundancy step, the Clinical and Care Governance Team will regularly	

	undertake website reviews aligning to CCGC meeting schedule. It is acknowledged that there are key themes which have emerged from the visits across the adult mental health estate, with an emphasis on the three Adult Admission Wards and these are in relation to outdated environments, particularly the continued dependency on dormitory areas with privacy limited to curtain dividers, lack of investment in refurbishments of the wards to maintain appropriate and welcoming environments, risk management, promotion of rights based care, care planning, a lack of appropriate policies and lack of therapeutic activity. Whilst a considerable amount of work has been undertaken in relation to the corrective actions it is noted that some actions have been delayed due to COVID restrictions and the ongoing issues in relation to workforce. These actions are now being prioritised.	
3.2	**Deteriorating Patient Group (ToR)**	
	The ToR was approved by the Group**.**	
4	**GOVERNANCE**	
4.1	**In Patients Falls Terms of Reference**	
	The ToR was approved by the Group.	
4.2	**NHS Fife Clinical Policy & Procedure Update 21/06/2021**	
	EM advised 2 policies and 2 procedures are past their review date. This makes us 95% compliant. EM advised that the policies are currently being reviewed and an update will be provided at the next meeting. **Procedures that are now obsolete and have been removed from staff links** The FWP-OXY-01 NHS Fife wide Procedure for the prescription and administration of emergency oxygen in adults 31/03/2021 Clinical information is now readily available from the British Thoracic Society website. Prescribing information has been improved, and is now included in SSUMPP. **ASD-FNI-01 Acute Services Division Procedure on Foetuses and Newborn Infants at the Threshold of Viability** Woman & Children's have written a framework for practice/guideline called "Perinatal Management for Extreme Preterm Birth: A framework for Practice to replace the procedure. **Acute Services Policies** <u>ASD-PBT-01 – Acute Services Division Procedure on Adult Major Haemorrhage</u> The review for this procedure is nearly complete and will come to the August meeting of the group for approval. <u>ASD-ABPT-01 – Acute Services Division Procedure for Authorisation of Allogeneic Blood and Platelet Transfusions by Nursing Staff in NHS Fife (31/05/2021)</u> The group were advised that the procedure won't be ready until the new blood transfusion practitioner is in post in July 2021.	
4.3	**NHS Fife Activity Tracker**	
	EM advised that there is one update to the report section. On the 11th of August 2021 There has been an addition to the tracker of a report of the Queen Elizabeth University Hospital. JO advised that an SBAR has been sent to the EDG committee for recommendation.	

4.4	**SSP Acute Adult Collaborative Specification and Creating the Conditions for Quality Improvement Webinar 8 September 2021**	
	.GC informed the group that the SSP Quality Improvement Webinar is taking place on the 8th of September 2021. The key focus areas are as follows:- • Deteriorating Patient – reduction of harm and reduction of CPR • Reduce Falls These will be reviewed on a quarterly basis.	
4.5	**Clinical Effectiveness Register Flash Report/Projects**	
	This agenda item ties in with the Organisational Learning Group. This paper provides information for the Group.	
4.6	**Covid Mortality Review**	
	EM advised that the review is currently work in progress.	
5	**STRATEGY PLANNING**	
5.1	**Clinical Governance Framework**	
	GC provided the group with an update and advised that this is work in progress. This paper was circulated to the group latterly due to the Cancer framework paper being issued in error. This report is provided to the Clinical Governance Oversight Group to update on progress to refresh the Clinical Governance Strategy. The Clinical Governance Strategy will now be known as the Clinical and Care Governance Framework. The aim of the Framework is to ensure that the organization able to understand and assess the quality of care provided, and ensure appropriate actions are taken to deliver improvements. The following components will be included within the Framework: • Accountability and measurement • Safety Culture • Effectiveness and Reliability • Learning and Continuous Improvement **Framework Development** In order to develop the Clinical Governance Framework key stakeholders have provided initial feedback which sets out areas of good practice and areas for potential improvement. Feedback has so far been provided by 4 areas across the organisation. A Framework Delivery Group has been established which comprises of the Head of Quality and Clinical Governance, Clinical Effectiveness Manager, Risk Manager and the Quality and Clinical Care Governance Lead. The next stage will be to establish a cross sectional short life working group (SLWG) that will review the aims and objectives of the Framework. The focus of the SLWG will be to: • Review current clinical governance structures and accountability from ward to Board • Develop a delivery plan to support the delivery of the Framework • Consider internal audit findings • Ensure that Scottish Patient Safety Programme, Excellence in Care and other Health Improvement Scotland Priorities are considered • Review performance and quality indicators used to report on clinical	

	governance activities • Consider how the development of our organisational values can be woven into the framework- creation of an environment which promotes and enhances patient safety and risk management In addition to the SLWG engagement sessions are also being planned for August and September to ensure that there is wide reaching engagement across the organisation. The Clinical Governance Oversight Group will receive reports on the progress of the Framework development. The Framework will be submitted to the Clinical Governance Committee for endorsement no later than January 2022. • Adverse Event and policy review • Organisational Learning Group • Review of Internal Audit Findings • Risk Management Framework • Business Case for a Quality Management System.	
5.2	**NEWS 2**	
	CMcK advised the group that NHS Fife will be moving over to NEWS 2 from FEWS. This move is planned to take place in the next financial year 2022.	
5.3	**NR Fit Needles**	
	No further discussion required and will be removed as an agenda item.	
5.4	**NHS Fife Quality Management System (Q-Pulse)**	
	GC advised that this is work in progress and will provide updates at further meetings.	**GC**
5.5	**Deaths of Children & Young People**	
	GC is looking for support from colleagues to enable this programme to take place by the deadline of 1st October 2021. GC raised awareness that there is currently a resource issue to ensure that the programme meets the deadline. GC to provide a paper to go to the next EDG meeting which will provide update for this programme. Updates will be provided at meetings.	**GC**
5.6	**Organisational Learning Group Terms of Reference**	
	GC that a ToR will be available in due course and will be discussed at our meeting on the 21st October 2021..	**GC**
6	**QUALITY/PERFORMANCE**	
6.1	**NHS Fife Integrated Performance & Quality Report**	
	No comments received.	
6.2	**HSCP Quality Report**.	
	CG advised that the key points for concern are:- Falls and the key result area to help improvement being to help improve patient's mental health. Reduction of pressure ulcers.	
7	**PERSON CENTRED CARE, PARTICIPATION AND ENGAGEMENT**	
7.1	**Adult Support Paper**	
	JO has received a further paper and will update the group at the 21 October 2021 meeting.	**JO**
8	**LINKED COMMITTEE MINUTES**	

8.1	**NHS Fife Adverse Events and Duty of Candour Group 08/06/2021 (PC)**	
	PC advised that the key subject is the Review of Deaths of Children and Young People.	
8.2	**NHS Fife Clinical Policy & Procedure Coordination and Authorisation Group 21/06/2021 (EM)**	
	Noted by the Group	
8.3	**In Patient Falls Steering Group (LC)**.	
	Noted by the Group	
8.4	**NHS Fife Point of Care Testing Committee (EM)**	
	Carried forward to the next meeting.	
8.5	**NHS Fife Resuscitation Committee 14/07/2021 (EM)**	
	EM advised that there were concerns that the process for clinicians attending calls from Women's and children's directorate was outdated. Too many people who are not required are receiving 2222 calls. There was an agreement for the team structures/process to be reviewed and discussed with clinical leads in conjunction with Telecoms and support from Clinical Governance. A procedure will be developed to outline the process required if there are to be any future changes/additions to any emergency team structure.	
8.6	**NHS Fife Tissue Viability working Group (LB)**	
	July meeting cancelled	
8.7	**NHS Fife Deteriorating Patient Group 13/07/2021 (EM)**	
	Noted by the Group	
8.8	**NHS Fife Organ and Tissue Donation Committee (NR)**	
	Noted by the Group.	
9	**ITEM TO NOTE**	
9.1	2020/21 SNBTS Transfusion Team Annual Update Report for NHS Fife	
	EM advised that this report is information for the Group and it provides an updated action plan. The SNBTS Transformation Team Group has recently re-grouped and regular meetings are now taking place. A discussion took place regarding where the minutes for the group are circulated from. LC to provide this information for the group.	LC
10	**ISSUES TO BE ESCALATED**	
	Paper for The review of Death of Children and Young People. Progression of NEWS 2	
11	**ANY OTHER BUSINESS**	
	Late paper from Dr Sue Blair (not circulated) . Occupational Health and Wellbeing Service's Clinical Governance arrangements and the structure was put on pause from March 2020 – May 2021 due to the pandemic. Prior to this the services' governance structure was based on mainstream NHS Clinical Governance templates, including the seven pillars. On re-starting the Clinical Governance meetings in May 21, there was an opportunity to review this and consider whether the service should seek to align itself with formal Quality Management and accreditation schemes such as EFQM (European Foundation of Quality Management), ISO (International Organisation for Standardisation) or SEQOHS (Safe and Effective Quality Occupational Health Service standard). Within the OHWS, we have experience with accreditation via all three, however as SEQOHS is a UK standard promoted and managed via the Faculty of Occupational Medicine, and an accreditation scheme by which some other NHS Scotland boards' OH services are accredited, it was agreed that OHWS should seek to base all clinical governance activities according to SEQOHS standards.	

	On reviewing the standards, they do not contradict any NHS Clinical Governance activities, align with them and provide a structure which is specific to Occupational Health practice. To be discussed with the group at the next meeting 21.10.2021.	
	Dates of Next Meetings are to be confirmed.	

