

NHS Fife Clinical Governance Committee

Fri 07 July 2023, 10:00 - 13:00

MS Teams

Agenda

10:00 - 10:00 **1. Apologies for Absence**

0 min

Arlene Wood

10:00 - 10:00 **2. Declaration of Members' Interests**

0 min

Arlene Wood

10:00 - 10:00 **3. Minutes of Previous Meeting held on Friday 5 May 2023**

0 min

Enclosed *Arlene Wood*

 Item 3 - Clinical Governance Committee Minutes (unconfirmed) 20230505.pdf (11 pages)

10:00 - 10:00 **4. Matters Arising / Action List**

0 min

Enclosed *Arlene Wood*

 Item 4 - Clinical Governance Committee Action List - 20230707.pdf (3 pages)

4.1. Four Pillars of Advanced Practice within Pharmacy

Verbal *Ben Hannan*

10:00 - 10:00 **5. ACTIVE OR EMERGING ISSUES**

0 min

10:00 - 10:00 **6. GOVERNANCE MATTERS**

0 min

6.1. Annual Statement of Assurance for Clinical Governance Oversight Group


Enclosed *Shirley-Anne Savage*

 Item 6.1 - Annual Statement of Assurance for Clinical Governance Oversight Group 2022 23.pdf (6 pages)

6.2. Annual Internal Audit Report 2022/23

Enclosed *Maxine Michie*

 Item 6.2 - SBAR Annual Internal Audit Report 2022-23.pdf (5 pages)

 Item 6.2 - Appendix 1 Annual Internal Audit Report 2022-23.pdf (47 pages)

6.3. Corporate Risks Aligned to Clinical Governance Committee

Enclosed *Chris McKenna / Janette Keenan*

- Item 6.3 - SBAR Corporate Risks Aligned to Clinical Governance Committee.pdf (5 pages)
- Item 6.3 - Appendix 1 Deep Dive.pdf (3 pages)

6.3.1. Deep Dive: Quality & Safety

Shirley-Anne Savage

6.4. Review of Annual Workplan

Enclosed Shirley-Anne Savage

- Item 6.4 - Delivery of Annual Workplan.pdf (7 pages)

10:00 - 10:00 7. STRATEGY / PLANNING

0 min

7.1. Annual Delivery Plan 2023/24

Enclosed Carol Potter

- Item 7.1 - SBAR Annual Delivery Plan 2023-24.pdf (3 pages)
- Item 7.1 - Appendix 1 Annual Delivery Plan.pdf (61 pages)

7.2. Clinical Governance Strategic Delivery Plan 2023-24

Enclosed Chris McKenna / Shirley-Anne Savage

- Item 7.2 - SBAR Clinical Governance Strategic Delivery Plan 2023-24.pdf (3 pages)
- Item 7.2 - Appendix 1 Clinical Governance Strategic Framework Delivery Plan 2023-24.pdf (3 pages)

10:00 - 10:00 8. QUALITY / PERFORMANCE

0 min

8.1. Integrated Performance and Quality Report

Enclosed Chris McKenna / Janette Keenan

- Item 8.1 - SBAR Integrated Performance and Quality Report.pdf (4 pages)
- Item 8.1 - Appendix 1 Integrated Performance and Quality Report.pdf (15 pages)

8.2. Healthcare Associated Infection Report (HAIRT)

Enclosed Janette Keenan

- Item 8.2 - SBAR Healthcare Associated Infection Report (HAIRT).pdf (6 pages)
- Item 8.2 - Appendix 1 Healthcare Associated Infection Report (HAIRT).pdf (27 pages)

8.3. Excellence in Care Presentation

Enclosed Janette Keenan

- Item 8.3 - SBAR Excellence in Care + Appendix 1.pdf (6 pages)

8.4. Infection Control Inspection by Health Improvement Scotland Report

Enclosed Janette Keenan

- Item 8.4 - SBAR Health Inspection Scotland Inspection.pdf (4 pages)
- Item 8.4 - Appendix 1 HIS IPC Inspection Report for Mental Health Services.pdf (18 pages)
- Item 8.4 - Appendix 2 HIS IPC Inspection Improvement Action Plan.pdf (7 pages)

8.5. NHS Response to Fatal Accident Enquiry (Linda Allan) & Recommendations

Enclosed Chris McKenna

- 📎 Item 8.5 - SBAR NHS Response to Fatal Accident Enquiry.pdf (4 pages)
 - 📎 Item 8.5 - Appendix 1 Determination.pdf (46 pages)
 - 📎 Item 8.5 - Appendix 2 Final Response to Sheriff.pdf (5 pages)
 - 📎 Item 8.5 - Appendix 3 Action Plan.pdf (3 pages)
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10:00 - 10:00 **9. DIGITAL / INFORMATION**
0 min

9.1. Digital and Information Strategy 2019-24 Update

Enclosed *Alistair Graham*

- 📎 Item 9.1 - SBAR Digital and Information Strategy Update.pdf (7 pages)
 - 📎 Item 9.1 - Appendix 1 Digital Strategy Key Ambitions and Deliverables.pdf (2 pages)
-

10:00 - 10:00 **10. PERSON CENTRED / PARTICIPATION / ENGAGEMENT**
0 min

10.1. Patient Experience & Feedback

Enclosed *Janette Keenan*

- 📎 Item 10.1 - SBAR Patient Experience and Feedback Report + appendix.pdf (17 pages)
-

10:00 - 10:00 **11. ANNUAL REPORTS**
0 min

11.1. Clinical Advisory Panel Annual Report

Enclosed *Chris McKenna*

- 📎 Item 11.1 - SBAR Clinical Advisory Panel Annual Report.pdf (2 pages)
- 📎 Item 11.1 - Appendix 1 Clinical Advisory Panel Annual Report.pdf (6 pages)

11.2. Director of Public Health Annual Report

Enclosed *Joy Tomlinson*

- 📎 Item 11.2 - SBAR Director of Public Health Annual Report.pdf (4 pages)
- 📎 Item 11.2 - Appendix 1 Director of Public Health Annual Report.pdf (50 pages)
- 📎 Item 11.2 - Appendix 2 DPH Annual Report Information Supplement.pdf (59 pages)

11.3. Fife Child Protection Annual Report

Enclosed *Janette Keenan*

- 📎 Item 11.3 - SBAR Child Protection Annual Report 2022-23.pdf (3 pages)
 - 📎 Item 11.3 - Appendix 1 Child Protection Annual Report 2022-23.pdf (49 pages)
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10:00 - 10:00 **12. LINKED COMMITTEE MINUTES**
0 min

12.1. Area Clinical Forum dated 8 June 2023 (unconfirmed)

Enclosed

- 📎 Item 12.1 - Minute Cover Paper.pdf (1 pages)
- 📎 Item 12.1 - Area Clinical Forum 20230608 (unconfirmed).pdf (4 pages)

12.2. Area Medical Committee dated 2 May 2023 (unconfirmed)

Enclosed

- Item 12.2 - Minute Cover Paper.pdf (1 pages)
- Item 12.2 - Area Medical Committee Minutes 20230205 (unconfirmed).pdf (4 pages)

12.3. Cancer Governance & Strategy Group dated 31 May 2023 (unconfirmed)

Enclosed

- Item 12.3 - Minute Cover Paper.pdf (1 pages)
- Item 12.3 - Cancer Governance & Strategy Group 20230531(unconfirmed).pdf (12 pages)

12.4. Clinical Governance Oversight Group dated 18 April 2023 (confirmed)

Enclosed

- Item 12.4 - Minute Cover Paper.pdf (1 pages)
- Item 12.4 - Clinical Governance Oversight Group 20230418 (confirmed).pdf (10 pages)

12.5. Fife Area Drugs & Therapeutic Committee dated 26 April 2023 (unconfirmed)

Enclosed

- Item 12.5 - Minute Cover Paper.pdf (1 pages)
- Item 12.5 - Fife Area Drugs & Therapeutic Committee 20230426 (unconfirmed).pdf (8 pages)

12.6. Health & Safety Subcommittee dated 9 June 2023 (unconfirmed)

Enclosed

- Item 12.6 - Minute Cover Paper.pdf (1 pages)
- Item 12.6 - Health & Safety Subcommittee 20230609 (unconfirmed).pdf (7 pages)

12.7. Infection Control Committee dated 7 June 2023 (unconfirmed)

Enclosed

- Item 12.7 - Minute Cover Paper.pdf (1 pages)
- Item 12.7 - Infection Control Committee 20230607 (unconfirmed).pdf (4 pages)

10:00 - 10:00 13. ESCALATION OF ISSUES TO NHS FIFE BOARD

0 min

13.1. To the Board in the IPQR Summary

13.2. Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

10:00 - 10:00 14. ANY OTHER BUSINESS

0 min

10:00 - 10:00 15. DATE OF NEXT MEETING: FRIDAY 8 SEPTEMBER 2023 AT 10AM VIA MS TEAMS

0 min

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 5 MAY 2023 AT 10AM VIA MS TEAMS

Present:

Arlene Wood, Non-Executive Member (Chair)
Sinead Braiden, Non-Executive Member
Anne Haston, Non-Executive Member
Kirstie MacDonald, Non-Executive Whistleblowing Champion
Simon Fevre, Area Partnership Forum Representative
Janette Keenan, Director of Nursing
Chris McKenna, Medical Director
Carol Potter, Chief Executive (*part*)

In Attendance:

Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Alistair Graham, Associate Director of Digital & Information
Ben Hannan, Director of Pharmacy & Medicines
Helen Hellewell, Deputy Medical Director, Health & Social Care Partnership
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Iain MacLeod, Deputy Medical Director, Acute Services Division
Elizabeth Muir, Clinical Effectiveness Manager
Neil McCormick, Director of Property & Asset Management
Nicola Robertson, Associate Director of Nursing
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

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 received from members Colin Grieve (Non-Executive Member), Aileen Lawrie (Area Clinical Forum Representative), Joy Tomlinson (Director of Public Health) and attendees Norma Beveridge (Associate Director of Nursing), Susan Fraser (Associate Director of Planning & Performance), Margo McGurk (Director of Finance & Strategy) and Shirley-Anne Savage (Associate Director of Quality & Clinical Governance).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 3 March 2023

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.

Action 1 – Inequalities Data

The Medical Director noted that to produce meaningful data and analysis for adverse events, this would require a large amount of time and resource, which the current Clinical Governance team cannot provide at this point in time. It was also noted that it will be difficult to understand the potential outcome from actions until commissioning a piece of research has been carried out.

It was agreed to ask the Director of Public Health to close this action from the Clinical Governance Committee action list and take forward instead through the Public Health & Wellbeing Committee's ongoing work around health inequalities.

Action: Director of Nursing

Action 2 – Strategic Planning & Resource Allocation 2023/24

Given that no update had been provided on the Committee's action list, the Board Secretary advised that the Auditors carry out follow-up work as part of closing off the year end audit, and that this will include reviewing actions in place in relation to ensuring links between financial sustainability and the Integrated Performance & Quality Report, which are detailed in the internal audit report 2021/22. It was also noted that this action would be further captured through discussions at the Audit & Risk Committee as part of that follow-up process.

The action list will be updated accordingly.

5. ACTIVE OR EMERGING ISSUES

The Chair advised the Committee that there are no active or emerging issues to report on to this meeting.

6. GOVERNANCE MATTERS

6.1 Annual Assurance Statements & Reports from Clinical Governance Subcommittees & Groups

The Board Secretary reported that the Annual Assurance Statements and reports are presented to the Clinical Governance Committee on a yearly basis to provide assurance that each subgroup has delivered on their remit. An overview on the subcommittees and groups, where their remit forms part of the Clinical Governance Committee's overall delegated areas, was provided. It was advised that a statement from the Resilience Forum has been added to the report, for increased assurance, following the Committee's review of emergency planning over the previous year. The Integrated Joint Board's (IJB) Quality & Communities Committee Annual Assurance Statement was issued slightly later, due to the timing of the IJB's own committees,

and it was noted that it remains in draft until it has been through the IJB's own Audit & Assurance Committee and the full IJB.

Following a question from the Area Partnership Forum Representative, it was advised that the Health & Safety Policy includes detail on the linkages between the Health & Social Care Partnership and Acute Services groups/subcommittees, and the linkage will be made explicit at a forthcoming Health & Safety Subcommittee. It was advised that a new group formed within Acute Services have their first meeting in May 2023, and that this will be reflected in the next Annual Statement of Assurance for 2023/24.

The Chair requested clarity on where the Clinical Governance risk for the issue of central sterilisation decontamination units sits in terms of governance frameworks. It was advised that a Decontamination Group meets on a quarterly basis and risks and issues are discussed. The Decontamination Group's minutes go through the Infection Control Committee, which in turn reports to Clinical Governance Committee. It was reported that national work in relation to a significant lack of capacity of decontamination units across Scotland is being carried out through a national group who are exploring resolving the issue. It was agreed a briefing paper be provided to the Committee with further detail and timing for this report to be added to the workplan.

Action: Director of Property & Asset Management

Following a question from the Chair in relation to escalation of cases of cyber security system failure as detailed within the Digital & Information Board, the Associate Director of Digital & Information advised that all cyber security incidents are reported initially through the Cyber Security Steering Group and thence the Digital & Information Board on an ongoing basis. It was also advised that the majority of cyber security risks are moderate level, and work can be carried out operationally to ensure continuation of services for risks at that level. Incidents that are high risk would, however, be escalated through the Governance Committees. Ranking of incidents as high risk follow national guidelines related to severity and length of impact.

Following consideration of the reports, the Committee took **assurance** that each group has delivered on its remit in the reporting year.

6.2 Draft Clinical Governance Committee Annual Statement of Assurance 2022/23

The Board Secretary explained that NHS Fife Board require assurance that all Governance Committees have delivered on their remit and the Statement provides detail on how the Clinical Governance Committee has met this through the 2022/23 financial year. The Clinical Governance Committee Annual Statement of Assurance will go through the Audit & Risk Committee as part of the Annual Accounts 2022/23 process, before being submitted to NHS Fife Board for approval.

The Chair commended the Board Secretary for the excellent report.

The Committee **approved** the draft Clinical Governance Committee Annual Statement of Assurance 2022/23, for final sign-off by the Chair and onward submission to the Audit & Risk Committee.

6.3 Corporate Risks Aligned to Clinical Governance Committee

The Medical Director reported that there has been no significant change to corporate risks connected to the Clinical Governance Committee. It was explained that these risks are broad, and the frequency of change is longer than the Committee's bimonthly cycle. Major changes to risks would be presented to the Committee as deep dives.

6.3.1 Deep Dive - Optimal Clinical Outcomes

The Medical Director outlined the risk description for optimal clinical outcomes, noting that this risk is broad. Detail on the various strands and actions for this risk was provided, as detailed further in the paper.

A Haston, Non-Executive Member, questioned how the actions from the risk are being delivered, monitored and evidenced, given the broadness of the risk. The Medical Director explained that the level of risks for each action is being reviewed, and he noted that it is difficult to evidence all the work being carried out through the various programmes of work through a deep dive, and that this is being considered.

S Fevre, Area Partnership Forum Representative, stated that more detail on addressing inequalities and harder to reach groups within the deep dive would be helpful, and he highlighted that the complexities around the broadness of the risk is recognised. The Medical Director advised that some strands also sit within the Public Health & Wellbeing Committee.

K MacDonald, Non-Executive Member, queried how it is known that clinical outcomes are optimal. The Chair agreed and queried the risk mitigations that are in place.

The Chair questioned how to capture some of the Clinical Governance work around clinical safety, inequality, and clinical effectiveness, and building in prevention of clinical harm. The definition of the different types of risks was highlighted, and K MacDonald questioned if the types of risks can be made clearer in terms of those that are either intrinsic or within the NHS Fife Board's control.

It was agreed to hold a Clinical Governance Committee Development Session on Optimal Clinical Outcomes to discuss this in more detail.

Action: Medical Director/Board Committee Support Officer

The Chair thanked everyone involved in the deep dive for their hard work.

The Committee took **assurance** from the update.

6.4 Delivery of Annual Workplan 2023/24

The Clinical Effectiveness Manager highlighted any agenda items that have been deferred.

The Committee took **assurance** from the tracked workplan.

7. STRATEGY / PLANNING

7.1 Corporate Objectives 2023/24

The Chief Executive provided background information and noted that on a yearly basis corporate objectives are agreed for the year ahead to prioritise our focus, in addition to business-as-usual priorities. Through discussions, planning and our new Population Health & Wellbeing Committee and the four key strategic themes, the objectives reflect the highest levels of strategic corporate objectives aligned to the strategic priorities.

The corporate objectives will be presented to each of the Governance Committees, including the Remuneration Committee, where the Chief Executive's personal objectives will be agreed, and individual Directors' objectives will flow from.

Following a question, it was advised that the corporate objectives will be incorporated and linked into the Corporate Risk Register.

The Chair queried where the safety, quality and clinical elements fit within the corporate objectives. The Chief Executive explained that this will form part of the roles and responsibilities of Directors as part of their overall responsibilities. Consideration will be given to the wording of the corporate objectives and cross-cutting actions to be more overt, and the Director of Pharmacy & Medicines suggesting adding a reference to the Clinical Governance Framework and Clinical Governance Framework to the corporate objectives to show the correlative link.

The Committee took **assurance** from the corporate objectives.

7.2 Advanced Practitioners' Review

The Director of Nursing outlined the main points of the paper.

A Haston, Non-Executive Member, highlighted the four pillars of advanced practice and queried where the gaps are and how this is addressed in terms of learning. The Director of Nursing reported that protected non-clinical time has been made available for Advanced Nurse Practitioners to progress their skills and knowledge. The Director of Pharmacy & Medicines explained the position in terms of the four pillars of advanced practice within pharmacy and agreed to share a paper which has been research-led from NHS Fife.

Action: Director of Pharmacy & Medicines

S Fevre, Area Partnership Forum Representative, stated that protected non-clinical time should be incorporated for all our staff to achieve and carry out training. The significant workforce implications were highlighted, and it was suggested to consider this at a national level.

The Chair queried if there are current risks or concerns associated with Advanced Nurse Practitioner roles and questioned what the risks and mitigating actions are. It was explained that part of the risk is the ability for staff to undertake Continuous Professional Development (CPD). In terms of the mitigation, it was advised that non-clinical time and clinical supervision has been important and ensures Advanced Nurse Practitioners are fully supported.

The Chair questioned the actions aligned to the Population Health & Wellbeing Strategy and queried if the strategy supports future planning around the Advanced Nurse Practitioner roles. The Director of Nursing explained that the Health & Social

Care Partnership's Strategic Plan forms part of the workforce planning, including the Advanced Practice toolkit, and is aligned to the Population Health & Wellbeing Strategy.

The Committee **acknowledged** the increase in Advanced Nurse Practitioners and trainee Advanced Nurse Practitioners across NHS Fife and **approved** and **supported** the launch of the Advanced Practice toolkit and Advanced Practice Forum.

7.3 Update on the Role of Assistant Practitioner

The Director of Nursing provided a positive update and advised that the first cohort of Trainee Assistant Practitioners have completed their first module. Positive feedback has been received from Fife College and the first tranche of participants. The trainees are now working towards completion of a Personal Development Award (PDA), and it is expected they will be fully qualified Assistant Practitioners by December 2023. The second cohort of staff commenced the programme with Fife College in April 2023, with another intake scheduled for August 2023. It was noted that there has been positive interest in the Assistant Practitioner role.

S Fevre, Area Partnership Forum Representative, queried how the effectiveness of the Assistant Practitioners is evaluated. It was advised that this is being discussed nationally through a workforce group, and there will also be a patient and staff evaluation from next year to provide feedback.

The support mechanisms in place for Assistant Practitioners was questioned by A Haston, Non-Executive Member, and it was advised that they will be part of the workforce, the appraisal system, policies & procedures, and they will be working towards a competency framework.

The Director of Nursing was commended for the report.

The Committee **noted** the contextual information and took **assurance** that the Assistant Practitioner role is being progressed with staff, financial and clinical governance in mind.

7.4 Public Protection, Accountability & Assurance Framework

The Director of Nursing outlined the key points in paper.

The Chair questioned if there were any current risks associated with public protection, in terms of the gaps that the Committee should be aware of. The Director of Nursing advised that a benchmarking exercise was carried out with other NHS Scotland Boards in terms of public protection, and gaps will be explored as part of the self-evaluation toolkit.

The Committee discussed, considered and examined the implications, and took **assurance** from the paper.

8. QUALITY/PERFORMANCE

8.1 Integrated Performance and Quality Report

The Director of Nursing reported that S Braiden, Non-Executive Member, had met with some of the team to discuss the work that is ongoing nationally in relation to inpatient falls. It was reported that nationally there has been a proposal to change inpatient falls/falls prevention to safer mobilisation.

An overview was provided on inpatient falls, pressure ulcers, SAB, C Diff, ECB, complaints, and the quality improvement work, as detailed in the report. It was added that there is a determination from staff to improve and maintain safety, which is reflected in the data. It was suggested to add additional detail within the report to explain that there is not a negative impact on the quality of care, which is not apparent in the current version of the report.

An explanation was provided on the variation of C Diff infection rates.

It was agreed a meeting be set up to discuss improvement methodology from an active governance perspective, to include the Chair, Associate Director of Planning & Performance, the Director of Nursing and Medical Director.

Action: Director of Nursing

It was agreed an Excellence in Care presentation be brought to the next meeting.

Action: Director of Nursing

The Committee took **assurance** and examined and considered the NHS Fife performance as summarised in the IPQR.

8.2 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing advised that an infection control inspection by Health Improvement Scotland was carried out within the mental health wards at Queen Margaret Hospital and Whyteman's Brae earlier in the year, and the formal report from that inspection will be brought to the next Committee meeting.

Action: Director of Nursing

The Chair requested detail on the impact and risks associated with not having a hand hygiene dashboard. The Director of Nursing advised that work is being taken forward within the Digital & Information team on alternative systems to capture the information. It was noted that the information is being captured at ward level and local level, and Infection Control Nurses are closely monitoring the data. The Director of Nursing agreed to discuss with the Infection Control Committee a more appropriate method of presenting the data.

Action: Director of Nursing

The Committee took **assurance** from the report.

8.3 Medical Devices Update

The Director of Property & Asset Management explained that medical devices now have a wider definition than traditionally was the case. It was reported that a Medical Devices Group has been formed, which will be clinically led, and draft Terms of Reference has been provided to the Committee for approval. It was noted a national group for medical devices has also been formed.

It was advised that there are a number of legislative changes forthcoming, mainly due to Brexit, and the identified areas for improvement were outlined. It was explained that in future years a single database, through the Scan for Safety programme, will be developed for all NHS Scotland Boards. The Medical Director noted that the introduction of this new technology is welcomed.

The Chair questioned if the Medical Devices Group will have a role in managing risks associated with medical devices and adverse events. In response, it was advised that there is work to be carried out in terms of the corporate approach, involving also external safety alerts, and assurance was provided that mitigating risks will form part of the group's remit. Assurance from the group will be provided to the Committee via their ongoing reporting to the Committee.

The Committee took **assurance** from the report and **approved** the Terms of Reference.

8.4 Integrated Unscheduled Care Report

The Medical Director spoke to the report and advised that performance continues to be significantly difficult, the reasons for which are not yet fully understood. It was reported that a number of initiatives have been undertaken to help performance, however, the results are not as expected, which is due to the high demand on our services. It was advised a large amount of work continues, and the Chief Executive thanked everyone involved for their hard work.

The Director of Acute Services reported that different approaches are being trialled at the front door of Victoria Hospital, and that there have been significant benefits for patients and staff through the various approaches trialled to date. Assurance was provided work continues for further refinements at the front door, which is expected to lead to improvements in the performance elements.

K MacDonald, Non-Executive Member, questioned if there were more meaningful measures that could be used to explain the care that is being undertaken and the improvement work that is taking place. The Medical Director explained the four-hour access target, and the Deputy Medical Director, Acute Services added that the patient experience could form part of a measure to drive change.

The Chair queried the risk and impact in terms of funding for the Flow & Navigation Centre. An explanation was provided on the financial gap, and assurance was provided that discussions are ongoing between the Medical Director, Director of Acute Services and Director of Health & Social Care in relation to delivery against funding.

The Chief Executive advised that the paper will be presented to the NHS Fife Board on the improvement work being undertaken for integrated unscheduled care, to provide additional assurance to the data within the IPQR.

The Chair commended the report.

The Committee **discussed** and took **assurance** on the work underway as part of the Unscheduled Care Programme.

8.5 Fatal Accident Inquiry

The Medical Director noted that the findings of the Fatal Accident Inquiry (FAI) is in the public domain, and the importance of acknowledging NHS Fife's response to the FAI was highlighted. It was note there were no specific recommendations from the inquiry for the Board to implement.

K MacDonald, Non-Executive Member, queried the governance route for the actions that were taken and identified prior to the FAI external investigation. In response, it was advised that local adverse event reviews were carried out after the incident.

The Deputy Medical Director, Acute Services reported that a paper has been requested to go through the Acute Services Clinical Governance Group to provide assurance that all actions resulting from the local adverse event review are being carried out.

The Deputy Medical Director, Health & Social Care Partnership provided assurance that NHS Fife is working closely with the Health & Social Care Partnership for a whole system approach.

The Committee took **assurance** that the Fatal Accident Inquiry has been responded to.

9. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

9.1 Patient Experience & Feedback Report

The Director of Nursing advised that a complaints escalation standard operating procedure is being developed to support agreed national timescales. A complexity scoring matrix for complaints is being trialled and will support navigation around complaints.

K MacDonald, Non-Executive Member, congratulated everyone involved for all the efforts being made to improve the target and asked if this could be shared in the public domain. The Director of Nursing advised that an annual return in relation to complaints is submitted to the Scottish Public Services Ombudsman (SPSO), and the quarterly report supports this response. The quarterly report is also presented to the NHS Fife Board.

The Committee took **assurance** from the report.

10. ANNUAL REPORTS

10.1 Adult Support & Protection Biennial Report 2020-22

The Director of Nursing spoke to the report.

Following a question from the Chair, the Director of Nursing advised that discussions in relation to risk areas and gaps around adult support protection would take place through the Adult Protection Oversight Committee, who then feed into the Chief Officers' Public Safety Group (COPS), which the Chief Executive co-chairs. It was noted that that extensive work was carried out on an external review the previous year within the Health & Social Care Partnership.

The Committee took **assurance** from the report.

10.2 Radiation Protection Annual Report

The Medical Director reported that there are no significant issues to escalate and advised that the report details our internal governance arrangements for radiation protection. The report outlines activities undertaken across all of the sites who have x-ray devices, and that this also extends to other services such as nuclear medicine, lasers and MRI. It was advised that there is a Service Level Agreement (SLA) in place with NHS Lothian for Medical Physics Experts.

A Haston, Non-Executive Member, queried the detail on learnings in relation to patient safety and more detail on the audits being carried out. The Medical Director agreed to liaise with the Radiology team and provide a follow-up response via email.

Action: Medical Director

The Committee took **assurance** from the report.

11. LINKED COMMITTEE MINUTES

The Committee is asked to note the linked committee minutes:

- 11.1 Area Medical Committee held on 14 February 2023 (unconfirmed)
- 11.2 Area Radiation Protection Committee held on 31 August 2022 (unconfirmed)
- 11.3 Cancer Governance & Strategy Group held on 30 March 2023 (unconfirmed)
- 11.4 Clinical Governance Oversight Group held on 14 February 2023 (confirmed)
- 11.5 Digital & Information Board held on 19 April 2023 (unconfirmed)
- 11.6 Fife IJB Quality & Communities Committee held on 10 March 2023 (unconfirmed)
- 11.7 Health & Safety Subcommittee held on 10 March 2023 (unconfirmed)
- 11.8 Infection Control Committee held on 5 April 2023 (unconfirmed)
- 11.9 Information Governance & Security Steering Group held on 11 April 2023 (unconfirmed)
- 11.10 Medical Devices Group held on 8 March 2023 (unconfirmed)
- 11.11 Research, Innovation & Knowledge Oversight Group held on 27 March 2023 (unconfirmed)
- 11.12 Resilience Forum held on 1 March 2023 (unconfirmed)

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

There were no performance related issues to escalate to the Board.

12.2 Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

It was agreed to escalate the Integrated Unscheduled Care paper to NHS Fife Board, to help complement the detail within the IPQR.

The Chair agreed to highlight to NHS Fife Board the Clinical Governance Committee Development Session that will be arranged around the deep dive on optimal clinical outcomes.

The Board Secretary advised that the Acting Chair of NHS Fife Board will request that Governance Committee Chairs provide a summary to NHS Fife Board of discussions at their previous Committee meetings, which will provide a further instance for the Board to get a summary of each Committee's recent business.

13. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 7 July 2023 at 10am via MS Teams.

KEY:	Deadline passed / urgent
	In progress / on hold / deadline not reached
	Closed

CLINICAL GOVERNANCE COMMITTEE – ACTION LIST

Meeting Date: Friday 7 July 2023



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	12/01/23	Development Sessions	A Development Session to be arranged on the relationship between NHS Fife and the University of St Andrews.	HT	October 2023 – exact date tbc.	Dates being explored with internal colleagues.	In progress / deadline not reached
2.	05/05/23		A Development Session to be arranged on Optimal Clinical Outcomes.	CM/HT	TBC		In progress
3.	05/05/23	Central Sterilisation Decontamination Units	A briefing paper to be provided to the Committee, with further detail and timing for the national report to be added to the workplan.	NM	September 2023	A paper will go to the Committee at the September meeting.	Deadline not reached
4.	05/05/23	Radiation Protection Annual Report	To liaise with the Radiology team and provide a follow-up response via email on the detail on learnings in relation to patient safety and to provide more detail on the audits being carried out.	CM	July 2023	Complete. The Head of Radiology met with Anne Haston.	Closed
5.	03/03/23	Deep Dives	To apply a recommendation on the assurance level to the Covid-19 Pandemic deep dive for further discussion.	JT/PC	July 2023	This risk has achieved the target level and actions in place provide substantial assurance, noting that any significant mutation of the virus would reduce the benefit of management actions and increase the risk to population health.	Closed
6.	05/05/23	Four Pillars of Advanced Practice within Pharmacy	To share a paper which has been researched from NHS Fife.	BH	July 2023	Complete.	Closed

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
7.	05/05/23	Integrated Performance and Quality Report	A meeting to be set up to discuss improvement methodology from an active governance perspective, to include the Chair, Associate Director of Planning & Performance, the Director of Nursing and Medical Director.	JK	July 2023	Meeting took place on 23 May 2023.	Closed
8.	01/07/22 05/05/23	IPQR	<p>To take forward as an action whether the data within our existing statistics could be analysed further to give a better understanding of inequalities and adverse events and if there are any patterns.</p> <p>To ask the Director of Public Health to close this action from the Clinical Governance Committee action list and take forward instead through the Public Health & Wellbeing Committee's ongoing work around health inequalities.</p>	JK CM	Extended to May 2023	<p>05/05/23 - The Medical Director noted that to produce meaningful data and analysis for adverse events, this would require a large amount of time and resource, which the current Clinical Governance team cannot provide at this point in time. It was also noted that it will be difficult to understand the potential outcome from actions until commissioning a piece of research has been carried out.</p> <p>24/05/23 – Response from the Director of Public Health - Scoping work has been carried out and analysis using routine data sources cannot be completed due to limitations of categories within the adverse events recording system and small numbers of cases which would limit useful interpretation.</p> <p>The Equality and Human Rights Lead Officer will explore training tools to raise awareness of this issue with staff.</p>	Closed

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
9.	03/03/23	Strategic Planning & Resource Allocation 2023/24	To take forward putting actions in place in relation to the statement about ensuring links between financial sustainability and the Integrated Performance & Quality Report, which are detailed in the internal audit report 2021/22.	MM	May 2023	05/05/23 - the Board Secretary advised that the Auditors carry out follow-up work as part of closing off the year end audit, and that this will include reviewing actions in place in relation to ensuring links between financial sustainability and the Integrated Performance & Quality Report, which are detailed in the internal audit report 2021/22. It was also noted that this action would be further captured through discussions at the Audit & Risk Committee as part of that follow-up process.	Closed
10.	03/03/23	Deep Dives	To add specific levels of assurance, through discussions with the Executive Directors Group. Once the levels of assurance are agreed, these should be applied to the deep dives carried out to date.	MM	July 2023	The Risks and Opportunities Group made a recommendation to the Executive Directors' Group on Thursday 4 May 2023, which was accepted. This change will feature in the next iteration of the Corporate Risk Register.	Closed
11.	05/05/23	Excellence in Care	An Excellence in Care presentation to be brought to the next meeting.	JK	July 2023	On agenda.	Closed
12.	05/05/23	Infection Control Inspection by Health Improvement Scotland	The formal report from the HIS inspection to be brought to the next meeting.	JK	July 2023	On agenda.	Closed

ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE CLINICAL GOVERNANCE OVERSIGHT GROUP

1. Purpose

1.1 To provide the NHS Fife Clinical Governance Committee with the assurance that the Clinical Governance Oversight Group (CGOG) has fulfilled its remit during 2022/2023 to:

- Take an overview of the quality and safety of care provided across the Fife health system and how this impacts on patient/user experience and provide assurance to the NHS Fife Clinical Governance Committee and NHS Fife Board
- Ensure the Quality Reports to the Board, Acute Services Division (ASD) and Health & Social Care Partnership (H&SCP) reflect key performance indicators of quality, safety and patient experience in line with national requirements
- Maintain an awareness of evolving quality, safety and governance agendas, both internal and external to NHS Fife
- Oversee, and receive regular reports from local working groups when relating to identified priorities of work, and from participating groups in national programmes. To ensure learning is identified and shared across the organisation
- Identify key learning points from all areas and ensure these are communicated and embedded where appropriate across primary, secondary and the H&SCP.

1.2 This assurance statement summarises the key aspects of business covered which evidence delivery of the CGOG's remit. Please note that this assurance statement does not cover all aspects of business covered during 2022/2023.

2. Membership

2.1 During the financial year to 31 March 2023, membership of the CGOG comprised of:

Name	Roles / Designations
Dr Chris McKenna	Medical Director (Chair)
Janette Owens	Director of Nursing (Deputy Chair)
Lynn Barker	Associate Director of Nursing HSCP
Dr Sue Blair	Consultant in Occupational Medicine
Prof Morwenna Wood	Associate Medical Director for Emergency and Planned Care (until October 2022)
Dr Iain MacLeod	Deputy Medical Director (from November 2022)
Gemma Couser	Associate Director of Quality and Clinical Governance (Until October 2022)
Shirley-Anne Savage	Associate Director of Quality and Clinical Governance (From November 2022)
Pauline Cumming	Risk Manager
Claire Fulton	Lead for Adverse Events

Ben Hannan	Director of Pharmacy
Cathy Gilvear	Quality, Clinical & Care Governance Lead, HSCP
Dr Helen Hellewell	Deputy Medical Director, HSCP
Siobhan McIlroy	Head of Patient Experience
Aileen Lawrie	Associate Director of Nursing and Midwifery
Dr John Morrice	Associate Medical Director for Women and Children's
Elizabeth Muir	Clinical Effectiveness Manager
Nicola Robertson	Associate Director of Nursing for Corporate
Geraldine Smith	Lead Pharmacist for Medicines Governance
Amanda Wong	Associate Director for Allied Healthcare Professionals

2.2 The CGOG may invite individuals to attend meetings for particular agenda items. Dr Gavin Simpson, Chair of the Fife Wide Deteriorating Patient Group and Resuscitation Committee has routinely been in attendance at meetings. Other attendees, deputies and guests are recorded in the individual minutes of each meeting and in appendix 1 the attendance schedule

3. Meetings

3.1 The Group met on 6 occasions during the financial year to 31 March 2023, on the undernoted dates:

- 15th February 2022
- 19th April 2022
- 16th June 2022
- 26th August 2022
- 18th October 2022
- 20th December 2022
- 14th February 2023

The attendance schedule is attached at Appendix 1.

4. Business

4.1 Throughout this period the agenda was prepared to ensure focus on key items to ensure that assurance and oversight was provided by the Group.

Standing Agenda Items

4.2 At every meeting the Group considered the Integrated Performance and Quality Report (IPQR). Specifically focusing on the quality and safety metrics. This then focused the group to request more detailed overview of the improvement actions being progressed to address areas identified for improvement. In October 2022, it was reported to the group that there was an issue with compliance of Stage 2 complaints and an agreement made for this to be reported through this group. Also at the October meeting an issue with the rise in cardiac arrests was identified it was agreed that a deteriorating patient improvement plan be developed.

The Group welcomed the reports which were subsequently escalated to the Clinical Governance Committee for assurance.

4.3 The Clinical Governance Framework was presented to the Group at meetings throughout 2022/2023. The framework summarises the purpose and an overview of

what our commitments are to achieve our aim for safe effective patient centred care. The final document was presented in December 2022 with agreement of proofreading and was brought back for final sign off in February 2023 before going to the Board at the end of March.

- 4.4 The group continues to focus on risk with the Corporate Risk Register being a standing agenda item.
- 4.5 The Organisational Learning Group chaired by Dr Iain MacLeod, Deputy Medical Director and Nicola Robertson, Associate Director of Nursing have had discussions in regard to re-examining its purpose and expected outputs and particularly where it fits into the Governance structure of the organisation.
- 4.6 At each meeting CGOG received an update in relation NHS Fife Policy and Procedures. Assurance was given to the Group in relation to policy and procedures being out of date. Compliance across the year was 98%. In addition the group received updates of any new policy or procedures in the pipeline.
- 4.7 Minutes of Linked Groups noted at each meeting and points for escalation to Group raised as appropriate.

Developments and Emerging Business

- 4.8 A 5 year synopsis report was requested on Significant Adverse Events Review / Local Adverse Events as the group noted within the KPI's that a high number were significantly over the 90 day target for completion. The report provided a 5 year synopsis of the number of adverse events in particular incidents with major or extreme outcomes in terms of harm that have had a significant or local adverse event review (SAER/LAER) commissioned.

The issue was identified as being an accumulation of open SAERs/LAERs on top of a slight increase in numbers of newly commissioned SAERs/LAERs was significantly challenging to manage by services that were already under pressure. There was a risk that learning was not being identified and acted on timeously.

Review and Update of the Adverse Event Policy and processes due to be published in 2023 will offer the opportunity for a more streamlined and efficient management of major and extreme adverse events. There is also a need to explore options to resource the management all SAERs.

- 4.9 The work of the Deteriorating Patient Group and implementation of the NHS Fife Deteriorating Patient Improvement Plan under Dr Gavin Simpson continues. The aim of the plan is to improve the prevention, identification, and response to physical deterioration of NHS Fife patients with the intention to reduce associated harm. The goal is to reduce cardiac arrests by supporting further adoption of Know the Score principles. We are looking at sustainability in systems, collating and sharing learning across our organisation.

The Know The Score campaign focuses on 5 main areas of clinical practice to target improvement as detailed below

- Improved recording of Patient Vital Observations using Patientrack e-observations and Early Warning Scores

- Do Not Attempt Cardio Pulmonary Resuscitation
- Hospital Anticipatory Care Plans
- Structured Response reviews for high Early Warning Score
- Comprehensive Cardiac arrest reviews/auditing (Emergency Bleep Meetings)

This was very successful and reduced our Cardiac Arrest rate by three quarters over 5 years.

- 4.10 The National Hub for the Reviewing and Learning from the Death of Children and Young People aims to ensure that the death of every child and young person is reviewed to a minimum standard; defined within a national data core data set. Within scope are all deaths of born children up to their 18th birthday or 26th birthday for those who continue to receive aftercare or continuing care at the time of their death. There is a requirement for Health Boards to publish a Children and Young Person's Death Review Report annually and the first Annual Report was presented in February 2023.

On the completion of 2022 there were 19 deaths which met criteria for review. This suggests that the number of deaths reviewed in 2022 was lower than the anticipated 30 – 35 reviews per annum, calculated from the last 5 years average.

All 19 deaths have been discussed at the monthly commissioning group. The child death review process is at the early stages of standardising the process for looked after children, suspected suicides and accidental deaths. The key learning highlighted in 2022 relates mostly to the complexities around the development of processes within a multi-disciplinary and multi-agency partnership. There has had a particular focus on streamlining existing review process that currently coincide into a single review process.

- 4.11 Annually there is a requirement for Health Boards to publish an Annual Duty of Candour (DoC) Report. In February 2023 the 2021/22 Duty of Candour report was presented. There were 36 adverse events requiring DoC with the most common outcome, for 20 patients, being an increase in a person's treatment.

Overall NHS Fife has carried out the procedure in each case. A number of areas of strength have been identified including notifying the person and providing details of the incident, provision of an apology, reviewing all cases and offering support and assistance. There was Improvement since last year on providing the patient with a written apology. One area identified for improvement was arranging a meeting following offer to meet.

The pandemic and the proceeding years have resulted in delays in the completion of adverse event reviews. In view of the delays in completing adverse event reviews and the commitment to providing a comprehensive annual report it was agreed that the reports should be presented in January each year proceeding the end of the reporting period.

Emerging issues with delays in the SAER process has been regularly escalated to CGOG for discussion. Initial discussions resulted in the presentation and discussion on a SAER/LAER 5 year synopsis paper which identified some of the key issues. Immediate changes to the Executive sign off process were introduced to alleviate time pressures on the review teams. The change in this SAER process will improve the timeliness of the DoC process

5. Self-Assessment

5.1 The group has undertaken a self-assessment of its own effectiveness, utilising a questionnaire considered and approved by the Group's Chair. This was completed using Forms (an online portal). The output of this exercise provided the following key feedback that in 2022/2023 the group:

- was provided with sufficient membership, authority and resource to perform its role effectively and independently
- appropriate membership
- were provided with papers in sufficient time prior to the meeting to allow members to effectively consider, scrutinise and challenge the assurances or updates provided
- had appropriate level of scrutiny and is provided with assurance to ensure clinical governance risks are being managed to an acceptable level.
- receives adequate information and provides appropriate oversight of the implementation of relevant strategies, guidelines, policy directions or instructions.
- sometimes doesn't have sufficient time for discussion of substantive matters. The group has agreed to review this and provide an annual workplan with greater input from H&SC

6. Conclusion

6.1 As Chair of the Group during financial year 2022-2023, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Group has allowed us to fulfil our remit. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit during the year.

6.2 I can confirm that that there were no significant control weaknesses or issues at the year-end which the group considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.

6.3 I would pay tribute to the dedication and commitment of fellow members of the Group and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.



Signed:

Date: 31/03/2023

Dr Christopher McKenna, Medical Director, Chair
On behalf of the Clinical Governance Oversight Group

Appendix 1 – Attendance Schedule

NHS Fife Clinical Governance Oversight Group Attendance Record

1st April 2022 to 31st March 2023

Member	Designation	19 th April 2022	14th June 2022	16 th Aug 2022	18 th Oct 2022	20 th Dec 2022	14 th Feb 2023
Lynn Barker	Associate Director of Nursing, Health Social Care Partnership	✓	x	✓	✓	✓	✓
Norma Beveridge	Interim Associate Director of Nursing, Acute					✓	✓
Dr Sue Blair	Consultant in Occupational Medicine	x	✓	✓	✓	x	✓
Andy Brown	Principal Auditor - Finance	x	x	x	x	x	x
Lynn Campbell	Associate Director of Nursing, Acute Services Division	✓	x	✓	✓	✓	x
Gemma Couser	Associate Director of Quality & Clinical Governance	x	x	x	✓		
Pauline Cumming	Risk Manager	✓	✓	✓	✓	✓	✓
Fiona Forrest	Deputy Director of Pharmacy & Medicines				✓	✓	✓
Claire Fulton	Adverse Events Lead	✓	✓	✓	x	✓	✓
Cathy Gilvear	Quality, Clinical & Care Governance Lead, HSCP	✓	✓	✓	✓	✓	✓
Ben Hannan	Director of Pharmacy and Medicines	x	✓	x	x	x	x
Dr Helen Hellewell	Associate Medical Director, HSCP	✓	✓	x	✓	✓	✓
Janette Keenan	Director of Nursing	✓	x	x	✓	✓	✓
Aileen Lawrie	Associate Director of Midwifery	✓	x	✓	x	✓	✓
Dr Sally McCormack	Associate Medical Director for Emergency Care & Planned Care					✓	x
Dr Chris McKenna (Chair)	Medical Director, NHS Fife	x	✓	✓	✓	✓	✓
Dr Iain MacLeod	Deputy Medical Director, Acute				✓	✓	✓
Siobhan McIlroy	Head of Patient Experience				x	x	x
John Morrice	Associate Medical Director for Women and Children's Services	x	✓	x	x	✓	✓
Elizabeth Muir	NHS Fife Clinical Effectiveness Manager	✓	✓	✓	✓	✓	✓
Sally O'Brien	Head of Nursing	x	x	✓	x	x	x
Nicola Robertson	Assistant Director of Nursing, Corporate Division	x	✓	x	x	x	x
Shirley-Anne Savage	Associate Director of Quality & Clinical Governance					✓	✓
Geraldine Smith	Lead Pharmacist, Medicines Governance & Education Training	✓	x	✓	✓	x	x
Prof Morwenna Wood	Associate Medical Director for Emergency and Planned Care	x	✓	x	x	x	x
Amanda Wong	Associate Director of Allied Health Professionals	x	✓	✓	✓	✓	✓
In Attendance	Designation						
Gavin Simpson	Consultant Anaesthetics				✓		✓
Alistair Graham	Associate Director Digital and Information						✓

Meeting:	Clinical Governance Committee
Meeting date:	7 July 2023
Title:	Internal Audit Annual Report
Responsible Executive/Non-Executive:	M McGurk, Director of Finance
Report Author:	T Gaskin, Chief Internal Auditor

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Effective

2 Report summary

2.1 Situation

The purpose of this report is to present the **FINAL** 2022/23 Annual Internal Audit Report to the NHS Fife Clinical Governance Committee. This report has been considered by the Audit and Risk Committee at its meeting on 23 June 2023 as part of the wider portfolio of year end governance assurances. This report is for the Clinical Governance Committee to consider and specifically note the narrative for clinical and information governance.

2.2 Background

The Audit & Risk Committee has approved this report at its meeting on 23 June 2023 as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

This annual report provides details on the outcomes of the 2022/23 internal audit and the Chief Internal Auditor's opinion on the Board's internal control framework for the financial year 2022/23.

2.3 Assessment

Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place;
- The 2022/23 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

In addition, we have not advised management of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work;
- The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected;
- The format and content of the Governance Statement in relation to the relevant guidance;
- The disclosure of all relevant issues.

Therefore, **it is my opinion** that:

- The Board has adequate and effective internal controls in place
- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.

We noted the following key themes:

- The Board has improved its governance during the year in number of areas and has responded positively to the 2nd edition of the Blueprint for Good Governance, issued November 2022, in line with a very positive and pro-active governance and risk management culture.
- We commented on performance in the Internal Control Evaluation (ICE) but in common with many Health Boards, NHS Fife is finding achievement of national targets and improvements extremely challenging. The majority of targets set by Scottish Government are no longer being met. Operational performance has been difficult during the year and it is likely that the challenge will continue in the medium term until strategic solutions can be found, working in partnership with the IJB.
- As reported in the Annual Internal Audit Report for 2021/22, the challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. Amongst a number of initiatives, including the SPRA which is central to sustainability, NHS Fife approved the Population Health and Wellbeing Strategy (PHWS) in March 2023, and the Corporate Objectives, which are linked to the new NHS Fife Strategic Priorities.
- Whilst the Scottish Government has set a number of very challenging national objectives, NHS Fife will need to be mindful that its own strategic objectives must be deliverable within acceptable risk tolerances. The PHWS acknowledged financial pressures but, as a high level strategy, did not provide detailed information on how these would be addressed. As NHS Fife moves into the delivery stage, clarity around how the PHWS will be delivered within the financial and workforce constraints should begin to emerge as well as an understanding of any elements of the strategy which might not be achievable within its lifespan.
- Although the 2022/23 ICE reported considerable financial pressures, these have subsequently become even more pressing, across the whole of NHSScotland. The

Audit Scotland report 'NHS Scotland 2022', issued February 2023, stated that 'the NHS in Scotland faces significant and growing financial pressures. These include inflation; recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. These pressures are making a financial position that was already difficult and has been exacerbated by the Covid-19 pandemic, even more challenging. This could limit investment in recovery and reform'.

- Within previous Internal audit reports we have recorded similar concerns and highlighted the importance of strategic responses to these challenges. The NHS Fife Medium-Term Financial Plan for 2023-28 included scenario planning to demonstrate the impact variables may have on achieving financial stability. Traditional approaches to making efficiencies were producing declining savings, and new solutions will be required to ensure that services are sustainable. NHS Fife will need to ensure that it has the capacity and capability required to identify, develop and implement these solutions whilst maintaining business as usual.
- We are aware that NHSScotland as a whole is predicting significant requirements for brokerage by 2025-2026 and that the Scottish Government has announced that it has a £1bn shortfall in 2023/24, rising to £1.9bn in future years. In these circumstances, whilst the NHS Fife cumulative 3 year brokerage, at a total of £35m, is relatively modest compared to some other NHS Boards, it is by no means certain that it will be available when needed.
- The Audit Scotland report 'NHS Scotland 2022' recognises workforce capacity as the biggest risk to the recovery of NHS services and highlights that the NHS Recovery Plan was not informed by robust modelling and there is a risk workforce targets will not be achieved.
- Workforce risks remain high across NHSScotland and indeed health sectors all over the world and our view is that the current risk and target risk scores for Workforce within NHS Fife need to reflect local, national and international pressures and the extent to which these are and can be mitigated by key actions and controls, most notably the Workforce Plan. Our review of the NHS Fife Workforce Plan 2022-25 highlighted a number of areas for improvement in future iterations, which will now be incorporated within the Annual Delivery Plan.
- NHS Fife continues to implement its Risk Management Framework Improvement Programme during 2022/23: Strategic
- This work will continue during 2023/24, when the Corporate Risk Register will be further refined and the deep dive process providing greater assurance as it matures. We have also identified some areas for further improvement as part of this process, including increasing the influence of Risk Appetite on strategy, budgeting decision making and organisational focus.
- A Risks and Opportunities Group has been established which aims to embed an effective organisational risk management framework and culture, including assurance mapping principles. Risk scores and achievement of target scores by target dates are now being considered and potential enhancements to the Deep Dive process have been shared by Internal Audit.
- The Clinical Governance Strategic Framework and associated Annual Delivery Plan for 2022/23 were approved by Fife NHS Board on 28 March 2023. This outlines the governance framework and assurance reporting routes for clinical governance throughout the full span of NHS Fife responsibilities. This includes those services delegated to Fife IJB which continues a number of positive developments in Clinical Governance over recent years.

2.3.1 Quality/ Patient Care

The Triple Aim is a core consideration in planning all internal audit reviews.

2.3.2 Workforce

Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews.

2.3.3 Financial

Financial Governance is a key pillar of the Annual Internal Audit Plan and value for money is a core consideration in planning all internal audit reviews.

2.3.4 Risk Assessment/Management

The internal audit planning process which produces the Annual Internal Audit Plan takes into account inherent and control risk for all aspects of the Audit Universe. Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legal requirements are a core consideration in planning all internal audit reviews.

2.3.5 Equality and Diversity, including health inequalities

All internal audit reviews which involve review of policies and procedures examine the way in which equality and diversity is incorporated in Board documentation.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

All papers have been produced by Internal Audit and shared with the Director of Finance and Strategy.

2.3.8 Route to the Meeting

This paper has been produced by the Regional Audit Manager, reviewed by the Chief Internal Auditor and agreed by the Director of Finance and Strategy.

2.4 Recommendation

The Clinical Governance Committee is asked to:

- Take **assurance** from this finalised report and consider the narrative for clinical and information governance.

3 List of appendices

The following appendices are included with this report:

- Annual Internal Audit Report 2022/23

FTF Internal Audit Service

Annual Internal Audit Report 2022/23

Report No. B06/24

Issued To: Carol Potter, Chief Executive
Margo McGurk, Director of Finance and Strategy
NHS Fife Executive Directors Group

Gillian MacIntosh, Head of Corporate Governance and Board Secretary

Audit & Risk Committee
External Audit

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Draft Report Issued	13 June 2023
Management Responses Received	19 June 2023
Target Audit & Risk Committee Date	20 June 2023
Final Report Issued	19 June 2023

INTRODUCTION AND CONCLUSION

1. This annual report to the Audit & Risk Committee provides details on the outcomes of the 2022/23 internal audit and my opinion on the Board's internal control framework for the financial year 2022/23.
2. Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place;
- The 2022/23 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

3. In addition, we have not advised management of any concerns around the following:

- Consistency of the Governance Statement with information that we are aware of from our work;
- The description of the processes adopted in reviewing the effectiveness of the system of internal control and how these are reflected;
- The format and content of the Governance Statement in relation to the relevant guidance;
- The disclosure of all relevant issues.

ACTION

4. The Audit & Risk Committee is asked to **take assurance from** this report in evaluating the internal control environment and **report** accordingly to the Board.

AUDIT SCOPE & OBJECTIVES

5. The Strategic and Annual Internal Audit Plans for 2022/23 incorporated the requirements of the NHSScotland Governance Statement and were based on a joint risk assessment by Internal Audit and the Director of Finance & Strategy and were approved by both the Executive Directors Group (EDG) and the Audit & Risk Committee. The resultant audits range from risk based reviews of individual systems and controls through to the strategic governance and control environment.
6. The authority, role and objectives for Internal Audit are set out in Section 20 of the Board's Standing Financial Instructions and are consistent with Public Sector Internal Audit Standards.
7. Internal Audit is also required to provide the Audit & Risk Committee with an annual assurance statement on the adequacy and effectiveness of internal controls. The Audit & Assurance Committee Handbook states:

The Audit & Risk Committee should support the Accountable Officer and the Board by reviewing the comprehensiveness and reliability of assurances on governance, risk management, the control environment and the integrity of the financial statements and the annual report. The scope of the Committee's work should encompass all the assurance needs of the Accountable Officer and the Board. Within this the Committee should have particular engagement with the work of Internal Audit, risk management, the External Auditor, and financial management and reporting issues.

INTERNAL CONTROL

Previous recommendations

8. The Internal Control Evaluation (ICE), issued March 2023, was informed by detailed review of formal evidence sources including Board, Standing Committee, Executive Directors Group (EDG), and other papers. The ICE noted actions to enhance governance and achieve transformation and concluded that NHS Fife's assurance structures were adequate and effective but did agree recommendations for implementation by management.
9. Internal Audit monitor progress with outstanding recommendations through the Audit Follow Up system and all management responses are validated. Progress with Annual Report and ICE recommendations is now reported to the Audit & Risk Committee at each meeting and the EDG on a quarterly basis. NHS Fife has demonstrated steady progress towards completion of most of our previous recommendations, with some not yet due.
10. Most of the recommendations are due for completion around June and August 2023. Aspects of some recommendations have been completed with status provided to Internal Audit to confirm progress is on track. Minor slippage on Information Governance recommendations is noted.
11. The 2023/24 ICE will provide an update on the remaining actions as well as providing an opinion on the efficacy of implementation of all agreed actions.
12. As well as following up previously agreed actions, we have completed testing to identify any material changes to the control environment in the period from the issue of the ICE to the year-end. Areas for further development were identified and will be followed up in the 2023/24 ICE. The remaining actions to address recommendations in our previous ICE and Annual Reports, along with an assessment of progress are included in Section 5.

Governance Statement

13. Throughout the year, our audits have provided assurance and made recommendations for improvements. Where applicable, our detailed findings have been included in the NHS Fife 2022/23 Governance Statement.
14. For 2022/23, the Governance Statement format and guidance were included within the NHSScotland Annual Accounts Manual. Whilst Health and Social Care Integration is not specifically referenced, the guidance does make it clear that the Governance Statement applies to the consolidated financial statements as a whole, which would therefore include activities under the direction of Integrated Joint Boards (IJBs).
15. The Board has produced a Governance Statement which states that:
 - *'During the 2022/23 financial year, no significant control weaknesses or issues have arisen in the expected standards for good governance, risk management and control.'*
16. Our audit work has provided evidence of compliance with the requirements of the Accountable Officer Memorandum and this combined with a sound corporate governance framework in place within the Board throughout 2022/23, provides assurance for the Chief Executive as Accountable Officer.
17. Therefore, **it is my opinion** that:
 - The Board has adequate and effective internal controls in place.

- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.
18. All Executive Directors and Senior Managers were required to provide a statement confirming that adequate and effective internal controls and risk management arrangements were in place throughout the year across all areas of responsibility and, this process has been further enhanced by guidance written by the Director of Finance and Strategy. These assurances have been reviewed and no breaches of Standing Orders / Standing Financial Instructions were identified.
 19. The Governance Statement reflects the Board governance and operating arrangements. It includes details of the Board performance profile and risk management arrangements, and organisational and supporting strategies. All elements of the Governance Statement have been considered by Internal Audit in previous internal audit annual reports and the ICE and have been followed up in detail in this report.

Key Themes

20. Detailed findings are shown later in the report, which also shows, for context, relevant Corporate Risks against each strand of Corporate Governance. Key themes emerging from this review and other audit work during the year are detailed in the following paragraphs.
21. The Board has improved its governance during the year in number of areas and has responded positively to the 2nd edition of the Blueprint for Good Governance, issued November 2022, in line with a very positive and pro-active governance and risk management culture.
22. We commented on performance in the ICE but in common with many Health Boards, NHS Fife is finding achievement of national targets and improvements extremely challenging. The majority of targets set by Scottish Government are no longer being met. Operational performance has been difficult during the year and it is likely that the challenge will continue in the medium term until strategic solutions can be found, working in partnership with the IJB.
23. As reported in the Annual Internal Audit Report for 2021/22, the challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. Amongst a number of initiatives, including the Strategic Planning and Resource Allocation (SPRA) which is central to sustainability, NHS Fife approved the Population Health and Wellbeing Strategy (PHWS) in March 2023, and the Corporate Objectives, which are linked to the new NHS Fife Strategic Priorities.
24. Whilst the Scottish Government has set a number of very challenging national objectives, NHS Fife will need to be mindful that its own strategic objectives must be deliverable within acceptable risk tolerances. The PHWS acknowledged financial pressures but, as a high level strategy, did not provide detailed information on how these would be addressed. As NHS Fife moves into the delivery stage, clarity around how the PHWS will be delivered within the financial and workforce constraints should begin to emerge as well as an understanding of any elements of the strategy which might not be achievable within its lifespan.
25. Although the 2022/23 ICE reported considerable financial pressures, these have subsequently become even more pressing, across the whole of NHSScotland. The Audit Scotland report '*NHS Scotland 2022*', issued February 2023, stated that '*the NHS in Scotland faces significant and growing financial pressures. These include inflation; recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. These pressures are making a financial position that was already*

difficult and has been exacerbated by the Covid-19 pandemic, even more challenging. This could limit investment in recovery and reform’.

26. Within previous Internal audit reports we have recorded similar concerns and highlighted the importance of strategic responses to these challenges. The NHS Fife Medium-Term Financial Plan for 2023-28 included scenario planning to demonstrate the impact variables may have on achieving financial stability. Traditional approaches to making efficiencies were producing declining savings, and new solutions will be required to ensure that services are sustainable. NHS Fife will need to ensure that it has the capacity and capability required to identify, develop and implement these solutions whilst maintaining business as usual.
27. We are aware that NHSScotland as a whole is predicting significant requirements for brokerage by 2025-2026 and that the Scottish Government has announced that it has a £1bn shortfall in 2023/24, rising to £1.9bn in future years. In these circumstances, whilst the NHS Fife cumulative 3 year brokerage, at a total of £35m, is relatively modest compared to some other NHS Boards, it is by no means certain that it will be available when needed.
28. The Audit Scotland report ‘NHS Scotland 2022’ recognises workforce capacity as the biggest risk to the recovery of NHS services and highlights that the NHS Recovery Plan was not informed by robust modelling and there is a risk workforce targets will not be achieved.
29. Workforce risks remain high across NHSScotland and indeed health sectors all over the world and our view is that the current risk and target risk scores for Workforce within NHS Fife need to reflect local, national and international pressures and the extent to which these are and can be mitigated by key actions and controls, most notably the Workforce Plan. Our review of the NHS Fife Workforce Plan 2022-25 highlighted a number of areas for improvement in future iterations, which will now be incorporated within the Annual Delivery Plan.
30. NHS Fife continues to implement its Risk Management Framework Improvement Programme during 2022/23:
 - New Corporate risk Register mapped to the Corporate Objectives
 - Reporting to Standing Committees and introduction of deep dives
 - Risk escalation process through the Board structure
 - Strategic risk dashboard through the IPQR
31. This work will continue during 2023/24, when the Corporate Risk Register will be further refined and the deep dive process providing greater assurance as it matures. We have also identified some areas for further improvement as part of this process, including increasing the influence of Risk Appetite on strategy, budgeting decision making and organisational focus.
32. A Risks and Opportunities Group has been established which aims to embed an effective organisational risk management framework and culture, including assurance mapping principles. Risk scores and achievement of target scores by target dates are now being considered and potential enhancements to the Deep Dive process have been shared by Internal Audit.
33. The Clinical Governance Strategic Framework and associated Annual Delivery Plan for 2022/23 were approved by Fife NHS Board on 28 March 2023. This outlines the governance framework and assurance reporting routes for clinical governance throughout the full span of NHS Fife responsibilities. This includes those services delegated to Fife IJB which continues a number of positive developments in Clinical Governance over recent years.

34. This report contains a number of recommendations that reflect the changes to the risk environment in which the Board operates. During 2022/23 the Board Secretary has worked with Standing Committee Chairs to ensure Committee Assurance Principles are embedded within the Board's formal assurance processes. There are opportunities now to enhance governance through the further application of assurance mapping principles. Our recommendations are aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance.

Key developments since the issue of the ICE included:

- An update on the second edition of the Blueprint for Good Governance was provided to the March 2023 Audit and Risk Committee;
- The Population Health & Wellbeing Strategy 2023-28 – Living well, working well and flourishing in Fife was approved by the Board at the March 2023 meeting. It details NHS Fife strategic priorities for the next 5 years, which will focus on continuing to deliver high quality clinical services and an increased focus on reducing health inequalities to support improvement in the health and wellbeing of the citizens of Fife;
- Initial drafts of Annual Delivery Plan 2023/24 and Medium-Term Plan 2023/26 were considered by the EDG in May 2023;
- The Chief Internal Auditor delivered a presentation on assurance mapping and principles to the Audit and Risk Committee and a presentation on non-executive challenge to Non Executive Directors in May 2023;
- The introduction of a new escalation process, whereby a report to the EDG flags out-of-date policies by service and seeks individual Executive Director support to progress these within their respective portfolios;
- The EDG at its meeting on 4 May 2023 considered the key corporate objectives for 2023/24, which align to the recently approved NHS Fife Population Health and Wellbeing Strategy;
- Interim Progress Report on Equality Outcomes and Mainstreaming Plan 2021- 2025;
- Primary Care Strategy development update to the EDG in April 2023. This strategy is one of nine transformational strategies supporting implementation of the Strategic Plan for Fife 2023-26 which was approved by the IJB on 23 January 2023;
- Approval of the Medium-Term Financial Plan for the next 5 years by the Board on 28 March 2023;
- Whistleblowing directives issued by the Independent National Whistleblowing Officer have now been implemented within NHS Fife and are currently being refined after the completion of investigations into concerns raised;
- A revised approach, including additional information being supplied to management, is being taken in 2023/24 to improve Personal Development Plan Review completion, mandatory training uptake and a reduction in sickness absence;
- The Clinical Governance Strategic Framework and associated workplan were approved by Fife NHS Board on 28 March 2023;

- The Resilience Forum presented their first Annual Statement of Assurance to Clinical Governance Committee on 5 March 2023.
35. Overall, there has been good progress on recommendations from the ICE from last year and the Annual Internal Audit Report for 2021/22. Where action is still to be concluded, the Board has been informed of the planned approach and timescales, as well as associated improvement plans.

Audit Output

36. During 2022/23 we delivered 16 audit products with 3 currently at draft report stage. Work is progressing on the 6 remaining reviews at work in progress, with these and the 3 draft reports to be completed for the August 2023 Audit & Risk Committee meeting. These audits reviewed the systems of financial and management control operating within the Board and the IJBs.
37. Our 2022/23 audits of the various financial and business systems provided opinions on the adequacy of controls in these areas. Summarised findings or the full report for each review were presented to the Audit & Risk Committee throughout the year.
38. A number of our reports, including the ICE, have been wide ranging and complex audits and have relevance to a wide range of areas within NHS Fife. These should provide the basis for discussion around how NHS Fife can best build on the very good work already being done to improve and sustain service provision.
39. Board management continue to respond positively to our findings and action plans have been agreed to improve the systems of control.

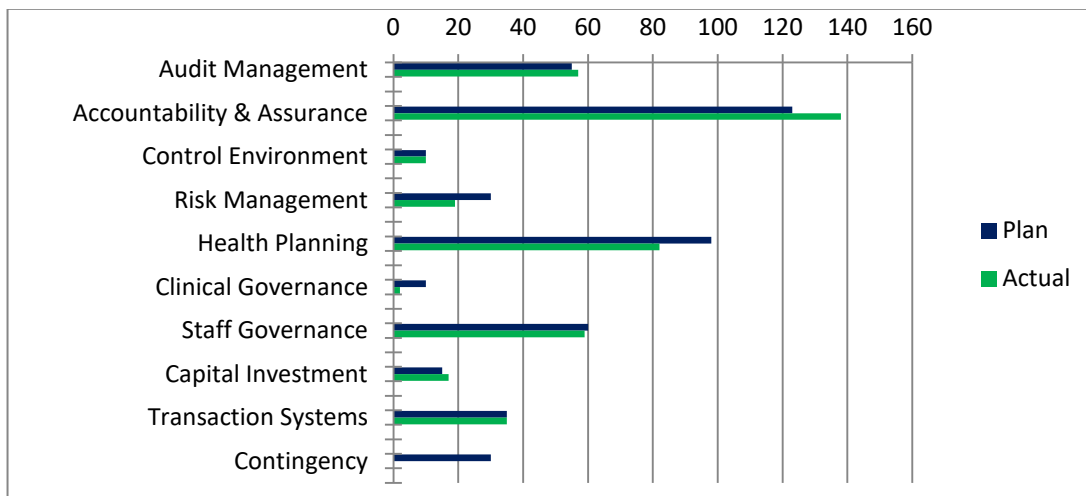
ADDED VALUE

40. The Internal Audit Service has been responsive to the needs of the Board and has assisted the Board and added value by:
- Examining a wide range of controls in place across the organisation.
 - Becoming lead auditors for Fife IJB internal audits.
 - Providing internal input into Board and delivered a presentation on non-executive challenge to Non-Executive Directors in May 2023.
 - Coordinating consideration of assurance issues and updates, dissemination and implementation of the Committee Assurance Principles across NHS Fife, Forth Valley, Tayside and Lanarkshire via the Chief Internal Auditor's continued leadership of the Assurance Mapping Group.
 - The Chief Internal Auditor's delivery of a presentation on assurance mapping and principles to the Audit and Risk Committee.
 - Reviewing the deep dive process introduced following the change from Board Assurance Framework approach to a Corporate Risk Register for strategic risk management, this will be discussed with the Associate Director - Digital & Information and at the Risk and Opportunities Group.
 - Providing advice to Senior Management on the application of assurance mapping and risk management principles.
 - Advising on amendments to the Fife IJB Risk Management Strategy.

- Attending Information Governance and Security Steering Group and Digital & Information Board meetings and providing advice.
 - Input to the update of the NHS Fife Standards of Business Conduct policy
 - Input to the response to Scottish Government regarding updating the Property Transaction Handbook
 - Providing opinion on and evidence in support of the Governance Statement at year-end and conducting an extensive ICE which permitted remedial action to be taken in-year. This review made recommendations focused on enhancements to ensure NHS Fife has in place appropriate and proportionate governance, which supports and monitors the delivery of objectives and is commensurate with the challenging environment within which it is operating.
 - Providing Audit Follow Up reporting to the NHS Fife Audit and Risk Committee.
41. Internal Audit have also used time made available by necessary senior management prioritisation of Covid19 duties to reflect on our working practices, both to build on action taken in response to previous External Quality Reviews and to adapt to a post Covid19 environment. This has included:
- Development of a good practice template for the process of developing new Strategic Plans in IJBs and Health Boards.
 - Updating of the FTF website.
 - Review and update of the FTF self assessment against the Public Sector Internal Audit Standards (PSIAS).
42. The 2023/24 Annual Internal Audit Plan included provision for delivering audit services and providing the Chief Internal Auditor function to Fife's Integrated Joint Board, with Internal Audit Plans agreed. Internal Audit has continued to highlight the importance of maintaining momentum to clear intractable and long-standing issues with all partners, the requirement for coherence between governance structures, performance management, risk management and, in particular, assurance to improve the ability of the IJB to monitor the achievement of operational and strategic objectives.

INTERNAL AUDIT COVER

43. Figure 1: Internal Audit Cover 2022/23



44. Figure 1 summarises the 2022/23 outturn position against the planned internal audit cover. The initial Annual Internal Audit Plan was approved by the Audit & Risk Committee at its meeting on 16 June 2022. As at end of April 2023 we had delivered 418 days against the 463 planned days. There are currently 3 Health Board and 3 IJB reviews at work in progress stage.

45. A summary of 2022/23 performance is shown in Section 3.

PERFORMANCE AGAINST THE SERVICE SPECIFICATION AND PUBLIC SECTOR INTERNAL AUDIT STANDARDS (PSIAS)

46. The FTF Partnership Board met in March 2023 and the 2023/24 budget was approved. The Partnership Board is chaired by the NHS Tayside Director of Finance and the FTF Client Directors of Finance are members. The FTF Management Team members are attendees.

47. We have designed protocols for the proper conduct of the audit work at the Board to ensure compliance with the specification and the PSIAS.

48. Internal Audit is compliant with PSIAS, and has organisational independence as defined by PSIAS, except that, in common with many NHSScotland bodies, the Chief Internal Auditor reports through the Director of Finance rather than the Accountable Officer. There are no impairments to independence or objectivity.

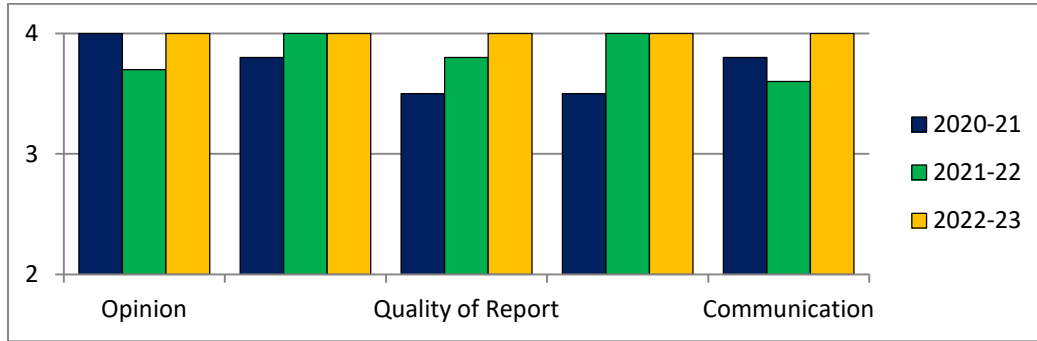
49. Internal and External Audit liaise closely to ensure that the audit work undertaken in the Board fulfils both regulatory and legislative requirements. Both sets of auditors are committed to avoiding duplication and securing the maximum value from the Board's investment in audit.

50. PSIAS require an independent external assessment of internal audit functions once every five years. The most recent External Quality Assessment (EQA) of the NHS Fife Internal Audit Service in 2018/19 concluded that, 'it is my opinion that the FTF Internal Audit service for Fife and Forth Valley generally conforms with the PSIAS.' FTF updated its self assessment during 2022/23. A further EQA is due to take place in 2023/24.

51. A key measure of the quality and effectiveness of the audits is the Board responses to our client satisfaction surveys, which are sent to line managers following the issue of each audit report. Figure 2 shows that, overall, our audits have been perceived as good or very good by the report recipients.

52. Figure 2: Summary of Client Satisfaction Surveys

Scoring: 1 = poor, 2 = fair, 3= good, 4 = very good.



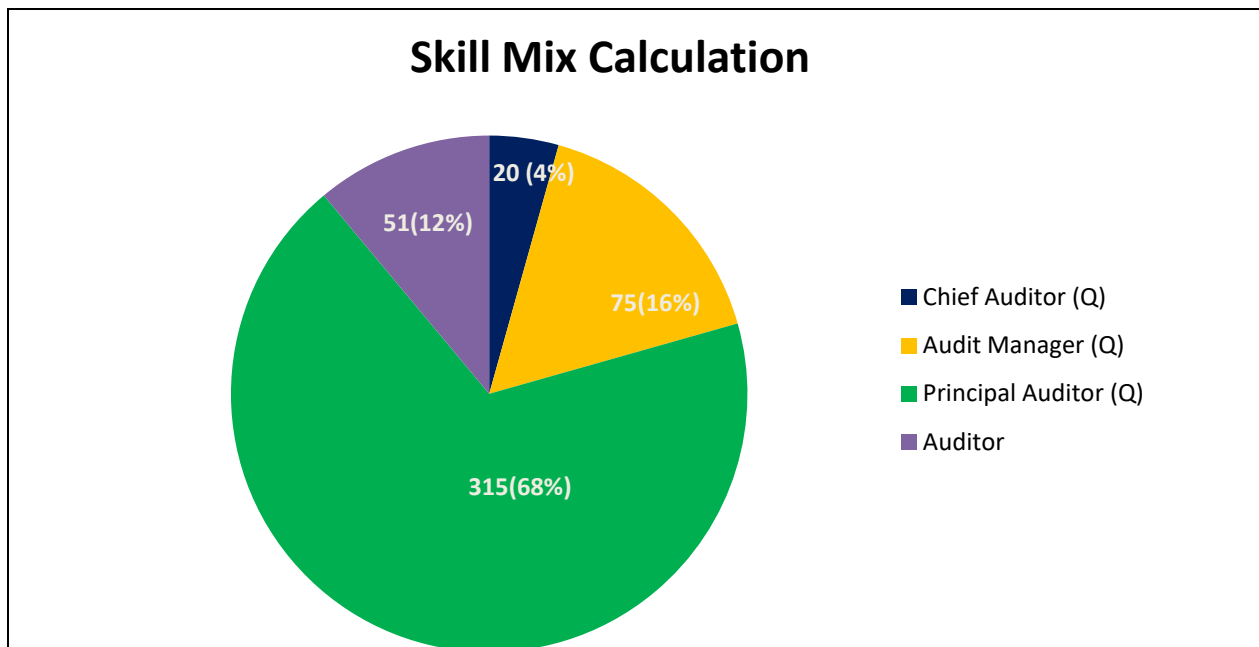
53. Other detailed performance statistics are shown in Section 3.

STAFFING AND SKILL MIX

54. Figure 3 below provides an analysis, by staff grade and qualification, of our time. In 2022/23 the audit was delivered with a skill mix of 88%, which substantially exceeds the minimum service specification requirement of 50% and reflects the complexities of the work undertaken during the year.

55. Figure 3: Audit Staff Skill Mix 2022/23

Audit Staff Inputs in 2022/23[days] Q= qualified input.



ACKNOWLEDGEMENT

56. On behalf of the Internal Audit Service I would like to take this opportunity to thank all members of staff within the Board for the help and co-operation extended to Internal Audit, throughout my tenure as Chief Internal Auditor.
57. My team and I have greatly appreciated the positive support of the Chief Executive, Director of Finance and Strategy, the Board Secretary and the Audit & Risk Committee.

A Gaskin, BSc. ACA
Chief Internal Auditor

Corporate Governance

Corporate Risks:

Risk 1 – Population Health and Wellbeing Strategy – High Risk (12); Target (12) Moderate

There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.

Risk 2 – Health Inequalities – High Risk (20); Target (10) Moderate

There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.

Governance Arrangements

During the pandemic, NHS Fife initiated an organisational command structure to provide direction, decision-making, escalation and communication functions. During the winter period of 2022/23, this structure was used to manage winter pressures.

NHS Fife has now rolled out the Operational Escalation Framework (OPEL), which is designed to support proactive management of increased activity, and the related impact on capacity and flow, to enable services to effectively manage associated clinical risks within acceptable limits. The OPEL provides clear escalation levels for actions to be taken and reporting of OPEL scores is available on a daily basis on Stafflink.

Blueprint for Good Governance

NHS Fife has continued to improve Board effectiveness for example introducing a new Code of Conduct for Members of Fife NHS Board in June 2022 and continuing with a yearly survey of all Board and Standing Committee members and attendees. The outputs help to identify areas for improvements and are a useful tool for supporting the year end assurance process. The interim Chair has instituted a programme for Non-Executive Directors including events to enhance scrutiny and challenge.

All actions from the initial Blueprint have been reported to the NHS Fife Board as completed. The second iteration of the Blueprint was published on 23 December 2022. A presentation of the Blueprint has been provided with a national event undertaken in May 2023, to which NHS Fife had both executive and non-executive attendance. An update was also provided to the March 2023 Audit and Risk Committee. A Board-level survey is expected to be released in early summer 2023 from the Scottish Government, the results of which will enable individual Boards to benchmark their current arrangements against the revised Blueprint and develop an action plan in response. Internal Audit has allocated time in the 2023/24 Internal Audit Plan to review the implementation of the updated Blueprint.

Strategy Development

NHS Fife Board formally approved the new Population Health & Wellbeing Strategy (PHWS) at the meeting on 28 March 2023. The Strategy describes NHS Fife's role in continuing to provide high quality clinical services but also now creating significant focus on improving population health and wellbeing. The Strategy also recognises the importance of being closely aligned to the Fife Health & Social Care Partnership's (HSCP) Strategic Plan.

The PHWS supports the four strategic priorities of NHS Fife, being:

- improving health and wellbeing
- improving the quality of health and care services
- improving staff experience and wellbeing
- Delivering value and sustainability

The delivery of the strategy will be dependent on the enabling strategies in the areas of digital and information, property and asset management, finance and workforce. The alignment of these supporting strategies to deliver the overall PHWS will be key to the effective implementation of the PHWS within the financial and workforce resources available.

The SBAR accompanying the PHWS did not reference the scale of the savings required to delivery financial sustainability, although it did say that *'We know that we will need to continue carefully manage our resources and the strategy provides the NHS Fife Board a framework to support decisions about the allocation of our financial resources'*.

Similarly the Strategy itself did not set out the scale of the financial challenge and commented that *'Whilst planning services, we bring together operational, workforce and financial objectives to ensure the most effective allocation of resources across our health system. The finite nature of our financial resources will inevitably require us to prioritise areas for investment and disinvestment.'*

Internal Audit Report B13/22 & B14/23 Strategic Plan Development, which is out in draft, provides further detail.

Operational Planning

The draft Annual Delivery Plan 2022-23 was presented to the Board in July 2022 before submission to the Scottish Government by the end of July 2022 and subsequent approval by the Board in September 2022.

The delivery of the Annual Delivery Plan is monitored by the EDG with the most recent report to the 20 April 2023 EDG meeting for Quarter 4. Progress reporting to Standing Committees on the Annual Delivery Plan 2022/23 was added to the Workplans of the Financial Performance & Resources Committee (FPRC) and PHWC during the year but actually ceased after the November 2022 FPRC and PHWC. The 2023/24 FPRC Workplan does include Annual Delivery Plan monitoring to every meeting but the PHWC workplan does not.

There were 63 deliverables completed and 11 deliverables that are unlikely to be completed on time. Projections show that almost 100 out of 173 deliverables from the Annual Delivery Plan 2022/23 will be completed by the end of Q1 2023/24. Some of the outstanding deliverables for 2022/23 are included in the 2023/24 Annual Delivery Plan.

The guidance for Annual Delivery Plan 2023/24 and Medium-Term Plan 2023/26 was received from the Scottish Government on 28 February 2023. The EDG at its meeting on 4 May 2023, considered the first draft of both the Annual Delivery Plan and Medium-Term Plan.

This guidance provides a summary of a number of strategic level programmes contributing to the planning guidance, and commits to progressing a refreshed NHS Delivery and Outcomes Framework in collaboration with NHS Boards during 2023/24. In addition, the Scottish Government re-iterated its intention to better align workforce planning and financial planning with delivery planning although there was no reference to areas for de-prioritisation, which would free up resources to be moved to identified priority areas.

To support ongoing improvement and resilience, the Scottish Government has developed 10 recovery drivers. Annual Delivery Plan¹ provides the overview to the Annual Delivery Plan consisting of Board Actions aligned to each Recovery Driver along with relevant commentary on the following:

- Finance & Sustainability
- Workforce
- Value Based Health & Care
- Integration
- Improvement Programmes

The Medium-Term Plan is currently in development and will be presented initially to the private session of the NHS Fife Board in June 2023. The plan will reflect the priorities agreed within the recently approved PHWS aligned to the 10 Scottish Government Recovery Drivers. The plan will also align with and be influenced by the NHS Fife Population Health and Wellbeing Strategy priorities and ambitions.

Assurance Mapping

The Chief Internal Auditor has continued to lead the Assurance Mapping Group, which coordinates consideration of assurance issues and updates, dissemination and implementation of the Committee Assurance Principles across NHS Fife, Forth Valley, Tayside and Lanarkshire.

The Chief Internal Auditor delivered a presentation on assurance mapping and principles to the Audit and Risk Committee and a presentation on non-executive challenge to Non-Executive Directors in May 2023.

A review has also been undertaken of the deep dive process introduced following the change from Board Assurance Framework approach to a Corporate Risk Register for strategic risk management, which will be discussed with the Associate Director - Digital & Information and at the Risk and Opportunities Group.

Internal Audit continues to provide advice to Senior Management on the application of assurance mapping and risk management principles to NHS Fife managers and Executive Directors.

Integration

A revised Fife Integration Scheme, following joint review by the partners, received formal sign-off by the Scottish Government on 8 March 2022.

In January 2023, the FPRC considered a report outlining the performance of the Fife HSCP against meeting the targets detailed in the Ministerial Strategic Group report on Integration, published in 2019. It also benchmarked Fife against other Partnerships across Scotland. The report highlighted several examples of good practice, with work required across six further areas to fully support integration principles.

Performance

The FPRC considered a report on the outcome of the IPQR review process at its July 2022 meeting and supported its recommendations on the enhancement of metrics and targets to be scrutinised by the FPRC.

The Board, the FPRC, the Staff Governance Committee (SGC), the Clinical Governance Committee (CGC) and the Public Health & Wellbeing Committee (PHWC) have received regular performance reports against a range of key measures (Scottish Government and local targets). Projected & Actual Activity for Patient Treatment Time Guarantee (TTG), New Outpatients and Diagnostics are also reported.

The latest IPQR, presented at the May 2023 Board meeting highlighted:

- 31 Day Cancer Target decreased to 90.1%, the first time below the 95% target since April 2019. Performance against the 62-day Cancer Standard deteriorated to 67.5% with a target of 95%.
- SAB HAI/ IVF Treatment Waiting times/Antenatal access/Drugs and Alcohol/Immunisation 6 in 1 at age 12 –all meeting target.
- Three indicators not achieving target but performing in the upper quartile: C Diff HAI/HCAI, Patient TTG %<=12 weeks and Delayed discharge % Bed Days Lost (Standard).
- 10 indicators not achieving target but performing within the Mid Range quartile for benchmarking: ECB – HAI/HCAI; Complaints Closed Stage 1; Complaints Closed Stage 2; 4- Hour Emergency Access; New Outpatients; Diagnostics; Delayed discharge % bed days lost all; Sickness Absence; Smoking Cessation; CAMHS Waiting Times and Psychological Therapy Waiting Times.
- Activity within TTG, New Outpatients and Diagnostics were all higher than forecast.