UNCONFIRMED Minutes of the Health & Safety Sub Committee held on Friday 10th December 2021 at 12:30 within Microsoft Teams

Present:

Neil McCormick (NM) Director of Property & Asset Management
Conn Gillespie (CG) Staff Side Representative
Linda Douglas (LD) Director of Workforce
Paul Bishop

In attendance

Anne-Marie Marshall (AMM) Acting Health and Safety Advisor
David Young (DY) Minute Taker

1. Chairperson's Welcome and Opening Remarks

NM Welcomed everyone to the meeting and introduced Anne-Marie Marshall to the group.

2. Apologies for absence

Dr Chris McKenna (CM) Medical Director

3. Minutes of previous meeting Action

3.1. APPROVAL OF PREVIOUS MINUTES

The minutes of the previous meeting were reviewed by the group and agreed as accurate.

3.2. Matters Arising

3.2.1. Dates for Meetings in 2022

NM informed the group that the dates for next year's meetings have been arranged. The next meeting will be held on Friday 11 March 2022

4. COVID 19

4.1. Discussion around H&S issues relating to COVID-19 response and ongoing management.

NM talked about the potential impact of the new variant and commented that Carol Potter had recently issued new information to the organisation based around advice from Public Health Scotland. NM noted that the First Minister will be discussing the current situation later today which may bring further information to bear on what Scotland's approach to Omicron will be.

NM added that, up until this point, the organisation has been operating with the rules, guidance and practice that have been set up around COVID and staff are working incredibly hard to make sure that hospitals and important health and social care services continue running during the pandemic. This new variant presents a major threat to us continuing to run an organisation through a difficult winter period.

NM asked AMM if she was aware of any Health & Safety Related COVID 19 issues in Fife recently, AMM stated that there were no issues at present.

LD said that she was thoughtful about the organisation's state of readiness and preparedness to adapt to any changes to existing COVID rules made by the government.

CG raised his concerns regarding the morale of the Staff at present and is cautious about giving too much information to staff as it may cause confusion and worry

NM agreed that it is a very difficult time for staff and said that any information that brings clarity to current situation regarding this new variant should be shared as soon as possible.

5. Governance Arrangements

5.1. Discussion around H&S arrangements for 2021-2022 (and beyond)

NM explained that temporary measures are in place for the violence and aggression team and manual handling team. Meetings have been held with NHS Tayside and other partners including the

Fife Council and they have all offered their support should we need it. At the moment, we are managing to run the department on a reasonably sensible basis and will be looking to recruit more formally some of the positions.

PB provided an update regarding recruitment within the Health & Safety Services Team.

- A VMF has been submitted today for the position of Health & Safety Manager.
- He intends to recruit a Manual Handling Team Leader as manual handling provision throughout NHS Fife has been challenging and getting a team leader involved will help.
- An agreement has been made with Fife Council to set up some of their manual handling trainers on the bank system should we require additional help delivering training.
- Vacant positions within the team which have not been filled due to COVID will be filled.
- PB hopes that, by the end of this financial year, he will have a team which is more reminiscent of what it used to be, rather than what it is now.

6. NHS Fife Enforcement Activity

NM informed the group that the organisation has received formal notice indicating that the Enforcement Notice has been closed.

No other activity at present.

AMM informed the group that the HSE have launched a campaign focusing directly on stress. They have formulated some tool box talks and guidance on how we can evidence that we are supporting of staff through that. AMM has carried out research so that we can get Stress Risk Assessments in place before any HSE visit. The group discussed whether other departments such as Occupational Health should be involved with this work. LD suggested that AMM should contact Rhona Waugh for help. AMM

7. Policies & Procedure

7.1. Health and Safety Policy review

The group discussed the Spreadsheet submitted by CW at the last meeting. The spreadsheet shows information regarding the current status of all the policies relating to Health & Safety. DY

There some discussion regarding how redundant polices should retired, what policies should be included in the list and the ownership of policies.

NM stated that Hazel Thomson holds a master register of all the policies and procedures and suggested that list could be used to identify what policies need to be included in the H&S Policies Spreadsheet

NM asked DY to update the status and circulated around the group in due course

8. Other business

8.1. Staff Governance Standards

LD discussed the Staff Governance Standard focusing on “provide with continuously improving and safe working environment, promoting health and wellbeing of staff, patients and the wider community”. LD suggested looking at the work plan to make sure that the standard is appropriately accounted for, asked the group to be thoughtful in terms of items that are not currently on our agenda that should be on there and also looking through the lens of the staff governance standard is there other matters relevant to that remit and that purpose that either needs to go as well as clinical governance committee to staff Governance committee, or are unique to their remit or viewpoint.

NM stated that he had spoken with Rhona it has been agreed that that we should give an update to staff governance on a six monthly basis starting in February/March next year, depending on the agendas.

NM suggested that we give a presentation to explain what activities were undertaken, what the issues were, some points for discussion and anything that we think would be of interest to the Staff Governance Committee. And then they can help shape what comes to future meeting hopefully that and that will begin to address that point.

8.2. Alternate Mask Supply Issues s

CG told the group that some staff who have who had issues with face masks and have been advised to wear an alternate mask by Occupational Health, have then had difficulties obtaining the alternate AMM/CG

mask from the HUB. AMM and CG have agreed to investigate and resolve the issue. LD suggested that AMM contacts Occupational Health for help.

9. FOR INFORMATION/ NOTING

Committee Minutes

CW reported that there were no other committee minutes to review at present.

10. Next Meeting

Next meeting will take place on Friday 11th March 2022 @ 12:30 on Teams

NHS FIFE INFECTION CONTROL COMMITTEE
4TH AUGUST 2021 AT 2PM
VIA MICROSOFT TEAMS

Present	
Nicola Robertson	Associate Director of Nursing
Julia Cook	Infection Control Manager
Margaret Selbie	Lead Infection Control Nurse
Stephen Wilson	Consultant Microbiologist
Keith Morris	Consultant Microbiologist
Paul Bishop	Head of Estates
Catherine Gilvear	Patient Safety Programme Manager
Lynn Campbell	Associate Director of Nursing
Lynn Burnett	Nurse Consultant Health Protection/Immunisation Co-ordinator
Lynn Barker	Associate Director of Nursing
Pauline Cumming	Risk Manager
Lynsey Delaney	Infection Control Surveillance Audit Midwife
Aileen Lawrie	Associate Head of Midwifery
Apologies	
Priya Venkatesh	
Neil McCormick	
Robert Cargill	
Esther Curnock	
Jim Rotheram	
Midge Rotheram	
Sue Blair	
In Attendance	
Lori Clark	Notes

1	**APOLOGIES** Apologies were **noted** as above.	
2	**MINUTE OF PREVIOUS MEETING – June 2021** Group approved previous minute as accurate reflection Correction – risk is 1306 instead of 1036	
3	**ACTION LIST (June 2021)**	**ACTION**
	Group talked through each open action and the actions were closed or completed as appropriate. 4.1e – JC advised this has been raised at a national meeting. AL added there is a Scottish government meeting upcoming and she will raise this there. 4.4 – ongoing action 7 – PB updated that the authorised person will send out invites 7 – action complete 4.7 - LB advised she will chase this up **Action list updated to reflect.**	
4	**STANDING ITEMS**	
4.1	4.1a HAIRT Report JC updated with regards to achievements that IPCT have 2 members of the team on the Scottish Coaching and leading for improvement course. We have been awarded funding for 2 team members to attend the Built environment course with Highlands and Islands University the course starting in January 2022. JC added that the trainee IPCN's have been getting great opportunities to	

	work with other areas including the Microbiology laboratory, endoscopy, theatres, ICU, laundry and domestic service. We were due to film the IPC training videos with PPD however this has been postponed to September. LD updated on SAB achievements, Q1 NHS Fife was below the national rate for HCAI. In Q2 we have seen a reduction with 12 cases down from 25 in Q1. CDI Q1 NHS Fife was below the national rate for HCAI. In Q2 we have seen a reduction with 12 cases down from 16 in Q1. With regards to ECB Q1 NHS Fife was below the national rate for both HCAI and CAI. LD advised ongoing challenges with SAB's remain VAD's which are still the greatest challenge for hospital acquired SAB's and improvement works are ongoing. In April 2021 there was a bloodstream infection due to an MRSA however this was the first MRSA SAB for 2 years. UTI's and CAUTI's remain the prevent source of ECB's and are the 2 areas to reduce ECB rate. So far in 2021 we have seen an increased rate in CDI cases when compared to the same time period in the previous 2 years. KM added with regards to the MRSA case was a congenital infection found in a 5 day old baby acquired from mother in birth canal, so this one has been traced. LD added that caesarean sections, Large bowel and orthopaedic SSI surveillance has been paused due to OCVID 19 pandemic. JC updated on COVID 19 pandemic, we have had a third wave over the summer. IPCT have continued to support areas with outbreak management and support the safe remobilisation of services. There has been a number of changes around the amber pathways in hospital, community settings and care homes meaning the waste, linen and cleaning have all stepped down in these areas. The first minister made an announcement this week we would move beyond level zero so there are a number of high level meetings this week so discuss what this means for healthcare around social distancing, self-isolating etc. There has been a visiting group set up to review visiting regularly, monitoring rates to see how safely we can return to more visitors. NR added that some boards have moved to 2 visitors but we are staying at 1 visitors in Fife just now and this will be reviewed regularly. AL advised she isn't keen to open widely in women's and children department due to the majority of her patient population being unvaccinated. KM added that we will see what the guidance is but ultimately we can look at this locally may need to have different visiting for different areas/estates taking ventilation and risk associated into account. LB suggested individual risk assessments however LC advised this might cause issues due to patient movement causing mixed messages with different visiting in different wards. NR advised that she is in consultation with communications team to create and publish a video about the current visiting guidelines and advising we will be flexible and person centred. LD updated on quarterly data, for SABs in Q2 NHS Fife has 12 cases which is down from 25 cases in Q1. NHS Fife are below the national rate for HCA SAB's but above for CA SAB's. We are on track for reduction targets for SABs. LD added that NHS Fife achieved 97% compliance in Q2 with MRSA CRA which is up from Q1. Also achieved 92% compliance in Q2 for CPE CRA which is up form Q1. Patientrack have now added the PE and MRSA assessments onto a test environment.	

	LD updated for CDI cases NHS Fife had 12 cases in Q2 which is down from 16 cases in Q1. NHS Fife are below the national rate for HCA CDIs and above for CA CDI's. We are above our reduction rate so more work to be done on this. For ECB's NHS Fife had 56 cases in Q2 which is up from 48 cases in Q1. There were 11 catheter associated ECBs. NHS Fife are below the national rate for HCA ECB's and below for CA ECB's. We are above the reduction rate so more work to be done to reduce our rate. LD added that NHS Fife remain above 98% for hand hygiene which is above the overall target of 95%. Cleaning compliance for Q1 is 95.4% giving a green status and estates monitoring compliance is at 96.2% also giving a green status. JC updated there has recently been 3 ward closures, Radernie ward at Startheden, Letham ward at Cameron and QMH ward 4. Radernie and Letham now open again only QMH ward 4 still closed at this time however this should open again at the end of the week. COVID seems to be affecting much less patients and there has been no deaths during these outbreaks. JC added from May to June 2021 there has been no Influenza or Norovirus outbreaks. For influenza all activity has been baseline except for respiratory symptoms in children ages 1-4 in which activity was moderate. JC updated on the hospital inspection, VHK has an unannounced inspection on 4th – 6th May 2021. Various areas were inspected against standard 2 education, standard 3 communication, standard 6 policies and standard 8 decontamination. The inspection resulted in 2 requirements, one to ensure that COVID tests are carried out in line with national guidance and NHS Fife policy and the other to ensure the condition of patient equipment and environment allows for effective decontamination. There were many areas of good practice picked up in this inspection also. LC has prepared an SBAR for clinical governance that she will share with the committee the action plan has been completed and returned to HIS. Members **noted** the update.	L Campbell
	4.1b HAI LDP Update – SABs Reports Reports on agenda for information Members **noted** the update.	
	4.1c HAI LDP Update – CDIs Reports Reports on agenda for information Members **noted** the update.	
	4.1d ECB Surveillance Report KM advised he is now completing an annual ECB summary which is attached to the agenda. KM advised that EBCs occur across the whole hospital, Community and care homes however only 20% of ECB's occur in hospital showing there is a major problem outside of the hospital. The renal tract is the most common entry point, UTI and CAUTI account for 55% of all ECBs so to reduce rate we need to focus efforts in these	

	areas. KM advised if there is anything the committee would like added to the report he can include these going forward. KM brought the attention of the committee to the strategy document, he advised the key points of the strategy are set up UCIG which is complete. Undertake ECB surveillance this is also in place, annual report now also being completed. In progress is the development of the eCatheter reporting tool on patientrack. KM added there are 4 other key points in the strategy that require consideration. The first being that all catheter related ECBs should be datixed, the next is that all catheter related ECBs undergo LAER. KM added they had their first LAER and there was a lot of learning and information to come from this including inconsistency with policy and practice. Another key point is for IPCT to undertake enhanced surveillance into catheter related ECB's and the final suggestion in the strategy is to have Public Health develop campaigns for awareness of UTI's and prevention. NR agrees with the LAER approach and suggested it would be good to have a template in place. LB also agreed with the LAER approach looking at how we learn from these and share this learning to tackle the issues. There is a plan to create another subgroup of UCIG around prevention and health promotion. LC advised it would be good to have a discussion with Gemma Couser as the SAER process is currently being reviewed. LC asked group to look at current context we are in and across all harms there is not a positive trend so moving forward we should look at the programme of these things as we remobilise. KM takes this on board and time is limited but a template will assist and this is being worked on. KM advised that the LAER would be triggered through the datixing of the catheter associated ECB. KM has developed a tool for enhanced surveillance and can possibly trail this and ask for funding following this if required. JC advised she can support a trial of surveillance. Looking at the campaigns LC suggested there is public messaging through NHS inform, NHS 24 and there is a national calendar of campaigns that we can tag onto locally. LB advised they have a number of means and can do public messaging for this and using the national campaigns are good to feed into. KM asked for the committee to send comments on the strategy document and he will collate the comments. The plan will be to add these comments to the document then will bring it to the next ICC for approval and then go from there up to divisional committees then to clinical governance committee. Members **noted** the update.	ALL
	4.1e HAI Update – C Section SSI Reports This surveillance has been paused following a CNO letter however is being monitored at a local level. Members **noted** the update.	
	4.1f HAI Update – Orthopaedic SSI Reports This surveillance has been paused following a CNO letter. Members **noted** the update.	
	4.1g Colorectal SSI Surveillance Report This surveillance has been paused following a CNO letter.	

	Members **noted** the update.	
	4.1h CPE Surveillance Report and MRSA Surveillance Members **noted** the update.	
	4.1i Outbreaks, Incidents and Triggers Covered in HAIRT agenda item Members **noted** the update.	
4.2	Care Home update JC updated that IPC care home team are continuing to support care homes with the rollout of both the NIPCM for Older people and adult care homes and the national cleaning specifications. These were launched in May and are to be implemented by September. The team have contacted all the care homes for introductions and have actively been promoting 12 national workshops regarding the launch of the NICPM and Cleaning specifications. The team have also presented at the care home drop in twice now on how to access these documents. The team are continuing with visits through the referral process to support the homes and provide education and training onsite within these homes. The team will start to call all the care homes again to start discussions around winter preparedness. LB added that the care home hub and IPC care home team and others are working well to overcome issues and provide support and this escalation process has shown to work well with one home in particular. Members **noted** the update.	
4.3	NHS National Cleaning Services Specification Midge Rotheram updated before the meeting that for Q1 NHS Fife cleaning compliance was at 95.6% which is above the Scottish average of 95.3% and cleaning across all NHS Fife sites remained stable ranging between 94-96%. There was no cleaning requirements from the recent HIS inspection which highlights good practice. Hospital sites continue to be extremely busy which can present challenges for domestic services and increased staff absence due to isolation has also created challenges. There has also been supplier issues however alternatives have been sourced where possible. Members **noted** the update.	
4.4	Risk Register PC spoke to the risk summary attached in the agenda advising there are now 2 high risks, this was previously 3 however one of the COVID 19 infection control risks has been reduced. Two risks have been closed since the last ICC, one re paediatric staffing and the other supply of PPE. The is one new risk re BD Venflon product recall. The register still reflects a full spectrum of risks.	

	The risk regarding the decontamination unit is being looked at with the view to increase this risk. LC raised the load that the new robotics will add to the need for sterilisation. PB advised there is a SLA with NHS Lothian for the sterilisation of robotic instrumentation and discussions are being had regarding NHS Fife having their own sterilisation unit. KM raised that the endoscope washers and the risk associated with them is a complex job. Although the risk is short term if anything goes wrong this is a high risk so should stay on the register. Members **noted** the update	
4.5	Learning Summaries No learning summaries brought to this ICC Members **noted** the update	
4.6	National Guidance Link to guidance for information. Members **noted** the update	
4.7	HEI Inspections Covered in HAIRT agenda item Members **noted** the update.	
4.8	Quality Improvement Programmes UCIG CG updated that the UCIG met recently and are meeting next week. The plan is to reach out to public health about promotions. The LAER approach is good for picking up new learning. The issues being considered are around the patients not always having catheter passports. The plan is that there will be another subgroup formed so there will be 3 subgroups to divide up the work and the new subgroup will focus on promotion of hydration, continence, bladder health, prevention of infection and catheter passports. Looking to have clear planning which will form the basis for the agendas. PWID JC updated that Patient Group Directive for antibiotic prescribing in process by Addictions Team. Nurse Prescribers have commenced antibiotic prescribing for soft tissue infections in clinic environments. IPCT refresher presentation on wound care procedures will be cascaded to Addictions Services in the coming weeks. The next meeting will be in September. CG asked who attends this group, JC to pick this up. AL added that it would be good to know as she had a team for women who substance misuse and this team are prescribers. Members **noted** the update.	J Cook
4.9	Education	