In common with all of NHSScotland, performance against national targets is proving challenging. It is imperative that NHS Fife is able to set and deliver realistic targets, within the context of its new Strategic Framework, as soon as possible, so that performance can be measured meaningfully. NHS Fife, like all other NHS Boards in Scotland will however require to follow the Scottish Government performance management arrangements currently in place and any changes which arise in due course.

Best Value

Best value and effective allocation of resources are a key element of the Strategic Planning and Resource Allocation (SPRA) process and the Financial Improvement & Sustainability Programme (FISP). Both of these contribute to *“a more effective triangulation of workforce, operational and financial planning, which supports the promotion and delivery of best value across all of our resource allocation.”* Each standing committee and the FPRC in particular, received progress reports on both the SPRA and FISP. Along with the completion of the Best Value Framework as part of each Standing Committees' Annual Report, NHS Fife can demonstrate processes are in place to promote and deliver best value.

Policies

A General Policies and Procedures update was provided to the May 2023 meeting of the FPRC. In April 2023, of the 56 General Policies, 11 (19%) remain beyond their due date, and are presently being followed up. Review work is underway within departments for 10 (18%) of General Policies, 1 (2%) has been submitted to go through the formal approval process and 34 (61%) of General Policies are up to date. Since the last report in November 2022, this represents an improved position.

We note the introduction of a new escalation process, whereby a report to the EDG flags out-of-date policies by service and directs individual Executive Director to progress these within their respective portfolios.

Corporate Objectives

The EDG at its meeting on 4 May 2023 considered the key corporate objectives for 2023/24, which align to the recently approved NHS Fife Population Health and Wellbeing Strategy. These were approved by the NHSF Board on 30 May 2023. The corporate objectives have been mapped to one of the four NHS Fife agreed strategic priorities or to the new 'Cross Cutting Actions' category, with delivery mapped to a responsible Executive Director.

Board and Standing Committee Development Sessions

Board Development Sessions continue to be held and areas covered since the issue of the ICE include Population Health & Wellbeing Strategy - – Living Well, Working Well & Flourishing in Fife; Medium-Term Financial Plan; Fife Mental Health Redesign; National Treatment Centre Fife Orthopaedics; and Operational Update and Winter Planning and Proactive Discharge from Hospital. Given the importance of these sessions and to ensure their value is maximised, we reiterate our comment in the B08/23 ICE that consideration should be given to formal outputs from Board Development Sessions and action plans to ensure any agreed decisions/actions are taken forward.

Audit Follow Up

Internal Audit provided reports detailing the Audit Follow Up position to the Audit & Risk Committee on four occasions throughout 2022/23. Throughout the year, we liaised with officers to obtain meaningful updates on ongoing audit recommendations, obtained evidence to support the reported progress and completed validation checks to ensure the information provided to the Audit & Risk Committee was accurate. We have updated our report style to reflect the requirements of the recent update to the Governance Blueprint.

Whilst improvements in reducing the number of outstanding actions have been seen in this reporting year, the Audit & Risk Committee has noted that further effort is required to enhance the effectiveness and timeliness of completing audit recommendations. The Director of Finance & Strategy continues to pursue this as a priority action, with quarterly consideration of the remaining actions by the EDG to drive forward prompt resolution.

Board and Standing Committee Annual Reports

All Standing Committees' draft annual reports are broadly in line with the FTF Committee Assurance Principles and will be presented to the 23 June 2023 Audit & Risk Committee. Committee Annual reports, Directors Statements and the Governance Statement are consistent in content.

Code of Corporate Governance

An update to the NHS Fife Code of Corporate Governance was due to be presented to the Audit & Risk Committee in May 2023, but the meeting was cancelled. However the Code of Corporate Governance was remotely noted by members and was considered by the Board for formal approval in May 2023.

Risk Management

Over the years Internal Audit have made many risk management recommendations, many of which have now been implemented. We have commented positively on a number of individual Risk Management developments and also on a fundamental change in the overall approach to risk management and risk culture, which has been gratifying. However, some elements still remain outstanding and it is important that the overall improvements are embedded within the working practices of the Board and formally recorded within an approved Risk Management Framework.

Following engagement with the EDG, Senior Leadership Teams and the Board, a Corporate Risk Register (CRR) is now in place, with Standing Committees receiving reports on the respective CRR since the formal approval of the CRR at the 29 November 2022 NHS Fife Board meeting. Updates and progress were presented to the Audit & Risk Committee throughout 2022/23.

The Risk Management Annual Report 2022/23, which will be considered by the Audit & Risk Committee at its June 2023 meeting, confirms that adequate and effective risk management arrangements were in place throughout the year. It describes progress against key deliverables within the risk management

improvement programme approved in 2022, intended to enhance the effectiveness of the risk management framework arrangements.

The NHS Fife Annual Risk Management report identifies the following areas for development in 2023/24:

- Completing the refresh of the Risk Management Framework including finalising the process to support the escalation, oversight and governance of risks;
- Refining risk management processes;
- Reviewing and updating of the Board risk appetite statement;
- Updating risk key performance indicators;
- Improving the content and presentation of risk management reports;
- Supporting the continuing development of assurance reporting in which risks are effectively reviewed, addressed and controlled through the Board's governance structures;
- Devising and delivering an education and training programme that equips staff with risk management knowledge and skills according to their roles and responsibilities.

The Board considered its risk appetite pre-pandemic in 2019 and a revised risk appetite statement was considered at a Board Development Session in June 2022, with approval by the Board on 26 July 2022.

NHS Fife have applied the risk appetite levels against each of the four strategic priorities within the new Population Health & Wellbeing Strategy, with these now reported within the CRR reports presented to the Standing Committees with an assessment provided against the risk appetite.

While we commend the positive steps taken by NHS Fife for risk management, there is a need for future development of risk appetite to include greater detail on how it will affect Strategy, decision-making, prioritisation, budget setting and organisational focus; the 'so what' question, which is fundamental to making risk appetite real. Risk reporting to Board and Standing Committees does reference risk appetite but as the framework evolves we would expect risk appetite to be overtly reflected, particularly within target scores, when risks are updated and reviewed and for the actions to be taken, where risks are above appetite to be defined. These might include increased monitoring and application of a prioritised action plan in the first instance, but in the longer term we would hope to see risk appetite influencing strategy, budgets and decision-making i.e. investment in areas above appetite would be prioritised over those at or below appetite. Target dates have now been introduced and we would expect these to feature in the deliberations of Committees as they bed in.

Standing Committees are now receiving deep dive reviews on the corporate risks delegated to them. Currently these deep dives provide evidence of the status of the mitigation plan, but require further development on assessing the key controls, actions, assurances. Mitigations are provided but the criticality and effectiveness of these is not always clear.

The CRR will continue to evolve and will be subject to further refinement and development during 2023/24. Areas for enhancement to the process and assurance reporting should include determining which management actions will impact on the target score with success criteria stated, ranking the importance of controls and the effectiveness of implemented controls and assessing the proportionality of further controls required and whether they are sufficient to achieve the target score.

An updated Risk Management Framework and Policy has been in development for some time and an update on progress will be presented to the September 2023 Audit & Risk Committee. In particular, we have highlighted the need for clarity around joint risk management arrangements with the IJB for many

years and whilst principles have been agreed, these are still not formalised within NHS Fife's own arrangements.

Internal Audit have attended the Risk and Opportunities Group and provided input accordingly, with a focus on embedding the assurance principles and sharing best practice from across the FTF client base. Moving into 2023/24 the Risk and Opportunities Group *'will further develop its knowledge and understanding of the new Population Health & Wellbeing Strategy, the Strategic Planning & Resource Allocation process and the Corporate Objectives in order to inform recommendations on changes or additions to the Corporate Risks and the broader organisational risk profile.'*

Action Point Reference 1 - Risk Management Framework

Finding:

While we commend the many positive developments in risk management in recent years, there is room for further development and formalisation of these within an approved Risk Management Framework. In particular, the following areas can be developed further:

- Risk appetite.
- Deep Dives
- KPIs
- Clarification and formalisation of the joint risk management process with Fife IJB

Audit Recommendation:

Risk Appetite

We acknowledge that risk reporting to Board and Standing Committees includes the risk appetite for each risk, we recommend this to include greater detail on how the risk appetite will affect Strategy, decision-making prioritisation, budget setting and organisational focus, with the ‘so what’ question, which will be fundamental to making risk appetite real.

Deep Dives

We recommend consideration is given to enhancing the process and deep dive assurance reporting as follows:

- Providing further assessment as to which key management actions will impact on the target score with success criteria stated.
- Focusing only on key controls and providing overt assurance and an overt conclusion on the effectiveness of implemented controls.
- Assessing the proportionality of proposed actions and whether they should be sufficient to achieve the target score.

KPIs

We made detailed recommendations on these a number of years ago and these should be implemented so that the ARC has data on which to assess the overall effectiveness of the system of Risk Management.

Integration

The Risk Management Framework should provide a detailed description of joint Risk Management arrangements with the IJB including responsibility for operational risks, sharing of information and provision of assurance consistent with the IJB Risk Management Strategy which has recently been agreed, but not yet presented to NHS Fife.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:	
Management accept there is further work to do to enhance and embed the new arrangements and will take these helpful points forward during 2023/24.	
Action by:	Date of expected completion:
Director of Finance & Strategy	31 March 2024

Clinical Governance

Corporate Risks:

Risk 3 – Covid 19 Pandemic – Moderate Risk (12); Target (12) Moderate

There is an ongoing risk to the health of the population, particularly the clinically vulnerable, the elderly and those living in care homes, that if we are unable to protect people through vaccination and other public health control measures to break the chain of transmission or to respond to a new variant, this will 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.

Risk 5 – Optimal Clinical Outcomes - High Risk (15); Target (10) Moderate

There is a risk that recovering from the legacy impact of the ongoing pandemic, combined with the impact of the cost-of living crisis on citizens, will increase the level of challenge in meeting the health and care needs of the population both in the immediate and medium term.

Risk 9 – Quality & Safety - High Risk (15); Target (10) Moderate

There is a risk that if our governance arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.

Risk 16 – Off-Site Area Sterilisation and Disinfection Unit Service - Moderate Risk (12); Target (6) Low

There is a risk that by continuing to use a single offsite service Area Sterilisation Disinfection Unit (ASDU), our ability to control the supply and standard of equipment required to deliver a safe and effective service will deteriorate.

Annual Statement of Assurance

The Clinical Governance Committee (CGC) annual statement of assurance provided a reflective and nuanced conclusion that the Committee had fulfilled its remit and that adequate and effective clinical governance arrangements were in place throughout NHS Fife during the year, and provided commentary on a range of key areas and assurance arrangements.

Covid 19 Pandemic

A Deep Dive into this risk was presented to Clinical Governance Committee on 3 March 2023 which described the management actions in place for Population Health protection.

- Achievement and maintenance of high vaccination coverage for risk groups
- Support for vulnerable settings through provision of tailored guidance and infection prevention control advice to prevent outbreaks. This includes healthcare and non-healthcare settings
- Contribution to national surveillance from community and hospital sites

This risk has achieved the target level and actions in place were deemed to provide Substantial Assurance, noting that any significant mutation of the virus would reduce the benefit of management actions and increase the risk to population health.

Clinical Governance Strategic Framework

The Clinical Governance Strategic Framework and associated Annual Delivery Plan were approved by Fife NHS Board on 28 March 2023.

The implementation of the delivery plan is to be overseen by the Clinical Governance Oversight Group (CGOG).

Actions to address related recommendations from internal audit report B19/21 Clinical Governance Strategy and Assurance, are progressing and are reported to the Audit & Risk Committee within the Audit Follow Up report. Currently no regular update on progress to address internal audit recommendations is provided to CGOG or CGC and there is no conclusion regarding this in the CGC's annual statement of assurance. This will be considered for all strands of governance as part of the scheduled update to the Audit Follow Up Protocol.

CGC Governance and Assurance

The CGC annual statement of assurance reports that a comprehensive review of workplans and terms of reference of the CGC and Public Health and Wellbeing Committee has taken place, to limit the potential for any unnecessary duplication of effort and help clarify each committee's responsibilities over agenda items that might be tabled to more than one standing committee, as part of reporting through the governance structure.

The Clinical Governance Oversight Group (CGOG) has an agreed Terms of Reference and Workplan. CGOG considered its annual statement of assurance at its April 2023 meeting but unfortunately this was not subsequently presented to CGC. We are advised that this was due to an administrative oversight and the 2023/24 statement is scheduled on the CGC workplan to be presented in March 2024. The CGOG Terms of Reference was to have been reviewed but this slipped, this will be presented to the CGOG on 20 June 2023.

The Clinical Governance Strategic Framework referred to above outlines the governance framework and assurance reporting routes for clinical governance and includes services delegated to the IJB, although there is little detail on those aspects delegated to the Public Health and Wellbeing Committee.

As per section directly above the actions to address related recommendations from internal audit report B19/21 Clinical Governance Strategy and Assurance are in the process of being implemented with the following remaining to be fully implemented:

- NHS Fife and IJB Risk Management Frameworks, consistent and complementary with each other, to be finalised and approved.
- Clarification of the scope of the IG&SSG in respect to services delegated to the IJB.
- Updates to the CGOG Terms of Reference to include its responsibilities for providing CGC with a regular assurance report as well as copies of minutes from its meetings.
- CGC Terms of Reference to include its responsibility for providing assurance on Information Governance to Fife NHS Board.
- Clarification of the rationale behind the decision of which sub-groups/committees reporting into the CGC required to provide an annual assurance report and statement in a time frame that allows these to be considered by the CGC before it finalises its own annual assurance report and statement and those that provide their annual reports after CGC has concluded on its own statement.
- Update to the CGC workplan to indicate the year annual reports relate to.

Service Provision Impact Post Pandemic

The CGC Annual Statement of Assurance has provided a nuanced and balanced reflection around reporting on the impact of cessation of treatment/diagnosis, in terms of the impact on patients, future treatment profiles and the risk of additional death and harm without appropriate prioritisation.

We also noted that 8-hour unscheduled care waits are reported within the IPQR section related to the 4-hour emergency access target and commend this as recent research has established a direct link between these waits and increased mortality.

Risk Management

The CGC has considered the risks aligned to it throughout 2022/23. This began with scrutiny of the relevant Board Assurance Frameworks and as the NHS Fife Risk Management processes have evolved CGC now considers the risks aligned to it in the corporate register (see above).

Deep dive information on risks 3 – Covid 19 and 5 – Optimal Clinical Outcomes was presented to the March and May 2023 CGCs respectively. We highlighted in our ICE report (B08/23) that risk 7 – Access to Outpatient, Diagnostic and Treatment Services, aligned to the Finance, Performance and Resources Committee, is also of interest to the CGC. This risk will remain aligned to FPRC but, going forward, it will also be presented to CGOG and CGC for information/assurance. Deep dive information on risk 7 was presented to the FPRC in March 2023.

The rewording of risk 7 to convey the entirety and seriousness of the risk has been agreed by the Director of Acute Services and the revised risk will be presented to FPRC in July 2023. The risk was scored at 16 - High when reported to FP&RC in November 2022 and but had increased to 20 – High by May 2023.

Recommended enhancements to the deep dive process are included within the Corporate Governance section.

Reporting to CGOG on the risk associated with Adult and Child Protection is scheduled in the CGOG 2023/24 Workplan for the 20 June 2023 meeting.

The IPQR has been enhanced to show relevant corporate risk information in all sections including Clinical Governance.

External Review

An activity tracker is presented to each CGOG meeting which shows inspections undertaken by external bodies (eg Healthcare Improvement Scotland (HIS)).

In response to a previous internal audit recommendation a paper was presented to CGOG meeting on 18 April 2023 regarding reviews of services delegated to the IJB undertaken by external bodies (eg the Mental Welfare Commission) that are relevant to NHS Fife Clinical Governance. The CGOG 2023/24 workplan has been updated to have an HSCP inspection update as a standing agenda item.

CGC was also informed that the issues cited in the letter sent to all NHS Scotland Boards from HIS highlighting general concerns raised via a number of recent Safe Delivery of Care Inspections have been considered, an action plan to address the issues has been developed and mock inspections are to be undertaken to confirm that the changes have been implemented.

The Ockenden Report (independent review of maternity services delivered at the Shrewsbury & Telford Hospital NHS Trust) was presented to CGC with assurance that NHS Fife's maternity service had carefully benchmarked its activities against the system-wide recommendations made and had identified areas where action was needed, to help improve the quality and safety of maternity care.

Consideration will be given to conducting an Organisational Learning Group focussed on findings from external bodies and considering whether improvements are required to internal control/assurance mechanisms to ensure that should the issues highlighted recur they would be highlighted to management before an inspection discovers them.

Significant Adverse Events

The narrative included in the IPQR presented to CGC on 3 March 2023 highlighted performance issues regarding the Adverse Events Management Process with only 37% of actions closed within the 90 day expected completion time. The reason for this was stated as being an increase in numbers of SAER/LAERs on top of an existing accumulation of open SAER/LAERs and the action being taken to address this includes a change to the process around the executive review and approval of SAER to reduce the time commitment of review teams and improve efficiency. Adverse events KPIs are now reported to CGOG routinely.

The revised draft Adverse Events Policy (GP/I9) was approved by CGOG on 14 February 2023 and has been published on Stafflink.

Organisational Duty of Candour

The Annual Duty of Candour (DoC) report covering the 2021/22 financial year was presented to Fife NHS Board at their 28 March 2023 meeting. This informed the Board that between 1 April 2021 and 31 March 2022, there were 36 adverse events reported where DoC applied.

The report also included assurance that NHS Fife had complied with DoC in all 36 cases and the lessons learned from these cases as a result.

The SBAR supporting the DoC Annual Report for 2021/22 presented to March 2023 CGC includes an update on DoC activity in 2022/23 to date - 8 confirmed DoC (including 4 tissue viability and 3 falls) with 9 outcomes recorded (7 being an increase in treatment).

Clinical Policies and Procedures

CGOG was regularly updated on the review status of clinical policies and procedures in 2022/23 via the work of the Clinical Policies and Procedures Authorisation and Co-ordination Group. The CGOG annual statement of assurance reported that over the year a 98% compliance rate was achieved.

Health and Safety

The 2022/23 Health & Safety Sub-Committee Annual Statement of Assurance confirmed that there were no significant control weaknesses or issues at the year-end which it considered should be escalated to the Clinical Governance Committee or disclosed in the Board's Governance Statement.

The assurance also outlines the staffing changes made in year to strengthen the team and that whilst the re-establishment of the Sharps Strategy Group stalled due to continuing pressures on clinical staff, sharps was added as a standing item to the Acute Services & Corporate Directorates Local Partnership Forum meetings, to enhance scrutiny in this area. At the June 2023 meeting of Health & Safety Sub-Committee agreed that a separate Sharps Group does not require to be re-established as it has been integrated effectively into the above meetings.

There was no Health & Safety Executive enforcement undertaken during the year within NHS Fife.

Resilience

An annual statement of assurance for the Resilience Forum was presented to CGC on 5 May 2023. A new Head of Resilience appointed in spring 2022 is progressing areas of focussed work around emergency planning, resilience guidance documents and Business Continuity Planning across the organisation.

The actions to address recommendations from Internal Audit Report B23/22 on Resilience are progressing and are reported within Audit Follow Up reports to the Audit & Risk Committee.

Staff Governance

Corporate Risks:

11 Workforce Planning and Delivery - High Risk (16); Target (12) Moderate

There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and capability required to effectively deliver services.

12 Staff Health & Wellbeing - High Risk (16); Target (12) Moderate

There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff, we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.

Workforce Planning

B17/23 Workforce Planning reviewed NHS Fife's Workforce Plan submitted to the Scottish Government in July 2022. We concluded that whilst the plan represented an important and helpful first stage in the process and was developed broadly in line with the Scottish Government 5 Pillars approach, the next iteration, which will now be taken forward through the Annual Delivery Plan, requires further development to ensure that it contributes fully to the achievement of NHS Fife's strategic objectives and operational sustainability, and the mitigation of the significant workforce risks facing NHS Fife. Key issues identified were:

- It is not clear that the Workforce Plan is sufficient to mitigate the Workforce Risk to its planned target level which appears optimistic in the current circumstances.
- Given the challenges faced across the Health & Social Care Sector, further analysis is required to understand the gap between future staffing requirements and likely staff availability and how this will be filled.
- Future iterations through the Annual Delivery Plan should incorporate work being taken forward through the SPRA and there should be greater clarity around financial implications.
- The Workforce Plan covers staff in non-delegated functions and needs to be considered alongside the HSCP Workforce Strategy and Plan. Work should continue to develop the integrated workforce planning approach described in the national guidance which will ensure effective governance and assurance arrangements for NHS Fife staff covered by the IJB's Workforce Plan.
- SMART actions and associated actions derived from the Workforce Action Plan need to be developed and fully reflected in the Annual Delivery Planning process.
- The Terms of Reference of the SGC should be reviewed to include specific focus on the development and delivery of the Workforce Plan, which should be a key element of the SGC's assurance reports to the Board.

The draft report concluded appropriate governance arrangements were in place for the development of the plan. This included a timeline being developed to ensure that it was endorsed by the relevant stakeholders, SGC and the Board before it was finalised for submission to the Scottish Government within the required timescale. Further detail on Internal Audit findings and associated recommendations will be included within the finalised B17/23 Workforce Planning audit report.

Workforce Risks

During 2022/23, the SGC continued to review the Corporate Risks assigned to it, both of which remain high. Due to the level of challenge associated with the workforce, which is associated with both of the Corporate Risks overseen by the SGC, a deep dive review of the operational risk for nursing and midwifery was completed. This included a review of the existing mitigating actions and the inclusion of additional actions. Overall, there remains a significant level of delivery challenge relating to achieving the necessary nursing and midwifery staff levels. Arrangements are in place for completing future deep dive reviews of the Corporate Risks.

Staff Governance Assurances

Arrangements are in place via the SGC Workplan to ensure that it is given assurances on the action taken to enable NHS Fife to comply with the different strands of the Staff Governance Standards. Each strand is also considered by the Acute Services Division & Corporate Directorates local partnership forum and by the HSCP local partnership forum. Annual Reports for each local partnership forum for 2021/22 were presented to the SGC during 2022/23. Consideration of the Staff Health and Wellbeing Framework and further staff reports, provided further detail on the action taken to meet the Staff Governance Standards. This is supplemented, by a summary of the reporting made to the SGC throughout 2022/23 being included in its annual assurance statement.

The above is reporting on the action taken by NHS Fife to comply with the Staff Governance Standards during 2022/23. However, there was no concluding statement at the year-end giving the SGC an assessment of what had been achieved during the year in implementing the different strands of the Staff Governance Standards, detailing what has still to be achieved to fully comply with the standards and the actions being taken forward into 2023/24.

Remuneration Committee

The Remuneration Committee held regular meetings throughout 2022/23. It completed an annual assessment of its performance for 2022/23, with only a small number of minor changes to future performance being required. The SGC completed a review of its terms of reference for 2023/24 at its May 2023 meeting.

Promoting Health and Wellbeing and Appropriately Trained & Developed

Both Personal Development Plan (PDP) and sickness absence statistics are now reported to the SGC as part of the IPQR.

Completed PDP reviews at March 2023 were at 38% and Mandatory Training completion levels at April 2023 at 57%, both well below the target of 80%. New management actions have been agreed and are in place to improve the completion of both during 2023/24.

Sickness absence at March 2023 was 6.76%, with the average for 2022/23 being 6.59%, a downward trend since a peak of 7.86% in December 2022, despite now including Covid-19 sickness absence. Further consideration of actions to reduce the current levels of sickness absence during 2023/24 was recently completed by the EDG in May 2023.

The results of the 2022/23 iMatter survey and the comparative national results were presented to the SGC in January 2023. NHS Fife data were broadly comparable to the national average. The results have been considered by the Area Partnership Forum, with no significant issues reported and arrangements are now being made for the 2023/24 survey.

The Workforce Plan 2022-25 includes an action to consider succession planning for a range of critical roles, including specialist and advanced practitioner roles.

Whistleblowing

Internal Audit report B18/23 on Whistleblowing, which provided reasonable assurance, reviewed Whistleblowing arrangements and found that:

- NHS Fife has introduced arrangements to comply with the Independent National Whistleblowing Officer (INWO) standards.
- Two concerns had been raised at the time of our review and although our review indicated that full efforts were made to conduct the whistleblowing investigations in accordance with the INWO standards, there is an opportunity to improve aspects of the investigation process through review of the manner in which the two concerns raised were investigated.
- Six merits attention recommendations were made to further enhance the implementation of whistleblowing arrangements and the processing and reporting of concerns raised.

Quarterly update reports detailing the steps taken to comply with the National Whistleblowing standards and report on the number of concerns raised within NHS Fife are being presented to the SGC. Assurance has also been provided in the SGC annual assurance statement on compliance with the National standards and progress in processing concerns raised.

The Whistleblowing Champion is a member of the SGC and therefore reviews all whistleblowing assurance provided to the SGC, including that within the committee's annual assurance statement. However, based on the important oversight role of the Whistleblowing Champion, it is viewed as more appropriate by Internal Audit that in future an overt statement is included within the SGC annual assurance statement specifically from the Whistleblowing Champion giving their opinion on the adequacy of NHS Fife's whistleblowing arrangements. An Annual Whistleblowing Report for 2022/23 has still to be prepared and it should include a similar statement from the Whistleblowing Champion.

Action Point Reference 2 - Staff Governance Standards

Finding:

There has been positive reporting to the SGC on the action taken within NHS Fife to comply with the SGCs during 2022/23. However, this would be further enhanced by a concluding statement being provided to the SGC at the year-end giving it an assessment of what had been achieved during the year in implementing the different strands of the Staff Governance Standards and detailing what still had to be achieved to fully comply with the standards and was being taken forward as actions into 2023/24.

Audit Recommendation:

To evidence that NHS Fife is fully considering its compliance with the different strands of the Staff Governance Standards and is following a predetermined plan, a separate paper should be scheduled into the SGC 2023/24 workplan to provide specific year-end feedback on:

- The action taken on each strand of the Staff Governance Standards during 2023/24.
- Reflection on how successfully and effectively these have been implemented.
- What actions are being taken forward into 2024/25, plus the further coverage planned for each strand during 2024/25.

The above feedback should form a key element of the SGC Annual Report

Assessment of Risk:

Merits
attention



There are generally areas of good practice.
Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:


I am content with the audit findings and although we already prepare and end of year summary for staff governance and agree a work plan for the following year with the chair and committee, this could be amended to take into account the points raised by the audit findings.

Action by:

Action by:

Director of Workforce

March 2024

Action Point Reference 3 - Whistleblowing	
Finding:	
<p>The B08/23 ICE review contained an agreed recommendation that SGC Annual Statement of Assurance should provide an overt opinion on the adequacy of NHS Fife’s whistleblowing process and include a concluding statement from the Whistleblowing Champion. Whilst details were included in 2022/23 SGC Annual Statement of Assurance on the implementation of whistleblowing arrangements within the previous year, but there was no overt assurance from the Whistleblowing Champion on the adequacy and effectiveness of NHS Fife’s whistleblowing arrangements.</p>	
Audit Recommendation:	
<p>In future the SGC Annual Assurance Statement should include a statement confirming the Whistleblowing Champion’s opinion on the adequacy NHS Fife’s whistleblowing arrangements.</p>	
Assessment of Risk:	
<p>Merits attention</p>	<div style="display: flex; align-items: center; justify-content: center;">  <p>There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.</p> </div>
Management Response/Action:	
<p>The opportunity to learn lessons from the experience of working with the whistleblowing standards is a key feature of how we ensure the development of our open culture in Fife. It is recognised that over the course of implementation of the whistleblowing standards, lessons learned have identified further improvements we can make with our concern handling. We have created an action plan showing specific areas where improvement can be achieved.</p>	
Action by:	Action by:
Director of Workforce	March 2024

Financial Governance

Corporate Risks:

13 Delivery of a balanced in-year financial position – High Risk (16); Target (12) Moderate

There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2023/24 without brokerage from Scottish Government.

14 Delivery of recurring financial balance over the medium-term - High Risk (16); Target (12) Moderate

There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium term.

15 Prioritisation & Management of Capital Funding - Moderate Risk (12); Target (8) Low

There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.

Financial Performance

The draft financial outturn position to 31 March 2023, subject to external audit review, was:

- A break even position against Revenue Resource Limit (£908.757m) after brokerage of £9.738m
- A break-even position against the core Capital Resources Limit (CRL) of £30.709 million
- 2022/23 savings delivered of £9.8 million of which £3.0 million (32%) were recurring

The draft year-end figures for the HSCP was breakeven for Health delegated.

Finance reporting to Board and FPRC has been transparent and open and the Director of Finance and Strategy has consistently and clearly articulated financial challenges through EDG, Standing Committees and the Board. Papers presented highlighted the many risks to the achievement of the target deficit budget position of £10.4m, although additional Scottish Government allocations received late in the financial year and confirmation of brokerage from Scottish Government allowed NHS Fife to achieve its original financial planned deficit level.

Medium-Term Financial Plan

The Scottish Government issued formal guidance on financial planning covering the financial years 2023/24 to 2025/26 with final plans to be submitted to the Scottish Government by 16 March 2023. The guidance required Boards that are currently unable to deliver financial balance in 2022-23 without support from the Scottish Government, to develop a Financial Recovery Plan to demonstrate how balance will be achieved within three years.

Following discussions and agreement with the Scottish Government, NHS Fife has developed a 5-year plan on the basis that it provides a more realistic and credible timescale within which NHS Fife can achieve financial sustainability and commence brokerage repayments for the financial support received in the years 2022/25.

The Medium-Term Financial Plan was endorsed by the FPRC (Reserved Business) on 14 March 2023, followed by Board approval (Reserved Business) on 28 March 2023. The Medium-Term Financial Plan provides clarity on funding and expenditure assumptions with areas of greatest risk and uncertainty highlighted and presenting a range of potential scenarios which demonstrate the impact of changes to key parameters.

One key additional factor which will need to be taken into account, when assessing financial risk, is the availability of funds for brokerage across the whole of NHS Scotland. We understand that all mainland Boards will require significant brokerage for the next three years and whilst the total quantum is unknown, funding the likely overall brokerage requirement is likely to be extremely challenging, especially given the Scottish Government's financial situation as set out with its own medium term financial plan. Whilst NHS Fife's cumulative 3 year brokerage, at a total of £35m is relatively modest compared to some other NHS Boards, it is by no means certain that it will be available when needed. NHS Fife should monitor this risk and have contingency plans in place; the impact of a sudden, unplanned unavailability of brokerage could impact on service provision.

Very recent (post-audit) confirmation of additional recurring funding to take the Board close to NRAC parity and also non-recurring funding for new medicines will impact positively on the medium-term financial plan. This is currently being reviewed by the Director of Finance & Strategy.

Over the years NHS Fife has not always been successful at achieving its efficiency targets and most savings have been non-recurrent, with a particular reliance on financial flexibility. The 5 year plan highlights that NHS Fife will need to achieve £15m of recurrent savings each year for the next 5 years, which greatly exceeds any previous performance.

The Scottish Government's formal response to NHS Fife's Medium-Term Financial Plan was received on 31 March 2023 and has not yet been presented to the FPRC, expects the following actions by 30 June 2023:

- To provide an update on progress against actions set out in your financial recovery plan, including the work carried out in collaboration with your IJB and regional partners.
- Develop a plan to deliver 3% recurring savings in 2023-24 and develop options to meet any unidentified or high risk savings balance.
- Development of other measures to be taken to further reduce the financial gap.
- Review of key underlying drivers of the deficit and specific risks as presented within the Financial Plan.
- To focus on addressing Covid-19 legacy costs, including additional bed capacity.

Whilst NHS Fife's financial governance arrangements are robust, they are operating within a system facing severe pressures and one in which resource allocation and organisational focus were understandably prioritised towards the Covid 19 response. As the environment has become more difficult, risks have increased and therefore existing controls may not be sufficiently resilient to substantially mitigate the new and increased pressures.

The NHS Fife Board needs to assure itself that it has the capacity and capability sufficient to drive strategy, and the associated transformation programme as well as delivering savings of £15m a year. In particular, it should understand the staff resource and cultural changes which will ensure that this area is given the required priority, which will be particularly challenging in a difficult operating environment and one in which NHS Fife is subject to potentially conflicting priorities from the Scottish Government.

During the Covid pandemic, there was a necessary shift of focus towards operational priorities, which reflected the extreme risks in those areas as well as an influx of Covid related funding which lessened the immediate financial risk. In future, the risks related to financial sustainability are likely to rise sharply and rapidly, with the acute sector in particular facing very significant financial challenges. NHS Fife has already begun to demonstrate the necessary shift in culture required to adapt to this change, for example through its approach to agency costs, but this will require leadership from the Board itself who

should ensure that financial sustainability is at the heart of decision making and support officers when they are required to make difficult decisions.

Efficiency Savings

For 2022/23 the NHS Fife Financial Plan included an overall savings target of £11.7m. As at 31 March 2023, NHS Fife delivered £9.8m against the cost improvement programme of £11.7m, with only £3.0m (32%) of savings recurrent.

For 2023/24, a 3% cost improvement target was applied across NHS Fife's core revenue resource limit which includes the funds delegated to the Fife HSCP. A cost improvement target of £4.6m will be delegated to the partnership and the remaining £15m will be the responsibility of Health Board retained services to deliver each year for the next 5 years.

Key areas of the 2023/24 cost improvement plans are agency staff (£10m) and surge capacity (£5m).

As stated in B08/23 ICE - savings identified within the Financial Improvement and Sustainability Programme are mainly operational rather than strategic, although the NHS Fife Population Health and Wellbeing Strategy does state that *'The finite nature of our financial resources will inevitably require us to prioritise areas for investment and disinvestment.'* We strongly agree with this assessment and it is vital that the delivery of this aspect of the PHWS is monitored, encouraged and supported to ensure that the identification of priority areas and disinvestment opportunities proceeds at pace, with full engagement with the Board and that clear linkages to detailed savings and transformation programmes are established as soon as possible.

Property Asset Management, Net Zero and Capital Risk

The Five Year Capital Plan 2022/23 was endorsed at the March 2022 FPRC and approved at the NHS Fife Board meeting. For 2022/23 NHS Fife achieved its Capital Resource Limit (CRL) financial target, subject to external audit.

An interim update Property and Asset Management Strategy (PAMS) was endorsed by the FPRC and approved by the NHS Fife Board in September 2022. The PAMS is clear on its role as an enabling strategy as part of the Population Health and Wellbeing Strategy.

The Estates, Facilities and Capital Planning SPRA process has identified short and long term strategic priorities, which have been included in the PAMS as an action plan against which progress will be reported to the Fife Capital Investment Group and the FPRC.

The Scottish Government have advised that NHS Boards will not be asked to submit a PAMS but instead will require a 'Whole System Plan' setting out proposals on a system-side basis for asset investment to facilitate the achievement of strategic plans. There has been no formal guidance issued other than NHS Fife should have a programme Initial Agreement to identify relevant priorities.

Following the publication of the PHWS, NHS Fife intend to:

- Publish a PAMS (or local equivalent) document annually as a supporting strategy to the PHWS
- Adopt a more "whole system approach" which will include: -
 - The primary care premises strategy.
 - Master plans for VHK/QMH.
 - Details of any gaps including the Community Hospitals Strategy.

- Re-iteration of priorities including Mental Health Inpatients, Kincardine & Lochgelly wellbeing hubs and refurbishment programme for Acute in Dunfermline/Kirkcaldy.

The FPRC have not yet been formally informed of this approach, although a workshop on whole system working held at Fife Capital Investment Group in January 2023, included a wide range of stakeholders and the notes of the workshop were presented to the March 2023 FPRC.

The Medium-Term Financial Plan stated that during 2022-23 NHS Fife secured grant funding and took forward a significant energy saving project which reduced energy consumption by 7% as well as its carbon footprint. Going forward, NHS Fife plans to continue this agenda by investing savings from energy efficiencies to recruit staff to progress the Climate Emergency and Sustainable Development Policy including agreed Net Zero Commitments, although the associated costs have never been reported to the FPRC or considered overtly within the relevant risk.

The PHWS reflects Climate Change throughout, and there is now a relevant section in the Annual Delivery Plan for 2023-24. The Public Health and Well Being Committee receive the risk reports on Corporate Risk 4 - Policy obligations in relation to environmental management and climate change. However, the risk does not include any consideration of the associated financial costs, which are likely to be considerable.

The FPRC receive regular updates on current major capital projects. The Fife Elective Orthopaedic Centre was delivered broadly in line with the revised budget, which reflected increases for staff costs which were approved by the SG. The Fife Elective Orthopaedic Centre was formally opened by the then First Minister of Scotland on 27 March 2023.

The FPRC receives regular reports on the Corporate Risk 15 - Prioritisation & Management of Capital Funding. A deep dive is scheduled for this risk to the July FPRC meeting. As a minimum we would expect that the impact of Net Zero and the 'whole system plan' are prominent in the consideration of this risk.

Finance Risk Reporting

There are two corporate financial risks, one for in year delivery of the financial plan and the second related to the longer term financial plan. These risks were first reported to the FPRC at the 15 November 2022 meeting.

The risk reporting process will continue to evolve over the coming months, in particular developing a model that allows for provisions of appropriate levels of assurance. This to include a mechanism for clearly defining specific levels of assurance, linked to the impact of risk mitigation, to be used in conjunction with the existing Assurance Principles. This should enable an explicit conclusion to be reached on the overarching level of assurance provided by the risk owner and received by a Committee. As noted above, the financial sustainability risk should include specific reference to the potential that the anticipated brokerage funding may not be available in full. In addition, controls and actions should overtly reflect any changes in culture required, capacity and capability within the organisation to deliver the expected levels of savings in addition to business as usual, and the key actions to follow from the production of the PHWS in terms of prioritisation and service change.

Action Point Reference 4 –Capacity and Capability

Finding:

NHS Fife will need to deliver unprecedented savings, simply to deliver a predicted £35m cumulative overspend in 3 years with financial balance to be achieved after year 5. Although risks have been well set out, there are two key aspects which need to be considered and over which assurance should be provided:

- a) The plan relies on delivering £15m of recurrent savings each year, which is significantly above those achieved by NHS Fife in previous years
- b) The plan is contingent on the Scottish Government having the funds available to provide £35m brokerage by year three.

Audit Recommendation:

NHS Fife should present a financial sustainability action plan to the FPRC and Board which demonstrates clear links to the Population Health and Well Being Strategy, the Workforce and Digital & Information strategies, and service redesign and transformation. This should include, *inter alia*:

- A clear process and timetable for the setting and implementation of organisation priorities, a clear methodology for agreeing areas for de-prioritisation and a robust process for identifying and delivering service change, all linked overtly to the required savings
- The process for formal monitoring of operational and strategic savings programmes
- Provision of overt positive assurance to the Board that NHS Fife has the capacity and capability (both in terms of planning and operations) to drive transformational change, whilst maintaining business as usual and delivering savings, both on the short and longer term
- A clear delineation of the cultural changes required to ensure that financial sustainability receives sufficient priority both strategically and operationally, in the face of competing pressures and conflicting Scottish Government priorities.

Assessment of Risk:

Significant



Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores.

Requires action to avoid exposure to significant risks to achieving the objectives for area under review.

Management Response/Action:

There is an agreed medium-term financial plan which clearly sets out the level of challenge the organisation is facing. There is also a well-established FIS Programme which challenges, monitors and reports on in-year progress in delivering the savings required. Our efforts are on reviewing our 3 focus areas for 2023/24 and growing a pipeline for further opportunities across a number of key areas including Bank & Agency, Surge, Medicines Optimisation, Property & Infrastructure, Corporate Overheads and major contract reviews. We have successfully lobbied for more equitable NRAC parity

allocation which will significantly reduce the original £35m.

We have also agreed with the CE and Chair that in addition to the IPQR we will commence specific reporting on Financial Performance and Sustainability through FPRC and the Board which we hope to start in summer 2023. This will further support the level of transparency, scrutiny and challenge required over the coming years.

Action by:	Date of expected completion:
Director of Finance & Strategy	31 March 2024

Action Point Reference 5 –Scottish Government Brokerage

Finding:

We understand that all mainland Boards will require significant brokerage for the next three years and whilst the total quantum is unknown, funding the likely overall brokerage requirement is likely to be extremely challenging, especially given the Scottish Governments overall projected deficit. Whilst NHS Fife’s cumulative 3 year brokerage, at a total of £35m is relatively modest compared to some other NHS Boards, and it is likely that this will be further reduced by the receipt of significant new funding very recently, there is still a possibility that brokerage might be necessary and the availability of any required level of funding may not be guaranteed, dependent on circumstances.

Audit Recommendation:

NHS Fife should record, monitor and have contingency plans in place to manage the risk of a sudden cessation for brokerage, which, unmitigated, could impact on service provision.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

Following the very recent additional funding announcement, we are in the process of reviewing and revising the MTFP. Once completed we will report the revised position to the EDG and Board, and be cognisant of this risk.

Action by:

Date of expected completion:

Director of Finance and Strategy

30 September 2023

Digital and Information Governance

Corporate Risks:

Risk 17 – Cyber Resilience - High Risk (16); Target (12) Moderate

There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or integrity of digital and information required to operate a full health service.

Risk 18 - Digital & Information (D&I) - High Risk (15); Target (15) High

There is a risk that the organisation maybe unable to sustain the financial investment necessary to deliver its D&I Strategy and as a result this will affect our ability to enable transformation across Health and Social Care and adversely impact on the availability of systems that support clinical services, in their treatment and management of patients.

Actions to Address Recommendations made in Previous ICE and Internal Audit Annual Reports

The following recommendations have been completed or in progress:

- Assurance reporting regarding the review status of Information Governance & Security (IG&S) Policies and Procedures is now in place and two key policies that had lapsed review dates have been reviewed, updated and published on Stafflink.
- The Clinical Governance Committee has been updated on the implementation of the Digital and Information Strategy including the risk that that elements of the strategy will no longer be delivered within the original timeframe of the strategy.
- The revised reporting format described in the section below, based on the Information Commissioner’s Office Assurance Framework (ICOAF) and Scottish Public Sector Cyber Resilience Framework (SPSCRF) mapping exercise, has been communicated to Scottish Government as an example of a more streamlined approach to assurance that could be implemented across Scotland.
- Improvements have been made to the IG&S Update report for CGC including the section on incident reporting which now provides assurance regarding compliance with the 72 hour timescale for reporting to the ICO. This is to be further improved with an indication of whether any of the incidents will require to be, or are likely to require to be, included as disclosures in the Board’s Governance Statement
- The Digital & Information (D&I) Workforce Plan is not yet included as a mitigation to the D&I Strategy Risk recorded on the Corporate Risk Register but we are advised that it will be in its next iteration.

Governance Arrangements and Assurance Reporting

Reporting to the IG&SSG and the D&I Board has been consistent throughout the year. Both groups provided update reports to the CGC during the year and Annual Assurance Reports/Statements at year-end.

Reporting to IG&SSG has been refreshed during 2022/23 following a mapping exercise of the controls required by the ICOAF and the SPSCRF (which incorporates the controls required by the Network & Information Systems Regulations (NISR). The first report prepared on this basis was presented to IG&SSG on 11 April 2023 and is titled ‘Information Governance & Security Accountability and Assurance Framework (IG&SAAF)’. The content of the report includes an executive summary, including performance measures and a risk management summary, and performance assessment reports split

across 10 categories linked to the ICOAF & SPSCRF. The report is a work in progress with data still to be added for some categories, for example subject access requests in some localities and training compliance, but is to be continually improved and will be used for assurance to various audiences going forward including the ICO and Competent Authority auditors. This new method of reporting incorporates the assurance previously reported in the Activity Tracker and Key Measures reports which have been superseded by the IG&SAAF.

Digital and Information Strategy

Reporting to CGC regarding the implementation of the Digital and Information Strategy 2019-24 in 2022/23 has highlighted ongoing challenges to delivery including financial constraints and has informed members that continual prioritisation of business cases and work packages is being undertaken to ensure maximum return on investment is achieved. CGC have been informed that this prioritisation will continue over the remaining period of the strategy and that some elements may not be delivered within the original anticipated timescale of the strategy (eg National Programmes for Laboratory Information Management Systems, GP-IT Re-provisioning and Child Health system).

The development of the next D&I Strategy should include at the outset a resourcing and financial assessment to assess its likelihood of being delivered within the stated timescale.

Risk Management

Risk reports were presented to each IG&SSG and D&IB meeting in 2022/23 including visualisation of the risk profile. Analysis on highest ranked risks (deep dives) provided the Group with additional understanding of the risk and allowed them to consider if the management actions would mitigate the risk within a suitable timescale. During the period, IG&SSG noted that 9 risks improved their rating, 1 risk deteriorated during the period, 3 equalled their target risk rating and moved to a status of monitoring and 5 risks were closed whilst D&IB noted that 15 risks improved their rating, 5 moved to the target risk rating and moved to a status of monitoring and 4 risk were closed.

An IG&S Risk Management Framework was presented to IG&SSG in 2022/23. This included a risk appetite and tolerance matrix with 7 tolerance categories and was approved by IG&SSG at their April 2023 meeting.

A deep dive was presented to CGC in January 2023 regarding corporate risk 18 - Digital & Information (Finance). This listed the root causes of the risk as follows:

- Lack of financial feasibility assessment when D&I Strategy (2019-24) was written
- Historic investment in digital capability has not considered the total cost of ownership
- Digital response to the pandemic increased number of digital capabilities and infrastructure being introduced
- scale and number of nationally mandated programmes that are not fully funded
- Legacy and fragile systems are allowed to consume resource and money to run and operate as they are considered clinically important or too costly to replace

These issues are in line with Internal Audit understanding and the risk rating of high (15) and conclusions on actions to reduce this in future appear reasonable.

The SBAR supporting the deep dive stated that *'work is underway to further enhance the deep dive review component. This will require the inclusion of clear statements as to the proximity of the risk and the related risk appetite, as well as explicit evidence of assurances provided'*. The CGC noted this risk continues to be high, and that the action plan will support reducing the level of risk.

External Review

Competent Authority NISR Audit

The results of the NISR audit by the Competent Authority were reported to IG&SSG at its 6 July 2022. This scored NHS Fife as 76% compliant which is an improvement on 2021 (69%) and 2020 (53%). The Competent Authority will undertake their next audit of NHS Fife in August 2023, which will incorporate elements of the new Cyber Resilience Framework.

ICO Accountability Framework

The audit was focussed on Governance & Accountability and Data Sharing i.e. *'The extent to which information governance accountability, policies and procedures, and information sharing agreements and logs which comply with the principles of all data protection legislation are in place and in operation throughout the organisation'*.

The draft ICO report was presented to April 2023 IG&SSG and graded NHS Fife as 'Reasonable' – *'There is a reasonable level of assurance that processes and procedures are in place and are delivering data protection compliance'*. The audit identified some scope for improvement in existing arrangements to reduce the risk of non-compliance with data protection legislation. There are twelve high, 8 medium and 3 low priority recommendations with none 'urgent'. The final report from the ICO contained no substantial changes and an action plan to address the recommendations included in the report is being developed with an activity tracker to be presented to IG&SSG to monitor progress of implementation of the actions.

Keeper of the Records of Scotland

The response from the Keeper of the Records of Scotland to NHS Fife Records Management Plan was presented to IG&SSG in October 2022 and to CGC in January 2023. The Keeper acknowledged that the Records Management Plan set out proper arrangements for the management of NHS Fife's public records and noted the improvement activities necessary in Business Classification and Audit Trail.

Digital Maturity Assessment

A paper on the forthcoming Organisational Digital Maturity Assessment, required by Scottish Government as part of NHS Fife's Annual Delivery Plan, was presented to D&I Board on 19 April 2023 and to EDG on 4 May 2023. The paper was also presented to Health & Social Care Senior Leadership Team in April 2023.

Information Governance Incidents

Through the year, 14 incidents were reported to the ICO, the same number as the previous year, of which, 8 (71%) were reported within the 72-hour requirement, 10 did not require any further follow up and 4 are unconfirmed.

As per the Audit Follow Up section above, improvements have been made to the IG&S Update report for CGC including the section on incident reporting which now provides assurance regarding compliance with the 72 hour timescale for reporting to the ICO. This is to be further improved with an indication of whether any of the incidents will require to be, or are likely to require to be, included as disclosures in the Board's Governance Statement (Rec10 from B08/23 - ICE).

Action Point Reference 6 – D&I Strategy

Finding:

Reporting to CGC regarding the implementation of the Digital and Information Strategy 2019-24 in 2022/23 has highlighted the ongoing challenges to delivery including financial constraints, that this prioritisation will continue to be required over the remaining period of the strategy and that some elements may not be delivered within the original anticipated timescale of the strategy (e.g. National Programmes for Laboratory Information Management Systems, GP-IT Re-provisioning and Child Health system).

Audit Recommendation:

NHS Fife should identify and report to the CGC on those elements of the 2019-2024 D&I Strategy which will not be delivered by 31 March 2024 stating the impact upon NHS Fife's strategic ambitions and how this is being addressed in the next D&I Strategy.

The development of the next D&I Strategy should also include at the outset a resourcing and financial assessment to assess its likelihood of being delivered within the stated timescale and the risks associated with non-delivery.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:

The recommendation will feature in reporting to CGC for their July 2023 and January 2024 meetings.

The creation of a revised D&I Strategy will include at the outset a resourcing and financial assessment to support the likelihood of delivery. These items will be reported to the D&I Board and through reporting to CGC during 2023/24, with final evidence being shown on the publication of the D&I Strategy in July 2023.

Action by:

Associate Director of Digital and Information

Date of expected completion:





31 July 2024



Key Performance Indicators



Planning	Target	2021/22	2022/23
Strategic/Annual Plan presented to Audit & Risk Committee by June.		Draft presented May 2022	Draft presented June 2023
Annual Internal Audit Report presented to Audit & Risk Committee by June	Yes	Presented Audit & Risk Committee – June 2022	Presented Audit & Risk Committee – June 2023
Audit assignment plans for planned audits issued to the responsible Director at least 2 weeks before commencement of audit	75%	100%	100%
Efficiency			
Draft reports issued by target date	75%	67%	57%
Responses received from client within timescale defined in reporting protocol	75%	100%	80%
Final reports presented to target Audit & Risk Committee	75%	67%	57%
Number of days delivered against plan	100% at year-end	67%	90%
Number of audits delivered to planned number of days (within 10%)	75%	91%	79%
Skill mix	50%	80%	88%
Staff provision by category	As per SSA/Spec	Pie chart	
Effectiveness			
Client satisfaction surveys	Average score of 3.5	Bar chart	

Assessment of Risk



To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Fundamental		Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. Requires action to avoid exposure to significant risks to achieving the objectives for area under review.	One Point 4
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.	Three Points 1, 5 & 6
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	Two Points 2 & 3

ICE Report 2022/23 (B08/23) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
<p>1. Committee Assurances</p> <p>a. the Board’s action list, which is currently maintained and followed up by the Corporate Governance & Board Administration team, will be tabled for review at future Board meetings</p> <p>b. risk section within the SBAR papers presented to the Standing Committees and the Board should fully articulate the risks associated with the report, the linkage to the relevant Corporate or Operational risk and any related consequences</p> <p>c. SBARs on Policy updates to include a risk assessment on each policy which has passed the renew date, highlighting the risks and possible consequences of the policy not being reviewed within the timescale and superseded policies will be removed from Stafflink.</p> <p>Action Owner: Head of Corporate Governance & Board Secretary</p> <p>Original target implementation date 30 June 2023.</p>	<p>a. The Board’s Action List was included on the agenda for its meetings on 31 January and 28 March 2023 and comparison of the two Action Lists shows that it is being updated between meetings.</p> <p>b. A sample of SBARs presented to Fife NHS Board and its Standing Committees in March 2023, were checked and although there is some evidence of links to relevant risks being quoted conclusions regarding the impact of the papers the SBARs are supporting on the risks is not being included. A further review of the SBAR template to strengthen the guidance in this section is to be undertaken and will look to illustrate this with an exemplar to help guide paper authors. This will be completed by the end of June validation date.</p> <p>c. The update on General Policies and Procedures presented to FP&RC on 9 May 2023 includes reference to risk assessments being required for lapsed policies. The new process (storing policies exclusively on the Board’s internet website) will significantly reduce the risk of superseded policies remaining accessible to staff. This is included in the update to FPRC on 9 May 2023.</p>	 <p>On track</p>
<p>2. Risk Management</p> <p>a. Risk Management KPIs to be presented for approval and reported to the Audit and Risk Committee</p> <p>b. Risk appetite to be overtly reflected in the corporate risk register updates to standing committees, particularly within target scores, when</p>	<p>a. KPIs for Risk Management are still being updated and a date for presentation to A&RC has not yet been agreed.</p> <p>b. The Corporate Risk Register presented to Audit & Risk Committee on 15 March 2023</p>	 <p>Minor slippage on agreed timelines</p>

<p>risks are updated and reviewed.</p> <p>Action Owner: Director of Finance & Strategy</p> <p>Original target implementation date 30 June 2023.</p>	<p>includes the risk appetite for each strategic priority and indicates for each risk whether the current risk rating is above, below or within that risk appetite. This format will be used for presentation to all Standing Committees.</p>	
<p>3. Clinical Governance and Assurance re Services Delegated to the Integration Joint Board</p> <p>a. Regular reporting to the Clinical Governance Oversight Group (CGOG) providing assurance that recommendations made following external body visits are being progressed through service action plans to completion</p> <p>b. Reporting on risk associated with Adult and Child Protection to the CGOG.</p> <p>Action Owner: Director of Health and Social Care Partnerships</p> <p>Original target implementation dates a - 30 April 2023 & b – 31 July 2023.</p>	<p>a. Inspections and methodology reported to CGOG on 18 April 2023 and future reporting scheduled in CGOG 2023/24 workplan.</p> <p>b. Report scheduled for the CGOG meeting on 20 June 2023 on its 2023/24 workplan.</p>	 <p>On track</p>
<p>4. Clinical Governance Strategic Framework & Clinical Governance Risk Management</p> <p>a. The Clinical Governance Strategic Framework (CGSF) to be presented to Fife NHS Board for approval</p> <p>b. Adult and Child Protection and the latest guidance (Scottish Government’s NHS Public Protection Accountability and Assurance Framework to be considered as part of the 2023/24 workplan for the Clinical Governance Strategic Framework</p> <p>c. The Terms of Reference for the Clinical Governance Oversight Group to be amended to include a specific responsibility regarding consideration of external reviews and whether appropriate action has been undertaken to address any recommendations made</p> <p>d. A meeting of the Organisational Learning Group (OLG) to be held focused on how to build in the consideration of issues identified in external reports into future OLG agendas and the analysis that would need to be undertaken to provide the OLG with the information to discharge their responsibility as per its Terms of Reference item 2.4 regarding consideration of whether internal controls and associated reporting mechanisms need to be improved if they did not identify issues highlighted in inspections undertaken by external regulators/auditors</p> <p>e. Minutes of Organisational Learning Group meetings to be routinely presented to the Clinical Governance</p>	<p>a. The CGSF was approved by Fife NHS Board on 28 March 2023.</p> <p>b. The 2023/24 CGSF Workplan is in development and will be presented to CGOG for approval in June 2023</p> <p>c. CGOG Terms of Reference was to have been reviewed prior to its last meeting but this slipped, and the ToR is currently being reviewed. Consideration will be given to adding a responsibility for CGOG to receive assurance confirming appropriate action is being taken to address recommendations made in reports by external regulators/auditors on clinical areas in NHS Fife and services delegated to the IJB.</p> <p>d. There have not been many inspections undertaken recently but consideration will be given to conducting an OLG focussed on findings from external bodies and considering whether improvements are required to</p>	 <p>On track</p>

<p>Oversight Group</p> <ul style="list-style-type: none"> f. The description of risk 7 on the corporate risk register to be updated to more accurately describe the risk associated with deferred treatment due to late presentation due to the pandemic (eg changing the 'could' in 'This time delay could impact clinical outcomes for the population of Fife' to 'will'). and the scoring of this risk to be revised to take account of the related performance information g. The anticipated deep dive analysis to be undertaken on risk 7 to be prioritised and to be undertaken in a manner that clearly explains the scale of the risk and better describes the controls in place. h. The alignment of Risk 7 to be reconsidered with specific consideration given to whether assurance on its management should be provided to the Clinical Governance Committee i. The difficulties in meeting targets for Serious Adverse Events Reviews to be reported to the Clinical Governance Committee. <p>Action Owner: Medical Director</p> <p>Original target implementation date 31 August 2023.</p>	<ul style="list-style-type: none"> e. Meetings have been held recently but these have been of an informal nature and concerned with setting up the group and understanding its role. A formal meeting will take place shortly and the minutes of the meeting will be presented to CGOG prior to 31 August 2023. f. The rewording of CRR 7 has been agreed by the Director of Acute Services. The reworded risk will be presented to FPRC on 11 July 2023. Therefore on track for 31 August 2023 target. The Director of Acute Services advised that the scoring is reviewed regularly and was last updated at the end of April. The risk was scored at 16 High when reported to FP&RC in November 2022 and is reported as 20 High to FPRC in May 2023. g. The deep dive into risk 7 has been undertaken and was presented to FPRC on 14 March 2023. The deep dive into the related CRR 5 was undertaken and presented to EDG on and was presented to CGC on 5 May 2023. h. The alignment of risk 7 is to continue to be to FPRC but it will be presented to CGOG and CGC for information/assurance going forward. This will take place prior to 31 August 2023. i. The narrative included in the IPQR presented to CGC on 3 March 2023 highlighted the performance issues regarding the Adverse Events 	
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	Management Process and the action being taken to address this.	
<p>10 IG Incident Reporting to CGC</p> <ul style="list-style-type: none"> The IG&S update report for the Clinical Governance Committee to be updated to include a section for IG Incident Management including: <ul style="list-style-type: none"> Reasons for any instances of non-compliance with the 72 hour statutory timescale for reporting to the ICO and what has been done to prevent this from happening in future Sufficient information to allow an opinion on whether any of the incidents reported to date should be considered for disclosure within the Board’s Governance statement. <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 31 May 2023.</p> <p>Extended to 31 October 2023</p>	<p>IG&SSG Update to CGC on 3 March 2023 – Item 9.1 - Summary of Incident Reporting in the period including assurance that they all complied with the 72 hour timescale for reporting to the ICO but does not include a statement regarding whether or not any of the incidents will warrant disclosure in the Board’s Governance statement. This is to be included in the update presented to CGC on 8 September 2023.</p>	 <p>Minor slippage on agreed timelines</p>
<p>11 D&I Strategy Risk</p> <ul style="list-style-type: none"> D&I Workforce Plan to be added to the Corporate Risk Register as a mitigation to risk 18 – regarding the D&I Strategy to allow assessment of its implementation and effectiveness. <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 31 May 2023.</p> <p>Extended to 31 July 2023</p>	<p>The CRR extract presented to CGC on 3 March 2023 (Item 6.3) does not include the D&I Workforce Plan as a mitigation to risk 18 – D&I Strategy as was required by the recommendation. This is to be included in the update to CGC on 7 July 2023.</p>	 <p>Minor slippage on agreed timelines</p>

Meeting: Clinical Governance Committee
Meeting date: 7 July 2023
Title: Corporate Risks Deep Dive
Quality and Safety
Access to Outpatient, Diagnostic and Treatment Services
Responsible Executive: Dr Chris McKenna, Medical Director, NHS Fife
Report Author: Dr Shirley-Anne Savage, Associate Director of Quality & Clinical Governance, NHS Fife

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Annual Delivery Plan
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper is brought to the Committee as part of the reporting to the governance committees on the corporate risks and provides a Deep Dive into the Risk – Quality and Safety

The Committee is invited to:

- Consider the Deep Dive Review

I would also like to highlight the Deep Dive of Risk 7: Access to Outpatient, Diagnostic and Treatment services, previously presented to the Finance, Performance & Resources

Committee. Internal Audit have requested that this be brought through this Committee for further assurance. This Deep Dive is attached as Appendix 1.

2.2 Background

The Corporate Risk Register aligns to the 4 strategic priorities. The format is intended to prompt scrutiny and discussion around the level of assurance provided on the risks and their management, including the effectiveness of mitigations in terms of:

- relevance
- proportionality
- reliability
- sufficiency

2.3 Assessment

Deep Dive Review of Corporate Risks

It is essential to provide assurance on the management of our corporate risks. To contribute to this aim, deep dive reviews have been commissioned for specific risks via the following routes:






- Governance Committees
- Executive Directors' Group (EDG)
- Risks & Opportunities Group (ROG) with recommendations into EDG

A deep dive on the following risk has been prepared for members' attention.

Risk Title	Aligned Committee
Quality and Safety	Clinical Governance (CGC)

Corporate Risk Selected for "Deep Dive"

Deep Dive Review on Corporate Risk 9 - Quality and Safety

Corporate Risk Title	Quality and Safety			
Strategic Priority	 To improve health and wellbeing			
Risk Appetite	HIGH			
Level of Risk Assurance	Substantial Assurance 	Reasonable Assurance 	Limited Assurance 	No Assurance 
Confirm Assurance	Yes			

Level (Add a Yes)			
Risk Description	There is a risk that if our governance, arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.		
Root Cause (s)	<p>Current governance arrangements don't allow the correct level of assurance and escalation through to the Clinical Governance Committee.</p> <p>Clinical Governance meetings don't have focussed agendas and workplans in place.</p> <p>No effective processes and systems to allow oversight of strategies, frameworks, and policies.</p> <p>No effective system of supporting effective organisational learning</p> <p>No effective risk management programme or policy for reviewing and learning from adverse events.</p>		
Current Risk Rating ([LxC] & Level (e.g. High Moderate, Low)	Likelihood - 5	Consequence - 3	Level - High
Target Risk Rating([LxC] & Level (e.g. High, Moderate, Low)	Likelihood - 5	Consequence - 2	Level - Moderate
Management Actions (current)			
Action	Status		Impact on Likelihood/ Consequence
<p>Ensure effective governance is in place and operating through the Clinical Governance Oversight Group (CGOG) providing the mechanism for assurance and escalation of clinical governance (CG) issues to Clinical Governance Committee (CGC).</p> <p>This includes ensuring that clinical governance meetings are supported by focused agendas, workplans, monitoring of performance and focus on risks</p>	On Track ongoing		Reduced Likelihood
Ensure the committees feeding into the Clinical Governance Committee provide minutes of meetings, Annual Statements of Assurance and escalation of issues.	On Track ongoing		Reduced Consequence
Implement effective systems & processes to ensure oversight and monitoring of national & local strategy / framework / policy /audit implementation and impact.	On Track ongoing		Reduced Likelihood
<p>Implement the Clinical Governance Strategic Framework (CGSF) and accompanying Workplan for 2023/24</p> <p>Review the Framework on an annual basis and provide an update to the Clinical Governance Committee by March of every year. This will ensure that this fundamental framework remains contemporary and reflects any strategic changes decided by the Board along with changes in national priorities.</p>	On Track ongoing		Reduced Likelihood
<p>Create systems and processes which support effective organisation learning. This will be supported by the Organisational Learning Group to ensure that learning is used to optimise patient safety, outcomes and experience, and to enhance staff wellbeing and job satisfaction. The Organisational Learning Group is now chaired by the Deputy Medical Director and co-chaired with the Director of Nursing. A smaller group have met in order to prioritise and agree a workplan for the group.</p>	Significant level of delivery challenge		Reduced Consequence

Ensure a programme of clinical audit helps us identify areas for improvement	On Track ongoing	Reduced Consequence
Ensure all guidelines and policies are up to date and reflect current best practice and are easily accessible. This is done through the work of the Guidelines and Policy Group.	On Track ongoing	Reduced Consequence
Ensure we have clearly defined quality performance indicators that are readily available from “ward to Board” to measure, monitor and evaluate the quality and safety of care and allow early action when we identify a concern. QPIs are well developed in a number of areas such as cancer where the processes of measuring, monitoring and evaluation as well as providing assurance through governance structures is well integrated. We must ensure that this process is in place for all QPIs.	Significant level of delivery challenge	Reduced Consequence
Review and learn from incidents through the Adverse events policy. Work is underway on an Adverse Event Management Resource Pack which will complement the policy by providing operational level guidance to facilitate or enhance learning from adverse events across the organisation.	On Track – ongoing	Reduced Consequence
Manage a programme of work around the risk management and the risk agenda through the Risks and Opportunities Group. The Risk and Opportunities Group has matured and is now co-chaired between the Associate Director of Digital and Information and the Associate Director of Quality & Clinical Governance. Development of the Risk Framework and workplan is underway.	Significant level of delivery challenge	Reduced Likelihood
Continue the programme of work in collaboration with Internal Audit to provide assurance that the system of internal controls is functioning as intended	On Track – ongoing	Reduced Consequence
Management Actions (future)		
Action	Status	Impact on Likelihood/Consequence
Finalise the CGSF Workplan for 2023/24	On Track – June 2023	Reduced Likelihood
Finalise the Risk Management Framework. This is currently drafted and work on this has been prioritised over the next couple of months.	Significant level of delivery challenge	Reduced Likelihood

Action Status Key
Completed
On track
Significant level of delivery challenge
At risk of non delivery
Not started

2.3.1 Quality / Patient Care

Effective management of risks to quality and patient care will support delivery of our strategic priorities, to improve health and wellbeing and the quality of health and care services.

2.3.2 Workforce

Effective management of workforce risks will support delivery of our strategic priorities, to improve staff health and wellbeing, and the quality of health and care services.

2.3.3 Financial

Effective management of financial risks will support delivery of our strategic priorities including delivering value and sustainability.

2.3.4 Risk Assessment / Management

Subject of the paper.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

An Equality Impact Assessment (Stage 1) was carried out to identify if any items of significance need to be highlighted to EDG .The outcome of that assessment concluded on Option 1: No further action required.

2.3.6 Climate Emergency & Sustainability Impact

This paper does not raise, directly, issues relating to climate emergency and sustainability. These items do form elements of risk for NHS Fife to manage.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication and engagement over time

2.3.8 Route to the Meeting

- Dr Chris McKenna, Medical Director on 16 June 2023
- Clinical Governance Oversight Group 20 June 2023
- Executive Director's Group 22 June 2023

2.4 Recommendation

- Assurance
- Discussion

An update on the Quality and Safety Risk will be provided to the Clinical Governance Committee once the assurance level element has been through the Executive Directors' Group.

3 List of appendices

The following appendices are included with this report:

- Deep Dive Review to the Finance, Performance & Resources Committee

Report Contact


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Appendix 1

DEEP DIVE REVIEW: For Finance, Performance & Resources Committee on 14/03/23

Corporate Risk Title	7. Access to Outpatient, Diagnostic and Treatment Services		
Strategic Priority	 To improve the quality of health and care services		
Risk Appetite	Moderate		
Risk Description	There is a risk that due to demand exceeding capacity, compounded by COVID -19 related disruption, and stepping down of some non-urgent services, NHS Fife will see a deterioration in achieving waiting time standards. This time delay could impact clinical outcomes for the population of Fife.		
Root Cause (s)	<ul style="list-style-type: none"> • Demand exceeding capacity • COVID -19 related disruption • Stepping down of some non-urgent services • Funding from Scottish Government less than anticipated 		
Current Risk Level	High (16)	Likelihood - 4	Consequence - 4
Target Risk Level (in year delivery)	Moderate (12)	Likelihood - 3	Consequence - 4
Management Actions (current)			
Action			Status
Implementation of Patient Initiated Review (PIR) toward increasing clinic capacity for reviews – 9 prioritised specialties Digital & Information (D&I) underpinning of supporting systems and processes. Monthly reports available to monitor uptake and benefits. Centre for Sustainable Delivery (CfSD) Golden Jubilee Hospital, & Public Health Scotland (PHS) close working with Health Intelligence Team to look at standard national outcome coding. Initial introduction veers toward timely and person-centred quality ambitions with most recent data reporting showing from 12 specialties onboarded; the potential benefit is on average overall 81% (5038 appts from 1 st April '22 – 31 st January '23). This appointment outcome allows direct access for patients if symptoms require without the need to go back to referral process, thus freeing up new appointments in the longer term. Evaluation exercise commenced to obtain patient feedback to assure that processes are meeting the needs of patients. Close links with CfSD and Sustainable Development Goals (SDGs). Will be of value to understand CfSD plans for next cohort of specialties to align with NHS Fife next phase planning.			On Track
Implementation of Active Clinical Referral Triage (ACRT) for reducing new appointment waiting lists – 9 prioritised specialties (aligned to 7 nationally prioritised specialties.) Out of scope specialties have adopted out with Integrated Planned Care Programme Board (IPCPB) driven project. D&I underpinning of supporting systems and processes. Developments to date: Local standard template available for guidance/information text to be populated and agreement of vetting outcome code name. Monthly reports available to monitor uptake and benefits. CfSD & PHS close working with Health Intelligence Team to look at standard national outcome coding.			On Track

<p>Once 'go live', services are responsible for onward robust scale up to avoid service inequity of access with offer of support to explore current state mapping and bespoke improvement planning for specialty. Evaluation exercise commenced to obtain patient feedback to assure that processes are meeting needs of patients. Close links with CfSD and SDGs to promote standardised pathways where possible, obtaining/sharing best practice with other Boards for adoption locally. Will be of value to understand CfSD plans for next cohort of specialties to align NHS Fife next phase planning</p>	
<p>Endoscopy Colon Capsule Endoscopy (CCE – pill-camera to record internal images of the gastrointestinal tract for diagnostic purposes) and Cytosponge (single use first line diagnostic device which collects cells from the lining of the oesophagus). Both driven nationally as CfSD best practice outpatient methods. Endoscopy services locally have both implemented and business as usual. Last quarter of 2022, CCE was put on hold due to procurement issues encountered locally. Reinstated January 2023. Work commenced to implement national digital system. Endoscopy team exploring further areas for improvement, focusing currently at booking processes for optimising all appointment slots.</p>	On Track
<p>Improvement projects: ENT Team – ACCESS QI programme participation until January 2024, currently exploring and identifying change ideas for improvements to reduce referrals into the service and improve process for referrals to 1st appointment. 'What happens to patients'. Discussion commenced to understand how service condition guidance may interconnect with the Fife Referral Organisational Guidance (FROG) platform and the standard routes for referring in. Service exploring early adoption through any developments of implementation of Patient Hub. Discussions commenced also to consider alignment to PHS drivers for support patients while they wait.</p>	On Track
<p>Waiting List Validation. Work has commenced with National Elective Co-ordination Unit (NECU) on waiting list validation – aim is to locally adopt the national validation processes to improve our current processes. Meeting to be arranged with key individuals in Fife to consider how best to proceed. Gynaecology keen to be test. In meantime current validation processes for long waiting outpatient and inpatient/ day cases continues.</p>	On Track
<p>Convert the reception area within the QMH theatre suite to a procedure room and waiting area to release 1 theatre per day – creating more capacity in theatre and in the day surgery unit. Significant delay to improvement works but refurbishment has now commenced and is on track to be delivered by July 2023.</p>	Significant level of delivery challenge
<p>Increase theatre sessions to 6 days for Robotic Assisted Surgery to offer more capacity.</p>	On Track
<p>Additional non-recurring Planned Care funding received from Scottish Government (SG) (February 2023) to support the reduction in long waiting patients until the end of March 2023. A delivery plan has been developed which will support the 2 year and 18-month and 1-year targets for Outpatient (OP) and Treatment Time Guarantee (TTG) & Diagnostics.</p>	On Track
<p>Planned Care planning guidance for 2023/4 received from SG and work commenced to project demand, capacity, activity, and queue and waiting time trajectories. Meetings with Directorates arranged to review and agree. This is due to be completed and submitted by the end of March 2023.</p>	On Track
<p>Monitoring Regular meetings of Scheduled Care Group to monitor and review waiting times for urgent and long waiting patients and agree actions to improve within current resources.</p>	On Track

Theatre Utilisation and maximisation of day surgery procedures. Aligning to British Association of Day Surgery Directory (BADSD) including converting General Anaesthetic (GA) procedures to Local anaesthetic (LA)	On Track
Management Actions (future)	
Action	Status
Relaunch the QMH day surgery service in summer 2023 with an event to promote engagement and further maximisation of the day surgery model.	Not started
Develop a business case for the refurbishment of the QMH theatre suite.	Significant level of delivery challenge
Netcall - implement to enable automated administrative validation of waiting lists.	On Track
Agree priorities for adopting additional high impact changes for 2023/24.	On Track
Ongoing engagement with National Treatment Centre (NTC) Programme	Significant level of delivery challenge
Agree plan for consistent approach to managing review outpatient appointments.	Not started
Adopt actions to protect endoscopy outlined in Scottish Government Planning guidance via the IPCPB.	On Track
Adopt actions to protect Imaging as outlined in Planning guidance Scottish Government (SG) Planning guidance via the IPCPB.	On Track
Review the SG Value Based Health Care document in relation to planned care via the IPCPB.	Not started

Action Status Key
Completed
On track
Significant level of delivery challenge
At risk of non delivery
Not started

CLINICAL GOVERNANCE COMMITTEE ANNUAL WORKPLAN 2023 / 2024

Governance - General							
	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Active or Emerging Issues							
	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
TBC							
Governance Matters							
	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Annual Assurance Statements from Subcommittees (D&I Board, H&S Subcommittee, IG&S Steering Group, IJB Q&C Committee, Resilience Forum)	Board Secretary	✓					
Annual Committee Assurance Statement (inc. best value report)	Board Secretary	✓					
Annual Internal Audit Report	Director of Finance & Strategy		✓				
Annual Statement of Assurance for Clinical Governance Oversight Group	Medical Director / Associate Director of Quality & Clinical Governance		✓				To be included with other Ass. Statements in May 2024
Committee Self-Assessment Report	Board Secretary						✓
Corporate Calendar / Committee Dates	Board Secretary			✓			
Corporate Risks Aligned to CGC, and Deep Dives	Medical Director/Director of Nursing	✓ Optimal Clinical Outcomes	✓ Quality & Safety	✓ Off-Site Area Sterilisation and Disinfection Unit Service	✓ Cyber Resilience	✓ Digital & Information	✓

Governance Matters (cont.)							
	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Review of Terms of Reference	Board Secretary						✓ Approval
Review of Annual Workplan	Associate Director of Quality & Clinical Governance	✓	✓	✓	✓	✓	✓ Approval
Strategy / Planning							
	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Advanced Practitioners Review	Director of Nursing	✓					
Annual Delivery Plan 2023/24	Director of Finance & Strategy / Associate Director of Planning & Performance	Deferred to July	✓		✓		✓
Cancer Strategic Framework	Medical Director				✓		
Clinical Governance Framework	Medical Director / Associate Director of Quality & Clinical Governance						✓
Clinical Governance Delivery Plan	Medical Director / Associate Director of Quality & Clinical Governance	Deferred to July	✓			✓	
Corporate Objectives	Director of Finance & Strategy / Associate Director of Planning & Performance	✓					
Data Loch	Medical Director / Associate Director for Research, Development & Innovation		Deferred – date tbc				
Development Assistant Practitioner Role	Director of Nursing	✓					
Integrated Unscheduled Care	Medical Director	✓			✓		✓
Laboratory Information Management System Update	Associate Director of Digital & Information			✓			

Quality / Performance							
	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Breast Screening Adverse Event Paper	Director of Public Health		Removed – July PHWC only				
Integrated Performance and Quality Report	Medical Director / Director of Nursing	✓	✓	✓	✓	✓	✓
Healthcare Associated Infection Report (HAIRT)	Director of Nursing	✓	✓	✓	✓	✓	✓
National Cervical Exclusion Audit	Director of Public Health		Removed – covered at PHWC in May				
Safer Management of Controlled Drugs	Director of Pharmacy & Medicines				✓		
Nursing & Midwifery Professional Assurance Framework	Director of Nursing	2 yearly report – due September 2024					
Covid Mortality Report	Medical Director	TBC					
Digital / Information							
	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Digital and Information Strategy Update	Medical Director / Associate Director of Digital & Information		✓			✓	
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme	Medical Director			✓			✓
Information Governance and Security Steering Group Update	Associate Director of Digital & Information			✓			✓
Person Centred Care / Participation / Engagement							
	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Equalities Outcome Report <i>(also goes to PHWC)</i>	Director of Nursing						✓
Patient Experience & Feedback	Director of Nursing	✓	✓	✓	✓	✓	✓
Volunteering Report	Director of Nursing				✓		

Annual Reports							
	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Adult Support & Protection Annual Report <i>(also goes to PHWC)</i>	Director of Nursing	✓					
Allied Health Professional Assurance Framework	Director of Nursing	Deferred to July	Deferred to Sept.	✓			
Annual Resilience Report	Director of Public Health	Partial Assurance Statement			✓ Mid-year Assurance Report		✓ Annual Report
Clinical Advisory Panel Annual Report	Medical Director		✓				
Controlled Drug Accountable Officer Annual Report	Director of Pharmacy & Medicines			✓			
Director of Public Health Annual Report <i>(also goes to PHWC)</i>	Director of Public Health		✓				
Equality Outcomes Progress Report	Director of Nursing					✓	
Fife Child Protection Annual Report <i>(also goes to PHWC)</i>	Director of Nursing	Deferred to July	✓				
Hospital Standardised Mortality Ratio (HSMR) Update Report	Medical Director				✓		
Integrated Screening Annual Report <i>(also goes to PHWC)</i>	Director of Public Health				✓		
Medical Education Report	Medical Director				✓		
Medical Appraisal and Revalidation Annual Report	Medical Director				✓		
Medical Devices Annual Report	Medical Director			✓			
Occupational Health Annual Report 2022/23	Director of Workforce			✓			
Organisational Duty of Candour Annual Report	Medical Director						✓

Annual Reports (cont.)							
	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Participation & Engagement Report and Quality Framework for Participation & Engagement Self-Evaluation <i>(also goes to PHWC)</i>	Director of Nursing				✓		
Prevention & Control of Infection Annual Report	Director of Nursing				✓		
Radiation Protection Annual Report	Medical Director	✓					
Research & Development Progress Report & Strategy Review	Medical Director					✓	
Research, Innovation and Knowledge Annual Report	Medical Director					✓	
Review of Deaths of Children & Young People	Director of Nursing						✓
Linked Committee Minutes							
	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Area Clinical Forum	Chair of Forum	06/04 Mtg Cancelled	✓ 08/06	✓ 03/08	✓ 05/10	✓ 07/12	✓ 08/02
Area Medical Committee	Medical Director	✓ 14/02	✓ 11/04 02/05	✓ 13/06	✓ 08/08	✓ 10/10	✓ 12/12
Area Radiation Protection Committee	Medical Director	✓ 31/08		TBC	TBC	TBC	TBC
Cancer Governance & Strategy Group	Medical Director	✓ 30/03	✓ 31/05		✓ 17/08	✓ 02/11	
Clinical Governance Oversight Group	Medical Director	✓ 14/02	✓ 18/04	✓ 20/06	✓ 22/08	✓ 24/10	✓ 12/12
Digital & Information Board	Medical Director	✓ 19/04		✓ 19/07		✓ 18/10	
Fife Area Drugs & Therapeutic Committee	Medical Director		✓ 26/04	✓ 21/06	✓ 16/08	✓ 21/10	✓ 20/12

Linked Committee Minutes (cont.)							
	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Fife IJB Quality & Communities Committee	Associate Medical Director	✓ 10/03		✓ 03/05 & 30/06	✓ 07/09	✓ 02/11	
Health & Safety Subcommittee	Chair of Subcommittee	✓ 10/03	✓ 09/06		✓ 08/09	✓ 08/12	
Infection Control Committee	Director of Nursing	✓ 05/04	✓ 07/06	✓ 09/08	✓ 04/10	✓ 06/12	
Ionising Radiation Medical Examination Regulations Board (IRMER)	Medical Director			TBC	TBC	TBC	TBC
Information Governance & Security Steering Group	Director of Finance & Strategy	✓ 11/04		✓ 13/07	✓ 10/10		
Medical Devices Group	Medical Director	✓ 08/03		✓ 14/06	✓ 13/09		✓ 13/12
Research, Innovation & Knowledge Oversight Group	Medical Director	✓ 27/03		✓ 21/06	✓ 19/09	✓ 11/12	
Resilience Forum	Director of Public Health	✓ 01/03		✓ 08/06	✓ 07/09	✓ 07/12	
Ad Hoc Items							
	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Mental Health Estates Initial Agreement <i>(also goes to PHWC)</i>	Medical Director	Deferred to July	Deferred – date tbc				
Medical Devices	Director of Property & Asset Management	✓					
Public Protection, Accountability & Assurance Framework	Director of Nursing	✓					
Integrated Unscheduled Care Report	Medical Director	✓		✓		✓	
Fatal Accident Enquiry	Medical Director	✓	✓				
Excellence in Care Presentation	Director of Nursing		✓				
Infection Control Inspection by Health Improvement Scotland Report	Director of Nursing		✓				

Ad Hoc Items (cont.)							
	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Deteriorating Patient Cardiac Arrest Update.	Director of Nursing			✓			
Development Sessions							
	Lead						
Development Session 1 <ul style="list-style-type: none"> Medical Education Addiction Services 	Medical Director	12/04/23					
Development Session 2 <ul style="list-style-type: none"> Research relationship between NHS Fife and the University of St Andrews. 	Medical Director	TBC – End of October 2023					
Development Session 3 <ul style="list-style-type: none"> Optimal Clinical Outcomes 	Medical Director	TBC					

Meeting: Clinical Governance Committee
Meeting date: 7 July 2023
Title: Annual Delivery Plan 2023/24
Responsible Executive: Margo McGurk, Director of Finance
Report Author: Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented for:

- Approval

This report relates to:

- Annual Delivery Plan 2023/24

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The Annual Delivery Plan (ADP) 2023/24 was submitted in draft on 8 June 2023 with the Medium-Term Plan (MTP) 2023/26 due on 7 July 2023. This paper provides the committee with assurance of the delivery of the draft ADP 2023/24.

2.2 Background

The Scottish Government have developed 10 recovery drivers listed for the ADP 2023/24 below:

1. Improved access to **Primary and Community Care** to enable earlier intervention and more care to be delivered in the community.

2. Access to **Urgent and Unscheduled Care**, including scaling of integrated frailty services to reduce admissions to hospital.
3. Improving the delivery of **Mental Health** support and services reflecting key priorities set out in the upcoming Mental Health Strategy.
4. Recovering and improving the delivery of **Planned Care** – CfSD working with Boards in the delivery of four key interventions to improve delivery of planned care.
5. Delivering the National **Cancer** Action Plan (Spring 2023-2026).
6. Enhance planning and delivery of the approach to tackling **Health Inequalities** including the contribution to primary prevention through Anchors.
7. Support pace of change of **innovative healthcare and technologies**, to improve efficiency and outcomes for patients and to enable care closer to home.
8. Implementation of the **Workforce** Strategy.
9. Optimise use of **Digital & data** technologies in the design and delivery of health and care services for improved patient access.
10. Reduce NHS greenhouse gas emissions and contribute to wider societal decarbonisation, adapt to the risks from **Climate Change** and improve the NHS's impact on the environment.