	JC updated that there is a lot of focus on team development especially with trainees in the team. Team members present and also we have outside companies present also just to build knowledge. IPCT have attended the HIS Don't Panic 2021 Conference and there was some great topics about COVID, respiratory disease, what's coming etc. We have also updated the corporate induction which is now live and updated the junior doctors presentation. As well as the SSI c-section presentation also. IPCT have been holding weekly sessions over teams on SICPs and Safe and clean auditor training. We can also offer ad hoc training at a teams request. Members **noted** the update.	
4.10	Infection Prevention & Control Audit Programme MS updated on the 2 year rolling audit programme which covers all areas. Over the past 2 months we have completed 17 environmental audits, 12 re-audits and 12 hand hygiene audits. We currently have 3 overdue however the ICN's have restarted there audits as well now so these will be picked up soon. Members **noted** the update	
4.11	Prevention and Control of Infection Work Programme 2019-2020 (for noting) JC updated that the work programme is updated every 2 months to reflect what is going on and the national pause in SSI surveillance. The IPC policy is due for renewal but will need to have some consultation before bringing it to this committee. Members **noted** the update.	
5.	**NEW BUSINESS**	
5.1	COVID-19 Cover in HAIRT agenda item. Members **noted** the update	
5.2	Excellence in Care JC updated that Shirley Cowie is on annual leave this week however she has met briefly with Lynsey Brown to discuss the possible role out of the electronic module as a pilot in AU2. Lynsey has agreed to do a rapid test of change in AU2 to trial epvc. JC found the test site user friendly however it would be good to get further feedback, this trial will happen in the next 2 weeks. Members **noted** the update	
5.3	Safe and Clean Audit JC advised that Elizabeth Dunstan has been taking the lead on safe and clean programme. We had a meeting a few months ago with key	

	stakeholders and since then we have had a survey with senior charge nurses for feedback on the tool how it can be improved and what the training requirements are. Since then we have been running training sessions weekly and we have been liaising with eHealth about a new platform to make the audit tool more user friendly. A business plan has been submitted to eHealth and now exploring different programmes, the audits won't be changed but hopefully it will be easier to submit. Members **noted** the update	
6	**NHS FIFE INFECTION CONTROL COMMITTEE'S SUB GROUPS**	
6.1	Infection Prevention & Control Team Nothing from this meeting to highlight to group. Members **noted** the notes of the meeting	
6.2	NHS Fife Decontamination Steering Group PB advised that he is on the project board for the Scottish national CDU group. They are looking to put 3 more CDU's in Scotland to mitigate issues. They are looking at Fife having their own CDU and looking at potential sites. Will hopefully have more of an update for the next ICC. Members **noted** the notes of the meeting	
6.3	NHS Fife Antimicrobial Management Team Nothing from this meeting to highlight to group. Members **noted** the notes of the meeting.	
6.4	NHS Fife Water Safety Management Group Nothing from this meeting to highlight to group. Members **noted** the notes of the meeting.	
6.5	HAI SCRIBES SCRIBE works ongoing nothing major to note. Members **noted** the notes of the meeting	
6.6	Quality Reports Quality reports attached to agenda for information. Reports are for **noting** only	
7	**ANY OTHER BUSINESS** ToR for ICC meeting - NR advised that on the second page re risk register could add in about learning from LAER's. JC added that she is happy to collate comments then put out to the group for then approval at the next ICC. LC asked if we need to mention what is quorate and also suggested changing the heading of 3.2.5 to Governance so more formally described. Can possibly look at clinical governance ToR for wording. NR asked if there is a ToR template but group didn't think there was. CG suggested lining in the with internal audit team. NR suggested adding 'or deputy' to the line of membership next chair. PB asked for all to keep in mind that if they are aware of an area that is not being used with water outlets then they should make estates aware	ALL

	as could create an issue with pseudomonas and legionella. DL Letter – JC updated that this DL letter came out yesterday afternoon and a revised copy came out this morning. It is a requirement to undertake a risk assessment in high risk pathways, a local risk assessment to follow guidance from world health organisation, SAGE and CNRG. It looks at ventilation, bed spacing, overcrowding to make sure that red pathway area are appropriate. It does state we should use risk assessment algorithm for unexpected cases in other areas. HSCP might be changing just with the older estates and not having the same ventilation but we are maintaining bed spacing in these areas. H&S, Estates, Occupational health, infection control teams and clinical teams are all to be involved in these risk assessments. JC suggests forming a SLWG to take this forward. PB added that footprint with red/amber can change over a period of time so when doing these risk assessments we can look at what we have done in the past so being a little more proactive than reactive. Fans – JC updated that there has been a lot of discussion around fans and it had been suggested that she spoke to Elizabeth Muir to see if the updated risk assessment policy needed to go through clinical policy group however Elizabeth suggested bringing it to ICC as she felt it wasn't really a clinical policy. JC will get these papers to the committee which is the policy and a 2 page paper to go with this. LC advised there is a sense that it isn't just clinical areas and had been asked about risk assessing admin areas for use of fans. JC advised if we go back to the previous policy it was just clinical however bringing COVID into consideration this extends the policy. MS advised we had received an email about staff in non clinical areas using fans without wearing masks and now all are having to isolate following one COVID positive. JC and MS to review and send out. LC advised due to the timeliness of this having it sent around the committee and approved my exception before the next ICC where it can be noted, NR agreed with this. AL asked about lateral flow for visiting, NR suggested they are looking into this and advise testing but not mandate it. Members **<u>noted</u>** updates.	J Cook
8	**DATE OF NEXT MEETING** The next meeting of the Committee will be held 6th October 2021 at 2pm via Microsoft Teams	

NHS FIFE INFECTION CONTROL COMMITTEE
1ST DECEMBER 2021 AT 2PM
VIA MICROSOFT TEAMS

Present	
Janette Owens	Director of Nursing
Julia Cook	Infection Control Manager
Craig Webster	Deputy Infection Control Manager
Margaret Selbie	Lead Infection Prevention and Control Nurse
Elizabeth Dunstan	Senior Infection Prevention and Control Nurse
Keith Morris	Consultant Microbiologist
Stephen Wilson	Consultant Microbiologist
Paul Bishop	Head of Estates
Catherine Gilvear	Patient Safety Programme Manager
Sue Blair	Consultant in Occupational Medicine
Pamela Galloway	Clinical Midwifery Manager
Pauline Cumming	Risk Manager
Lynn Burnett	Nurse Consultant Health Protection/Immunisation Co-Ordinator
Norma Beveridge	Head of Nursing
Apologies	
Esther Curnock	
Jim Rotheram	
Lynn Campbell	
Priya Venkatesh	
Lynn Barker	
Aileen Lawrie	
In Attendance	
Lori Clark	Notes

1	**APOLOGIES** Apologies were **noted** as above.	
2	**MINUTE OF PREVIOUS MEETING – October 2021** Group approved previous minute as accurate reflection	
3	**ACTION LIST (October 2021)**	**ACTION**
	Group talked through each open action and the actions were closed or completed as appropriate. Actions 4.1a, 4.1e and 4.7 carried forward to next ICC. **Action list updated to reflect.**	
4	**STANDING ITEMS**	
4.1	4.1a HAIRT Report ED updated in regards to achievements that during Q2 NHS Fife was below the national rate for HCAI and CAI for SAB, CDI and ECB. In relation to challenges for SABs vascular access devices remain the greatest challenge for hospital acquired SABs and there is ongoing improvement works to reduce these. There has been 67 SABs from Jan-Oct 2021 and for the same timeframe in 2020 there were 61 cases. ED added for ECB's UTIs and CAUTIs remain the main source of ECBs so these are the areas being addressed to reduce ECB rates. For ECBs NHS Fife has 85 in Q3 which was up from 56 in Q2. In Q3 there were 14 urinary catheter ECBs. For ECB's NHS Fife is above the target for March 2022. ED added that the UCIG is ongoing with the last a meeting on the 19th Nov, all ECB CAUTIs associated with trauma have been datixed and going forward all CAUTIS will be datixed and an LAER carried out.	

ED updated that in Q3 NHS Fife has 12 CDI's which is the same as Q2 and we appear to be sitting on the reduction target line for March 2022. In relation to CDI's NHS Fife has seen an increase in cases in 2021 compared to the last 2 years. The HCAI incidence rate must be reduced further to meet targets.

The SSI programme is still paused due to the ongoing pandemic.

ED updated that in Q3 NHS Fife had 23 SABs which is up from 12 cases in Q2 2021 and are on track to achieve the target for March 2022. ED advised the team are still working with addiction services and there is now a PGD for antibiotic prescribing. IPC have also assisted with a training presentation for addiction services on SAB definitions, signs, symptoms and interventions.

ED advised NHS Fife are below the national average at 88% compliance however this may be due to a change-over to electronic MDRO CRA however 100% compliance was achieved for CPE clinical risk assessments. JC added that the MRDO clinical risk assessment went live the end of September for Q3 audit. It seems the 2 sets of questions (MRSA and CPE) come out at different times, therefore working with Excellence in Care and Digital and Information teams to ensure the questions are available for clinical staff at the same time. KM advised the group that the MRSA and CPE surveillance only covers 40 cases per quarter. JC added care dashboard will be reporting 20 cases per ward per month. JO asked if we can run a report to capture all for more assurance, **JC will pick up with Shirley Cowie and Steven Knapman.**

ED updated that for hand hygiene NHS Fife are consistently above 98% compliance which is usually displayed on ward dashboard. Ward dashboard has been removed but we are in talks with digital information to have the dashboard returned.

ED added that for domestic services & estates monitoring compliance in NHS Fife green status..

JC updated that there has been no outbreak of Norovirus during reporting period. Norovirus rates remain significantly lower than in previous years but there seems to be a bit more in community recently.

There has been no closures due to influenza and in week 45 activity remains at baseline level. In week 45, RSV activity increased from baseline to low, coronavirus and rhinovirus were at moderate levels and HMPV and parainfluenza low levels. There was one small outbreak of RSV at Tarvit involving 2 patients in the same room.

JC updated that in September and October there were 10 COVID 19 incidents reportable to ARHAI.

JC updated that there has been no unannounced hospital inspections in the last reporting period. There has however been a DL letter sent out from NES and HIS to say that inspections would be recommending 22nd November. They have different methodology and held a webinar, unfortunately no one form the IPC community were invited to this. The inspections will look at the new respiratory guidance pathways with will be in place in the next few weeks.

Members **noted** the update.

	4.1b HAI LDP Update – SABs Reports Reports on agenda for information Members **noted** the update.	
	4.1c HAI LDP Update – CDIs Reports Reports on agenda for information Members **noted** the update.	
	4.1d ECB Surveillance Report Reports on agenda for information Members **noted** the update.	
	4.1e HAI Update – C Section SSI Reports This surveillance has been paused following a CNO letter however is being monitored at a local level. Members **noted** the update.	
	4.1f HAI Update – Orthopaedic SSI Reports This surveillance has been paused following a CNO letter. Members **noted** the update.	
	4.1g Colorectal SSI Surveillance Report This surveillance has been paused following a CNO letter. Members **noted** the update.	
	4.1h CPE Surveillance Report and MRSA Surveillance Covered in HAIRT agenda item Members **noted** the update.	
	4.1i Outbreaks, Incidents and Triggers Covered in HAIRT agenda item Members **noted** the update.	
4.2	Care Home update JC updated that the care home team have been very busy delivering education and training, presenting at grand rounds and manager meetings, completing training on teams and face to face sessions. They have been on supportive walkabouts in care homes following on from the referral process and supporting those homes needing additional assistance. JO added that she has read an article which states that the intervention from boards in the care homes have been very negative and heavy handed, intrusive etc. Fife however got a glowing report and was	

	an exemplar of how the work should be done in a supportive way building relationships with the homes and supporting teams. Members **noted** the update.	
4.3	NHS National Cleaning Services Specification Attachment on agenda for noting. Members **noted** the update.	
4.4	Risk Register PC updated that there are currently 3 high risks. Risk 612 re offsite services, PC updated that there are quality issues of packs from the decontamination unit at Tayside. NHS Tayside completed an internal audit followed by an external audit that identified a number of issues around training, stacking of trays and the way trays are transported. Risk 2167 is a risk relating to a lack of SLA around the decontamination for robotic surgery. PB updated that there is now an SLA in place with Steris in Motherwell and PB is working on having our own CDU. For risk 1252 regarding flexible PEX hoses in phase 3, PB updated that 50% of the hoses have been replaced and 50 % will be carried out in the next financial year. All augmented care areas have already been covered so no PEX hosed just all copper joints. With regards to new possible risk 2213 Orthotic accommodation it seems IPC was not aware of this risk. JO added she has had some discussion with orthotics and they are keen form more space as they are cramped. PB added there is now an accommodation group and now any department requiring space the can go to this group to raise their need which will be considered and when space is found they can be relocated. Members **noted** the update	
4.5	Learning Summaries PC advised that if the group had any questions relating to the learning summaries they can contact her. Members **noted** the update	
4.6	National Guidance JC updated that the new respiratory guidance has now been published on Monday and the screening table is still being updated potentially this will be published later today. JO added that we do seem to be in a better position with the new guidance than possibly some other boards. Members **noted** the update	
4.7	HEI Inspections JC added the DI letter is for the committees awareness regarding the restart of inspections which had been stalled for a few weeks. The letter advises that they will be inspecting against the new guidance which came out on Monday and we have a 2 week implementation period for this guidance.	

	Members **noted** the update.	
4.8	Quality Improvement Programmes UCIG CG advised that this has already been covered and the only thing to add is that there will be another group created and the driver diagram being updated. There will be a lot of work on hydration but work is light touch just now due to the current situation. PWID JC updated that the last few meetings have been cancelled so unfortunately unable to provide an update. Members **noted** the update.	
4.9	Education ED updated that for winter planning processes and documentation has been reviewed. We have delivered weekly education sessions on teams and some face to face sessions with different staff groups and shifts. In 2021 so far the team have trained 981 staff members on various topics which a great achievement with the restrictions that we have had. JO thanked KM for the grand round he done. Members **noted** the update.	
4.10	Infection Prevention & Control Audit Programme MS updated that committee that IPC are on track with the audit programme. In the last 2 months there have been 12 environmental audits, 6 re-audits and 6 hand hygiene audits completed. Rosemary Shannon continues to work one day a week with IPC audits and keeping the programme up to date. The substantive IPCN's have very limited capacity due to workload pressures, however we can review in January as the are a number coming up to renewal dates. JO asked if any of the results are concerning, MS advised there is nothing major but follow up on any issues at the time. As a trial at QMH - audit action plans have been broken up and sent to the relating teams estates, domestic, ward etc. Members **noted** the update	
4.11	Prevention and Control of Infection Work Programme 2021-2022 (for noting) JC updated that the work programme is for information. The audit programme is up to date however there is a chance of slippage over the coming months. We are trying not to put additional pressure on clinical teams at the moment also. Members **noted** the update.	
5.	**NEW BUSINESS**	
5.1	COVID-19 JC updated that she used to get lessons learned weekly but they are less frequent recently. The lessons learned are looking at all the incidents reported to ARHAI and grouping together common themes. JC updated	

	some challenges identified include screening of patients, transfer of patients before known results, challenges around capacity impacting on patient placement, staff attending with mild symptoms, visitors being non-compliant with mask use, visitors coming symptomatic and some PPE breeches. The lessons learned also highlight some good practice points also. Members **noted** the update	
5.2	Excellence in Care JC advised EiC MDRO went live in September and showed a drop in compliance for MRSA, however this is potentially due to timing of when the questions are become available. Digital health are already looking into this and we will get some communication out to senior charge nurses. Also explore if a weekly report would provide assurance around compliance with the MDRO. Members **noted** the update	
5.3	Safe and Clean Audit ED updated that we provide training sessions every week via teams which have had very good attendance. The audit tool provides assurance within a clinical setting and we have had every ward and the majority of outpatients on this for some time now. Now we can expand this further, we have had staff from occupational health, children's continence services and mental health services attend the training. There seems to be good engagement with the tool and staff seem to find it empowering. NB added she is not convinced that the acute teams have adopted the tool, there has been a lot of issues in the past. It might be something we need to look at in the acute setting. ED asked if this is training or a time factor. NB thinks this is a time factor and due to it being difficult in the beginning it hasn't been picked up again. **ED and NB to pick up a discussion to see how they can move this forward again.** Members **noted** the update	
6	**NHS FIFE INFECTION CONTROL COMMITTEE'S SUB GROUPS**	
6.1	Infection Prevention & Control Team Nothing from this meeting to highlight to group. Members **noted** the notes of the meeting	
6.2	NHS Fife Decontamination Steering Group Nothing from this meeting to highlight to group. Members **noted** the notes of the meeting	
6.3	NHS Fife Antimicrobial Management Team Nothing from this meeting to highlight to group. Members **noted** the notes of the meeting.	
6.4	NHS Fife Water Safety Management Group Nothing from this meeting to highlight to group. Members **noted** the notes of the meeting.	

6.5	HAI SCRIBES HAI-SCRIBE works ongoing. MS added that the team keep a record of all SCRIBEs they are involved in. JO raised that the independent review of the Queen Elizabeth University Hospital has been published. The review has 63 recommendations and 21 of these recommendations were highlighted as being relevant to wards. Of the 21 recommendations most were in relations to new build design and construction, ventilation etc. JO has shared with JC and KM and exploring developing a permanent HAI SCRIBE post. To look at the governance round the orthopaedic centre. The orthopaedic centre team should be assuring the ICC that everything has been done around ventilation and equipment etc. **JO to liaise with Ben Johnston to bring a report to the next ICC around this review**. KM added that as an IPC team we haven't always had project leads coming to the team to advise of upcoming work. Now with NHS Assure there will be much more scrutiny. Also for larger projects such as the orthopaedic centre there is a need for a IPCT representative to be at all the meetings for attention to detail. PB added that he has had a conversation with Neil McCormick to have IPCT representation for HAI SCRIBE to ensure involvement in all SCRIBE. MS added that she has arranged for HFS to provide training and updates early next year, everyone is welcome including estates. JO added that another point from the report is that there was no records, PB agreed that we need to make sure there is an audit trail. SW reiterated the importance of good record keeping and keeping good documentation in a central place in case any information is needed at a later date. SW thanked MS for keeping up to date with all SCRIBE and ensuring IPC are involved in all these projects from the start. Members **noted** the notes of the meeting	
6.6	Quality Reports Quality reports attached to agenda for information. Reports are for **noting** only	
7	**ANY OTHER BUSINESS** JC updated that the communications plans is included for awareness and updated that the team are working with communications team to get some new branding for IPC to be more in line with the rest of NHS Fife. JC updated that the ICC ToR has the suggested changes and requires approval. JO advised she may have something to add so can send that to JC then can virtually get agreement before the next meeting. KM asked if there is a requirement in the agenda for points 4.1a to 4.1i. These are covered in the HAIRT and if there is something else we can comment at the time monthly reports not required. JO content with HAIRT report then reporting by exception. Group agreed. JC updated that at the national meeting yesterday they were informed	

	that the UK IPC Cell were having an extraordinary meeting today regarding the Omicron variant. At a local level we have been asked that if we have one of these cases we should isolate at this time and there is some direction for public health around contacts and contact tracing. SB added that isolation includes isolation for household members which might have implication for staff as many staff use the HCW exemptions to come back to work if they are contacts. Omicron requires 10 days isolation of all contacts. The issue might be with identifying omicron as these need to be done through the reference lab. This will be discussed at STAC on Friday but it is a concern. Members **noted** updates.	
8	**DATE OF NEXT MEETING** The next meeting of the Committee will be held 2nd February 2022 at 10am via Microsoft Teams.	

NHS Fife

NOTE OF MEETING OF THE AREA MEDICAL COMMITTEE (AMC) HELD ON TUESDAY 12 OCTOBER 2021 AT 2PM VIA MS TEAMS

Present:

Dr Phil Duthie	Chair
Dr Chris McKenna	Medical Director
Dr Fiona Henderson	General Practitioner
Dr Sally McCormack	Clinical Director Emergency Care
Professor Morwenna Wood	AMD for Surgery, Medicine and Diagnostics
Mr Satheesh Yalamarthi	Clinical Director Planned Care

In Attendance:

Catriona Dziech (Notes)	
Susan Fraser	Associate Director of Planning
Allan Young	Head of Digital Operations

1 APOLOGIES FOR ABSENCE

Dr Marie Boilson, Dr Helen Hellewell, Dr John Kennedy, Dr John Morrice.