Along with the recovery drivers described above, additional commentary was requested in the guidance as follows:

- Finance & Sustainability
- Workforce
- Value Based Health & Care
- Integration
- Improvement Programmes

2.3 Assessment

There are 3 submissions in relation to the ADP process: (1) draft ADP1 (attached) and (2) draft ADP2 (spreadsheet with more detailed actions, milestones and risks) were submitted on 8 June 2023 whilst the (3) draft MTP submission date is 7 July 2023.

All 3 documents remain in draft until agreed by the Scottish Government.

2.3.1 Quality/ Patient Care

Preparation and delivery of both the ADP and MTP are key to ensuring high quality patient care.

2.3.2 Workforce

Workforce planning is key to the ADP/MTP process.

2.3.3 Financial

Financial planning is key to the ADP/MTP process.

2.3.4 Risk Assessment/Management

Risk assessment is part of ADP/MTP process.

2.3.5 Equality and Diversity, including health inequalities

Equality and Diversity is integral to any redesign based on the ADP/MTP process.

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation throughout the ADP/MTP process.

2.3.8 Route to the Meeting

EDG – 8 June 2023

Public Health & Wellbeing Committee – 3 July 2023

2.4 Recommendation

The Committee is asked to:

- **Approve** the draft Annual Delivery Plan 2023/24

List of appendices

1. Annual Delivery Plan 2023/24

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Population Health & Wellbeing Strategy

**Annual Delivery Plan
2023/24**



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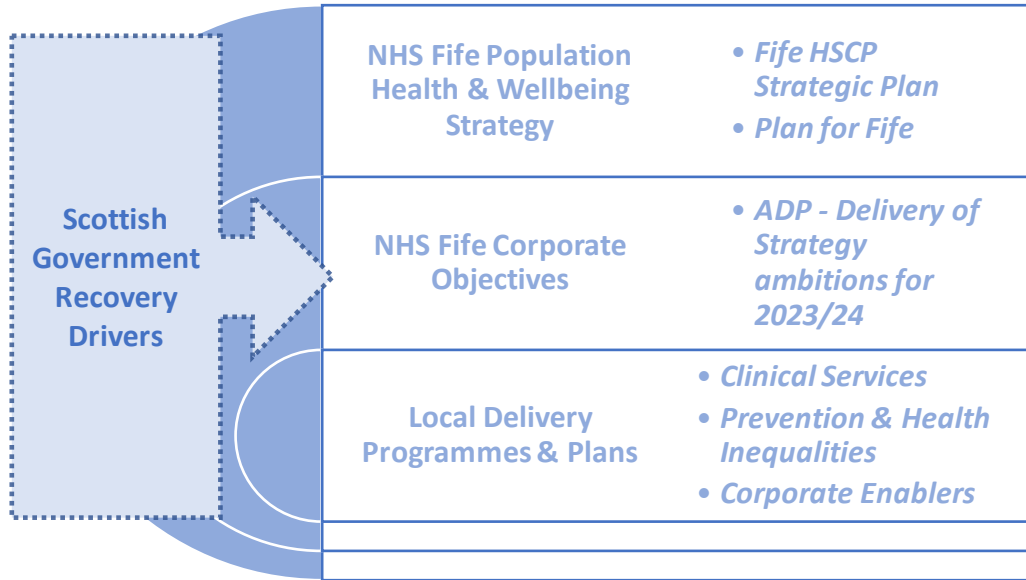
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Planning Context


This Annual Delivery Plan sits as part of the overall planning context for NHS Fife. The newly approved NHS Fife Population Health and Wellbeing Strategy has established the strategic priorities for our organisation, this Annual Delivery Plan describes our key areas of focus for the first chapter of the strategy in 2023/24.




The plan confirms the alignment across our strategic priorities and corporate objectives for 2023/24 to the Scottish Government Recovery Drivers. The sections below illustrate this alignment and also highlights additional corporate objectives identified by NHS Fife.


	Strategic Priority 1: To improve health and wellbeing	Recovery Driver
1	Progress the business case for the mental health services programme	3. Mental Health
2	Support the ADP in the delivery of MAT standards	6. Health Inequalities
3	Develop a prevention and early intervention strategy, and delivery plan, to support health improvement and address inequalities	1. Primary & Comm Care 6. Health Inequalities
4	Develop a primary care strategy and supporting delivery plan	1. Primary & Comm Care
5	Develop and deliver a system wide medicines safety programme	Local Priority


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	Strategic Priority 2: Improve quality of health and care services	Recovery Driver
1	Implement redesign and quality improvement to support mental health services	3. Mental Health
2	Review and redesign the Front Door model of care to support improvements in performance	2. Urgent & Unsch Care
3	Deliver an ambulatory care model supporting admission avoidance and early appropriate discharge	2. Urgent & Unsch Care
4	Further develop Queen Margaret Hospital as centre of excellence for ambulatory care and day surgery	4. Planned Care 5. Cancer Care
5	Develop and deliver an improved patient experience response process to support a culture of person-centred care	Local Priority
6	Delivery year 1 of Planned Care Recovery Plan	4. Planned Care 5. Cancer Care

	Strategic Priority 3: Improves staff health and wellbeing	Recovery Driver
1	Collaborate with University of St Andrews to develop the ScotCOM medical school	7. Innovation
2	Develop and deliver an action plan to support safe staffing legislation	8. Workforce
3	Develop and deliver a sustainability plan for the nursing and midwifery workforce	8. Workforce
4	Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing	8. Workforce
5	Develop and deliver a leadership framework to increase team performance	8. Workforce

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	Strategic Priority 4: Deliver value and sustainability	Recovery Driver
1	Deliver year one actions of the financial improvement and sustainability programme	B. Finance & Sustainability
2	Implement actions to support climate emergency	10. Climate
3	Develop the digital medicines programme	9. Digital

	Cross-cutting actions	Recovery Driver
1	Develop a corporate communications and engagement plan	Local Priority
2	Develop the strategic plan to secure teaching health board status	Local Priority
3	Deliver Anchors ambitions working collaboratively with partners	6. Health Inequalities

Section A: Recovery Drivers

1. Primary & Community Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve health and wellbeing

- *Develop a prevention and early intervention strategy, and delivery plan, to support health improvement and address inequalities*
- *Develop a primary care strategy and supporting delivery plan*

1.1 Care in the Community and enhancing a focus on Preventive Care

Following a period of review and extensive engagement, Fife HSCP are currently refreshing our Primary Care Improvement Plan (PCIP) to make sure plans will provide the best opportunity for General Practitioners to fulfil the crucial role as Expert Medical Generalists. This refreshed plan will focus on stabilising and creating consistency in terms of multi-disciplinary support for Practices across Fife, in particular with regards to services which haven't been fully implemented.

In line with MOU (Memorandum of Understanding) 2, we have been carrying out a focused piece of work to develop our CTAC (Community Treatment and Care) services to both create a level of consistency in service provision across Practices, whilst allowing for the enhancement of services across Primary Care. This has already seen the commencement of the following initiatives:

- Working with Podiatry to bring all Low-Risk foot screening under the responsibility of CTAC Services
- Working with ENT and Audiology services to develop joint Ear Care strategy
- Leg ulcer specialist clinics

In line with a wider review of Leadership and Governance Primary Care Contracting services and associated services, work is ongoing to review the integration of Primary Care nursing teams, to provide more sustainable workforces but also equitable provision of Immunisation, CTAC and Chronic Disease Management.

This work will be brought together in a Primary Care Strategy and Delivery Plan which underpins both the Population Health and Wellbeing Strategy and Health and Social Care Strategic Plan and focuses on the important role of all Primary Care Providers supporting:

- Recovery of Primary Care
- Quality within Primary Care
- Sustainability across Primary Care services

Another shared commitment in the Population Health and Wellbeing Strategy and HSCP Strategic plan focuses prevention and early intervention aligned to the national health and wellbeing outcome and Public Health priorities. We will demonstrate through the Prevention and Early Intervention strategy and delivery

plan focusing on the steps we can take in the next few years to address health inequalities to enable everyone living in Fife to have the same chance of getting the best care or support they need. This will follow a life course approach, preventing, or limiting problems arising so people's lives will be healthy and people can remain independent for longer. To achieve this our mission is to build a culture of prevention, involving all partners across Fife, including communities and individuals, to make sure we are as good at preventing health and social care problems as we are at treating them.

1.2 Delivery of a sustainable Out of Hours service

To support our strategic ambition of sustainable and accessible Primary urgent care services, we are expanding on current system wide Urgent Care Infrastructure. This will further integrate 24/7 urgent care models across Primary care. This work will focus on the continuation of developing urgent care pathways within Out of Hours Primary Care, integrating staffing models in and Out of Hours to develop a resilient and sustainable workforce; The overall ambition is to develop plans for 24/7 'Urgent Care Hubs', interfacing between Primary and Secondary care, create sustainable workforces across Urgent Care Services and create consistent Urgent Care support to Primary Care.

1.3 Aligning Primary Care with Mental Health and Wellbeing resources

In line with the Scottish Government's vision for the future of primary care services we are enabling multidisciplinary working to support people in the community and free up GPs to spend more time with patients in specific need of their expertise.

The approach focuses on multidisciplinary working to reduce pressures on services and ensure improved outcomes for patients with access to the right professional, at the right time, as near to home as possible.

The key goal of the project is to develop and plan for the establishment of multidisciplinary Mental Health and Wellbeing in Primary Care and Community Services (MHWPCS) within GP clusters or localities, which will include:

- An Integrated Community Based System
- The Promotion of Fife Population Mental Health and Wellbeing
- Strengthening and Improving Formal and Informal Mental Health Care Provision
- Placing service users at the heart of design and planning

We have identified three initial test sites for this work to take learning across different localities within Fife who each have different needs including Cowdenbeath, North East Fife and Levenmouth. A critical part of this process is enabling co-production which is underway with the locality planning groups to shape the design and range of supports that need to be available in the mental health and wellbeing hubs and inform the future roll out across the 7 localities of Fife.

1.4 Early detection of key cardiovascular conditions

The ambition of the strategy is that we enable everyone living in Fife to have the same chance of getting the best care or support they need applying a life course approach, preventing, or limiting problems arising so their lives will be healthy and independent for longer. To achieve this our mission is to build a culture of prevention, involving all partners across Fife, including communities and

individuals, to make sure we are as good at preventing health and social care problems as we are at treating them. The delivery plan supporting this strategy will inform the actions being taken including:

- Working closely with the Heart Disease Managed Clinical Network in Fife and will also link to the Women's Health Plan which aims to reduce cardiovascular risk in women in particular.
- We will continue integrated service improvement plans to increase capacity for early intervention and implementation which will support empower and enable people to prevent, reduce and/or improve cardiac health risks working across services and with our partners in local authority and third sector.
- Developing low risk chest pain pathways to ensure care in the right place and right time
- Work collectively to improve services capacity for early detection and anticipatory care planning for cardiovascular risk factors including for example Community Treatment and Care (CTAC) in line with national planning and direction

1.5 Frailty in Primary Care

Approach adopted will be to:

- Build the capacity of the existing MCN service to include an MCN for Frailty to ensure that people with frailty in the community can be cared for utilising recognised national approaches placed into a local framework.
- Reduce the need for double up packages of care whilst utilising a variety of techniques and equipment to achieve better outcomes for people, to use resources more efficiently and effectively, reduce delays, release capacity, and improve flow, provide a more flexible service.
- Review and redesign of Assessment and Rehabilitation Centre model to achieve better outcomes for people, early intervention, and prevention to manage those at most risk of admissions, use resources more efficiently and effectively, increase capacity and provide a more flexible service.
- All Fife Care Homes residents will have an anticipatory care plan in place. The ACP will be shared with MDT including GPs to anticipate any decompensation in long term condition and pro-actively manage symptoms and offer support to avoid admission to hospital. ANPs are in the process of being recruited and be aligned to locality care homes to facilitate a first point of contact for care home staff to redirect and offer support to avoid admission.

1.6 Dental Care

Much like the rest of Scotland there are ongoing challenges with recruiting and retaining NHS Dentists across Fife, with many dental practices having very limited cover and access arrangements in place for NHS patients registered with them or capacity to register new patients.

Dental practitioners are independent contractors and own their own businesses, with many providing NHS care along with private practice. There are a number of complex reasons why dental services are experiencing significant challenges including the backlog created during the pandemic along with issues of recruitment and retention and the impact of Brexit.

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The Dental Management Team are proactively working with Dental Practices across Fife to explore ways to facilitate and improve patient access. Our NHS Fife Dental Advice line links in with practices on a fortnightly basis to monitor and evaluate capacity for registering new NHS patients. Currently the position in Fife is that no practices are in a position to register new NHS patients although a few practices are offering a waiting list with the expectation of new patients being able to access appointments in the autumn/winter.

The current guidance for people in Fife who are experiencing acute dental pain, and are not registered with a dentist, is to call the Dental Advice Line which is staffed by members of our NHS Fife Public Dental Service (PDS) (Monday to Friday, 8.30am – 5.00pm) with a commitment that they will receive dental care within 24 hours.

The PDS also offers a short course of care to get people dentally 'stable', and currently we have 5 sites (Randolph Wemyss Memorial Hospital, Rosyth, Cowdenbeath, Cardenden and Kirkcaldy access) across Fife where we are able to provide this service.

The PDS in Fife is committed to providing support and access and treatment to patients who are non-registered or de-registered as a result of the reduction of NHS GDS provision. The PDS are having to see registered General Dental Practitioner (GDP) patients as a number of practices can't recruit and have limited capacity to see their own patients. This is in addition to the pressures of the backlog in core services due to the pandemic.

The Scottish Government recently advised NHS Boards of a further revision of the Scottish Dental Access Initiative (SDAI) capital scheme to include 4 areas in Fife-Tayport, Newburgh, Leslie and Auchtermuchty which will take effect from 26 April 2023. It is hoped that this initiative will attract interest from dental practices.

In Q1 of 2023/24, we will explore ways to maximise capacity to increase access to dental care to get people dentally stable e.g., evening clinics. We will aim by Q2 to recruit to small test of change sites to deliver extended day time service to meet urgent needs of unregistered/deregistered patients. Successes from these tests of change will be used to spread and sustain service from Q3.

1.7 Delivery of hospital-based eyecare in a primary care setting

Optometry has been assisting colleagues within secondary care through shared care schemes since the COVID pandemic focusing mainly on emergency and glaucoma eyecare. This has allowed upskilling of optometrists for future national schemes meaning optometrists can undertake more specialist work on behalf of the hospital through such qualifications as independent prescribing and Glaucoma (NESGAT).

To alleviate the burden of glaucoma care on the hospital eye clinic, plans are well underway with the aim of 'going live' in April 2024, recognising that locally within Fife we have a well-established Shared Care arrangements in place for eye care, including emerging eye care and Glaucoma.

Review of current Shared Care provision will take place in collaboration with Secondary Care during Q1 2023/24 with development of local plans in Q2 to transition to National Shared Care model. There will be ongoing support throughout 2023/24 to enhance qualifications for Optometrists.

1.8 Infection, Prevention and Control (IPC) support to Primary Care

We are implementing the IPC Workforce Strategy 2022-24 with the goal of having an appropriately skilled, resilient, sustainable, and confident workforce working in an integrated way. Delivering evidence-based advice, guidance and interventions appropriate to localised need in both acute and community settings.

An oversight board is currently being convened to develop a Local Integrated Service Delivery Plan (LIDP) in response to implementing the IPC Workforce Strategy 2022-24.

The oversight board is being led by the Director of Nursing and HAI Executive and supported by the Infection Control Manager to review current service provisions and focusing on how the AMS, HP and IPC workforce could be strengthened in the short term whilst planning for a more sustainable long-term position.

The oversight board will link in with professional groups and the Primary Care workforce specialists in these areas when undertaking the review and prepare an action plan considering what additional roles and resources are required.

2. Urgent & Unscheduled Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve quality of health and care services

- Review and redesign the Front Door model of care to support improvements in performance
- Deliver an ambulatory care model supporting admission avoidance and early appropriate discharge

2.1 Reducing Attendances: Phase 2 Redesign Urgent Care

2.1.1 Review and Further Development of Flow and Navigation Centre

Access will be improved through the development and optimisation of pathways, scheduling and virtual capacity pathways to deliver care closer to home and provide the right care in the right place.

We will appraise the current established workforce model for the Flow Navigation Centre (FNC) and develop this further to ensure the model adds value ensuring a whole system approach to accessible pathways in line with national and local strategic direction and that we remain financially effective. We will also continue our progression to further develop our virtual triage (RTU) and scheduling to Minor Injury Units (MIU) including paediatrics, with a review of resource and capacity across the three sites, in addition to testing a scheduling model to our Rapid Triage Unit (RTU). By focussing on our model of virtual triage from NHS 24 flow we have increased our redirection rate by 29% from ED to QMH MIU.

To reduce unscheduled admissions and keep care closer to home, we will also be reviewing and developing further pathways in social care, respiratory, heart failure and mental health. We are also looking to scale up from earlier TOCs around Call Before Convery (CBC) embedding the learning from these to become a business-as-usual model.

Connections to national best practice and learning opportunities will be made.

2.1.2 'Scheduling' unscheduled care

We are planning to improve scheduling processes within FNC increasing the use of NearMe, where appropriate and further utilise the Rapid Triage Unit (RTU) and ambulatory models of care as a means of scheduling patients to ensure patients are directed to the right place. As examples we have increased our capacity for patient's requiring access to DVT and OPAT pathways with concurrent increases in nurse numbers and skill mix to develop nurse led approaches for these services.

2.1.3 An integrated approach to all urgent care services

We will expand on the current system-wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models and also create sustainable workforce across Urgent Care Services and create consistent Urgent Care support to Primary Care in hours.

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We will expand on the current system-wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models and also create a sustainable workforce across Urgent Care Services and create consistent Urgent Care support to Primary Care in hours. This will be progressed in synergy with continued implementation of the Primary Care Improvement plan 2023/24 and in alignment with national planning and direction as the model of 24/7 urgent care evolves.

We will implement year 1 of the deliverable plan underpinning the HSCP Primary Care Strategy 2023 – 2026 with a strategic focus on recovery, quality improvement and sustainability.

We will work collectively to develop, refine and embed a performance framework with clear and consistent data and defined KPIs to provide assurance regarding delivery and target improvement.

We will deliver a refreshed communication plan to support, enable and empower people to access care in the right place with the right person first time.

As part of an integrated approach, we are committed to improving our ED 4-hour performance target and have an agreed action plan covering the following improvements:

- Improve virtual triage at Queen Margaret Hospital to redirect patients from VHK
- Review ENT/OMFS protocols to support in reach and faster transfers to ward
- Review ortho assessment protocols to achieve faster transfers to ortho assessment
- Evaluate Push Model to avoid patients breaching in ED and reduce overcrowding
- Evaluate ED call before you convey outcomes comparing to FNC Call before you Convey
- Stroke Thrombolysis review – earlier moves to MHDU to support stroke bundle performance
- Reduce Ambulance Waits and improve turnaround times to 30 mins max.
- Optimise triage further – expand nursing workforce to support with agreed escalations for 1st assessment breaches
- Improve use of data –performance/bed waits/site capacity- development of dashboard and visibility within the dept
- Review all ED protocols to ensure tests / results can be undertaken & completed within 4 hours
- Further improve minors performance and sustain at above 95%
- Improve night and weekend medical cover at senior clinical decision-making level
- Reintroduce frailty practitioner with direct moves to RAD/RADU
- Redirection protocols with primary care/OOH/AU1/community teams to be adhered to
- Closer links with mental health and potential of co-location with UCAT on site
- Agreement of medical model redesign

Figure 1 – Victoria Hospital ED 4-hour Performance Trajectory

	Week Ending									
	25-Jun	30-Jul	27-Aug	24-Sep	29-Oct	26-Nov	31-Dec	28-Jan	25-Feb	31-Mar
VHK ED 4 hour %	70.3%	71.8%	73.1%	74.3%	75.8%	77.0%	78.5%	79.8%	81.0%	82.5%

2.2 Reducing Admissions: Alternatives to inpatient care

2.2.1 Further develop OPAT, Respiratory and Hospital at Home pathways.

Our OPAT service is currently unfunded as a 5-day service however we recognise a 7-day model would support a greater number of clinically appropriate patients who do not require Hospitalisation over the weekend but who currently remain/become in-patients. We are increasing our skill mix through specialist nursing developments to implement a full 7-day model with Consultant oversight.

We are planning to enhance integration and collaboration with Hospital at Home (H@H) and Acute Services to ensure early supported discharge of step-down referrals are facilitated in a timely manner

By testing this model of care, H@H Service aims to facilitate timely and safe discharge to H@H and support the front door model. Ensure smoother, more timely and appropriate discharges to the service with clear intervention plans. Commencing H@H assessments for step down patients in the acute environment and supporting the front door team will positively impact admission, assessment and documentation time required in the community, and this will result in increased capacity and resilience across H@H and the system.

Currently H@H teams are informed of step-down patients planned for that day however, for numerous reasons; including complex planning and assessment these do not always happen. Recent data demonstrates that a third of step-down referrals do not progress to a discharge. This results in inefficiencies due to these places being held therefore some admissions to H@H are being declined. Introducing In-Reach Nurse Practitioner (NP) posts will ensure smoother, more timely and appropriate discharges to the service with clear intervention plans 7 days per week. In addition, having H@H assessments for step down patients commencing in the acute environment and supporting the front door team, will positively impact admission, assessment and documentation time required in the community and this would result in increased capacity and resilience across H@H and the system by:

- Accepting more referrals
- Offering 7 day a week in reach
- Accepting later step-down admissions i.e., from a 5pm cut off to a 8pm cut off if treatment is required or if no treatment is required admission at any time with review the following day
- Reducing the number of occasions that H@H reach maximum capacity and are unable to take new referrals
- Increasing caseloads
- Improving patient experience
- Supporting the front door model

We will increase the capacity for IV antibiotics to be delivered in the community at a patient's home by diversifying the clinical services that can support the existing Hospital at Home service. This will ensure that we are able to stratify complexity appropriately amongst other services, e.g., community nursing, and increase the available options for people requiring this approach at home.

2.2.2 Development of new pathways including paediatrics and heart failure

Fife Health and Social Care Partnership has a well-established specialist nurse-led heart failure service in the community offering a Fife-Wide service for those suffering from heart failure. Currently accepting referrals from across primary care, secondary care and external boards they have a proven model of care for patients in the community, assisting in preventing unnecessary admissions and offering timely, efficient, and person-centred care at home. Further work to reduced unscheduled admissions remains a crucial part of their role and they are continually reviewing their model of care to meet the needs of people in Fife. Work is underway to enhance pathways between acute cardiac services and the community heart failure team, and new pathways are being considered and devised to utilise the expertise of this service with the wider community nursing team, with a view to preventing unnecessary admissions and promoting earlier, safe, discharge.

To increase access and keep paediatric care closer to home, several services are provided on an out-reach model, including Specialist Nursing Care for children with complex and chronic illnesses including diabetes and epilepsy. Paediatrician in-reach to the Emergency Department for children presenting urgently aims to reduce delay and minimise the need for hospital admission where possible. Increasingly NearMe and telephone appointments are used to facilitate access to Community Paediatric services. We are also exploring potential opportunities to implement virtual pathways in Paediatrics using NearMe for Rapid Review clinics where it is clinically safe to do so.

2.3 Reducing Length of Stay: Rapid assessment and streaming

2.3.1 Increasing assessment capacity

Early supported discharge and admission prevention will be achieved by developing and scoping out ambulatory models of care by improving person-centred outcomes including admission avoidance, decreasing length of stay by 10% to 4.5 days and reduction in readmission rate, supporting chronic disease management clinics with rapid access slots for exacerbations and improving bed availability by providing ambulatory treatments in a Clinical Intervention Unit to avoid overnight stay requirement. We are currently monitoring repeat admissions within 12 weeks and linking with HSCP to support patients where alternative pathways are appropriate.

2.3.2 Optimise Flow to align discharge and admission patterns

There are a number of plans in place to deliver effective discharge planning:

- Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach. As the model embeds, admission avoidance will increase as an outreach model will be developed to support clients at home.

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- Developing additional models of care within Admissions and the supporting services to also accommodate the increase in admissions whilst maintaining a Respiratory Viral pathway. Reduction in length of stay for patients requiring ongoing IV antibiotic treatment.
- Improve flow within the VHK site, reducing length of stay and number of patients boarding. Accurate PDD to inform planning for discharge from point of admission, coordinated with the Discharge Hub.
- Continue to reduce delayed discharge by taking a coordinated person-centred approach to discharge planning, ensuring the patient is at the centre of any decision making and planned with the patient /carer & family and not on the availability of care, equipment, or long-term care placement.
- Increase capacity of Fife Equipment Loan Store Service (FELS) to deliver and collect community equipment on behalf of Fife residents in a timely manner
- 7 Day Pharmacy Provision of clinical and supply services across hospital care settings, reviewing the current position and additional need
- We are supporting and embedding a criteria led discharge model to reduce boarding and improve flow
- Further embed the front door model, continuing to work over 7-days, to enable early intervention and assessment resulting in discharge planning commencing as soon as the individual presents to hospital. It is available for patients presenting to Accident & Emergency Department, Acute Medical Unit and the Rapid Assessment Discharge Ward 9 (RAD) at the Victoria Hospital Kirkcaldy.

Currently, there is a commitment to have no more than 48 Standard delays across Acute Services and Community Hospitals on any given day with goal of reducing this to 44 by end of 2023/24.

2.4 Best Start Maternity and Neonatal Plan

2.4.1 Delivery of The Best Start programme

We will continue to implement our Best Start Plan which is aligned to the 4 strategic priorities of NHS Fife's Population Health and Wellbeing Strategy.

The local lead is the Director of Midwifery supported by the Executive Nurse Director with Clinical Leaders from across the Maternity Services supporting the range of recommendations currently in place and underway.

Data analysis and user feedback will contribute to the planning and decision making. There is a continuous process of audit undertaken within the service which directs planning focus. Data regarding current status will be provided on the Best Start Template requested for submission in April 2023.

The following planning assumptions need to be considered when discussing the Implementation:

- The still significant impact of COVID-19 on the entire Health and Care System including Maternity Services. Maternity Services will require being adaptable to any future effects of COVID- 19.

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- Balancing the capacity to maintain current service provision and to implement the recommendations of Best Start whilst we are “recovering” from COVID-19 alongside seasonal demands (Winter Planning).
- Significant continuous registrant vacancy factor (due to national shortage of Midwives). There is also challenge in recruiting to some medical posts.
- Continuation of the vaccination programme for influenza delivered by the Midwifery Team and the new request for the Midwifery Teams to deliver for COVID-19 vaccination programme.
- The time out allocation of 21.5% is no longer sufficient to enable safe roster cover. This is due in part to the requirement for all Midwives to complete Core Mandatory Training (CMT) as directed by Scottish Government, alongside local mandatory training, an increasing part-time workforce (the need for CMT calculation to be per head and not per wte) a mainly young, female workforce with high demand for maternity leave.
- Recognition of the need to ensure staff health, wellbeing and resilience when implementing significant change to working practice within the service.

This plan will continue to be subject to review and updating as the clinical picture demands.

3. Mental Health

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve health and wellbeing

- *Progress the business case for the mental health services programme*



To improve quality of health and care services

- *Implement redesign and quality improvement to support mental health services*

3.1 Improving Access to Services

Fife CAMHS are engaged in and will continue to focus on a number of initiatives in order to sustainably deliver, achieve and maintain the 18-week referral to treatment standard and increase capacity with our services.

Fife Psychology Service leads on the delivery of PT 18-week referral to treatment target. On-going recruitment activity is a key component of building capacity. Demand-capacity data is collated and interrogated routinely and is used to inform improvement actions.

- The service has a detailed plan of improvement actions which relate to both the waiting times target and improving access to PTs. Actions in the following areas have been and continue to be:
- Service redesign (e.g. new group delivery options)
- Service development (e.g. establishment of new services in response to investment and creation of new tiers of service and/or clinical pathways within established services)
- Staff training (e.g. within wider mental services and with 3rd sector partners and CPD to increase the skill set of specific groups of psychology staff)
- Workforce skill mix and other efficiencies measures (e.g., introduction of Enhanced Psychological Practitioners)
- Developing/supporting provision delivered by other services (e.g., via clinical supervision and with 3rd sector partners).

PTs and PIs are delivered in 32 clinical services within Fife. Alongside delivery of specialist and highly specialist PTs, service provision includes a suite of PT and PI options which are low intensity in terms of therapist time. People can self-refer to many of these PT options via the Access Therapies Fife website. There are no capacity issues within the low intensity delivery options.

Figure 2 – CAMHS RTT Trajectories

If 90% of patients starting treatment within 18 weeks of referral has not been achieved by March 2023, when do you project that 90% of all patients will start treatment within 18 weeks of referral	Mar-24											
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Patients Starting Treatment total	60	82.8	70.8	69	60	67.8	91.2	92.8	123	107	131	120
Projected patients starting treatment within 18 weeks	51	70.38	60.18	58.65	51	47.46	63.84	64.96	73.8	64.2	91.7	108
Projected Performance Against Standard (Auto Populates)	0.85	0.85	0.85	0.85	0.85	0.7	0.7	0.7	0.6	0.6	0.7	0.9
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Waiting list ≤ 18 weeks	213	209	216	230	218	228	232	257	235	222	201	200
Projected Waiting list >18 weeks	71	89	116	113	133	98	77	86	42	39	15	0
Projected Waiting list >52 weeks	0	0	0	0	0	0	0	0	0	0	0	0
Comments (please include here any assumptions caveats or other information that you feel is relevant).	longest waits whilst ensuring the waiting list does not grow over 35 weeks in the next 6-8 months. Trajectory reflects service capacity as recruitment progresses and optimum functioning is recovered. Trajectory is based on referral rates remaining stable with no increase in acuity/severity or presentation											

Figure 3 – Psychological Therapies RTT Trajectories

If 90% of patients starting treatment within 18 weeks of referral has not been achieved by March 2023, when do you project that 90% of all patients will start treatment within 18 weeks of referral	Dec-24											
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Patients Starting Treatment total	200	288	280	207	215	215	176	236	155	272	276	259
Projected patients starting treatment within 18 weeks	135	200	185	135	140	158	122	161	110	185	200	180
Projected Performance Against Standard (Auto Populates)	0.675	0.694444	0.660714	0.652174	0.651163	0.734884	0.693182	0.682203	0.709677	0.680147	0.724638	0.694981
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Waiting list ≤ 18 weeks	888	888	888	888	888	888	888	888	888	888	888	888
Projected Waiting list >18 weeks	1394	1575	1660	1625	1591	1569	1609	1596	1680	1739	1691	1604
Projected Waiting list >52 weeks	255	237	219	201	183	165	147	129	111	93	75	57
Comments (please include here any assumptions caveats or other information that you feel is relevant).	Our target for the coming year remains to reduce longest waits to under 52 weeks and maintain the current under 18 week list size. Trajectory is based on the following – retaining current staff; recruitment to vacancy; no change in demand ; access to clinic space; and plans to increase capacity in the wider mental health system.											

3.2 To deliver services that meet standards

A summary of the plan to build capacity is outlined below:

- Recruitment is ongoing and under continual review to ensure workforce is at full capacity.
- CAMHS Early Intervention Service is in place to ensure the right support is delivered at the right time by the right services and to enable young people who require specialist CAMHS intervention to achieve timely access.
- Caseload management is implemented to ensure throughput, reduce bottlenecks and maintain capacity.

In addition, pathways to clinical services provided by CAMHS, informed by the CAMHS National Service Specification are in place or in development to ensure mental health support is accessible for those with the greatest need and are most vulnerable.

3.3 Engagement with PHS to improve quality of data

Fife CAMHS have robust data collection processes in place that supports the delivery of local priorities and aligns to national standards. Engagement with CAPTND Clinical Reference Group and NHS Fife Information Services will ensure that Fife CAMHS systems for data collection have the capability to support and adapt to future data collection requirements.

The Psychology Service is currently working with NHS Fife's Digital & Information to introduce a different patient appointment system and also an electronic patient record system. Timelines mean that the service will be better placed to achieve full compliance with CAPTND data set during 2023/24.

3.4 Mental Health Services

The vision as detailed in the Mental Health Strategy 'Let's really raise the bar' is: 'We will live in mentally healthy communities; free from stigma and discrimination, where mental health is understood. Where support is required, it will be personalised, responsive and accessible'. This strategy is currently being refreshed and will be mapped against the soon to be published national Mental Health and Wellbeing strategy to support alignment of priorities against to priorities to 'Prevent, Promote and Provide'. This work will inform any changes or refinement to the 5 key priorities within Fife Mental Health Redesign Programme including:

- Data and Quality Indicators: to develop a dashboard of quality indicators aligned to the Public Health Scotland quality indicators.
- Inpatient Redesign and the development of the initial agreement and business cases required to support capital investment to improve our inpatient estate in line with consultation and the mental health model in Fife including the development of our community mental health teams.
- Distress Brief Intervention (DBI) which is a time limited and supportive problem-solving contact with an individual in distress and works across not only front-line health services but also commissioned third sector services.
- Urgent and Unscheduled Care to ensure access to mental health support is fit for purpose.
- Mental Health and Wellbeing in Primary Care and Community settings which is described more fully earlier within this delivery plan.

4. Planned Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve quality of health and care services

- Further develop Queen Margaret Hospital as centre of excellence for ambulatory care and day surgery
- Delivery year 1 of Planned Care Recovery Plan

4.1 Enabling a “hospital within a hospital”

The opening of the National Treatment Centre - Fife Orthopaedic continues to provide protected capacity for elective Orthopaedics in a fit for purpose facility. This will also provide capacity for the East region neighbouring boards.

Capital work in Ward 24 has been completed in early 2023/24 to optimise the Gynaecology model. Beds are now available for unscheduled activity based on specified criteria with one bed available for emergency admission. The ward reconfiguration has increased the bed base to support the capacity required for elective activity.

Improvement support locally directed to support high volume nationally and locally identified specialties to adopt and spread ACRT (Active Clinical Referral Triage) and PIR (Patient Initiated Return). Currently there is engagement and adoption of ACRT for five specialties with further exploration required for robust recording of enhanced vetting where guidance is sent directly back referrer and not to the patient. Ten specialties are engaged and adopting PIR and we are continuing to receive support for scale up and spread to other specialty cohorts.

ERAS (Enhanced Recovery After Surgery) is business as usual but requires visibility and development of robust mechanisms for reporting in Orthopaedics and General Surgery. There are plans to implement in Gynaecology following completion of capital works.

Fife’s Integrated Planned Care Programme Board (IPCPB) has oversight of all elective improvement work including CfSD (Centre for Sustainable Delivery) work and is directing next steps aligning to CfSD and local drivers.

Figure 5 below illustrates the projected capacity available to deliver New Outpatients and TTG activity in 2023/24 based on assumptions such as annual leave and availability of workforce.

Figure 5 – New Outpatient and TTG Capacity Projections

New Outpatient Capacity Projections by Specialty can be found in [Appendix A](#) whilst similar for TTG can be found in [Appendix B](#).

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
New Outpatients	7573	7372	7364	7565	7340	7432	7421	7432	7421	7436	7436	7436
TTG	1138	1139	1139	1144	1144	1145	1162	1162	1163	1164	1164	1164

4.2 Extending the scope of day surgery and 23-hour surgery

We are creating a procedure room in our day surgery facility to release theatre capacity through capital investment to optimise opportunities for procedures conducted under local anaesthetic in the day surgery unit at Queen Margaret Hospital (QMH). Work is underway due for completion June 2023. This will generate ten additional sessions per week and will allow transfer of lists from VHK to QMH, freeing up theatre capacity at VHK.

We continue to provide same day hip and knee arthroplasty where appropriate in line with the British Association of Day Surgery (BADs) guidance via the NTC facility.

Figure 6 – Same Day Knee and Hip Replacement Projections

		QE	QE	QE	QE
		Jul-23	Sep-23	Dec-23	Mar-24
		Plan	Plan	Plan	Plan
KNEE Arthroplasty	Number of same day procedures	3	3	3	3
	Total number of procedures	162	162	162	162
	Percentage Same Day	1.9%	1.9%	1.9%	1.9%
HIP Arthroplasty	Number of same day procedures	8	8	8	8
	Total number of procedures	185	185	185	185
	Percentage Same Day	4.3%	4.3%	4.3%	4.3%

Project commenced with all specialties to identify and remove barriers to optimise BADs procedures within a day case setting in QMH. Plans to recruit Clinical Lead for Day Surgery as per BADs recommendations.

Ongoing review of IP/DC activity to maximise capacity on QMH site where theatre resources allow.

4.3 Reducing unwarranted variation

There is a focus on specialties to reduce variation aligning to ATLAS of variation; theatre work in planning to look at variation.

We are participating and engaging with national drives toward standard high volume same procedure lists such as Cataracts.

We encourage continued clinical engagement with CfSD SDG (Speciality Delivery Group) and support implementation of national pathways including Endometriosis for Gynaecology and develop an NHS Fife sustainable model including training for local consultants.

Figure 7 – Unwarranted Variation Projections (Cataracts & 4 Joint Sessions)

		QE	QE	QE	QE
		Jul-23	Sep-23	Dec-23	Mar-24
		Plan	Plan	Plan	Plan
Average Cataracts per 1/2 day session (Cataract only session)		4.5	4.5	4.5	4.5
% of 4 joint sessions (of all full day sessions with at least 1 joint)		25.0%	25.0%	25.0%	25.0%

4.4 Validation of waiting lists

In order to support the full adoption of National Elective Co-ordination Unit (NECU) within NHS Fife, Digital & Information are procuring a digital solution (NETCALL) within patient hub. This will digitise the current paper process with benefits identified in service efficiencies within Health Records and improved patient experience through better communications with those experiencing long waiting times. Digital & Information will look to implement by the end of 2023 and will be engaging with NECU shortly.

Figure 8 describes the waiting lists will continue to increase despite the improvement work that is being undertaken in 2023/24. The capacity described in Figure 5 is based on the current funding available.

Figure 8 – New Outpatient and TTG Long Wait Projections

Expected Number Waiting at:	30th June 2023	30th Sept 2023	31st Dec 2023	31st March 2024
New Outpatients (NOP)				
Over 104 Weeks	0	74	212	352
Over 78 Weeks	150	339	849	1358
Over 52 Weeks	1646	2275	2902	3497
Total List Size	27101	28764	30429	32094
InPatient / Day Cases (TTG)				
Over 104 Weeks	16	67	173	351
Over 78 Weeks	159	305	547	893
Over 52 Weeks	688	1157	1718	2593
Total List Size	7126	7816	8506	9196

5. Cancer Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve
quality of health
and care services

- Further develop Queen Margaret Hospital as centre of excellence for ambulatory care and day surgery
- Delivery year 1 of Planned Care Recovery Plan

5.1 Diagnostic capacity and workforce

We have identified a number of actions to increase diagnostic capacity and workforce:

- Development of project team within Endoscopy to identify tests of change for more efficient booking processes and to book patients with longer lead time to ensure routine and surveillance waiting times are reduced, filling every slot where possible.
- Readjustment timings within new Endoscopy Management System will explore if this improves efficiency and provide good data on turnaround times and duration of endoscopies and use for list planning to improve efficiency and explore text messaging system to reduce DNA.
- NHS Fife pool of Nurse Endoscopists available to backfill short notice cancellation
- Regular audits and target improvement measures are in place.
- Recruitment of full-time education co-ordinator and introduction of monthly training session for all Endoscopy staff – focused on improvement in quality measures as well as upskilling of trained and untrained staff that includes nurses trained in trans-nasal endoscopy and investment in other specialist roles including scrub training for HCSW (Healthcare Support Workers).
- Within Radiology, every effort will be made to fill every slot and activities to promote this include accurate measurement of performance, introduction of text reminder service, improve processes for utilisation of patient cancellations, monitor performance in utilisation of unused slots, resourcing and training in the department and ensure awareness of available funding streams
- Continue to protect and prioritise urgent and cancer requests by managing appointing system to ensure sufficient slots available for urgent and planned follow up appointments are completed withing target - monitor and adapt as proportion of urgent requests increases.
- Match ultrasound physical facilities (Ultrasound rooms) with sonographer availability, this may require additional local footprint or adapting existing resources.

- Minimising the impact of acute service pressures on planned care CT and MRI service by redesigning of out of hours acute CT staffing to smooth acute demand and continue with extended day and weekend MRI service.
- Use funding from cancer pathway projects to use weekend CT capacity.

Figure 9 below illustrates the projected capacity available to deliver endoscopy and radiology activity in 2023/24 based on assumptions such as annual leave and availability of workforce. Figure 10 demonstrates the impact of the capacity on the different diagnostic waiting lists.

Figure 9 – Diagnostic Capacity Projections

Diagnostic Capacity by Key Test can be found in [Appendix C](#).

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
All Endoscopy	899	899	899	899	899	899	899	899	899	899	899	899
All Radiology	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222

Figure 10 – Diagnostic Long Wait Projections

Expected Number Waiting at:	30th June 2023	30th Sept 2023	31st Dec 2023	31st March 2024
Endoscopy 4 key diagnostic tests				
Over 52 Weeks		3	0	0
Over 26 Weeks		109	63	10
Over 6 Weeks		373	250	140
Total List Size		755	785	795
Radiology 4 key diagnostic tests				
Over 52 Weeks		0	0	0
Over 26 Weeks		0	0	0
Over 6 Weeks		4966	6577	8188
Total List Size		9107	10718	12329

5.2 Roll out of RCDSs

The principles of RCDS (Rapid Cancer Diagnosis Service) will continue to be rolled out following the success of the pathfinder in Fife. We are looking to expand the service into additional tumour specific sites. Upper GI (Gastrointestinal) and (HPB) Hepatobiliary pathways have commenced with further implementation expected in the Colorectal service during 2023.

5.3 Adoption of Framework for Effective Cancer Management

The Cancer Framework 2022-2025 has eight key commitments with high level actions noted below:

1. To reduce cancer incidence, mortality and inequalities for our population through effective prevention, screening and early detection initiatives.
2. The patients will be at the heart of how services are designed with excellent patient experience as a priority.
3. Patients will receive the right treatment at the right time in the right place by the right person.
4. Research, innovation and knowledge is central to the delivery of high-quality sustainable cancer services for our patients and population.

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5. Collaborative strategies and programmes to deliver service change that is focussed on improved patient care through digital transformation.
6. Recognise workforce challenges and identify system-wide approaches to support in relation to recruitment, wellbeing, education and training to ensure our cancer patients receive the best care.
7. To ensure our healthcare environments are designed to deliver optimum patient care the current cancer estate will be reviewed.
8. To make best use of available information sources to assure patients are receiving timely, high quality, effective care.

The Fife action plan describes various actions to prevent cancer, diagnose early, and treat effectively, underpinned by principles of realistic medicine and person-centred care. New national optimal cancer pathway and clinical management pathways will set clear standards for all, and a new oncology transformation programme will create a new vision and, ultimately, new service for oncology.

Figure 11 – Cancer 31-day DTT Projections

Percentage treated within 31 days of decision to treat	Quarter ending 30 June 2023	Quarter ending 30 September 2023	Quarter ending 31 December 2023	Quarter ending 31 March 2024
Breast	95.0%	95.0%	95.0%	95.0%
Cervical	95.0%	95.0%	95.0%	95.0%
Colorectal	95.0%	95.0%	95.0%	95.0%
Head & Neck	95.0%	95.0%	95.0%	95.0%
Lung	95.0%	95.0%	95.0%	95.0%
Lymphoma	95.0%	95.0%	95.0%	95.0%
Melanoma	95.0%	95.0%	95.0%	95.0%
Ovarian	95.0%	95.0%	95.0%	95.0%
Upper GI	95.0%	95.0%	95.0%	95.0%
Urological	82.7%	86.0%	88.3%	90.0%
All Cancer types combined	93.8%	94.1%	94.3%	94.5%

Figure 12 – Cancer 62-day RTT Projections

Percentage treated within 62 days of urgent referral with a suspicion of cancer	Quarter ending 30 June 2023	Quarter ending 30 September 2023	Quarter ending 31 December 2023	Quarter ending 31 March 2024
Breast	93.0%	93.3%	94.0%	94.0%
Cervical	50.0%	50.0%	53.0%	53.0%
Colorectal	87.0%	87.0%	90.0%	92.0%
Head & Neck	83.0%	87.0%	90.0%	90.0%
Lung	90.0%	90.0%	92.0%	93.0%
Lymphoma	80.0%	85.0%	90.0%	90.0%
Melanoma	95.0%	95.0%	95.0%	95.0%
Ovarian	85.0%	85.0%	87.0%	87.0%
Upper GI	93.5%	94.0%	94.0%	94.0%
Urological	62.0%	62.0%	65.0%	66.0%
All Cancer types combined	81.9%	82.8%	85.0%	85.4%

5.4 Improving cancer staging data

The following plan are in place:

- Staging data collection for Prostate will be further improved by ensuring that this information is provided for or at multidisciplinary team (MDT) meetings.
- For renal, consideration is given to include the staging field in the outcomes of the MDT. Valid staging must be assigned in review preparation notes for all patients with suspected renal cancer. The outcomes to be published on the appropriate patient administration system.

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- For bladder, record pathological T staging prior to each TURBT (Trans Urethral Resection of Bladder Tumour) procedure and pathological TNM staging prior to cystectomy.

5.5 Further Plans

There will be full participation to support delivery of the upcoming national oncology transformation programme. The following are currently under way:

- A Single Point of Contact Hub has been implemented to support patients who are referred USC or diagnosed with a urological or colorectal cancer. Introduction of this service will be rolled out to the lung cancer service to support the Optimal Lung Cancer Pathway in 2023
- Many services have a dedicated Pathway Navigator (Urology, HPB, RCDS, UGI) to support patients or applications for this resource is being explored (Breast).
- Maggie's Prehabilitation service has been implemented offering universal sessions for anyone with a cancer diagnosis.
- A project group has been set up to implement the Optimal Lung Cancer Pathway.
- Psychological support is already embedded within our cancer services. RCDS and other services complete Holistic Needs Assessments and make referrals to Maggie's Centre for Prehabilitation and other support, to Improving the Cancer Journey (ICJ) routinely, and to Clinical Psychology, spiritual care and counselling as required. Training on aspects of emotional wellbeing is undertaken by Pathway Navigators and Cancer Nurse Specialists for example through Good Conversations and Sage and Thyme training, and case consultation with clinical psychology. Through the recently published Psychological Therapies and Support Framework there will be a continued focus to ensure equitable access to psychological support across Fife and tumour groups and identify areas for further development.
- All patients diagnosed with cancer are referred to Macmillan Improved Cancer Journey (ICJ).

6. Health Inequalities

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve health and wellbeing

- *Support the ADP in the delivery of MAT standards*
- *Develop a prevention and early intervention strategy, and delivery plan, to support health improvement and address inequalities*



Cross cutting actions

- *Deliver Anchor's ambitions working collaboratively with partners*

6.1 Reducing health inequalities

Poverty is a significant driver of poor health outcomes and health inequalities. It is likely that the current cost-of-living crisis will exacerbate health inequalities because it will lead to a deterioration in living conditions which will inevitably impact on individual and population health. NHS Fife recognises the importance of developing and implementing an effective strategic approach to address avoidable health inequalities and their root causes. Without deliberate effort the current cost-of-living crisis will widen the gap in health outcomes which already exists between people living areas most affected by deprivation and those living in areas with less financial pressures. It will also result in greater pressures on NHS services.

Our ambition to tackle health inequalities is set out in the recently published Population Health and Wellbeing Strategy for NHS Fife. The response that is required involves deliberate long-term efforts in collaboration with other statutory agencies in Fife. Preparatory work for the strategy included an evidence-based review of the role the NHS has in preventing illness and reducing health inequalities. The strategy also utilised information within the Director of Public Health annual report for 2020/2021, which contains the most recently collated information describing the health of the local population and the factors that are important for creating and maintaining health.

The review we conducted noted that the risk factors which contribute most to poor health and wider conditions where people live, and work are all experienced unequally in our society. The result is worse health outcomes and reduced life expectancy amongst those living in areas most affected by deprivation in Fife.

The review identified six key areas for action which NHS Fife should progress:

- Mainstreaming the process of supporting patients to maximise health and wellbeing
- Focus on staff health and wellbeing
- Maximise staff and patient income
- Reduce inequalities in access to services
- Ensure organisational policies / service planning prevents and mitigates health inequalities

- Work to address poverty and inequality as part of the Plan for Fife and development as an anchor institution

Given the current cost of living crisis and service pressures there is a risk that health inequalities may worsen. This risk has been added to our corporate risk register, to appropriate management actions are in place and regularly reviewed.

6.2 Delivery of healthcare in police custody and prison

In NHS Fife, the Executive Lead is shared from prison healthcare – Director of HSCP and those in custody - Director of Acute Services.

Healthcare in custody is led by Acute Services in collaboration with police based locally whilst HSCP are involved in pathways on release from prison back to community which includes links to forensic service and there is involvement from Perth Prison on the Alcohol and Drugs Partnership Board.

We now have commissioned hospital liaison service and third sector provision, this includes Near Fatal Overdose service, Custody Navigation, and In-reach/Outreach peer mentoring service in prisons.

6.3 Implementation of MAT (Medication Assisted Treatment) Standards

The standards provide a framework to ensure that they system and services responsible for MAT delivery are sufficiently safe, effective, accessible and person centred to enable people to benefit from treatment and support for as long as they need. The Alcohol and Drugs Partnership is leading the multi-agency response and NHS Fife services are well engaged and represented in this work.

There are two ADP subgroups focused on

MAT 1 to 5 to be delivered in 2023/24:

1. All people accessing services have the option to start MAT from the same day of presentation
2. All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT
4. All people can access evidence-based harm reduction at the point of MAT delivery
5. All people receive support to remain in treatment for as long as requested

MAT 6 to 10 to be delivered in 2024/25:

6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social connections
7. All people have the option of MAT shared with Primary Care
8. All people have access to independent advocacy as well as support for housing, welfare and income needs
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery
10. All people receive trauma informed care

All of the subgroup's report into the Alcohol and Drugs Partnership Committee at each meeting with quarterly reports that are submitted to Scottish Government.

Examples of work being progressed to support delivery of the MAT standards are;

- Enhanced Performance reporting including MAT standards and referral to treatment targets, this includes quarterly progress reports to the Scottish Government and compliance with the evidence submitted at the end of year assessment conducted by Public Health Scotland.
- Working towards evidencing of all 4 harm reduction service aspects to be available at the point of care, sustainably, across all 3 locations where NHS Addictions services are delivered.
- There is access to access to long-acting injectable buprenorphine across the full NHS Addictions Service.
- Established a same day prescribing one stop shop in Methil as a partnership between third sector, NHS Addictions Service, housing and foodbank partners, plans are underway to extend this into the Kirkcaldy and Cowdenbeath localities.
- The MAT 6 & 10 psychological interventions and trauma informed workforce development plan is complete with all services (NHS and third sector) committed to embedding decider skills and advanced motivational interviewing into their operation practice. This work will commence in 2023/24 and places Fife Alcohol and Drug Partnership ahead of its implementation plan for 2022/23 in addition mapping for MAT 10 work has been completed this year and a small subgroup is established to enhance coordination of recovery communities.
- For MAT 7, enhancing a MAT Standards compliant approach within primary care implementation group is in the planning phase. This will encompass locality-based work in specific areas of Fife where prevalence of harm and substance related deaths are highest and engagement and demand for treatment and support services is lower. Primary care is also currently involved in the planning of the one stop shops.
- An independent advocacy service has been commissioned in relation to MAT 8 and is in place with people with lived experience as part of the service workforce. This is linked to both the ADP lived experience panel and living experience group.
- Multi-agency work is being progressed to support people to remain in treatment and is a defined risk that we are working with the APD to mitigate.
- Further multi-agency work is ongoing with Mental Health Services including work to implement the four recommendations made by the Mental Welfare Commission on their “Ending the Exclusion” Report September 2022. The clinical director is chairing a group to support delivery of MAT 9.
- Fife ADP is now in the second year of supporting the delivery of the distribution of naloxone, through the peer-to-peer model, across Fife.
- We are embedding decider skills and advanced motivational interviewing into their operation practice to support trauma informed practice.

6.4 Delivery of the Women’s Health Plan

The aim of the Women’s Health Plan is to improve health outcomes and health services for all women and girls in Scotland. It is underpinned by the acknowledgement that women face particular health inequalities and, in some cases, disadvantages because they are women.

The HSCP (Associate Medical Director) is leading along with Public Health on reducing health inequalities on women’s general health.

The plan includes:

- Collaborating with acute colleagues in improving access to menopausal treatment. One of our sexual health doctors has completed British Menopausal training and is working with vulnerable populations and those with more complex menopausal needs due to co-morbidities. Over the next year we are planning to roll out training with the aim of having a lead GP in each locality.
- Training GP to be more confident to initiate more complex HRT and therefore allow quicker access to treatment for women with menopausal symptoms and also decrease waiting times.
- Training to non-healthcare staff over the next year to allow them to have conversations with women about health and health care services available for them to access.
- Working with acute colleagues on early referral for patients with possible endometriosis.

Over the next year, work will be undertaken to scope what access there is in primary care teams to a Healthcare Professionals (HCPs) who have a specialist knowledge in menstrual health including awareness of the symptoms of PMS, PMDD, heavy menstrual bleeding, endometriosis and their treatment options. With a view to increase this overall and to identify any gaps which would require further training provision.

We are looking at improving women's heart health by providing more information on heart health to women via our media channels and also raising awareness in health professionals. We are planning to run education sessions for primary care. We are also seeking views on rehabilitation programmes from users to ensure women's views are taken into account.

6.5 Anchor strategic plan

As a large organisation connected to our local area and community, we recognise we can make a positive contribution to benefit the population of Fife, not only through service delivery but also by developing our Anchor ambitions.

We have worked with our third sector interface (Fife Voluntary Action) to establish a local website interface which aims to enhance community benefits within Fife. Fife Voluntary Action will support local community organisations to develop their community benefit need bids before they are uploaded to the national community benefit gateway. Working in this way we believe will improve the quality of bids and support organisations to access alternative funding if their needs do not fit with the community benefit gateway criteria. The local interface was launched in March 2023. FVA have been raising awareness of the portal with local organisations at locality funding events and are currently working with a number of community organisations with a target of reaching approximately a dozen bids uploaded to the national portal by the end of June 2023.

We have established an Anchor's Operational Group which will develop priority areas for inclusion in the Anchors Strategic plan by October 2023. The Operational group will agree milestones, and progress will be tracked through monthly meetings to measure against outcomes using self-assessment against the local progression framework.

The Anchor's Strategic Plan will align with NHS Population Health & Wellbeing Strategy, NHS Fife Midterm Delivery Plan and Public Health Midterm Delivery Plan recovery drivers. The baseline focus will include:

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- Utilisation of land and assets to support communities
- Purchase locally to support social benefit
- Prioritise environmental sustainability
- Widen access to work

6.6 Transport needs

Plans are in place to

- Revise the Patient Information leaflet on claiming travel costs and will include:
 - Promotional Plan – via Primary Care, Localities, and NHS Acute
 - Monitoring and evaluation
- Deliver Poverty Awareness Training Post incorporating travel claims as part of health inequalities workforce training.

There is work ongoing with the 7 Localities groups to gather data and information on barriers to accessing service and health inequalities. For example, patients travel to other health board areas for treatment.

7. Innovation Adoption

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve staff health and wellbeing

- *Collaborate with University of St Andrews to develop the ScotCOM medical school*

7.1 Working with (ANIA)2 partners

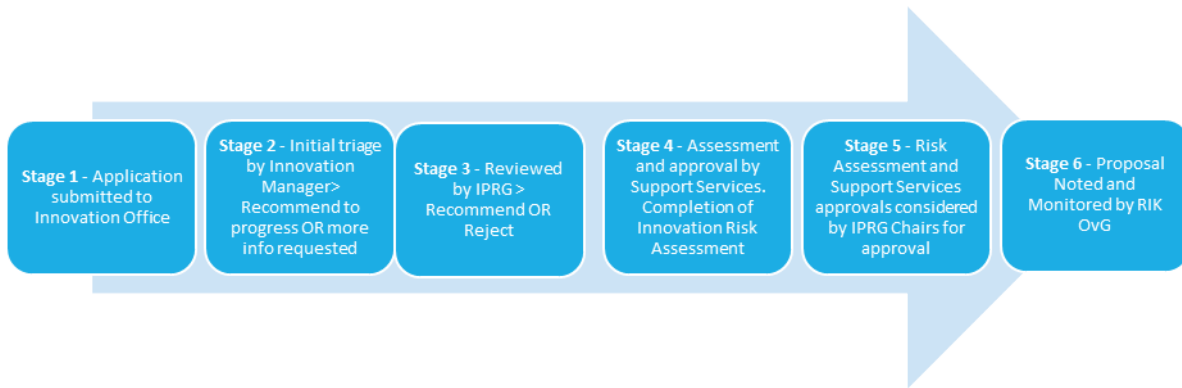
NHS Fife has invested in supporting innovation at a local level, with an Innovation Manager and Clinical Innovation Champion within Research, Innovation and Knowledge (RIK), and a Programme Manager, PMO, Innovation and Technical Design in Digital and Information (D&I). This resource also supports deeper engagement with the South East Innovation Test Bed (HISES), as one of the three member Boards (Fife, Lothian and Borders), providing stakeholder input, leadership and strategic input.

To facilitate fast tracking high impact innovations and to develop a sustainable and data driven approach to implementation locally an Innovation Governance Framework has been developed and implemented. Within this framework an Innovation Project Review Group (IPRG) has been established. The IPRG will provide the forum and approval pathway for innovation projects and new developments that might merit advice and recommendations for development, investment, D&I support and/or surfacing to HISES. The IPRG will review Innovation submissions from multiple routes including, but not limited to, HISES, other NHS Boards, Scottish Health and Industry Partnership (SHIP), Scottish Government, Centre for Sustainable Delivery (CfSD) Accelerated National Innovation Adoption (ANIA) pathway or direct from Industry and Academic Partners.

Innovation challenges supported by SHIP as part of the Demand Signalling programme are generally aimed at Industry, encouraging partnership with the NHS and academia; widely called the 'Triple Helix' approach to innovation. In support of this approach NHS Fife is directly engaged locally with Fife Council, and the business community, and the University of St Andrews in the promotion of SHIP activity and engagement with the South East Innovation Test Bed.

The IPRG will play a role in supporting a mechanism for the implementation of any potential approved solution, from whatever source, that requires a robust digital IT infrastructure and/or has clinical service delivery or resources impact. The IPRG will operate within a framework considering local, regional and national strategic priorities supporting transformation of health service delivery through innovation. The Innovation Manager will provide an update to the IPRG and NHS Fife Research, Innovation and Knowledge Oversight Group (RIK OvG) on high impact innovations progressing through the ANIA pathway.

Figure 1: Flow chart of projects through Innovation Governance Framework



7.2 Reducing the barriers to national innovation adoption

NHS Fife is a member Board of HISES and our processes have been designed to articulate with processes already established within the HISES governance framework. Innovation Projects supported by HISES, looking to test an innovation, will follow a robust governance process to manage innovation across the test bed, which is consistent with the governance structures across each of the partner Boards and there is representation from the NHS Fife in the senior HISES team and governance structures and pathway. The HISES governance pathway does not include projects for adoption.

Innovation team within NHS Fife, works with, and attend regular meetings with groups involved in the Scottish Innovation landscape including regional monthly meetings with CfSD, InnoScot Health, DataLoch and locally with Fife HSCP. NHS Fife is a contributing member of the HISES Network group and quarterly Oversight Group, SHIP and Scotland Innovates bi-monthly pipeline meeting, National Innovation Project Managers monthly meeting, and has engagement with the Scottish Health Technology Group (SHTG).

The ANIA Pathway is the mechanism for adoption of innovation for a small number of high impact innovations. The process for consideration and adoption of new innovations in NHS Fife from the ANIA pathway is under development. NHS Fife interacts with the ANIA team at regular meetings with the South East Test Bed and at the SHIP pipeline bi-monthly meeting.

It is planned that the NHS Fife Innovation team will communicate and update the RIK OvG on the current ANIA Pathway pipeline following feedback from the HISES representative on the Innovation Design Authority board. Awareness of the ANIA Pathway pipeline will allow for discussions and consideration of proposed national adoption innovations within NHS Fife in advance of the Stage Gate points when CEOs are informed or consulted.

7.3 Development of ScotCOM medical degree at University of St Andrews

University of St Andrews is developing a new five-year MBChB programme for medical students (ScotCOM), with NHS Fife as its partner Board. NHS Fife will develop suitable clinical placements to align with the St Andrews curriculum.

8. Workforce

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve staff health and wellbeing

- *Develop and deliver an action plan to support safe staffing legislation*
- *Develop and deliver a sustainability plan for the nursing and midwifery workforce*
- *Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing*

8.1 Develop a sustainable nursing and midwifery workforce

The nursing and midwifery workforce plays a vital role in the delivery of healthcare services and ensuring an adequate and well-supported nursing and midwifery workforce is essential for maintaining safe, quality care.

This section explores the challenges faced by NHS Fife in terms of supply, retention, and vacancies, and provide trajectories for 2023, 2024 and 2025.

Supply Challenges

One of the key challenges is the supply of registered nurses (RNs). There is a growing demand for nursing professionals due to an aging population, increased prevalence of chronic diseases, and advancements in healthcare technology.

However, the supply of nurses has not kept pace with this demand. Factors contributing to this challenge include the aging nursing workforce, limited enrolment in nursing programmes, and competition from other sectors.

a) Age profile

The median age for nurses and midwives in NHS Fife is 44 years, however 20.2% of the nursing workforce is aged over 55 (NES Turas Data March 2023). This percentage is higher in specific services with district nursing, learning disability and mental health nursing demonstrating that over 25% of nurses are aged 55 or over.

b) Student Intake

The shortfall of new nursing students starting their degrees in 2022 means that there will be fewer newly qualified practitioners (NQPs) in 2025. This means that the gap between the number of registered nurses needed and those entering the workforce is set to widen.

The significant reduction of 20% in student places that took place between 2010 and 2013 continues to impact workforce numbers. The increase in adult and mental health student places from 2013 – 2019 has returned to pre-2010 levels.

Student attrition rates continue to cause concern. The number of applicants for nursing courses in Scotland in 2023 is 24% down compared to the same point last year.

c) Newly Qualified Practitioners

We begin recruiting students, who are due to graduate from September, in February and March each year. In March 2022, we recruited 180 WTE students across Fife; this dropped to 155 in June, but with less than 145 WTE eventually joining us.

This year, we again recruited 180 WTE (this includes a rise of 10 WTE in midwifery). Of this 129 WTE were adult nurses, but this has already dropped to 112 WTE. There is concern that only 130 WTE will join us this year.

d) Vacancies

There are significant vacancy challenges. These vacancies arise due to retirements, resignations, and difficulties in attracting new nurses. Staff shortages can strain the remaining workforce, increase workload, and potentially compromise patient care.

The vacancy rate is part of the NES published data. The vacancy gap being reported for Fife is 12.9% for March 2023 (data is embargoed until June 2023). The anticipated published figure assumes that the establishment equates to staff in post plus all advertised vacancies. This methodology loses its accuracy due to how we advertise posts (bulk recruitment, targeted recruitment, student recruitment etc).

We can calculate an approximation of vacancies using the WTEs from the financial system, noting these do not provide an actual representation of vacancies due to staff who do not generate a WTE, and other caveats related to translating financial information into workforce numbers. Nursing & Midwifery funded establishment in the ledger at March totals 4267, estimated vacancies based on difference between WTEs worked in March compared to the funded establishment is 424 WTE, approximately 10% of our nursing workforce.

There has been an agreement with Directors of Finance, Workforce and Nursing to use 10% as a realistic vacancy rate. NES data suggests 587 WTE vacancies. Work between Workforce and Finance describes 329 WTE RN vacancies of less than 3 months, 55.6 WTE between 3 and 6 months and 18.5 WTE over 6 months – a total of 403 WTE RN vacancies.

e) Turnover

Turnover rate has increased from December 2022 (10.8%) to 13.5% in March 2023 (based on NES data).

Supply Opportunities

a) International Recruitment

International recruitment is recognised as a contribution to the medium-long term solution with this being a positive experience to date for both the Board and the International Recruits, working in collaboration with Yeovil Hospitals Foundation Trust. The cost is £12k per nurse with funding from SG in Acute to date for 23 in 2021/22, 50 in 2022/23 and for 7 in HSCP making a total so far of 80 RNs.

There is no confirmation of continued funding by SG, but organisational agreement is required to maintain the potential pipeline. There is however a stop/start arrangement with Yeovil Trust disrupting a consistent flow. Currently, there are 28 RNs in post with 15 completing OSCEs (Objective Structured Clinical

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Examinations) for registration, however, this can take 4–6 months from arrival to registration.

There is now an International Recruitment Coordinator in post within the Workforce Directorate and a PPD Facilitator in post in order for OSCE prep to be all in-house.

NHS Fife can support 8 IRs per month with limiting factors being accommodation and OSCE support. To do this we require confirmation of the additional funding required from SG.

b) Return to Practice

We have 5 applicants for programme to commence this year.

c) Open University

5 places have been made available to Fife - in discussion with Open University for additional places.

d) HNC Route

There have been 16 applicants for HNC with interviews planned in May 2023. This 2-year course allows entry to 2nd year of pre-reg nursing course.

e) Assistant Practitioners

The development of bands 2 to 4, particularly the role of the Assistant Practitioner, is being implemented to support a sustainable workforce.

- Cohort 1 (n=21) started PDA in April- should qualify January 2024
- Cohort 2 (n= 44) start PDA in August- should qualify May 2024
- Cohort 3 (n tbc) start PDA in January 2025

8.2 eRostering

Work is progressing on the implementation of eRostering, with plans for roll out to the next phase of services being agreed. Business as usual resource requirements are currently work in progress, with initial agreement for the Workforce Directorate to host eRostering in future once full implementation has been realised.

Implementing eRostering can bring numerous benefits to NHS Fife. Key advantages include:

1. Efficient workforce management: eRostering streamlines the process of creating, managing, and updating staff rotas. It allows for automated rostering, reducing the administrative burden on managers and ensuring optimal allocation of staff resources.
2. Time and cost savings: The automation of rostering processes saves time for both managers and staff. Manual rostering can be time-consuming and prone to errors, whereas the eRostering system can quickly generate rosters, taking into account various factors such as staff availability, skill mix, and workload requirements. By reducing the time spent on rostering, managers can focus on other critical tasks. Moreover, efficient rostering leads to better staff utilisation, minimising overtime costs and reducing the need for supplementary staff.
3. Enhanced staff satisfaction: the eRostering systems has an online app feature which allows staff members to indicate their availability,

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preferences, and requests for time off. Time spent requesting leave on paper forms and delays in manager's response is replaced with a simple, online solution.

4. Improved patient safety: Effective rostering plays a vital role in ensuring patient safety. With eRostering, managers can ensure appropriate staffing levels, skill mix, and continuity of care. By accurately matching staff to patient needs, the risk of errors and adverse events can be reduced. Additionally, as the system is implemented, including the Safecare model, the system can provide real-time visibility into staffing gaps or potential issues, enabling proactive adjustments to maintain patient safety standards.
5. Compliance with regulations: NHS Fife must comply with working time directives and contractual obligations. eRostering systems can help automate compliance monitoring by tracking staff working hours, rest breaks, and leave entitlements. This ensures that rostering practices align with legal and regulatory requirements, reducing the risk of non-compliance.
6. Data-driven decision making: eRostering can generate a wealth of data related to staffing patterns, workload distribution, and resource allocation. Analysing this data can provide valuable insights for workforce planning. Managers can identify trends, predict staffing needs, and make data-driven decisions to improve efficiency and resource allocation in the long term.

In summary, implementing eRostering will lead to efficient workforce management, time and cost savings, improved staff satisfaction, enhanced patient safety, compliance with regulations, and data-driven decision making. It will significantly transform the rostering process and contribute to the overall effectiveness and performance of NHS Fife.

8.3 Health & Care Staffing Act 2019 – Safe Staffing legislation

Work is progressing across professions in preparation for full implementation of the Health and Care (Staffing) (Scotland) Act 2019 on 1 April 2024. Teams are currently in testing Guidance chapters. Learning from the plans for implementation of the legislation across nursing, midwifery and other clinical professions, is being shared across the organisation.

8.4 Staff Health & Wellbeing

Supporting wellbeing and maximising attendance is a key focus of our recovery work. In addition, we continue to work on creating a culture of kindness, where employees look after each other. This is a shared commitment led by our Board and our Executive team working in partnership with our staff. “Well@Work” is the branding of NHS Fife’s employee Health and Wellbeing programme.

NHS Fife has a range of core staff wellbeing services in place as part of the tiered approach to wellbeing, starting at local level within teams / wards. This includes:

- Occupational Health Service
- Spiritual Care
- Peer Support
- Staff Listening Service and
- Psychology Staff Support

Our approach is focused on the Four Pillars of Wellbeing, as detailed in the diagram below, with each area of wellbeing being supported by:

- Workplace policies, processes, and guidance
- Internal wellbeing initiatives
- Resources available to those employees who need them
- Communications for all employees on wellbeing and how to access support



8.5 Recruitment & Retention of Staff

In addition to the work described above and in Section C below in relation to our Bank & Agency Programme, a number of other initiatives are ongoing within NHS Fife to support recruitment and retention of staff, including within our Medical & Dental and Pharmacy functions and through development of extended roles in terms of advanced practitioners, consideration of areas where Physicians Associates and other MAPs could be employed, skill mix and improved use of technology.

9. Digital

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To deliver value and sustainability

- *Develop the digital medicines programme*

9.1 Optimising M365

We will establish a secure baseline in the M365 products and national tenancy by October 2023 and implement federation with Local Authority by October 2023.

We will assess future options for maximisation of M365 products in line with current licence/capacity restrictions and the work of National Groups by December 2023.

9.2 National digital programmes

Within D&I, we are committed to strengthening the use of national and regional systems for delivery of key programmes in which economies of scale can be realised. We have committed to a number of programmes which will continue to be delivered over the Medium Term. These include:

- e-Rostering – NHS Fife have begun the rollout of the National rostering system which supports staff to deliver services. This will conclude during the medium-term plan period
- Community Health Index (CHI) – We are collaborating with the national team to deliver this programme.
- Child Health – This programme had a reset in 2022, therefore we continue to support whilst a new programme timeline is delivered.
- M365 – Maximising Benefits and federation – M365 was rolled out during the pandemic, there are a number of areas which still require to be maximised whilst also supporting more joined up utilisation across Health and Social Care.
- GP IT – To deliver a new GP IT system is currently being taken through governance within Fife and will be implemented within the medium term.
- HEPMA – NHS Fife are in the process of signing a contract to deliver Hospital Electronic Prescribing and Medicines Administration across both acute and community areas.
- Laboratory Information Management System (LIMS) – NHS Fife are one of three early implementation boards and are working closely with other boards to deliver this programme locally, regionally and nationally.
- PACS – Fast Access to images, NHS Fife have undertaken several upgrades of the current PACS system implemented in Fife, following contract award, NHS Fife will consider the best approach to implementation and work with colleagues within Radiology to implement the new PACS system into NHS Fife.

- Vaccination and Immunisation – continue to support this work ongoing within this area.
- Radiology Information System (RIS) – Consideration to a new national approach to RIS is being undertaken if this is brought forward, NHS Fife will support the inclusion of this work within their plan.
- Digital Pathology – Has been implemented within NHS Fife we will continue to collaborate closely with teams to ensure safety standards continue to be met.

9.3 Organisational Digital Maturity Exercise

NHS Fife completed a digital maturity exercise in 2019 this will be repeated in 2023. The results of the previous Digital Maturity exercise helped to shape the priorities for NHS Fife. The 2023 study will be undertaken to ensure consistency with the delivery plan we are undertaking and ensuring that any emerging themes that have not already been considered are part of the key ambitions for our next digital strategy scheduled for delivery in 2024.

9.4 Leadership in digital

We will plan our delivery for both our service users and those who utilise digital but we will also focus internally to ensure that we continue to upskill in order to meet the demands of the workforce and ensure that leaders across health and care are equipped with the necessary skills, we are therefore committed to undertaking training locally and also highlighting to leaders across the board when digital programmes are offered, in the medium term example of the areas are:-

- Information Technology Infrastructure Library (ITIL) – Digital have committed to the continued support of ITIL for those working within the digital environment.
- Digital Leadership – An MSc Course is available and will be cascaded to relevant teams, with leaders within the organisation supported to undertake this qualification.
- Digital Mindset Masterclasses – We will support the cascading of these sessions to our senior leadership team in order to create a shared understanding of the challenges of digital delivery.
- KIND – Senior Leaders within digital are signed up to the KIND network and are committed to supporting and rolling out training which is identified within this programme to teams both internal to digital and externally where appropriate.

Roles and Pathways – Digital are in the process of creating a skills matrix which will support those interested in a career in digital in achieving their ambitions. In addition, NHS Fife digital are supporting modern and graduate apprenticeships to support the ongoing delivery of digital and show the benefits of a career in digital to young people within the local community.

9.5 Scottish Health Competent Authority

NHS Fife will undergo the NIS (Network and Information Systems) audit in July 2023. Following the completion of the report the NIS Action Plan will be created and presented to the Information Governance and Security Steering Group and the Digital and Information Board for awareness and assurance. Both groups will

then track the progress of the Action Plan in the normal manner. Items of note will also be escalated through the standing governance arrangements as required.

NHS Fife continues to seek confirmation of the strategy for the Cloud Centre of Excellence (CCoE) and its associated services. On identification of these then direct engagement, in relation to support of compliance with NIS will form part of the Action Plan. At present engagement with CCoE is based on their national role in informing threat intelligence and identification.

9.6 Paperlite project

The Paperlite project as it was known has been reshaped into an Electronic Patient Record programme, with key benefits beginning to be derived, which will be around 70% complete within the medium-term delivery timescale. The programme will focus on maximum utilisation of our key cornerstone systems, providing value to the NHS whilst also reducing the need for paper in delivery of clinical care. This focus will also be directly related to those system suppliers who have proven their ability to keep pace with the requirement for well design and rapid pace developments. This will support our clinical teams to deliver care, with information which is up to date at point of care, therefore improving clinical decision making and the patient experience.

This programme will also focus on how we interact with patients to improve their experience through the continued use and introduction of digital technology.

Examples of Key deliverables are:

- Our strategic programmes will ensure we maximise the use of existing systems through the extension of Electronic Patient Record programme, as the most appropriate way to support the design and deliver our services.
- The inclusion of innovation in our strategic framework will bridge the gap and support implementation of a true EPR for NHS Fife, that is available to patient through a digital “doorway”, while recognising the need for alternatives in supporting those that find themselves excluded from the digital world.
- Near Me – The pandemic saw the introduction of Near Me within Fife for all Acute, Community and Mental Health services, this was further supported by the introduction of Near Me, Near You with specialised Near Me rooms in the community for those who do not have connectivity at home. In the medium-term NHS Fife will continue to support the use of Near Me for group consultation. NHS Fife are also aware of further work being undertaken within the HSCP to support the rollout of Near Me within Social Work services and will support this process by sharing lessons learned with teams.
- Digital Front Door – NHS Fife will extend its digital front door through the continued introduction a digital hub for patients, which supports patients to have key clinical information in relation to their care their engagement with services, and their ability to have access to staff and services through the use of digital exchange including modern telephony solutions. NHS Fife have also recently introduced ‘Elsie’ to support digital preassessment within orthopaedics, in the medium term there is an ambition to further expand the use of this technology. We will continue to commit to this both at a local level and with supporting the introduction of any recommendations which we receive from Scottish Government which will support this key area.

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- Digital Pathways – Through introduction of digital pathways for COPD, Heart Failure, Asthma, Monitoring at Home for Blood Pressure and platforms which support this care such as Inhealthcare, Lenus and the Right Decision Service. NHS Fife are concerned with the number of platforms which are in use across Scotland, but we will work to ensure that our community understands access points for delivery of their care.
- Digital Mental Health Support – Digital will work with Mental Health teams to ensure we support the ongoing work which is being undertaken as part of Care in the Digital Age.
- Digital Inclusion – Ensuring that access to services is equal for all, that no one is left behind in the move to a digital future, we will work closely with services to ensure that we meet their needs whilst also ensuring that we develop pathways and services which meet the needs of all service users especially those who are most vulnerable in our society.

9.7 Digital Scotland Service Standard

Previously known as Digital First, NHS Fife are committed to aligning our digital deliveries with this methodology to ensure services are based on the needs of users, are sustainable and continuously improving, secure and resilient, and that good technology choices made.

10. Climate

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



*To deliver value
and sustainability*

- *Implement actions to support climate emergency*

10.1 Decarbonise fleet

NHS Fife are to remove all fossil – fuelled small and light commercial vehicles in the NHS Fleet. We will also ensure all small and light commercial vehicles are powered by renewable alternatives by 2025 and no longer buy or lease large fossil fuelled vehicles by 2030. We are however reliant on larger vehicles, especially tail lift vehicles, becoming more financially viable. To support the transformation of our fleet, we will continue to install electric vehicle charging points throughout the NHS estate and collaborate across the public sector on charging infrastructure.

We are heavily reliant on the Transport Scotland grant funding and have submitted a 2023/24 bid to the 'Switched-on fleet' grant for 8 light commercial vehicles, increasing the percentage of light commercial EVs to approximately 60%. If our 2023/24 bid to the Switched-on Fleet Grant is successful, we will increase the charge point network by 8 double charge points increasing the total number of charge points across NHS Fife to 77.

10.2 Achieve waste targets

The new tenders for waste have within them a mandated data return for all 15 categories of waste. These new contracts will improve our data collection. We also use the data from invoices to augment the information on the current national data system (RIO), which is of limited use currently. We are investigating the installation of bulk scales to confirm some of the data produced by contractors.

An annual audit of the very basic "what is going in which bin" ensures that we are gradually improving the segregation of waste. This ensures that more is presented for recycling and less is seen as Domestic waste, which has reduced by 15%.

Our contractor for domestic waste collection is Fife Council. Fife Council continues to invest in processing which ensures the minimum of waste goes to landfill. We will be working with Fife Council to ensure that we can extract data from their system which evidence progress to the target, ensuring no more than 5% of domestic waste goes to landfill. We will also ensure that we can demonstrate our waste is treated to meet the target of 70% of domestic waste is composted or recycled in conjunction with Fife Council.

There will be continued investment in and increase the use of dewatering equipment to reduce the overall weight/volume of food waste disposed of. We will invest in the National Catering Information System to better control production waste and improve the timeliness of ordering. We will continue to follow/improve on SG direction in the withdrawal of some disposables and introduce Reverse vending.

We will also take part in trials of re-usable PPE, ensure laundering improvements to reduce the use of disposable curtains and mopheads and will pursue the

installation of a heat recovery system within laundry. The latter utilising hot water to be re-circulated and reduce gas consumption.

10.3 Reducing medical gas emissions

There is a commitment to ending the use of desflurane and will therefore promote Sevoflurane as the first-choice option within Anaesthetics. The use of Tiva will also be promoted and encouraging the use of regional or local anaesthetics to reduce the need for volatile gases.

Work is ongoing to decommission nitrous oxide manifolds across the estate. A nitrous oxide mitigation team will be formed then discuss and document our approach to eliminating piped nitrous oxide. By the end of 2023, these reductions will be incorporated as part of our annual reporting process.

10.4 Learning from the National Green Theatre Programme

Having already made great progress in implementing the National Green Theatres programme, our next steps will involve further development of the theatre action plan to align with the national green theatre programme. NHS Fife has learned through our Regional Group of the steps taken in the implementation of Green Theatres by NHS Lothian and are looking to incorporate these into our Action Plan which is being developed for 2023/24.

This year we will create a green theatres project group which will involve recording the progress that has already been made and then identifying areas that still need focused on to fully implement the national green theatre programme across NHS Fife. We have actioned 7 areas of the green theatre programme with all other areas being in progress. Using a tracking document to monitor our progress across the areas outlined in the 'bundles', we will create a timeline and plans for achieving the remaining targets.

10.5 Implementing of a building energy transition programme

To begin the implementation of a building energy transition programme, we have started the process of creating net zero road maps for all NHS Fife sites. Within these, they have provided an analysis of current energy consumption and created action plans on how to reduce emissions and meet targets.

To become a net-zero health service by 2040 we will have all 12 net-zero road maps completed by the end of year 1. Then, using the completed road maps we will identify the measures to take that will allow us to deliver a 75% reduction by 2030, compared to 1990. We will then outline the funding we are going to apply for in order to carry out these projects and curate a plan as to how they can be implemented as soon as possible. We will put in funding applications for some of the projects that need to take place and aim to deliver those over the next 7 years between now and 2030.

10.6 Implementing the Scottish Quality Respiratory Prescribing guide

Our quality improvement approach for implementation of the Scottish Quality Prescribing Guide includes:

- Implement recommendations from Respiratory Quality Prescribing Guide
- Review of local prescribing guidance following publication of the Respiratory Prescribing Guide and reflecting formulary choices, which have considered environmental factors

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- Further local communication and education
- Person-centred reviews (as above)
- Utilise ScriptSwitch® and other electronic prescribing systems to promote formulary choices and to highlight overuse of SABAs
- Respiratory prescribing will be reviewed through the Fife Prescribing Forum, utilising primary and secondary care prescribing data, benchmarking, and National Therapeutic Prescribing indicators

NHS Fife is one of three NHS Boards participating in redesign to transition from three separate formularies to a single East Regional Formulary (ERF). As part of this process, the Respiratory prescribing section was reviewed in October 2021 and released in December 2021.

The ERF group was tasked with reviewing inhaler choices based on the following criteria: Efficacy, Safety, Cost Effectiveness and Environmental impact. This represented the first time that Formulary Committee made a conscious effort to include environmental considerations in Formulary choices. To guide prescriber selection, a clear sign has been added to the inhaler poster to enable environmentally friendly choices of inhalers.

NHS Fife is currently awaiting publication of the Scottish Quality Respiratory Prescribing Guide (SQRPG), due April 2023. To pre-empt the SQRPG, ERF Committee is establishing an Expert Working Group of Clinicians and Respiratory Pharmacists to review how we utilise the current choices of formulary inhalers in order to assess how current choices affect the environment. A plan will then be developed to improve inhaler choices to reduce greenhouse gas emissions and limit detrimental effects on the climate. The ERF group will align discussions with the SQRPG.

10.7 Implementing an Environmental Management System

We have engaged with HDR to implement an Environmental Management System (EMS) across NHS Fife. They attended site in May to carry out an initial assessment of Victoria Hospital, with the intention of populating an EMS at this site first. We are aiming to populate an EMS at our largest site, Victoria first, with the intention of rolling out our EMS across all NHS Fife sites moving forward. Phase 1 of EMS implementation will involve Victoria Hospital, and this will be done in quarter 3 giving us 6+ months. Phase 2 will involve EMS implementation at all major sites and phase 3 will be EMS implementation at all sites. We also aim to have full implementation of an EMS at 2 sites by the end of quarter 4. By the end of quarter 1 we want to have a full plan written as to how we are going to progress with our EMS over the next year.