2 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of interest.

3 MINUTES OF PREVIOUS MEETING HELD ON 10 AUGUST 2021

The notes of the meeting held on 10 August were approved.

4 MATTERS ARISING

i) Revised Constitution – Requirements for AMC in Statute

Dr McKenna advised Fay Richmond had looked at the websites of other Boards. The exercise had revealed not many Boards across the country had a well-functioning AMC serving the purpose they were originally set up for. It was agreed there are other mechanisms in place to get the clinical voice across the organisation but this Committee and the Area Medical Committees are Statutory Committees.

5 STANDING ITEMS

i) Financial Position – Including (IPQR considered at Clinical Governance Committee 17 September 2021)

Dr McKenna advised there was no specific update other than there is a lot of long-term uncertainty regarding funding.

Dr Duthie advised there is a push to SGHD to fund MOU2 properly.

ii) Medicines

There was no update at this time.

iii) Adverse Events

Activity around adverse events has been slowed down due to the current clinical pressures within the system.

iv) Medical Staff Committee

Dr McKenna advised despite follow up there was no update at this time.

v) Update from GP Sub Committee

Dr Henderson advised still trying to move forward GP access to CT Heads. Dr McCormack said the delay was due to a technical hold up but Radioloy have done all their criteria and cleared with Neurology who are now happy to move forward.

A meeting has been arranged with Mr Robertson to discuss Bariatric Surgery.

There remains an issue with secondary care work being passed to General Practice. Dr McCormack advised there is a clear SOP in place and would be happy to follow up any issues with individuals if required.

vi) Realistic Medicine

Work remains ongoing. Dr McKenna advised the value improvement fund bids which had been recently submitted by NHS Fife and Lanarkshire had not been considered by SGHD and funding had been distributed to other Health Boards. Dr McKenna wrote to Gregor Smith expressing his disappointment and it has been agreed NHS Fife will submit double the number of bids in the next round.

vii) Medical Workforce

Dr McKenna advised there has been several good appointments recently. Interviews will take place shortly for Community Paediatricians which will help this at-risk service. There are areas across Acute which are a challenge mostly in Emergency Care. Planned Care are in a good place. An Acute Physician has been appointed to undertake stroke. Areas of concern are Microbiology and Haematology along with Diagnostics.

It was suggested lessons could be learned from Planned Care around recruitment. Professor Wood advised Planned Care Women and Child have senior trainees who rotate out which enables them to influence senior trainee decision making when applying for jobs in Fife. In Emergency Care this only applies to ITU and ED and does

not apply to the areas of medical specialties or laboratories where there are constantly gaps. Professor Wood said she felt there is a cohesive culture in Planned care which is attractive and promotes the feeling of a team which is maybe not as clear in Emergency Care.

Professor Wood suggested that GPST and F2 training needs to be encouraged in Primary Care. Kim Steel is liaising with Fife GPs regarding F2 training to look at increasing Foundation Doctors within Fife. If these places are not taken up with Fife GPs, the trainees will be sent to Lothian practices. Although understanding of the pressures within Primary Care and the difficulty of taking on trainees Professor Wood expressed a concern that it is a way of influencing future recruitment. Dr Henderson advised she thought it would be helpful to have a recap of what is expected of the different stages for GP Training to allow practices to consider if they could take on GP Registrars or F2s.

viii) Education & Training

There was no update at this time other that what is covered above.

ix) LAER/SAERs – Report from Adverse Events/DoC

No update as meetings on 10 August & 5 October 2021 were cancelled

6 STRATEGIC ITEMS

i) Health & Care Services Transformation

Covered in update from Susan Fraser.

It was agreed there should be good clinical input to the four sections; Scheduled Care, Planned Care, Proactive/ Preventative Care and Place and Wellbeing. Professor Wood advised she has reiterated this point to Susan Fraser in a previous meeting.

ii) GMS Implementation

Issues remain with SGHD now wishing to move the contract from the NHS to the IJB.

iii) COVID & Remobilisation

It has been tough in Secondary since September with another wave of Covid with numbers remaining persistent which puts pressure elsewhere on the system. ITU has settled within the last ten days and we retracted back to 1 ITU but the situation remains precarious. Attendances to A&E are the highest they have ever been with ambulance waits of four hours which is unacceptable. As we prepare for winter, we need to consider plans for preparing the staff and system for the coming months.

7 Transformation / Strategic Plans for NHS Fife – Susan Fraser

Susan Fraser advised the new Strategy was in progress. The previous Strategy was for 2016 – 2021. Planning is underway by looking at the previous strategy and the overall recommendations as well as the workstream recommendations and what has progressed over the past five years. What has not been progressed will be looked at and if we need to keep continuing with the recommendations that have not been completed and what is on the horizon in terms of moving forward. Susan Fraser advised she has spoken Dr McKenna and will be in touch with Professor Wood and Sally McCormack and other clinicians to seek their views on progressing this work.

The next Strategy will be called the Public Health and Wellbeing Strategy and will cover the delivery of clinical services as well as population and wellbeing aspects to healthcare. The Strategy will be moulded around the four National Care Programmes; Scheduled Care, Planned Care, Proactive/ Preventative Care and Place and Wellbeing.

Susan Fraser advised a Public and Staff Survey is currently being developed which will be issued mid / late November to gather views on health and wellbeing and the clinical services we provide. This information will then be incorporated into high level Strategy. The timescale for this is Q1, Q2 in 2022. Work has not progressed as far as hoped but is ongoing to ensure this next Strategy is correct.

Alignment with other strategic pieces of work has been ongoing. The RMP4 has just been submitted which sets out plans for services up to March 2022. Although this may not be the correct time for remobilisation given the position within the hospital and primary care and services in general. The SGHD have asked that after March 2022 a three-year delivery and strategic plan is prepared for the next three years. Alongside this there is Strategic Planning and Resource Allocation which looks at the 2022/23 Operational Plan and the objectives for each area. These pieces of work all need to align with each other to ensure there is no duplication of work.

In taking comments it was noted on the back on the new contract this is an opportunity for us consider Primary / Secondary care as a single unit for the patient journey from start to finish. There is a move towards the community, which is good, but consideration should be given to the lack of capacity in general practice. Both sides of the equation need to be integrated from the MOU2 work and from secondary care into the community.

Dr Duthie thanked Susan Fraser for her update.

8 Update on Digital Strategy – Allan Young

Allan Young shared the top ten items which summaries the strategic aims in Digital.

1	Maintain Internal SLA and Core Infrastructure availability	Focus on continuous improvement and innovative ways to protect the production environment	Head of Digital Operations	75%	Ongoing
2	Continue to progress towards maximum Cyber Resilience	Continue working towards compliance with NIS Directive and best practice.	Head of Digital Operations	69%	Ongoing
3	Complete the GP Estate IM&T Improvements	Complete the workstreams that deliver GP equipment improvements	Head of Digital Operations	95%	Paused
4	Continue to more the organisation towards paperlite	Scanning solution for Health Records in order to reduce paper (forward scanning)	Head of Strategy & Programmes	90%	Completing
5	Introduce a robust and layered Service Catalogue	Improve understanding and engagement with stakeholders and services	Head of Digital Operations	5%	Starting
6	Implement the O365 Business Transformation Programme	Business transformation for O365 to maximise the investment and improve productivity	Head of Strategy & Programmes	30%	Ongoing
7	Maintain a standardised and within 5 year lifecycle endpoint estate	Upgrade all endpoints to Windows 10	Head of Digital Operations	80%	Ongoing
8	Morse Community System Rollout	Replace MiDIS community system with Morse and onboard new services previously paper based.	Head of Strategy & Programmes	85%	Ongoing

9	Clinical Portal (H&SC Portal	Development of Clinical Portal, horizontal expansion	Head of Strategy & Programmes	25%	Ongoing
10	HEPMA (Hospital Electronic Prescribing & Medicines Administration	Business Case approved – progress programme resourcing and inception	Head of Strategy & Programmes	5%	Starting

In taking comment it was noted from a clinical perspective it does not feel paperlite is moving towards completion. There are various components to paperlite, and solutions will have to be worked through before planning delivery can begin. Paperlite will remain an active conversation.

Consideration is being given to moving to mobile Trak which will allow the use of Trakcare on iPads etc.

In terms of safety from a digital perspective Dr McKenna has asked the team to look at the conversion to News2 on PatientTrak from the current Fuse system. This work will begin next year. Results Reconciliation is another area which will be look at. Both items will need project management and investment as well as a Business Case to support the work.

Mr Yalamarthi asked that the pace of the changes be more rapid. He also highlighted a SLWG had been formed to identify software to support digital pre assessment but were facing delays with digital input to buy in to the system the clinicians were supporting. This was considered key transformation going forward and asked how this could be addressed. Dr McKenna advised it was recognised there are various levels of priorities within the organisational but ultimately it comes down to resource and projects that take precedent tend to be organisational wide. These projects also take up a huge amount of resource and workforce from a Digital perspective. How you influence priorities is an issue for the Management Teams and decisions taken at the D&I Board.

Any specific areas of investment we wish to prioritise for the organisation could perhaps be included in our SPRA process for the next financial year so any available funding can be prioritised by Finance colleagues.

Dr McKenna and Mr Yalamarthi agreed to discuss further offline.

Action: CMcK/SY

9 ITEMS FOR INFORMATION

i) Notes of the GP Sub Committee held on 15 June & 17 August 2021

Noted.

ii) Notes of the Adverse Events / Duty of Candor meeting held on 8 June 2021 (Unconfirmed)
Noted.