Section B: Finance and Sustainability

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To deliver value and sustainability

- *Deliver year one actions of the financial improvement and sustainability programme*

Medium-term Financial Plan

We have recently submitted our medium-term financial plan to Scottish Government which sets out the key risks to delivery of financial balance in-year and over the medium-term. Discussion is ongoing with Health Finance Directorate colleagues in relation to our key planning assumptions including:

- Ongoing distance from our NRAC share and the cumulative impact of this on the financial position
- Unsustainable levels of reliance on bank and agency staffing to support significant workforce availability challenges
- Requirement to maintain all surge capacity throughout the full year
- Significant cost pressure within our SLAs with other NHS and Independent Sector Providers
- Increasing cost pressure within SLAs for Mental Health and Learning Disability Services
- Inflationary pressures impacted by record global energy costs, across a number of areas, particularly PFI contracts which are directly linked to RPI
- Reduced levels of funding for planned care services
- Significant increasing costs across acute prescribing budgets

NHS Fife continues to operate out with the agreed Board risk appetite in relation to delivering value and sustainability. The financial plan does however set out a realistic and credible plan to respond effectively to this over the medium-term. During 2023/24, we will continue to utilise the infrastructure we put in place previous year to help support delivery and identification financial and productive opportunities.

Establishment of Financial Improvement and Sustainability Programme

We are committed to supporting the Scottish Government's Sustainability and Value programme and have plans in place to deliver the 3% recurring savings target required by the programme.

We have established an executive led Financial Improvement and Sustainability (FIS) Programme which contains a range of activities to deliver increased capacity and productivity and to release cash efficiencies and cost reduction. During 2023/24 we have established 3 key cost improvement initiatives to reduce; bank and agency spend, surge capacity and corporate overheads. We also have a significant medicines optimisation plan and a range of initiatives to reduce property and asset management costs.

Section C: Workforce Planning and Sustainability

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve staff health and wellbeing

- *Develop and deliver an action plan to support safe staffing legislation*
- *Develop and deliver a sustainability plan for the nursing and midwifery workforce*
- *Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing*

Workforce Plan

The Board's three-year Workforce Plan for 2022 to 2025 was published in November 2022 and gave a commitment to the development of Directorate / Service based Workforce Plans, which in turn would form the supporting action plan to achieve the commitments set out in the Workforce Plan.

As part of the Board's Strategic Planning & Resource Allocation process, all services were provided with and submitted documentation in support of meeting this commitment, which enabled workforce projections aligned to the Workforce Plan to be captured, alongside workforce commitments, priorities and risks aligned to service deliverables. This demonstrated our triangulated approach to Service, Finance and Workforce Planning.

The details submitted have been harvested and are in the process of being analysed, so that Directorate and Service based workforce plans can be completed by the end of quarter 2 of 2023/2024. This will allow us to map corporate priorities across to the SPRA submissions, identifying those submissions that may impact the future shape of the staffing complement, and highlight any sustainability pressures, included within the Workforce Plan for 2022 to 2025.

Through our joint work with Fife HSCP workforce colleagues, we have contributed to their Workforce Action Plan, reinforcing the linkages necessary in workforce terms with our partners, including Fife Council and the voluntary and third sectors.

Key Priorities

The key priorities in the Workforce Plan for 2023/24 are:

a) General Practice Sustainability

NHS Fife and Fife HSCP continue to experience significant clinical and managerial workforce challenges within Primary Care Services, which impact directly on safe and effective service delivery within 2C Board managed General Practices. NHS Fife initiated a tender process for external bids in early 2023, for three General Practices in this category, working towards an outcome of stability and resilience. The initial tender process has been agreed and will be implemented over 2023/24. This is part of a longer-term plan to ensure safe and effective service delivery and ongoing management of 2c General Practices. The aim being to develop

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resilience and enhance sustainability across Primary Care Services and anticipating future pressures on General Practice.

b) International Recruitment

This has been a positive experience for both NHS Fife and the candidates, and it is hoped that international recruitment will increase and expand to other professions over 2023/24. Unfortunately, it will not be possible to recruit Midwives or Mental Health Nurses internationally due to incompatibilities with NMC requirements for training, for around another 6 months.

c) Development of Assistant Practitioner and Healthcare Support Worker Roles

Our Band 2 to 4 workforce progression will focus on establishing a recruitment programme, career development from Band 2 through to post registration and support for managers and educators.

d) Youth Employment, Employability

Last year dedicated leadership on the Employability agenda supported NHS Fife is progressing our aims in this area which sit at the heart of the Employer commitments in our Anchor Organisation delivery plan. Lessons learned from our first-year delivery are now informing our intended planning for an increased capacity for our Modern Apprenticeship (MA) programme expansion. This work will also be informed by the Director of Workforce's role in the newly established NHS Scotland Anchors Workforce Strategic Group.

In 2023/24 we will grow our MA numbers in partnership with Fife College with initial focus on our Healthcare Support Worker workforce, aligning with the work being led by our Nursing & Midwifery Workforce Group to support Band 2-4 progression to address establishment gaps within this job family. As well as building numbers in Nursing & Midwifery we will develop plans to increase our MA provision across other professions and to integrate this work with Foundation Apprenticeship activity as we build our connections with local schools to open access to increased numbers of school leavers accessing health & social care career pathways.

As part of this initiative, links are being established with NHs Fife's Executive Directors with Head Teachers across the 18 secondary schools in Fife.

e) Health & Wellbeing Framework

The NHS Staff Health & Wellbeing Framework was published in December 2022 and is aligned to the Population Health & Wellbeing Strategy. Given the importance of and continued focus on Staff Health and Wellbeing generally and in the context of the legacy of the pandemic, confirming our intentions was key. The Framework clearly sets out the ambitions, focus, structure and reporting arrangements for staff health and wellbeing activity within the Board and takes account of current and evolving work in this area.

In addition, the Framework aligns to the commitments set out in the three-year Workforce Plan, Annual Delivery Plan and National Workforce Strategy, with the emphasis on the "Nurture" pillar of the five pillars of the workforce journey.

The infrastructure to support this has been enhanced this year by the opening of new Staff Hubs on several of NHS Fife sites, providing staff with bright, modern spaces to relax, refresh and recharge.

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f) *Implementation of Safe Staffing - The Health and Care (Staffing) (Scotland) Act 2019.*

NHS Fife is working towards implementation of the Act in 2024 and will undertake Chapter Guidance testing, as part of the work commissioned by HIS and SG. This includes the establishment of a local reference group covering all clinical disciplines, actively using the current real-time staffing tools to identify risks to care arising due to staffing issues, ensuring staff are aware of these, and that relevant staff have appropriate training and time and resources to implement them. This is in advance of the implementation of eRostering, which will facilitate escalation and reporting once the “Safe Care” module is live.

g) *Bank & Agency Programme*

Work on delivering a more sustainable and cost-effective approach to the use of Bank and Agency staff is a high priority area for NHS Fife.

An existing commitment made by the Executive to create a consolidated single Staff Bank for the management of all supplementary staffing needs has now been expanded under a new Bank & Agency Programme led by the Director of Workforce which will aim to deliver a revised model to contribute to financial and workforce sustainability to meet current and future service needs.

The Programme will be to deliver the aims set out by the national Supplementary Staffing Task & Finish Group including the adoption of the National Principles for the Management of Agency Workforce Supply to NHS Scotland Health Boards. As the model is developed it will align with our broader work on staff recruitment and retention noted above and will reflect and work compatibly with the introduction of the new national e-Rostering solution and implementation of the Health and Care (Staffing) (Scotland) Act 2019.

Section D: Value Based Health and Care

The Realistic Medicine (RM) Plan is being rolled out to embed Realistic Medicine across Fife. Engagement meetings with stakeholders suggest that communication is the most important factor in embedding Realistic Medicine in Fife. A risk workshop was organised with the RM and NHS Fife Clinical Governance Teams to identify RM risks. A stakeholder analysis workshop was also undertaken, and Communications and Engagement Plan developed. A Benefits Workshop has been undertaken to identify benefits and enable benefits realisation. A workshop is being planned to support governance arrangements. Engagement meetings were held with the Realistic Prescribing steering group to identify areas of collaboration.

Process mapping exercises were undertaken with a Sexual Health Consultant and a Consultant Surgeon on their process of engaging with patients and sending letters to them. This was undertaken for the Organisational Learning Group (OLG). It helped to identify areas of efficiency and improvements in patient satisfaction.

The 'Questions that matter' (QTM) RM tool has been developed for use in Fife and has been rolled out to patients. The tool ensures that patients are able to reflect on questions to ask ahead of consultations. A one-page digital version and QR code have been developed with excellent feedback. The RM message has been embedded on Desktops in NHS Fife with fantastic feedback and request for more information from staff.

Engagement meetings have been undertaken with the NHS Fife Communication team to identify areas of collaboration, such as developing Communications Matrix (workshop). Information on Realistic Medicine are to be rolled out to staff on desktops, hospital screens and pop-up banners. Information Realistic Medicine is now on the NHS Fife Staff intranet (Blink). There has been engagement with RM network meetings and other NHS Boards (such as NHS Ayrshire and Arran) to share learning and practice. We plan to work with Realistic Prescribing and other teams to reduce waste and enable strategies for a greener, sustainable health care system.

We plan to align our work with the 5 strategic priorities of the Scottish Government. With regards to encouraging staff to access the RM Module on TURAS, we will engage with Directors and workforce committees and ensure that staff have easy access to the RM module on TURAS via the staff intranet (Blink). We will also engage with NHS Education for Scotland (NES) to ensure the TURAS module contents flow better.

There are plans to engage with the General Medical Council (GMC), GP clusters and staff and disseminate information about RM through grand rounds. With regards to encouraging patients and families to ask the BRAN (Benefits, Risks, Alternatives, Nothing) Questions, we plan to engage with the Patient Experience Team to embed RM principles, engage with patients and continue to roll out the QTM that contains BRAN questions. We plan to mainstream person centred stories and collaborate with communications and Information technology to ensure that information on BRAN questions is placed on patient and staff facing sides of NearMe (video conferencing) with prompts on IT systems on the BRAN questions.

With regards to evaluation of shared decision making from patients, we plan to undertake a variety of strategies including surveys, analysing data from care opinion and staff engaging with patients to fill feedback forms. With regards to

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supporting local teams work with the Centre for Sustainable Delivery (CfSD) to roll out the Active Clinical Referral Triage (ACRT), Patient Initiated Review (PIR) and Effective and Quality Intervention (EQUIP) Pathways, we plan to engage with local teams to facilitate RM sensitive pathways. Taking cognisance of encouraging local teams to engage with the CfSD to consider current and future Atlas of Variation, we plan to collaborate with colleagues at Public Health Scotland to facilitate better understanding and consideration of this with local teams in Fife.

Section E: Integration

In Fife we have embraced the legislation associated with the Public Bodies (Joint Working) (Scotland) Act 2014, which requires NHS Boards and local authorities to collaborate to integrate the provision of health and social care services known as ‘health and social care integration’.

This focuses not only what we do, but, also how we do it, developing our culture of Integration based on interagency parity and respect. We describe our collaborative approach to Integration as “Team Fife”, recognising integration across health services, joint working with the Health and Social Care Partnership (HSCP) and multi-agency working across local authority and third and independent sectors in line with our community planning aspirations described within the Plan for Fife. It is by working collegiately together towards a common purpose to improve outcomes for the people of Fife that we will make greatest impact in people’s lives and support our workforce.

Fife HSCP provides a wide range of delegated health and care services for NHS Fife and Fife Council. We have worked together to ensure close alignment between the Population Health and Wellbeing Strategy and Fife HSCP Strategic Plan, and we will work together to deliver and develop services for people in Fife.

Fife Health and Social Care Partnership has a three-year ‘Strategic Plan 2023 to 2026’ that sets out the future direction of all health and social care services across Fife. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland.

The Partnership’s Strategic Plan is supported by transformational and business enabling strategies and delivery plans. The opportunity provided by being co-terminus is that we can evidence clear alignment to both the Integration Joint Board and NHS Fife statutory responsibilities.

Some key examples of joint working that can evidence “integration in action” in Fife are:

- Collegiate work to support capacity and flow supporting the use of the whole system OPEL tool enabling whole system response using common language and agreed action in response to service pressures and risk.
- The Primary Care Strategy is jointly commissioned through professional leads in NHS Fife and Fife IJB Chief Officer to enable the recovery, quality and sustainability of Primary Care
- The Prevention and Early Integration strategy and delivery plan is another example of strong joint working aligned to Public Health Priorities and galvanising a whole system response to promoting population health and wellbeing across the life span.
- The collective efforts to support prevention are also evidenced through joint working in relation to unscheduled care to support joint improvement actions to enable the right care, right place, first time.
- We are also joining up an enhancing our collective approach to communications, participation and engagement evidenced through strategy

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development and supporting us to engage meaningful with the people of Fife to inform our priorities.

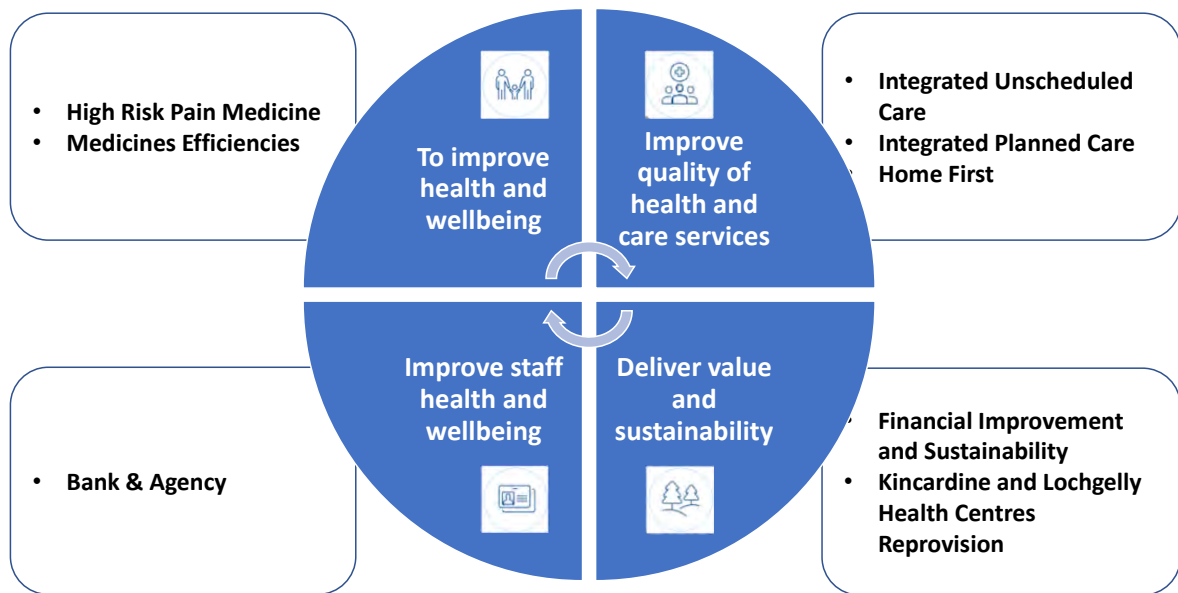
- Through our Community Planning Partnerships, we are supporting delivery against the Plan 4 Fife with the focus on place, people and community wealth building.

Section F: Improvement Programmes

NHS Fife and Fife Health and Social Care Partnership have established Programme Management Offices to manage and deliver the key strategic improvement programmes for the respective organisations.

We have high aspiration to support improvement and transformation of services in Fife. This is supported by a Programme Management Approach in both NHS Fife and the Health and Social Care Partnership which recognising the multi-agency integration of many programmes of work within the community. The examples below relate to the programmes aligned to NHS Fife services recognising there are a range of wider improvement programmes also aligned to Fife Council delegated services not listed within this plan.

The diagram below illustrates the programmes currently underway. A more detailed table with objectives and outcomes for each programme can be found in Appendix D.



Appendices

Appendix A: New Outpatient Capacity Projections by Specialty

Specialty	Urgency	April 2023 Planned	May 2023 Planned	June 2023 Planned	July 2023 Planned	August 2023 Planned	September 2023 Planned	October 2023 Planned	November 2023 Planned	December 2023 Planned	January 2024 Planned	February 2024 Planned	March 2024 Planned
All Specialties	All Urgencies	7573	7372	7364	7565	7340	7432	7421	7432	7421	7436	7436	7436
All Specialties	Routine												
All Specialties	Urgent												
Anaesthetics	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Anaesthetics	Routine												
Anaesthetics	Urgent												
Cardiology	All Urgencies	130	130	130	130	130	130	130	130	130	130	130	130
Cardiology	Routine												
Cardiology	Urgent												
Dermatology	All Urgencies	843	642	642	843	642	642	642	642	642	642	642	642
Dermatology	Routine												
Dermatology	Urgent												
Diabetes/Endocrinology	All Urgencies	48	48	48	48	48	48	48	48	48	48	48	48
Diabetes/Endocrinology	Routine												
Diabetes/Endocrinology	Urgent												
ENT	All Urgencies	871	871	871	871	871	871	871	871	871	871	871	871
ENT	Routine												
ENT	Urgent												
Gastroenterology	All Urgencies	125	125	125	125	125	125	125	125	125	125	125	125
Gastroenterology	Routine												
Gastroenterology	Urgent												
General Medicine	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
General Medicine	Routine												
General Medicine	Urgent												
General Surgery (inc Vascular)	All Urgencies	715	715	707	707	707	723	712	723	712	727	727	727
General Surgery (inc Vascular)	Routine												
General Surgery (inc Vascular)	Urgent												
Gynaecology	All Urgencies	750	750	750	750	750	750	750	750	750	750	750	750
Gynaecology	Routine												
Gynaecology	Urgent												
Neurology	All Urgencies	233	233	233	233	233	233	233	233	233	233	233	233
Neurology	Routine												
Neurology	Urgent												
Neurosurgery	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Neurosurgery	Routine												
Neurosurgery	Urgent												
Ophthalmology	All Urgencies	518	518	518	518	518	553	553	553	553	553	553	553
Ophthalmology	Routine												
Ophthalmology	Urgent												
Oral & Maxillofacial Surgery	All Urgencies	169	169	169	169	169	210	210	210	210	210	210	210
Oral & Maxillofacial Surgery	Routine												
Oral & Maxillofacial Surgery	Urgent												
Oral Surgery	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Oral Surgery	Routine												
Oral Surgery	Urgent												
Orthodontics	All Urgencies	74	74	74	74	74	74	74	74	74	74	74	74
Orthodontics	Routine												
Orthodontics	Urgent												
Other	All Urgencies	770	770	770	770	770	770	770	770	770	770	770	770
Other	Routine												
Other	Urgent												
Pain Management	All Urgencies	88	88	88	88	88	88	88	88	88	88	88	88
Pain Management	Routine												
Pain Management	Urgent												
Plastic Surgery	All Urgencies	49	49	49	49	49	49	49	49	49	49	49	49
Plastic Surgery	Routine												
Plastic Surgery	Urgent												
Respiratory Medicine	All Urgencies	192	192	192	192	192	192	192	192	192	192	192	192
Respiratory Medicine	Routine												
Respiratory Medicine	Urgent												
Restorative Dentistry	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Restorative Dentistry	Routine												
Restorative Dentistry	Urgent												
Rheumatology	All Urgencies	186	186	186	186	162	162	162	162	162	162	162	162
Rheumatology	Routine												
Rheumatology	Urgent												
Trauma & Orthopaedics	All Urgencies	1316	1316	1316	1316	1316	1316	1316	1316	1316	1316	1316	1316
Trauma & Orthopaedics	Routine												
Trauma & Orthopaedics	Urgent												
Urology	All Urgencies	496	496	496	496	496	496	496	496	496	496	496	496
Urology	Routine												
Urology	Urgent												



Appendix B: TTG Capacity Projections by Specialty

Specialty	Urgency	April 2023 Planned	May 2023 Planned	June 2023 Planned	July 2023 Planned	August 2023 Planned	September 2023 Planned	October 2023 Planned	November 2023 Planned	December 2023 Planned	January 2024 Planned	February 2024 Planned	March 2024 Planned
All Specialties	All Urgencies	1138	1139	1139	1144	1144	1145	1162	1162	1163	1164	1164	1164
All Specialties	Routine												
All Specialties	Urgent												
ENT	All Urgencies	90	90	90	90	90	90	90	90	90	90	90	90
ENT	Routine												
ENT	Urgent												
Gastroenterology/ Gastroenterology	All Urgencies												
Gastroenterology	Routine												
Gastroenterology	Urgent												
General Surgery (inc Vascular)	All Urgencies	190	190	190	190	190	190	190	190	190	190	190	190
General Surgery (inc Vascular)	Routine												
General Surgery (inc Vascular)	Urgent												
Gynaecology	All Urgencies	101	101	101	101	101	101	101	101	101	101	101	101
Gynaecology	Routine												
Gynaecology	Urgent												
Neurology	All Urgencies												
Neurology	Routine												
Neurology	Urgent												
Ophthalmology/ Ophthalmology	All Urgencies	222	222	222	222	222	222	226	226	226	226	226	226
Ophthalmology	Routine												
Ophthalmology	Urgent												
Oral & Maxillofacial Surgery	All Urgencies	52	52	52	52	52	52	52	52	52	52	52	52
Oral & Maxillofacial Surgery	Routine												
Oral & Maxillofacial Surgery	Urgent												
Oral Surgery	All Urgencies												
Oral Surgery	Routine												
Oral Surgery	Urgent												
Orthodontics	All Urgencies												
Orthodontics	Routine												
Orthodontics	Urgent												
Other	All Urgencies	51	51	51	51	51	51	51	51	51	51	51	51
Other	Routine												
Other	Urgent												
Plastic Surgery	All Urgencies	30	30	30	30	30	30	30	30	30	30	30	30
Plastic Surgery	Routine												
Plastic Surgery	Urgent												
Rheumatology	All Urgencies												
Rheumatology	Routine												
Rheumatology	Urgent												
Trauma & Orthopaedics	All Urgencies	267	268	268	273	273	274	287	287	288	289	289	289
Trauma & Orthopaedics	Routine												
Trauma & Orthopaedics	Urgent												
Urology	All Urgencies	135	135	135	135	135	135	135	135	135	135	135	135
Urology	Routine												
Urology	Urgent												

Appendix C: Diagnostic Capacity Projections by Key Test



New Elective Diagnostic Test - Activity Projections	Urgency	April 2023 Planned	May 2023 Planned	June 2023 Planned	July 2023 Planned	August 2023 Planned	September 2023 Planned	October 2023 Planned	November 2023 Planned	December 2023 Planned	January 2024 Planned	February 2024 Planned	March 2024 Planned
All Endoscopy	All Urgencies	899	899	899	899	899	899	899	899	899	899	899	899
All Endoscopy	Routine												
All Endoscopy	Urgent												
All Endoscopy	Urgent Suspicion Cancer												
All Endoscopy	Bowel Screening												
Upper Endoscopy	All Urgencies	291	291	291	291	291	291	291	291	291	291	291	291
Upper Endoscopy	Routine												
Upper Endoscopy	Urgent												
Upper Endoscopy	Urgent Suspicion Cancer												
Lower Endoscopy (other than colonoscopy)	All Urgencies	131	131	131	131	131	131	131	131	131	131	131	131
Lower Endoscopy (other than colonoscopy)	Routine												
Lower Endoscopy (other than colonoscopy)	Urgent												
Lower Endoscopy (other than colonoscopy)	Urgent Suspicion Cancer												
Colonoscopy	All Urgencies	450	450	450	450	450	450	450	450	450	450	450	450
Colonoscopy	Routine												
Colonoscopy	Urgent												
Colonoscopy	Urgent Suspicion Cancer												
Colonoscopy	Bowel Screening												
Cystoscopy	All Urgencies	27	27	27	27	27	27	27	27	27	27	27	27
Cystoscopy	Routine												
Cystoscopy	Urgent												
Cystoscopy	Urgent Suspicion Cancer												
All Radiology	All Urgencies	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222
All Radiology	Routine												
All Radiology	Urgent												
All Radiology	Urgent Suspicion Cancer												
Magnetic Resonance Imaging	All Urgencies	944	944	944	944	944	944	944	944	944	944	944	944
Magnetic Resonance Imaging	Routine												
Magnetic Resonance Imaging	Urgent												
Magnetic Resonance Imaging	Urgent Suspicion Cancer												
Computer Tomography	All Urgencies	1285	1285	1285	1285	1285	1285	1285	1285	1285	1285	1285	1285
Computer Tomography	Routine												
Computer Tomography	Urgent												
Computer Tomography	Urgent Suspicion Cancer												
Non-obstetric ultrasound	All Urgencies	1993	1993	1993	1993	1993	1993	1993	1993	1993	1993	1993	1993
Non-obstetric ultrasound	Routine												
Non-obstetric ultrasound	Urgent												
Non-obstetric ultrasound	Urgent Suspicion Cancer												
Barium Studies	All Urgencies												
Barium Studies	Routine												
Barium Studies	Urgent												
Barium Studies	Urgent Suspicion Cancer												

Appendix D: Improvement Programmes

Strategic Priorities	Programme	Objectives	Benefits / Outcomes
 <p>To improve health and wellbeing</p>	<p>High Risk Pain Medicine</p>	<p>Develop a High Risk Pain Medicines Patient Safety Programme to:</p> <ol style="list-style-type: none"> Understand how pain is currently managed across Fife including examples of good practice, in order to increase: <ul style="list-style-type: none"> learning, educational opportunities and understanding with the people of Fife regarding the use of High Risk Pain Medicines; to enable more effective and safer pain management solutions options and the use of supported self-management solutions for pain management. Reduce the prescribing culture and use of High Risk Pain Medicines across all NHS Fife settings. 	<ul style="list-style-type: none"> Improved Quality of Life for Service Users / Patients Safe and effective use of HRPM medicines no matter what setting in NHS Fife Appropriate initiation, review and stopping of HRPM. Improved financial efficiency for NHS Fife in relation to HRPM.
	<p>Medicines Efficiencies</p>	<ol style="list-style-type: none"> Formulary Compliance – patients to be changed to formulary alternative medicines, where appropriate. Reducing Medicine Waste – reduce waste in patients own homes, hospitals and care homes Realistic Prescribing – ensure effective prescribing of medicines and to reduce polypharmacy 	<ul style="list-style-type: none"> Cost-effective, quality and appropriate prescribing for the population of Fife in line with change in demographics
 <p>Improve</p>	<p>Unscheduled Care Programme, specifically supporting:</p> <ol style="list-style-type: none"> Care Closer to Home 	<p>The guiding principles for all the work underway for Unscheduled Care to ensure the safety and wellbeing of patients and staff, and support the public to access the right care, at the right time,</p>	<ul style="list-style-type: none"> Improved and increased number of pathways that ensure that patients are directed to the right place across the whole system Increase in people directed to alternative

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Strategic Priorities	Programme	Objectives	Benefits / Outcomes
quality of health and care services	2. Redesign of Urgent 3. Discharge without Delay	first time for urgent care.	pathways • Increase in scheduled appointments
	Planned Care Programme, specifically Remobilisation of Elective Programme	Implement CfSD tools and development of speciality specific improvement plans to improve service efficiency	<p>Timely: manage the reduction of flow of referrals coming through to secondary specialties and reducing waiting lists and waiting times.</p> <p>Person-Centred: Providing the right care by the right person at the right time, involved from the outset and to have information/guidance to make choices for next steps in the management of their symptoms/condition.</p> <p>Effective & Efficient: Clinicians can offer improved methods of access to service when systems are robust.</p> <p>Equitable: Implement pathways and sharing best practice across the nation that will promote less unwarranted variation.</p>
	Home First	1. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission. 2. Services will be redesigned/developed in an integrated manner, with a focus on prevention, anticipation and supported self-management. 3. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. 4. Services will be redesigned/developed so they are flexible to growing and changing	<ul style="list-style-type: none"> • Reduction in admissions through interventions of a team (Data will demonstrate number of bed days avoided through community intervention) • Reduction of admissions from Care Homes • Number of 'At Risk' individuals avoidably Admitted (or re-admitted) to hospital • Reduction in Digital Summoning of Support (Telecare, Rapid Response, etc.) that rapidly meets / de-escalates need • Reduced number of "delayed days" (Total Number of Days in Delay)

Strategic Priorities	Programme	Objectives	Benefits / Outcomes
		<p>demands, as well as being sustainable.</p> <p>5. Assessment and planning of treatment/care will be co-ordinated.</p> <p>6. Data will lead the planning and commissioning of services.</p>	
 <p>Improve staff health and wellbeing</p>	<p>Bank / Agency Project</p>	<ul style="list-style-type: none"> • Finance – to deliver a £10 million pounds reduction in bank and agency spend in 2023/24. • Workforce – To create a consolidated single Staff Bank for the management of all supplementary staffing needs. • To communicate the benefits of joining Staff Bank, the new rules around 'On Framework Agencies only' and offer consistent messaging around polices and processes to managers and staff 	<ul style="list-style-type: none"> • Delivery against the savings target • Improvements in Bank / Agency processes
 <p>Deliver value and sustainability</p>	<p>FIS Programme</p>	<p>Overseeing the following work:</p> <ul style="list-style-type: none"> • Bank/Agency Spend • Reduce Surge Capacity • Corporate Spend 	<ul style="list-style-type: none"> • Financial Control
	<p>Kincardine and Lochgelly Health and Wellbeing Centres Provision</p>	<p>Progress the Full Business Case process in line with Scottish Government timelines and funding availability.</p>	

Meeting:	Clinical Governance Committee
Meeting date:	7 July 2023
Title:	Clinical Governance Strategic Framework Delivery Plan 2023/24
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Author:	Shirley-Anne Savage, Associate Director for Quality and Clinical Governance

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper and associated appendices provides an overview of the:

- Clinical Governance Strategic Framework Delivery Plan 2023/24

2.2 Background

The Clinical Governance Strategic Framework is fundamental to set out our aim of delivering safe, effective, patient-centred care as an organisation which listens, learns and improves. The Framework was designed to ensure alignment with our 4 strategic priorities. Each year we will develop a workplan to sit alongside the Framework.

2.3 Assessment

Annual Delivery Plan

Appendix 1 sets out the Annual Delivery Plan for 2023/2024. The Clinical Governance Oversight Group will provide oversight of this delivery plan. The delivery plan will be refreshed for 2024/25.

2.3.1 Quality / Patient Care

Quality and patient care is at the heart of this framework

2.3.2 Workforce

The wellbeing and contribution of workforce is a key to this framework

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

This framework aims to mitigate the Quality and Safety corporate risk.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

N/A

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

The Clinical Governance Strategic Framework and workplan has been developed through:

- The Clinical Governance Oversight Group
- Discussion with Executive Leads and Chair of the Clinical Governance Committee
- Feedback from key stakeholders

2.3.8 Route to the Meeting

2.4 Recommendation

- For Assurance

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Clinical Governance Strategic Framework Delivery Plan 2023/24

Report Contact

Shirley-Anne Savage

Associate Director for Quality and Clinical Governance

Email shirley-anne.savage@nhs.scot

29th June 2023

Clinical Governance Strategic Framework Annual Delivery Plan 2023/2024

- The principles and intentions set out in the Clinical Governance Strategic Framework will only be fully realised through the support of an annual delivery plan.
- Assurance and oversight of the delivery plan will be provided through the Clinical Governance Oversight Group supported by a midyear and end of year report to the Clinical Governance Committee. Any matters that require escalation will be escalated to these groups as appropriate.
- The annual delivery plan for 2023/2024 is set out below:

		Workstream	Description/ Objectives	Lead(s)	Timescale	Status
Our Values: Care and Compassion Dignity and Respect Quality and Teamwork Openness, Honesty and Responsibility	1.1	Organisational Learning	Continue to develop the Organisational Learning Group to establish a process for organisational learning and develop a means for sharing learning across the organisation	Associate Director for Quality and Clinical Governance (Q&CG) and Associate Director for Nursing (Corporate)	Mar 24	
	1.2	Safety and Just Culture	Work with Workforce Directorate to develop a programme of work to ensure that staff are supported to engage in safe, open and transparent way with clinical governance activities Link with the Staff Health & Wellbeing Group with a focus on advert events to roll around the work on trauma informed workforce.	Lead for Adverse Events and Associate Director for Q&CG Head of Workforce Planning and Staff Wellbeing	Mar 24	
	1.3	Patient Representation on the Clinical Governance Committee	Explore innovative ways of providing patient and public input to the Clinical Governance Committee.	Associate Director for Quality and Clinical Governance	Dec 23	
	1.4	A focus on quality and safety	Work with clinical teams to co-produce a refreshed approach to safety and quality visits	Director of Nursing Medical Director Associate Director for Q&CG	Mar 24	
Clinical Governance Activities	2.1	Develop the Clinical Governance Strategic Framework	Update and implement the CGSF Workplan for 2023/24	Associate Director for Q&CG	Mar 24	

		Workplan 23/24				
	2.2	Risk Management Framework	Update the Risk Management Framework and Policy	Director of Finance and Strategic Planning, Risk Manager and Associate Director for CG and Q	Aug 23	
	2.3	Review of Adverse Events Policy and Procedure	Develop the Adverse Events Operational Procedure to link with the New Adverse Events Policy	Lead for Adverse Events	Jun 23	
		Organisational learning communication QI project	Scope programme of work in collaboration with realistic medicine to develop quality improvement actions to address the theme of patient communication identified in patient complaints and adverse events	Associate Director of Nursing for Corporate and Associate Director for Q&CG	Oct 23	
	2.4	Scottish Patient Safety Programme	Participation in SPSP Adult Acute Collaborative including the work on the deteriorating patient	Clinical Effectiveness Manager	Ongoing	
	2.5	Medicines Safety Programmes	Ensure NHS Fife has a programme of continued improvement with medications safety, including learning from incidents, education improvements, ensuring safe and effective prescribing	Director of Pharmacy Deputy Director of Pharmacy Lead Pharmacist Medicines Governance	Mar 24	
	2.6	Excellence in Care	Development of Care Assurance Framework for NHS Fife	Director of Nursing	Mar 24	
	2.7	Quality Network	Collaborate with the Planning and Performance (PMO) team to contribute to the shape of the quality network particularly in respect of the Organisational Learning Group	Associate Director of Q&CG	Mar 24	
Enablers	3.1	Clinical Governance Oversight Group	Development and review of workplan for the group	Associate Director of Q&CG	Apr 24	
	3.2	Review of HSCP clinical governance structures	Continue to embed new clinical and care governance structures including services delegated to the IJB care governance framework linked to wider	Associate Director of Q&CG Director of Nursing HSCP	Mar 24	
	3.3	Upgrade Datix	Develop business case for Datix Cloud IQ providing improved functionality for clinical governance activities such as Morbidity and	Associate Director of Q and CG	Mar 24	

			Mortality meetings			
	3.4	Continue to embed our systems and processes for the reviews of deaths of children and young people	Supporting training for staff including development of an extended role for the Children and Young People's Death Review Co-ordinator	Lead for Adverse Events	Dec 23	
	3.5	NEWS2	Work in partnership with Digital and Information and the clinical teams to deliver NEWS2 to deliver benefits to the Deteriorating Patient work	Associate Director for Q and CG, Head of Programmes for D&I	Dec 23	

Meeting:	Clinical Governance Committee
Meeting date:	7 July 2023
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Planning & Performance Manager

1 Purpose

This is presented for:

- Discussion
- Assurance

This report relates to:

- Annual Delivery Plan

This aligns to the following NHS Scotland 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 generally up to the end of April, although there are some measures with a significant time lag and a few which are available up to the end of May.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly.

Improvement actions are included following finalisation of the Annual Delivery Plan for 2022/23 and this streamlines local reporting for governance purposes with quarterly national reporting to the Scottish Government. We will transition to the 2023/24 ADP in due course.

Following the Active Governance workshop held on 2 November 2021, a review of the IPQR started with the establishment of an IPQR review group. The key early changes requested by this group were the creation of a Public Health & Wellbeing section of the report and the inclusion of Statistical Process Control (SPC) charts for applicable indicators.

The list of indicators has been amended, with the most recent addition being for Adverse Events Actions Closure Rate, in the Clinical Governance section. A further addition relating to Establishment Gap (Staff Governance) is being considered.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities and linked to relevant indicators throughout the report. Risk level has been incorporated into Indicator Summary, Assessment section and relevant drill-downs if applicable.

The final key change identified was the production of different extracts of the IPQR for each Standing Committee. The split enables more efficient scrutiny of the performance areas relevant to each committee and was introduced in September 2022.

2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2022/23 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July 2022. New targets will be devised for 2023/24.

The Clinical Governance aspects of the report cover Adverse Events, HSMR, Falls, Pressure Ulcers, HAI and Complaints. A summary of the status of these is shown in the table below.

Measure	Update	Local/National Target	Current Status
Adverse Events ¹	Monthly	70%	Not achieving
HSMR	Quarterly	1.00 (Scotland average)	Below Scottish average
Falls ²	Monthly	6.91 per 1,000 TOBD	Not achieving
Pressure Ulcers ²	Monthly	0.89 per 1,000 TOBD	Not achieving
SAB (HAI/HCAI)	Monthly	18.8 per 100,000 TOBD	Not achieving
ECB (HAI/HCAI)	Monthly	33.0 per 100,000 TOBD	Achieving
C Diff (HAI/HCAI)	Monthly	6.5 per 100,000 TOBD	Not achieving
Complaints (S1)	Monthly	80%	Not achieving
Complaints (S2) ³	Monthly	50%	Not achieving

¹ Reporting on the closure rate of actions from Major & Extreme Adverse Events started in December 2022

² As part of ongoing improvement work, revised targets for Falls and Pressure Ulcers have been set for FY 2022/23. These are a 10% reduction on the FY 2021/22 target

for Falls, and a 25% reduction on the actual achievement in FY 2020/21 for Pressure Ulcers.

- ³ An improvement target of 50% by March 2023, rising to 65% by March 2024 was agreed by the Director of Nursing. However, performance has been very much lower than the 50% provisional target, generally due to closing long-term complaints. A further measure (Stage 2 Complaints Raised in Month and Closed Within 20 Working Days) has been added. This has no target.

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

A mapping of key Corporate Risks to measures within the IPQR is provided via a Risk Summary Table and the Executive Summary narratives.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

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 Clinical Governance extract of the June IPQR will be available for discussion at the meeting on 7 July.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 22 June and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The report is being presented to the CG Committee for:

- **Discussion** – Examine and consider the NHS Fife performance as summarised in the IPQR
- **Assurance**

3 List of appendices

Appendix 1 – Integrated Quality & Performance Report

Report Contact

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Fife Integrated Performance & Quality Report

CLINICAL GOVERNANCE

Produced in June 2023

Introduction

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

Amendments have been made to the IPQR following the IPQR Review. This involves changes to the suit of key indicators, a re-design of the Indicator Summary, applying Statistical Process Control (SPC) where appropriate and mapping of key Corporate Risks.

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR comprises the following sections:

- a. Corporate Risk Summary**
Summarising key Corporate Risks and status.
- b. Indicatory Summary**
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c. Assessment**
Summary assessment for indicators of continual focus.
- d. Performance Exception Reports**
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP), relevant to indicators are incorporated accordingly. Currently based on those within ADP2022/23 with transition to ADP2023/24 in due course.

Statistical Process Control (SPC) methodology can be used to highlight areas that would benefit from further investigation – known as 'special cause variation'. These techniques enable the user to identify variation within their process. The type of chart used within this report is known as an XmR chart which uses the moving range – absolute difference between consecutive data points – to calculate upper and lower control limits. There are a set of rules that can be applied to SPC charts which aid to interpret the data correctly. This report focuses on the 'outlier' rule identifying whether a data point exceeds the calculated upper or lower control limits.

MARGO MCGURK
Director of Finance & Strategy
20 June 2023

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	▼	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	18	13	5	0	0		

Summary Statement on Risk Profile

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.

Mitigations are in place to support management of risk over time with some risks requiring daily assessment.

Assessment of corporate risk performance and improvement trajectory remains in place.

Risk Key	
High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3

Movement Key	
▲	Improved - Risk Decreased
◀▶	No Change
▼	Deteriorated - Risk Increased

b. Indicator Summary

Section	Indicator	Target 2023/24 2023/24 TBC	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Bench marking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Mar-23	43	○	▲	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	70%	Month	Mar-23	27.6%	●	▼	▼	●
	HSMR	N/A	Year Ending	Dec-22	0.97	●	—	—	●
	Inpatient Falls	6.91	Month	Apr-23	7.58	○	▼	▼	●
	Inpatient Falls with Harm	1.65	Month	Apr-23	1.42	○	▲	▲	●
	Pressure Ulcers	0.89	Month	Apr-23	0.96	○	▲	▼	●
	SAB - HAI/HCAI	18.8	Month	Apr-23	13.5	○	▲	▲	● QE Dec-22
	C Diff - HAI/HCAI	6.5	Month	Apr-23	20.2	○	▼	▼	● QE Dec-22
	ECB - HAI/HCAI	33.0	Month	Apr-23	30.4	○	▼	▼	● QE Dec-22
	S1 Complaints Closed in Month on Time	80%	Month	Apr-23	55.3%	●	▼	▼	● 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Apr-23	21.7%	○	▲	▲	● 2021/22
S2 Complaints Due in Month and Closed On Time	N/A	Month	Apr-23	13.2%	●	▼	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Mar-23	100.0%	●	▲	▲	●
	4-Hour Emergency Access (A&E)	95%	Month	May-23	74.4%	○	▲	▼	● Apr-23
	4-Hour Emergency Access (ED)	82.5%	Month	May-23	66.1%	○	▲	▼	● Apr-23
	Patient TTG % <= 12 Weeks	100%	Month	Apr-23	44.6%	●	▼	▼	● Dec-22
	New Outpatients % <= 12 Weeks	95%	Month	Apr-23	50.0%	●	▼	▼	● Dec-22
	Diagnostics % <= 6 Weeks	100%	Month	Apr-23	50.1%	●	▼	▼	● Dec-22
	Cancer 31-Day DTT	95%	Month	Apr-23	97.9%	○	▲	▼	● QE Dec-22
	Cancer 62-Day RTT	95%	Month	Apr-23	84.4%	○	▲	▼	● QE Dec-22
	Detect Cancer Early	29%	Year Ending	Sep-22	27.7%	●	▲	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	May-23	84.8%	●	▲	▼	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	May-23	8.0%	●	▲	▲	● QE Dec-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Apr-23	4.4%	○	▼	▲	● QE Dec-22
	Antenatal Access	80%	Month	Dec-22	86.1%	●	▼	▲	● CY 2022
Finance	Revenue Resource Limit Performance	(£10.8m)	Month	May-23	(£7.9m)	●	—	—	●
	Capital Resource Limit Performance	£9.1m	Month	May-23	£0.298m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Apr-23	6.18%	○	▲	▼	● YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	May-23	39.8%	●	▲	▲	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Jan-23	246	●	—	—	● YT Sep-22
	CAMHS Waiting Times	90%	Month	Apr-23	67.7%	○	▼	▼	● QE Dec-22
	Psychological Therapies Waiting Times	90%	Month	Apr-23	70.5%	○	▼	▼	● QE Dec-22
	Drugs & Alcohol Waiting Times	90%	Month	Dec-22	96.5%	●	▼	▲	● QE Dec-22
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Dec-22	95.1%	○	▲	▲	● QE Dec-22
Immunisation: MMR2 at 5 Years	92%	Quarter	Dec-22	86.3%	○	▼	▼	● QE Dec-22	

Performance Key

Green	on schedule to meet Standard/Delivery trajectory
Yellow	behind (but within 5% of) the Standard/Delivery trajectory
Red	more than 5% behind the Standard/Delivery trajectory

SPC Key

○	Within control limits
●	Special cause variation, out with control limits
○	No SPC applied

Change Key

▲	"Better" than comparator period
▲▼	No Change
▼	"Worse" than comparator period
—	Not Applicable

Benchmarking Key

●	Upper Quartile
●	Mid Range
●	Lower Quartile
●	Not Available

c. Assessment

CLINICAL GOVERNANCE



To improve the quality of health and care services

5



Moderate

Target

Current

Major & Extreme Adverse Events

70% of Action from Major and Extreme Adverse Events to be closed within time

70%

26.5%

There were 52 major/extreme adverse events reported in April out of a total of 1,359 incidents, 68.7% of all incidents were reported as 'no harm'. Over the past 12 months, Pressure Ulcer developing on ward has been the most common major/extreme incident reported followed by Cardiac Arrest.

There were 9 actions relating to LAER/SAER closed in April, from total of 29. On average 31.5 actions have been closed per month in 2023 compared to 49.5 over the same period year prior. There was a total of 363 actions open at the end of April, with 46 (12.7%) being within time.

The new SAER sign off process has now been in place for 4 months. Number of SAER's signed off within this time has been 15. This is only a slight increase in the number signed off from the preceding 3 months, however there have been key benefits of the process identified, mainly, quicker turnaround time from panel review and comments to final report being received back and signed off.

Compliance with closure of actions on time continues to be poor. To address this, in the short term, there will be communications on BLINK and Datix newsletters to raise awareness of the importance of action closure and provide links to support by the Datix team. Throughout June the Datix admin team will send out reports to the Senior Leadership Teams in all directorates detailing the actions that are open over timeframe.

Long-term, there requires to be a focused piece of work on the recording, monitoring and closure of actions within Datix that will include a review and refresh of the actions module along with education and training to staff. A proposal will be taken to Clinical Governance Oversight Group in June with a view to the work being support by the Organisational Learning Group.

HSMR

1.00

0.97

Data for 2021 and 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending December 2022 showing a ratio below the Scottish average.

Inpatient Falls

Reduce all patient falls rate by 10% in FY 2023/24 compared to the target for FY 2021/22

6.91

7.54

The number of inpatient falls in total was to 212 in April from 213 month prior. The number of falls within Acute Services increased to 116 from 88 month prior, March was the first time below 100 since August last year. The number in HSCP number decreased to 96, first time since August 2022 below 100. The rate per 1,000 occupied bed days (OBD) increased from month previous but still below 24-month average.

The majority of falls in the last 3 months (78%) were classified as 'No Harm' with further 17% 'Minor Harm', Major/Extreme Harm accounted for <3% of the total falls.

The updated Falls Toolkit was due for launch in March, however this has been delayed due to the need to establish the availability of the correct manual handling equipment across the organisation.

Pressure Ulcers

Reduce pressure ulcer rate by 25% in FY 2022/23 compared to the rate in FY 2021/22

0.89

0.96

The rate of pressure ulcers reduced in April for third successive month to rate of 0.96, lowest since November 2022. The number of pressure ulcers decrease in Acute Services to lowest since November 2022, however there was a corresponding increase in HSCP, reporting double figures for first time since June 2022.

Across NHS Fife, there was more pressure ulcers reported in 2022/23 compared with 2021/22 but due to higher occupancy last year, rate decreased 0.05 from previous year. Comparing the same time periods, Acute Services rate decreased 0.12 (3 more reported) with HSCP increasing by 0.01 (7 more reported).

The Acute Services Division the Tissue Viability team continue to respond in-person response to all grade 2 damage and above. The acute team have also established a 'Ward of the Week' initiative, which sees them visit a ward for a full week based on clinical area with the highest HAPU in the previous month. The team deliver daily training sessions, audits, patient visits, and update resources. In the last 6 weeks, this has resulted in over 100

members of staff undertaking training. The team are planning towards a re-launch of service on July the 5th and will hold multiple training events over the course of the week. The team have also reinstated student placements, with the first student due to start this month. An initial improvement has been noted in PU development in the HSCP in an area conducting QI interventions – this will be reviewed, and sustainability and transferability of new interventions will be considered. Also noted an increase in PU incidents in the HSCP, targeted work has been requested from the tissue viability team to support teams that have experienced an increase in incidents.

SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024</i>	18.8	13.5
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The SAB infection rate for April 23 achieved target and thus continued the pattern seen since October 22 of being above target one month and below target the next.

Of the 52 HAI/HCAI reported in the last 12 months, 13 have been categorised as ‘VAD’; 11 have been categorised as ‘Other’ or ‘Not Known’; and 12 have been categorised as ‘Other Sources’.

The last quarterly HAI report from Health Protection Scotland, covering the quarter ending December 2022, showed that NHS Fife was in the upper range of all Mainland Health Boards, with a rate of 10.9 against a Scottish average of 19.2. This too continues a pattern of being in the upper-range one quarter and in the mid-range the next.

Local and national intelligence highlights the following areas for focus; medical devices (including VADs) and non-vascular access medical devices, skin & soft tissue infections (including people who inject drugs (PWIDs)).

NHS Fife continue to achieve rates for HAI/HCAI SABs below the National Scottish comparator. However, considering the time period Jan-Apr 2023, there was a slightly higher number of HAI/HCAI SABs (n=20) than during the same time period the previous year (n=18).

Another success is at the end of April 2023 NHS Fife attained 195 days since the last PVC related SAB. Despite this achievement with PVCs so far in 2023, there has been an increase in dialysis line related SABs identified (n=7), each case has undergone a Complex Care Review (CCR) with a SAER due to take place on 26/6/23.

The IPCT performs the following actions:

- Enhanced surveillance and analysis of SAB data to understand the magnitude of the risks to patients in Fife
- Timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs
- Examination of the impact of interventions targeted at reducing SABs
- Uses results locally for prioritising resources
- Uses data such as the weekly ePVC compliance report to inform clinical practice improvements
- Continue to liaise and support Drug Addiction Services with PWID.

C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024</i>	6.5	20.2
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The C Diff infection rate saw a big increase from the 6.6 seen in March 23 to 20.2 in April 23 and this lies outwith the statistical control limits. This is the highest rate since October 2019. However, there have been 12 infections reported over the last 3 months and this mirrors the 3 previous quarter rates (which were between 11-13).

A key improvement aim is the reduction of ‘recurrent’ infections, and this continues to be a challenge, with 8 of the 43 HAI/HCAI and Community infections in the past year being identified under this category.

The most recent quarterly HAI report from Health Protection Scotland, covering the quarter ending December 2022, showed that NHS Fife was in the mid-range of all Mainland Health Boards (against a Scottish average of 13.5) having been in the upper-range for the previous 5 quarters.

NHS Fife is awaiting publication of Quarter 1 2023: however, local surveillance has seen a marked increase in the number HCAI CDI cases in 2023 compared to the same time period the previous year. Despite a key improvement aim to reduce the number of recurrent CDIs, this too has proven challenging in 2023.

A trigger of 2 or more linked cases within a 30-day period associated with the same healthcare setting was identified in April 2023, following an investigation a cross-transmission event could not be excluded. Additional IPC support has been provided to the affected area and the incident reported to ARHAI Scotland.

NHS Fife continues to promote antimicrobial stewardship, with a Consultant Microbiologist establishing optimum antimicrobial therapy for patients at high risk of recurrent CDI, enhanced surveillance and analysis of risk factors for each CDI case.

ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2024</i>	33.0	30.4
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The number of infections increased to 33.6 in April 23 from 26.2 in March 23, but this still remains below the target of 33. Quarterly rate also remains below target. Urinary Catheter-related infections have been responsible for 31 of the 122 infections in the last year (25.4%) and remains a key focus for improvement work.

The most recent quarterly HAI report from Health Protection Scotland, covering the quarter ending December 2023, showed the NHS Fife (30.4) lay in the mid-range of Mainland Health Boards (as has been the case for the last 5 quarters) and was below the Scottish average (34.5).

During Jan-Apr 2023 there was a slight reduction in the number of HCAI ECBs (n= 34) when compared to the same time period in 2022 (n=35). Further to this there were only 6 CAUTI related ECBs identified during Jan-Apr 2023, which is an improvement from Jan-Apr 2022, when there were 8 cases.

NHS Fife continues to focus on enhanced surveillance, to gain learning, evaluate preventative measures and improve practices.

Ongoing work to support best practice in urinary catheter care continues with NHS Fife's Urinary Catheter Improvement Group (UCIG) targeting quality improvement work. CAUTI insertion and maintenance bundles were developed and installed onto Patientrack in February 2022 and this has been piloted, currently the tool is being reviewed prior to roll out across the board. This bundle should ensure that the correct processes for the insertion and maintenance of all urinary catheters are adhered to within NHS Fife inpatient wards.

A QI project led by the IPC Care Home Senior IPCN for NHS Fife has introduced CAUTI maintenance bundles within 4 care homes in Fife aiming to promote best practice with urinary catheter maintenance and reducing the risk of CAUTIS and ECBs

Complaints – Stage 2	<i>At least 50% of Stage 2 complaints will be completed within 20 working days by March 2023, rising to 65% by March 2024</i>	50%	21.7%
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There was 24 stage 2 complaints received in April, all acknowledged within timescales, with 23 closed. Of those closed, 5 (21.7%) were within timescales with 13 greater than 40 days after deadline. 38 complaints were due in the month with 5 (13.2%) closed on time.

62% of open complaints have been open for more than 40 days with a third open for more than 80 days.

The Patient Experience Team (PET) officers ensure the Head of Complaints and outcomes are clearly defined at the initial stage of the complaint to help improve the quality of complaint responses.

Quality checks are being performed by the PET Lead and Head of Patient Experience (HoPE) before final response letters being sent to the Chief Executive for sign-off and now including all final responses being sent to the Services for final approval.

A new complaint "complexity scoring" tool to triage complaints and categorise them as low, moderate, or high complexity is being tested. The complexity categorisation score will provide insight into the volume of complex complaints that NHS Fife receives and handles.

The complaint handling feedback questionnaire is being sent out 2 to 4 weeks following final response letters and compliance is averaging 22.5%.

A "complaints escalation" standard operating procedure (SOP) is being drafted. This will highlight and support processing complaints within the agreed national timescales, in line with the model handling complaint procedure.

Digital information has created a preliminary summary page for the PET Dashboard. This is being reviewed to agree on data metrics and reporting priorities.

Two new band 6 PET Officers, band 4 PET Support Officer and band 4 PET Support Administrator (Navigator) has been appointed to.

We continue to work with service, review new ways of working and understand challenges. One full-time band 6 Patient Experience Officer will be working with Emergency Care Directorate on a 3-month trial to support the complaint handling process.

Regular meetings are being held with Acute and HSCP to review complaints and delays. Setting up Generic email addresses with Services to streamline the complaint process.

Clinical pressures continue to impact performance with obtaining statements and approval of final responses. At the end of May 2023, 77% of all live complaints were awaiting statements or final approval by the divisions (previously 84% in February 2023). The number of live complaints has increased from 149 at the end of March 2023 to 153 at the end of May 2023 with 55 new complaints and 59 complaints being closed during that period.

d. Performance Exception Reports

Adverse Events		Number 52
Actions from Significant and Local Adverse Event Reviews		Closure Rate 26.5%
Key Deliverable		End Date
Adverse Event Process and Policy		Mar-23 Complete
Key Milestones	Review of Policy	Dec-22 Complete
	Increased focus on governance/assurance in relation to improvement actions from adverse events reviews	Mar-23 Complete
	Training and Education	Mar-23 Complete

HSMR

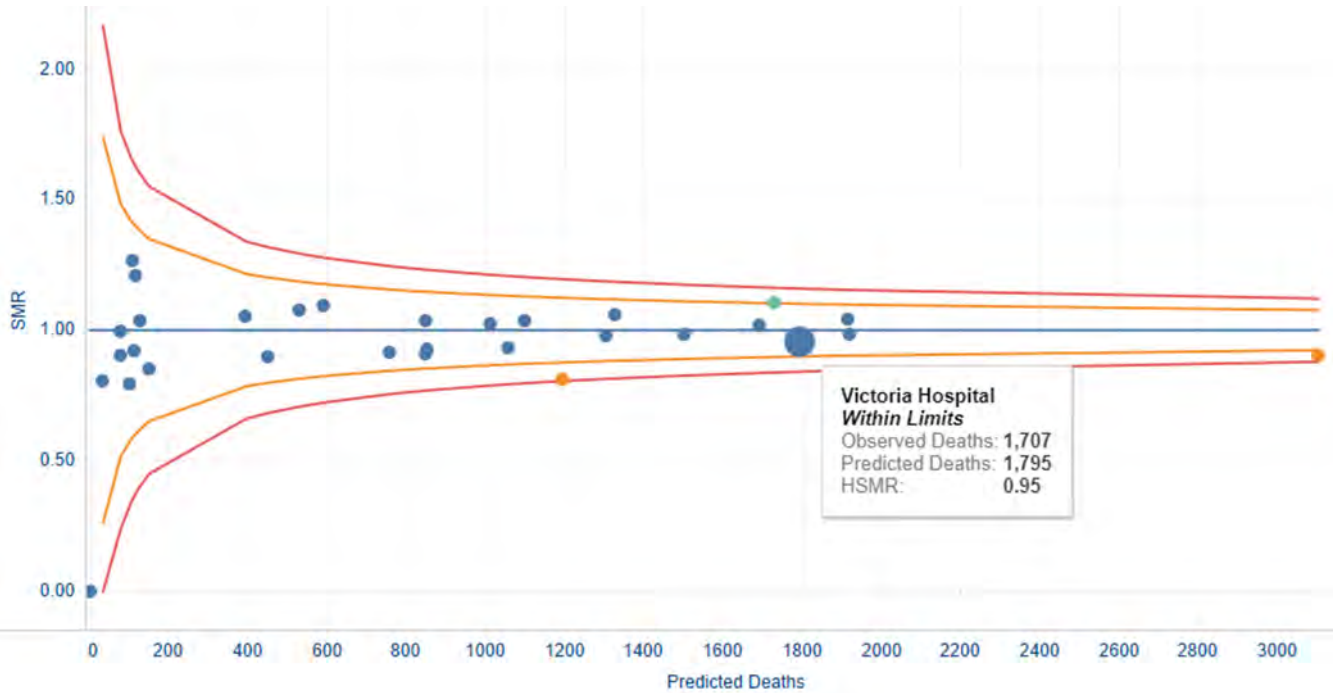
Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.

Performance
0.97

Reporting Period; January 2022 to December 2022

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

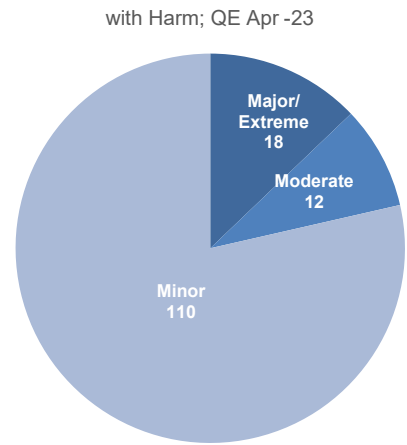
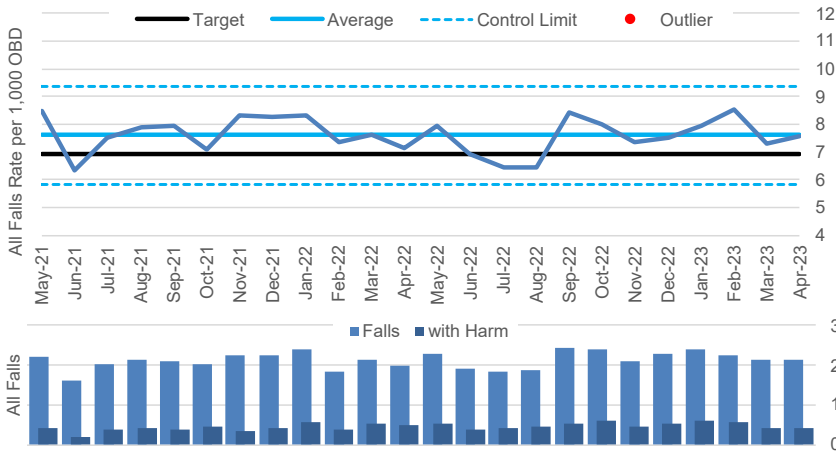
Data for 2021 and 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending December 2022 showing a ratio below the Scottish average.

Inpatient Falls

*Reduce Inpatient Falls rate per 1,000 Occupied Bed Days (OBD)
Target Rate (by end March 2023) = 6.91 per 1,000 OBD*

Performance
7.54

Local Performance



Performance by Service Area

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NHS Fife	7.13	7.94	6.91	6.44	6.45	8.44	8.00	7.37	7.50	7.91	8.54	7.27	7.54
Acute	8.25	8.18	7.83	8.06	6.67	9.56	7.81	8.29	7.34	8.29	10.14	6.67	9.06
HSCP	6.14	7.72	6.08	4.97	6.25	7.47	8.18	6.58	7.65	7.58	7.21	7.76	6.27

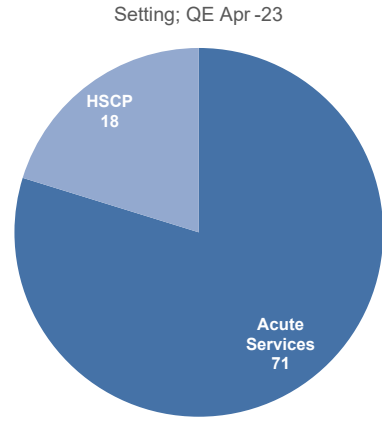
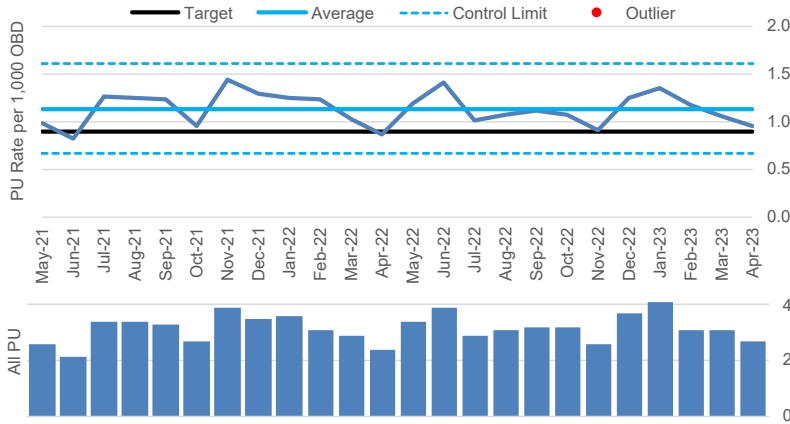
Key Deliverable		End Date
Reduction in number of Patient Falls in order to achieve specified reduction target in this FY		Mar-24 At risk
Key Milestones	Refresh Falls Champions Register and Network	Sep-23 On Track
	Ensure that monthly falls data continues to be discussed and displayed in each ward setting along with associated improvement plans	Sep-23 On Track
	Develop an Audit programme for 2022/23	Jun-22 Complete
	Review and refresh Falls Toolkit	Apr-23 Complete
	Review Related policies- Supervision, Boarding and Bed rails as identified/required by the policy timescales	Apr-23 On track
	Review LEARN summaries to support shared learning	May-23 On track
	Explore feasibility of implementation of Falls module on Patient Trak	Apr-23 Suspended
	Explore QI resource to support clinical staff and enhance local improvement work	Apr-23 Complete

Pressure Ulcers

*Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting
Target Rate (by end March 2023) = 0.89 per 1,000 OBD*

**Performance
0.96**

Local Performance



Performance by Service Area

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NHS Fife	0.87	1.18	1.40	1.02	1.07	1.11	1.07	0.91	1.24	1.35	1.17	1.06	0.96
Acute	1.37	1.77	2.05	1.48	1.69	2.02	1.97	1.28	2.29	2.39	2.41	1.90	1.33
HSCP	0.41	0.66	0.82	0.60	0.52	0.32	0.25	0.59	0.32	0.44	0.14	0.37	0.65

Key Deliverable		End Date
Reduction in number of Pressure Ulcers (PU) developed on case load across all health care setting in order to achieve specified reduction target in this FY		Jun-23 Off track
Key Milestones	Refresh PU Link Practitioner Register and Network	Oct-22 Complete
	Ensure that monthly PU data continues to be discussed and displayed in each ward setting, associated improvement plans developed and implemented where required	Mar-23 Complete
	PU data discussed and shared with senior HSCP management team at bi-weekly QMASH meeting	Mar-23 Complete
	PU Documentation Audit to support compliance	Mar-23 On track
	Review LEARN summaries to support shared learning	Mar-23 On track
	Measurement against the revised HIS Prevention and Management of Pressure Ulcer Standards (October 2020)	Mar-23 Suspended
	Establish an operational TV group	Mar-23 Complete
	Embed the revised HIS Pressure Ulcer Standards (October 2020)	Oct-23 Suspended
	Develop and test electronic PURA and SSKIN bundle on Patientrack	Oct-22 Complete
	Embed the use of the CAIR resource	Jun-23 Suspended
	Clinical teams with an increase in PU harms to collect process measures to identify and plan improvements	Mar-23 Complete
Develop a training and education plan	Oct-22 Complete	

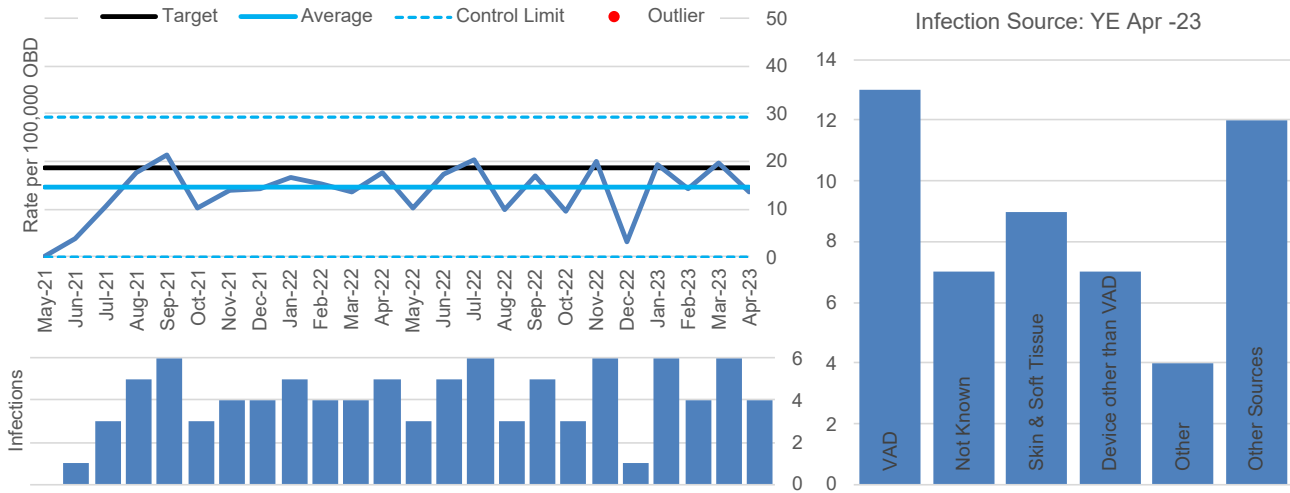
CLINICAL GOVERNANCE

SAB (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

Performance
13.5

Local Performance



National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23			
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	
NHS Fife	17.8	6.3	16.6	12.7	15.2	14.9	15.7	10.9	17.9	
Scotland	18.4	18.6	18.3	17.3	16.3	17.3	17.1	19.2		

Key Deliverable	End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement	Mar-24 On track
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans	Jul-23 Complete
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care	Mar-24 Complete

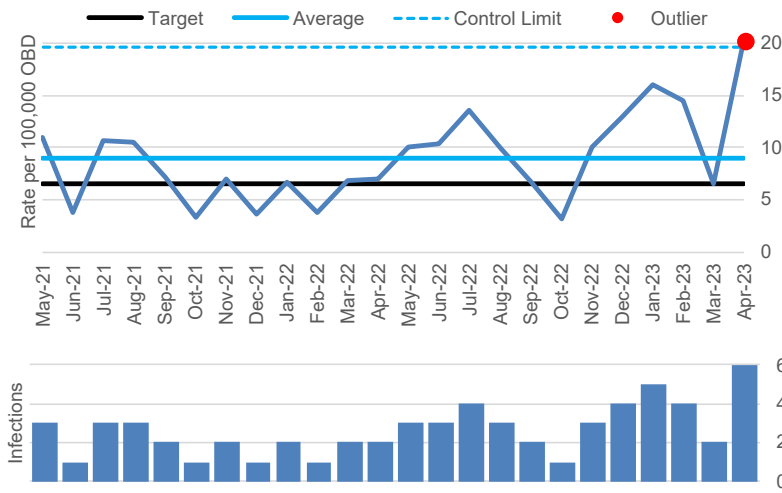
CLINICAL GOVERNANCE

C Diff (HAI/HCAI)

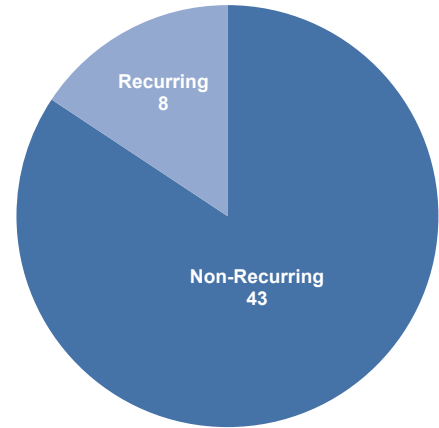
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
20.2**

Local Performance



Recurrence: YE Apr -23



National Benchmarking

Quarter Ending	2020/21	2021/22				2022/23			
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	14.0	10.0	9.5	4.6	7.0	9.2	10.1	8.7	12.3
Scotland	15.8	14.6	16.8	13.3	12.6	14.3	13.1	13.5	

Key Deliverable		End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement		Mar-24 On track
Key Milestones	Optimise communications with all clinical teams in ASD & the HSCP	Jul-23 Complete
	Reduce overall prescribing of antibiotics	Mar-24 Complete
	Reducing recurrence of CDI	Mar-24 At risk
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans		Jul-23 Complete
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care		Mar-24 Complete

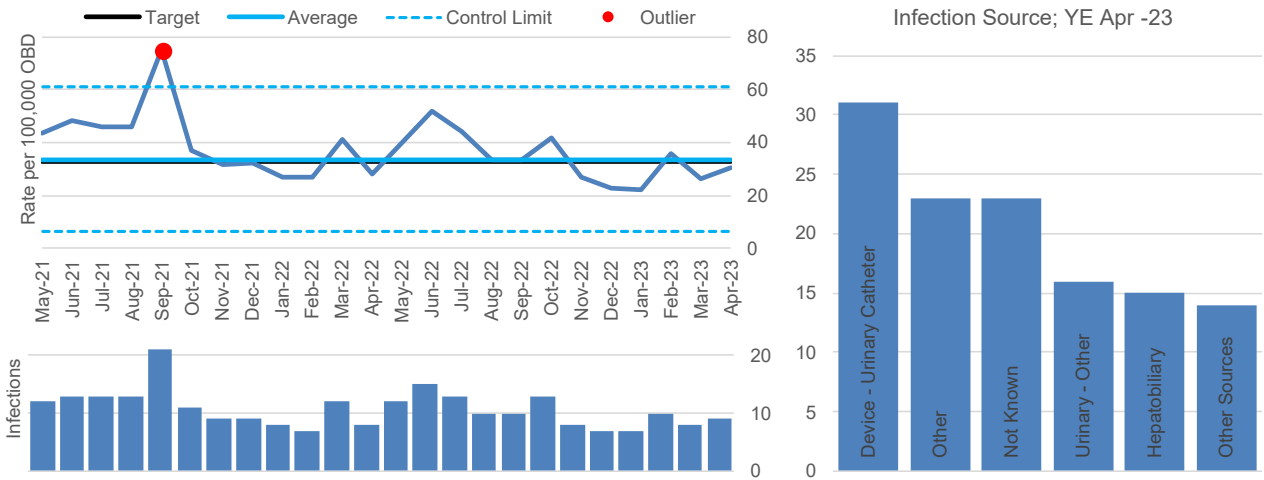
CLINICAL GOVERNANCE

ECB (HAI/HCAI)

Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

**Performance
30.4**

Local Performance



National Benchmarking

Quarter Ending	2020/21	2021/22				2022/23			
	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
NHS Fife	21.6	37.6	60.3	33.6	31.6	40.2	36.9	30.4	27.9
Scotland	34.7	38.2	41.5	34.1	30.5	34.8	36.2	34.5	

Key Deliverable		End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement		Mar-24 On track
Key Milestones	Optimise communications with all clinical teams in ASD & the HSCP	Jul-23 Completed
	Ongoing work of Urinary Catheter Improvement Group (UCIG) eCatheter insertion & maintenance bundle on Patienttrack- further rollout	Oct-23 At risk
	Enhanced surveillance - led by Consultant Microbiologist	Mar-24 Completed
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans		Jul-23 Complete
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care		Mar-24 Complete

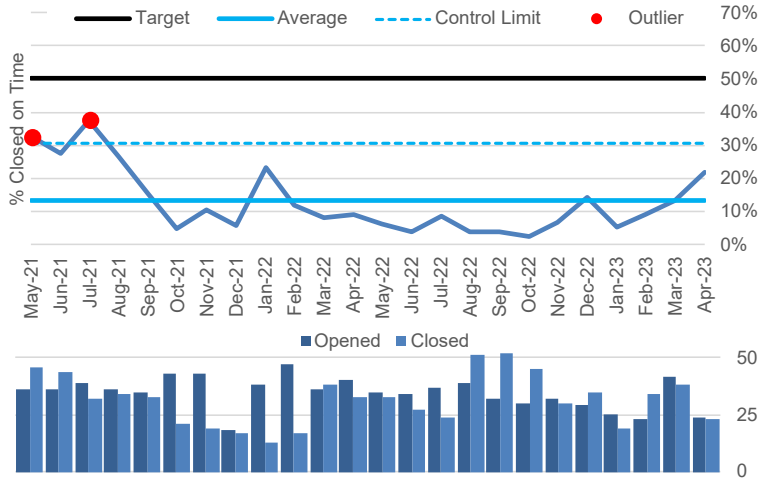
CLINICAL GOVERNANCE

Complaints | Stage 2

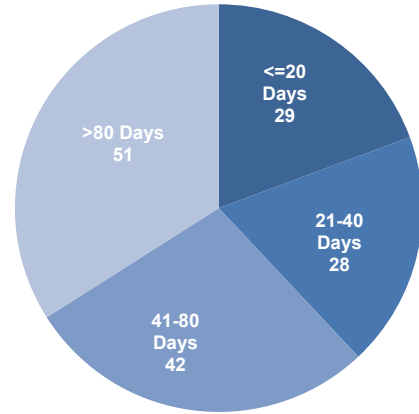
At least 50% of Stage 2 complaints are completed within 20 working days by March 2023, rising to 65% by March 2024

Performance
21.7%

Local Performance



Open Complaints; Apr -23



Performance by Service Area

		May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23
NHS Fife	Opened in Month	35	34	37	39	32	30	32	29	25	23	42	24
	% Acknowledged on time	71.4%	76.5%	81.1%	87.2%	90.6%	96.7%	93.8%	96.6%	96.0%	95.7%	90.5%	100.0%
	Due in Month	49	32	30	47	37	21	30	27	32	30	28	38
	% Closed on time	4.1%	6.3%	3.3%	6.4%	5.4%	4.8%	3.3%	14.8%	6.3%	13.3%	14.3%	13.2%
	Closed in Month	33	27	24	51	52	45	30	35	19	34	38	23
Acute	% Closed on time	6.1%	3.7%	8.3%	3.9%	3.8%	2.2%	6.7%	14.3%	5.3%	8.8%	13.2%	21.7%
	Closed in Month	22	20	14	43	34	29	22	26	17	23	23	16
HSCP	% Closed on time	4.5%	5.0%	14.3%	2.3%	0.0%	0.0%	9.1%	19.2%	5.9%	13.0%	13.0%	25.0%
	Closed in Month	11	7	10	6	16	16	7	9	2	10	15	7
		9.1%	0.0%	0.0%	0.0%	6.3%	6.3%	0.0%	0.0%	0.0%	0.0%	13.3%	14.3%

Key Deliverable

Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017)

End Date

Mar-24
Off track

Adherence to NHS Fife's Participation and Engagement Framework

Mar-23
Complete

Rebrand Patient Relations to Patient Experience Team

Dec-22
Complete

Meeting:	Clinical Governance Committee
Meeting date:	7 July 2023
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 July 2023 committee to provide assurance that all IP&C priorities are being and will be delivered.

This is presented 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 June 2023 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 June 2023.

2.2 Background

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

Standards on Reduction of Healthcare Associated Infections:

DL (2023) 06 on 28th February 2023 given the continued service pressures it has been agreed by Scottish Government that the previous HCAI targets will be further extended by one year to 2024. 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 2024, utilising 2018/19 as baseline data.
- Outcome measure - achieve 10% reduction by 2023/24 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 2024, 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 2023/24 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 2024, 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 2023/24 is 33.0 per 100,000 total bed days.

2.3 Assessment

SAB

- During Q4 2022 (Oct-Dec), NHS Fife was below the national rate for healthcare associated infection (HCAI), but above for community associated infection (CAI).
- Vascular access devices (VAD) remain the greatest challenge for hospital acquired SABs, ongoing improvement work continues.
- Q1 2023 (Jan-Mar), has seen a rise in the number of cases from Q4 2022; 26, up from 22. This increase is also reflected in the number of HCAI cases (from 10 cases in Q4 2022 to 16 cases in Q1 2023). Awaiting national comparison.
- There was a significant rise in the number of PWID related SAB cases during 2022 (n=11), when compared to the previous year (n=4). So far, during 2023 (up to end April 23), there have been 3 PWID related SAB cases.
- There have been 7 dialysis line related SABs since the start of 2023. This is a high number of cases. Renal services have been alerted, who have carried out Complex Care Reviews (CCRs) of each individual case. A `Super SAER`, to review all of the patients, and identify any areas for improvement was scheduled for 2nd of May, but is currently been postponed by the clinical team.

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. The most recent meeting took place on 17/04/2023.

CDI

- During Q4 2022 (Oct- Dec), NHS Fife was below the national rate for HCAI & CAI.
- The cumulative number of CDIs for the period Jan-end April 2023 (n=22) is double the number of cases during the same time-period the previous year (n=11). There is also a significant increase in the number of HCAI cases. IPCT will continue to monitor cases to assess if there is a sustained rise.
- The number of recurrent infections is also higher when comparing the time-period Jan-Apr 2023 (n=4) to Jan-Apr 2022 (n=1)

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 (EPPFX) regime aiming to prevent recurrent disease in high risk patients.
- Bezlotoxumab for recurrent CDI currently used in Fife.

ECB

- During Q4 2022 (Oct- Dec), NHS Fife was below the national rate for HCAI.
- Q1 2023 (Jan-Mar), has seen a reduction in the number of cases from Q4 2022; 49 down from 64. This reduction is also reflected in the number of HCAI cases (from 28 cases in Q4 2022 to 25 cases in Q1 2023). Currently awaiting national comparison.
- Considering the time period May 2022 to April 2023, the number of CAUTI related ECBs (n=30) was lower than during the same time-frame the previous year (n=39).

Current ECB Initiatives

- The Infection Prevention and Control team continue to work with the Urinary Catheter Improvement Group (UCIG).
- 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 have now been installed onto Patientrack and have now been trailed on V54 ward. Amendments to the tool are now awaited by Patientrack, prior to this being rolled out across the board.
- CAUTI bundles have been implemented within 4 care homes, with the aim to roll out across all care homes, to optimise urinary catheter maintenance and the CAUTI algorithm. This work has been led by the IPC Care Home Senior IPCN for NHS Fife.

COVID-19 pandemic

- The weekly ARHAI Scotland nosocomial report has now ceased with a drop in hospital cases reported across Scotland.

Surgical Site Infection (SSI) Surveillance Programme

National surveillance programme for SSI has been paused due to the COVID-19 pandemic. DL (2023) 06 published February 2023 advises surgical site infection (SSI) and enhanced surveillance reporting remains paused for the time being.

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 (March - April 2023)

Norovirus

- There has been no new ward closure due to a Norovirus outbreak

Seasonal Influenza

- There has been no new closures due to confirmed Influenza

COVID-19

- 17 new ARHAI Scotland reportable outbreaks/incidents of COVID-19 which are detailed in the HAIRT

Hospital Inspection Team

No new inspections during the last reporting period.

Healthcare Improvement Scotland (HIS): Unannounced Infection Prevention and Control Inspections of Mental Health Units Queen Margaret Hospital, NHS Fife. QMH wards 1,2 and 4 and WMBH Ravenscraig ward on Wednesday 8th of February.

Report published 11/05/2023 highlighting:

- 3 areas of good practice
- 7 requirements
- 2 recommendations

Hand Hygiene

- There is currently no robust electronic recording system for reporting hand hygiene (HH) compliance from clinical areas across Fife. LanQIP had previously been the IT platform utilized by staff to submit their 20 HH opportunities per month. However LanQIP had been deemed to be an outdated platform, as it is no longer digitally supported and staff had been advised to no longer input their HH data. Following discussions with NHS Fife eHealth in May 2023 however, they have

confirmed that LanQIP continues to be a working platform and they have advised that clinical areas can continue to use, as no patient identifiable data held. However, eHealth have stated there is no assurance that LanQIP will not suddenly fail and if this occurs, there will be no digital support to repair this platform. eHealth have therefore recommended that LanQIP can be utilized as an interim tool to centralize HH data, until a further robust system can be put in place.

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 4 (Jan-Mar 2023) was **96.1%**.

National Cleaning Services Specification

The National Cleaning Services Specification – quarterly compliance report result for Quarter 4 (Jan- Mar 2022) shows NHS Fife achieving **Green** status.

Estates Monitoring

The National Cleaning Services Specification – quarterly compliance report result for shows Quarter 4 (Jan- Mar 2023) 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

A potential cost pressure to implement a new HH audit platform for governance and assurance.

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 and Anchor Institution ambitions

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

This paper has been considered by the Infection Control Manager

2.3.8 Route to the Meeting

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

This is a summary of the HAIRT submitted to the Infection Control Committee June 2023, and Executive Directors' Group on 22 June 2023.

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

Appendix 1 - Healthcare Associated Infection Report

Report Contact

Julia Cook

Infection Control Manager

Email Julia.Cook@nhs.scot



HAIRT Report

HAIRT Report for Infection Control
Committee on 7th June 2023.

(Validated Data up to April 2023)

June 2023



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Published Month Year

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www.nhsfife.org

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Board Wide Issues

Key Healthcare Associated Infection Headlines

1.1 Achievements:

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

During Q4 2022 (Oct-Dec), NHS Fife was below the national rate for healthcare associated infection (HCAI).

At the time of the most recent update (1/5/23), **197 days** had been achieved since the last PVC related SAB in Acute Services.

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

During Q4 2022 (Oct-Dec), NHS Fife was below the national rate for HCAI & CAI.

***Escherichia coli* bacteraemia (ECB)**

During Q4 2022 (Oct-Dec), NHS Fife was below the national rate for HCAI.

Q1 2023 (Jan-Mar), has seen a reduction in the number of cases from Q4 2022; 49 down from 64. This reduction is also reflected in the number of HCAI cases (from 28 cases in Q4 2022 to 25 cases in Q1 2023). Awaiting national comparison.

Considering the time period May 2022 to April 2023, the number of CAUTI related ECBs (n=30) was lower than during the same time-frame the previous year (n=39).

COVID-19

The weekly ARHAI Scotland nosocomial report has now ceased with a drop in hospital cases reported across Scotland.

1.2 Challenges:

DL (2023) 06 published on 28th February 2023 advised given the continued service pressures it has been agreed by Scottish Government that the previous HCAI targets will be further extended by one year to 2024.

SABs

Vascular access devices (VAD) remain the greatest challenge for hospital acquired SABs, ongoing improvement work continues.

Q1 2023 (Jan-Mar), has seen a rise in the number of cases from Q4 2022; 26, up from 22. This increase is also reflected in the number of HCAI cases (from 10 cases in Q4 2022 to 16 cases in Q1 2023). Awaiting national comparison.

There was a significant rise in the number of PWID related SAB cases during 2022 (n=11), when compared to the previous year (n=4). So far, during 2023 (up to end April 23), there have been 3 PWID related SAB cases.

There have been 7 dialysis line related SABs since the start of 2023. This is an unusually high number of cases, especially considering there were only 2 cases for the whole of 2022. Renal services have been alerted, and they have carried out Complex Care Reviews (CCRs) of each individual case. A `Super SAER`, to review all of the patients, and identify any areas for improvement was scheduled for 2nd of May, but is currently been postponed by the clinical team.

ECBs

Although the number of CAUTI related ECBs has reduced, they still remain an issue. All CAUTI related ECBs continue to be Datix`d and undergo a CCR to identify any possible areas of concerns and any subsequent required improvement in practice.

CDI

The cumulative total of CDIs for the period Jan-end April 2023 (n=22) is double the number of cases during the same time-period the previous year (n=11). There is also a significant increase in the number of HCAI (HAI+HCAI+Unknown) cases (Jan-Apr 23 n=17, Jan-Apr 22 n=7). IPCT will continue to monitor cases to assess if there is a sustained rise.

The number of recurrent infections is also higher when comparing the time-period Jan-Apr 2023 (n=4) to Jan-Apr 2022 (n=1)

Caesarean Section SSI/ Large Bowel Surgery SSI/ Orthopaedic Surgery SSI

National surveillance programme for SSI has been paused due to the COVID-19 pandemic. DL (2023) 06 published February 2023 advises surgical site infection (SSI) and enhanced surveillance reporting remains paused for the time being.

Surveillance

2. Staphylococcus aureus incorporating MRSA/CPE screening compliance

2.1 Trends – Quarterly

Staphylococcus aureus Bacteraemias (SABs)				
Local Data: Q1 2023 (Jan-Mar)				
(Q1 2023 National comparison awaited)				
In Q1 2023 NHS Fife had:	26 SABs	16 HCAI/HAI	This is HIGHER than:	22 Cases in Q4 2022
		10 CAI		

Q4 2022 (Oct-Dec) - ARHAI Validated data with commentary			
Healthcare associated SABs		Community associated SABs infection	
HCAI SAB rate: 10.9	Per 100,000 bed days	CAI SABs rate: 15.9	Per 100,000 Pop
No of HCAI SABs: 10		No of CAI SABs: 15	
This is BELOW National rate of 19.2		This is ABOVE National rate of 9.5	
NHS Fife was WITHIN the 95% confidence interval in the funnel plot analysis for CAI & below for HCAI.			

New standards for reducing all Healthcare Associated SAB by 10% by 2022 (from 2018/2019 baseline). This standard was extended to 2023 and will be extended for a further year to 2024

Standards application for Fife:	SAB Rate Baseline 2018/2019	SAB 10% reduction target by 2024
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 Dec 2022 (HPS)		
SAB by rate 100,000 Total bed days	14.1 per 100,000 TBDs	
SAB by Number of HCAI cases	50	

Local Device related SAB surveillance

- Localised enhanced surveillance focuses on high-risk clinical areas and vascular line SABs.
- Weekly reports issued to Senior Charge Nurses if their ward has failed to achieve **90%** of all PVC being removed prior to the 72hr breach.
- PVC & CVC related SABs will continue to be Datix'd by Dr Morris and undergo a SAER.
- There have been 7 dialysis line related SABs during Jan-Apr 2023. Renal services are carrying out a CCR of each case and are organising a `Super SAER` meeting to review all 7 cases together to identify if there are any areas of concern requiring improvement.

As of 01/05/2023 the number of days since the last confirmed SAB is as follows:

CVC SABs	280 Days
PWID (IVDU)	33 Days
Renal Services Dialysis Line SABs	2 Days
Acute services PVC (Peripheral venous cannula) SABs	197 Days

Please see other SAB graphs & report attachments within 4.1b of Agenda

2.2 Current Risk Register Rating

Corporate Directorate – Nursing Directorate		
Infection Control Team Risk Register		
ID: 637 SAB LDP Standard		
Initial Risk Level	Current Risk Level	Target Risk Level
Moderate 12	Moderate Risk 9	Low Risk 6

2.3 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. The most recent meeting took place on 17/04/2023.

2.4 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 100% compliance with the MRSA CRA in Q1 2023 (Jan-Mar)									
This was EQUAL to Q4 2022 & ABOVE the compliance target of 90%.									
Awaiting national comparison for Q1 2023.									
MRSA Critical risk assessment (CRA) screening KPI compliance summary:									
Quarter	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023
	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
Fife	95%	98%	88%	93%	98%	98%	98%	100%	100%
Scotland	83%	84%	81%	82%	81%	80%	78%	74%	N/K

CPE (Carbapenemase Producing Enterobacteriaceae)

From April 2018, CRA has also included screening for CPE.

NHS Fife achieved **100%** compliance with the **CPE** CRA for Q1 2023 (Jan-Mar)

This was **EQUAL** to the compliance rate in Q4 2022

Awaiting national comparison for Q1 2023.

CPE Critical risk assessment (CRA) screening KPI compliance summary:

Quarter	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023
	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr- Jun	Jul-Sep	Oct-Dec	Jan-Mar
Fife	88%	90%	100%	98%	100%	98%	100%	100%	100%
Scotland	82%	83%	82%	80%	80%	79%	78%	76%	N/K

3 Clostridioides difficile Infection (CDI)

3.1 Trends

Clostridioides difficile Infection (CDI)				
Local Data: Q1 Jan-Mar 2023				
(Q1 2023 HPS National comparison awaited)				
In Q1 2023 NHS Fife had:	15 CDIs	11 HCAI/HAI/Unknown	This is UP from	10 Cases in Q4 2022
		4 CAI		
Q4 (Oct-Dec) 2022 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: 8.7	Per 100,000 bed days		CAI CDIs rate: 2.1	Per 100,000 Pop
No of HCAI CDIs: 8			No of CAI CDIs: 2	
This is BELOW National rate of 13.5			This is BELOW National rate of 3.2	
NHS Fife was WITHIN the 95% confidence interval in the funnel plot analysis for HCAI & CAI.				

New standards for reducing all Healthcare Associated CDI by 10% by 2022 (from 2018/2019 baseline). This standard was extended to 2023 and will be extended for a further year to 2024		
Standards application for Fife:	CDI Rate Baseline 2018/2019	CDI 10% reduction target by 2024
CDI by rate 100,000 Total bed days	7.2 per 100,000 TBDs	6.5 100,000 TBDs
CDI by Number of HCAI cases	26	23
Current 12 Monthly HCAI CDI rates for Year ending December 2022 (HPS)		
CDI by rate 100,000 Total bed days	8.8 per 100,000 TBDs	
CDI by Number of HCAI cases	31	

3.2 Current Risk Register Rating

Corporate Directorate – Nursing Directorate Infection Control Team Risk Register		
ID: 646 CDI Local Delivery Standard Target		
Initial Risk Level	Current Risk Level	Target Risk Level
Moderate 8	Moderate Risk 9	Low Risk 6

3.3 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:

Escherichia coli Bacteraemias (ECB)				
Local Data: Q1 (Jan-Mar) 2023				
(Q4 2022 HPS National comparison awaited)				
In Q1 2023	49 ECBs	25 HAI/HCAIs	This is DOWN from	64 Cases in Q4 2022
NHS Fife had:		24 CAIs		
Q1 2023 There were 4 Urinary catheter associated (1 of which was from a Suprapubic catheter) ECBs, which was significantly lower than during Q4 2022, when there were 11 CAUTIs.				

Q3 (Jul-Sep) 2022			
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: 30.4	Per 100,000 bed days	CAI ECBs rate: 40.2	Per 100,000 Pop
No of HCAI ECBs: 28		No of CAI ECBs: 38	
This is BELOW National rate of 34.5		This is ABOVE National rate of 36.4	
For HCAI & CAI ECBs: NHS Fife was WITHIN the 95% confidence interval in the funnel plot analysis			

Two HCAI reduction standards have been set for ECBs:

New standards for reducing all Healthcare Associated ECBs by 25% by 2022 (from 2018/2019 baseline). This standard was extended to 2023 and will be extended for a further year to 2024		
New standards for reducing all Healthcare Associated ECB by 25% by 2024 (from 2018/2019 baseline).		
Standards application for Fife:	ECB Rate Baseline 2018/2019	ECB 25% reduction target by 2024
ECB by rate 100,000 Total bed days	44.0 per 100,000 TBDs	33.0 per 100,000 TBDs
ECB by Number of HCAI cases	160	120
Current 12 Monthly HCAI ECB rates for Year ending December 2022 (HPS)		
ECB by rate 100,000 Total bed days	34.7 per 100,000 TBDs	
ECB by Number of HCAI cases	123	

2021-2017 NHS Fife's Urinary catheter Associated ECBs –			
HPS data Q1 2023 data still awaited			
Hospital Acquired Infections (HAI) (Acute & HSCP Hospitals)			
CATHETER Device related <i>E.coli</i> Bacteraemia			
Count of Device- Catheter over Total Fife HAI ECBs			
	NHS Scotland	NHS Fife	Rate calculation
2023 Q1	TBC	*22.2%	
2022 TOTAL	17.0%	21.4%	
2021 TOTAL	16.0%	15.4%	* Locally calculated data- TBC by HPS when Q1 2023 data published on Discovery
2020 TOTAL	16.4 %	27.5 %	
2019 TOTAL	16.1 %	24.5 %	
2018 TOTAL	14.5 %	24.2 %	
2017 -TOTAL	11.8 %	10.4 %	
Data from NSS Discovery ARHAI Indicators			
Healthcare Associated Infections (HCAI)			
CATHETER Device related <i>E.coli</i> Bacteraemia			

Count of Device- Catheter over Total Fife HCAI ECBs			
	NHS Scotland	NHS Fife	Rate calculation
2023 Q1	TBC	*12.5%	
2022 TOTAL	22.7%	30.9 %	* Locally calculated data- TBC by HPS when Q1 2023 data published on Discovery
2021 TOTAL	27.0%	36%	
2020 TOTAL	24.1 %	23.0 %	
2019 TOTAL	22.8 %	28.0 %	
2018 TOTAL	22.1%	36.6 %	
2017 TOTAL	18.7 %	35.3 %	
Data from NSS Discovery ARHAI Indicators			

4.2 Current Risk Register Rating

Corporate Directorate – Nursing Directorate		
Infection Control Team Risk Register		
ID: 1728 ECB LDP Standard		
Initial Risk Level	Current Risk Level	Target Risk Level
Moderate Risk 12	Moderate Risk 12	Low Risk 6

4.3 Current ECB Initiatives

The Urinary Catheter Improvement Group (UCIG) work was commissioned in 2018 to address the issues associated with ECB CAUTI incidence and reduce the CAUI incidence. This group developed from a previous Traumatic Catheter group in 2017 which aimed to reduce the incidence of Catheters associated with trauma. The IPC Surveillance team continue to liaise with the UCIG last held on 17th March 2023 with the next meeting set for 23rd June 2023. This group aims to minimize urinary catheters to prevent catheter associated healthcare infections and trauma associated with urinary catheter insertion/maintenance/removal and self-removal, furthermore, to establish catheter improvement work in Fife.

Monthly ECB reports and graphs are distributed within HSCP and Acute services to update on the incidence of ECBs, ECB -CAUTIS (Urinary Catheters & Supra-pubic catheters) & associated trauma. Up to April 2023 there has been 6 CAUTI ECBs (5 from urinary & 1 from a supra-pubic catheter). 2 of these have been associated with trauma.

Infection control surveillance alert the patients care team Manager by Datix when an ECB is a urinary catheter associated infection, to then undergo a CCR to provide further learning from all ECB CAUTIs.

CAUTI insertion & maintenance bundles have now been installed onto Patientrack in February 2022 and are now being trailed on V54 ward. Amendments to the tool are now awaited by Patientrack and this can then be rolled out across the board. This bundle should ensure that the correct processes are adhered to for the implementation and maintenance of all urinary catheters within NHS Fife inpatient wards. Acute services engagement and a HON lead will be required to assist the roll out of this CAUTI bundle.

CAUTI bundles have been implemented within 4 care homes, with the aim to roll out across all care homes, to optimise urinary catheter maintenance and the CAUTI algorithm, to all care home residents. This work has been led by the IPC Care Home Senior IPCN for NHS Fife, however is now engrained within these care homes practice.

5. Hand Hygiene

- Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections and to minimize risk.
- NHS Boards should monitor hand hygiene (HH) and ensure a zero tolerance approach to non-compliance, to provide assurance of optimum practice.
- A minimum of 20 observations are required to be audited, per month, per ward/unit.
- Reporting of Hand Hygiene performance was based on data submitted by each ward via LanQIP, which displayed the results on it's dashboard.
- There is currently no robust electronic recording system for reporting HH compliance from clinical areas across Fife. LanQIP had previously been the IT platform utilized by staff to submit their 20 HH opportunities per month. However LanQIP had been deemed to be an outdated platform, as it is no longer digitally supported and staff had been advised to no longer input their HH data. Following discussions with NHS Fife eHealth in May 2023 however, they have confirmed that LanQIP continues to be a working platform and they have advised that clinical areas can continue to use without concern, as no patient identifiable data held. However, eHealth have stated there is no assurance that LanQIP will not suddenly fail and if this occurs, there will be no digital support to repair this platform. Ehealth have therefore recommended that LanQIP can be utilized as an interim tool to centralize HH data, until a further robust system can be put in place.

5.1 Trends

- Unable to report
- ICM raising with Senior Management and D&I Teams

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 4 (Jan-Mar 2023) was **96.1%**.
- The cleaning compliance score for NHS Fife & each acute hospital can be found in Section 11

6.1 Trends

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

- **National Cleaning Services Specification**

Domestic Location	Q4 Jan-Mar 23	Q3 Oct-Dec 22
Fife	96.1↑	95.9%
Scotland	TBC	95.3%

- The National Cleaning Services Specification – quarterly compliance report result for Quarter 4 (Jan-Mar) 23 shows NHS Fife achieving **GREEN** status.

- **Estates Monitoring**

Estates Location	Q4 Jan-Mar 23	Q3 Oct-Dec 22
Fife	96.4↓	96.5
Scotland	TBC	96.5

- The Estates Monitoring – quarterly compliance report result for Quarter 4 (Jan-Mar) 23 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).

March – end of April 2023

Norovirus

There have been no new ward closures due to Norovirus or suspected outbreak since last ICC report

Seasonal Influenza

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

Weekly national seasonal respiratory report- Week 20, week ending 21st of May 2023

Weekly respiratory main points

- The proportion of NHS24 calls that were for respiratory symptoms in week 20 remained at **Baseline** activity level.
- Influenza remained at **Baseline** activity level (0.5 per 100,000 population).
- Adenovirus and rhinovirus remained at **Low** activity level. Parainfluenza decreased from High to **Low** activity level.

7.2 COVID-19 pandemic

COVID weekly main points Week 20

- During the period 26 April 2023 to 09 May 2023 wastewater COVID-19 levels were in the range of 14 to 24 Mgc/p/d.
- In the most recent week ending 21 May 2023, on average there were 161 patients in hospital with COVID-19.

COVID-19 incidents/clusters/outbreaks March – April 2023, there has been 17 new COVID-19 outbreaks/incidents reportable to ARHAI Scotland during this reporting period.

3_Hospital	5_Ward	Date of reporting	Total no. deaths	Total no. patients	Total no. staff
Adamson Hospital	Tarvit Ward	24/03/2023	0	3	1
Cameron Hospital	Letham	03/03/2023	0	13	5
Cameron Hospital	Balgonie	18/04/2023	0	2	2
Cameron Hospital	Balcurvie ward	17/03/2023	1	10	3
Glenrothes Hospital	ward 3	14/04/2023	0	12	3
Lynebank Hospital	levendale	24/03/2023	0	1	1
Queen Margaret	QMH Ward 4	03/03/2023	0	3	0
Queen Margaret	ward 5	30/03/2023	1	7	5
Queen Margaret	QMH Ward 2	06/04/2023	0	4	2
Queen Margaret	QMH Ward 7	06/04/2023	1	7	4
Queen Margaret	QMH Ward 6 Bay A	03/03/2023	0	4	1
Queen Margaret	QMH Ward 1	03/03/2023	0	11	12
Stratheden Hospital	Cairnie Ward	28/04/2023	0	3	2

Stratheden Hospital	Dunino	17/03/2023	0	1	2
Victoria Hospital	VHK Ward 44	06/04/2023	0	2	1
Victoria Hospital	VHK Ward 32 Bay 1	28/04/2023	0	3	0
Victoria Hospital	v23	24/03/2023	1	12	11

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

However, a further DL (2022) 13 was issued in May 2022, stating the planned resumption of SSI surveillance in Q4 2022. This has since been postponed, DL (2023) 06 published February 2023 advises surgical site infection (SSI) and enhanced surveillance reporting remains paused for the time being.

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

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

Healthcare Improvement Scotland (HIS): Unannounced Infection Prevention and Control Inspections of Mental Health Units Queen Margaret Hospital, NHS Fife. QMH wards 1,2 and 4 and WMBH Ravenscraig ward on Wednesday 8th of February.

Report published 11/05/2023 highlighting:

- 3 areas of good practice
- 7 requirements
- 2 recommendations

10. Assessment

- **CDIs:** The number of *Clostridioides difficile* cases has increased, so far, in 2023. This rise is also reflected in the number of HCAI cases. Continuous monitoring will highlight if this is an ongoing problem, which requires addressing.
- 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 device infections have been effective but remains a challenge, with local surveillance continuing
- Ongoing monitoring of dialysis line related SABs. IPCT will support Renal service in investigating cases and any subsequent improvement strategies.
- IPCT will continue to support the Addictions Service in addressing the reduction of SABs in PWIDs
- **ECBs:** Healthcare associated (HAI/HCAI) ECBs remain a challenge
- Addressing CAUTI related ECBs through the Urinary Catheter Improvement Group
- **SSIs surveillance** currently suspended during COVID pandemic for C-sections, Large bowel surgery and Orthopaedic procedure surgeries (Total hip replacements, Knee replacements & Repair fractured neck of femurs). Awaiting further instruction regarding resumption of surveillance. Increased resources and months of preparing will be required prior to recommencing.

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 categorised 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.

Cleaning and Estates compliances are shown by Total Fife, VHK & QMH.

There is currently no Hand Hygiene data to submit, in the absence of a robust Hand Hygiene compliance dashboard.

Report Cards

NHS Fife									
	SAB			C Diff			ECB		
	HAI & HCAI	Community / Not Known	SAB Total	HAI/HCAI / UnKnown	Community	CD Total	HAI & HCAI	Community / Not Known	ECB Total
Month									
Apr-22	5	2	7	2	2	4	8	15	23
May-22	3	5	8	3	2	5	12	10	22
Jun-22	5	3	8	3	0	3	15	10	25
Jul-22	6	3	9	4	1	5	13	14	27
Aug-22	3	5	8	3	1	4	10	15	25
Sep-22	5	2	7	2	0	2	10	15	25
Oct-22	3	4	7	1	0	1	13	12	25
Nov-22	6	3	9	3	0	3	8	10	18
Dec-22	1	5	6	4	2	6	7	14	21
Jan-23	6	1	7	5	3	8	7	10	17
Feb-23	4	3	7	4	0	4	10	8	18
Mar-23	6	6	12	2	1	3	8	6	14
Apr-23	4	3	7	6	1	7	9	5	14

Cleaning Compliance (%) TOTAL FIFE												
	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
Overall	95.9	95.8	96.4	96.3	96.1	95.6	96.2	96.2	96.0	96.4	95.9	95.9

Estates Monitoring Compliance (%) TOTAL FIFE												
	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
Overall	96.3	96.2	96.0	96.6	96.2	96.3	96.6	96.6	96.6	96.3	96.3	96.5

Victoria Hospital

VHK			
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
Month	<u>HAI</u>	<u>HAI</u>	<u>HAI</u>
Apr-22	2	1	2
May-22	2	2	8
Jun-22	2	1	5
Jul-22	1	1	3
Aug-22	2	0	2
Sep-22	2	0	2
Oct-22	2	0	3
Nov-22	5	2	4
Dec-22	0	2	3
Jan-23	4	0	4
Feb-23	3	3	2
Mar-23	3	0	3
Apr-23	4	4	2

Cleaning Compliance (%) Victoria Hospital												
	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
Overall	95.7	95.9	95.7	96.5	95.9	95.6	95.6	96.3	95.9	96.6	95.8	96.1

Estates Monitoring Compliance (%) Victoria Hospital												
	May-22	Jun-22	Jul-22	Aug-22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
Overall	97.2	97.0	96.8	97.4	97.1	97.1	97.6	97.2	97.1	96.5	97.5	97.5

Queen Margaret Hospital

	QMH		
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
	<u>HAI</u>	<u>HAI</u>	<u>HAI</u>
Month			
Apr-22	0	0	0
May-22	0	1	0
Jun-22	0	0	0
Jul-22	2	0	0
Aug-22	0	1	0
Sep-22	2	0	1
Oct-22	0	0	3
Nov-22	0	0	0
Dec-22	0	0	0
Jan-23	1	1	0
Feb-23	0	0	0
Mar-23	0	0	0
Apr-23	0	1	1

Cleaning Compliance (%) Queen Margaret's hospital												
	May 22	Jun 22	Jul-22	Aug-22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
Overall	97.1	96.4	97.6	96.5	96.3	95.8	96.4	96.3	96.9	96.5	95.9	96.5

Estates Monitoring Compliance (%)Queen Margaret's hospital												
	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23
Overall	95.4	96.6	95.5	95.9	95.4	96.6	95.9	96.6	96.1	95.5	94.8	94.9

Community Hospitals

	COMMUNITY HOSPITALS		
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
	<u>HAI</u>	<u>HAI</u>	<u>HAI</u>
Month			
Apr-22	0	0	0
May-22	0	0	0
Jun-22	0	0	0
Jul-22	0	0	0
Aug-22	0	1	0
Sep-22	0	1	0
Oct-22	1	0	0
Nov-22	0	0	0
Dec-22	0	0	0
Jan-23	0	1	0
Feb-23	0	0	0
Mar-23	1	0	0
Apr-23	0	1	1

Out of Hospital

	OUT OF HOSPITAL					
	SAB <48hrs admx		CDI <48hrs admx		ECB <48hrs admx	
	<u>HCAI</u>	Community / Not Known	HCAI / UnKnown	Community	<u>HCAI</u>	Community / Not Known
Month						
Apr-22	3	2	1	2	6	15
May-22	1	5	0	2	4	10
Jun-22	3	3	2	0	10	10
Jul-22	3	3	3	1	10	14
Aug-22	1	5	1	1	8	15
Sep-22	1	2	1	0	7	15
Oct-22	0	4	1	0	7	12
Nov-22	1	3	1	0	4	10
Dec-22	1	5	2	2	4	14
Jan-23	1	1	3	3	3	10
Feb-23	1	3	1	0	8	8
Mar-23	2	6	2	1	5	6
Apr-23	0	3	0	1	5	5

Appendix 1 References and Links

References & Links
<p>Understanding the Report Cards – Infection Case Numbers</p> <p><i>Clostridioides difficile</i> infections (CDI) and <i>Staphylococcus aureus</i> bacteraemia (SAB) cases are presented for each hospital, broken down by month by Healthcare Associated (HCAI & HAI) & Community (Community/Unknown) onset. More information on these organisms can be found on the NHS24 website:</p> <p><i>Clostridioides difficile</i>: https://www.hps.scot.nhs.uk/a-to-z-of-topics/clostridioides-difficile-infection/ <i>Staphylococcus aureus</i>: https://www.hps.scot.nhs.uk/a-to-z-of-topics/staphylococcus-aureus-bacteraemia-surveillance/</p> <p>For <u>each hospital</u>, the total number of cases for each month are those, which have been reported as positive from a laboratory report on samples taken <u>more than</u> 48 hours after admission. For the purposes of these reports, positive samples taken from patients <u>within</u> 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.</p> <p>Targets</p> <p>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</p> <p>Understanding the Report Cards – Hand Hygiene Compliance</p> <p>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.</p> <p>Understanding the Report Cards – Cleaning Compliance</p> <p>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/</p> <p>Understanding the Report Cards – ‘Out of Hospital Infections’</p> <p><i>Clostridium difficile</i> infections and <i>Staphylococcus aureus</i> 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.</p> <p>For HPS categories for Healthcare Associated Infections:</p> <p>https://www.hps.scot.nhs.uk/web-resources-container/quarterly-epidemiological-commentary-for-the-surveillance-of-healthcare-associated-infections-in-scotland-methods-caveats/</p>

Appendix 2 Categories of Healthcare & Community Infections

Categories of Healthcare & community Infections			
		Quarterly Epidemiology Commentary category	
		Healthcare associated infection case	Community associated infection case
CDI¹ Enhanced ECB² Enhanced SAB³ surveillance category	Hospital acquired infection (HAI)	X	
	Healthcare associated infection (HCAI)	X	
	Community infection (CA)		X
	ECB/SAB not known		X
	CDI unknown	X ⁴	

HPS ECB & SAB definitions for Hospital Acquired, Healthcare Associated, Community or Not known	
<p>Hospital Acquired Infection (HAI): Positive Blood culture obtained from patient who has been -Hospitalised for >48 hours If the patient was transferred from another hospital the duration of the in-patient stay is calculated from the date of the first hospital admission OR -The patient was discharged from hospital in the 48 hours prior to the positive blood culture being obtained OR -A patient receives regular haemodialysis as an outpatient</p> <p>Community Infection -Positive Blood culture obtained from a patient with 48 hours of admission to hospital who does not fulfil any of the criteria for the healthcare associated blood stream infections</p> <p>Not known: -Only to be used if the ECB is not a HAI and unable to determine if community or HCAI</p>	<p>Healthcare Associated Infection (HCAI):- Positive blood culture obtained within 48 hours of admission to hospital and fulfils one or more of the following criteria: -Was hospitalised overnight in the 30 days prior to the +ve blood culture being obtained. OR -Resides in a Nursing home, long term facility or residential home OR -IV,IM, Intra-articular or sub cut medication in the 30 days prior to the positive blood culture, but EXCLUDING IV illicit drug use. OR -Underwent venepuncture in the 30 days before +ve BC OR -Underwent medical procedure which broke mucous or skin barrier i.e. biopsies or dental extraction in the 30 days before +ve BC OR -Underwent any care for chronic medical condition or manipulation of medical device by a healthcare worker in the community in the 30 days prior to the +ve BC being obtained i.e. podiatry or dressing of chronic ulcers, catheter change or insertion OR -Has a long term indwelling device (i.e. catheter, central line, drain (excluding a haemodialysis line)</p>

HPS CDI Definition for Hospital Acquired, Healthcare Associated, Unknown or Community onset

HPS Linkage Origin Definitions

CDI Origin	Origin sub category : definitions
<p>Healthcare</p>	<p>HAI : Specimen taken after more than 2 days in hospital (day three or later following admission on day one)</p> <p>HCAI : Specimen taken within 2 or less days in hospital and a discharge from hospital 4 weeks prior to specimen date; or specimen taken in the community and a discharge from hospital within 4 weeks of the specimen date</p> <p>Unknown : Specimen taken 2 or less days in hospital and a previous discharge from hospital 4-12 weeks prior to specimen date; or specimen taken in the community and a discharge from hospital in 4-12 weeks prior to the specimen date</p>
<p>Community</p>	<p>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.</p>

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


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Meeting:	Clinical Governance Committee
Meeting date:	7 July 2023
Title:	Excellence in Care
Responsible Executive:	Janette Keenan, Board Director of Nursing
Report Author:	Shirley Cowie, Senior Nurse (Excellence in Care)

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- Workforce Update

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report and presentation have been prepared to update the Committee on Excellence in Care (EiC) which is Scotland's national approach to assuring and improving nursing and midwifery care. It aims to ensure people have confidence they will receive a consistent standard of high-quality of care no matter where they receive treatment in NHS Scotland.

It is the vision of Excellence in Care:

“to provide assurance whilst promoting the culture and conditions in which high-quality standards of care are delivered consistently across Scotland. This will be achieved through the unique contribution of nurses and midwives working as part of a multi professional team, who are enabled to flourish and provide excellence every time.”

Excellence in Care (EiC) was officially paused at the start of the pandemic to allow the staff on the programme to be released to provide frontline support.

Due to this temporary pause, the EiC lead supported and led work within Practice and Professional Development and the COVID Vaccination programme.

The EiC programme restarted in August 2020 as a soft start and whilst boards were advised that submission of data was not a requirement, NHS Fife continued to collect data and submit to the CAIR dashboard.

2.2 Background

EiC was commissioned by the Scottish Government in response to the Vale of Leven Hospital Inquiry recommendations. The inquiry into Clostridium Difficile (C. diff) infection at the hospital found that individual and systemic failings in quality and governance had contributed directly to the deaths of 34 people.

Crucially, the families who took part in the inquiry have been instrumental in shaping and developing the EiC vision, which very much focuses on giving 'control' of quality to frontline teams.

The approach also recognises the importance of enabling senior charge nurses, team leaders and the wider team to focus on what matters to them as professionals, whilst working in partnership with what matters to patients and families, to foster meaningful improvements in care.

The EiC programme has been running since 2016 and has multiple strands. These include nurse and eHealth leads in each NHS board to provide leadership and support for EiC initiatives, a suite of measures developed by nurses to assure the quality of care, a dashboard to display the data collected (CAIR) and a National team consisting of representatives from the lead nurses, Healthcare Improvement Scotland (HIS), Public Health Scotland (PHS) and Scottish Government (SG) to develop and lead the programme of work.

A nationally agreed set of clearly defined key measures of high-quality care has been identified, supporting local teams to access quality measurement data and resources that will help them identify and plan improvements within their own area of practice and supports the application of the common staffing method in alignment with the Healthcare Staffing Programme and the Health and Care (Staffing) (Scotland) Act 2019.

To support the Excellence in Care aims, NHS National Services Scotland developed the Care Assurance and Improvement Resource (CAIR), a central data repository and data visualisation system 'dashboard' that allows users to view and understand data, respond appropriately and plan improvement as required. CAIR will inform quality of care reviews at national and local level, and drive quality improvement.

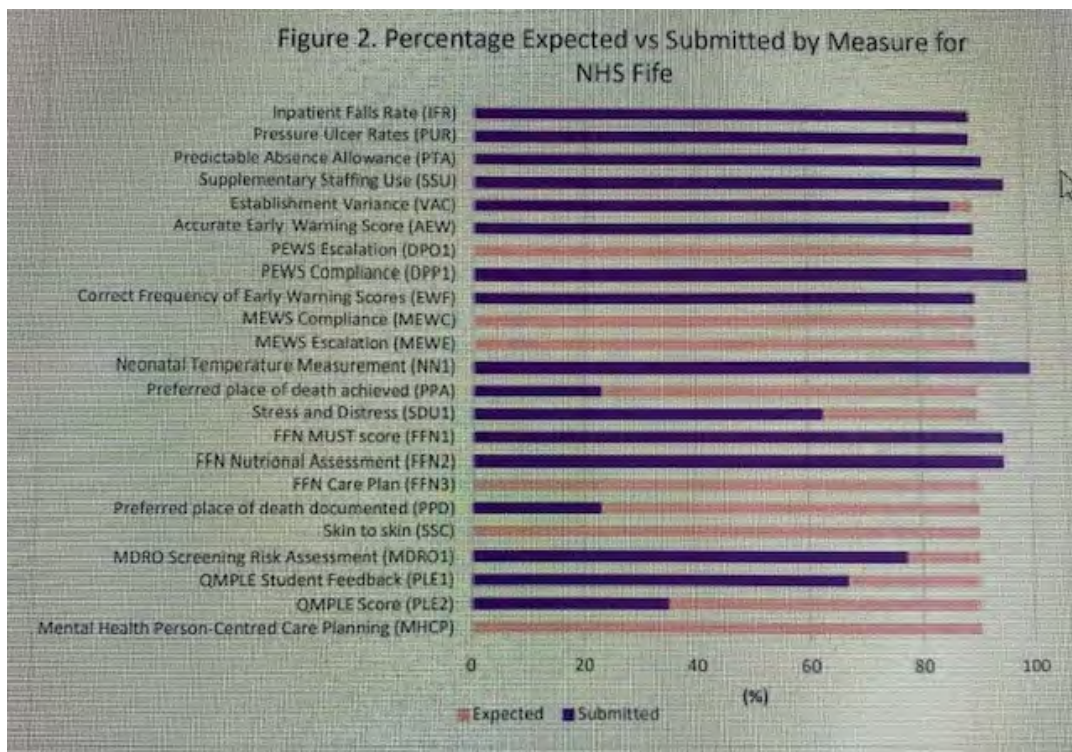
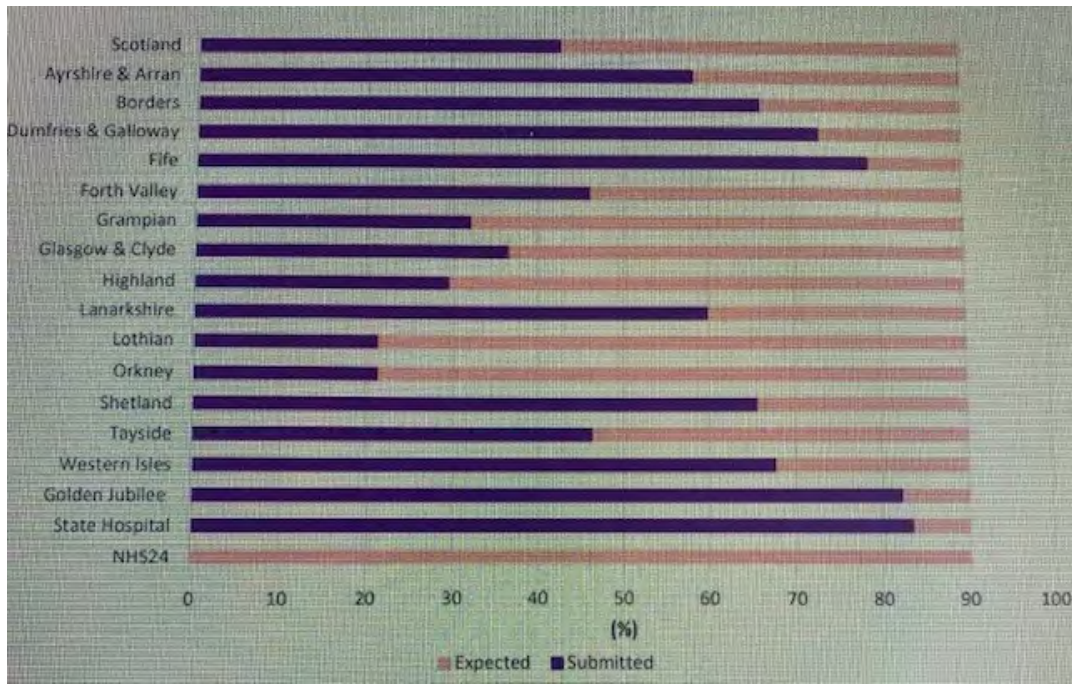
2.3 Assessment

Nationally, EiC has set a core set of objectives that require to be implemented in the Board.

There are 23 measures (appendix 1) currently included in EiC and available for submissions on the CAIR dashboard. Fife submits data on 17 measures.

For NHS Fife, currently 79% of the expected data has been submitted. This is an increase from February when 76% of the expected data had been submitted. It should be noted that data is pulled from other systems as much as possible to reduce data collection burden on nursing and midwifery teams.

Figure 1. Percentage submitted by Board



2.3.1 Quality/ Patient Care

The Excellence in Care framework is based on the premise that to achieve 'excellence in care' all the elements within the framework are interdependent, evidence-based and are of equal importance.

The framework is built on four essential requirements identified by the families who contributed to the Vale of Leven:

- person-centeredness

- compassion
- fundamentals of care and
- communication, both verbal and written, with patients, their families and between staff.

These four essentials provide the foundation for high-quality person-centred care delivered within a culture of continuous improvement using a Quality Management Systems (QMS) approach.

2.3.2 Workforce

Key areas of focus are:

- Investment in e-systems to support the data collection and reducing the data burden for staff.
- Support for e-health leads to ensure that time is allocated to support the transmission of NHS Fife data to PHS.
- EiC lead support nurse to embed the key objectives.
- Investment in QI training within the board to create a culture that supports continuous improvement
- Time for staff to access CAIR training and understand their own data

2.3.3 Financial

There are a number of funding considerations:

- The EiC lead post was made substantive in March 2021 and integrated into the restructure within Practice and Professional Development as a Senior Nurse role.
- EiC is supported nationally with funding from Scottish Government.

2.3.4 Risk Assessment/Management

The aim of EiC is to use a quality management systems approach to reduce harm and risk to patients.

2.3.5 Equality and Diversity, including health inequalities

The EiC programme is inclusive of all Nursing and Midwifery groups. There is national discussion about extending the programme to AHP's and also the care home sector.

2.3.6 Communication, involvement, engagement and consultation

The EiC lead communicates and involves key stakeholders in all decisions taken forward within the board.

2.3.7 Route to the Meeting

EDG 22 June 2023

2.4 Recommendations

The Committee is asked to take assurance from this report and presentation.

3 List of appendices

- Appendix 1 List of measures

Report Contact:

Shirley Cowie

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Measures Name

- Early Warning Scores Accurate Calculation AEW V1.3 Final
- Early Warning Scores Correct Frequency EWF v1.3 Final
- Establishment Variance VAC v1.5 Final
- FFN1 MUST Score v1.1 Final
- FFN2 Nutritional Assessment v1.0 Final
- FFN3 Care Plan v1.0 Final
- Funded Establishment EST v1.4 Final
- Inpatient Falls Rate IFR v1.5 Final
- LD Epilepsy Care Plan LDECP1 v1.3
- Mews Compliance MEWC v1.0 Final
- Mews Escalation MEWE v1.0 Final
- Neonatal Temperature Measurement NN1 v1.0 Final
- NHS24 Call Review CR1 v1.0 Final
- Occupied Bed Days OBD v1.2 Final
- Omitted Medicines - Doses and Patients OMR POD v1.5
- PEWS Compliance with Bundle DPP1 V1.2 Final
- PEWS Escalation DPO1 V1.2 Final
- Predictable Absence Allowance PTA v1.8
- Preferred Place of Death Achieved PPA v1.0 Final
- Preferred Place of Death Documented PPD v1.0 Final
- Pressure Ulcer Rate PUR version 1.4 Final
- QI Qualification QIQ V1.3 Final
- QMPLE Student Feedback PLE1 v1.1
- QMPLE Score PLE2 v1.2
- SDU1 Stress and Distress v1.0 Final
- Skin to Skin SSC v1.0 Final
- Supplementary Staffing Use SSU v1.6 Final
- Upheld nursing midwifery complaints rate COM v1.3 Final***
- What Matters to You WMTY1 v1.2 Final

Meeting:	Clinical Governance Committee
Meeting date:	7 July 2023
Title:	Health Inspection Scotland Inspection: Queen Margaret Hospital and Whyteman's Brae Hospital
Responsible Executive:	Janette Keenan, Executive Director of Nursing
Report Author:	Lynn Barker, Director of Nursing, HSCP

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- Government policy / directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This report is presented to the Infection Control Committee for assurance and noting. It provides an update on the unannounced Healthcare Improvement Scotland (HIS) Infection Prevention and Control Inspection of Mental Health Services, Queen Margaret Hospital and Whyteman's Brae Hospital on 8 February 2023

2.2 Background

As part of a range of actions to support and improve mental health care services in the context of the COVID-19 pandemic and beyond, the Scottish Government requested that HIS develop a proportionate and intelligence-led independent assurance programme for mental health units.

The initial focus of this work is on Infection Prevention and Control (IPC) to help services identify and minimise risks to safety and support ongoing improvements in quality of care within the current operating environment.

HIS inspect using Healthcare Improvement Scotland's Infection Prevention and Control Standards for Health and Social Care Settings, published in May 2022.

2.3 Assessment

The following areas were inspected:

QMH:

- ward 1 (older adult)
- ward 2 (adult acute admissions)
- ward 4 (older adult), and

WBH:

- Ravenscraig ward, (adult acute admission).

HIS also inspected the public areas of the hospitals.

During the inspection, inspectors:

- inspected the ward and hospital environment
- observed staff practice and interactions with patients, such as during patient mealtimes
- spoke with patients, visitors and ward staff
- accessed patients' health records monitoring reports, policies and procedures.

The inspection resulted in three areas of good practice, seven requirements and two recommendations.

Areas of good practice

- 1 Inspectors observed good compliance with linen, waste, and sharps management
- 2 A monthly walk round has been implemented by senior management to provide a more cohesive approach to infection prevention and control audit processes
- 3 Ward staff told us they received valuable support from the infection prevention and control team

Requirements

- 1 NHS Fife must ensure a risk assessment for patients who may present a cross infection risk is in place, ensuring all risks are mitigated when unable to isolate a patient with a known infection
- 2 NHS Fife must ensure infrequently used water outlets are flushed in line with current policy
- 3 NHS Fife must ensure the care environment is maintained and in a good state of repair to support effective cleaning
- 4 NHS Fife must ensure there is an effective system in place to manage outstanding estates repairs
- 5 NHS Fife must ensure attendance by members of committees in the infection prevention and control governance structure is a priority. When attendance is not possible, a deputy should attend, as recommended by the Vale of Leven Hospital Inquiry Report
- 6 NHS Fife must ensure all staff comply with NHS Fife's mandatory infection prevention and control training

- 7 NHS Fife must ensure that there is a system in place for patients and visitors to provide feedback on the cleanliness of the environment

Recommendations

- a) NHS Fife should review current risk assessments of personal protective equipment to promote safe availability as near to the point of care where possible
- b) NHS Fife should review provision of washing facilities, such as showering and bathing, as part of any refurbishment of mental health wards

A robust Improvement Action Plan has been implemented which outlines the prioritisation of actions, aligned to the seven requirements and two recommendations to ensure compliance with national standards, guidance and best practice in infection prevention and control.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

n/a

2.3.4 Risk Assessment/Management

The Action Plan has been developed following the inspection identifies and addresses risks highlighted in the report

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

n/a

2.3.6 Climate Emergency & Sustainability Impact

n/a

2.3.7 Other impact

Potential reputational risk following inspection

2.3.8 Communication, involvement, engagement and consultation

Inspection report and action plan shared and discussed with staff

2.3.9 Route to the Meeting

Infection Control Committee (07/06/23)

Executive Directors Group (22/06/23)

2.4 Recommendation

- **Assurance:** The Committee is asked to take assurance from this report that actions have been taken to address the requirements and recommendations from the Inspection. The Committee is asked to note the very positive feedback around areas of good practice.

3 List of Appendices

- HIS IPC Inspection Report for Mental Health Services: QMH and WBH, 8 February 2023
- HIS IPC Inspection Improvement Action Plan

Report Contact

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Healthcare
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To drive improvement

Unannounced Inspection Report

Infection Prevention and Control Inspections of Mental Health Services

Queen Margaret Hospital and Whyteman's Brae
Hospital
NHS Fife

8 February 2023

*This report is embargoed until 10.00am
on **Thursday 11 May 2023***

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About our inspection

Background

As part of a range of actions to support and improve mental health care services in the context of the COVID-19 pandemic and beyond, Scottish Government requested that Healthcare Improvement Scotland develop a proportionate and intelligence-led independent assurance programme for mental health units.

Our focus

The initial focus of this work will be on Infection Prevention and Control (IPC) to help services identify and minimise risks to safety and support ongoing improvements in quality of care within the current operating environment. We inspect using Healthcare Improvement Scotland's Infection Prevention and Control Standards for Health and Social Care Settings, published in May 2022. We take a risk-based and intelligence-led approach to these inspections, drawing on a range of relevant data sources to target our inspection activity. We also report our findings against Healthcare Improvement Scotland's Quality Assurance Framework.

Further information about our methodology can be found on our website at:

https://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/mental_health_units.aspx.

About the hospital we inspected

Queen Margaret Hospital is a community hospital located in Dunfermline and is one of two main hospitals in Fife. The hospital was completed in two phases, the first phase was completed in 1985 and the second in 1993. Queen Margaret Hospital has three older adult mental health inpatient wards and provides a number of community services including a minor injury unit and outpatient and diagnostic clinics.

Whyteman's Brae Hospital is a community hospital located in Kirkcaldy. The hospital provides a range of outpatient and community services such as psychology and physiotherapy, adult acute inpatient admissions are provided from Ravenscraig Ward.

The hospitals currently have a combined provision of 93 inpatient mental health beds.

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About this inspection

We carried out an unannounced inspection to Queen Margaret Hospital and Whyteman’s Brae Hospital, NHS Fife on Wednesday 8 February 2023.

We inspected the following areas:

- ward 1 (older adult)
- ward 2 (adult acute admissions)
- ward 4 (older adult), and
- Ravenscraig ward, Whyteman’s Brae Hospital (adult acute admission).

We also inspected the public areas of the hospital.

During our inspection, we:

- inspected the ward and hospital environment
- observed staff practice and interactions with patients, such as during patient mealtimes
- spoke with patients, visitors and ward staff, and
- accessed patients’ health records monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Fife to provide evidence of its policies and procedures relevant to this inspection. The purpose of this is to limit the time the inspection team is onsite, reduce the burden on ward staff and to inform the virtual discussion session.

On Thursday 9 February 2023, we held a virtual discussion session with key members of NHS Fife staff to discuss the evidence provided and the findings of the inspection.

The findings detailed within this report relate to our observations within the areas of the hospital we inspected at the time of this inspection.

We would like to thank NHS Fife and in particular all staff at Queen Margaret Hospital and Ravenscraig ward, Whyteman’s Brae Hospital, for their assistance during our inspection.

A summary of our findings

Our summary findings from the inspection, areas of good practice and any requirements identified are highlighted as follows. Detailed findings from the inspection are included in the section ‘What we found during this inspection.’

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At the time of our inspection, NHS Fife, like much of NHS Scotland, was experiencing a significant range of pressures, including reduced staff availability and significant levels of staff absence across all levels of care and support staff. The high level of staff absence and vacancies across the hospital resulted in an increased use of supplementary staff.

Despite the significant staff shortages we observed good levels of compliance with standard infection control precautions in the majority of areas inspected.

However, the ward environments in Queen Margaret Hospital required significant upgrading and this was compounded by delays in the completion of repairs.

Patients and visitors we spoke with told us that they were happy with the cleanliness of the environment, however they noted the hospital was in need of redecoration.

Although storage areas appeared clean, they were cluttered which could make effective cleaning difficult.

The clinical and domestic staff we spoke with told us that they felt well supported by the infection prevention and control team, with good communication between the teams. Staff also told inspectors that they felt well informed and were kept up to date on any infection prevention and control issues.

We observed infection prevention and control audit programmes in place in all areas inspected. These included audits carried out by ward staff, clinical teams, facilities staff, and the quality improvement team. Action plans were in place for areas for improvement identified from the audits. However, we noted some results did not reflect our observations of the environment.

NHS boards must have water safety systems in place for controlling and managing risks posed by waterborne organisms that may cause disease. Although staff were flushing infrequently used water outlets weekly, this was not in line with NHS Fife's own policy of twice weekly flushing.

What action we expect the NHS board to take after our inspection

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

We expect NHS Fife to address the requirements and recommendations. The NHS board must prioritise the requirements to meet national standards. An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website: www.healthcareimprovementscotland.org.

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Areas of good practice

Domain 5 – Planning for quality

- 1** We observed good compliance with linen, waste, and sharps management (see page 10).
- 2** A monthly walk round has been implemented by senior management to provide a more cohesive approach to infection prevention and control audit processes (see page 14).
- 3** Ward staff told us they received valuable support from the infection prevention and control team (see page 15).

Requirements

Domain 5 – Planning for quality

- 1** NHS Fife must ensure a risk assessment for patients who may present a cross-Infection risk is in place, ensuring all risks are mitigated when unable to isolate a patient with a known infection (see page 10).

This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 3.2 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).
- 2** NHS Fife must ensure infrequently used water outlets are flushed in line with current policy (see page 11).

This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 8.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).
- 3** NHS Fife must ensure the care environment is maintained and in a good state of repair to support effective cleaning (see page 12).

This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 8.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).
- 4** NHS Fife must ensure there is an effective system in place to manage outstanding estates repairs (see page 12).

This will support Standard 8.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

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- 5** NHS Fife must ensure that there are clear systems in place to ensure that there is a strategic and coordinated approach to infection prevention and control (see page 14).

This will support Standard 1.3 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

- 6** NHS Fife must ensure all staff comply with NHS Fife's mandatory infection prevention and control training (see page 15).

This will support Standard 2.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

- 7** NHS Fife must ensure that there is a system in place for patients and visitors to provide feedback on the cleanliness of the environment (see page 15).

This will support Standard 8.4 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

Recommendations

Domain 5 – Planning for quality

- a** NHS Fife should review current risk assessments of personal protective equipment to promote safe availability as near to the point of care where possible (see page 10).
- b** NHS Fife should review provision of washing facilities, such as showering and bathing, as part of any refurbishment of mental health wards (see page 12).

What we found during this inspection

Domain 5 – Planning for quality

Implementation and delivery: How well do we manage and improve performance?

- Quality indicator 5.3 – Risk management and business continuity

We observed staff performing hand hygiene at the appropriate times with good access to alcohol-based hand rub. However the ward environments in Queen Margaret Hospital required significant upgrading and this was compounded by delays in the completion of repairs. Storage areas were limited and cluttered.

NHS Fife have adopted the current version the [National Infection Prevention and Control Manual](#). This manual describes standard infection control precautions and transmission-based precautions. These are the minimum precautions that all staff should take when caring for patients to help prevent cross-transmission of infections. There are 10 standard infection control precautions, including hand hygiene and the use of personal protective equipment, such as aprons and gloves. Staff we spoke with were familiar with the manual and could tell us, or demonstrate how to access this on the intranet.

Hand hygiene is an important practice in reducing the spread of infection. We observed the majority of staff performing hand hygiene at the appropriate times with the exception of one ward where opportunities for staff to perform hand hygiene during patient mealtimes were missed. Patients were given hand wipes and encouraged to use them to clean their hands prior to mealtimes. We observed staff complied with the uniform policy, including bare below the elbows.

We observed that alcohol-based hand rub and fluid resistant masks were available at the entrance to the hospital, in corridors and ward entrances, with clinical waste bins available for discarding masks. With the exception of one ward, we observed visible signage at entrances to wards encouraging visitors to wear masks and perform hand hygiene.

In some ward areas where patient access to alcohol-based hand rub was assessed as a risk, staff carried their own alcohol-based hand rub for personal use. Inspectors observed that alcohol-based hand rub was readily available in all other ward areas.

Personal protective equipment, such as gloves and aprons, are used by staff to reduce risks associated with infection. We observed a good supply of personal protective equipment available in all wards inspected. We observed staff using and

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disposing of personal protective equipment appropriately. However, due to potential ligature risk as identified in NHS Fife's generic ligature risk assessment, personal protective equipment was not available at the point of care. Instead, it was stored in locked treatment rooms or storage cupboards. Staff we spoke with told us that this could present challenges in terms of immediate accessibility to personal protective equipment when delivering care. NHS Fife should ensure regular review of the risk assessment to ensure personal protective equipment can be safely stored as close as possible to the point of care. In evidence provided by NHS Fife we note that the issue had already been highlighted at a previous mental health healthcare associated infection meeting in February 2023 and a resolution to this issue is now being sought (recommendation a).

Transmission based precautions are additional precautions that should be applied when standard infection control precautions are not sufficient, such as when staff are caring for patients with a known or suspected infection. For example, patients who present a cross-infection risk should be isolated in a single room to prevent the spread of infection. During our inspection, inspectors observed an instance where, due to a lack of availability of single rooms, a patient requiring isolation was being cared for in a four-bedded area. Patient notes showed that appropriate guidance had been provided by the infection prevention and control team and documented in the patient's care notes. While inspectors observed staff were following guidance appropriately, a specific infection prevention and control risk assessment had not been carried out. Inspectors raised this at the time of inspection with senior managers who acted promptly to ensure a risk assessment was completed which detailed any risks and control measures required to manage the infection prevention and control risks and to maintain the safety of the other patients, staff and visitors. The risk of transmission was assessed as low. A requirement has been given to support improvement in this area.

We observed that linen was well managed and in line with the National Infection Prevention and Control Manual. Clean linen was well organised and stored appropriately to avoid contamination. Used linen was segregated in line with guidance. We were told that linen is laundered at an off-site facility, and we observed it was kept in a locked secure area while awaiting uplift. There was also an onsite laundry for patient's personal laundry if required.

During our inspection we observed effective waste and sharps management. Sharps bins were labelled appropriately and less than three-quarters full, in line with national guidance. Clinical waste bins were available in the wards and were not over filled. We saw clinical waste was stored in a secure area while awaiting uplift.

All patient use equipment we inspected was visibly clean and well maintained with minor exceptions. Equipment such as commodes were cleaned after each use with

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the appropriate cleaning products in line with local policy and national guidance. Weekly cleaning schedules are in place to ensure infrequently used equipment and areas were cleaned on a regular basis. These were observed to be completed.

Patients and visitors we spoke with stated they were happy with the cleanliness of the environment however, they told us the wards required redecoration.

We observed the environment was generally clean. Domestic staff we spoke with were able to describe the correct cleaning solutions and dilutions used in line with the National Infection Prevention and Control Manual. Some domestic daytime staff told us they usually have enough time to complete their duties. However, if they do not, this would be highlighted to the supervisor or nurse in charge by the evening staff who would complete any outstanding tasks. We observed cleaning schedules were completed daily and domestic service work schedules were observed in all areas inspected.

We were told by domestic services staff that there is a good level of communication when a ward has an infection outbreak or infection related concerns. A daily brief by the senior charge nurse included any particular instructions, precautions and risks. Inspectors were told by domestic staff that the infection prevention and control team contact them verbally and by email to inform them when the ward is due to be reopened and cleaning required.

NHS boards are required to have water safety systems in place for the control and management of risks posed by water borne organisms that may cause disease. NHS Fife have systems in place to reduce water associated risks. These include the flushing of infrequently used water outlets. Ward staff complete flushing for the infrequently used water outlets weekly and record in the daily cleaning schedule. However, NHS Fife's own policy states this flushing should be carried out twice weekly. A requirement has been given to support improvement in this area.

To ensure effective cleaning, the environment must be well maintained and in a good state of repair. Although the ward environment appeared clean, the fabric of the building was in a poor state of repair in a number of areas. For example, we observed:

- tape stuck to floors, walls and cupboards
- chipped flooring
- exposed plaster on walls
- damaged padded backs to toilets
- rusty toilet handrails, and
- unvarnished wood.

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A requirement has been given to support improvement in this area.

We observed some areas had been repurposed to provide additional storage areas, however storage remained limited. Some storage rooms were cluttered with items stored on the floors which could make effective cleaning difficult.

Inspectors were shown how staff reported maintenance requests to the estates team through an electronic system. Domestic staff carry out facilities monitoring audits each month and forward these to the estates team to ensure that outstanding repairs and estates issues are notified for rectification. Inspectors were told by senior estates management that due to the volume of repairs highlighted through the audit system, the estates team have a system of prioritisation which is focused only on the higher priority actions. This means that minor repairs do not get actioned and have grown in volume which impacts on the condition of the environment. Inspectors noted that infection prevention and control audits regularly contain reference to maintenance issues, however the audit results for the facilities monitoring reflects scores over 90% and does not support the observations of the inspection team. The delay in repairs was highlighted by inspectors at the inspection feedback session, where senior managers informed inspectors that this would be reviewed, and any outstanding repairs actioned. A requirement has been given to support improvement in this area.

We observed inadequate provision of bath and shower facilities in two wards. For example one ward had one bathroom and one shower room for 18 patients. Staff told us of the challenges this creates when patient dependency levels are high or when patients require high levels of assistance with personal hygiene. In another ward we observed there is one bathroom for 18 patients. Inspectors were shown plans to convert a decommissioned bathroom into a shower room however, no timescales for completion were in place. Despite these challenges inspectors observed staff working hard to ensure individual patient hygiene, privacy and dignity needs were being met. NHS Fife should ensure that the provision of bathing and showering facilities for patients are prioritised as part of the planned refurbishment programme (recommendation b).

Senior managers told inspectors the building required significant upgrade and capital investment. They also shared with inspectors their challenges in securing suitable alternative accommodation to move patients into to allow some building works to commence. It is important that NHS Fife develop and implement a plan to upgrade the mental health wards in Queen Margaret Hospital to improve the quality of the environment and level of facilities required by patients.

CONFIDENTIAL – DRAFT REPORT

Requirements

Domain 5 – Quality Indicator 5.3

- 1** NHS Fife must ensure a risk assessment for patients who may present a cross-infection risk is in place, ensuring all risks are mitigated when unable to isolate a patient with a known infection (see page 10).

This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 3.2 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

- 2** NHS Fife must ensure infrequently used water outlets are flushed in line with current policy (see page 11).

This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 8.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

- 3** NHS Fife must ensure the care environment is maintained and in a good state of repair to support effective cleaning (see page 12).

This will support compliance with the National Infection Prevention and Control Manual (2022) and Standard 8.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

- 4** NHS Fife must ensure there is an effective system in place to manage outstanding estates repairs (see page 12).

This will support Standard 8.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

Recommendations

Domain 5 – Quality Indicator 5.3

- a** NHS Fife should review current risk assessments of personal protective equipment to promote safe availability as near to the point of care where possible (see page 10).

- b** NHS Fife should review provision of washing facilities, such as showering and bathing, as part of any refurbishment of mental health wards (see page 12).

Domain 5 – Planning for quality Implementation and delivery: How well do we manage and improve performance?

- Quality indicator 5.4 – Audit, evaluations and research

Audit programmes were in place to monitor the cleanliness and quality of the environment with the associated action plans. All staff we spoke with told us about the good relationship with the infection prevention and control team. However, staff compliance with online mandatory infection prevention and control training should be improved.

NHS Fife have systems and processes in place to monitor and support the management of infection prevention and control practice. In evidence submitted, we observed minutes of infection prevention and control governance groups, such as the mental health healthcare associated infection group. Agenda items included discussion of infection prevention and control audit outcomes, identified areas for improvement and staff training. This group membership includes senior managers, infection control and prevention team, support services and estates teams. However, inspectors noted there has been no estates representative or update from estates department at the last three meetings. This is unsatisfactory given the level of estate related issues and does not demonstrate an effective robust multidisciplinary approach. A requirement has been given to support improvement in this area.

Senior managers told us key senior staff vacancies had meant senior managers were covering two roles and they had recognised infection prevention and control assurance systems required to be strengthened.

As part of the drive to improve governance, inspectors were provided with evidence of a new monthly walk round of identified mental health sites. This involves a range of disciplines including head of nursing, infection prevention and control, domestic services, facilities, estates, and clinical staff. During the walk round, the infection prevention and control tool is utilised to collectively identify areas for improvement and agree an action plan. The senior managers we spoke with told inspectors this is a new development that will support a more collaborative approach to infection prevention and control across the mental health areas.

We observed infection prevention and control audit programmes in place in all areas inspected. These included a range of audits carried out by ward staff, clinical teams, facilities staff and the quality improvement team. We saw action plans in place for areas for improvement identified from the audits. There is a rolling monthly programme of audits which ward staff complete for hand hygiene and ward safety and cleanliness. Many of the actions were in relation to maintenance issues.

CONFIDENTIAL – DRAFT REPORT

NHS Fife submitted their draft plan for the healthcare associated infection prevention and control assurance audit framework. This details the audits to be carried out, frequency of audits, the lead person for the audit, reporting processes and action planning, escalation and closing the loop. The document is in draft and has not yet been implemented. NHS Fife should consider their approach in addressing the disparity between the results from the facilities monitoring tool, which is currently showing satisfactory results, and the infection control audits when finalising their framework.

Staff we spoke with described a positive relationship with the infection prevention and control team. The team visits the wards weekly and provides support for all infection control issues.

Infection prevention and control training is mandatory for all staff. Staff education is completed by online modules with face-to-face training, such as hand hygiene, undertaken by the infection prevention and control team. Senior managers told us they capture mandatory training as a whole for the health and social care partnerships. Online training compliance is low at present at approximately 50% across the health and social care partnership. However, we were advised there is a drive to improve training compliance and they aim to improve compliance by the end of March 2023. A requirement has been given to support improvement in this area.

All relevant infection prevention and control policies and procedures are available to all staff on NHS Fife's staff intranet system. Staff we spoke with could demonstrate how they access these on the electronic system. Staff told us that they are kept up to date with any changes to policies in a variety of ways. These include by email, an NHS Fife weekly update, safety briefs, handovers, and notice boards.

The infection prevention and control standards include the importance of gaining feedback from patients and visitors on the cleanliness of the environment. While patients have access to NHS Fife's complaints procedure there was no structured way for NHS Fife to actively seek patient feedback on the cleanliness of the environment, which could be used to influence improvements in the environment. A requirement has been given to support improvement in this area.

Requirements

Domain 5 – Quality Indicator 5.4

- 5 NHS Fife must ensure that there are clear systems in place to ensure that there is a strategic and coordinated approach to infection prevention and control (see page 14).

CONFIDENTIAL – DRAFT REPORT

This will support Standard 1.3 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

- 6** NHS Fife must ensure all staff comply with NHS Fife's mandatory infection prevention and control training (see page 15).

This will support Standard 2.1 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

- 7** NHS Fife must ensure that there is a system in place for patients and visitors to provide feedback on the cleanliness of the environment (see page 15).

This will support Standard 8.4 of Healthcare Improvement Scotland's Infection Prevention and Control Standards (May 2022).

Appendix 1 – List of national guidance

The following national standards, guidance and best practice were current at the time of this inspection. This list is not exhaustive.

- [COVID-19: Endorsed Guidance For NHS Scotland Staff and Managers on Coronavirus](#) (NHS Scotland, January 2022)
- [Health and Social Care Standards](#) (Scottish Government, June 2017)
- [Infection Prevention and Control Standards](#) (Healthcare Improvement Scotland, May 2022)
- [National Infection Prevention and Control Manual](#) (NHS National Services Scotland, December 2022)
- [The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives](#) (Nursing and Midwifery Council, October 2018)
- [Quality Assurance Framework: September 2022](#) (Healthcare Improvement Scotland, September 2022)

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor by emailing
his.contactpublicinvolvement@nhs.scot

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Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced Infection Prevention and Control Inspections of Mental Health Services

Queen Margaret Hospital, NHS Fife

8 February 2023

Improvement Action Plan Declaration

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

NHS board Chair

Signature: 

Full Name: Alistair L Morris

Date: 09.05.23

NHS board Chief Executive

Signature: 

Full Name: Carol A Potter

Date: 09.05.23

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
Requirement 1					
NHS Fife must ensure a risk assessment for patients who may present a cross infection risk is in place, ensuring all risks are mitigated when unable to isolate a patient with a known infection					
	Review of the current NHS Fife single room priority matrix and risk assessment documentation at ward level.	1 month , Expected May 2023	ICM/ICD/HoN	Review of current process underway	In progress
	The NHS Fife IPCT shall continue to support ward staff with advice (TBPs, enhanced cleaning, waste, linen etc) based on the patients individual risk factors which is documented in the patients notes and on ICNET by the IPCT.	In place	ICM/ICD/HoN	Ongoing practice in place	Completed
Requirement 2					
NHS Fife must ensure infrequently used water outlets are flushed in line with current policy					
	Water management memo, increased from quarterly circulation to monthly, to senior teams, to be distributed throughout their area of responsibility, this will help raise awareness and support continued compliance with water safety. Circulation is undertaken on the staff Blink page as well as via senior teams to ensure all staff aware.	In place	WSG/Estates	Completed	06/04/2023
	Monitoring for infrequently used water outlets is part of local audit measures and will continue to be monitored through infection control ward audit.	In place	WSG/HoN/LN/S CM/ICM	Ongoing practice in place	06/04/2023

Requirement 3

NHS Fife must ensure the care environment is maintained and in a good state of repair to support effective cleaning

	<p>A maintenance programme is in place for the re-decoration of wards. This programme spans the full 12 months with at least one visit per ward during this time. Estates will issue the maintenance plan to clinical staff as to when their environment is scheduled to have re-decoration repairs carried out.</p>	01/06/2023	GK	Planned for May 2023	In progress
	<p>Repairs for the areas highlighted during the HIS visit have been scheduled for works to be carried out.</p>	01/06/2023	GK/Estates	<p>Ward 1 flooring was due to commence on Monday 24th April however due to Covid outbreak in the ward, this has been re-arranged for Monday 1st May. The scheduled refurbishment of the shower room in Ward 4 has commenced. Painting works that were highlighted in ward 1 and ward 4 has been completed.</p>	In progress

<p>Requirement 5</p> <p>NHS Fife must ensure attendance by members of committees in the infection prevention and control governance structure is a priority. When attendance is not possible, a deputy should attend, as recommended by the Vale of Leven Hospital Inquiry Report</p>					
	<p>Terms of Reference re-circulated to committee and meeting members as a reminder that attendance at meetings must be treated as a priority, and where absence is unavoidable (due to illness, leave or other clinical duties) a suitable deputy should attend where possible.</p>	In place	Senior Management/ICM	Request to re-circulate ToR sent to all Chairs of IPC Governance Groups and Committees	09/05/2023
<p>Requirement 6</p> <p>NHS Fife must ensure all staff comply with NHS Fife's mandatory infection prevention and control training</p>					
	<p>NHS Fife IPCT shall continue to promote blended learning opportunities for IPC education and training via the NES SIPCEP modules, Microsoft Teams training sessions, publish voiced over presentations on key IPC topics and a programme of face-to-face training opportunities</p>	In place	ICM/IPCT	In place	Completed
	<p>Senior managers currently promote mandatory infection prevention and control training along with collating weekly completion data and reporting to HSCP Director targeting areas for improvement</p>	In place	Senior management	In place	Completed
	<p>NHS Fife staff undergo an annual appraisal to ensure that their knowledge and skills remain up to date</p>	In place	Senior Management/LNs/SCNs	In place	Completed

Requirement 7

NHS Fife must ensure that there is a system in place for patients and visitors to provide feedback on the cleanliness of the environment

	<p>NHS Fife has a dedicated Patient Experience Team as NHS Fife is committed to, welcoming all forms of feedback, including comments, concerns or complaints across the full range of services and using this feedback to improve services.</p> <p>Care Opinion is utilised by NHS Fife where patients and visitors would have opportunity to comment on concerns, cleanliness is one of many areas of health and care featured, leading to learning, change and improvement</p> <p>NHS Fife Facilities have plans in place to re-introduce the annual Facilities Satisfaction Survey which was paused during the Pandemic - this captures patient views on environment, cleanliness, catering and laundry services</p>	<p>In place</p> <p>In place</p> <p>01/07/2023</p>	<p>Patient Experience Team/Catering Lead/Domestic Lead/ICM</p> <p>Patient Experience Team/Domestic Lead /ICM</p> <p>Catering Lead/Domestic Lead/Senior Estates Representative/ Laundry Manager/ICM</p>	<p>In place</p> <p>In place</p> <p>Planned for June 2023</p>	<p>Completed</p> <p>Completed</p> <p>In progress</p>
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<p>Recommendation a</p> <p>NHS Fife should review current risk assessments of personal protective equipment to promote safe availability as near to the point of care where possible</p>					
	<p>A short life working group have met involving nursing, infection control, estates and health and safety to consider a compromise between ligature risk and infection control to ensure PPE is as near to the point of care as possible</p>	<p>01/06/2023</p>	<p>Lead Nurse</p>	<p>The ligature risk could not be reduced however Danicentre place outside bays and side rooms in a high footfall area would be acceptable. A S-Bar paper has been submitted senior management to get agreement around accepting the risk to allow PPE to be at the point of care delivery.</p>	<p>In progress</p>
<p>Recommendation b</p> <p>NHS Fife should review provision of washing facilities, such as showering and bathing, as part of any refurbishment of mental health wards</p>					
	<p>Capital planning and works has commenced to provide a new walk in shower room within ward 4, QMH</p>	<p>28/04/2023</p>	<p>Estates</p>	<p>Work within ward 4 commenced on 10th April 2023</p>	<p>In progress</p>
	<p>Refurbishment work planned for Ward 1 is currently being scoped to consider ligature risks; this scope will also consider and review the provision of washing facilities.</p>	<p>01/12/2023</p>	<p>Estates/Senior Management</p>	<p>3 weekly meetings in place and reviewing current options for decant facilities to allow for refurbishment</p>	<p>In progress</p>

Meeting:	Clinical Governance Committee
Meeting date:	7 July 2023
Title:	NHS Response to Fatal Accident Enquiry (Linda Allan) & Recommendations
Responsible Executive:	Dr Christopher McKenna, Medical Director
Report Author:	Dr Shirley-Anne Savage, Associate Director of Quality and Clinical Governance

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Legal requirement

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This is presented to the committee for assurance that we have responded to the Fatal Accident Enquiry for Linda Allan.

2.2 Background

Linda Allan, born on 18 April 1960, died in the Intensive Care Unit, Victoria Hospital, Kirkcaldy, at 0215 hours on 23 October 2019.

2.3 Assessment

The cause of death was 1(a) multi-organ failure, 1(b) in-hospital cardiac arrest, 1(c) complications of perforated gastric ulcer (operated on 21.10.19) with fracture of the proximal tibia (operated on 17.10.2019).

The main findings were:

- Had Ms Allan been the subject of daily reviews including a review of her medication on 19 and 20 October 2019, there were opportunities to detect the deterioration in her condition and to take action to prevent her further decline.
- Further, when Ms Allan's pain score went from 0 to 10 over the period of just under 7 hours on 19 October 2019, she should have been the subject of escalation to an urgent medical review at that stage which could have resulted in her condition being assessed and action taken to prevent further decline.
- Had Ms Allan been escalated to an urgent medical review on 20 October 2019 at around 1800 hours when she was seen by the Advanced Nurse Practitioner ("ANP"), her condition could have been assessed and action taken then to prevent further decline.
- Any one of those precautions might realistically have resulted in the death being avoided.

The following matters are relevant to the circumstances of the death

- Record keeping and documenting of Ms Allan's condition was inadequate.
- The boarding policy, the policy in place to allow patients to be transferred from one ward to another for non-clinical reasons, was not adhered to resulting in Ms Allan being boarded without her vital signs being taken. The transfer document accompanying her to Ward 10 was not completed

Recommendations from the Enquiry

1. Every post-operative patient should be seen by an ANP or a doctor and their presentation recorded in the observation notes on a daily basis. As part of that daily review, the medication prescribed to the patient should be considered and adjusted if appropriate. The observation record should narrate that the medication prescribed has been considered and narrate any changes.
2. Any patient who records a low pain score and at the next observation check records a high pain score should be the subject of an immediate referral to an ANP or a doctor.
3. The Fife Early Warning System ("FEWS") Observation Chart should be revised to allow the site of pain to be recorded. Pain scores should be recorded from the point of admission into hospital until discharge.
4. A Fluid Balance Chart should be maintained for every post-operative acute patient until they are ambulant. 4

5. Refresher training on the action points referred to in Mr Chesney's email of 4 November 2020 should be given annually to all medical practitioners in orthopaedic wards. Records should be kept of who has received this training to ensure that all relevant employees receive it annually.
6. The lead trauma surgeon should continue to review a random selection of records on a monthly basis to ensure that ward rounds are being documented. Any failure to record a ward round should be raised with the doctor responsible for recording it to ensure that good practice is achieved and maintained.
7. Annual refresher training should be given to all employees who implement the Boarding Policy on how it works, how patients should be assessed in relation to it and how the paperwork for the Boarding Policy should be completed. Records of who has received this training should be kept to ensure that all relevant employees receive the training annually
8. Annual refresher training should be given to the members of the Hospital at Night ("H@N") team on the escalation process. Again, records should be kept of who has received the training to ensure that all relevant employees receive this training annually.

A response to the above recommendations was developed and submitted to the Sheriff by the 26th May 2023 as requested and is now published and attached as Appendix 1.

An action plan has been developed by the Planned Care team in order to take forward actions identified (Appendix 3) and this will be delegated to the acute Service clinical governance Committee.

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

N/A

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

N/A

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

Meetings with Deputy Medical Director and Associate Director of Nursing

Meeting to Collate Response 27 April 2023

Clinical Governance Oversight Group 20 June 2023

Executive Directors' Group 22 June 2023

2.4 Recommendation

- **Assurance** – For Members' information and assurance that the Fatal Accident Enquiry for Ms Linda Allan has been responded to.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Determination Linda Allan
- Appendix No. 2, Response
- Appendix No 3. Action Plan

Report Contact

Dr Shirley-Anne Savage

Associate Director of Quality & Clinical Governance

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**SHERIFFDOM OF TAYSIDE CENTRAL AND FIFE
AT DUNFERMLINE**

[2023] FAI 18

DNF-B133-22

DETERMINATION

BY

SHERIFF SUSAN DUFF

UNDER THE INQUIRIES INTO FATAL ACCIDENTS AND SUDDEN DEATHS ETC
(SCOTLAND) ACT 2016

into the death of

LINDA ALLAN

Dunfermline, 30 March 2023

DETERMINATION

The Sheriff having considered all the evidence and the submissions of parties,
determines in terms of section 26 of the Inquiries into Fatal Accidents and Sudden
Deaths Etc (Scotland) Act 2016 (“the Act”) that:

1. In terms of section 26(2)(a) Linda Allan, born on 18 April 1960, died at 0215 hours on 23 October 2019 in the Intensive Care Unit, Victoria Hospital, Kirkcaldy, Fife KY2 5AH.
2. In terms of section 26(2)(b) no accident took place.
3. in terms of section 26(2)(c) the cause of death was:

1a Multiorgan failure

1b In hospital cardiac arrest

1c Complications of perforated gastric ulcer (operated on 21.10.19) with fracture of the proximal tibia (operated on 17.10.2019)

4. In terms of section 26(2)(d) no accident having taken place, no finding is made in terms of this subsection.

5. In terms of section 26(2)(e) the following are precautions which could reasonably have been taken and had they been taken might realistically have resulted in the death being avoided.

Had Ms Allan been the subject of daily reviews including a review of her medication on 19 and 20 October 2019, there were opportunities to detect the deterioration in her condition and to take action to prevent her further decline.

Further, when Ms Allan's pain score went from 0 to 10 over the period of just under 7 hours on 19 October 2019, she should have been the subject of escalation to an urgent medical review at that stage which could have resulted in her condition being assessed and action taken to prevent further decline.

Had Ms Allan been escalated to an urgent medical review on 20 October 2019 at around 1800 hours when she was seen by the Advanced Nurse Practitioner ("ANP"), her condition could have been assessed and action taken then to prevent further decline.

Any one of those precautions might realistically have resulted in the death being avoided.

6. In terms of section 26(2)(f) any defects in any system or working which contributed to the death. I did not conclude there were any defects in the system of work that contributed to the death, and make no finding in terms of this subsection.

7. In terms of section 26(2)(g), the following matters are relevant to the circumstances of the death:

- i. Record keeping and documenting of Ms Allan's condition was inadequate.
- ii. The boarding policy, the policy in place to allow patients to be transferred from one ward to another for non-clinical reasons, was not adhered to resulting in Ms Allan being boarded without her vital signs being taken. The transfer document accompanying her to Ward 10 was not completed.

RECOMMENDATIONS

8. In terms of section 26(4), I make the following recommendations:

1. Every post-operative patient should be seen by an ANP or a doctor and their presentation recorded in the observation notes on a daily basis. As part of that daily review, the medication prescribed to the patient should be considered and adjusted if appropriate. The observation record should narrate that the medication prescribed has been considered and narrate any changes.
2. Any patient who records a low pain score and at the next observation check records a high pain score should be the subject of an immediate referral to an ANP or a doctor.
3. The Fife Early Warning System ("FEWS") Observation Chart should be revised to allow the site of pain to be recorded. Pain scores should be recorded from the point of admission into hospital until discharge.
4. A Fluid Balance Chart should be maintained for every post-operative acute patient until they are ambulant.

5. Refresher training on the action points referred to in Mr Chesney's email of 4 November 2020 should be given annually to all medical practitioners in orthopaedic wards. Records should be kept of who has received this training to ensure that all relevant employees receive it annually.
6. The lead trauma surgeon should continue to review a random selection of records on a monthly basis to ensure that ward rounds are being documented. Any failure to record a ward round should be raised with the doctor responsible for recording it to ensure that good practice is achieved and maintained
7. Annual refresher training should be given to all employees who implement the Boarding Policy on how it works, how patients should be assessed in relation to it and how the paperwork for the Boarding Policy should be completed. Records of who has received this training should be kept to ensure that all relevant employees receive the training annually
8. Annual refresher training should be given to the members of the Hospital at Night ("H@N") team on the escalation process. Again, records should be kept of who has received the training to ensure that all relevant employees receive this training annually.

NOTE

Introduction

[1] This determination follows an inquiry into the death of Linda Allan who died on 21 October 2019 in Victoria Hospital Kirkcaldy.

The Legal Framework

[2] This was a discretionary inquiry held in terms of section 4 of the Act.

[3] The procurator fiscal considered that an inquiry was required as she considered that the death occurred in circumstances giving rise to serious public concern and that it was in the public interest an inquiry be held.

[4] Fatal accident inquiries and the procedures to be followed in the conduct of such inquiries are governed by the provisions of the 2016 Act and the Act of Sederunt (Fatal Accident Inquiry Rules) 2017.

[5] In terms of section 1(3) of the Act the purpose of an inquiry is to establish the circumstances of the death and to consider what steps, if any, may be taken to prevent other deaths occurring in similar circumstances.

[6] Section 26 of the Act requires the sheriff to make a determination which in terms of section 26(2) is to set out the following five factors relevant to the circumstances of the death, in so far as they have been established to their satisfaction.

[7] These are: (i) when and where the death occurred; (ii) the cause or causes of such death; (iii) any precautions that could have reasonably been taken, and if so might realistically have avoided the death; (iv) any defects in any system of working which contributed to the death; (v) any other facts which are relevant to the circumstances of the death.

[8] The provisions in relation to an accident are not relevant to this inquiry.

[9] In terms of section 26 subsections (1)(b) and (4), the inquiry is to make such recommendations (if any) as the sheriff considers appropriate as to (a) the taking of reasonable precautions, (b) the making of improvements to any system of working, (c) the introduction of a system of working, and (d) the taking of any other steps.

[10] In order to identify precautions which, had they been taken, might realistically have avoided the death, or to identify defects in the system of working which contributed to the death, it is necessary that the sheriff is satisfied on the balance of probabilities that those precautions or the defects in the system of working contributed to the death.

[11] Further, in order to make recommendations the sheriff has to be satisfied that there is a reasonable possibility that the recommendations may prevent deaths in similar circumstances.

[12] The procurator fiscal represents the public interest. An inquiry is an inquisitorial process and the manner in which evidence is presented is not restricted. The court proceeds on the basis of evidence placed before it by the procurator fiscal and by any other party to the inquiry. The determination must be based on the evidence presented at the inquiry and is limited to the matters defined in section 26 of the Act.

[13] Section 26(6) of the Act provides that the determination shall not be admissible in evidence or be founded on in any judicial proceedings, of any nature. This prohibition is intended to encourage a full and open exploration of the circumstances of a death, while also reflecting the position that it is not the purpose of a Fatal Accident Inquiry to establish civil or criminal liability (section 1(4)).

[14] The scope of the inquiry extends beyond mere fact finding. It looks to the future and seeks to prevent deaths occurring in similar circumstances. Where the circumstances have given cause for serious public concern an inquiry may serve to restore public confidence and allay public anxiety.

Participants and representation

[15] The procurator fiscal represents the public interest in a fatal accident inquiry and Mr Morrison, procurator fiscal depute, appeared. Fife Health Board was represented by Miss Russell, advocate

[16] I am grateful to both Mr Morrison and Miss Russell and Miss Russell's instructing solicitor for their assistance in the conduct of this inquiry. The agreement of evidence and the use of affidavits have greatly assisted the inquiry.

The witnesses to the Inquiry

[17] I had affidavit evidence from the following witnesses:

Sharon Adams, Ms Allan's daughter

Shona Adams, Ms Allan's daughter

Jamie Duff, Ms Allan's partner

Dr Bappa Roy NHS Fife

Andrea Bendowski, NHS Fife

Dr Fiona Bull NHS Fife

Lorna Bellingham, NHS Fife

Dr McCallum Kirkcaldy Health Centre

Pauline Hope NHS Fife

David Chesney, NHS Fife

John Annan, NHS Fife

Dr Paula Murphy, Kirkcaldy Health Centre

Claire Westby NHS Fife

Susan Halfpenny NHS Fife

Sinead Webster NHS Fife

Paul Jenkins, Resolve Medicolegal

Mark Blyth, Glasgow Royal Infirmary, and

Dr Caroline Whymark Resolve Medicolegal

In addition, I heard oral evidence from the following witnesses:

John Annan NHS Fife

Claire Westby NHS Fife

Susan Halfpenny NHS Fife

Sinead Webster NHS Fife

Pauline Hope NHS Fife

David Chesney NHS Fife

Mark Blyth Glasgow Royal Infirmary,

Dr Caroline Whymark, Resolve Medicolegal, and

Paul Jenkins Resolve Medicolegal

The circumstances

[18] This Fatal Accident Inquiry concerned the care of Ms Allan in Victoria Hospital Kirkcaldy in the time before she suffered a cardiac arrest on 21 October 2019.

[19] The 2016 Act requires the Sheriff to make a determination which sets out factors relevant to the circumstances of the death.

[20] It is not the function of a Fatal Accident Inquiry to assess the adequacy of an internal review by the Health Board into the circumstances of the death. Nor is it the function of a Fatal Accident Inquiry to make findings of liability or criminal responsibility.

The cardiac arrest

[21] Ms Allan suffered a cardiac arrest at 0335 hours on 21 October 2019. She was resuscitated and transferred to the Intensive Care Unit. An ultrasound revealed the presence of free fluid in her abdomen and once she was stable, she underwent a laparotomy at 0805 hours on 21 October 2019. On opening the abdomen, a large pre-pyloric perforated chronic ulcer around 1cm in diameter was found. There was around 2 litres of gastric fluid in the peritoneal cavity which included food contents. The abdomen was cleaned out and the ulcer closed and repaired. Ms Allan remained in Intensive Care but her condition continued to deteriorate. She was taken back to theatre at 2145 hours on 22 October 2019. At this time, there was ischemia of the small bowel with gangrenous patches. The colon was noted to be dusky and the liver was thought to be ischemic. It was decided that any further attempt at resection or surgical intervention

was likely to be unsuccessful. It was agreed that Ms Allan would be kept comfortable.

Ms Allan died at 0215 hours on 23 October 2019.

Admission to hospital

[22] The chronology following Ms Allan's admission to hospital was not controversial.

[23] On 15 October 2019, Linda Allan was admitted to the Orthopaedic Unit at the Victoria Hospital in Kirkcaldy. She gave a history of stepping over a low wall in a garden which gave way.

[24] She was noted to have an isolated injury to her right knee. X-rays revealed a complex bicondylar tibial plateau fracture of the right knee.

[25] She gave a past history of hyperthyroidism, for which she had a thyroid lobectomy in 2014 and a history of a duodenal ulcer/duodenitis. Her medications were noted to be levothyroxine which is used to treat hypothyroidism, and lansoprazole, which is used to treat duodenal ulcers and duodenitis. It was also noted that she had been prescribed Naproxen, but that entry in her medical notes is followed by a note "no longer takes".

[26] Following her admission for surgery, a CT scan of the right knee was carried out to give more detail about the fracture. Her initial plan for surgery was delayed to allow her surgery to be carried out by a specialist with particular skills to treat the type of fracture that Ms Allan had.

[27] Her surgery was carried out on 17 October 2019.