10 AOCB

Follow up Chest x-ray per vetting outcome letter / electronic requesting of interval imaging through Trakcare

There was a plea from the GP Sub Committee that the appropriate Consultant or Junior may wish to make the request themselves rather than asking GPs. To request.

11 PROPOSED DATES FOR 2022

Tuesday 8 February 2022
Tuesday 12 April 2022
Tuesday 14 June 2022
Tuesday 9 August 2022
Tuesday 11 October 2022
Tuesday 13 December 2022
(all meetings will commence at 2pm) – Teams invites will be circulated.

12 DATE OF NEXT MEETING

Tuesday 14 December 2021 at 2pm via MS Teams

NOTE OF THE INFORMATION GOVERNANCE AND SECURITY STEERING GROUP HELD ON WEDNESDAY 1ST DECEMBER 2021, 0900 VIA MS TEAMS

Present:

Chair - Margo McGurk	Director of Finance & Strategy
Alistair Graham	Associate Director Digital & Information
Claire Dobson	Director of Acute Services
Dr Chris McKenna	Medical Director
Helen Hellewell	Associate Medical Director
Joy Tomlinson	Director of Public Health
Linda Douglas	Director of Workforce
Frances Quirk	Assistant R&D Director
Janette Owens	Director of Nursing
Scott Garden	Director of Pharmacy & Medicines
Philip Duthie	General Practitioner

In Attendance:

Andy Brown	Principal Auditor
Gillian MacIntosh	Head of Corporate Governance
Kirsty MacGregor	Head of Communications
Allan Young	Head of Digital Operations, Digital & Information,
Claire Neal	(Minute) PA to Associate Director, Digital & Information
Margaret Guthrie	Information Governance and Security Manager/DPO
Andrew Lam	Cyber Security Consultant

Apologies:

Lizzie Gray	Patient Relations Officer (on behalf of head patient relations)
Susan Fraser	Associate Director of Planning and Performance
Nicky Connor	Director of Health & Social Care

1 CHAIRPERSON'S WELCOME AND APOLOGIES

M McGurk welcomed everyone to meeting and noted it has been a long time since they have last met but significant work has been carried out since the last meeting.

2 MINUTE & ACTIONS OF PREVIOUS MEETING 02/06/21

G MacIntosh advised of an addition to minutes from meeting on 2nd June 2021 regarding Model Publication Scheme. A further discussion took place on Board Members expenses and agreement was reached in other governance groups on the appropriate handling of this.

3 MATTERS ARISING

3.1 Subject Access Request (SAR) Improvement Plan

M Guthrie noted to the group that Freedom Of Inofrmation (FOI) requests were moved onto the AXRL8 platform sometime ago and now they plan to move SAR's onto AXRL8 as well. This was originally scheduled for Quarter 4 of 2021 but this has been delayed and will now be into Quarter 1 of 2022. A review of SARS's has been undertaken and completed and the same situation with FOI's was found, the performance levels and attainment of the standard is sporadic with a consistent approach requiring to be implemented. A SLWG, supported by the Information Governance and Security Operational group, along with SAR leads will review and look to come up with a standard approach. Training will be incorporated into the plan and is hoped to commence May – June 2022 resource permitting.

Some departments are not reporting monthly, this will be reviewed by the SLWG. There was the establishment of a strong period of FOI performance using this approach being replicated for SARs. Key is education so a module is being considered for Turas.

M McGurk noted very clear paper, good to see the detail of proposed plan and would like to see an update on progress of plan over the next meetings. A Graham noted a Highlight Report will be brought to future meetings for assurance on the project.

Noted by the Group.

3.2 Records Management Plan

M Guthrie advised this subject has been discussed previously, and a records management plan was submitted to the Keeper in February 2021. A response from the Keeper was received this week and is now being considered in support of this work. The implementation of Records Management is significant for all areas of the organisation and is similar to GDPR implementation.

M Guthrie provided a brief overview of paper.

A Graham advised we should recognise the scale and requirement of implementing a RMP.

M Guthrie noted the opportunity with SharePoint to support proactive records management and we follow the national work on this with interest.

M Guthrie noted we have around 25 volunteers as Corporate Records Management Champions. This is a great opportunity for progression. L Douglas thanked Information Governance for all the work they have done in this area for Workforce Directorate as one of the early implementors.

M McGurk noted the value in the paper, with detailed information as this is a sizeable undertaking and probably doesn't quantify to the actual amount of work involved.

M McGurk queried the financials and scale of ask and understanding how to complete this is a phased way. M McGurk noted the Internal Audit report in this areas and sought assurance this would help to inform the size and scale of the programme. A Brown confirmed it would.

M McGurk requested further detail be provided to the next Steering Group outlining the effort, cost and timeline for implementation. Given the scale, effort and potential costs it would be expected there would need to be time allowed to discuss and reach a decsison within the Steering Group.

Action: M Guthrie to provide further scoping document on Records Management Plan. **MG**

3.3 NISD Audit Action Plan

A Young introduced A Lam, Cyber Security Consultant and noted that A Lam would speak to this paper.

A Lam presented a presentation to group and provided an overview noting NIS Regulations came into place in 2018 from an EU Directive. An annual audit cycle was commissioned by the Scottish Competent Authority to evaluate Board compliance with the Network and Information Systems (NIS) regulations. An initial audit was undertaken in 2020, then an internal interim report took place in April 2021. The next review is due to April 2022. NHS Fife had achieved a 69% compliance rate in 2021, compared with 53% in 2020. A significant improvement

A Lam advised the Steering Group of the range of activities taking place including technical cyber simulaitons, operational breifings and plan to involve the Executive team in a simulation/reponse event.

A Graham advised paper will be provided to the next EDG for update from A Lam. Further information will also be provided to the Audit & Risk Committee on 9 December 2021.

L Douglas thanked for the helpful and informative presentation and shows the enormity of work. To provide further assurance L Douglas asked if it would be possible to show when these actions are scheduled to be undertaken.

M McGurk also thanked for informative paper and further discussion took place on Red, Amber, Green status, focusing on Red which is urgent, we are seeing a reduction in Amber which is good progress.

No further comments were raised.

Paper for **noting** for assurance on progress.

4. IG&S ASSURANCE ACITIVITY TRACKER

A Graham presented paper to Group and provided a high level overview.

- **Action tracker** – Updates provided with current status of activity.
- **Quality Control Assurance Measure** – Updates in paper
- **Training & Education** – **IG&S Mandatory for new start** compliance is a challenge to access this information due to moving to new system TURAS. Hopefully will be able to provide further information in a paper for next meeting.

Feedback was provided to activity tracker, A Brown noted liked the approach of work ongoing and is evidencing assurance which is encouraging from an audit perspective.

A Graham hopes this provides a baseline to advise what is being is/not being achieved.

M McGurk noted how far this group has come and the information that is being reported and evidenced. It is hoped that over time this report will become shorter.

S Garden raised observations on FOI performance levels within the report, noting that since July performance has dropped and queried the reasoning for this. A Graham replied there have been changes within the resource levels of the team with temporary employees leaving to permananent roles on two occasions, leaving gaps while recruitment and training takes place. The resource is further limited when focussing on improvement work in other areas such as SARs, Records Management etc. but the remit of the team has grown. A paper has been produced to assist with resourcing within IG. SPRA has also been completed to support the appropriate resource to support business as usual demand and maintain the necessary improvement work. C McKenna noted this resourcing issue should have been resolve sometime ago and support should be given to resolve. Further discussions to be taken offline regards to resource level within IG Dept.

No further comments were raised.

AG

Action: A Graham to continue to refine the presentation of the activity tracker

5 RISK Management

A Graham provided background to paper noting majority of risks are in the same stage. Mindful of introducing paper to group for noting only to provide an update.

Brief discussion was undertaken within group to ensure risks are being reviewed and actioned. It was noted for next meeting to provide more description on the

higher risks as per the summary document shown. This would also demonstrate and assure the group on how we are prioritising risks.

For **noting** to Group.

No further comments were raised.

6 DOCUMENTS FOR APPROVAL / COMMENT

6.1 Dacoll Cyber Incident Report

A Young advised they have brought this item to Group for noting, to highlight a cyber-incident within NHS Fife's supply chain and thought important for IG&S Steering Grp to be sighted on these. M McGurk thanked for sharing paper to group as this is exactly what is required.

A Young noted this was reported to ICO and this is considered a Moderate incident.

A Graham noted to group, further discussions are ongoing regarding contractual agreements locally and nationally so that suppliers response to Cyber incidents are considered a contractual responsibility. The report had also been annexed to the Datix Adverse Event review.

For noting to Group.

Decision: It was agreed all moderate to high incidents should be reported in this way.

7 AOCB

A Graham advised that and additional assurance report from this group will be shared with EDG on route to Clinical Governance Committee. This is scheduled prior to the end of the financial year and in additional to the annual assurance report.

M Guthrie highlighted that further communications will be sent via Staff Link to confirm record keeping and retention requirements in relation to the Public COVID enquiry.

No further business was raised.

M McGurk thanked all for attending, information provided in papers and for all the ongoing hard work.