Before the operation

[28] On 17 October 2019 Ms Allan was assessed by Dr Bull, Consultant Anaesthetist, Dr Bull noted a history of duodenal ulcer but confirmed no reflux symptoms at that time. She listed naproxen and lansoprazole in the drug section and noted that paracetamol had been given earlier that morning. She recorded Ms Allan to be a smoker of 15 cigarettes per day.

During the operation

[29] Dr Bull administered standard general anaesthesia.

[30] Shortly after induction of anaesthesia, there was a period of lowered blood pressure of around 90/50 mmHg for approximately 15 minutes. The expert witness, Dr Whymark, stated that this typically occurs in the period after induction of anaesthesia and prior to the operation commencing when there is no surgical stimulation. This was identified and immediately treated with incremental boluses of two drugs, metaraminol and ephedrine which supported the blood pressure until the surgery began.

[31] At 1000 hours, a bag of intravenous fluid is recorded as being started. This was to provide hydration and support blood pressure. Morphine and paracetamol were given intravenously for pain relief during the operation. The paracetamol was given 4 hours after the morning dose.

[32] Dr Whymark considered that the dose of morphine was generous.

[33] At the end of the operation, the surgeon administered local anaesthetic to the wound.

After the operation

[34] In the recovery room, Ms Allan reported a pain score of zero.

[35] Dr Bull prescribed intravenous morphine, which could have been administered in recovery in that immediate postoperative period. Ms Allan did not receive it because it was not required at that time. Ms Allan was not given naproxen then.

Postoperative instructions

[36] These proposed to restart oral intake as able, to give analgesia as per the drug chart, and to give oxygen to keep saturation above 95%.

[37] Dr Bull prescribed twice-daily long-acting oral morphine 20 mg with an instruction that it be reviewed daily and reduced. This continued at 20 mg for 48 hours. Dr Bull wrote a further prescription for oral morphine 10 mg for breakthrough pain, allowing it to be given more frequently, every one hour, instead of every two hours as was prescribed preoperatively. Dr Bull prescribed naproxen 500 mg orally twice daily to begin that evening. She gave no additional instructions. Ms Allan had previously been prescribed the proton pump inhibitor, lansoprazole, in hospital.

[38] The recovery room care chart shows that at 1340 hours the pain score was zero, the nausea score was zero, blood pressure was 105/58 and all other observations were satisfactory. Ms Allan was deemed fit to return to the ward. When the patient has been

appropriately discharged from recovery to be returned to the ward, the immediate responsibility of the anaesthetist to the patient is at an end.

The prescription of naproxen

[39] At page 64 of Crown production 6, medical records, it is recorded beside naproxen “no longer takes”.

[40] The court had affidavit evidence from Dr Paula Murphy, and Dr Heather McCallum, both GP partners at Ms Allan’s practice in relation to the prescription of naproxen.

[41] Dr McCallum states that Ms Allan was prescribed naproxen on two occasions in 2019. The first was on 9 April 2019 when Ms Allan attended her GP reporting bursitis on her hip for which she had been taking ibuprofen over the counter. This had not worked so she sought a prescription for naproxen. Ms Allan was prescribed a 28-day supply of naproxen consisting of 56 tablets. That was the maximum number of tablets she could be prescribed without seeing a doctor again. Dr McCallum also prescribed lansoprazole to protect the stomach.

[42] Dr McCallum was aware of Ms Allan’s history of gastritis and duodenitis in 2008, noted that Ms Allan had been prescribed lansoprazole in 2008, and had a repeat prescription of that in 2014.

[43] Ms Allan told Dr McCallum on 9 April 2019 that she had not suffered any side effects from the use of naproxen in the past or from recent use of ibuprofen. Ms Allan was advised to stop using the naproxen if she experienced any side effects and to seek

medical help. She did not report any concerns to Dr McCallum regarding her stomach in 2019.

[44] Ms Allan saw Dr Murphy on 18 July 2019 at a routine appointment with a history of pain over the medial arch of her foot that had been ongoing for a few weeks. Dr Murphy thought it could be tendonitis and advised a self-referral to podiatry. Dr Murphy prescribed naproxen for 28 days. Dr Murphy did not prescribe lansoprazole because the prescription in April had been for 2 months when the prescription for naproxen was only for 28 days. There was a repeat prescription for lansoprazole done on 18 August 2019. Dr Murphy warned about taking any other anti-inflammatories, taking on an empty stomach and using a protein pump inhibitor while taking naproxen. She advised desisting in the use of naproxen if there were any gastro-intestinal side effects such as heartburn or indigestion.

The prescription of naproxen by Dr Bull

[45] As the consultant anaesthetist for the operation, Dr Bull took a pre-operation history from Ms Allan. She ascertained that Ms Allan had a history of duodenal ulcer but had no reflux at that time. She prescribed naproxen for pain relief post-operatively. While she gave no specific instructions in relation to the review of naproxen, she instructed that the morphine prescription was to be reviewed and reduced daily. Her immediate responsibility to Ms Allan ceased when Ms Allan returned to the ward.

[46] In the expert opinion of Dr Whymark, the prescription of naproxen in the postoperative period was reasonable given the information available and the potential

benefit intended. It was also reasonable to consider that Ms Allan was unlikely to suffer any harm from it due to her tolerance of two courses of the same drug earlier in the year.

[47] I make no findings in relation to the prescription of naproxen by Dr Bull.

Ms Allan's return to the ward

[48] The following is recorded in the medical notes in the section on Progress/Continuation/Evaluation of Care ("Observation notes") after Ms Allan's return to the ward.

[49] 17 October 2019 1500 hours. Dr Cox, a Foundation Year One doctor ("FYI"), carried out a postoperative review. They recorded:

"ORIF Right tibial plateau fracture, cefuroxime given intra-operatively;
FEWS 0
HR72 BP108/52 RR is 0298.1 on nasal cannula
Feeling 'rotten' – pain 10/10 at the moment –right leg and foot
No nausea/vomiting
No urine yet since theatre
Has been drinking lots of water, no food yet
O/E Looks sleepy
Hands warm cap refill under 2 secs
Pulse regular and strong 1 x cannula in situ
HS 1+11+10
Chest clear, no added sounds
Adbo soft and non tender
Both feet warm, pulses sensations + illegible
Present bilaterally
Imp- no immediate post op concerns
Plan- Analgesia. Encourage oral intake
Mobilise NWB 6 weeks in donjoy brace 0-90 physio
Removal of clips in 2 weeks
VTE prophylaxis"

18 October 2019 0100 hours. The observation notes record:

“Settled overnight
PRN oramorph and ice therapy
Frugmin
Fews stable
For PT review NWB 6 weeks
Passing urine”

18 October 2019 1000 hours. The observation notes record:

“Dressing renewed. Wound clean and dry hinged brace –reapplied. Pain better controlled- ongoing
Physio remain NIWB”

19 October 2019 1140 hours. Ms Allan was seen by an occupational therapist (“OT”).

They have recorded:

“OT: 11.30- Reviewed PT notes before introducing myself to pt. Pt ++sleepy but confirmed that balance was an issue today. Consented to provision of a free standing toilet frame which will facilitate an easier transfer. Plan-provide a frame for family to take home. Pt says she has adequate support from family who can assist with needs etc”

19 October 2019. 1500 hours. The observation notes record:

“Analgesia R/V (review). On zomorph illegible feeling very sleepy. pain well controlled. c/o (complaining of) constipation. Bowels not moved 7/1.
Commenced laxido and senna”

20 October 2019. 1445 hours. Further visit by the OT who records:

“OT 1430- Pt continues to be ++sleepy therefore toilet frame ordered for delivery to pt’s home on Tuesday. Pt agreeable to this”

20 October 2019. 1500 hours. The observation notes record:

“patient boarding to ward 10 VHK to allow for further admissions. Happy to move and will inform next of kin”

20 October 2019. 1530 hours. The observation notes record:

“further bowel movement with difficulty. Zomorph v 10mg as feeling very sleepy.”

20 October 2019. 1520 hours. The observation notes record:

“Handover given to ward 10. To transfer pt after dinner as they don’t have a meal for her”

There are no other observation entries for Ms Allan’s time in Ward 33.

Care rounding

[50] In terms of the care rounding records, Ms Allan was to be seen every 4 hours.

[51] She returned from surgery at 1400 hours on 17 October 2019. At that time, she is recorded amongst other things as wanting a drink, not being in pain, being comfortable and not worried about anything.

[52] A fluid balance chart was not being used and was not used when Ms Allan was on Ward 33.

[53] On 17 October 2019, at 1800 hours, 2200 hours, 0100 hours and 0500 hours, Ms Allan is recorded as being in pain, being given analgesia, being comfortable and not being worried about anything. The entries at 0100 and 0500 must be into 18 October 2019.

[54] The care rounding records are at pages 30-41 of Crown production 6 the medical notes.

[55] The notes are confusing to follow.

[56] The section headed "Time of Care Rounding" states "06.00am-05.00am- continue overleaf". The times given at the top of the chart for recording are in the 24-hour clock starting at 1800 hours.

[57] The care rounding pages in Crown production 6 are ordered as follows:

17 October 1000 and 1400 hours are on page 38.

17 October 1800 and 2200 hours are on page 39. Also on page 39 are entries for 0100 and 0500 hours which times, presumably, are into the following day but that is not clear.

18 October for recordings in the morning is on page 36. Although someone has filled in the site, the ward, the date and the frequency of the recordings and signed it, there are no recordings on that page.

18 October recordings for 1800 hours onwards are on page 37. However, there are only three recordings at 2100, 0100 and 0500 hours and the same uncertainty about the times of 0100 and 0500 hours referred to above exists.

Page 35 has entries for 1800, 2200 and 0200 hours but the date is unclear. It may be 18 October but if that is the case, there are two pages purporting to record the evening of 18 October on pages 35 and 37 and both give different times.

19 October 1000 and 1400 hours are on page 33.

19 October 1800, 2200 and 0200 hours are on page 34.

20 October from 0600 hours to 1700 hours appears on page 32 but only has one recording on it at 1100 hours.

20 October from 1800 hours to 0500 hours appears on page 31. The time of 1800 has been scored out and 1600 handwritten in. There are two further entries on that page timed at 2000 and 0000 hours.

[58] Concerningly, the observation notes at page 76 of Crown production 6 record Ms Allan as being in Ward 10 by 1625 hours on 20 October. SN Halfpenny gave evidence that Ms Allan had arrived in Ward 10 at around 4pm (1600 hours).

[59] I accepted the evidence of SN Halfpenny about Ms Allan's arrival on Ward 10. Care rounding records were still being completed for Ms Allan when she was no longer on Ward 33.

[60] The contradiction between the care rounding records and the observation notes is concerning.

[61] Recorded throughout the care rounding notes is that Ms Allan's bowels had not moved from the time the record started at 0600 hours on 16 October until an entry on 20 October at 1100 hours where it is recorded that they had.

[62] On 20 October an entry at 1600 hours on page 31 of the care rounding records contradicts the entry on page 76 that Ms Allan had had a further bowel movement at 1530 hours on 20 October.

[63] I note that following the Significant Adverse Event Review ("SAER") that the care rounding records have been replaced with a Care Clock. This prompts nursing staff to ask about and record daily the date of the last bowel movement.

Fife Early Warning System (FEWS)

[64] FEWS is a medical scoring system aimed at identifying early signs of deterioration in a patient. It is based on a patient's vital signs which are allocated a number on the scoring system depending on their values. The numbers are added up to give the total score. A FEWS score of above 3 indicates the nurse has to consider escalation and inform the nurse in charge. If the FEWS score is above 4 or above 3 for more than an hour, the medical team has to be informed and consider infection, admission to the Intensive Care Unit or High Dependency Unit or ward-based care.

[65] Temperature, Heart Rate, Blood Pressure and Respiratory rate are recorded. In addition, there are sections for the following to be recorded:

O2 sat, on 02%, Ward, temperature, pulse, lying BP, standing BP, resp, O2 stat, on02%, AVPU, pain (rest), pain (move), N/V, bowels, weight, EWS regime and Nurse.

[66] Not all sections apply to all patients. For example, Ms Allan did not have her standing BP recorded because she was not standing.

[67] However, as noted, there is a section in relation to bowels and nothing was recorded for Ms Allan on this FEWS record from 15 October 2019 at 1801 hours when the FEWS recording began until the last entry on 20 October 2019 at 2213 hours. This is despite Ms Allan reporting her bowels had not moved since before her admission to hospital until a bowel movement on 20 October noted above.

[68] Notwithstanding the fact that Ms Allan had been admitted to hospital with a leg fracture which it is noted she described as painful, there are no entries in the FEWS scores pre-operatively about pain.

Evidence of observations of Ms Allan in Ward 33***Friday 18 October 2019***

[69] Mr Annan who carried out the operation on Ms Allan along with a colleague Mrs Mitchell stated in his affidavit and in evidence that he recalled seeing Ms Allan on Friday 18 October 2019 during the Trauma ward round. He said Ms Allan was in a side room and was comfortable when he saw her. He did not get the impression she had abdominal pain. Had she complained of abdominal pain he would have examined her abdomen. Her presentation then was as he expected it to be postoperatively. He did not record his findings in the notes.

Saturday 19 October 2019

[70] Staff Nurse Clare Westby saw Ms Allan on 18, 19, and 20 October 2019.

[71] She was responsible for the entries in the observation notes at 1800 hours on 18 October, 1500 hours on 19 October and 1500 and 1530 hours on 20 October 2019.

[72] SN Westby stated that at the morning handover on 19 October the night shift staff had reported that Ms Allan had been having issues with constipation overnight and her bowels had not moved in 7 days. SN Westby made an entry in the observation notes at 1500 hours on 19 October to that effect and commenced laxido and senna.

Sunday 20 October 2019

[73] SN Westby had looked after Ms Allan since Friday 18 October and she felt that on Sunday 20 October Ms Allan was more lethargic than she had been. She described Ms Allan as being quite chatty on the Friday, sitting in the chair, not as chatty on Saturday and complaining of constipation overnight and on Sunday being more lethargic although she looked well and her observations were fine.

[74] As a result of Ms Allan's appearance on Sunday, she escalated Ms Allan to a FY1 doctor. That doctor reduced the dose of zomorph.

[75] SN Westby's entry in the observation notes at 1530 hours states "zomorph v 10mg as feeling very sleepy" SN Westby could not remember if the FY1 came to see Ms Allan or if the dose was reduced based solely on their conversation. SN Westby said the normal escalation process, if there were any new concerns, was to escalate to a FY1 doctor. She was concerned enough about Ms Allan's presentation to speak to a FY1 doctor about Ms Allan. Ms Allan was alert and orientated but she was a lot more lethargic. If the doctor had done a physical examination, SN Westby would have expected to see an entry in the observation notes. In addition to that, SN Westby discussed Ms Allan's constipation with an FY1 doctor who prescribed laxatives to be taken regularly. She was unsure whether the doctor examined Ms Allan in relation to the constipation symptoms or whether laxatives were prescribed based on the conversation she had had with the doctor. There are no entries in the observation notes on 20 October 2019 from any FY1 doctor.

[76] Ms Allan told SN Westby that she had some relief following a small bowel movement. When SN Westby saw Ms Allan at 1500-1530, she considered that Ms Allan looked well but sleepy. Ms Allan was happy to board and said she would tell her next of kin. At that time, Ms Allan did not report having pain to SN Westby.

[77] SN Westby did not carry out the boarding assessment but Ms Allan met the criteria for boarding and admission to Ward 10.

[78] At 1625 on 20 October 2019, Ms Allan was initially assessed in Ward 10 by SN Susan Halfpenny who recorded the following in the observation notes:

“Patient transferred from Ward 33. Patient felt very unwell on arrival- stomach pain, felt very hot. Temp checked 36!. Did have 1 very small bowel movement but still feels very constipated. Phoned ward but they stated she has been very sleepy so zomorph reduced and symptoms probably due to constipation. FEWS of 1 on arrival due to O2 of 89%- now on nasal canula @2 ltrs and beginning to rise.”

[79] SN Halfpenny considered that Ms Allan had not been an appropriate patient to be boarded. In Ward 10, which is a nurse-led ward, it is not usual to do a full review of a patient when they arrive from another ward but Ms Allan was fully reviewed.

Ms Allan looked like she was in pain and was upset. SN Halfpenny thought something did not look right and that Ms Allan looked almost green. Ms Allan was complaining of abdominal pain and pain in her bowel. SN Halfpenny noted Ms Allan’s oxygen saturation at 89% and considered that something was not right when there was no history of respiratory problems.

[80] There was no record of Ms Allan’s fluid intake. SN Halfpenny took blood for analysis and asked for a review of Ms Allan as soon as possible. In the meantime, she

tried to make Ms Allan comfortable. She gave Ms Allan laxido. The Hospital at Night Team (“H@N”) were contacted to review the patient and Advanced Nurse Practitioner (“ANP”) Sinead Webster arrived about an hour after Ms Allan was transferred.

[81] The night shift came on duty at 1900 hours and SN Halfpenny remained on the ward until 2000 to ensure the night shift was managing.

[82] ANP Webster said that she had been contacted by Ward 33 and she was told that Ward 10 had said that Ms Allan was an inappropriate boarder whereas Ward 33 considered that Ms Allan was an appropriate boarder and that she was well. It was unusual for ANP Webster to be contacted by a ward that the patient was no longer on.

[83] At around 1830 hours, ANP Webster attended Ward 10 to examine Ms Allan.

[84] She made the following entry in the observation notes:

“1850 ATSP re ‘feeling unwell’. FEWS 1 SaO2 92%. Patient is constipated and feeling nauseous ++.
 O/E HS/ 1+1 1+0 cool to elbows + mid calf
 JVP (-) no oedema
 Chest- poor inspiratory effort
 ? A/E bi basally
 Poor inspiratory effort 2 ° pain
 Abdo distended, scant bowel sounds, bowels open this am, denies flatus, not tender on palpitation but “crampy”
 Commenced on senna and laxido today. Note has been ‘sleepy/drowsy’ throughout previous entries and zomorph (down arrow for reduced)
 ?? Fluid intake over the last few days.
 Appears dry++
 Plan/ Baseline bloods D. The Ds after these four entries may be a drawn box rather than a D
 Cannulate D
 Iv fluids D fluid balance chart D
 Buscopan for cramps (ticked)
 Ask H@N team to IV D”

[85] ANP Webster found Ms Allan in bed, alert but pale, her hair was dishevelled and she looked tired. Ms Allan said that she was not feeling brilliant and that she felt really constipated. Ms Allan did not look good. ANP Webster had not met Ms Allan before so she did a full examination. She listened to heart and chest sounds, did an abdominal examination and checked her leg wound for bleeding. Respiratory examination revealed poor inspiratory effort with reduced air entry bibasally and Ms Allan was in pain and not able to deep breathe. She felt bloated and uncomfortable on sitting forward and as a result satisfactory chest auscultation was difficult to achieve. Ms Allan said she had opened her bowels a little bit that morning and felt quite crampy. On examination, her abdomen was distended with scant bowel sounds on auscultation. Ms Allan denied flatus. Her abdomen was not tender on palpitation but she described it as "crampy", because Ms Allan had had a bowel movement ANP Webster did not consider that she needed escalated at that time. Had the bowel sounds been tinkling or absent, ANP Webster would have escalated Ms Allan at that time. Ms Allan had dry mucous membranes on visual examination. ANP Webster thought from that that Ms Allan's bowels were starting to move. Ms Allan was alert and orientated but she was in pain and uncomfortable.

[86] ANP Webster considered that Ms Allan was likely to be dehydrated but because there were no fluid balance charts, she could not ascertain how much fluid Ms Allan had taken in. ANP Webster considered acute kidney damage because Ms Allan had just had an operation and had been given strong morphine. ANP Webster took blood because Ms Allan had not had bloods taken since her operation. Although SN Halfpenny said

she also took blood when Ms Allan arrived on Ward 10. ANP Webster asked for a full blood count, urea and electrolytes.

[87] Emergency blood analysis takes 30 minutes to obtain results. Routine blood analysis takes between an hour and an hour and a half. ANP Webster sent the blood for routine analysis because she considered that Ms Allan's symptoms were related to dehydration. The lack of any fluid balance charts meant that ANP Webster had not been able to calculate how much fluid Ms Allan had had. ANP Webster would have expected Ms Allan to have a fluid balance chart. She said that different wards in the hospital did different things in relation to fluid balance charts. She considered that all wards should keep fluid balance charts. In her opinion, the fact that the observation notes said that Ms Allan was drowsy meant that Ms Allan should have had a fluid balance chart to monitor her fluid intake. If Ms Allan had had a fluid balance chart and it had shown an adequate intake of fluid of 1000mls in the last 12 hours and on examination, Ms Allan was cool to the elbows and mid-calf, that would have changed ANP Webster's management of Ms Allan. ANP Webster would have requested emergency blood analysis and given Ms Allan much faster fluids.

[88] The absence of a record of fluid intake meant that ANP Webster considered the cool extremities were due to dehydration rather than another cause.

[89] ANP Webster inserted a venflon cannula in her arm and started fluids. She requested the nursing staff to commence a fluid balance chart. ANP Webster handed Ms Allan's care to a colleague in the H@N team as she was going off duty with the instructions that bloods needed to be chased up and reviewed to see if Ms Allan had an

acute kidney injury. She considered that the bloods and vital values would inform a decision of whether or not Ms Allan needed escalated. She did not escalate Ms Allan to a registrar then because she considered that they would have told her to wait for the blood results. She also considered that Ms Allan's clinical observations then did not indicate an immediate review and Ms Allan would have been handed over to the night shift with her being seen by a doctor in no less than an hour or an hour and a half.

[90] ANP Webster considered that Ms Allan's cool peripheries indicated that she was fluid depleted.

[91] 20 October 2019. 2025 hours, the observation notes state

"Patient managed to pass urine on bedpan. Only managed about 30ml. Bladder scanned post void showed 130ml. Patient not uncomfortable at this time will continue to monitor output."

[92] 20 October 2019. 2202 hours, a member of the H@N team reviewed the blood results and examined Ms Allan. They made the following entry in the observation notes:

"New AKI (acute kidney injury)
 Patient dry ++ cold extremities- shut down
 Plan medication review – withheld naproxen co AKI. Patient agreed.
 IV fluids
 Catheter insertion for close monitoring, review morphine, word illegible, ?
 switch oxycodone
 Word illegible renal function
 Words illegible
 Ordered on system- suppositories for constipation
 Please escalate any further concerns overnight."

There are five more entries in the observation notes before the entry relating to the cardiac arrest which occurred at 0335 hours and which was written into the observation notes at 0440 hours.

These are:

“2300 Catheterised due to AKI 2. No issues. Aseptic technique used. IVF continue further bags prescribed. I vols continue. Glycerol suppositories given as per cardex. Continue to monitor.
2340 Datix completed- WEB108841 as inappropriately boarded to ward 10.
0150 Settled at present. 1° vols continue between 30-50ml/hr. IVF continue. MSU NAD. Bloods due in morning. No result from suppositories. Nothing felt in return when giving supps. Fluid intake encouraged. Meds are per cardex. FEWS 0. Continue to monitor.”

There is no entry on the FEWS observation chart at 0150 hours on 21 October 2019.

0250 H@N contacted on patient. HNPU (has not passed urine) in past hour advised to give 500ml over 1 hour and if not passed urine after to phone back.

The lack of medical review in Ward 33

[93] SN Westby saw Ms Allan on 18, 19 and 20 October 2019. She observed Ms Allan to be more lethargic on 20 October 2019 and she observed a deterioration in Ms Allan’s presentation and spoke to a FY1 doctor about Ms Allan.

[94] If the FY1 doctor did physically examine Ms Allan, they have failed to make any entry in the observation notes. The last entry by a doctor was that of the FY1 doctor on 17 October 2019 when Ms Allan returned to the ward after the operation. I accept that Mr Annan did see Ms Allan on 18 October 2019.

[95] The absence of any entries by a doctor after 17 October 2019 is concerning.

[96] I cannot conclude that Ms Allan was seen by a doctor after SN Westby spoke to a FY1 doctor about her on 20 October 2019 but neither can I conclude that she was not seen by a doctor.

[97] Every patient who has undergone an operation should have a daily documented medical review by a member of their care team who should clearly sign their entry.

That would ensure that the patient's recovery can be seen to be proceeding as it should.

[98] Such a daily medical review would record the patient's recovery against clear recovery goals and would highlight the presence of complications or other symptoms and the requirement for any additional investigations or treatments.

[99] Such a daily review would have been likely to have detected the ongoing abdominal symptoms and led to the consideration of differential diagnoses.

The lack of medicines review

[100] Dr Bull had prescribed twice-daily long-acting oral morphine 20 mg postoperatively with an instruction that that prescription was to be reviewed daily and reduced.

[101] While the dose of morphine was reduced in response to Ms Allan appearing very sleepy, there is no evidence before me from which I can conclude that Ms Allan's presentation was considered by a doctor. Ms Allan was complaining of constipation, was taking naproxen and had a history of gastric ulcers. It appears that an assumption was made that the constipation was due to ingesting morphine and no differential diagnosis was considered.

Pain scores

[102] A patient returning from an operation would be expected to improve with the passage of time. FEWS scores were recorded several times a day post-operatively. On Saturday 19 October 2019, Ms Allan's FEWS scores were recorded at 1144 hours when her pain score at rest and when moving was 0. Her FEWS score was taken at 1842 hours when her pain score at rest and when moving was 10.

[103] Over a period of almost 7 hours, Ms Allan's pain level had gone from nothing to the most severe pain.

[104] Despite this recording, it would appear that nothing was done to investigate the cause of this dramatic escalation in pain. At that time, Ms Allan had a FEWS score of 2.

[105] I consider that pain score alone should have prompted a review by a doctor at that stage.

[106] While the FEWS records a pain score, it does not record the location of the pain. The recording of the location of a pain site would allow that additional factor to be considered in the assessment of the condition of a patient.

[107] In Ms Allan's case, had the site of the pain been recorded, and the site was her abdomen, that should have been a trigger for further investigation by a doctor. The absence of recording the site of the pain allows assumptions to be made about the cause of the pain.

Boarding Policy

[108] Crown production 13 sets out the boarding policy for patients within the Acute Services Division.

[109] The purpose of the policy is stated as:

“1.1 Acute capacity pressures will on occasion require patient transfers out with their speciality base for non-clinical reasons (boarding) to support patient flow and appropriate patient placement across the acute services division NHS Fife.
1.2 This document sets out the procedure that must be followed to ensure patient safety and quality clinical care is maintained”

[110] The Operational system is set out at section 4

“4.1 When there is a need to board patients to create admitting capacity, all in-patients should be considered for boarding unless one of the following exception criteria apply. If a patient is not suitable to be boarded, the reason for this must be documented in the healthcare record and clearly identified on the ward whiteboard.”

[111] One of the exception criteria is “FEWS >2 or clinical concerns based on professional judgment”.

[112] The procedure states at 4.5:

“Vital signs must be checked prior to boarding to ensure there has been no clinical deterioration”.

[113] Ms Allan’s vital signs were not recorded when she was boarded from Ward 33 to Ward 10. The Nursing Transfer Letter that was completed was not signed or dated by whomever boarded Ms Allan.

[114] SN Westby saw Ms Allan at 1500-1530 and she considered that Ms Allan looked well but sleepy. Ms Allan was happy to board and said she would tell her next of kin. At that time, Ms Allan did not report having pain to SN Westby.

[115] By 1625 on 20 October 2019, Ms Allan was noted in Ward 10 to be very unwell on arrival with stomach pain, feeling very hot and feeling very constipated.

[116] This appears to have been a rapid deterioration but had Ms Allan's vital signs been checked when she was about to leave Ward 33, this may have been picked up and a decision made not to board Ms Allan. Had Ms Allan's vital signs been taken then, that could have provided an opportunity for review by a doctor.

[117] Ward 10 is a nurse led ward and as such has patients in need of less attention than acute wards. I consider the fact that Ms Allan was in a less dependent nurse led ward meant that the H@N advanced nurse practitioner took Ms Allan's location into account in prioritising which patients to see first on 20 October 2019.

Reporting of family's concerns about Ms Allan's presentation

[118] It is noted in the SAER that Ms Allan's family reported that she was looking very unwell: jaundiced, distended abdomen, not passing urine, bowel not opened (on Saturday).

[119] None of the affidavits from Ms Allan's family members, Sharon Adams, Shona Adams and Jamie Duff, state that they raised concerns about Ms Allan's care with Ward 33 when Ms Allan was on Ward 33 or about her care on Ward 33 when she was on Ward 10.

[120] The affidavit of Sharon Adams states that she spoke to her mother, Ms Allan on the morning of 20 October 2019 and told her mother to tell the hospital staff how unwell she felt and how much pain she was in.

[121] SN Westby did not recall Ms Allan's family reporting any concerns to her while she was caring for Ms Allan in Ward 33. SN Westby would have recorded any concerns in the observation notes and discussed them with the nurse in charge, the FY1 or the orthopaedic registrar depending on the nature of any concern.

[122] SN Halfpenny said Ms Allan's partner and daughter were in Ward 10 and were angry at how ill Ms Allan was when she was transferred to Ward 10. They were glad that SN Halfpenny had requested a senior review for Ms Allan and were worried that her bowels had not moved for over a week and she was constipated and sleepy.

SN Halfpenny cannot recall Ms Allan's family raising concerns with her about Ward 33. She said that she would have noted their concerns in the observation notes had they raised them with her. It was SN Halfpenny's practice to inform a family who were unhappy at any aspect of care about the complaints procedure and to note the complaints process had been discussed in the observation notes. She did not report any concerns from the family in the notes as they did not directly state anything other than they were glad that Ward 10 was looking into the possible reasons Ms Allan was in pain.

[123] I am unable to conclude on the basis of the affidavit and oral evidence that the family did raise concerns about the care of Ms Allan with Ward 33 while Ms Allan was in Ward 33 or about Ward 33 when she transferred to Ward 10.

[124] I found SN Westby and SN Halfpenny to be credible and reliable witnesses. I have no doubt that if Ms Allan's family had raised concern about her care in Ward 33 while Ms Allan was in Ward 33 or about her care in Ward 33 when Ms Allan was in

Ward 10, both SN Westby and SN Halfpenny would have documented concerns raised with them by Ms Allan's family in the notes.

Proposed findings as agreed by the parties

[125] Both parties agreed that in terms of section 26(2)(a) Linda Allan, born on 18 April 1960, died at 0215 hours on 23 October 2019 in the Intensive Care Unit, Victoria Hospital, Kirkcaldy, Fife KY2 5AH.

[126] Both parties also agreed that no accident took place and therefore no finding should be made in terms of section 26(2)(b) or 26(2)(d).

Section 26(2)(c): the cause of death

[127] The inquiry has to determine the cause of death. The Crown and the Health Board proposed that the cause of death be:

1a Multiorgan failure

1b In hospital cardiac arrest

1c Complications of perforated gastric ulcer (operated on 21.10.19) with fracture of the proximal tibia (operated on 17.10.2019).

[128] I note that the expert witness, Paul Jenkins considers that in terms of part 2 of the causes of death, chronic peptic ulcer disease should be noted given Ms Allan's longer term past medical history and ongoing prescription of a proton pump inhibitor (PPI Lasnoprazole). Dr Jenkins considers that this history was also likely a contributor to her death, although but for the accident when Ms Allan fell over the wall that led to her

admission to hospital, it is unlikely that it would have led to Ms Allan's death at that particular point in time.

[129] I am not satisfied on the evidence that this should be included in the cause of death.

Section 26(2)(e) reasonable precautions which might have avoided death

[130] Fife Health Board did not propose any reasonable precautions that might realistically have resulted in the death being avoided, stating there had to be a causal connection between any such precautions and the realistic prospect the death might have been avoided.

[131] The Crown submitted that there were three precautions that could reasonably be taken and which, had they been taken, might realistically have avoided the death.

[132] These are

- i. For Ms Allan to have been reviewed as a matter of routine by a member of the medical team with responsibility for Ward 33 on 19 and 20 October while Ms Allan was in Ward 33 and for such a review to have included a review of Ms Allan's prescribed medications;
- ii. For Ms Allan to have been reviewed by a member of the medical team with responsibility for Ward 33 in the early evening of 19 October following reporting pain scores of 10/10 on both movement and rest, and for such a review to have included a review of Ms Allan's prescribed medications;

iii. For the escalation of care in respect of Ms Allan to a member of the appropriate medical team at the following points during the post-operative period:

- a. On the afternoon of 20 October 2019 at around 1800 hours within Ward 10 when Ms Allan was reviewed by Advanced Nurse Practitioner Webster, a member of the Hospital at Night Team;
- b. On the evening of 20 October 2019 at around 2200 hours within Ward 10 when Ms Allan was re-reviewed by an Advanced Nurse Practitioner from the Hospital at Night team and Ms Allan's blood analysis results indicated a new acute kidney injury.

[133] I accept the Crown's submissions and the evidence in relation to points i and ii. There is no record of Ms Allan having been seen by any member of the medical team other than the nursing staff and the occupational therapist from 17 October 2019 at 1500 hours and her being seen by ANP Webster on 20 October 2019 at around 1830 hours. A period of more than 3 days or 75.5 hours.

[134] I do accept that Ms Allan was seen by Mr Annan during the 18 October 2019 trauma ward round but that he has not documented that in Ms Allan's records. The lack of proper record keeping makes it impossible to be satisfied whether or not Ms Allan was seen by anyone other than the nursing staff and the occupational therapist after Mr Annan saw her on 18 October 2019 during that period.

[135] Ms Allan was not seen from the time of the trauma ward round on 18 October until the evening of 20 October when she was seen by ANP Webster, a period of more than two days. SN Westby gave evidence that she noticed a deterioration in Ms Allan

from Friday into Saturday and into Sunday when she spoke to a FY1 doctor about her presentation and medication on 20 October 2019.

[136] Had that doctor physically examined Ms Allan, that was a precaution that could reasonably have been taken that might realistically have avoided the death.

[137] Similarly, on 19 October 2019 Ms Allan's pain scores were recorded at 1144 hours as zero when moving and at rest. Despite the fact that over a period of just under 7 hours, her score went from zero to ten, the most severe pain, nothing was done to investigate that or to have her seen by a doctor or other member of the medical team. That was a precaution that could reasonably have been taken that might realistically have avoided the death.

[138] In relation to point iii (a), ANP Webster explained in evidence why she did not escalate Ms Allan at this time. ANP Webster saw Ms Allan at around 1830 hours on 20 October 2019 when she did a full examination of Ms Allan to the extent that Ms Allan was able to participate. ANP Webster considered that Ms Allen's cold extremities were caused by fluid depletion. A fluid balance chart had not been completed for Ms Allan post operatively. ANP Webster said she would have expected there to have been a Fluid Balance Chart but that different wards in the hospital do different things in relation to Fluid Balance Charts. She considered the fact that Ms Allan was noted to be drowsy meant that her fluids should have been monitored. Had ANP Webster seen a Fluid balance Chart and it showed a fluid intake of 1000ml in the preceding 24 hours, and on examination, Ms Allan was found to be cool to the elbows and midcalf, that would have

changed her management of Ms Allan. She would have asked for emergency blood analysis and given Ms Allan much faster fluids.

[139] The Advanced Nurse Practitioners in the Hospital at Night team cover the whole hospital out of hours and they are the first response to requests from wards. It is crucial, in my opinion, that all acute wards in the hospital operate to the same system to ensure that the ANPs are dealing with the same standards of care against which they can measure a patient's condition and what action is required. The absence of a Fluid Balance Chart meant that ANP Webster assessed Ms Allan's cool extremities as being due to fluid depletion. That assessment meant that ANP Webster did not escalate Ms Allan at that time.

[140] Having a Fluid Balance Chart for Ms Allan was a precaution that could reasonably have been taken that might realistically have avoided the death.

[141] Point iii (b) directly relates to the examination and assessment made by ANP Webster earlier in the evening. By 2202 hours, a new acute kidney injury had been diagnosed and was being treated with an instruction to escalate any further concerns overnight. It is unlikely by this stage that escalation was a precaution that could reasonably have been taken and which might realistically have resulted in the death being avoided.

Section 26(2)(f) system failings

[142] Neither the Crown nor the Health Board invited me to make findings in relation to defects in the system of work.

[143] Section 26(2)(f) is concerned with any defects in any system of working which contributed to the death. A finding under section 26(2)(f) requires a positive finding that the defect in the system of working actually contributed to the death. I do not consider it open to me on the evidence to make a finding on the balance of probability that any defects in the system of working contributed to Ms Allan's death.

Section 26(2)(g) other facts relevant to the circumstances of the death

[144] Section 26(2)(g) allows findings to be made which are relevant to the circumstances of the death. I agree with the submissions made by both the Crown and the Health Board that the areas of concern identified in the course of the inquiry should be addressed in terms of this subsection.

[145] This subsection encourages findings to be directed at such relevant circumstances even if there is no finding that they, on the balance of probability, contributed to the death. A number of matters relevant to the circumstances of the death require to be considered having regard to the purpose of an inquiry which is to establish the circumstances of the death and to consider whether any precautions could be taken which may prevent other deaths in similar circumstances.

Record keeping

[146] It is crucial for the continuity of care of a patient that every interaction with the patient is documented. This allows those involved in the patient's care to see their condition for the duration of their stay in hospital and to be able to assess if the patient's

progress is as expected. The proper recording of observations creates a history which informs care.

[147] I have found it impossible to conclude that Ms Allan was seen by a doctor when SN Westby spoke to a FY1 on Sunday 20 October 2019 because there are no notes of examination.

[148] Further, it is concerning that on the face of the medical records, entries were being made in the Care Rounding section of the notes by Ward 33 at a point when Ms Allan was in Ward 10; and that there is an entry in the observation notes at 0150 on 21 October 2019 that refers to a FEWS score of 0 when there is no entry for that time on the FEWS observation chart.

[149] Entries in medical records can only be meaningful in the care of a patient if observations are accurately recorded. It is not helpful for entries to be missed out or put in so it appears that things have been done.

Boarding

[150] It was accepted by the Health Board in the internal review that the boarding of Ms Allan was not in accordance with the Boarding Policy. Her vital signs were not checked prior to her leaving Ward 33 and the transfer document was incomplete and was not signed despite someone having written information on it.

[151] In my view, the failure to complete the transfer document ties in with the standard of record keeping evident elsewhere in the medical records.

Recommendations

[152] Every post-operative patient should be seen by an ANP or a doctor and their presentation recorded in the observation notes on a daily basis. As part of that daily review, the medication prescribed to the patient should be considered and adjusted if appropriate. The observation record should narrate that the medication prescribed has been considered and narrate any changes.

[153] Any patient who records a low pain score and then at the next observation check records a high pain score should be the subject of an immediate referral to an ANP or a doctor.

[154] The FEWS Observation Chart should be revised to allow the site of pain to be recorded.

[155] Pain scores should be recorded from the point of admission to hospital until discharge.

[156] ANP Webster would have taken a different approach to the care of Ms Allan had she been able to consider a fluid balance chart. She said practice varies across the hospital in relation to keeping fluid balance charts for patients post-operatively. It is impossible for reactive ANPs to assess a patient fully unless there is a standard approach throughout the hospital for how patients are dealt with post operatively until they are ambulant.

[157] A Fluid Balance Chart should be maintained for every post-operative acute patient until they are ambulant. This will ensure that reactive practitioners can look at

patients and can assess their fluid intake and output as part of their overall examination of the patient.

Significant Adverse Event Review

[158] The review identified six action points as:

1. Remind prescribers to review medicines at each transition of care;
 2. Ensure escalating analgesia requirements are triggers for medical review;
 3. Remind prescribers to add aperients when opiates are commenced;
 4. Orthopaedic team to agree documentation standards for ward rounds;
 5. Reissue NHS Fife's Boarding Policy to all SCNs (Senior Charge Nurses);
- and
6. Ensure H@N team are aware of appropriate escalation processes for deteriorating patients.

It was noted that the effectiveness of the action would be measured by email confirmation.

Action points 1, 3, 4 and 6

[159] In relation to points 1, 3, 4 and 6 Mr David Chesney was responsible for disseminating the action points. He sent an email on 4 November 2020 to the Orthopaedic Consultant group consisting of 16 surgeons but he had no way of knowing if the information in the email had been disseminated by them. The email referred to below, from Jamie Doyle, was the action taken in relation to point 6.

[160] Mr Chesney's email was in the following terms:

"Following SBAR (sic) earlier this year, delayed due to COVID, there are a few points for people to be aware of.

1. Medication should be reviewed at each transition of care.
2. Aperients should be considered/ prescribed when opiates are commenced.
3. it is important that ward rounds are documented. This should be a written note for trauma patients, with a dictated ward round which can then go on the portal. I think broadly this is what we do already.

thanks"

[161] Mr Chesney said that following the SAER, he introduced a "daily board round" of trauma patients to be undertaken by the on call registrar with the FY1 or ANP. This allowed the opportunity for the team to discuss patients and identify outstanding issues or outstanding work. He said this was created to support the FY1 doctors and ANPs. Even if the on call registrar did not see patients every day, Mr Chesney expected the on call registrar to make contact with the FY1 doctor. This meant that the on call registrar had an overview of the wards.

[162] Further, he was concerned at the lack of recording of observations in Ms Allan notes, he began a randomised audit of ward round documentation to ensure that ward rounds are documented in the records. This audit process continues to be undertaken by the trauma lead surgeon.

[163] These are positive steps that address the lack of medical oversight that was evident in Ms Allan's care.

[164] Ms Allan's death occurred in 2019. It is important that the issues that arose in Ms Allan's case are kept to the forefront of people's minds.

[165] Accordingly, I recommend that refresher training on the action points referred to in Mr Chesney's email of 4 November 2020 is given annually to all medical practitioners in orthopaedic wards. Records should be kept of who has received this training to ensure that all relevant employees receive it annually.

[166] Further, I recommend that the lead trauma surgeon continues to review a random selection of records on a monthly basis to ensure that ward rounds are being documented. Any failure to record a ward round should be raised with the doctor responsible for recording it in the notes to ensure that good practice is achieved and maintained.

Action points 2, 5 and 6

[167] In relation to action points 2, 5 and 6 Mrs Hope said there was an expectation that information would be disseminated to team members by Senior Charge Nurses but there was no process to check with them that the information had been shared or for ensuring adherence. The issue was not discussed at further meetings and that she had not looked at the issues since the email was sent on 16 October 2020.

[168] Jamie Doyle, Clinical Nurse Manager, in charge of the H@N team sent an email on 7 November 2020 to that team in the following terms

"An action was identified to ensure H@N team are aware of appropriate escalation processes for deteriorating patients. I have given assurances that H@N are all very familiar and experienced with patient escalation processes."

[169] This was despite two ANPs in the team not escalating Ms Allan when she should have been escalated.

[170] It is concerning that despite Ms Allan's untimely death and an internal Significant Adverse Event Review (SAER) little has been done to ensure compliance with systems.

[171] Following the SAER, the only actions taken to disseminate the findings of the SAER in relation to the Boarding Policy and the HAN team was the sending of an email to the Senior Charge Nurses and an email to the HAN Manager asking them to relay the action points to staff. There are no systems in place to record that the information in the email has been disseminated to the relevant employees.

[172] No refresher training was given to any staff about how the Boarding Policy worked, how patients should be assessed in relation to it or how the Boarding Policy paperwork should be completed. No refresher training was given to the members of the H@N team about the escalation process and no consideration was given to how the escalation system could be the subject of ongoing monitoring.

[173] I recommend that annual refresher training is given to all employees who implement the Boarding Policy on how it works, how patients should be assessed in relation to it and how the paperwork for the Boarding Policy should be completed. Records of who has received this training should be kept to ensure that all relevant employees receive the training annually.

[174] I further recommend that annual refresher training is given to the members of the H@N team on the escalation process. Again, records should be kept of who has received the training to ensure that all relevant employees receive this training annually.

Conclusion

[175] The formal findings and the reasons for them are set out above.

[176] The inquiry has established that the care which Ms Allan received post operatively was not at the standard that would have been expected. There were opportunities for her condition to be reviewed which could have altered the tragic outcome in this case.

[177] I offer my most sincere condolences to Ms Allan's family.

THE SHERRIFDOM OF TAYSIDE, CENTRAL AND FIFE AT DUNFERMLINE

Court Ref: DNF-B133-22

RESPONSE

to the

DETERMINATION OF SHERIFF SUSAN DUFF

UNDER THE INQUIRIES INTO FATAL ACCIDENTS AND SUDDEN DEATHS ETC (SCOTLAND) ACT 2016

IN THE

INQUIRY INTO THE DEATH OF LINDA ALLAN

To: the Scottish Courts and Tribunal Service

1. NHS Fife, being a body to whom a recommendation under section 26(1)(b) was addressed, do respond as follows:

2. Recommendation 1

Every post-operative patient should be seen by an ANP or a doctor and their presentation recorded in the observation notes on a daily basis. As part of that daily review, the medication prescribed to the patient should be considered and adjusted if appropriate. The observation record should narrate that the medication prescribed has been considered and narrate any changes.

3. Response 1

NHS Fife will ensure that all patients will be reviewed the day following surgery. The average length of stay for trauma patients is less than 48 hours. Ideally this will be on a Consultant ward round, however there are times where it will be clinically appropriate for the patient to be seen by an ANP or a doctor in training. Due to the availability of workforce over weekends, there will always be a need to prioritise those patients who are immediately post op or have a clinical priority. Patients who are stable and greater than 48 hours post-op will only be reviewed at weekends if there is an immediate issue requiring clinical decision making input such as discharge from hospital, medication review or a change in clinical condition. It is vital that we use the clinical resource that we have wisely and to greatest benefit of our patients. All clinical reviews must be complemented by an appropriate entry in the health record. This, where clinically appropriate, should include a review of the prescribed medication. Any changes made to prescribed medication should be clear on the Drug Kardex and confirmed within the health record. Further detail on the work undertaken to improve record keeping is documented under recommendation 6.

The Orthopaedic Department will increase the weekend senior medical staff oversight of ward patients by adding an afternoon ward round, which will be criteria led depending on clinical need and acuity.

Due to current allocation of trainee doctors and funded ANP posts NHS Fife would not be able to fully comply with this recommendation. NHS Fife is currently undertaking a review of Orthopaedic Trauma services and as part of the review will consider the workforce requirements to meet this recommendation. A business case setting out the staffing shortfall would then need to be developed, which would equate to approximately 3 band 7 ANP's at the cost of £200,000.

4. Recommendation 2

Any patient who records a low pain score and at the next observation check records a high pain score should be the subject of an immediate referral to an ANP or a doctor.

5. Response 2

NHS Fife currently has a pain assessment tool which records location of pain and specific actions for those patients who have epidural or spinal analgesia. Pain is measured using the Abbey Pain Scale. The local documentation will be updated to mandate the need for escalation and urgent clinical assessment should there be a sudden increase in the patient's score. The updated guidance will be shared with ward staff via the Senior Charge nurses.

NHS Fife will develop an Acute Pain policy that will be the overarching governance for pain management in the Health Board.

6. Recommendation 3

The Fife Early Warning System ("FEWS") Observation Chart should be revised to allow the site of pain to be recorded. Pain scores should be recorded from the point of admission into hospital until discharge.

7. Response 3

A pain assessment is completed for all patients as part of the admission process and is documented in the Patient Care Assessment and Admission Record.

All patients are asked about pain twice daily and the outcome is recorded in the Daily Care Plan. Patients who require comfort rounding are also asked about pain and this is recorded in the Care and Comfort Clock.

NHS Fife has the facility to record and view pain scores (at rest and on movement) for all patients as part of the Early Warning Score (EWS) chart on the electronic system "Patientrak." The EWS chart (soon to be moving to NEWS2) used in NHS Fife aligns with national guidance and cannot be amended to include the site of pain. However the site of pain should always be recorded within the Pain Assessment Tool and where appropriate the clinical notes.

8. Recommendation 4

A fluid balance chart should be maintained for every acute post-operative patient until they are ambulant

9. Response 4

NHS Fife has a Criteria for Fluid Balance Chart Use document. This has been reviewed and updated ensuring that a fluid balance chart is in place for all patients that require their fluid intake and output to be monitored, including all post-operative patients until ambulant.

Senior Charge Nurses in each ward area within NHS Fife Acute Services undertake a bi-monthly care documentation audit; compliance with the completion of fluid balance charts is included within this. The result of the audits are reported on at the Acute Services Clinical Governance meeting along with relevant improvement plans.

10. Recommendation 5

Refresher training on the action points referred to in Mr Chesney's email of 4 November 2020 should be given annually to all medical practitioners in orthopaedic wards. Records should be kept of who has received this training to ensure that all relevant employees receive it annually

11. Response 5

There will be a twice-yearly focus on peri-operative care at the monthly Orthopaedic Clinical Governance meeting.

A post operative review sticker ward round sticker is being developed. The aim is that this will ensure that there is a structured review to post-op patients. This will include a prompt for a medication review.

The Orthopaedic Department already has an established practice of reviewing the need for aperients with opiates in our hip fracture and elective ward.

The Orthopaedic Department will work with the Orthopaedic Pharmacist to develop an educational bundle to support safe and effective prescribing for all doctors in training and ANP's. Training records are held by the individual within the TURAS system.

Documentation of the ward rounds will be supported by the Audit of medical records (please see response to Recommendation 6).

12. Recommendation 6

The lead trauma surgeon should continue to review a random selection of records on a monthly basis to ensure that ward rounds are being documented. Any failure to record a ward round should be raised with the doctor responsible for recording it to ensure that good practice is achieved and maintained.

13. Response 6

The Clinical Governance Team (who are responsible for undertaking clinical audits across the organisation) will undertake an audit of inpatient health records, to look at the frequency and completeness of ward round documentation. This will be undertaken at four monthly intervals, rather than monthly to ensure the audit programme has meaningful data and can be sustainably embedded into the Board clinical audit programme. The output from the audits will be reviewed by the Clinical Lead for Orthopaedics (Trauma Lead) and the Clinical Director for Planned Care. The results of the audit will be discussed at the monthly Orthopaedic Department Clinical Governance meeting. Any areas for improvement will be highlighted and be the focus of quality improvement activity. Any areas of concern will be reported to the Acute Services Clinical Governance Committee.

Where documentation of ward rounds is considered inadequate, this will be fed back to the responsible Consultant.

14. Recommendation 7

Annual refresher training should be given to all employees who implement the Boarding Policy on how it works, how patients should be assessed in relation to it and how the paperwork for the Boarding Policy should be completed. Records of who has received this training should be kept to ensure that all relevant employees receive the training annually.

15. Response 7

The NHS Fife Procedure for Boarding Patients within the Acute Service Division is currently being reviewed and updated, which has included a wide reaching consultation, including Clinical Leads and Senior Charge Nurses. The procedure will be reviewed every 2 years through the Clinical Policies and Procedures Group with an extensive consultation and sharing process.

Once published the procedure will form part of the senior on-call manager training. The Hospital Capacity Team make most frequent use of the procedure and they will receive annual refresher training from their line manager. This will be recorded within the individuals TURAS portfolio.

Once published the revised procedure will be disseminated across the organisation to all clinical and ward teams via Clinical Leads and Senior Charge Nurses. It will be published on the NHS Fife 'BLINK' application, which will be supported by the input from the NHS Fife communications team.

The implementation of the procedure shall be the subject of a twice-yearly audit undertaken by the Clinical Governance Team with the output fed back through the departmental meetings, senior leadership team and Acute Service Clinical Governance Committee.

16. Recommendation 8

Annual refresher training should be given to the members of the Hospital at Night (“H@N”) team on the escalation process. Again, records should be kept of who has received the training to ensure that all relevant employees receive this training annually.

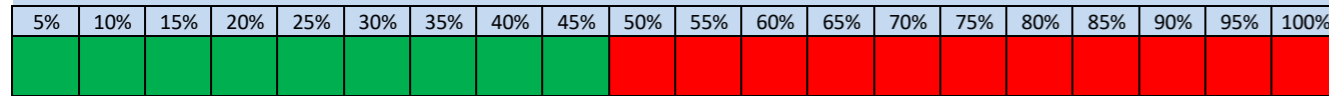
17. Response 8

The Senior Practitioner for NHS Fife Advanced Practice is currently developing a programme of simulated practice dedicated to Advanced Practitioners, which will be delivered annually. A bespoke simulation training course will be developed for the Hospital at Night Team. This will focus on the management of the deteriorating patient and will be recorded on the practitioners training record in TURAS.

NHS Fife
May 2023

Action Plan: FAI 20 March 2023

Key	Process / Procedure / Resources	
	Workforce development	
	Communications	
	Accommodation	
	New / Amended action	Red Text



46.6%

#	Issue	Action	Purpose / outcome sought	type of task	Lead / Actionee	Progress Update	Commencement date	Target Due Date	Progress	Status	
1	Recommendation 1: Every post-operative. Patient should be seen by an ANP or a doctor and their presentation recorded in the observation notes on a daily basis. As part of that daily review, the medication prescribed to the patient should be considered and adjusted if appropriate. The observation record should narrate that the medication prescribed has been considered and narrate any changes.				S Yalamarthy / A Ballantyne						
1.1		Design, agree and implement interim scheduling to provide medical / ANP input Monday to Friday (linking with recording element of recommendation 6) - ensuring communication links to H@N.	Medical / ANP review is planned and available the day following surgery		A Ballantyne / G Ogden	Medical and Nursing leads identify colleagues available to support full schedule on an interim basis.	20/03/23	05/05/23	█	Closed	
1.2		Design, agree and implement interim scheduling to provide ANP/Medical input Saturdays and Sundays as part of second Board round after weekend trauma reviews. (recognising current low cover Sat/ Sun in 31 and 33). - ensuring communication links to H@N (this will support prioritisation of post operative patients and for people 48hours post operative if there is an immediate issue requiring a senior clinical decision maker.	Medical / ANP review is planned and available the day following surgery		A Ballantyne	Request shared with ANPs to support rostering. Directorate team have agreed deployment of additional Planned Care 2023/24 Gateway Fellow allocation to Orthopaedic Trauma. Weekend medical staff oversight of ward patients enhanced by inclusion of criteria led afternoon ward round.	20/03/23	05/05/23	█	Closed	
1.3		Refresh awareness of recording processes to ensure effective narration in records as an interim measure (including use of the Drug Kardex- with actions confirmed within the health record) - via Clinical Leads Group, Junior Dr induction and in departmental meetings.	Recording is accurate and real-time.		A Ballantyne	Discussed at Lead Clinicians and Orthopaedic Consultants Clinical Governance meeting.	19/04/23	16/07/05	█	Open	
1.3.1		Longer term: electronic inpatient medical record, including electronic prescribing (HEPMA), will support mandated daily reviews and enable real-time audit, NHS Fife is working towards paper lite processes.	Paper lite recording and process support activity and real-time recording.		C McKenna	NHS Fife D&I strategy has an objective to digitise the patient record over the next few years. The ePR steering group will be prioritising pathways for digitisation. Orthopaedics will offer to be a pilot site for the ePR.	28/04/23	01/12/24	█	Open	
1.4		Undertake a review of Orthopaedic Trauma services (all elements from A&E to Theatre and from Theatre to discharge from acute services)	Patients are supported in the right place at the right time by the right team		I McLeod	Initial planning session held 9/5. Initial engagement sessions with teams planned for mid June.	04/04/23	09/06/24	█	Open	
1.5		Consider implications across all specialities and parameters for review cycles (e.g. potentially review cycles until a patient has a rehab / Criteria Led Discharge plan in place) - define post operative / speciality based review by senior decision makers and junior team members.	Patients are supported in the right place at the right time by the right team		S Yalamarthy	Clinical leads discussion initiated.	20/03/23	01/07/23	█	Open	
1.6		Work with NES / Gateway Drs to optimise junior Dr allocations	Workforce is optimised		M Wood	Ongoing discussions with NES. 9 Gateway Drs appointed across the Division.	ongoing	ongoing	█	Closed	
2	Recommendation 2: Any patient who records a low pain score and at the next observation check records a high pain score should be the subject of an immediate referral to an ANP or a doctor.				G Ogden / G Simpson						
2.1		Review pain score tools available to ensure they address the Sherriff's recommendations	Tools support best practice		R Thompson / G Simpson	Engagement with the Pain team initiated on receipt of Sherriff's report. Confirmed pain tool includes recording of location of pain and guidance on escalation where there is a significant/sudden change in pain intensity. Documentation is being updated to mandate escalation and urgent clinical assessment where there is a sudden increase in the patient's score.	04/04/23	01/12/23	█	Open	
2.2		Undertake communications to support awareness of revisions and use of pain measurement tools.	All practitioners are aware of the revised guidance		N Beveridge	Updated guidance to be shared with ward staff view Senior Charge Nurses.	ongoing	01/01/24	█	Open	
2.3		Develop an Acute Pain procedure that will be the overarching governance for pain management in the Health Board.	Effective Governance of pain management		R Thompson / G Simpson		01/07/23	01/12/23	█	Open	

3	Recommendation 3: The Fife Early Warning System ("FEWS") Observation Chart should be revised to allow the site of pain to be recorded. Pain scores should be recorded from the point of admission into hospital until discharge.											
3.1	Support recording of site of pain within the revised pain assessment tool	Tools support best practice		R Thompson / G Simpson / N Beveridge	see 2.1	04/04/23	01/12/23					Open
4	Recommendation 4: A Fluid Balance Chart should be maintained for every post-operative acute patient until they are ambulant.											
4.1	Consider when, where and how to record fluid balance (potential as part of comfort round tasking within Patienttrack) and develop alerting (noting the FAIs highlighting of different practice on different wards) for patients who clinically require fluid monitoring.	Required information is available to support assessment and intervention		Gill Ogden	Working with E Ridley / M McDougall (linking to the deteriorating patient process). Criteria for Fluid Balance chart has been revised and is in place for all patients requiring fluid intake and output to be monitored including all post-operative patients until ambulant.	20/03/23	14/05/23					Closed
4.2	Audit to understand where improvement is required and support continuous improvement.	practice is supported		N Beveridge / SA Savage	SCNs in each ASD ward undertake bi-monthly audit of care documentation (fluid balance chart compliance is included). Audit results reported to ASD Clinical Governance Group along with relevant improvement plans.	ongoing	ongoing					Closed
5	Recommendation 5: Refresher training on the action points referred to in Mr Chesney's email of 4 November 2020 should be given annually to all medical practitioners in orthopaedic wards. Records should be kept of who has received this training to ensure that all relevant employees receive it annually.				A Ballantyne							
5.1	Identify opportunities for engagement with medical team to support practice through engagement / communication (including SSUMPP) and develop educational materials to support .	Regular updates to support best practice		A Ballantyne / S Mitchell	Twice-yearly focus on peri-operative care at the monthly Orthopaedic Clinical Governance meeting established.	20/03/23	ongoing					Closed
5.2	Enhance processes to ensure post-operative patients are prioritised in ward rounds.	Structured post operative reviews are supported		A Ballantyne / S Mitchell	Post operative review sticker being developed, which will include a medication review prompt. Established practice in place to support review of aperients with opiates for people with a hip fracture and within the elective ward.	20/03/23	TBC					Open
5.3	Review materials available to support safe and effective prescribing for all doctors in training and ANPs (noting individual training records are held within TURAS)	With Pharmacy / utilise pharmacy regular updating process.		TBC / S Tyson / A Ballantyne	The Orthopaedic department will work closely with colleagues to support the development and implementation of an educational bundle.	01/05/23	TBC					Open
5.4	Consider potential of note audits to support practice compliance with handover, including anaesthetic documentation relating to patient fitness and prescribing process working with clinical effectiveness, with consultant oversight.	Audit support continuous improvement		SA Savage	Documentation of ward rounds will be supported by the audit of medical records - across the organisation (action 6.1).	01/05/23	TBC					Open
6	Recommendation 6: The lead trauma surgeon should continue to review a random selection of records on a monthly basis to ensure that ward rounds are being documented. Any failure to record a ward round should be raised with the doctor responsible for recording it to ensure that good practice is achieved and maintained				A Ballantyne / S Mitchell							
6.1	Agree process to review to support maintenance of recording until digitalisation provides automated audit.	Audit support continuous improvement		SA Savage	4 monthly cycle of inpatient records agreed. Clinical Lead for Orthopaedics and Clinical Director for Planned care will review the output from the audits. Results will be discussed at monthly Orthopaedic Dept. Clinical Governance Meetings. An associated improvement plan will be maintained. Where documentation of ward rounds is considered inadequate the responsible consultant will be informed.	TBC	TBC					Closed
7	Recommendation 7: Annual refresher training should be given to all employees who implement the Boarding Policy on how it works, how patients should be assessed in relation to it and how the paperwork for the Boarding Policy should be completed. Records of who has received this training should be kept to ensure that all relevant employees receive the training annually				N Beveridge							

7.1	Review and revise Boarding policy			N Beveridge	Policy has been reviewed and revised and has been submitted to the policy committee for sign-off. Initial feedback is being acted on. Goal is to take the policy to the Policy and procedure group on 19 June. Policy will be reviewed on a biennial basis.	01/02/23	19/06/23					Open
		Policy is fit for purpose										
7.2	Agree mechanisms and communication routes to cascade and embed refreshed policy (e.g. include with Senior Manager On-Call training)		To ensure all are aware of their roles and that full hand over is completed and recorded appropriately	N Beveridge	The draft revised Boarding Policy was an item in the SMOC training programme (May 2023). the Boarding Policy will continue to be included in future SMOC programmes. Capacity team Line Manager will incorporate annual refresher within the capacity team training cycle. Policy to be cascaded to all staff via Clinical Nurse Managers / Senior Charge Nurses and Blink (With communications team).	01/02/23	26/06/23					Open
7.3	Audit to understand where improvement is required and support continuous improvement.		Audit support continuous improvement	SA Savage	Bi-annual audit planned by Clinical governance team, which will be fed back via departmental clinical governance meetings and senior leadership team and ASD Clinical Governance Committee.	01/04/23	ongoing					Closed
8	Recommendation 8: Annual refresher training should be given to the members of the Hospital at Night ("H@N") team on the escalation process. Again, records should be kept of who has received the training to ensure that all relevant employees receive this training annually.			G Malone								
8.1	Revise H@N and Advance Practitioner training.		staff are equipped for their roles	G Malone / J Doyle / M McKinley	Senior Practitioner for NHS Fife Advanced Practice is developing a programme of simulated practice dedicated to Advanced Practitioners, which will be delivered annually. A bespoke simulation training course will be developed for the Hospital at Night Team, focused on the management of the deteriorating patient (TURAS will record individual practitioner's training records).	01/05/23	18/09/23					Open

Meeting:	Clinical Governance Committee
Meeting date:	7 July 2023
Title:	Digital and Information Strategy 2019-2024 Update
Responsible Executive:	Dr Chris McKenna – Medical Director
Report Author:	Alistair Graham, Associate Director of Digital and Information

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

As we enter the fifth and final year of the five-year Digital and Information Strategy (2019-2024), this paper is presented as an update to the digital plan designed to meet the strategic ambitions outlined in 2019. The paper also seeks to prompt **discussion** and provide **assurance** that the plan is being adapted to support the current priorities stated within the Population Health and Wellbeing strategy and the Strategic Plan for Fife, as we ensure the people of Fife live long, independent and healthy lives.

The report also outlines the plan for the refresh of the digital strategy for 2024 as we consider the role digital will play in enabling our strategic priorities.

2.2 Background

NHS Fife's Digital and Information Strategy "Digital at the Heart of Delivery" was endorsed by the NHS Fife Board in September 2020. The strategy outlined the challenge which had

been presented to NHS Fife from a National, Local and Regional perspective through various digital and data strategies and delivery plans and noted, at that time, the disruptive drivers which may result in the strategy not being realised.

The strategy noted the shared vision of NHS Fife and their delivery partners and outlined the 5 key ambitions for Digital and Information: -

- Modernising Patient Delivery – Ensuring we provide our patient/service users with a modern fit for purpose digital healthcare service
- Joined Up Care – Joining Up Our Services to ensure all relevant information is available at point of contact.
- Information and Informatics – Exploiting data to improve patient safety and quality outcomes to support developments
- Technical Infrastructure – Ensuring the infrastructure on which digital is situated is fit for purpose, secure and meets the needs of our service.
- Workforce and Business Systems – Assisting our workforce by ensuring the systems on which they operate are effective, efficient and compliment their working practices.

As the Population Health and Wellbeing Strategy is now published the digital ambitions will be re-aligned to the strategic priorities and the outlined method of delivery contained in the strategies.

2.3 Assessment

Modernising Patient Delivery

The delivery plans have seen the recent completion of the Digital Maturity Assessment (DMA) for 2023, following the original benchmarking conducted in 2019. A wider selection of staff and services managed to respond to the DMA in 2023 and the results, that are still due, will act as an early engagement mechanism for a revised strategy in 2024.

Optimising the use of outpatient capacity remains a focus through the effective use of Near Me, Patient Initiated Reviews (PIR) and Active Clinical Referral Triage (ACRT) with a digital waiting list management tool currently being added into the Patient Hub.

Further capability to the “digital front door” has been introduced through the Chat Health system introduced into School Nursing Service and the Pre-op digital solution “Elsie” now being extended beyond its initial use in the National Treatment Centre (NTC). Work continues with the Patient Hub to enable the supplier interfacing, that will allow for a more modern and patient centre provision of outpatient and attendance information, reducing the reliance on paper. Further assessment on the reduction of paper use is a consideration for the Financial Improvement and Sustainability Board.

A patient centred focus also continues through the implementation of Queuebuster, a call handling system, that allows patients or careers to arrange a call back facility at their convenience, through its extension to a wider range of services.

Assessments have been completed to support clinical decision making, consultant to consultant support and extending the adoption of Electronic Patient Record (EPR) as part of our Paperlite ambition. Further details will be brought to EDG in relation to the EPR Programme. This will outline the approach to its three stages, that include:-

- 1) Scanning the active patient paper records
- 2) Digitisation of paper-based processes – particularly in inpatients
- 3) Availability of data to patients to support their care and attendance at appointments

The extension of the EPR has also benefited from specific service implementations into Endoscopy and Pathology, and teams are working with National Education Scotland (NES) to assess their readiness and the case for implementing OpenEyes into Ophthalmology.

The accelerated delivery of the National Programmes for Laboratory Information Management Systems (LIMS) and associated GP Order Comms system upgrade has been presented to Committees with the associated risks well documented as we seek to implement the replacement system. This work continues to be the priority focus for a range of teams in NHS Fife.

Joined Up Care

The implementation of the community and mental health system (Morse), including the implementation of Morse to the current Tiara users, continues during 20223-24. The movement of the Tiara users allowing for the decommissioning of that existing system in 2024-25.

The Health and Social Care Portal is now available to all Fife users through an enterprise licencing agreement. Recent upgrade to the portal, provided improved clinical use and access to data work that supports the extension of the EPR and clinical use. Additional data source such as GP data and Scottish Ambulance Service Electronic Personal Record Form (ePRF) are active projects in delivery. Enhanced role-based access controls will also be introduced to support appropriate sharing. The work and skills requirement within Joined Up Care, has led to a redesign within the Digital and Information team to extend the capability for data management and integration.

Work has progressed with relation to the national CHI replacement which has decoupled from the Child Health Replacement programme which has experienced delays with the work extending beyond 2023-24. The CHI replacement being targeted in October 2023 with the Child Health System delayed into 2024-25.

While we have seen delays in developing a contract for HEPMA, the project to implement immediate discharge solution (eIDD) is in delivery with the planning and implementation of a revised, updated and more sustainable solution that supports clinical use with an automate Medicines Reconciliation process. Testing of the system is expected to commence in Qtr 3 of 2023-24. In addition, work continues with the wider Medicines Automation Programme.

Additional areas of work have been identified and are under assessment for commitment to the delivery plan and into 2023-24. These include the opportunity to test the integration of medical devices with Patientrack, the implementation of National Early Warning Score Version 2 (NEWS2), an approach to safe and reliable results handling and other features to support patient flow across our systems, particularly in support of discharge.

The Microsoft 365 platform offers new methods of “joining up care” with NHS Fife and Fife Council active in federating their M365 tenancy to support easier collaboration and to enable further data share in a safe and secure manner.

Information and Informatics

Most deliverables, within this, area persist for the duration of the strategy with work steadily progressing in several areas including business and health intelligence, management information hub, improving data quality and Information Security/Data Protection.

A revised approach from the Data and Insight collaborative has seen a refresh to the corporate management information available for senior management use. Specific elements of work have focussed on dashboards to support visibility of risks and complaints, along with specific support within our Corporate and Business systems to evidence the impact on staff and finance from the work associated with Agency and Bank reorganisation.

It is recognised the volume and complexity of assessments required of all digital and information assets has resulted in increased workloads for the Information Governance and Security team and Digital Operations, something that will endure beyond the pandemic response. The outcome of the Information Commissioners Office Audit (May 2023) are now being incorporated into the assurance framework for Information Governance and Security Steering Group and teams are currently preparing the evidence for the annual NISD audit. The last NIS audit was completed in May 2022 and demonstrated an overall compliance status of 76% and increase from 69% achieved in 2021.

Implementation of the organisation’s Records Management plan continues to progress and general improvements to Information Governance continue to be overseen by the Information Governance and Security Steering Group.

Areas of automation are becoming a newer focus in this domain, with the ability to efficiently created data insights and process repetitive administrative duties being able to be automated with developing capability.

Technical Infrastructure

Like Information and Informatics, this section relates to operational requirements and therefore several ambitions stretch across the whole timeline of the strategy. Work continues with the adaptation of revenue-based business model for MS Products with a considerable level of technical support being provided to the Office 365 delivery. Additional financial risk sits within this area given the consumption of licence costs is directly associated with recruitment and headcount levels.

The risk associated with limitations in capital availability are mitigated through a reduced capital plan for infrastructure replacement. A requirement for a refreshed telephony system being delayed while consideration of capital funding sources is assessed. Other items such as device replacement projects have been paused while capital source remains limited.

Work continues to remove legacy systems and technologies from the digital estate. These items consuming resources to run and maintain and present security threats that require mitigation.

Workforce and Business Systems

e-Rostering Programme commenced in 2022-23, with 9 service areas adopting roster management for their services. The full implemented is being following the early adopter services and in line with the deliverables expected nationally i.e. interfacing. Benefits being listed include real time insights into workforce demand and fulfilment, improved employee experience around rostering and leave management and the potential to support compliance with the Health and Care (Staffing) Act 2019.

As previously referenced the data contained within our workforce and business systems continues to be consolidated so that the data available can be linked and joined to provide new insight. The team continue to watch the developments for the National Business Systems Business case.

At the outset of the strategy, recognition was made that delivery of the key ambitions would be directly related to the ability of digital and information to complete Business Cases and secure the funding for delivery. As we seek to refresh the digital strategy throughout 2023-24 we intend to ensure that workforce and financial planning underpins the strategic ambition. A process that will be overseen by the Digital and Information Board.

2.3.1 Quality/ Patient Care

The aims which were clearly outlined in the Digital Strategy 2019/24 focussed on the ambitions laid out in several 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

As we progressed through the final year of the strategy, the Digital and Information workforce plan, supported by the national strategic fund was able to tackle the underlying issue of temporary and fixed term roles, with further attention required in 2022-23. There continues to be a turnover of staff within key technology or expert areas, with the ability to recruit challenging as the NHS competes with itself and the private sector where salaries are significantly higher.

A revised workforce plan has been developed by the Digital and Information SLT with implementation now underway. This plan is focussed on medium to long term workforce planning, and short to medium term development of workforce capacity and engagement. This sees the team utilise and extend its workforce support through the Modern Apprenticeships and through the Kickstart scheme.

As we prepare for the final year 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 to ensure this support is well designed and are delighted to welcome Partnership representation to the Digital and Information Board at this critical time.

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. Several Cost Improvement Plans have been provided in support of the financial sustainability challenge. The scale of demand for digital solutions does not match the available funding or resourcing and so ranking is a key requirement for all initiatives.

Additional risk is also associated with the medium-term cost to digital capability that was introduced as a direct response to the COVID-19 pandemic.

2.3.4 Risk Assessment/Management

The risk management approach continues to be maintained via the Corporate Risk Register, with additional risk reporting and presentation being provided to the Information Governance and Security Steering Group and Digital and Information Board.

A formal risk appetite and tolerance statement has been agreed by the Steering Group and Board allowing a refreshed reporting of Risk controls and mitigations.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

An Equality Impact Assessment (Stage 1) is completed for all new systems and technology changes. In many cases these identify the requirement for full EQIAs to be prepared and considered as part of the project implementation.

2.3.6 Climate Emergency & Sustainability Impact

Consideration of the Scottish Public Sector Green ICT Strategy forms part of the revised strategic thinking.

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 previously been considered by:-

- Executive Directors Group – 22 June 2023

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

- Appendix 1 – Digital Strategy Key ambitions and deliverables

Report Contact

Alistair Graham

Associate Director of Digital and Information

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Digital Strategy Ambitions and Work items

Objective	Key Ambition for 2019-24	Ref	D&I Work in support of Objective
1	<p>Modernising Patient Delivery</p> <p>Ensuring we provide our patients/service users with a modern fit for purpose health care service.</p> <p>This incorporates ambitions which were laid out by the Scottish Government in "The Modern Outpatient: A Collaborative Approach 2017-2020", which aimed to provide service users with timely access to advice, treatment and support with minimum disruption when clinically appropriate.</p>	1.1	Clinical Decision/Advice Improve through joining up and improving existing systems.
		1.2	Consultant to Consultant Send and receive information electronically from other Health Boards.
		1.3	Digital Maturity Assess the digital maturity of our IT, in order to identify the priority areas for improvement.
		1.4	Digital Hub Changing the way we communicate with our patients and citizens.
		1.5	GPIT Replacement Modernisation as part of a wider National programme.
		1.6	LIMS replacement Laboratory Information management system (LIMS), support implementation of replacement hardware whilst a new regional system is procured and implemented.
		1.7	Near Me Video conferencing for our service users to engage with clinicians with minimal disruption.
		1.8	Optimisation of Outpatients Appointments Patient focussed/ self booking, patient initiated follow up appointments and review of clinical letters.
		1.9	Paperlight Reduce the reliance of paper with the ambition of 85% paperlight by 2022.
		1.10	Technology Enabled Care Support projects which provide care to the patient within their home environment.
		1.11	Theatres system replacement The system currently in use within Theatres requires replacement.
2	<p>Joined Up Care</p> <p>NHS Fife continues to work on utilising digital to provide joined up services across primary, community, acute and social care to ensure all relevant information is available to those working with our service users.</p> <p>The new GP Framework Contract (2018) recognised one of the most challenging aspects of being a GP was workload. The contract committed to implement the recommendations of the Improving General Practice Sustainability Advisory Group report (2016), which identified a number of broad themes including effective primary and secondary care interface working. In addition, the contract committed to Health and Social Care Partnerships and NHS Boards placing additional primary care staff in GP practices and the community to work alongside GPs and practice staff to reduce GP practice workload. Implementation of digital changes and improvements to systems supports this delivery. The areas identified within this category all support the need for a more integrated care environment.</p>	2.1	Bedside Risk Assessment Ensuring assessment of clinical risk is conducted at bedside.
		2.2	CHI Replacement Modernisation of Community Health Index as part of a National programme
		2.3	Child Health Replacement Modernisation of the current Scottish Child Public Health and Wellbeing solution as part of a National programme
		2.4	Community System Replacing an end of life system (MiDIS) with a more integrated solution.
		2.5	Community Pharmacy Access Connecting Community Pharmacy to other NHS Fife services
		2.6	Health and Social Care Portal Extending use to include more services and social care services
		2.7	HEPMA Hospital Electronic Prescribing and Medicines Administration
		2.8	Mental Health Pathways Ensuring pathways are implemented within our digital environment.
		2.9	Neurology Electronic Referral Implementation of an e-Referral system for Neurology.
		2.10	Palliative Care Plan Improve palliative care provision through digital.
		2.11	Pharmacy Redesign Redesign pharmacy, introduction of robotics and falsified medicines within NHS Fife
		2.12	Trakcare Maximum Utilisation Achieve maximum benefit by implementing changes requested by practitioners.
		2.13	Women and Children's Redesign Site optimisation exercise to which digital delivery of service will be fundamental.
3	<p>Information and Infomatics</p> <p>Effective use of information is a key component of the Digital and Information Strategy. High quality information enables NHS Fife to plan, manage and monitor effectiveness. This ensures services are best-equipped to cater for users within Fife whilst also ensuring maximum benefit in terms of health outcomes, level of care and cost.</p> <p>Management Information must be readily accessible to all those who require information at the point that they need it.</p> <p>We need to provide our staff with reporting tools and reporting solutions that are accessible and intelligible. We are committed to ensuring that our digital ambitions are robustly supported by information at the centre of delivery and ensure that these deliveries are well-planned and appropriately resourced.</p> <p>NHS Fife recently delivered an extremely successful informatics project - Fife Early Warning Score (FEWS) was the culmination of IT, reporting, and clinical rules-based expertise. This was a very successful collaborative approach and points a way forward for NHS Fife, combining clinical rules-based knowledge with information and technology to move services forward.</p> <p>Increased use of dashboard visualisations, a focus on trigger reports, and alerts generated by our Patient Administration Systems will ensure that our collective data assets are more proactive and productive.</p>	3.1	Business and Health Intelligence This is central to business as usual processes across NHS Fife.
		3.2	Convergence of Obsolete Systems and Methods of Holding Data convergence of data from applications which are no longer supported or are classed as at risk from cyber security
		3.3	Life Safe Haven An invaluable resource for researchers to tackle future healthcare provision and disease management.
		3.4	GDPR / Data Protection Act 2018 Ensuring NHS Fife remains compliant will GDPR, information security and any relevant governance.
		3.5	Improving Data Quality Influence data collection standards and champion data quality as a key organisational asset
		3.6	Management Information Hub Central, accessible and intelligible resource for the organisations decision makers.
		3.7	NIS and Cyber Essentials Ensuring NHS Fife complies with Information Security Legislation

	Ref	D&I Work in support of Objective
<p>4 Technical Infrastructure</p> <p>A fuller picture of the technical work that is carried out is detailed within the 'Keeping Us Safe and Secure' section which outlines the Business As Usual (BAU) work that is undertaken. Alongside the transformational change which is outlined within this strategy there is a need to also improve the technical Infrastructure. The infrastructure ensures the changes are sustainable for NHS Fife. Management of systems and ensuring best value for NHS Fife is critically important. Best value allows NHS Fife to maximise return on investment and generate savings which can be reallocated to delivery of patient care</p>	4.1	<p>Adaptation of Revenue Based Business Model</p> <p>Suppliers are offering the best solutions and services using a revenue/ subscription based business model and we need to embrace this change.</p>
	4.2	<p>Always within Support Lifecycle</p> <p>Maintain all systems and solutions (hardware & software) within a current support lifecycle and manage suppliers / contracts accordingly</p>
	4.3	<p>Balanced use of public, private cloud and on premise solutions and resilience</p> <p>Adopt a balanced and risk and merit based approach to choosing public cloud, private cloud or on premise solutions</p>
	4.4	<p>Cyber Essentials/NIS/GDPR and Information Security</p> <p>Protect against cyber attacks and comply with NIS regulations, ensure network is secure, risks are understood, impact of incidents are minimised and governance is followed</p>
	4.5	<p>Exit Plans for Poor Suppliers</p> <p>Maintain a flexible and versatile approach to supplier contracts. Maintain a product lifecycle which is secure and fit for purpose</p>
	4.6	<p>National Digital Platform</p> <p>Relevant real time data and information from health and care records and services is available nationally</p>
	4.7	<p>PACS Upgrade</p> <p>Upgrade to Picture Archiving Communications System (PACS).</p>
	4.8	<p>Resilient and Secure by Design</p> <p>Adopt best practice systems and application architectural design principles and ensure resilience, Implement solutions which have been designed with cyber security threats and vulnerabilities in mind</p>
	4.9	<p>Regional IT Service Management</p> <p>Rollout of system within the Region and ongoing sharing of best practice</p>
	4.10	<p>Security Upgrades</p> <p>Undertake all security upgrades</p>
	4.11	<p>Windows 10</p> <p>Ensure most up to date operating system</p>
	<p>5 Workforce and Business Systems</p> <p>We need to ensure that alongside delivery of this strategy we undertake true engagement with our workforce, they are central to all we do. We will balance how we deliver our ambitions with delivery of traditional medical roles.</p> <p>We can support our workforce by providing them with digital systems. This will ensure they receive maximum benefit with minimum systems.</p>	5.1
5.2		<p>e-Rostering</p> <p>Regional / National e-Rostering solution to assist with staff management.</p>
5.3		<p>Framework for Attracting Youth in NHS Digital</p> <p>Invest in more apprenticeships to help address the ageing workforce problems facing the NHS in Scotland</p>
5.4		<p>Maximising Return On Investment</p> <p>Achieve maximum benefit from the systems which are in use</p>
5.5		<p>Office 365</p> <p>National deployment of office 365, all NHS employees in Scotland to communicate and share information from a single platform</p>
5.6		<p>Printing Capability Review</p> <p>Centralising printing, to minimise costs per specialty.</p>
5.7		<p>Virtual Workforce</p> <p>Consider modernising ways of working e.g. the use of robotics for on boarding and off-boarding of staff</p>

Meeting:	Clinical Governance Committee
Meeting date:	7 July 2023
Title:	Patient Experience and Feedback Report
Responsible Executive:	Janette Keenan, Director of Nursing
Report author:	Siobhan McIlroy, Head of Patient Experience (HoPE)

1 Purpose

The purpose of this paper is to provide an update on patient experience and feedback, and to describe work being taken forward to present a more rounded picture of patient experience, ensuring improvements are made and are featured in future reports.

This is presented for:

- Assurance

This report relates to a:

- Emerging issue
- Government policy/directive
- Local policy

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

- Person Centred

2 Report summary

2.1 Situation

Patient complaints are reported on a monthly basis through the Fife Integrated Performance and Quality Report (IPQR). The indicators are identified as:

- Stage 1 Closure rate (target 80%)
- Stage 2 Closure rate (target 50% by 31st March 2024)

Whilst concern has been raised about the level of performance, these indicators do not adequately capture patient experience and a review is underway to ensure that the quality of patient experience is described, and to improve the complaint handling performance in line with national standards.

2.2 Background

Person centred care is about ensuring the people who use our services are at the centre of everything we do. It is delivered when health and social care professionals work together with people, to tailor services to support what matters to them. It is about:

- respect for patients' values, expressed needs and preferences
- coordination and integration of care
- communication, information, education,
- physical comfort
- emotional support
- involvement of family and friends

How do we know we are getting it right?

DEFINING THE PATIENT EXPERIENCE

Patient experience is based partly on the patients' and family's *expectations* of what is about to happen and the *cumulative evaluation* of their journey through our system.

- We have opportunities to delight or disappoint based on their clinical and emotional interactions with us, and their interactions with our staff, our processes and the environment

MEASURING THE EXPERIENCE

Currently, 'patient experience and feedback' is captured through:

- Care Opinion
- Compliments and comments
- Complaints
- Initiatives, such as the Care Experience Improvement Model

Moving forward, we will also make use of:

- Surveys e.g. Your Care Experience
- Focus groups
- Post discharge / appointment phone calls
- Warm welcome / fond farewell
- Care Assurance processes, for example:
 - Shadowing / observation
 - Walkarounds
 - 15 step challenge

IMPROVING THE EXPERIENCE

It is important to analyse the data, identifying themes and any particular issues:

- Develop and share goals and targets based on data
- Assess processes
- Create an enabling infrastructure:
 - Framework
 - Leadership
 - Education and training
- Engage staff, patients, families and carers in improvement work

2.3 Assessment

With the stage 2 complaints there is now a level of detail which clarifies where each complaint is in the process. Delays in the process remain with receiving statements (34% previously 44% at the end of March) and final response out for comment or approvals (48%, previously 62% at the end of May 2023).