8 DATE OF NEXT MEETING:

TBC

Fife NHS Board
CONFIRMED

MINUTE OF THE DIGITAL AND INFORMATION BOARD HELD ON TUESDAY 19TH OCTOBER 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
Maxine Michie	Deputy Director of Finance (on behalf of Director of Finance & Strategy)
Amanda Wong	Associate Director, AHPs
Jillian Torrens	Senior Manager, Mental Health & Learning Disabilities Service
Nicky Connor	Director Health & Social Care

In Attendance:

Claire Neal	(Minute) PA to Associate Director, Digital & Information
Marie Richmond	Head of Strategy and Programmes, Digital & Information
Allan Young	Head of Digital Operations, Digital & Information
Cassie Philp	Chief Registrar
Eileen Duncan	Directorate Solutions Manager H&SC
Michelle Campbell	Information Governance and Security Advisor (on behalf of Information Governance and Security Manager/DPO)

Apologies:

Andy Brown	Principal Auditor
Torfinn Thorbjornsen	Head of Information Services, Digital & Information
Lynn Barker	Associate Director of Nursing
Helen Hellewell	Associate Medical Director
Miriam Watts	General Manager, Emergency Care
Scott Garden	Director of Pharmacy & Medicines
Philip Duthie	General Practitioner
Janette Owens	Director of Nursing

1 WELCOME AND APOLOGIES

A Graham welcomed everyone to meeting and Cassie Philp, Chief Registrar who is shadowing Dr C McKenna, introduced themselves. (Dr McKenna had indicated he was attending another meeting and would join as soon as available)

2 MINUTE & ACTIONS OF MEETING HELD – 21/07/21

Minutes were reviewed and agreed. Updates for actions were provided and also updated.

3 MATTERS ARISING

3.1 Digital Health and Care Request Process

M Richmond provided background to Digital Health & Data requests and provided an overview to the paper, noting to Board that the current volume of requests to be undertaken exceeds capacity. M Richmond advised on the challenges for deliver and the range of variables needing to be satisfied e.g. request has been signed by authorising manager but with no consideration of financial impact or commitment.

Due to many factors, a new request process was being proposed.

Within this new process they will create a workplan which will look at the nationally mandated activities and the locally aligned strategic objectives. Each existing digital request will be taken back to the Directorate and a discussion

will be undertaken to confirm if still valid, the prioritisation and also the finance costs involved with each request.

Any new requests will go via the requestors own SLT/Directorate and not as currently direct to Digital & Information. Within this new process it is hoped this will ease the demand, develop a ranked list of changes and also improve communication.

Dr C McKenna provided feedback, this improved process was definitely the right way as these requests should be sighted by Directorate/SLT.

M Campbell advised within Information Governance they also receive requests similar in nature which presents IG challenges.

It was noted that the Directorate should have ownership, awareness and by creating this workplan this hopefully will manage expectations better.

E Duncan highlighted, this process is implemented within Fife Council although more advance here. Should further guidance be required, they are more than happy to assist.

Agreed by Board.

3.2 - Prioritisation/Benefit Framework

A Graham delivered a presentation and noted this is very much aligned to the previous discussion within item 3.1. This presentation provided a framework that would be used to "score" change opportunities and seek to support the development of ranked changes.

A Graham provided a brief background and outline to presentation noting the Framework is separated into three sections:

- Usability
- Effectiveness
- Cost

Long term aim within Digital and Information is to spend less time on lifecycle /maintenance as the process to replace legacy platforms develops. Work is continuing to achieve this.

No other comments were raised.

Agreed by Board.

4 RISK MANAGEMENT

4.1 Risk Management

A Graham noted this is for information only and to provide assurance to Board. Digital and Information continue the process of adopting a new risk framework, assessing risk and introducing new profiles and risks categorisation in line with ITIL standards. This review is currently in mid change within DATIX and so this risk paper is not available at present. The work will conclude shortly and allow regular reporting at future Digital and Information Boards.

No other comments were raised.

5 PERFORMANCE

5.1 Scorecard

A Young presented D&I Performance Summary noting the below:

- **EOL Servers** – Continue to drive to remove legacy systems. Additional communications with suppliers currently ongoing.
- **EOL Services 2008 –** Half of these are within the GP estate and continued concerns with EMIS and server/desktop version. Work ongoing.
- **Window 10 -** We are now at 99% which one of the best in Scotland. Work is continuing.
- **Account Provisioning –** Drop in performance due to staffing resource but with Service Now starting imminently it hopes this will improve and become smoother as users can be supported through self service.
- **Cyber Security Score –** Currently this is green, there has been a real focus within team to improve this score. This is an ongoing battle as hackers continue to evolve there exploitation methods.
- **General SLAs –** This has been a struggle over the last 18th months due to COVID but becoming a little more settled.

Dr McKenna noted good to see so many metrics sitting at green and well done to everyone within Digital & Information for all their hard work.

Discussions were undertaken with regards to our telephony systems, and Switchboard Department. A Young noted that additional metrics can be provided. A Graham noted there is a planned telephony replacement for 22/23 but can provide possible short term improvements and data and hope this will improve.

Brief conversation were held regarding housekeeping of contact telephone numbers. Possible signposting to right department and engaging with staff to source numbers internally rather than calling upon Switchboard.

6 Strategy & Programmes/Projects

6.1a Strategic Delivery Plan

M Richmond noted this paper may have been presented within other NHS Fife meetings but wished to bring back to the Digital & Information Board to show awareness and advise what has been achieved within the strategy.

M Richmond provided an overview to paper and noted a review of the strategy has been undertaken and concerns were raised whether this is deliverable by 2024. COVID has significantly impacted the timescales set and provided risks to digital strategy. M Richmond advised if everything was to be achieved by 2024 there would roughly be an indicative cost of around 32 million which is unachievable. There are also ongoing challenges recruiting to vacancies to support consistent delivery.

Conversations were undertaken regarding financials and staffing resource, a factor recognised is, many Digital and Information post are temporary or fixed term and there is a difficulty recruiting to these. It was noted that National projects take priority over local projects as these are a must, which then pushes local priorities down the list.

This paper has been brought to Board for awareness of the challenges posed but it is hoped this will be taken through the prioritisation framework as aligned with the previous items.

6.1b - Digital Strategic Delivery Plan Appendix

Discussed in above item.

6.2 - Programmes/Projects update (incorporating Digi Ops Portfolio) –

M Richmond noted background to the Programmes & Projects update and provided a brief summary to some of the current ongoing projects:

- **HEPMA** - This is not as progressed as hoped. The contracts have not yet been signed but working hard and closely with Central Legal Office (CLO) to complete.
- **O365** – Delays with SharePoint, waiting on further information from National team but we have made clear what the expectations are.
- **Urgent Care Transformation** – This is progressing but unfortunately the Senior Project Manager is leaving so on going conversation with regards to the programme sponsoring the replacement.
- **Community System Replacement** (Morse) - This is going well but challenges have been raised with Children & Young People. Work continuing.
- **Endoscopy Redesign –** Current supplier Unisoft have been notified that NHS Fife shall be moving to another provider. Work is beginning for a work plan to be completed.

M Richmond noted some general projects have moved to Amber but work is continuing.

C McKenna queried the delay with HEPMA, M Richmond confirmed this is due to contractual confirmations and is hopeful this will be completed with the next 2-3 weeks. Concerns were raised regarding EMIS, M Richmond noted this is why there are delays with the contracts, as they want the contract terms to support EMIS with delivery and support through strong SLA's. This will ensure they are held to account.

No other comments were raised.

7 Business Cases / Proposals

7.1 Initial Agreement - Paperlite

M Richmond provided an overview of the paper and noted they wished to bring to Board for comment and upon receiving these comments they will then take through the necessary governance.

M Richmond explained the background to Paperlite, the need for change and highlighted the benefits to the organisation. This needs to be a 3 pronged approach. If agreed this will then progress to Outline Business Case.

Brief discussion was undertaken regarding the Initial Agreement and the need for this to be a key priority. A key to success being recognised as the need to ensure the journey is user friendly.

Agreed by Board.

7.2 SPRA Priorities

A Graham delivered a presentation and provided an overview to the paper. Noting this is referring the above items that have been discussed during this meeting.
SPRA candidate are:

- Digital & Information – Financial Baselining
- National – GPIT & O365
- Regional – Lims Replacement
- Local – Paperlite & Optimisation of Planned Care

A Graham requested the Board consider these and to ensure no key programmes were missed. Will be required as we progress through the SPRA process.

C McKenna thanked A Graham for the presentation as this is a very complex process but is easy to follow and read. Looking into next year how do we share this information with the wider organisation going forward. Digital and Information Team to consider.

General agreement to SPRA candidates agreed. No additional comments were raised

8 FINANCE

8.1 Digital Strategy and Operations

A Graham provided an overview of Digital & Information financial position and wished to bring to Board for information.

A Graham noted additional Capital funding has been received from Scottish Government and work was ongoing to ensure this could be utilised in the current financial year. Saving targets presented to Digital & Information are a challenge due to COVID but work is ongoing and there are initial savings within a telephony rationalisation project. Continued work with finance to review the current process for cross charging and is this the best system to use.

There continues to be challenges with the supply chain for components that has been brought on by COVID but trying to mitigate this by planning ahead and ordering 6-8 months in advance due to supplier issues.

No other comments were raised.

9 AUDIT / ACTION PLANS

9.1 - B230-21 - Cost Benefit Analysis – ITIL

A Young noted they have brought this paper back to D&I Board for support from the initial discussions at the Digital & Information Board in July 21.

A Young provided an overview to paper highlighting the key deliverable to the department, which align from V3 to V4.

A Young presented feedback on costs for these improvements and the benefits to the service. As we progress through the levels and the 18 months timeline we will start seeing improvements.

Dr C McKenna queried if this is additional funding required or is this within the Digital & Information budget. A Young noted this was already inclusive within the budget, there maybe other expenditure that may have to be delayed but this is investment into our future abilities.

M Michie raised a concern there have been previous conversations within this Board meeting of the challenges with staffing resource and funding and how is this is going to be funded. A Graham advised this is already aligned to resource and existing staff and time.

Agreed by Board.

No other comments were raised.

10 AOCB

No other competent business was raised with no further comments raised.

Dr McKenna thanked all for their continued hard work and for attendance.

11 DATE OF NEXT MEETING

TBC