STAGE 2	29/05/2023		05/06/2023		12/06/2023	
Number of new Stage 2's received	7		4		5	
Total Number	153	%	145	%	149	%
Awaiting Statements	57	37	53	37	51	34
Returned to Service insufficient statement	1	1	1	1	1	1
Requires PET Action / Follow Up	6	4	8	6	11	7
Ready to draft	11	7	9	6	5	3
Part Drafted (added 6/3/23)	1	1	0	0	2	1
Drafting in Progress	10	7	5	3	5	3
FR out for comment	16	10	21	14	24	16
FR out for approval	42	27	42	29	41	28
FR with Director H&SCP	5	3	6	4	6	4
FR with GM for sign off	0	0	0	0	0	0
FR with Head of Service for sign off	0	0	0	0	0	0
FR sent to CEO	4	3	0	0	3	2
Signed Final Response (within target)	2		7 (1)			

In the last week of May 2023, there were 153 stage 2 complaints in the system, with 22 sitting within the Patient Experience Team ready to draft or being drafted (15%).

NB As of 12 June 2023, there are 149 stage 2 complaints; however, only 27 are within the 20-day target, with 0 at the drafting stage, 2 requiring further PET action, and 6 with the final draft out for approval. Nineteen (70%) of these complaints are “awaiting statements”. Therefore, figures over the next quarter for compliance with responding to a complaint within the national 20-day target are predicted to remain low. Work will continue with Services to improve response rate.

Clinical pressures continue to impact performance by obtaining statements and final response approval. Work with services continues reviewing new ways of working and understanding challenges. A Patient Experience Team Officer is working closely with Emergency Care Directorate to support them with the Complaint Handling Process. Weekly complaint meetings continue within Acute

and new meetings have been established with HSCP (Complex and Critical Care and Community Care). The Patient Experience Team Lead is liaising with Primary and Preventative Care to set up similar meetings.

Results from an MSForms questionnaire sent to Senior Medical staff have been collated, and results have provided valuable data highlighting potential improvements regarding further education & training, support, and changes to the complaints handling process.

A "complaints escalation" standard operating procedure (SOP) is being drafted. This will highlight and support processing complaints within the agreed national timescales, in line with the model handling complaint procedure.

The complaint "complexity scoring" tool to triage complaints and categorise them as low, moderate, or high complexity continues to be tested. The complexity categorisation score will provide insight into the volume of complex complaints that NHS Fife receives and handles.

A Complaint Dashboard is being created and will providing live complaint data across NHS Fife, highlighting delays and stages of complaints within the complaint handling process. It will also provide data for the Patient Experience Team regarding departmental performance and workload.

A Recovery and Improvement Plan (Appendix 1) has been developed to guide the redesign of the Patient Experience service, focussing on patient experience and feedback.

A quarterly report (Appendix 2) has been developed for the Clinical Governance Committee which captures information on 'Measuring the Experience' and 'Improving the Experience'. The report provides information on different methods of gathering feedback and, as we emerge from the pandemic, will report on work being taken forward to understand and improve the patient experience.

The report also captures performance data which is required as part of the Model Complaints Handling Procedure.

Importantly, in line with the Organisational Learning Group, emerging themes, lessons learned, and quality improvement initiatives will be highlighted in future reports.

2.3.1 Quality/ Patient Care

Analysing data will lay the foundation for quality improvement work. The Organisational Learning Group will review themes, trends and lessons learned from complaints and adverse events which can be triangulated with activity and staffing resource.

2.3.2 Workforce

Workforce planning

The Patient Experience Team establishment has been reviewed, examining workload and workforce planning. Understanding the complexity of complaints and the time required to draft a response, for example, will support workforce planning and the model of complaints management.

The team consists of 1.0 WTE Band 7 team leader; 3.6 WTE Band 6 Patient Experience Officers; 1.8 WTE Band 4 Patient Experience Support Officers; 2.07 WTE Band 3 Patient Experience Administrators.

Additional team support consists of 1.0 WTE Band 6 Bank Patient Experience Support Officer, a 9-month fixed term 0.69 WTE Band 4 Patient Experience Support Officer, and a 6-month fixed term 1.0 WTE Band 4 Administrator (Navigator) post to support administrative, coordination, and data aspects of the complaints handling process. This will release more time for Officers and help streamline systems and processes.

An additional 0.26WTE Bank Patient Experience Support Officer has joined the Patient Experience Team to gather patient feedback in the form of Care Opinion, Lived Experiences and Participation and Engagement.

2.3.3 Financial

n/a

2.3.4 Risk Assessment/Management

Complaints handling and learning from complaints are vitally important in reducing reputational risk.

2.3.5 Equality and Diversity, including health inequalities

People can expect to experience integrated care and support services that are underpinned by a Human Rights Based Approach, in which:

- People's rights are respected, protected and fulfilled
- Providers of care clearly inform people of their rights and entitlements
- People are supported to be fully involved in decisions that affect them
- Providers of care and support respect, protect and fulfil people's rights and are accountable for doing this
- People do not experience discrimination in any form
- People are clear about how they can seek redress if they believe their rights are being infringed or denied

2.3.6 Other impact

n/a

2.3.7 Communication, involvement, engagement, and consultation

NMAHP leadership group has been involved in discussions and improvement action planning.

2.3.8 Route to the Meeting

Update from Patient Experience Team

2.4 Recommendation

The Committee is asked to take assurance from the report.

Report Contact

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Patient Experience and Feedback Recovery and Improvement Plan

March 2023



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ISSUE: 1 RECOVERY					
OBJECTIVE		Backlog of 'ready to draft' complaints responses is addressed. 40 responses to be drafted by PR officers as at 01/02/22. This number will inevitably increase as more statements from services are received. Aim is to have no backlog, to allow PR officers to focus on managing new complaints within the Model CHP timescales, and support services to provide statements.			
No	ACTIONS	LEAD	DATE	PROGRESS	STATUS
1.1	Provide weekly report on complaints in system to share with operational teams: ECD, PCD, W&CS, CCS, PPCS, C&CS, corporate services	PRT Admin	31/03/22	Weekly report produced providing information on number of complaints within 15 days (green); 15 – 20 days (amber); >20 days (red); status (awaiting statements, for approval etc).	complete
1.2	Prepare complaint information, statements to draft	PRT Admin	31/03/22	Packs prepared for weekend drafting	complete
1.3	Identify staff, experienced in complaints management, to support focused drive on drafting responses	ADoN	31/03/22	Senior nurses working additional hours at weekends to reduce backlog, supporting PRT	complete
1.4	Focus on 'ready to draft' responses by PROs	PR Lead	31/03/22	PROs prioritised drafting backlog of responses	complete
1.5	Highlight 'ready to draft' responses: number, complexity	PRT Admin	31/03/22	Backlog of 'ready to draft' responses cleared	complete
OBJECTIVE		Define timeline / trajectory for improvement in complaints response times			
No	ACTIONS	LEAD	DATE	PROGRESS	STATUS
1.6	Re-establish weekly meetings with service SPOC	PR Lead	8/4/22	Weekly /bi-weekly meetings re-established	Complete
1.7	Reduce backlog of statements from services and expedite Final Responses awaiting approval	PR Lead / SPOC	31/12/22	14/04/23 - An MSForms questionnaire has been created to gather information and to try to understand the barriers staff are experiencing with providing statements. This will be tested before widespread dissemination. 13/04/23 – HoPE met with Business Analyst to again discuss digital solutions to support statements and final response sign off Challenges remain with receiving statements within timescales. ECD postponed the complaints process within their services	In progress

				<p>PRD officer's workforce remains challenged, mainly due to sickness absence. Accommodating phased returns.</p> <p>As of 36/09/22, 71 (42%) stage 2 complaints are outstanding awaiting statement returns.</p> <p>Reviewing statement memo with aim to reduce duplication, streamlining process, and improving quality</p> <p>March 2023 - MSForms questionnaire has been created to gather information and to try to understand the barriers staff are experiencing with providing statements. This will be tested before widespread dissemination.</p> <p>June 2023 – 1.0 WTE Patient Experience Officer working closely with Emergency Care Directorate to support with the complaint handling process, chasing, and obtaining complaints.</p> <p>June 2023 MSForm questionnaire data has been reviewed and separated into themes (processes/support/education and training) to highlight barriers, solutions, and improvements.</p> <p>June 2023 – New Patient Experience Team Administrator (Navigator) focusing on producing data reports and tracking complaints to highlight delays and raising awareness with services.</p> <p>June 2023 – Weekly complaint meetings have been set up with HSCP colleagues to focus on the complaint handling process and complaint progress / delays.</p>	
1.8	Analyse data from process mapping exercises and agree improvement trajectory with services	PR Lead / HoPE	31/12/22	<p>Process mapping complete.</p> <p>Initial SharePoint solution for gathering data is not viable. As an alternative solution, new fields have been added to Datix. This has allowed more meaningful data to be entered and exported direct to excel for interpretation.</p> <p>Improvement trajectory not yet discussed with services.</p> <p>New weekly reports are being sent to the services from Datix.</p>	In progress

				<p>March 2023 - The digital & information team has created a preliminary summary page for the PET Dashboard. This will be reviewed over the next month to agree on data metrics and reporting priorities.</p> <p>June 2023 – Further process mapping to complaint handling process within Acute to highlight delays and improvement solutions.</p>	
1.9	Establish focus groups to discuss complaints management with services	PR Lead / HoPE	31/12/22	Initial induction meetings have taken place with HoPE and several HoN and ADoN's.	Complete

ISSUE: 2 'MEASURING THE EXPERIENCE': ANALYSIS AND REPORTING					
OBJECTIVE Provide clear analysis of patient experience and feedback data, designing effective format for reports which promotes discussion and learning					
No	ACTIONS	LEAD	DATE	PROGRESS	STATUS
2.1	Collaborate with Risk Management Coordinator to broaden use of DATIX in Complaints Management, coding themes, capturing lessons learned, actions planned	ADoN	31/12/22	<p>Initial meeting took place to identify potential 'addition' to DATIX system.</p> <p>Additional data fields have been added to Datix as a solution for extracting data. Further ongoing meetings planned to expand on this and to discuss Datix capabilities for extracting more detailed data.</p> <p>Ongoing literature search for coding and categorization of complaints.</p> <p>March 2023 - Explore and promote the use of "Action" module with Datix for complaints</p>	In progress
2.2	Data collection and analysis systems to be developed to facilitate 'live' status of complaints, avoid duplication, and enable bottlenecks to be identified	ADoN / HoPE	31/12/22	SharePoint not a viable solution for data collection and analysis system.	Complete

				Additional data fields have been added to Datix and data extracted to excel. This negates the need to manually update data onto an excel spreadsheet. Additional fields are being added to Datix for multi-directorate complaints and this will allow us to identify more easily services involved and track the progression of the whole complaint.	
2.3	Arrange meeting with Digital and Information Services to ensure systems are not being duplicated	DoN / ADoN	1/5/22	Solution identified and agreed.	Complete
2.4	Capture data required for 9 KPIs in the Model Complaints Handling Procedure	PR Lead	31/12/22	Data systems are currently in place to gather this data. Further work is to be done to enhance the quality of the data. Currently reviewing the feedback Questionnaire in relation to KPI-2 "Complaint Process Experience". A new feedback questionnaire is under design using MS Forms format and a draft copy will be distributed within the organisation and to the public for comments and review before being implemented. MS Forms will also capture response rates and data that can be used for future learning and quality improvement.	Complete
2.5	Develop criteria against which quality of statements are assessed	PR Lead	31/12/22	March 2023 - MSForms questionnaire has been created to gather information and to try to understand the barriers staff are experiencing with providing statements. This will be tested before widespread dissemination. June 2023 – Patient Experience Lead has revised the "What makes a good statement" document. This will be available on the new Stafflink page for Patient Experience Team and will be shared with Acute and HSCP.	In progress
2.6	Develop criteria against which quality of draft responses are assessed	PR Lead	31/12/22	Consideration is underway on the drafting of a process to capture this information and once completed will be tested with clinical services.	In progress

				<p>March 2023 – PET Lead has created criteria and is reviewing quality of draft responses. This needs to be embedded within practice.</p> <p>June 2023 – PET Lead and HoPE quality checking draft response before going to Chief Executives office for sign off. Further Quality checking of response letters to services before going out for comment.</p>	
2.7	Develop criteria against which complaints are assessed as being upheld, not upheld or partially upheld	PR Lead	31/12/22	Consideration is underway on the drafting of a process to capture this information and once completed will be tested with clinical services.	Not started
2.8	Design template for EDG and CGC SBARs reporting	DoN	8/6/22		Complete
2.9	Design quarterly report template for CGC, including MCHP which will inform Annual Report	DoN	8/6/22		Complete
2.10	Complete Annual Report for SG	DoN	30/9/22		Complete

ISSUE: 3 COMPLAINTS HANDLING SERVICE MODEL					
OBJECTIVE					
Review and redesign service model to improve effectiveness and efficiency of processes					
No	ACTIONS	LEAD	DATE	PROGRESS	STATUS
3.1	Carry out detailed process map of PRO work	PR Lead	31/12/22	Process mapping to be arranged	Complete
3.2	Carry out detailed process map of PR administrators' work	PR Lead	22/4/22	Process mapping undertaken	Complete
3.3	Review outcomes and implement recommendations from process mapping sessions	HoPE	31/12/22	Outcomes being reviewed and recommendations considered	Complete
3.4	Benchmark complaints management teams / processes across other Boards and public sector agencies	PR Lead	31/12/22	Ongoing contact to be made with all Boards to review establishments, documentation and processes	Complete
3.5	Process mapping analysis to elicit gaps, duplication, more efficient way of working	PR Lead	31/12/22	Process mapping underway with Quality Improvement project manager	Complete
3.6	Proactively seek feedback from complainants re the complaints handling process (as per KPI) (will also support QI)	PR Lead	31/12/22	Questionnaire sent with all final response letter as of 1/4/2022. A new feedback questionnaire is under design using MS Forms format and a draft copy will be distributed within the	Complete

				organisation and to the public for comments and review before being implemented. MS Forms will also capture response rates and data that can be used for future learning and quality improvement. Feedback “opt in” box has been added to Datix which will allow us to run a report and identify complainants that wish to engage with the feedback process.	
3.7	Poor uptake with feedback from complaints re the complaints handling process (as per KPI)	HoPE	30/11/22	Change format of Questionnaires sent with all final response letters, from PDF to a more user friendly word document. Exploring MS Forms for feedback questionnaires. Organisational Learning Group supporting this change as a Quality Improvement Project.	Complete
3.8	Sending email via Datix System	HoPE / PR Lead	30/09/22	Datix systems has been changed to allow the ability to send emails to recipients with NHS straight from the complaint file. This was not activated previously within the Complaints module. This allows direct emails from Datix rather than having to exit Datix, send from MS Mail, copy sent email and paste within the progress note in Datix complaint file. The ability to send emails from Datix has streamlined the process and is a more efficient way of working.	Completed

ISSUE: 4 'IMPROVING THE EXPERIENCE': QUALITY IMPROVEMENT					
OBJECTIVE		Ensure that lessons learned from all forms of patient feedback are used to inform quality improvement and promote patient safety			
No	ACTIONS	LEAD	DATE	PROGRESS	STATUS
4.1	Link with Organisational Learning Group	ADoN / HoPE	06/10/22	OLG in early stages of development. ADoN co-Chair. Systems and processes being worked through	Completed
4.2	Identify small Tests of Change in department	ADoN	1/4/22	Blended approach to office working has been established, minimum 50% office-based	Complete

4.3	Identify small Tests of Change in Complaints Handling	PR Lead	31/12/22	Identify ToCs following review of outcomes and recommendations from process mapping	Complete
4.4	Review recorded answer phone message	HoPE / PR Lead		Review answer phone message – length, details Ensure information provide in answer phone message is accurate and update Consider allocated telephone extension for internal queries for NHS staff	Complete
4.5	Review complaint “Holding” Letter process	HoPE / PR Lead	30/09/22	Holding letters are issued every 20 days to complainants advising of delays in providing response letters. This has been changed to an email (where possible) which is a quicker process and releases time. The “Holding” letter/email has also been changed to reflect the feedback from patients who were unhappy with the content.	Complete
4.6	Review of the Complaints “Acknowledgement” process	HoPE / PR Lead	31/12/22	Current review of the delays with complainants receiving “Acknowledgement” letters within 3 working days. The current way the data is extracted from Datix is not always accurate and false breaches are occurring. Currently being reviewed by the Datix team and PR Lead. March 2023 – Data is sent to PET Lead and breaches reviewed to identify if they are true breaches and any learning. New administration process in place to ensure acknowledgement letters are processed within 3 day target.	Complete

ISSUE: 5 WORKFORCE					
OBJECTIVE					
Ensure that PRT is supported and developed. Ensure that workload and workforce planning is considered in design of team					
No	ACTIONS	LEAD	DATE	PROGRESS	STATUS
5.1	Support staff well-being	ADoN / HoPE	30/09/22	First ‘Spaces for listening’ session took place with Chaplain Service in July.	Completed

				Enquire about additional 'Spaces for listening' sessions. It is planned that these sessions will be provided every 3 months and staff are keen to continue with this. The second session took place 29/09/22.	
5.2	Appoint additional PR officer via bank contract to focus on expediting draft responses	ADoN	1/5/22	Commences in post 31/5/22.	Complete
5.3	Leadership: recruit Head of Patient Experience (HoPE)	ADoN	7/4/22	Post appointed to	Complete
5.4	Ensure PDPs undertaken to support staff development	PR Lead	31/12/22	March 2023 – PDP's continue to be undertaken HoPE to confirm progress with PR Lead Email sent to staff to populate TURAS PDP prior to arranging one to one to discuss	Completed
5.5	Source training opportunities for PRT	PR Lead	31/12/22	March 2023 – ongoing training opportunities undertaken, focus on mandatory training completion also HoPE to confirm progress with PR Lead Exploring training in relation to complaints that relate to Information Governance June 2023 – PET Lead to develop team training plans to support ongoing education with PET	In progress
5.6	Develop system to categorise complaints from 'simple' to 'complex' to provide approximate time to draft response	HoPE / PR Lead	31/12/22	March 2023 – Scoring Matrix created and being currently tested before adding to Datix. Ongoing literature search for coding and categorization of complaints June 2023 – Testing of complaint complexity scoring has taken place. Requested further support from Planning and Performance to amend. Liaised with Lothian and received a copy of their complexity scoring.	In progress
5.7	Measure workload to support workforce planning	PR Lead	31/12/22	HoPE to confirm progress with PR Lead Ongoing review of caseloads, roles and responsibilities	Complete
5.8	Review of PR team roles and responsibilities	HoPE / PR Lead	30/11/22	March 2023 – additional 0.69 WTE Band 4 Support Officer and 1.0 WTE PET Administration Officer, will continue to review role Ongoing review of systems and process along with tasks, roles and responsibilities.	In progress

				<p>Test of change commenced 09/08/22 with additional admin support for Senior Complaints Officer</p> <p>Test of change to commence 11/08/22 with PR Support Officer reviewing incoming mail to PR department, releasing PR officers to draft complex complaints</p> <p>June 2023 – New 6 month fixed term PET Administrator (Navigators) post commenced. Will review in October 2023 to assess impact, role and responsibilities.</p>	
5.9	Establishment and budget	HoPE / PR Lead	30/11/22	<p>Benchmarking and reviewing current establishment, banding and roles within PR department</p> <p>Review of current budget</p> <p>Review of current vacancies within establishment</p> <p>Fixed term 0.69 WTE Band 4 PR Support Officers post has been advertised and an Administrator 1.0 WTE Band 4 post is currently being reviewed.</p>	Completed
5.10	Rebranding of Team	HoPE / PR Lead	31/12/22	<p>March 2023 – Department successfully rebranded to the Patient Experience Team in December 2022.</p> <p>Communications have provided 3 design options for Rebranding of Patient Relations Team to Patient Experience Team. This is currently with a small group within the public for their review and comments.</p>	Completed

Meeting:	Clinical Governance Committee
Meeting date:	7 July 2023
Title:	Clinical Advisory Panel Annual Report
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Author:	Catriona Dziech, Executive Assistant

1 Purpose

This is presented for:

- Discussion

This report relates to a:

- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Clinical Advisory Panel overseas requests for out of area treatment for Fife patients to ensure there is a governance process for decision making about these requests.

2.2 Background

The Panel considers applications from clinicians to refer patients to Service Providers outwith Fife and has a membership to enable objective decisions based on a set of principles to be made in each case. The Panel regularly reviews the types of referrals to determine if there is a gap in service delivery, which should be addressed locally.

2.3 Assessment

The attached report summarises the activity of the Panel for year 2022/2023 it also gives details of the expenditure incurred as a result of the decisions.

The Panel provides a clinical review process to balance the needs of individual patients and the best use of available resources.

During the period, 2022/2023 there were no Appeals made to the Chief Executive.

2.3.1 Quality/ Patient Care

Safe clinical expert care outwith NHS Fife or its Regional SLA arrangements.

2.3.2 Workforce

No issues

2.3.3 Financial

For 2022/23, £1,496,037 was spent on out of area referrals to the independent sector.

2.3.4 Risk Assessment/Management

There can be appeals to the Chief Executive if patients do not agree with the decision.

2.3.5 Equality and Diversity, including health inequalities

The Panel see all requests anonymously and describes the diversity of the Panel.

2.3.6 Other impact

n/a

2.3.7 Communication, involvement, engagement and consultation

n/a

2.3.8 Route to the Meeting

N/A

2.4 Recommendation

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

Report Contact

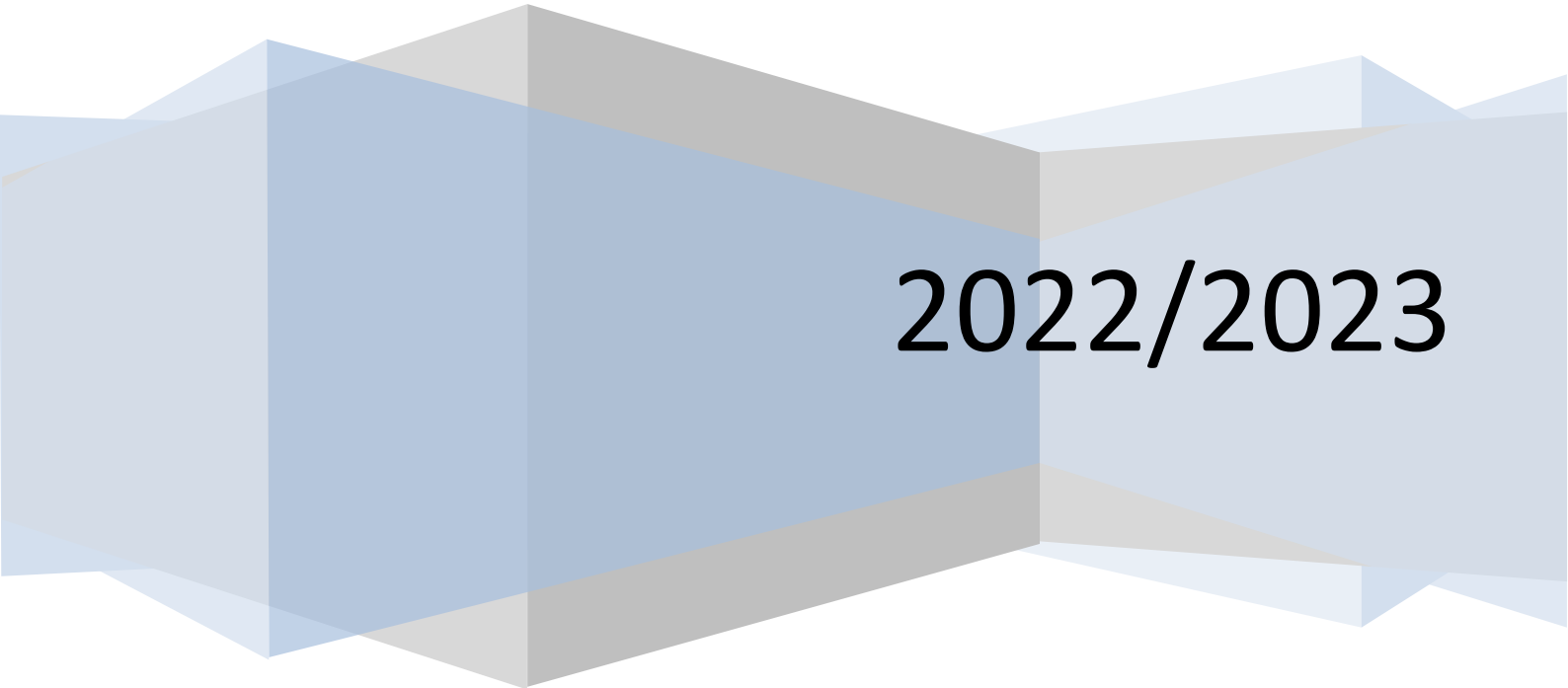
Dr C McKenna

Medical Director NHS Fife

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NHS Fife Clinical Advisory Panel

**Annual Report for NHS Fife
Clinical Governance
Committee meeting on
07 July 2023**

A large, abstract graphic at the bottom of the page consisting of several overlapping, semi-transparent geometric shapes in shades of blue and grey, creating a layered, architectural effect.

2022/2023

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- 1 Purpose**
- 2 Background**
- 3 Activity in 2022-23**
- 4 Financial**
- 5 Developments (Revised Terms of Reference)**
- 6 Conclusion**

NHS FIFE CLINICAL ADVISORY PANEL ANNUAL REPORT 2022/2023

1 PURPOSE

- 1.1 This report is brought to the Committee to provide assurance that a clinical review process is in place which oversees all exceptional referrals which is effective in balancing the needs of individual patients and the best use of available resources.
- 1.2 The work of the Clinical Advisory Panel (CAP) is subject to annual review.

2 BACKGROUND

- 2.1 The CAP considers applications from clinicians to refer patients to service providers out with Fife. In general, this is to access services such as investigations, assessments, treatments, or placements not routinely provided in Fife or via our usual local or National SLAs. On occasion patients may be considered to display exceptionality, to be highly complex or to have exhausted conventional options.
- 2.2 Requests are also received from clinicians out with Fife often in tertiary centres seeking clinical support for funding of onward referral or for specialised equipment.
- 2.3 CAP should not be seen as the primary route for second opinion requests. The Patients' Rights and Responsibilities Charter states "I can ask for a second opinion before making a decision about my care and treatment, and where possible, my request will be met".

Whenever possible a second opinion should be provided within NHS Fife. If a clinician or patient is concerned that this could lack objectivity a case may be made via a CAP submission for a second opinion in another Health Board.

- 2.4 Cases for exceptionality may be made when it is felt that standard referral or access criteria do not apply in individual circumstances.
- 2.5 CAP's decision making is driven by consideration of clinical and cost effectiveness.
- 2.6 The facility exists, where cases are considered urgent, for cases to be considered virtually out with formal meetings. Details are circulated by email to CAP members and opinions collated. In clinical emergency circumstances, the Medical Director can provide decision, which is subsequently reported to CAP for ratification.

3 ACTIVITY IN 2022-23

- 3.1 CAP meets every six weeks. In 2022/2023 there were nine regular meetings. CAP considered a total of forty-four new requests for out-of-area and exceptional referrals. Eight meetings were held in via MS Teams. One meeting was held virtually with members submitting their decisions on the cases due for discussion and the Medical Director making a final decision.
- 3.2 The cases considered by CAP in 2022/23 can be broken down as shown in Table 1 below.

Table 1		
	No	%
Total number of cases considered	44	
Number of cases considered in formal meetings	37	84%
Direct Referrals brought to CAP for Ratification	7	16%
Number of cases approved	19	43%
Number of cases approval ratified	7	16%
Number of cases declined	11	25%
Number of Cases Decision Awaited	<5	7%
Number of Cases Withdrawn	<5	9%

- 3.3 The clinical areas considered by CAP vary considerably. The breakdown by diagnostic grouping is shown in Table 2 below.

Table 2	
	No of Cases
Child Health	8
Medical – General	6
Medical – Cardiology	<5
Medical – Epilepsy	<5
Medical – Neurology	<5
Surgical – General	<5
Surgical – Orthopaedic	7
Treatment of Cancer	6
IVF	<5
Psychiatry – Eating Disorder	<5
Psychiatry – Other	<5
Any Other Treatment	<5
Immunology	<5
Total	44

- 3.4 In the course of 2022/23 fourteen cases which had been considered by CAP in previous years came back to CAP for consideration of additional treatment.

4 FINANCIAL

- 4.1 The CAP considers applications from clinicians to refer Fife residents to services in other NHS Scotland Boards, not covered by the usual SLAs, to other NHS providers within the UK and to the Independent Sector providers.
- 4.2 There are established referral pathways for a wide range of specialist services to other Boards financially covered by SLAs and such referrals do not require CAP approval.
- 4.3 All Elective referrals outside Scotland require prior authorisation and NHS Scotland's policy (supported by NHS England) is that without such prior authorisation we are entitled to withhold payment.
- 4.4 Table 3 below provides the financial details for referrals to the Independent Sector for 2022/23 and as a comparator 2021/22

	Table 3	
	2021/22	2022/23
<u>Mental Health</u>	£844,773	£909,289
<u>Learning Disability</u>	£383,812	£399,931
<u>Neuro Rehab</u>	£75,253	£77,209
<u>Neurophysiology</u>	£97,520	£97,520
<u>Other Acute</u>	£15,641	£12,088
Total	£1,416,999	£1,496,037

5 NEW DEVELOPMENTS REVISED TERMS OF REFERENCE / MEMBERSHIP

Following Leadership changes within the organisation during 2022/23 the Panel reviewed the membership of the Panel.

It was agreed the Clinical Directors would not attend future meetings, but their professional advice would be sought if clarity is required. The Membership was also amended to include a representative from the Division of Psychiatry, Associate Medical Directors for Emergency and Planned Care and Women and Children's services. Deputies would not be considered, as a consistent approach is required.

Revised Membership

- Medical Director, NHS Fife – Chair
- Public Health Consultant
- Director of Pharmacy & Medicines
- Deputy Medical Director, Acute Services Division
- Deputy Medical Director, Health & Social Care Partnership
- Associate Medical Director, Emergency & Planned Care
- Associate Medical Director, Women & Children's Services
- Associate Director of Nursing, Acute Services Division
- Representative from GP Sub-Committee (General Practitioner)
- Representative from Division of Psychiatry
- Assistant Director of Finance
- Other Clinicians can be asked to the Committee to provide expert input when necessary

6 CONCLUSION

This paper provides a clear description of the purpose and activity of the CAP and assurance that its work is subject to regular review.

DR C McKENNA

Medical Director NHS Fife

May 2023

Meeting:	Clinical Governance Committee
Meeting date:	7 July 2023
Title:	Director of Public Health Annual Report 2023
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health, NHS Fife
Report Author:	Dr Lorna Watson, Deputy Director of Public Health, Child Health Commissioner, NHS Fife

1 Purpose

- Discussion

This report relates to:

- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Director of Public Health annual report provides a mechanism to present the key issues relating to health and wellbeing for local areas and enable more targeted local responses to be developed. This year's report is focussed on 'Children and Young people in Fife- the Building Blocks for Health.'

2.2 Background

The Report has two sections- a text section, with chapters and topic specific summaries, and a data supplement. Once formatted, these will have hyperlinks to connect text and additional data tables for specific topics.

Participation of children and young people was planned as part of the process of development, and will follow once complete. The Fife Children and Young People's Health and Wellbeing Survey took place in Fife schools in March 2023, and results are not yet available. A formal launch event in September is planned in conjunction with Fife Council Education and Children's Services.

The Report highlights the importance of the UNCRC and children's rights across all services, not just children's services; The Promise to care experienced children and young people; inequalities in health outcomes and in health behaviours; the social determinants of health, including poverty, housing, diet, exercise and mental health; and the early impact of the pandemic.

2.3 Assessment

UNCRC and The Promise

The expected incorporation of the UNCRC this year is a landmark in children's rights and in recognising the impact of decisions for ALL services, which may impact on children directly or indirectly. Similarly, implementing the recommendations in The Promise to care experienced children and young people requires a fundamental rethink in how public services are delivered to this group to improve outcomes.

Population

The Report shows that the number of under 18s in Fife is currently declining, with 71,746 estimated in 2021, 19% of the population in 2021. Children aged 0-4 contributes most to this reduction. The proportion of children recorded as having additional support needs in Fife has increased, and meeting the needs of those with Disability and Neurodiversity is central to realising children's rights.

Maternal health and births

The birth rate in Fife declining, in a similar pattern to Scotland, with 3157 births in 2021. Maternal and reproductive health impacts on maternity outcomes and child health outcomes in the longer term, particularly with respect to smoking, obesity, alcohol use. There are marked inequalities in health behaviours such as smoking and breastfeeding between areas of most and least deprivation. Smoking in pregnancy at maternity booking in Scotland is among the highest in Europe, and Fife has one of the highest rates in Scotland, although these are declining over the whole of the country.

Child poverty

Rates in Fife have risen recently from 17% in 2020 to 23% in 21/22 before housing costs. This rate varies across Fife from 11% to 35.9%, and many of the health indicators in the report show variation with deprivation and poverty.

Fife action on child poverty is reported annually, focussing on six priority group which comprise 90% of families with child poverty: *lone parents, families affected by disability, mothers under 25, children under one, more than 3 children and ethnicity*. Actions for the NHS include income maximisation and Anchor institution ambitions around employment, for example.

Other aspects relevant to health include housing, with 390 children living in households in temporary accommodation in Fife at 31st March 2022, and according to the Trussell Trust in Fife 5,506 foodbank parcels were given out to children in 2021/22, a reduction on the previous year.

Child development and wellbeing

Preventive and mitigating action around adversity in childhood (ACEs) and trauma informed approaches are important protective interventions that can strengthen the impact of services. Prevention of factors associated with abuse and neglect, including domestic abuse, and appropriate responses when this is identified is crucial for child wellbeing.

The Heckman curve demonstrates the cost effectiveness of interventions in early life is highlighted to demonstrate the known importance of investment early in the life course, tying in with the science of child development. Bonding, social connection and environment shape long term future physical and mental health and wellbeing.

Mental health and wellbeing in children and young people has been a concern before the pandemic, but this has been exacerbated by withdrawal of usual activities and support at that time. In Fife the Our Minds Matter Framework aims to implement the vision of supports available from universal to specialist level.

Alcohol and drug related admissions or young people in Fife are higher than the rate in Scotland, an indicator of serious harm. Children and young people also experience significant harms through child protection, loss of a parent to drug deaths, as well as risk to their own health in the short and long term, including foetal exposure. Actions relate to universal preventive measures tackling poverty, housing, education and employment, as well as specialist services to support those with greater or more complex needs.

Service aspects

Across health and partnership agencies, universal and targeted approaches are in place and are being developed further. Examples of good practice include perinatal mental health, the Family Nurse partnership, and the new Whole Family Wellbeing Fund. Positive areas for promoting wellbeing include access to green space, the contribution of the third sector and Youth Work.

The Fife Children and Young Peoples' Health Survey took place in Fife schools in March 2023, and results will be available later in the year. This will help describe the views of children and young people themselves about their health and inform service planning across agencies.

2.3.1 Quality / Patient Care

The Report highlights many areas of good practice in NHS Fife, Fife Health and Social Care Partnership, and partnership working more broadly. It also highlights areas for concern which may impact on future care needs as a result of the impact of poverty and adversity on the development of children and young people.

2.3.2 Workforce

The Report notes the importance of staff and staffing, and attracting, valuing and retaining staff working with children at all levels and in all levels, in line with the Population Health and Wellbeing Strategy 2023-2028.

2.3.3 Financial

There are no direct financial impacts as a result of this report however, the report highlights the very real benefits of early intervention and longer-term cost effectiveness and savings from preventive work in early years.

2.3.4 Risk Assessment / Management

There are no direct risks associated with the report, however there are emerging concerns about some of the building blocks for health in the early years due to the pandemic and

which pose a risk to current and future wellbeing of children and young people. Risks are managed within specific managed services.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

The Report seeks to promote the UNCRC and children's rights, and highlights inequalities in health relating to poverty and deprivation. It also highlights disability and neurodiversity, aspects of sexual and reproductive health affecting girls and women, refugee and asylum seeking children and young people, and LGBT aspects relating to health. Work to address child poverty links to Anchor Institution ambitions, including employment, procurement and income maximisation. A Stage 1 Equality Assessment demonstrated positive impacts and no further action required.

2.3.6 Climate Emergency & Sustainability Impact

The report highlights the impact of Climate on children and young people, and is being produced electronically, rather than on paper.

2.3.7 Communication, involvement, engagement and consultation

A working group has met to produce the report over the last six months, including members from public health, Children's Services within Fife HSCP, and Health Promotion. Relevant staff members were identified to draft sections within their areas of expertise. There were regular meetings with Fife Council Education staff, and the Child Health Management Team in HSCP has been kept updated of progress. Engagement with young people in third sector organisations was planned and will be included once complete.

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.

- Public Health Senior Leadership Team 13 June 2023.
- Executive Directors Group 22 June 2023.
- Public Health & Wellbeing Committee 03 July 2023.

2.4 Recommendation

- **Discussion** – For examining and considering the implications of a matter.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, DPH Report 2023 – Master V5
- Appendix No. 2, Information Supplement 150623

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DPH Report 2023
Children and Young People in Fife- the building
blocks for health

Draft Master V5

23.06.2023

Introduction

Public health can be defined as *‘what we as a society do collectively to assure the conditions in which people can be healthy’*. It therefore must be concerned with broad aspects of our lives and environment, and the obligation to address inequality for those who face most challenges in realising their potential to participate in society.

This year I have chosen to focus the Annual Report on children and young people. Clearly there are major health issues and pressures for all age groups, and these were covered more fully in last year’s report. These broader issues will be reviewed again in two years time. Childhood has a large influence on our health as adults. There are messages within this report relevant for everyone, as actions impacting on children and families benefit the wider adult population, and vice versa.

It is timely to consider children and young people for four reasons:

- the United Nations Convention on the Rights of the Child (UNCRC) which is expected to become incorporated into law in Scotland this year,
- Scotland’s Promise to care experienced young people ‘You **will** grow up loved, safe and respected. And by 2030, that promise **must be kept.**’
- the strong and developing evidence base about the importance of attachment and social connectedness for babies, children and young people, the effect of adversity on early brain development, and the economic case for investing early in the life course,
- the impact of COVID-19 and associated measures on children and young people, and the impacts, some ongoing, of the associated withdrawal of usual activities, services and supports, followed by the cost of living crisis

It is impossible to cover every aspect of child health and care services in this report, and the data supplement provides further detail where this is available. We have made efforts to ensure the voices of children and young people are captured in the report, and this work will be included once complete.

I would like to thank all the dedicated health and social care staff and carers, as well as those in Education, partner agencies and the third sector for their work with children and families in Fife. There are key messages and recommendations to consider to give the next generation the most positive start possible.

Feedback on the report is welcome and will be used to help plan for future years. [see link in website]

Dr Joy Tomlinson, Director of Public Health

[Preface - The Future of the Public's Health in the 21st Century - NCBI Bookshelf \(nih.gov\)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8711111/)
https://www.scotphn.net/wp-content/uploads/2022/03/2022_02_28-Ensuring-our-future-addressing-the-impact-of-COVID-19-on-children-young-people-and-their-families-Feb22-English.pdf
[Tackling Inequalities Trauma and Adversity across the Lifespan \(improvementservice.org.uk\)](https://www.improvementservice.org.uk/)
[Home - The Promise](#)

Key Recommendations

The science of connection shows that nurture in early life is crucial for brain development and for lifelong health and wellbeing, and investment in early years has the greatest economic impact on human development.

The UNCRC should help ensure the issues and concerns affecting children and young people are considered in all decision making, and that different groups of children and young people are given a chance to be heard to improve their health and life chances.

Tackling child poverty through increasing incomes, reducing costs and maximising benefits can make a huge difference to children and families, and the focus should be on the six priority groups as described in *Best Start Bright Futures*.

Connection is needed throughout childhood, and support for families in the community, access to good quality childcare, neighbourhood and community events and support in schools can support positive mental wellbeing. Access to more specialist support is important where needed.

Implementing *The Promise* is a major challenge and may require a culture change in how care experienced children are regarded and supported.

Youth work and third sector work plays a central role in supporting children and families and providing positive activities for young people.

Policy and action relating to health behaviours such as smoking, obesity, diet, alcohol and drugs need to take more account of the damaging reproductive effects and impact on children.

Addressing structural issues such as housing and environment will help create positive places for families now and for the next generation.

Across a range of services, staff and the relationships they build are crucial to give the best support to families. Valuing, attracting and retaining staff working with pregnant women, children and families is important at all levels, from social carers and support staff through to expert professionals.

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General

Population

Why is this important?

Understanding changes in the number of children and young people under the age of 18 and their characteristics is essential to help in planning services for children and families.

Background/data

At June 2021 an estimated 71,746 children aged under 18 lived in Fife. Within this age group (0-17) there were more males (51%) than females (49%). Of these children 17,300 (24%) were pre-school aged, 29,350 (41%) were aged 5-11 years and 25,096 (35%) were aged 12-17 years (1).

Children aged 0-17 years account for 19.1% of the total population of Fife, a little above the national average of 18.7%. Within Fife, Dunfermline HSCP locality has the largest proportion of the total population aged under 18 at 20.9% and North East Fife the lowest at 15.6%. In the last 10 years the number of children aged 0-17 years estimated to be living in Fife fell by 1.8%, compared to the population aged 18 and over which grew by 3.2%. The largest fall has been seen in children aged 0-4 (24%) and then in children aged 5-11 (7%) which will in part be due to declining birth rates.

The most recent (2018 based) population projections available for Fife estimate that by mid-2028 the total population of Fife, compared to 2018, will be a similar size with a 0.1% decrease in the total population and by 2043 will be 2.1% smaller. In comparison the population aged under 18 is estimated to be 6% smaller in 2028 compared to 2018 and 16% smaller by 2043 (2). Scotland's population is still projected to age with the number of people aged 65 and over estimated to grow by nearly a third by mid-2045 whilst the number of children in Scotland is projected to fall by nearly a fifth (3).

At the 2011 Census the under 16 population of Fife was predominantly of white ethnicity (96.9%), with 1.7% Asian ethnicity and 1.4% of children being from other minority ethnic groups (4). The 2022 Fife Council pupil census reported that 5.7% of Fife school pupils were from a minority ethnic group (5). The findings from the 2022 Census will provide us with a greater insight into the diversity of our child population in Fife.

Summary- The proportion of children and young people as part of the overall population in Fife is currently reducing in line with the patterns seen across Scotland.

Find out more-

1. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates/mid-2021>
2. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/sub-national-population-projections>
3. <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-projections/population-projections-scotland/2020-based>
4. <https://www.scotlandscensus.gov.uk/search-the-census#/search-by>
5. <https://www.gov.scot/publications/pupil-census-supplementary-statistics/>

UNCRC – United Nations Convention on the Rights of the Child

Why is this important?

The UNCRC (Incorporation) (Scotland) Bill was introduced to the Scottish Parliament on 1 September 2020. While aspects of the Bill were challenged by the UK government, work is progressing and it is expected that new legislation will be passed in 2023.

Background/ data

The UK signed up to the United UNCRC which came into force in January 1992 and is the global gold standard for children's rights. The 54 UNCRC articles set out the multi-factorial rights that all children are entitled to. The articles are wide-ranging and cover a number of areas including health, education, leisure and play, social security, child labour, children in care and juvenile justice. The new law may make it unlawful for public authorities to act incompatibly with the incorporated UNCRC requirements, giving children, young people and their representatives the power to go to court to enforce their rights. An example is article 27: *Every child has the right to a good enough standard of living to meet their physical and social needs including a proper house, food and clothing.*

Modifiable factors/Local actions

Realising rights is a theme in the Fife Children's Services Plan, which covers partnership organisations in Fife. Organisations including NHS Fife are preparing to ensure processes and actions are compatible with the UNCRC. This affects services delivered to the wider population, and not just those aimed directly at children and young people. Senior leaders are engaged in understanding the implications of the UNCRC and working on undertaking Children's Rights Impact assessments by public bodies where appropriate. Work is ongoing to better listen to the voice of infants, children and young people as well as families to improve services and better meet their needs.

Summary- Rights based approaches should change existing services to better realise all rights, including the right to health of the most disadvantaged children and young people.

Find out more-

[United Nations Convention on the Rights of the Child implementation: introductory guidance - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/socrr23-final/pdf/eng/socrr23-final.pdf)
[socrr23_final.pdf \(togetherscotland.org.uk\)](https://www.togetherscotland.org.uk/socrr23-final.pdf)
[UNCRC Articles Archive - The Children and Young People's Commissioner Scotland \(cypcs.org.uk\)](https://www.cypcs.org.uk/uncrc-articles)

Factors affecting Child Development

Why is this important?

Understanding the importance of early child development and the impact of life circumstance is constantly evolving. Attachment theory highlights the importance of a child's emotional bond with their primary caregiver. Disruption to or loss of this bond and accumulation of early adversity can affect a child emotionally and psychologically into adulthood, and can have an impact on their future relationships, social and health outcomes.

Background/ data

In international comparisons, the UK does not do particularly well on measures of child health, and inequalities in health in later life. The Heckman curve (figure 1, next page) shows the economic benefits of investing early in the life course. This is drawn from evidence of economics across numerous countries and is compatible with scientific evidence of the critical windows for development in early childhood, starting with pregnancy. Quality of relationships with family, peers and community are important at any point in childhood, and can be strained in times of family or community stress or disruption. Supporting child development can have a lifelong impact.

Modifiable factors/Local actions

Investment in family support and anti-child poverty measures can help support positive development in the critical early years. Prevention of adversity impacts on longer term outcomes for the next generation, for example measures to reduce domestic abuse, parental addiction and mental health issues in the adult population directly benefits children. Maternal, perinatal and infant mental health is particularly important to promote positive bonding at the start of life. In Fife in addition to universal services there is tiered specialist support where needed from the Community Perinatal Mental Health team, Infant Mental Health team, and the Maternity and Neonatal Psychological Intervention team. Child development and attachment informed policy and practice is particularly important in family, childcare and education arenas.

Summary - The rapidity of early brain development and sensitivity to quality of nurture means that early life has a profound effect on the future life course.

Find out more-

<https://developingchild.harvard.edu/re-envisioning-ecd/>

<https://heckmanequation.org/resource/the-heckman-curve/>

<https://www.nuffieldtrust.org.uk/research/international-comparisons-of-health-and-wellbeing-in-early-childhood>

<https://stateofchildhealth.rcpch.ac.uk/evidence/nations/scotland/>

<https://developingchild.harvard.edu/re-envisioning-ecd/>

<https://www.nuffieldtrust.org.uk/research/international-comparisons-of-health-and-wellbeing-in-early-childhood>

<https://stateofchildhealth.rcpch.ac.uk/evidence/nations/scotland/>



Return on Investment

Economic impact of investing in early childhood learning.

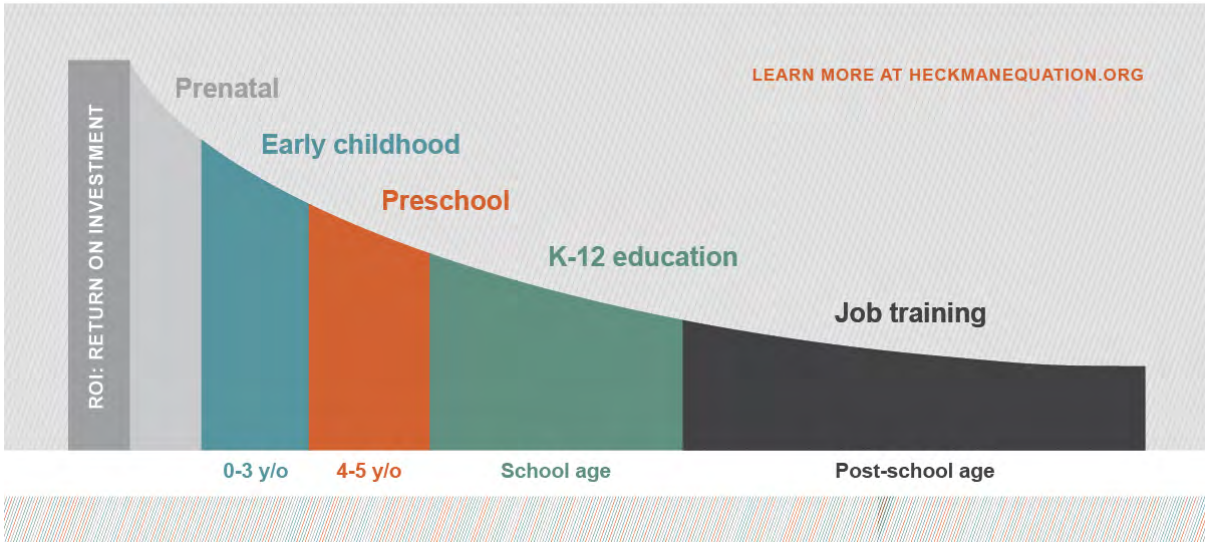


Figure 1 Source: <https://heckmanequation.org/resource/the-heckman-curve/>

ACE Exposure and Trauma

Why is this important?

Adverse Childhood Experiences (ACEs) are “highly stressful, and potentially traumatic, events or situations that occur during childhood and/or adolescence. They can be a single event, or prolonged threats to, and breaches of, the young person’s safety, security, trust or bodily integrity.” In 1998 a landmark study by Felitti and colleagues was published demonstrating a link between cumulative exposure to ACEs with long term outcomes for adults including mental and physical health and leading causes of death.

Background/ data

In a 2014 UK study on ACEs, 47% of people experienced at least one ACE with 9% of the population having 4+ ACEs. Childhood trauma can affect individuals’ wellbeing across the lifespan, impacting on physical health, mental health and relationships. Being ‘Trauma Informed’ means being able to recognise when someone may be affected by trauma, collaboratively adjusting how we work to take this into account and responding in a way that supports recovery, does no harm, and recognises and supports people's resilience.

Modifiable factors/Local actions

Since 2016, NHS Education for Scotland (NES) has developed training to promote trauma informed practice, to support children and young people who have experienced trauma or ACEs. NHS Fife has developed 4 half day trauma informed modules on: Why trauma matters, · Psychological Impact of trauma, · Relationships and Recovery, · Compassion Fatigue and Self care.

These have been adopted and promoted via NES and are being delivered locally to a wide range of multiagency staff, including Family Support Service, social work staff, education staff and school nursing. There is also an enhanced module for staff working directly with children and young people who have experienced trauma. These modules have been delivered to staff working in CAMHS, child psychology and the DAPL school counselling service.

Trauma informed practice is also relevant for many adult services, and more broadly, consideration of prevention of ACEs is relevant in wider policy on inequalities including for example, criminal justice.

Summary- To improve outcomes for those who have experienced trauma, we need a trauma informed workforce who can understand their needs and respond appropriately.

Find out more-

[Understanding trauma and adversity | Resources | YoungMinds](https://doi.org/10.1016/S0749-3797(98)00017-8)
[https://doi.org/10.1016/S0749-3797\(98\)00017-8](https://doi.org/10.1016/S0749-3797(98)00017-8)
https://know.fife.scot/data/assets/pdf_file/0027/177507/ACEs-in-Fife-Exposure-and-Outcomes-Profile-Oct-2018.pdf
[National Trauma Training Programme - Home \(transformingpsychologicaltrauma.scot\)](http://transformingpsychologicaltrauma.scot)
[Home \(beaconhouse.org.uk\)](http://beaconhouse.org.uk)
[UKTC \(uktraumacouncil.org\)](http://uktraumacouncil.org)
<https://www.gov.scot/publications/understanding-childhood-adversity-resilience-crime/pages/2/>

COVID-19 Impact on Children and Young People

Why is this important?

While direct health effects of Covid had less impact on children than adults, the associated lockdown measures had a profound effect on usual socialisation, support, learning and activities, and services, adversely affecting aspects of child development.

Background/ data

School closures, lockdown measures and withdrawal of services to essential levels impacted the whole population, with particular effect on children and young people as usual activities, milestones and events had to be cancelled or curtailed. With adults under stress, this impacts on quality and quantity of interactions with children vital for language and development. The level of screen use in children increased significantly due to loss of usual activities.

While some families reported positives of having parents at home and less travel, many found the experience difficult, and women were disproportionately affected due to caring roles. At pre-school reviews, higher proportions of children have had developmental concerns post pandemic, 18.7% at 27-30 month review in 2021, compared to 14.6% prior to the pandemic for Scotland. Literacy and numeracy data lower for Scotland in 2020/1 indicated an impact on learning. Parent-reported lower mental health and wellbeing scores in younger children were lower in 2020, and survey data indicated that families affected by disability had particular loss of services during the pandemic, with reduction in respite and social support. Children at risk of overweight or obesity increased in 2020/1. Demand and waiting times for many types of care were affected by the pandemic.

Modifiable factors/Local actions

Focus on connectedness and wellbeing of families, neighbourhoods and communities, as there may be a longer term cohort effect where supportive networks take time to re-establish.

Ensure services for families affected by disability, mental health issues and poverty are strengthened going forward to mitigate the impacts on disadvantaged groups.

Summary- The pandemic and associated measures have had a major impact on children and young people, particularly those already in situations of disadvantage

Find out more-

https://www.scotphn.net/wp-content/uploads/2022/03/2022_02_28-Ensuring-our-future-addressing-the-impact-of-COVID-19-on-children-young-people-and-their-families-Feb22-English.pdf

Family Life

Why is this important?

The family is the basic building block of society, and the expectations and structures around it change over time. This has implications for connectedness, and support in times of adversity, whether social, financial, physical or mental health related.

Background/data

In the Growing Up in Scotland study, 27.3% of 14 year olds had at least one parent who lived elsewhere. Over half 57.5% saw this parent once a week or more, whilst 15.1% said they never saw this parent. Disabled young people were more likely to say they have at least one parent who lived elsewhere 35.2%, compared with 25.9% of non-disabled young people. In the Households in Scotland report in 2017 there was an increase in single adult households, and a reduction to 23% of households comprising adults and children, less than one in four households. 5% of households had a single parent, 13% a small family, 5% a large family, an increase in the proportion with single parents over time.

There have also been significant changes to working patterns of parents in the UK, for example with more non standard working hours, particularly for lower paid workers. Some aspects such as unpredictable work schedules have been linked to lower parental wellbeing, however there is evidence to suggest access to flexible working patterns and the four day working week may reduce stress within families. The use of formal childcare has increased over time, however, availability and cost can limit options for families.

Modifiable factors/Local actions

Promote policies which support families with children, in particular families with disabled children, and encourage community support for families through intergenerational support, third sector, and volunteering, which also supports connectedness and positive wellbeing.

Promote a child and family focus in design of homes, work, communities and services, with accessible provision of high quality childcare.

The Workplace Team, Health Promotion Service in Fife actively promote a range of initiatives to Fife workplaces to encourage good and fair work, including family friendly policies, flexible working and intergenerational working, and promotion of the Healthy Working Lives programme in Fife.

Summary - Promoting connected communities with the needs of children and families in mind will help the next generation flourish.

Find out more-

[https://www.gov.scot/publications/life-age-14-initial-findings-growing-up-scotland-study/Chapter 2 - The Composition and Characteristics of Households in Scotland \(www.gov.scot\)](https://www.gov.scot/publications/life-age-14-initial-findings-growing-up-scotland-study/Chapter%20-%20The%20Composition%20and%20Characteristics%20of%20Households%20in%20Scotland%20(www.gov.scot)/https://www.nrscotland.gov.uk/files/statistics/old/he-05-table5.pdf)
<https://www.nrscotland.gov.uk/files/statistics/old/he-05-table5.pdf>
<https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/familiesandthelabourmarketengland/2021>
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8651235/>
<https://www.weforum.org/agenda/2023/03/surprising-benefits-four-day-week/10.1080/13668803.2022.2077173>
<https://workingfamilies.org.uk/wp-content/uploads/2022/11/Working-Families-Benchmark-Report>
<https://www.nhsfife.org/workplace>

UNCRC Article 9 – I have a right to live with a family who cares for me

Disability and Neurodiversity

Why is this important?

Difference is part of what makes us human, and also how we care for less able members of our society defines how we view ourselves as a civilised society. People with disability can face a number of barriers to inclusion and preventable adverse health outcomes.

Background/ data

The rate of pupils in Fife assessed or declared as having a disability is 26.2/1000 pupils. Disability may relate to physical or learning ability or both, and may overlap with some chronic physical or mental health conditions, and sensory impairments. Disabilities may be classed as mild, moderate, severe, and in some cases, complex or exceptional where there are a number of conditions, or a mix of physical and learning disability leading to a need for complex care. The social model of disability recognises that people can be disabled by barriers in society such as absence of a wheelchair ramp, and is focussed on assets rather than impairments or deficits. The bio-psychosocial model incorporates the biomedical model with other perspectives and underpins person-centred care.

A learning disability is generally defined by lower intellectual ability, significant impairment of social or adaptive functioning, and onset in childhood. Some neurodevelopmental disorders may be associated with learning disability, including autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD).

Neurodiversity is a broader term relating to differences in brain processing, which is more variably defined and often includes ASD, ADHD, dyscalculia, dyslexia and dyspraxia. It is estimated around one in seven people in the UK is neurodivergent. Additional support needs is the term used in schools for children who require any additions to the educational provision that is usually provided, which can be due to the conditions above.

This variation has important implications across the life course, in how to realise all rights and advance equality of opportunity, provide reasonable adjustments and inclusion in all aspects of society, including access to work, leisure and culture. As with adults, a higher proportion of disabled children live in areas of deprivation, and they are less likely to go to a positive destination after leaving school. Disabled people and their carers have had a particularly difficult time during the covid pandemic. Unpaid carers have a vital role and there is a need to recognise, value and raise awareness of carers and their rights and whole family wellbeing.

The UN report on the implementation of the UNCRC in the UK highlights disability as a particular area for action. Stigma, fear of harassment and hate crime are prevalent and there are basic accessibility challenges for homes, public buildings and spaces. Rates of mental health issues are higher in disabled children and adults, and there can be barriers to accessing high quality health care.

Modifiable factors/Local actions

There should be increased recognition of the role of disability and caring roles in understanding and addressing health inequalities, and preventable premature mortality in Scotland.

There is work ongoing in health and education in Fife to improve access to support, advice and assessment to meet individual needs in relation to and reduce impact of neurodevelopmental disorders. Allied health professionals have an important role in advising and supporting families.

There is unmet need to support families caring for children with learning disabilities and the most complex mental health needs, with access to respite and multi-agency intensive support to prevent family breakdown or the need for alternative placements.

Transition from child to adult services for those with disability can be difficult to navigate, and is crucial to achieve the best long term outcomes. Key principles include person-centred planning, with planning starting early and continuing up to the age of 25.

Summary- A core value of the UNCRC is non discrimination, and responding to the experience of families and children is central to addressing barriers for those with disability or neurodiversity to realise their potential into adult life.

Find out more-

[Scotland's Wellbeing: national outcomes for disabled people - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/scotland-wellbeing-national-outcomes-for-disabled-people-2022/pages/4/)

[Definition | Background information | Learning disabilities | CKS | NICE](#)

[The Impact of Disability on the Lives of Young Children: Analysis of Growing Up in Scotland Data - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/the-impact-of-disability-on-the-lives-of-young-children-analysis-of-growing-up-in-scotland-data-2022/pages/4/)

[Celebrating neurodiversity in Higher Education | BPS](#)

[What are learning disabilities - report \(slido.ac.uk\)](https://www.slido.ac.uk/reports/what-are-learning-disabilities-report/)

[The biopsychosocial model of illness: a model whose time has come - Derick T Wade, Peter W Halligan, 2017 \(sagepub.com\)](https://www.sagepub.com/journalsPermissions.nav?lang=en&path=/journals/psychiatry/article/doi/10.1177/0963823717703801)

[UK Disability Survey research report, June 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/research-data-and-analysis/reports/uk-disability-survey-research-report-june-2021)

[National carers strategy - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/national-carers-strategy-2022-2027/pages/4/)

[Findings from LeDeR reviews 2015-2020 | School for Policy Studies | University of Bristol](#)

[Principles-of-Good-Transitions-3.pdf \(arcscotland.org.uk\)](https://www.arcscotland.org.uk/publications/principles-of-good-transitions-3.pdf)

<https://www.gov.scot/publications/scottish-allied-health-professions-public-health-strategic-framework-implementation-plan-2022-2027/pages/4/>

Voice of Children and Young People

Why is this important?

Participation and engagement with children and young people is being recognised as being both useful and important in planning services to meet their needs.

Background/data

The Fife Children & Young People's Health & Wellbeing Survey was completed in schools in March and April 2023. The survey has been designed so that children and young people can tell us about their experiences and contains questions on a wide range of topics including: Physical Activity, Health, Emotional Wellbeing, Eating Habits and Social Media Use.

Gathering this information, at this time, was especially important to help to form an accurate picture of children and young people's wellbeing after the pandemic and to help to plan to support their recovery.

The results from the survey, available in Summer 2023, will help us to understand the wellbeing and needs of children and young people in Fife which will inform the work that partnership organisations are doing to improve services for children and families.

Modifiable factors/Local actions

In preparing this report, views were sought from Youth 1st and Fife Young Carers. These are not yet ready but it is hoped will be the basis for a Children and Young People's version of this report later in the year.

Summary- Information from larger scale surveys but also targeted work with specific groups of young people in Fife will help with designing appropriate services to meet their needs.

Early Years and Building Blocks for Health

Child Poverty and Cost of Living

Why is this important?

Child poverty affects opportunities for health, learning and development from pregnancy onwards, which can have lifelong consequences. The Child Poverty (Scotland) Act 2017 places duties on public authorities to take action to reduce and mitigate child poverty. The current cost of living crisis has made it more difficult for many families.

Background/ data

Almost one in four children in Fife live in poverty before housing costs. There are six child poverty priority groups which cover 90% of families with children in poverty: *lone parents, families affected by disability, children under 1 year, mothers under 25 years, ethnicity, families with >3 children*. The Policy document Best Start Bright Futures describes three drivers- income from employment, cost of living, income from benefits.

Poverty rates are also higher in some parts of Fife than others, generally following patterns of deprivation. Poverty can be linked to increased family stress, and reduced opportunities for building relationships and skills to support successful learning, leading to a gap in educational attainment between children in most and least deprived areas.

Modifiable factors/Local actions

Fife has published several Local Child Poverty Action Reports as required by the Act. The report for 2023 will be part of the overall Tackling Poverty and Preventing Crisis report. Key areas for action are targeting the priority groups, and greater co-production with those affected. Further actions include:

- Income maximisation, with the successful MoneyTalks offer of referral for welfare checks in maternity and health visiting, and the Boosting Budgets programme in Education, and possible expansion of these.
- Reducing additional costs of the school day, and working to improve access to childcare
- Anchor Institution actions, to ensure employment is accessible to priority groups where possible, and procurement can benefit local communities
- Ensuring voice of those with lived experience is part of planning and feedback
- Support action to explore better access to child maintenance payments and tackle young parent poverty

Summary- Poverty is a stressor which can be highly detrimental to all aspects of child and family wellbeing, and public services can take both preventive and mitigating action, in line with UNCRC articles 26 and 27.

Find out more-

<https://www.gov.scot/publications/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-26/pages/3/>

<https://our.fife.scot/plan4fife/tackling-poverty-and-preventing-crisis/tackling-poverty-listing/tackling-child-poverty>

https://our.fife.scot/_data/assets/pdf_file/0021/250248/Plan-for-Fife-2021-24-23-Aug.pdf

<https://www.health.org.uk/news-and-comment/charts-and-infographics/the-nhs-as-an-anchor-institution>

<https://cpag.org.uk/scotland/child-poverty>

<https://www.improvementservice.org.uk/products-and-services/consultancy-and-support/local-child-poverty-action-reports>

*UNCRC Article 26 – My family should get the money they need to help bring me up
UNCRC Article 27 – I have the right to have a proper house, food and clothing*

Births, Maternal Health

Why is this important?

Potentially modifiable factors affecting a mother's health before and during pregnancy can have a major impact on the mother and baby's wellbeing and some complications associated with pregnancy and childbirth. Some factors can influence the child's health in the longer term.

Background/data

In Fife the birth rate is declining, in a similar pattern to Scotland, with 3157 births in 2021. Age at first birth is increasing, which has positive aspects, however fertility reduces with age and after age 35, the rate of pregnancy complications, and chance of some genetic conditions in the baby increase.

In Fife around 5% of singleton births have low birth weight, similar to the rate in Scotland. Low birth weight is caused by intrauterine growth restriction, prematurity or both. As well as immediate health care needs, it contributes to a range of longer term health outcomes. There are evidence based actions which can reduce the chance of low birth weight, these include: reducing smoking and reducing exposure to environmental tobacco smoke, alcohol, and illicit drug use. Low body mass index, and anaemia are also risk factors so a healthy diet before and during pregnancy is important. Other factors include younger and older ages during pregnancy, time between births, infections including those which are sexually transmitted and exposure to domestic violence.

In Fife in 2021 there were 11 stillbirths, and the rate is similar to Scotland. Stillbirths may have an identified cause but many are unexplained. There are also risk factors for stillbirth include smoking, obesity, poor nutrition, drug and alcohol use. One area of concern is that the percentage of women classified as overweight or obese at maternity booking in Scotland has been gradually rising. In Fife the rate is 60.4%, above the Scottish average.

Fife has one of the highest rates of current smokers at maternity booking in Scotland. In 2021/22 this was 16.7% women self-reporting as current smokers, compared to 11.8% for Scotland. Women who live in areas most affected by deprivation have the highest proportion of current smokers. Smoking is also associated with a wide range of harms including: increased risk of miscarriage, some congenital defects and learning difficulties, including attention deficit hyperactivity disorder. It may also cause genetic damage to be passed to the next generation.. Smoking in the home is a significant risk factor for sudden infant death, as well as respiratory problems in children.

There are well understood risks during pregnancy from alcohol. Drinking alcohol during pregnancy increases the chance of fetal alcohol spectrum disorder (FASD) which is the commonest cause of non-genetic learning disability in the Western world. Importantly, damage may occur before a woman is aware of the pregnancy. It can be difficult to diagnose and symptoms include: difficulty processing information, memory and attention deficits, cognitive and behavioural problems. Early identification and support can improve outcomes.

Maternal deaths are fortunately now rare, however the Confidential Enquiries into Maternal Deaths 2022 showed stark inequalities with women from some ethnic backgrounds and women experiencing greater levels of deprivation more likely to be affected.

Modifiable factors/Local actions

Some actions that improve the health of the whole population such as increasing smoke-free environments will also directly benefit mothers and children. However, delivery of high quality reproductive health care throughout a woman's life is also important for positive health outcomes for mothers and babies. While much is delivered in primary care, the ACORN project in Sexual Health Fife is an example of good practice which is designed to enhance access for women facing particular challenges who may not otherwise access services.

Maternity services in Fife provide person-centred care, with specific projects for some women, including the VIP project for those with alcohol and substance misuse problems, Family Nurse Partnership for younger first-time mothers, Family Health Midwives for those with complex challenges, and support for women with obesity in pregnancy. Translation services in maternity care are particularly important due to higher risks associated with some ethnicities. Areas for development include:

- Preconception health advice for all women, but especially for women with pre-existing conditions such as heart disease;
- Increasing access to reproductive health options such as long acting reversible contraception to women, including following birth
- Reducing rates of smoking and obesity in the population, and exploring ways of increasing smoking quit rates in pregnancy including incentives;
- Supporting population health measures to reduce exposure to alcohol, including in pregnancy
- A stronger focus on preconception and child health in general health policy

Summary- Improving preconception and maternal health will help reduce inequalities and improve outcomes for mothers and babies in Fife.

Find out more-

[Maternal and fetal risk factors for stillbirth: population based study | The BMJ](#)
[Fetal alcohol spectrum disorders : a guide for healthcare professionals \(exlibrisgroup.com\)](#)
[Low birth weight \(who.int\)](#)
[Reducing low birth weight: prioritizing action to address modifiable risk factors | Journal of Public Health | Oxford Academic \(oup.com\)](#)
[Tobacco use in pregnancy | ASH Scotland](#)
[Smoking, Pregnancy and Fertility - ASH](#)
[Financial incentives for smoking cessation in pregnancy: randomised controlled trial | The BMJ](#)
[MBRRACE-UK Maternal Report 2022 - Lay Summary v10.pdf \(ox.ac.uk\)](#)
[Women's health plan - gov.scot \(www.gov.scot\)](#)

Infant Feeding

Why is this important?

Breastfeeding provides the best start to life as breastmilk contains hundreds of components that cannot be artificially replicated including viral fragments, antibodies and immunoglobulins, hormones, stem cells, complex sugars and essential fats (1). In addition to nutrition and immunity, the closeness of breastfeeding helps develop the infant microbiome and builds a strong bond between the mother and infant. This relationship can aid brain development and potentially influence life-long learning, development and social interactions.

Background/ data

Scotland has invested money to support breastfeeding initiatives over the last few years. As a result, the rate of any breastfeeding at 6-8 weeks in NHS Fife has increased from 33.7 % in 2012 to 41.9 % in 2022 (2). There continues to be a sharp drop in the number of women who start breastfeeding to those who continue to do so at 6-8 weeks, and having timely, skilled support is key to ensuring women get the help they need to succeed.

Additionally, all maternity, neonatal and health visiting services across Scotland are accredited as “Baby Friendly” – a global initiative jointly developed between WHO and UNICEF to provide standards of care to improve breastfeeding support (3).

Modifiable factors/Local actions

NHS Fife community successfully became “Baby Friendly” in 2014 and successfully reaccredited in January 2023 with outstanding results. The next steps to embed standards in practice include ensuring strong leadership, fostering a culture for staff learning and feedback, ensure a robust monitoring system to ensure standards remain consistently met to a high standard and developing innovations to improve services (4). This includes access breastfeeding support and advice from midwives, health visitors (or family nurses), breastfeeding support team or one of the infant feeding advisors (5).

Families can also get help with costs through Best Start grants and Best Start foods to help make sure infants and young children have access to food.(6)

Summary- Actions to promote and support breastfeeding where possible remains an important health outcome, while sensitively supporting all families regardless of feeding methods.

Find out more-

[Infant feeding statistics - Financial year 2021 to 2022 - Infant feeding statistics - Publications - Public Health Scotland](#)

[Learn more about the UNICEF UK Baby Friendly Initiative](#)

<https://www.unicef.org.uk/babyfriendly/baby-friendly-resources/implementing-standards-resources/guide-to-the-standards/>

[Breastfeeding support | NHS Fife](#)

[Best Start Grant and Best Start Foods - mygov.scot](#)

Health Visiting Pathway, Family Nurse Partnership (FNP)

Why is this important?

Universal services in pregnancy and from birth into the early years are essential to ensure early intervention and prevention and identify those requiring additional or intensive support. Midwives, health visitors and family nurses are the core staff groups involved in pregnancy and following birth health visitors and family nurses are the key staff.

Background/ data

The Universal Health Visiting Pathway provides a core programme of 11 home visits to all new families, covering the first year to preschool, building relationships, providing support and including the Named Person function.

Development checks are captured in the Child Health Surveillance Programme national information system. In 2021/22 in Fife there was a fall in the proportion of eligible children reviewed at both 13-15 month review and 27-30 month review, to 83% and 90%. The percentage with developmental concerns at both reviews increased, to 18% and 19% respectively. This increase was noted across Scotland and further work is underway to investigate further.

The FNP programme is now available to all first time mothers aged 20 and under. This is a recent expansion from 19 and under and provides regular intensive home visits and support in pregnancy until the age of two according to an evidence based framework. This has been shown to improve a range of maternal and child outcomes.

Modifiable factors/Local actions

Full implementation of the Health Visiting pathway has been challenging due to staffing pressures in the last four years. A workforce strategy is in place covering recruitment, training and supervision which will bring long term stability to teams and support full delivery of the pathway.

Further consideration will be needed to meet the stretch aim to have the FNP programme offered to those aged 21 and under, and 25 and under for care experienced young people.

Summary – Universal and additional support is essential to support families in the early years adapt to the changes and potential challenges in the early years

Find out more-

[Early child development statistics - Scotland 2020 to 2021 - Early child development - Publications - Public Health Scotland](#)
<https://www.gov.scot/policies/maternal-and-child-health/family-nurse-partnership/>
[Perinatal and early years - Mental health - gov.scot \(www.gov.scot\)](#)
[Perinatal mental health - ScotPHO](#)
<https://www.gov.scot/publications/getting-right-child-girfec-practice-guidance-2-role-named-person/>

Play, Physical Activity

Why is this important?

Movement is essential for life. It provides the building blocks for development, physical and mental health as well as social and academic progress. Play is well documented for its benefits at all life stages from infancy to older adults. Taking part in activity increases confidence, self-esteem, as well as reduces stress, the effects of depression and improves our physical health.

Background/ data

Physical activity guidelines for children state that they should engage in moderate to vigorous activity for at least 60 minutes each day. In 2021 the Scottish Health Survey reported that 71% of children (aged 2-15 years) had achieved this recommendation which included activity at school. This is an increase from 69% in 2019. However more boys than girls meet the recommendation.

Participating in sport and physical activities such as walking, ball sports, dance or yoga creates an opportunity to develop skill mastery. This then can lead to lifelong participation in a range of activities. Tackling inequalities and barriers to activity from an early age will help to increase activity levels, create good habits and improve life chances into adulthood.

Modifiable factors/Local actions

The ability to swim and ride a bike by the time a child leaves primary school are two 'life skills' measures Fife Council is working hard to impact, through provision of activity and interventions to tackle the barriers to participation.

Fife Sport and Physical Activity Strategy is a Fife wide commitment to improving opportunities for people of all ages, abilities, and localities in Fife to participate in sports and physical activities. Working in partnership with stakeholders Fife Council Active Communities is committed to increase the variety and availability of activities from walking in the community, community classes for children, young people and adults, and supporting clubs and groups who are working to intentionally change people's lives through sport, including those with disabilities.

Additional funding will increase the ability to create and improve access to activity across Fife. Reducing barriers to activity' costs, facilities and perceptions continues to challenge all initiative and projects. Understanding the needs of our communities, individuals and families assists with planning programmes, taking into account any impact from covid in changing how people play, participate and exercise.

Summary- Play and physical activity is essential for healthy development in children and contributes to lifelong physical and mental health and wellbeing

Find out more-

[Active Fife - leisure hub](#)

[Physical activity overview - Physical activity - Health topics - Public Health Scotland](#)

Housing

Why is this important?

Housing has a vital role to play in promoting child development by providing a safe and secure place for children to grow, play and learn in a homely and nurturing environment.

Background/data

In 2021 the Scottish Government set out its vision for the Housing Sector in its 'Housing to 2040' Strategy (1). This was in the context of an emphasis on preventing homelessness. Homelessness Prevention Duties on all public bodies are widely expected to form part of a forthcoming Housing Bill (2). Pressure on housing services continues to be affected by the impact of the COVID-19 pandemic. In Fife the number of homeless applications and households in temporary accommodation remains higher than pre-pandemic (3).

Scottish Government data 2020-2021 (3) shows within Scotland Fife has amongst the highest number of homeless households. Homeless households with children spend on average longer in temporary accommodation than those without. The Draft Fife Local Housing Strategy 2022-2027 (4) states that 22% of homeless households in Fife are single parents and 24% of homeless assessments include dependent children.

Modifiable factors/Local actions

Housing and homelessness issues are entwined with other aspects of inequality such as employment and poverty. The Fife's Local Housing Strategy (4) includes actions to address the housing needs of populations where children and young people may be most at risk. This includes those experiencing domestic abuse or with no recourse to public funds, care experienced young people, children in temporary accommodation, and closer working with child health and maternity services.

In Fife the Rapid Rehousing Transition Programme (RRTP) Board will work with the Centre for Homeless Impact to develop a local framework in line with the SHARE tool that aims to achieve the following: 'Scotland will be a society in which homelessness is prevented whenever possible or otherwise will be rare, brief and non-recurring' (5). The RRTP will also establish a multiagency Homelessness Prevention Task Force.

Summary- Housing provision and the prevention of homelessness need to take account of children's rights based approaches in line with the UNCRC.

Find out more-

<https://www.gov.scot/publications/housing-2040-2/documents/>
<https://www.gov.scot/publications/prevention-homelessness-duties-joint-scottish-government-cosla-consultation-analysis-consultation-responses-final-report/>
<https://www.gov.scot/binaries/content/documents/govscot/publications/statistics/2021/06/homelessness-scotland-2020-2021/documents/homelessness-scotland-2020-21/homelessness-scotland-2020-21/govscot%3Adocument/homelessness-scotland-2020-21.pdf>
<https://www.fife.gov.uk/kb/docs/articles/housing/local-housing-strategy>
<https://www.homelessnessimpact.org/share-tool>
<https://www.scotpho.org.uk/wider-determinants/homelessness/key-points/>
https://scotland.shelter.org.uk/housing_policy/homelessness_in_scotland

Greenspace and Wellbeing Economy

Why is this important?

Greenspace Scotland (1) outlines research demonstrating how greenspace can give children the best start in life and act as an outdoor classroom. Greenspace provides places for children to play and promotes their social, emotional, intellectual and physical development. Wellbeing and sustainability can be seen as a children's rights issue due to the impact on future generations. (2)

Background/ data –

The Place and Well-being Collaborative have recently developed a set of Place and Well-being outcomes for Scotland (3). This work reflects the well acknowledged important effect the kind of the place in which we live, work and play has on our health and well-being. Issues of place are entwined with sustainability and the nature of economic development. Scotland is part of the OECD Wellbeing Economy Governments Group exploring wellbeing and economics, and meeting UN Sustainable development goals. (3)

Modifiable factors/Local actions

Targets and indicators for place and well-being are being developed at national level and will inform further development of actions covered in Fife strategies on Transport, the Climate Emergency, Sustainability and Greenspace. (4,5)

Fife has been part of a Scottish Government pilot programme supporting local areas to build capacity for community wealth building, now embedded as part of the Plan for Fife Recovery and Renewal review. Other collaborative projects in Fife are in progress which will contribute to the joint priorities of community wealth building and developing a green and sustainable environment. These include: establishing a Green Health Partnership, the River Leven Programme and the work of partner organisations to develop their role as Anchor institutions.

Summary- The priorities of place-making, community wealth building, and sustainability are shared by partners across Fife and is evident already in work to address these areas. The rights, voices and best interests of children and families should be taken into account in these initiatives.

Find out more-

1. <https://www.greenspacescotland.org.uk/Pages/Category/greenspace-delivers>
2. <https://childreninscotland.org.uk/economy-must-be-redesigned-to-focus-on-wellbeing-and-environmental-sustainability/>
3. <https://www.gov.scot/groups/wellbeing-economy-governments-wego/>
4. <https://www.improvementservice.org.uk/products-and-services/consultancy-and-support/planning-for-place-programme/place-and-wellbeing-outcomes>
5. <https://www.fife.gov.uk/kb/docs/articles/roads,-travel-and-parking/local-transport-strategy>
6. <https://www.nhsfife.org/about-us/sustainability/sustainability-and-environmental-reporting/>

Climate

Why is this important?

The climate crisis is particularly relevant for children and young people, as they will be exposed to it for longer, and so will benefit most from harm reduction. This includes improving air quality and averting ecological changes such as extreme weather events.

Background/ data

NHS Scotland published its Climate Emergency and Sustainability Strategy¹ last year, which sets out plans for NHS Scotland to reduce its greenhouse gas emissions and impact on the environment, adapt to climate change and to better contribute to the United Nation sustainable development goals. This acknowledges how we need to change the ways we work to avert and deal with the consequences of climate change, and the need for a change in our culture to support this.

It is important that changes in response do not exacerbate inequality and follow the principles of a 'just transition'², taking account of the effect on different groups and generations. The impact of climate change can be hardest on those who are already worse off. This affects children and young people in particular because altering where they live or their health can affect their opportunities for the rest of their life. They are also most affected by anxiety about ecological issues and so addressing the climate crisis may help improve mental wellbeing.

Modifiable factors/Local actions

Organisations and communities in Fife can work to address climate change through:

- listening to and involving children and young people in solutions, to promote a sense of positive agency locally for sustainability while accepting some levers lie at global level
- changing the ways that large organisations work through Anchor Institution principles
- helping all staff and communities to understand and respond to sustainability
- sharing resources, for example looking into how green space in NHS sites can be used by other groups and organisations
- working with local partners such as the Green Health Partnership and Fife Conference of the Partners.

Find out more-

[NHS Scotland climate emergency and sustainability strategy: 2022-2026 - gov.scot \(www.gov.scot\)](#)
[Mission and Goals | International Institute for Sustainable Development \(iisd.org\)](#)
[The NHS as an anchor institution \(health.org.uk\)](#)
[https://doi.org/10.1016/S2542-5196\(21\)00278-3](https://doi.org/10.1016/S2542-5196(21)00278-3)
<https://www.penumbra.org.uk/climateanxietyandyoungpeople/>

The Promise & Adversity

The Promise and Care Experienced Children and Young People

Why is this important?

In 2020 Scotland made a promise to care experienced children and young people: You **will** grow up loved, safe and respected. And by 2030, that promise **must be kept**.

Background/data

The Independent Care Review (ICR) (2020) listened to 5,500 care experienced infants, children, young people and families who shared their experiences. The ICR identified that many did not feel loved, safe or respected. The conclusions and recommendations from the ICR shaped The Promise Action Plan (2021-2024). Longer term outcomes for those who are care experienced have been shown to be adverse compared to other groups, including health and educational outcomes. Those who have been in looked after can also experience stigma as a result.

Becoming looked after involves a formal supervision order following a Children's Panel Hearing and reasons include lack of parental supervision or exposure to harm. Children can be looked after at home, in kinship care, fostering, or in residential accommodation. Fife currently has 165 children looked after at home from period 9th March 2023 until 5 April 2023. Fife currently has 578 children looked after away from home from period 9th March 2023 until 5 April 2023, a decrease from 633 in the same period last year.

Modifiable factors/Local actions

The Promise is an identified priority area within Fife Children's Services Plan (2021-23) and there is a commitment from Fife's Children's Services Partnership to collectively deliver the Promise to improve the experiences and outcomes of: those who experience care, those who may be described as on the 'edge of care', and those who have a requirement for additional services to support them to live safely at home.

Currently, there is a mapping activity being undertaken across all sectors in Fife for partner agencies to identify how they are meeting the priorities highlighted within the Promise which will inform gaps that need addressed, including support into young adulthood. A recently established working group within Fife Children's Services will explore means to increase awareness of the Promise and build capability across the workforce in social work, health, education and other agencies to embed the Promise into everyday practice.

Summary- The Promise is hugely important, in aspiring for more child-centred and systemic support for children, young people and families when they encounter services, leading to better experiences and long term outcomes.

Find out more-

<https://thepromise.scot/what-is-the-promise/independent-care-review>
[Fife-CS-Plan-2021-23-v2.pdf](#)
[Fife-CS-Plan-2021-23-v2.pdf](#)
<https://doi.org/10.23889/ijpds.v7i3.2020>

Domestic Abuse

Why is this important?

The Domestic Abuse Scotland Act (2018) outlines that domestic abuse has a significant impact on babies, children and young people. This may be through direct experience, witnessing abuse to a parent or family member, or being present in a family environment where domestic abuse is taking place.

Background/ data

During 2021-22, 782 children in Fife were discussed at MARAC - an indicator of the number of children living within high-risk domestic abuse settings. 461 children were supported by Fife Women's Aid. 57 children and 41 mothers were supported by CEDAR Plus, a programme which helps recovery.

Fife has a slightly higher rate of reported domestic abuse incidents than Scotland as a whole, with the gap increasing in the last few years. Data may be an underestimate due to the impact of Covid restrictions during this reporting period and the hidden nature of domestic abuse.

Modifiable factors/Local actions

Actions and supports are outlined in the Fife Violence Against Women Action Plan (2020-22):

- Free telephone support line for children; Children and Young People Counselling; Join the Dots programme providing one-to one support, family support and Primary and Teen groupwork support. (Fife Women's Aid)
- CEDAR Groupwork (Children Experiencing Domestic Abuse Recovery) for 4 to 16-year-olds and their mothers; EYDAR Groupwork (Early Years Domestic Abuse Recovery) for mothers with children 0-4 years (Family Support Service, Fife Council)
- Safe & Together training is mandatory for Children & Families staff, focussing on keeping children safe with the non-offending parent within a domestic abuse situation.

Summary- Domestic abuse can cause a variety of social, emotional and educational disadvantages, including attachment issues, therefore preventive work and adequate support services are necessary to support children and young peoples' development into adulthood.

Find out more-

[CEDAR Plus \(domestic abuse\) | Fife Council](#)
[Services for Children & Young People - Fife Women's Aid \(fifewomensaid.org.uk\)](#)
[Fife Violence Against Women Partnership | Fife Council](#)
[Scotland's Programme for Government Commits to Safe & Together Model - Safe & Together Institute \(safeandtogetherinstitute.com\)](#)

Neglect, Child Protection

Why is this important?

Neglect is a failure to meet a child's basic physical and/or psychological needs and is likely to result in the serious impairment of the child's health or development. It can arise in the context of systemic stresses and has major long term health consequences. Other forms of maltreatment include physical, emotional and sexual abuse.

Background/ data

Neglect can occur both pre- and post-natally. It may involve failing to: provide adequate food, clothing, or shelter; protect the child from physical/emotional harm or danger; respond to essential emotional needs; seek consistent access to appropriate medical care; and ensure the child receives an education. This can co-exist with other difficulties such as domestic abuse, parental substance use, parental mental health problems.

42% of children in Scotland who were on a Child Protection Plan or on the Child Protection Register had an indication that neglect was a concern (Scottish Government 2021) Neglect was identified as a common concern in most Initial Case Reviews in Scotland (Care Inspectorate, 2021). In July 2022 the rate of Child Protection Registrations in Fife was 2.1/1000, similar to that for Scotland, relating to 136 children, a reduction since 2021. There is increasing evidence of a causal link between child abuse and neglect, with later poor health and premature death.

Modifiable factors/Local actions

Fife has strong multi-agency working led by the Child Protection Committee with a focus on continuous improvement and keeping children safe. A supportive and early intervention approach to families in distress is important. NHS Fife is also implementing the Graded Care Profile 2 (GCP2), a tool that improves assessing the quality of care being given and in identifying when a child is at risk of harm/neglect for core staff teams.

While many factors play a part, poverty has an association with levels of child abuse and neglect in contributing to family stress, therefore anti-poverty measures may reduce levels of neglect.

Summary- Measures to support families to prevent neglect and abuse, early identification, support and intervention, will have lifelong consequences for health outcomes and future costs to society in terms of crisis or late intervention and care.

Find out more-

[Getting it right for every child \(GIRFEC\) - Statutory Guidance - Assessment of Wellbeing 2022 – Part 18 \(section 96\) of the Children and Young People \(Scotland\) Act 2014 - gov.scot \(www.gov.scot\)](#)
[Child Protection | Care Inspectorate Hub](#) [Children's Social Work Statistics Scotland: 2021 to 2022 - gov.scot \(www.gov.scot\)](#)
https://www.fife.gov.uk/_data/assets/pdf_file/0021/401565/CPC-Annual-Report-2020-21-FINAL-Academic-year.pdf
<https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review>
[The serious health consequences of abuse and neglect in early life | The BMJ](#)

Young Carers

Why is this important?

The Carers (Scotland) Act 2016 gives rights to carers including young carers, who can face hidden social, emotional and educational disadvantages as a result of caring for a family member with a long-term health issue or disability.

Background/ data

In 2021 in Scotland 2% of children aged 4-15 years old reported providing any regular help or care for any sick, disabled, or frail person, this was a decrease from the 4% reported in 2019 when the full Scottish Health Survey was carried out. For young people aged 16-24 years old, 9% reported carrying out regular help, an increase from 7% in 2019, and in Fife would relate to around 3,500 young people. The number of carers reported in formal surveys may still be an underestimate, and in a Fife Education survey in 2018 over six thousand children and young people in school identified themselves as a young carer.

Young carers are more likely to be female and more likely to live in areas of deprivation, and are twice as likely to report a mental health problem including stress, anxiety and depression. A higher level of physical health issues has also been described. Their caring role may limit social activities and contribute to social isolation; however, there can also be benefits in the caring role.

Modifiable factors/Local actions

The 'Getting it Right for Young Carers in Fife' strategy (currently being updated) reflects the partnership work of all Children's Services, working together to support young carers in Fife. There is a variety of support available for Young Carers in Fife involving a range of services. Fife Young Carers enable young carers to meet regularly in supportive social groups across Fife. They also provide direct support to schools to help raise awareness of the issues Young Carers face, and to support the Young Carers Champions identified in each school.

From consultation with young carers the following areas have been identified as important:

- Further awareness raising in schools and support to access help
- Support to access activities and opportunities in the communities
- Support with transitions into adulthood
- Support with mental health, especially during school holidays

Summary- Providing support for young carers is important to realise their potential and reduce health inequalities

Find out more-

[Young-Carers-Guide-2018_V4.pdf \(fifehealthandsocialcare.org\)](#)

<https://www.fifyoungcarers.co.uk>

[Young carers: review of research and data - gov.scot \(www.gov.scot\)](#)

[National Strategic Education Project | Carers Trust Scotland](#)

Refugee and Asylum Seeking Children and Young People

Why is this important?

It is a human right to be able to seek asylum in another country. Children and young people usually come as part of a family unit, but unaccompanied young people are a particularly vulnerable group.

Background/ data

Fife's Resettlement Core Group oversees approaches to support urgent resettlement and displacement programmes. Close partnership working has been crucial and health responses vital in meeting urgent needs and pathways to early integration. The response has evolved significantly in the last three years, and countries of origin include Syria, Afghanistan and Ukraine, under a variety of different programmes. This is a dynamic community and young people have been supported in the Afghan bridging hotel, the Homes for Ukraine sponsorship scheme, the Super Sponsorship scheme and Welcome Accommodation (hotels) providing interim sanctuary.

There can be significant social, physical and mental health needs, and there may be barriers in terms of language, culture, finance, and stigma which can impact on access to health and other services. Many families may have experienced psychological trauma as part of their journey.

Key health aspects for children include age appropriate health care, which includes prevention, such as ensuring immunisations are up to date, and access to relevant health services such as primary care and maternity care. Integration into education and the wider community can positively support ongoing child development.

Modifiable factors/Local actions

There are challenges in some services to meet the needs of this group for example, with finding suitable longer term housing options for some families, as young people and families in temporary accommodation may not be able to benefit from normal family life and opportunities a settled home provides, and uncertainty for the future can affect wider wellbeing.

Summary – Support for children, families and young people who are refugees or asylum seekers to access healthcare and other services is essential to meet their needs.

Find out more-

[Refugees and asylum seekers - gov.scot \(www.gov.scot\)](http://www.gov.scot)

[Refugee and asylum seeking children and young people - guidance for paediatricians | RCPCH](#)

Living Well

Food and Diet

Why is this important?

A healthy diet brings a wide range of benefits for physical and mental health. Poor diet and nutrition is a major 'downstream' cause of ill-health, chronic disease, and premature death in Scotland. A healthier diet with a higher proportion of fruit and vegetables can substantially reduce the risk of many chronic diseases including the two leading causes of death in Scotland - coronary heart disease and cancer.

Background/ data

In Fife, in Primary 1 measurement, 77.3% of children have a healthy weight. Children in Scotland report eating on average 3 portions of fruit and vegetables per day, compared to the recommended 5 or more portions. Children tend to consume foods and drinks that are high in fat and/or sugar more often than adults, and those in more deprived areas are more likely to eat no portions of fruit and vegetables than other areas. There is a difference in prevalence of obesity in the most deprived areas of Fife compared to least deprived. In Scotland 7% of families with children are food insecure, and foodbank use is significant with over 5,506 parcels given out to children specifically in 2021/22 in Fife.

Modifiable factors/Local actions

Multiple factors influence our diet including knowledge, skills, affordability, accessibility, marketing and energy density of food. To improve the diet of Fifers we need to build capacity and resilience within individuals, families and the communities in which they live, and tackle food insecurity. This includes:

- The Child Healthy Weight Programme in Fife, Fife Loves Life, supports positive family friendly lifestyle changes, including eating well and physical activity.
- Early years funding has been secured for training the trainer HENRY Core Training, in partnership with NHS Lothian and Fife Council Early Years Education. The HENRY approach is designed to build the skills of practitioners to provide effective support for families and children in achieving a long-term healthy lifestyle.
- Fife Food Champions are a network of trained individuals who have a remit for food in their job/volunteer profile. They are trained to enable them to deliver key messages around eating well and cooking workshops in communities.
- The Food4Fife Partnership is about people in Fife (individuals, communities and businesses) coming together to work across all aspects of the food system to help address health, environmental and economic challenges by creating a sustainable food culture for a healthy Fife via a strategy and action plan.

Summary- Children, young people and families need to be supported in the early years and beyond to establish lifelong healthy eating habits, and in the longer term reduce health inequalities in avoidable diseases and complications.

Find out more-

[Fife's Food Strategy Consultation - Food from Fife](#)
[Obesity Action Scotland | Providing leadership and advocacy on preventing & reducing obesity & overweight in Scotland | Providing leadership and advocacy on preventing & reducing obesity & overweight in Scotland](#)
[Healthy weight - Diet and healthy weight - Health topics - Public Health Scotland](#)
[https://www.henry.org.uk/sites/default/files/2017-12/3.Preventing child obesity-a long-term evaluation of the HENRY approach \(2013\).pdf](https://www.henry.org.uk/sites/default/files/2017-12/3.Preventing%20child%20obesity-a%20long-term%20evaluation%20of%20the%20HENRY%20approach%20(2013).pdf)

UNCRC Article 24 – I have the right to good quality health care, to clean water and good food

Smoking and Children and Young People

Why is this important?

Health Inequalities are apparent from an early age, and are exacerbated by avoidable harms such as smoking. Smoking is more prevalent in the most deprived areas in Fife. The younger the age of uptake of smoking, the greater the harm is likely to be; early uptake is associated with subsequent heavier smoking, higher levels of dependency, a lower chance of quitting, and higher mortality.

Background / Data

Cigarette smoking during childhood and adolescence causes significant health problems among young people including an increase in the number and severity of respiratory illnesses, decreased physical fitness and potential effects on lung function. Longer term smoking leads to many health risks including lung disease, oral and lung cancer and circulatory problems.

Smoking prevalence increases significantly between the ages of 13 and 15 years and continues to rise steadily into early adulthood. In Fife, these rates are higher than the national average: 2% of 13 year olds and 8% of 15 year olds smoke in Fife, and 17% of 13 year olds and 41% of 15 year olds believe that it is 'ok' to experiment with tobacco, a key risk factor for future tobacco dependence. Babies, children and pregnant mothers are particularly vulnerable to the effects of second hand smoke within enclosed spaces such as the home environment, and in Scotland the rate of child exposure to smoking in the home has fallen significantly over the last 10 years.

E-cigarette use or vaping was also higher in Fife than Scotland, with 41% of 15 years olds reporting trying this. While less harmful than smoking, adverse effects may include addiction and exposure to chemicals in the e-liquids.

Modifiable factors/Local actions

Local actions look to promote a culture where young people are not tempted to experiment with smoking, encourage each other to avoid smoking and have an active voice in health policy and practice by:

- raising awareness of the impact of smoking on children and young people, peer influences and tobacco industry tactics through school based and further education programmes
- developing smoke free environments for children and young people through our Smoke Free Homes programme and promote smoke free school gates and play parks.
- working with partners to identify ways in which they can contribute to the tobacco prevention and early intervention agenda with the aim of supporting Fife to achieve the aspirational goal of a Smokefree generation by 2034.

Summary- Tobacco control measures are a key part of reducing health inequalities and cancer prevention. The aim is to cultivate an environment where all children and young people view non-smoking as the social norm.

Find out more-

[Tobacco prevention and protection | NHS Fife](#)

[Raising Scotland's Tobacco-free Generation: Our Tobacco-Control Action Plan 2018 \(www.gov.scot\)](#)

[Scottish Schools Adolescent Lifestyle and Substance Use Survey \(SALSUS\) - gov.scot \(www.gov.scot\)](#)

UNCRC Article 24 – I have the right to good quality health care, to clean water and good food

Mental Health and Wellbeing

Why is this important?

Overall, the global onset of the first mental disorder occurs before age 14 in one-third of individuals, age 18 in almost half (48.4%), and before age 25 in over half (62.5%), with a peak/median age at onset of 14.5/18 years across all mental disorders. While many childhood problems will resolve, prevention and early intervention in children and young people in the community is therefore of major importance for the entire life course.

The Scottish Government's Community Mental Health & Wellbeing Supports & Services Framework (CMHWSSF) states that every child and young person in Scotland will be able to access local community services which support and improve their mental health and emotional wellbeing. Every child and young person and their families or carers will get the help they need, when they need it, from people with the right knowledge, skills and experience to support them. This support will be available in the form of easily accessible support close to their home, education or community

Background/ data

Children's emotional and mental health and wellbeing is just as important as physical health. Risk factors for mental disorders are not fully understood, however genetic factors play a part, and childhood adversity or abuse is recognised as associated with increased likelihood of some conditions in later life. Family, peer and school relationships are crucial in emotional wellbeing, and disability, physical health conditions and the experience of discrimination are associated with an increased likelihood of mental health disorders. Some evidence suggests that prenatal and maternal health can also be relevant.

The prevalence of poor mental health and emotional wellbeing across Scotland's children and young people has incrementally increased over the past five years, with services supporting children and young people experiencing year on year increases in presentation and complexity.

Between April and June 2021, 7522 Fife young people took part in the SHINE mental health survey, key themes from the data indicates that in Fife young people are struggling with self-confidence, loneliness, poor body image and maintaining positive peer relationships. Levels of wellbeing in girls in secondary school age are of particular concern, and this has been noted nationally for some time.

Specialist referral data indicates that many young people who are referred to CAMHS do not meet the criteria for their service, and therefore alternative support in the community may be more appropriate.

CAMHS

In addition to the objectives set out in the CMHWSS Framework, the Child and Adolescent Mental Health Services (CAMHS) NHS Scotland National Service Specification articulates the role and function of CAMHS services across the country and how it should link with wider service providers in order to achieve these objectives.

Key aims within this are the Scottish Government's CAMHS 18 week Referral to Treatment Target (RTT), reduction in waiting times, the recruitment, retention and development of a skilled workforce, and the provision of high quality, evidence-based care that is informed by the views, experiences and rights of children, young people and parents/carers.

Within Fife approximately 3000 children per year are referred to Fife CAMHS with a spectrum of mental health issues ranging from short term emotional difficulties through to severe mental illness that requires intensive intervention and occasionally inpatient care.

Modifiable factors/Local actions

The Community MHWB Framework was implemented across Fife in 2021 with the aim of enhancing and extending community supports and services that target mental wellbeing and emotional distress. It supports an approach based on prevention and early intervention, enhancing provisions of additional (targeted) supports for young people aged 5-24 (up to 26 if care experienced), and their families to support their mental health and wellbeing, reducing the need for intensive interventions from specialist services.

Fife CAMHS carried out a gap analysis of the current provision mapped against the National Specification and from this has been working to an agreed improvement plan. Improvements have focussed upon:

- Increasing the provision of early intervention and promoting meaningful signposting to the range of mental health supports available across the community.
- Reducing waiting times and ensuring timely access: Waiting list has reduced from 482 in Dec 2021 to 203 in Dec 2022 with only 15 children waiting more than 18 weeks compared to 165 in Dec 2021.
- Enhancing services that provide intensive and unscheduled care: CAMHS Intensive Treatment Service (ITS) and Urgent Response Teams (CURT) have both increased in staffing capacity between 50-80%.
- Developing and enhancing services that support the most vulnerable children in our communities: Development of a CAMHS Kinship Team, expanding CAMHS Looked after Children's services and introducing a Transitions specialist to support young people as they move between support providers.

Summary- Supporting positive relationships in families and the community is essential for emotional wellbeing. Every child and young person in Fife should be able to access help with their mental health and emotional wellbeing, when they need it and from people with the right knowledge and skills to support them.

Find out more-

[Mental health - CAMHS services in NHS Fife | NHS Fife](#)
[Young People Looking for Support - Worried About Someone's Mental Health? | Fife Council](#)
https://www.fife.gov.uk/_data/assets/pdf_file/0026/193382/Our-Minds-Matter-Framework.pdf
<https://doi.org/10.1038/s41380-021-01161-7>
<https://doi.org/10.1002/wps.20894>
<https://www.gov.scot/publications/factors-affecting-childrens-mental-health-wellbeing-findings-realigning-childrens-services-wellbeing-surveys-2015-2017/pages/6/>
<https://wakelet.com/wake/uandrJazimikLPbzVlpGeX>
<https://wakelet.com/wake/hsMfBQBdo5-VsAWzJ0OjK>

Impact of Alcohol and Drugs

Why is this important?

In young people alcohol and drug use can cause serious harms such as poisoning and overdose, poor mental health and wellbeing, as well as contribute to accidents and behaviours. Substance misuse within the family can also seriously affect children and young people's wellbeing and health, and contribute to trauma which can have life long implications.

Background/ data

Evidence shows that use of substances like alcohol and drugs in our youth can influence our life long habits, with early substance use associated with longer term misuse, which cuts short lives.

Total alcohol consumption amongst young people has been declining but hazardous and harmful drinking is highest in the 16-24 age group. Children and young people's drinking behaviours are influenced by the availability and marketing of alcohol in their communities and social networks, and unhealthy social norms around alcohol in society.

Drug use is generally more common among younger people than older age groups, decreasing with age. Estimates of problem drug use involving opioids and benzodiazepines from 2015/16 indicate that problem drug use is less common in young people compared to people 25 and over, but we know that problematic drug use is associated with early drug use initiation.

In Fife we have a high alcohol related admission rate for 11-25 year olds with 252 admissions in the previous 2 years, an indicator of serious harm from alcohol affecting some of our young people.

In Fife admissions due to drug use in young people have been increasing, and are higher than Scotland overall, with 144 admissions in the last 2 years. An increasing number of people aged 18-25 are sadly dying of a drug related death in Fife.

Family drug and alcohol misuse can significantly affect children and young people before birth. Just over 1 in 30 people in Scotland are estimated to be affected by fetal alcohol spectrum disorder caused by alcohol exposure in pregnancy.

Growing up with a parent with substance misuse problems can contribute to distressing childhood trauma. For example 97 children in Fife were subject of child protection case conferences due to parental drug or alcohol misuse in 2020 and many more young lives have been affected by a drug-related death of a parent.

Modifiable factors/Local actions

Factors which increase the risk of harms from drug and alcohol misuse for young people are complex and interrelated. Socioeconomic factors are thought to influence higher risk of alcohol and drug related harms in the longer term, through more exposure to risk factors for drug misuse and less to protective factors like education, secure housing, employment and recovery support. This contributes to inequalities in harms associated with drugs and alcohol. Experience of adversity in childhood and family and peer relationships (including parental substance misuse) are thought to be important. At an individual level early age at initiation, poor mental health and motivation for substance misuse are associated with higher rates of harm.

Positive interventions:

- **A range of interventions to support children and young people are available in Fife** – including services for children affected by parental substance use service; Youth friendly drug/alcohol support and information service for **young** people under 25 and kinship care investment.
- **Our minds matter mental health framework** – providing early intervention and prevention to support mental health resilience and support including peer to peer mentoring and crisis support for early signs.
- **Joint commissioning for whole families approach to substance misuse** – this work aims to increasing coverage for Fife families of proactive support and care.

Areas for action:

- **Structural determinants of substance misuse** – local policies should seek to undo, prevent and mitigate against the circumstances which increase the risk of alcohol and drug misuse including poverty, education, employment and housing.
- **Whole system prevention and early intervention** – need for system wide prevention and early intervention including universal and targeted education, early years support for women- and families with complex needs and substance use; and removing stigma and shame associated with drug use.
- **Trauma informed support** - for complex drug and alcohol misuse in children and young people (including appropriate and stable housing with support/ residential support).

Summary- Alcohol and drug misuse causes much direct and indirect harm to children and young people and policies must take account of these effects on inequalities and the next generation.

Find out more-

[Publications | FifeADP](#)

[Scottish Health Survey 2019 - volume 1: main report - gov.scot \(www.gov.scot\)](#)

[A Review of the Existing Literature and Evidence on Young People Experiencing Harms from Alcohol and Drugs in Scotland \(www.gov.scot\)](#)

[Prevalence of Problem Drug Use in Scotland \(isdscotland.org\)](#)

[Developments in Fetal Alcohol Spectrum Disorders – a UK perspective \(shaap.org.uk\)](#)

[ScotPHO profiles \(shinyapps.io\)](#)

[A Review of the Existing Literature and Evidence on Young People Experiencing Harms from Alcohol and Drugs in Scotland \(www.gov.scot\)](#)

Sexual Health/Child Sexual Exploitation

Why is this important?

Action to promote healthy relationships, prevention of unintended pregnancies, sexually transmitted infections and transmission of blood borne viruses is important to address health inequalities. There is a disproportionate impact of these public health challenges for children and young people especially girls. Healthy relationships also lay the foundations for the parents and families of the future.

Background/ data

Whilst teenage pregnancy rates (births, stillbirths and abortions) among under 18s in Fife have been falling in line with national trends, Fife rates are higher than the Scottish average, and are significantly higher in the most deprived areas. Early sexual activity is often regretted, particularly by girls and pregnancies are more likely to end in termination. The rate of intimate partner violence is reported to be high in teenage relationships, and rates of diagnosed sexually transmitted infections are highest in people aged under 25.

Modifiable factors/Local actions

There is a renewed focus following the pandemic to work across agencies to promote positive relationships and sexual health and wellbeing, recognising the additional challenges faced by underserved groups, such as care experienced young people, those with mental health or addiction issues, and diversity including LGBT young people.

The national educational resource on Relationships, Sexual Health and Parenting was launched in 2019. Work is underway to increase capacity and confidence of practitioners to develop and deliver age appropriate learning session using the tools included in the resource pack. This links to aspects of staying safe, including online, to prevent and address child sexual exploitation.

Access to high quality information for young people, their parents and carers, as well as appropriate support and health services is important, based on understanding of the experiences and pressures faced by young people today.

Summary- Supporting good outcomes for young people in relationships and sexual health and wellbeing will need a renewed focus on tackling inequity affecting young people in underserved localities and groups

Find out more-

[Reset and Rebuild - sexual health and blood borne virus services: recovery plan - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-petitions/consultations/petitions/sexual-health-and-blood-borne-virus-services-recovery-plan)

[Pregnancy and Parenthood in Young People Strategy - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-petitions/consultations/petitions/pregnancy-and-parenthood-in-young-people-strategy)

[Pregnancy and parenthood in young people: second progress report - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-petitions/consultations/petitions/pregnancy-and-parenthood-in-young-people-second-progress-report)

[Relationships and sexual health - Health and Wellbeing Census Scotland 2021- 2022 - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations-petitions/consultations/petitions/relationships-and-sexual-health-health-and-wellbeing-census-scotland-2021-2022)

[The FSRH Hatfield Vision - Faculty of Sexual and Reproductive Healthcare](https://www.gov.scot/resources/consultations-petitions/consultations/petitions/the-fsrh-hatfield-vision)

Digital Environment

Why is this important?

Digital technology has transformed our society in the last twenty years, including work, leisure, culture, social interactions and networks. The long term effects on development of children and young people, both positive and negative, are not yet fully understood.

Background/data

There are many positive impacts from digital technology including, communication, learning and accessibility. Lack of access to devices or reliable internet, or literacy to interact with the digital world can result in exclusion from the benefits including education and service provision.

The more negative aspects, especially from overuse, can include isolation and displacement of more active, social activities which are known to be positive for health; not being able to switch off; sleep disturbance; bullying; exploitation; gambling; concerns around data security and privacy; exposure to violence in video games. There is particular evidence around concerning levels of children being exposed to pornography, often depicting violence against women and girls, which could influence actual sexual behaviour and practices.

The possibility of harm may be reduced by adults setting a good example, setting boundaries and keeping open communication with young people about screen use. Adults excessively distracted by phones could also reduce positive quality interactions with infants, children and young people.

Survey data from Ofcom indicates that in 2022 66% of children aged 3-17 in Scotland own a mobile phone, 96% use video streaming platforms, 65% use social media and 32% had seen something worrying or nasty online(4).

Modifiable factors/Local actions

Positive actions include:

- Listening to the views and experiences of young people, ensuring accessibility of digital information and use of technology to support those with additional needs, promoting intergenerational learning where young people can share skills with older adults.
- Supporting parents and carers with information about managing screen use and avoiding harms across relevant settings.
- Positive use of digital platforms for health such as the Fife Health and Social Care Partnership Shout text service, for mental health and wellbeing.
- Support regulation at national level to reduce children and young people being exposed to harmful material

Summary- The digital environment has many benefits but protection of children from harm and promoting wellbeing applies just as in the physical environment.

Find out more-

<https://www.childrenscommissioner.gov.uk/resource/pornography-and-harmful-sexual-behaviour/>
<https://www.childrenssociety.org.uk/information/professionals/resources/young-peoples-digital-lives-and-well-being>
[https://www.thelancet.com/journals/landig/article/PIIS2589-7500\(20\)30029-7/fulltext](https://www.thelancet.com/journals/landig/article/PIIS2589-7500(20)30029-7/fulltext)

Services and Support

Immunisation

Why is this important?

Delivery of effective immunisation programmes is an NHS Scotland priority. They aim both to protect the individual and to prevent the spread of disease within the wider population. Immunisation is a global health success story, saving millions of lives every year. Vaccines are critical to the prevention and control of many communicable diseases and therefore underpin global health security.

Background/ data

The World Health Organisation (WHO) target is for 95% coverage of the childhood vaccination programme. Uptake at 12 months of the 6-in-1 infant vaccine, 3 doses offered at age 8, 12 & 16 weeks, was 94.6% in Fife in 2022 and 95.7% in Scotland. Uptake has declined in Fife over the last 10 years and at 12 months there are differences in uptake of the 6-in-1 vaccine between those in the most deprived SIMD quintile: 91.3% compared with the least deprived 97.7%. By 5 years of age, uptake of first dose MMR, offered just after 1 year, is above 95% in Fife. However, second dose MMR, offered around 3 years 4 months is 88% compared to 90.5% for Scotland, below the WHO target. Inequalities are even wider in the teenage programme. For example, in Fife in the 2021/22 school year uptake at S3 of the teenage booster protecting against tetanus, diphtheria, and polio was 55.1% for the most deprived quintile and 81.8% for the least deprived.

Modifiable factors/Local actions

The Fife Immunisation Strategic Framework 2021-24 sets out a vision for “A Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life course”. It identifies four strategic priorities and key actions for each of these. This includes the development of a comprehensive equality impact assessment and inclusion action plan. Quality Improvement project work focussed on specific parts of the programme is in progress, e.g. pre-school MMR uptake. A strategic review of the delivery and outreach model for the children’s programme is also being undertaken.

Summary - Ensuring high and equitable vaccine uptake rates throughout childhood and teenage years is essential for protecting the population of Fife against Vaccine Preventable Disease.

Find out more-

<https://www.nhsfife.org/services/all-services/immunisation/>
<https://www.nhsinform.scot/healthy-living/immunisation>
<https://www.publichealthscotland.scot/our-areas-of-work/immunisations/>
<https://www.who.int/health-topics/vaccines-and-immunization>

Pregnancy & Newborn Screening Programmes

Why is this important?

As well as clinical tests during pregnancy, there are a number of national screening programmes covering tests offered to women and their babies to potentially identify health conditions early.

Background/ data

Pregnancy screening covers:

- Infectious diseases (Hepatitis B, syphilis and HIV);
- Haemoglobinopathies (sickle cell and thalassaemia);
- Down's syndrome, Edwards' syndrome and Patau's syndrome.

The Newborn Bloodspot test is carried out at about five days old which can identify babies who may have rare but serious conditions including Phenylketonuria; Congenital Hypothyroidism; Cystic Fibrosis; Sickle Cell Disorder and others. Newborn screening also covers Universal Newborn Hearing Screening which is carried out in hospital or at outpatients in the first month.

Modifiable factors/Local actions

Each screening test has an associated pathway with further tests and access to clinical services where relevant, and each part needs to communicate smoothly across the whole. Monitoring data is very complex for these programmes as a range of professionals are involved. Screening information is held on a number of different clinical systems. National and local work is aimed at improving this.

Summary- Pregnancy and newborn screening covers a diverse range of health conditions and gives the opportunity for early identification and intervention as appropriate.

Find out more-

<https://www.pnsd.scot.nhs.uk/>

<https://www.nss.nhs.scot/specialist-healthcare/screening-programmes/pregnancy-screening/>

<https://www.nss.nhs.scot/specialist-healthcare/screening-programmes/newborn-blood-spot-screening/>

<https://www.nss.nhs.scot/specialist-healthcare/screening-programmes/universal-newborn-hearing-screening/>

Dental

Why is this important?

Good dental health in childhood is critical to a child's overall health and wellbeing, and to their school readiness. Children experiencing toothache may experience pain, infections, and sleepless nights and may find eating and socialising difficult. They risk missing school as a result of toothache or needing treatment. Poor dental health is linked through common risk factors including diet to a number of other health conditions, including obesity, diabetes and cardiovascular disease, and is almost entirely preventable.

Background/data

As of 30th September 2022, 86.6% of Fife's children were registered with an NHS dentist, compared with 87.5% in 2021 (1). The proportion of children seeing an NHS dentist for examination or treatment within the two preceding years was 66% as of 30th September 2022, compared with 66.8% in 2021 (1). There is a growing inequality gap in attendance between the most and least deprived children, from a gap of 15.2% in 2021 to 18.1% in 2022.

In Fife, the estimated rate of children with no obvious decay experience was 70.9% in 2022, down from 73.1% in 2020 (2). The estimated rate of children experiencing severe decay or abscess was 11.7%, up from 3.4% in 2020; this compares to an increase for Scotland from 6.65% to 9.7% in 2022. The increase can be partly attributed to the impact of the pandemic.

Inequalities remain, with 58.1% of Primary 1 children estimated to have no obvious decay experience in the most deprived areas (SIMD 1), compared with 83.4% in the least deprived areas (SIMD 5). In 2022, 743 children in Fife received dental treatment under general anaesthetic, down from 920 in 2019.

Modifiable factor/local actions

Local priorities align with national policies aimed at increasing registration and participation, preventing disease and reducing inequalities.

Scotland's national oral health improvement programme for children, Childsmile, has largely remobilised following the pandemic. NHS Fife has continued to distribute toothbrushing packs to 163 nurseries and 135 schools in Fife. Application of fluoride varnish has partially resumed and should reach pre-pandemic activity levels around Easter 2023.

Summary- Given the preventable nature of most dental disease, we should emphasise prevention at every possible opportunity across health and social care to improve health and reduce persisting inequalities.

Find out more-

[Publications - Public Health Scotland](#)
[National Dental Inspection Programme \(NDIP\) 2022 \(scottishdental.org\)](#)
[Childsmile – Improving the oral health of children in Scotland \(nhs.scot\)](#)
[www.gov.scot](#)
[Oral health improvement plan: a short guide - gov.scot \(www.gov.scot\)](#)

Child Death Reviews

Why is this important?

In 2014 the Scottish Government published the findings of the *Child Death Review Working Group*. Scotland had a higher mortality rate for the under 18s than any other Western European country. It is estimated that around a quarter of the deaths recorded could be prevented.

Background/data

A national system has now been set up to review and learn from all child deaths, similar to that operating in England for some time. The Fife Children & Young People Deaths Review Commissioning Group was set up in October 2021. The commissioning group's core membership is multi-disciplinary and multi-agency. This collaborative approach is central to achieving the requirements of the national guidance in delivering a high quality review which supports learning and improvement, both locally and nationally, from every child or young person's death in Scotland. Within scope are all deaths of children and young people up to their 18th Birthday and also those up to their 26th Birthday if they continue to receive aftercare or continuing care at the time of their death.

Substantive funding provided by NHS Fife led to the establishment of a dedicated Child Death Review Team, and this has allowed reviews of all board area child deaths in 2022. Family support following bereavement and inclusion of families is part of the process. In 2022, 19 deaths were reviewed, of which 9 were expected deaths, under the categories of prematurity with associated complications, and genetic or life-limiting illness including teenage cancer. However, 10 of the 19 deaths were unexpected.

Modifiable factors/Local actions

There has been a significant amount of work developing the team and processes in Fife. Further actions include:

- Engaging families to the full capacity outlined in the national requirements
- Ongoing work to share learning about the process across all partner agencies and linking with other processes for review of deaths from specific causes
- Contributing to the system of national data collection and opportunities for national learning

Summary- Child death reviews can identify areas of good practice and learning for the future to identify opportunities for prevention.

Find out more-

<https://www.gov.scot/publications/child-death-review-report-scottish-government-child-death-review-working-group/>

https://www.healthcareimprovementscotland.org/our_work/governance_and_assurance/deaths_of_children_reviews.aspx

<https://www.gov.scot/publications/child-death-reviews-scottish-government-steering-group-report/>

Family Support

Why is this important?

A focus on whole family wellbeing is a key principle in the 'Promise' which confirms families need to have access to adaptable and flexible services to ensure children and young people can live safely at home and in their community. Funding from the Scottish Government for 2022-26 for Whole Family Wellbeing provides an opportunity to redesign and reshape services across the whole system in Fife on a partnership basis. A long term aim of the fund is realigning local investment towards prevention.

Background/ data

The Fife Children's Services Partnership has developed a plan for change using this funding to help develop holistic family support in communities across Fife, which will focus on early support and prevention as well as targeted support to families. The first year is to test out new approaches so families experience services which are accessible, flexible, and adaptable. A key focus is the involvement of families to understand any barriers to access and help inform or 'co-design' services going forward. Plans are based on a self-assessment of family support in Fife at leadership level and views from staff and families are also being sought.

Modifiable factors/Local actions

The plan for action includes developing a number of strands of work including

- A focus on co-production with families led by Fife Voluntary Action
- Local practice development sessions across the children's services partnership workforce
- Enhancing crisis support and early support to pregnant women and mothers with children under 4 years
- Establishing group work opportunities across communities in Fife for parents/care givers

Details of all the work underway are outlined in the link below.

Summary- This funding is supporting early intervention and prevention to change how services work together and support families when they need it.

Find out more-

[Whole Family Wellbeing Funding - Getting it right for every child \(GIRFEC\) - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/consultations/web_publications/whole-family-wellbeing-funding-getting-it-right-for-every-child-girfec/)
<https://sway.office.com/zGdmTAXRwEBiUzHa?ref=Link>

Youth Work

Why is this important?

Youth work has a significant impact on improving the life chances of Scotland's young people. The National Youth Work Strategy (2014-2019) developed jointly by Youth Link Scotland, the Scottish Government and Education Scotland, set out to improve a range of outcomes for young people.

Background/data

Youth work is an informal education practice that supports young people's social, emotional, and educational development. Youth work can be adapted across a variety of settings, and typically engages with young people within their local community. Youth work opportunities and learning programmes for young people, and communities are developed based on the guiding principles of:

Personal and social development: Participation and active involvement; Equity, diversity, and inclusion; Partnership with others

The National Youth Work Strategy (2023-2028) currently sits with Scottish Government and is awaiting publication. This builds on the previous strategy, sets out the wider policy context for youth work and, once finalised, will set out key ambitions for the future. Youth Work is a key part of the Fife Community Learning and Development Plan, and there is close working with Local Area Partnerships, Education, Fife College, and other partners including the voluntary sector e.g. Youth 1st, YMCA.

Modifiable factors/Local actions

Across Fife delivery of youth work is focused on 11–21 year olds and includes youth clubs and youth centres, youth cafes, community groups, focused projects, street work, youth action, youth voice and participation groups. Over the year 2021/22 approximately 4000 young people engaged in youth work activity and although this is a reduction since pre-covid, numbers are starting to increase again.

In Fife we have also undertaken a research project that has focused on the impact of covid on young people and youth work. The research was developed using a participative approach and key issues starting to emerge from the research include mental health and wellbeing, relationships, places, and spaces to go, youth voice, money, and security. The research findings when published, coupled with the new national strategy, will support in identifying key youth work priorities and future development of our youth work provision.

Summary - Youth work has a key role in addressing inequalities, developing positive skills and relationships, and improving long term outcomes for young people. It also seeks to promote the voice of young people.

Find out more-

[CLD plan 2021 - Final sept 21.pdf \(fva.org\)](#)

[National Youth Work Strategy \(2023-2028\) | YouthLink Scotland](#)

Third Sector Role

Why is this important?

It is important to have independent autonomous organisations to support children and young people in Fife so they have opportunities to thrive no matter what their circumstances. A multi-agency mixed market of service providers gives families a choice of where to go. Third sector services specialise in early intervention and prevention services reducing the number of families that need to access statutory services, through to focussed intensive support services.

Background/ data

Fife has many hundreds of voluntary sector organisations delivering services to children, young people and families across every community. The sector delivers a broad range of services from very targeted, complex, rights-based services through to universal support services.

Children and young people are supported through a wide range of needs such as reducing isolation, improving social skills, supporting mental health and wellbeing, supporting them through trauma, substance misuse and domestic abuse and being part of the team around the child once they become Looked After (LAC).

The availability of collated data in the voluntary sector is a challenge – with some public sector bodies collating output and outcome data for the services they fund, but many voluntary sector services are funded and sustained through other routes.

Modifiable factors/Local actions

Local organisations work very well with their colleagues in the sector and within their localities to ensure children and young people are supported and receive the best possible outcomes. Funding pressures and increasing demand, as well as more complex issues, has created pressure across the system and across sectors, with the need to focus resources on key priorities whilst maintaining critical early intervention and prevention services.

Strategic commissioning work in recent years is helping to realign commissioned services to local priorities. Going forward, work is being done on embedding The Promise and GIRFEC, capturing and valuing the contribution the sector makes to the outcomes of children and families, and building sustainability and resilience in funding.

Summary- The third/voluntary sector plays a significant and growing role in supporting children and families, helping to build resilience and improving outcomes.

Find out more-

https://www.fva.org/childrens_services_forum.asp

End

Acknowledgements

I am grateful to my colleagues within our Public Health Department and from our colleagues and partners within Health Promotion Service, Fife Health and Social Care Partnership, Fife Council and the third sector for their significant contributions to this report. We are all part of the Fife public health team, and it is good to see examples of this work throughout the report.

One hundred years ago

Annual reports on the health of the public were produced by County Medical Officers of Health, appointed under the provisions of the 1897 Public Health (Scotland). Boundaries in Fife have changed relatively little over time, and Fife Council Medical Officer of Health Reports are available online.

In 1920 the total population was 113,177 and there were 3138 births, high following the end of the First World War. There were 253 deaths of children under age one, an infant mortality rate of 80.62/1000, noted to be the lowest recorded at the time. Causes of deaths were:

- Congenital debility, prematurity, malformation 42%,
- Diarrhoea, enteritis 12%,
- Bronchitis, pneumonia and whooping cough are among the next most common causes.

Unsafe storage of cow's milk before refrigeration was noted to be a factor in enteritis, and overcrowding a factor in spread of respiratory infections.

It was noted there were nine health visitors across the county, who could reach only 12-14% of women, and their duties included visiting tuberculosis cases. From 1915-20 there were 84 maternal deaths, including from puerperal sepsis and complications of pregnancy. There is comment on the difficulties of attracting suitably trained midwives.

In 1923 measles and whooping cough were responsible for 52 child deaths in total, nearly all under 5 years of age, including 15 deaths of infants.

In 1930 699 families received grants for additional nourishment, via Welfare Nurses, for expectant and nursing mothers, and young families. Maternity and child welfare centres had been established, and dental clinics for expectant and nursing mothers and preschool children, as well as eye clinics for preschool children. Ultra violet ray treatment was used for a wide range of child health conditions including rickets.

Source:

[Fife Medical Officer of Health Reports/Catalogue Search/Wellcome Collection](#)

Data summary draft 15/06/2023

This document has been produced to accompany the DPH Annual Report 2023 (Children and Young People) and contains information relating to topics in the chapters of the report where information is available.

Information has been presented for Fife where possible and in instances where Fife level data is not available Scotland figures have been used.

The data used in this supplement was the most up to date available at the time of writing (between February and May 2023). More recent data may have become available, and this can be found through the links to the sources of data referenced at the end of each section.

Information relating to the content of the chapters was not sufficient in quantity or available for all the chapters in the report and as such this information supplement only covers certain topics. For ease of reference the sections in this document are numbered to match the chapters in the main report and as such the sections will not run sequentially.

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Population

Demographics

Data relating to the size and age structure of the population in Fife are produced annually by National Records of Scotland (NRS)¹. This section includes figures on the total population of Fife aged under 18 years of age and breakdowns of this number by smaller age groups and sub-Fife geographies. Population projections have not been included as they have not been updated since 2018 and are not estimated to be updated until 2024 following publication of the 2022 Census. Similarly, data on ethnic group will also not be included as the new Census data is not yet available.

Fife under 18 total population

The total number of children aged under 18 in Fife was estimated to be 71,746 in 2021. Figure 1 shows that there are smaller numbers of children in the ages up to and including 5 years in Fife than in older age groups, lowest number in under 1's at 3,102 and greatest in age 10 at 4,486. Figure 2 shows the total number of under 18 population has steadily declined from 73,279 in 2011².

Figure 1: Under 18 population by single year of age; Fife 2021 (Source: NRS)

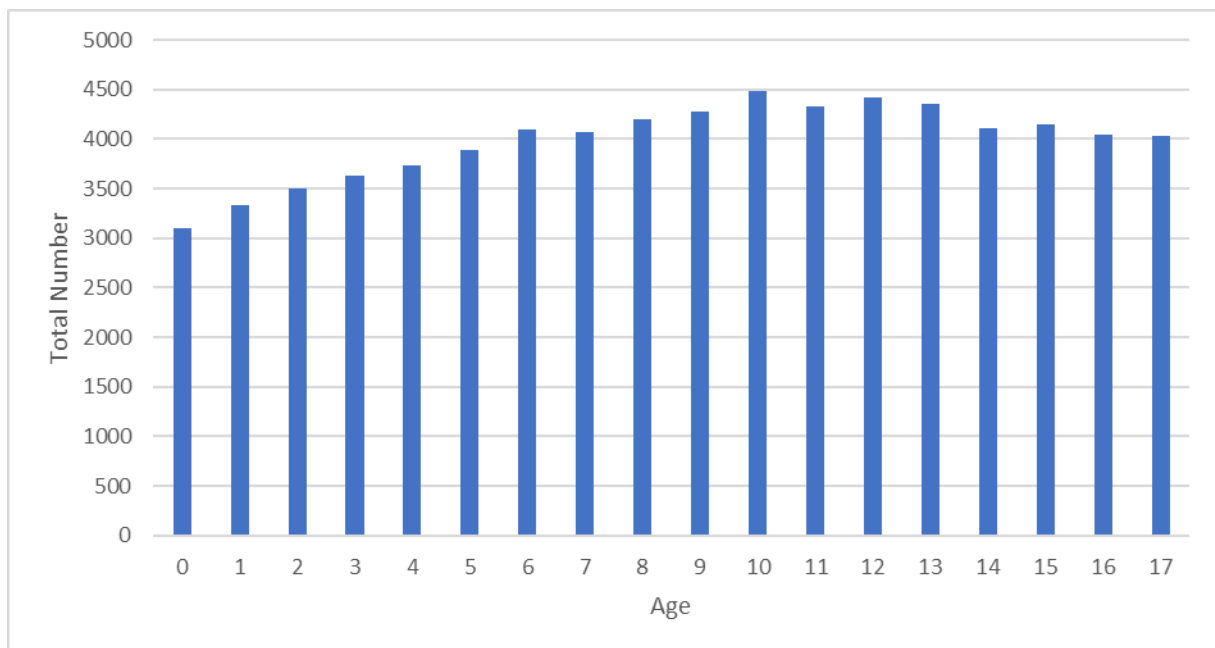
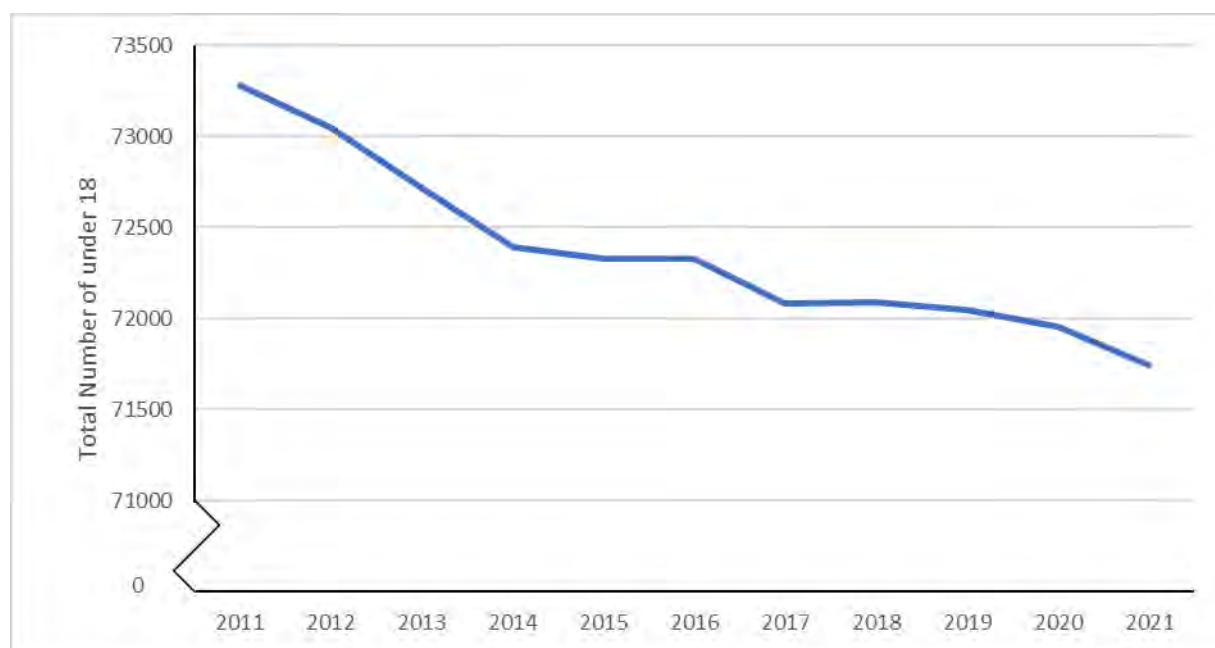


Figure 2: Under 18 population; Fife 2011 to 2021 (Source NRS)



Fife under 18 population by key age groups and sex

In 2021 there were estimated to be a total of 17,300 children aged 0 to 4 years (pre-school) in Fife, 29,350 children aged 5 to 11 years (primary-school aged) and 25,096 12- to 17-year-olds (secondary-school aged).

Primary school aged children were the largest group of children in Fife, accounting for 41% of all children aged under 18 years (Table 1).

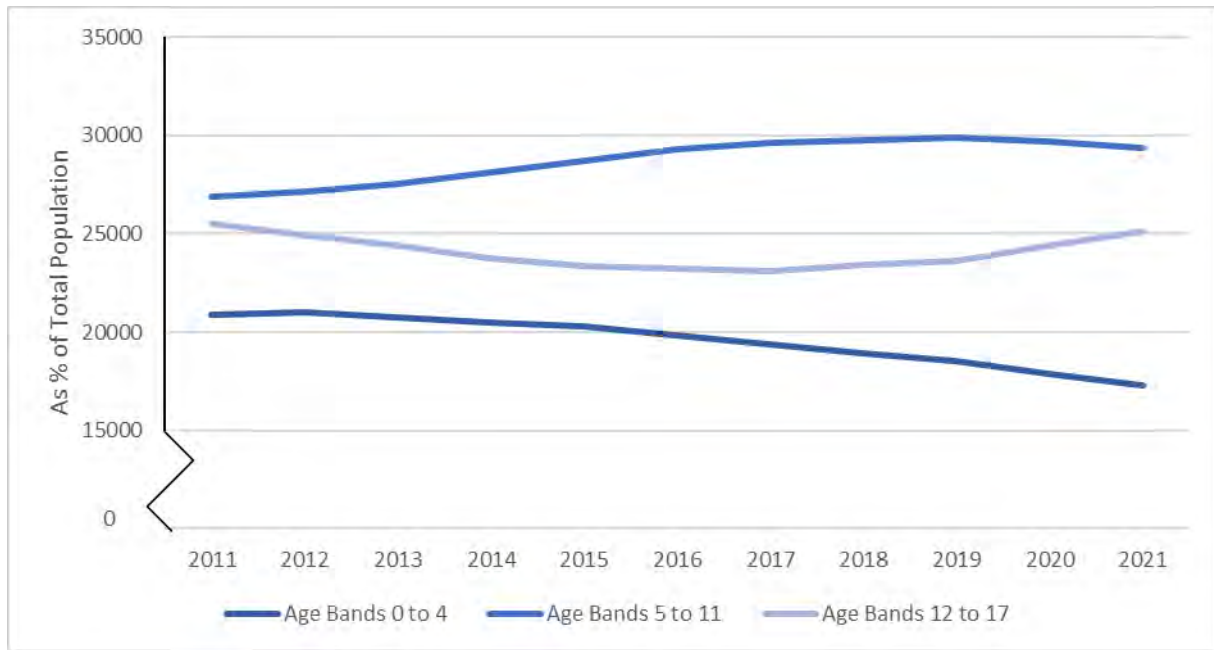
Across all the key age groups there were a slightly lower number and proportion of females compared to males in 2021 (Table1). This is consistent sex ratio at birth for the United Kingdom of 105.4 males to 100 females³.

Table 1: Under 18 population by key age group and sex; Fife 2021 (Source: NRS)

Age Groups	0 to 4		5 to 11		12 to 17		Under 18	
Male	8949	51.7%	15,108	51.5%	12,799	51.0%	36,856	51.4%
Female	8351	48.3%	14,242	48.5%	12,297	49.0%	34,890	48.6%
Total	17,300		29,350		25,096		71,746	
% Of under 18 Total	24%		41%		35%			

Since 2011 there has been a steady decline in the proportion of the population on Fife who are pre-school aged, from 20,867 to 17,300 in 2021(Figure 3). For school age children this has been variable with primary school aged children showing an increase from 26,885 in 2011 to 29,866 in 2019, before declining to 29,350 by 2021. For high school aged children there was a dip from 25,527 in 2011 to 23,075 in 2017 and then a rise in numbers to 25,096 in 2021.

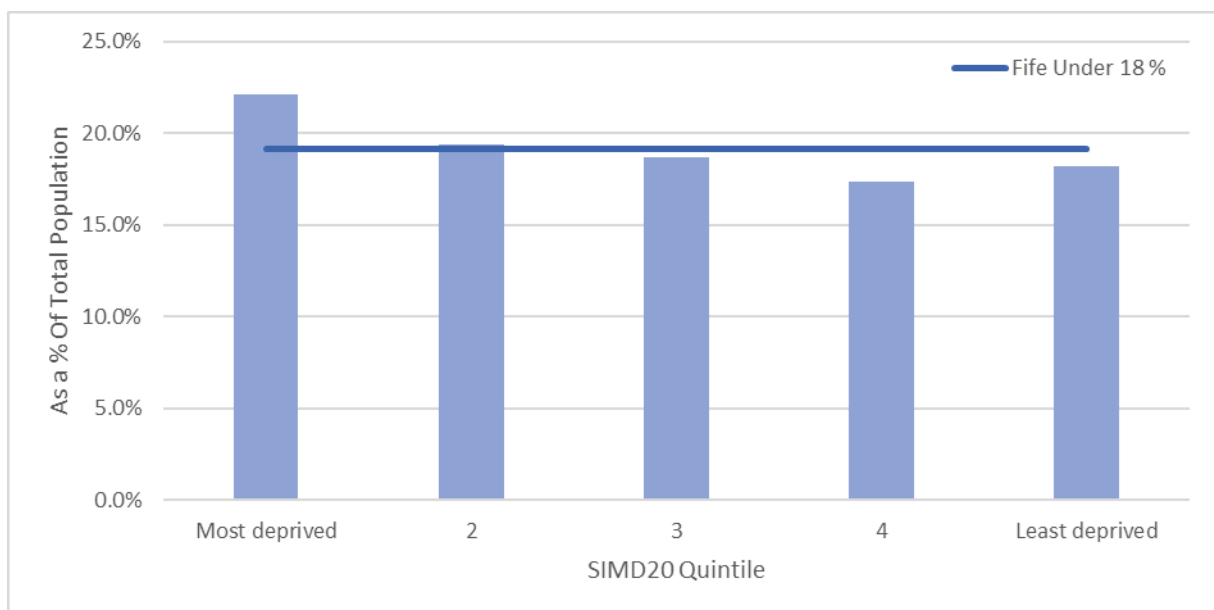
Figure 3: Key age groups in under 18 population; Fife 2011 to 2021 (Source NRS)



Fife under 18 population by SIMD quintile

The under 18 population is greatest in the most deprived areas of Fife. The largest proportion of the population aged under 18 is in SIMD20 Quintile 1 at 22.1% (16,364). The least deprived areas of Fife have a lower under 18 population, 17.4% quintile 4 (13,224) and 18.3% quintile 5 (13,675). The percentage of under 18 population for Fife is 19.1% (71,746)

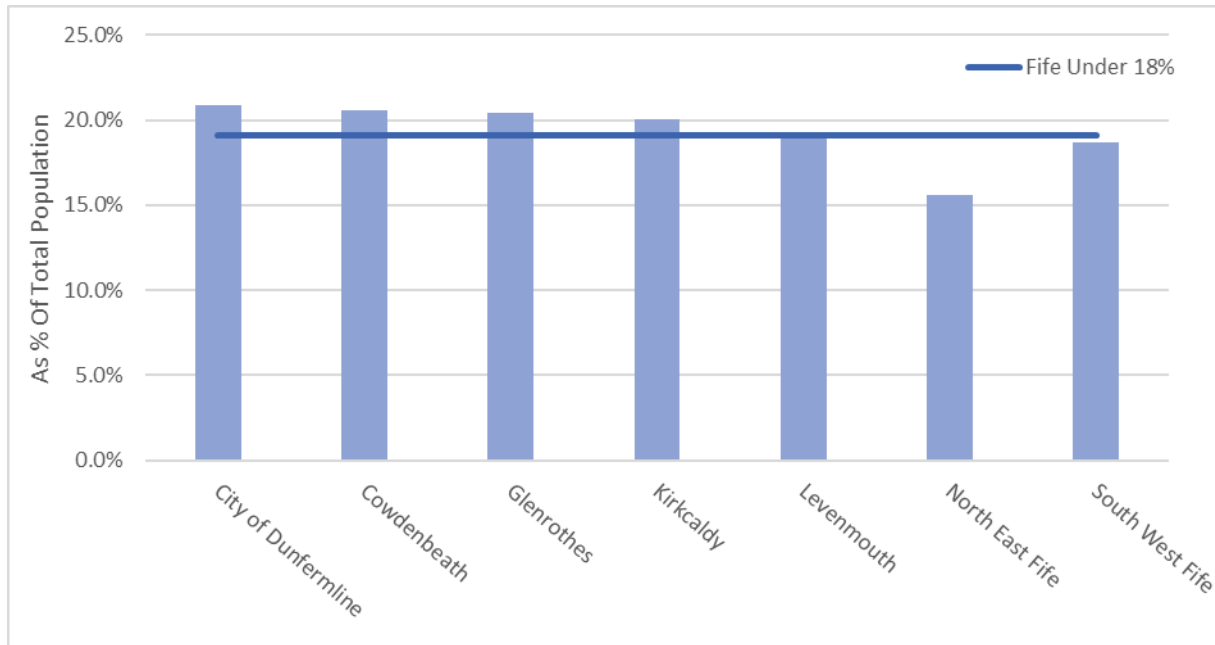
Figure 4: Under 18 population as a % of total population by SIMD20 Quintile; Fife 2021 (Source NRS/Public Health)



Fife under 18 population by localities

The under 18 population is similar at around 20% for most of the localities which follows the Fife average of 19.1%, however North East Fife is significantly lower at 15.6%. Dunfermline locality has the largest proportion of population aged under 18 at 20.9%.

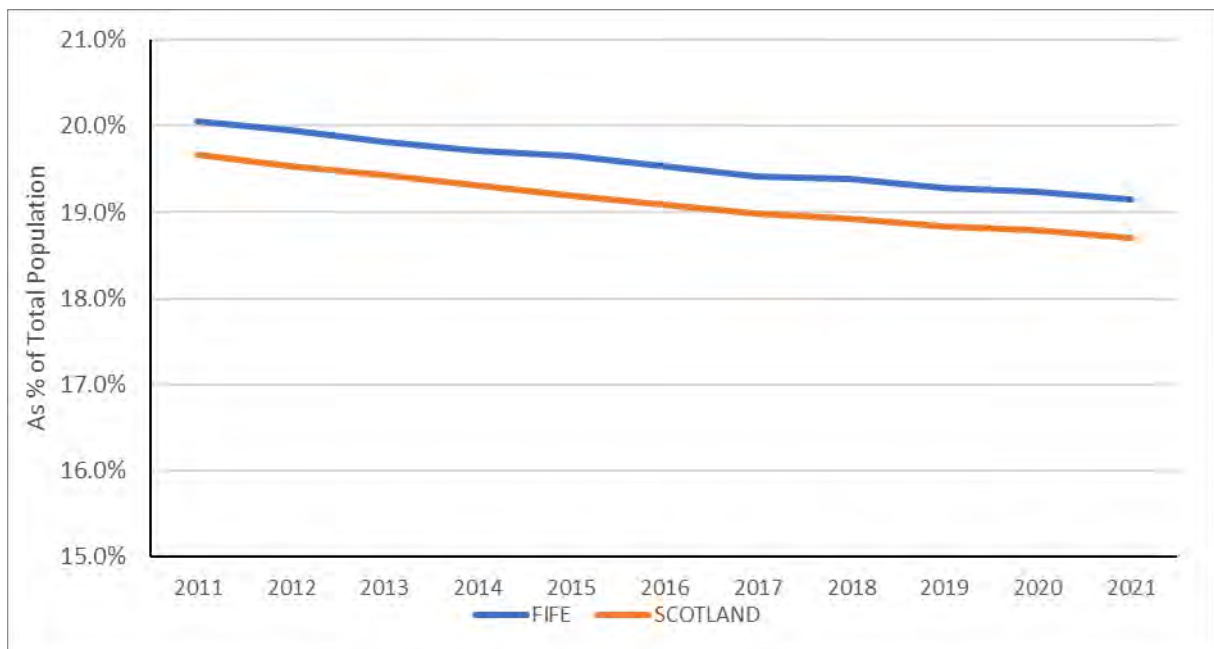
Figure 5: Population size as % by localities (Source:NRS)



Under 18 population Fife compared to Scotland

The under 18 population as percentage of total population for both Fife and Scotland has gradually fallen from 20.1% for Fife and 19.7% for Scotland in 2011 to 19.1% for Fife and 18.7% for Scotland in 2021, with Fife showing a consistent trend of having a slightly larger proportion of its population under 18 (Figure 6).

Figure 6: Under 18 population as % of total population Fife vs Scotland (Source: NRS)



Technical information

The annual mid-year population estimates are based on the 2011 Census and are updated each year with elements of population change to produce an estimated figure of the population of Fife.

¹ <https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates>

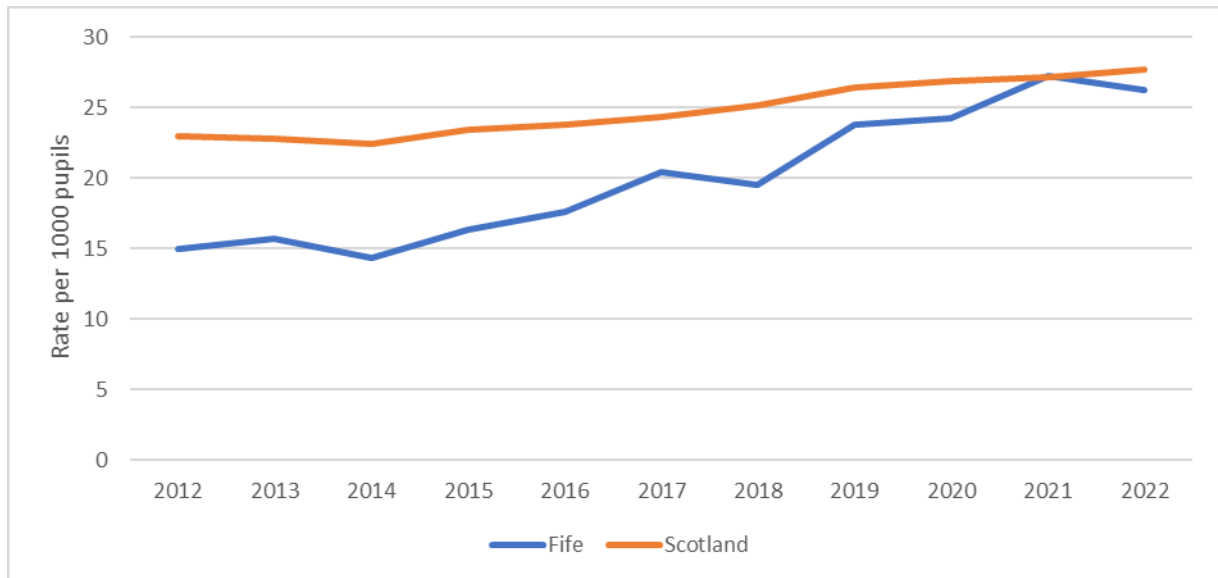
² [Fife Council Area Profile \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/population/population-estimates/mid-year-population-estimates)

³ [Sex ratios at birth in the United Kingdom, 2016 to 2020 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/sex-ratios-at-birth-in-the-united-kingdom-2016-to-2020)

Disability and Neurodiversity

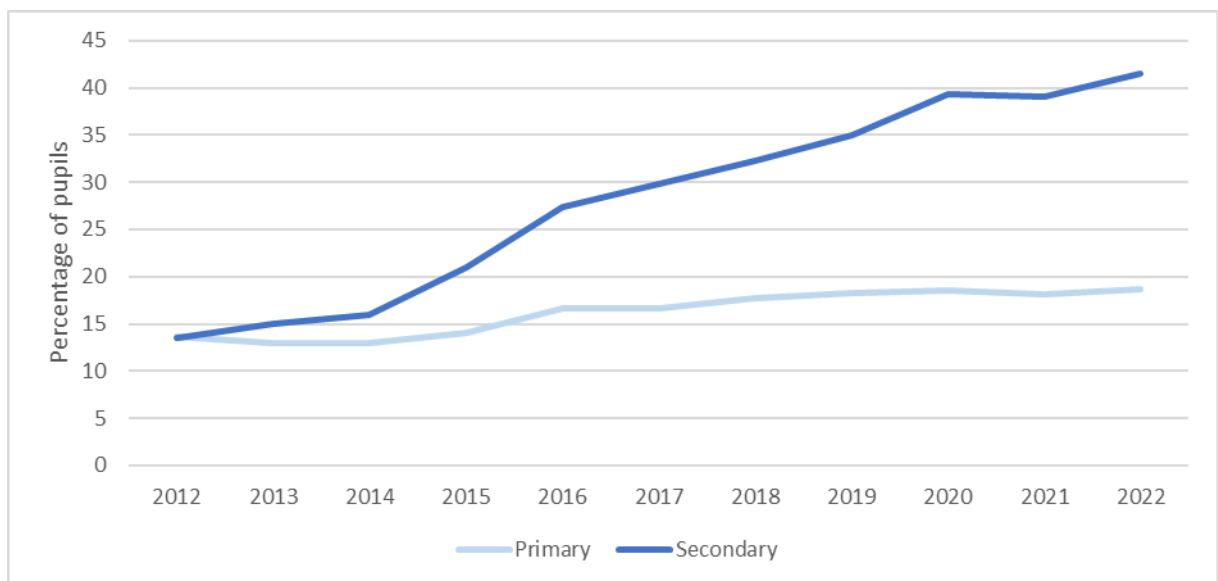
The number of pupils assessed or declared as having a disability in Fife is currently 26.2 per 1000 pupils, this is a slight drop compared to 2021 where it was 27.3 per 1000. This is the first decrease in the last decade. The number in Fife is below that of Scotland, which is currently 27.7 per 1000 pupils¹.

Figure 1; Rate of assessed and/or declared as having a disability per 1000 pupils in Fife and Scotland (Source: Pupil Census).



The percentage of children with an additional support need (ASN) in Fife has seen an increase in 2022 and is currently 18.7% of primary school pupils and 41.5% of secondary school pupils. This increase is more prominent in secondary school pupils.

Figure 2: Percentage of pupils in primary and secondary school with an additional support need in Fife (Source: Pupil Census)



The Pupil Census asks pupils with an ASN for the reason for support, 1.7% of all pupils in Scotland reported that their ASN was due to a Learning disability. In Fife 170 pupils in primary school (0.6%) and 364 pupils in secondary school (1.6%) reported that their ASN was due to a learning disability. In special schools 83% (132 pupils) had ASN due to a learning disability¹.

Technical Information

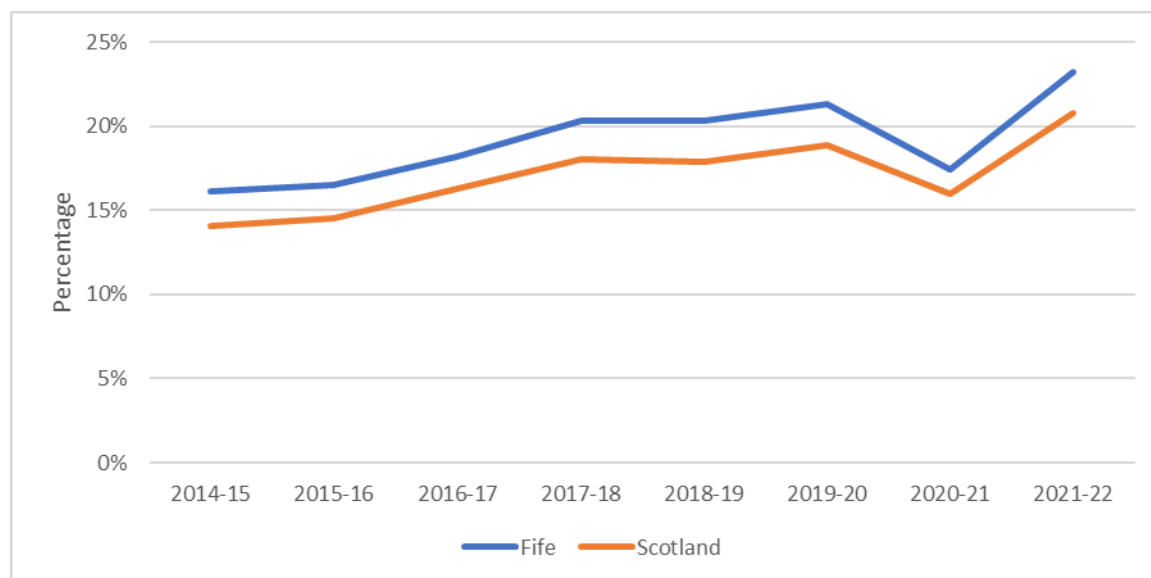
The Pupil Census gathers information on pupils who require additional support to access education, and the reason for that support. Additional support need was defined as per the Education (Additional Support for Learning) Scotland Act 2004 (as amended).

¹ [Pupil census supplementary statistics - gov.scot \(www.gov.scot\)](http://www.gov.scot/pupils-census-supplementary-statistics)

Child poverty

At the end of the financial year 2021-22 the reported number of children aged under 16 who were living in relative poverty before housing costs in Fife was 23.2%, this is an increase from 17.4% in the financial year ending 2020¹. The rate for Fife in 2022 is higher than the number across Scotland of 20.8%. Data after housing costs is not available at Fife level.

Figure 1; Percentage of children (aged under 16) in relative poverty before housing costs in Fife and Scotland financial years to 2021-22 (Source: DWP)



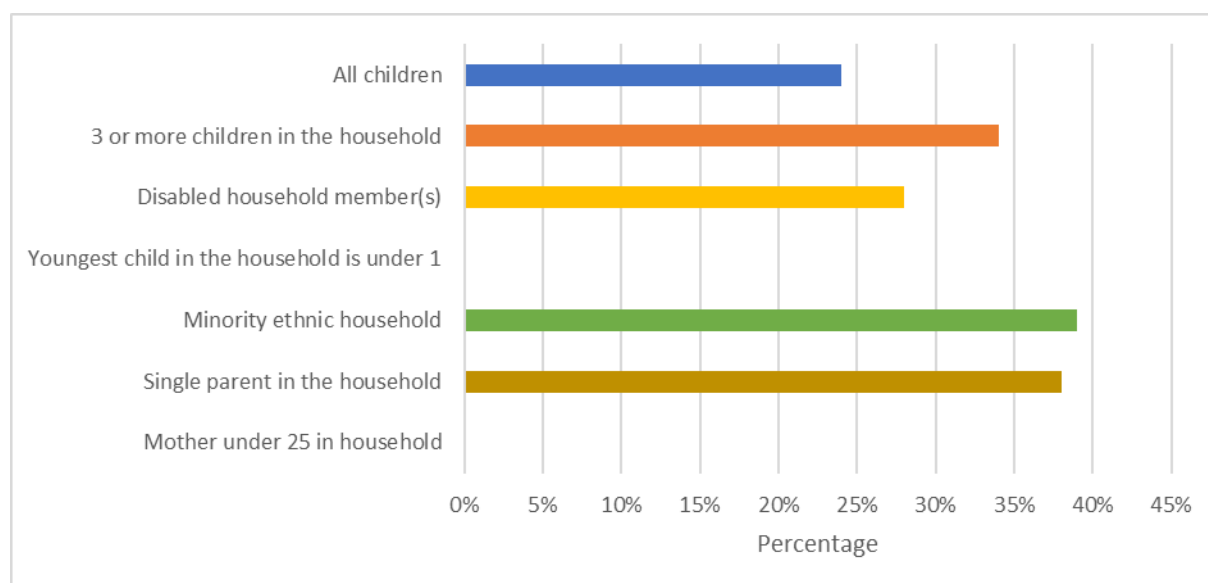
Child poverty across Fife

Different areas in Fife have varying levels of child poverty, in 2021-22 at electoral ward level relative child poverty, before housing costs, was highest in Kirkcaldy Central (35.9%) and lowest in St Andrews (11%), further details are available from the KnowFife website².

Priority groups

Almost 90% of all children in poverty in Scotland live within these six priority family types, with many families falling into more than one group³. Each group is more likely to experience poverty than all children in Scotland (24%) and households which do not have any of the priority family characteristics (10%). Data at Fife level is not available. Two groups are not shown in Figure 2 as there was insufficient survey data for the period measured⁴. Earlier survey data from 2017-20 suggested that 34% Families with children under 1 were in relative poverty after housing costs and 55% of Families with younger mothers, the numbers are small, however, so the data needs to be treated with caution⁵.

Figure 2: Proportion of children in relative poverty after housing costs in Scotland 2019-22 average (Source Family Resources Survey)



Technical information

Please see the guidance notes in the Children in low income families report for details as to how the statistics have been collated¹. Relative low income is defined as a family in low income Before Housing Costs (BHC) in the reference year. A family must have claimed Child Benefit and at least one other household benefit (Universal Credit, tax credits, or Housing Benefit) at any point in the year to be classed as low income in these statistics. Income is Before Housing Costs (BHC) and is equivalised to adjust for family size and composition.

Comparison of relative poverty in children before and after housing costs at Scotland level can be found in the Scottish Government report⁴.

¹ [Children in low income families: local area statistics 2014 to 2022 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-2014-to-2022)

² [Fife-Findings-Children-in-low-income-families-2022.pdf](#)

³ [Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022-2026 \(www.gov.scot\)](https://www.gov.scot/publications/best-start-bright-futures-tackling-child-poverty-delivery-plan-2022-2026/pages/19/) (page 19)

⁴ [Poverty and Income Inequality in Scotland 2019-22 \(data.gov.scot\)](https://data.gov.scot/datasets/poverty-and-income-inequality-in-scotland-2019-22)

⁵ [Tackling child poverty priority families overview](#)

Births, maternal health

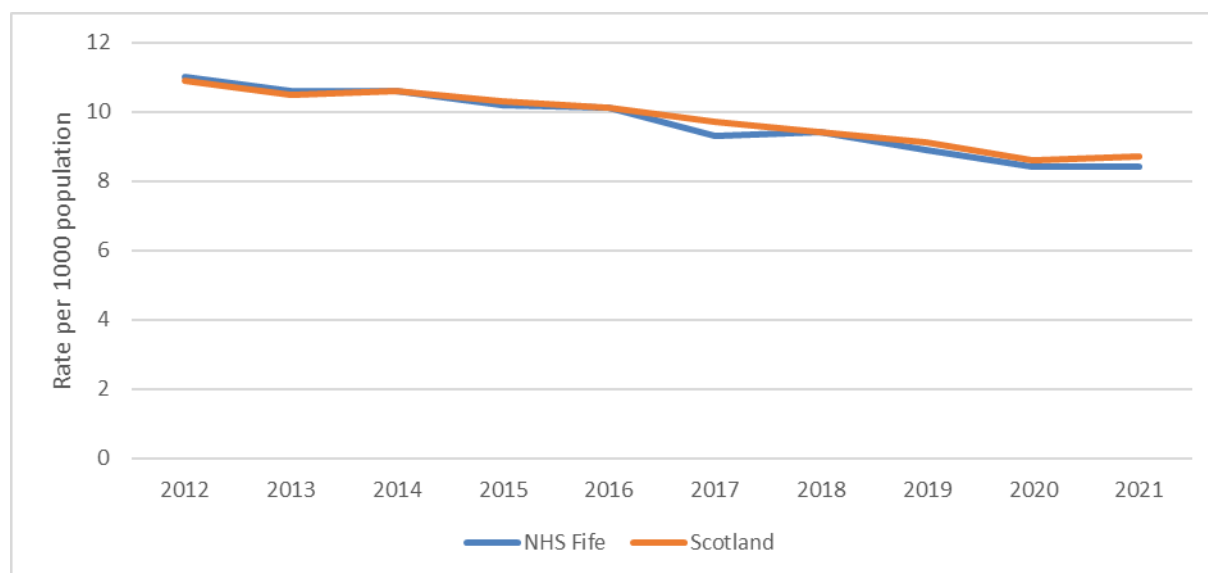
Birth rates NHS Fife and Scotland

Overall birth rates are declining in Scotland, 8.7 births per 1000 population in 2021 compared to 10.9 in 2012 (Table 1/Figure 1). NHS Fife shows a similar pattern, 8.4 births per 1000 population in 2021 compared to 11.0 in 2012¹.

Table 1: Live births NHS Fife
(Source: NRS)

Year	Live births
2012	4019
2013	3872
2014	3889
2015	3755
2016	3739
2017	3465
2018	3479
2019	3325
2020	3144
2021	3157

Figure 1: NHS Fife and Scotland birth rates, overall rate per 1000 population (Source: NRS)



Maternal age at first birth

The overall age at first birth has been gradually increasing over time with the 2021/22 figures for Fife showing the lowest number of first births of women aged under 25 (27%) and the highest over 35 (14%) (Table 2) in the ten years reported. This is a similar pattern to Scotland where in 2021/22 22% of women giving birth for the first time were under 25 and 16% over 35 with the proportion of under 25s decreasing and over 35s increasing over time.

Table 2: NHS Fife Maternal age at first birth (Source: PHS opendata)

Financial Year	%Under 25	%25-34	%35 and over
2012/13	39.8%	49.8%	10.3%
2013/14	37.0%	52.5%	10.5%
2014/15	37.3%	52.2%	10.5%
2015/16	35.8%	51.9%	12.3%
2016/17	33.5%	52.8%	13.8%
2017/18	34.6%	53.6%	11.8%
2018/19	30.2%	56.5%	13.3%
2019/20	30.6%	57.1%	12.3%
2020/21	31.8%	56.3%	11.9%
2021/22	26.7%	59.3%	14.0%

Low birthweight (<2500g)

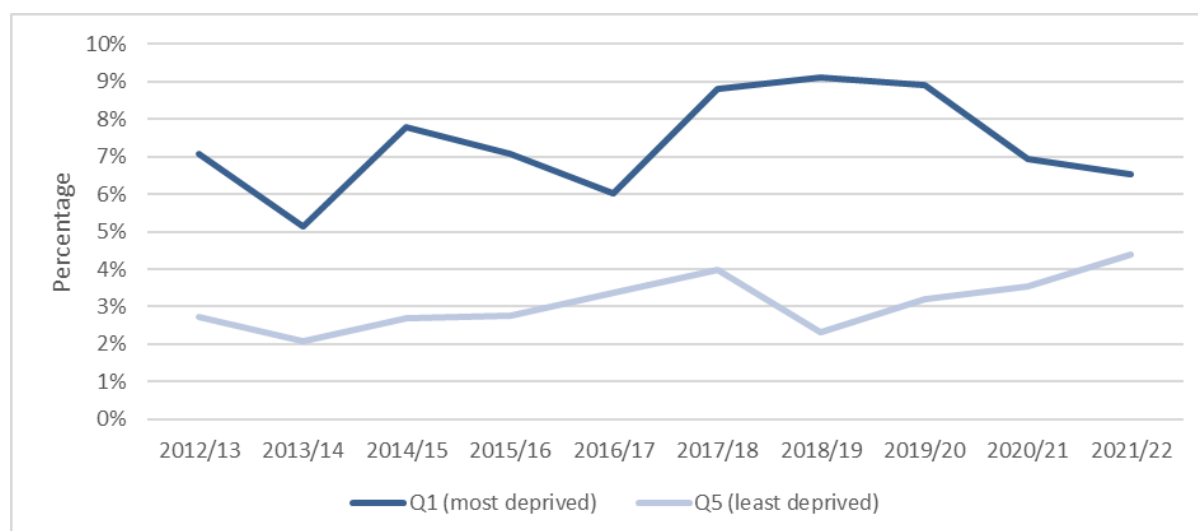
In 2021/22 4.9% of live singleton babies in Fife had a low birthweight (Table 3). This is comparable with Scotland at 5.2% for the same year. The approximately 5% proportion of LBW has persisted for many years in both Fife and Scotland.

Table 3: NHS Fife % Low birthweight singleton babies (Source PHS opendata)

Financial Year	LBW	NonLBW
2012/13	5.3%	94.6%
2013/14	4.4%	95.5%
2014/15	5.6%	94.4%
2015/16	5.5%	94.4%
2016/17	5.2%	94.8%
2017/18	6.2%	93.8%
2018/19	5.1%	94.9%
2019/20	5.8%	94.2%
2020/21	5.7%	94.3%
2021/22	4.9%	95.0%

Reflecting the Scotland-wide picture, low birthweights are associated with deprivation with a higher proportion of low birthweight babies in the most deprived areas (Figure 2). This has not changed significantly over time.

Figure 2: NHS Fife % low birthweight singleton babies by most and least deprived SIMD quintiles (Source: PHS opendata)



Stillbirths

There were 11 stillbirths registered in Fife 2021². This number can vary significantly between years so Table 4 shows five-year averages and rates compared to Scotland³ for the last 10 years. In general Fife has a very similar stillbirth rate to Scotland.

Table 4: Stillbirth five-year average rates NHS Fife and Scotland

Five-year average	Still births Rate*		
	Fife	Scotland	Difference
2012-16	4.4	4.2	0.2
2013-17	3.9	4.1	-0.2
2014-18	4.0	4.0	0.0
2015-19	4.1	3.9	0.2
2016-20	4.5	4.0	0.5
2017-21	4.2	3.9	0.3

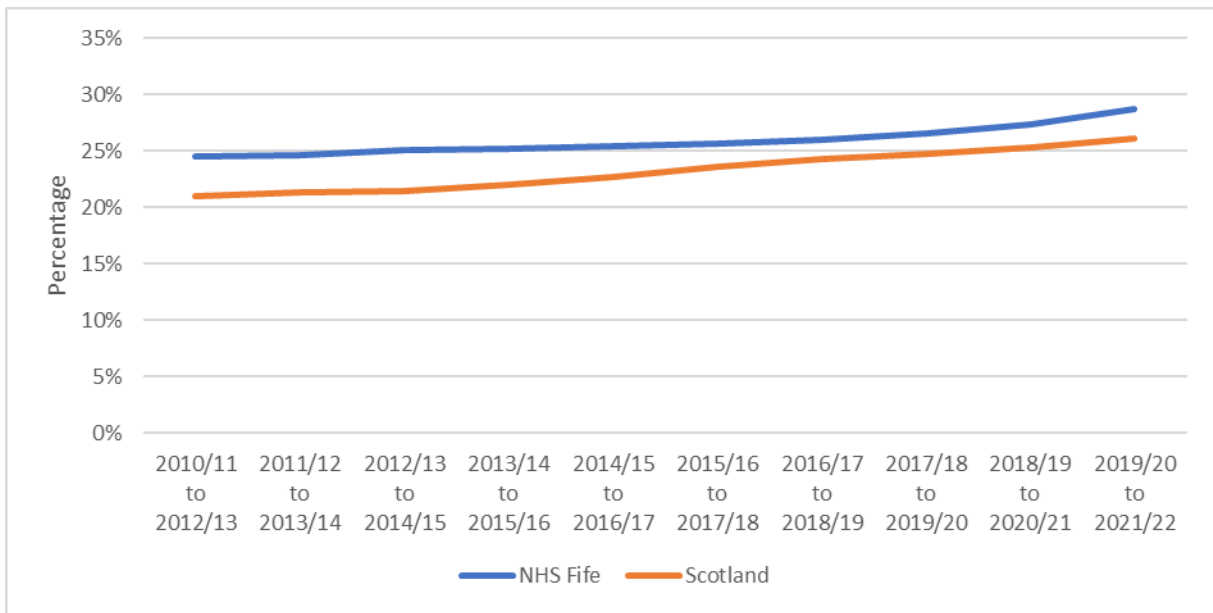
*Stillbirths, rate per 1,000 live and still births. Source: NRS

BMI at booking

Maternal BMIs have been rising nationally and internationally for some years. In Fife during 2021/22 2.2% of women were underweight, 37.5% a healthy weight, 29.8% overweight and 30.6% obese. This is similar to Scotland (Figure 3), but Fife has a lower proportion of healthy weight bookings compared to Scotland (40.9%) and a higher proportion of obese mothers (Scotland 27.3%). These figures exclude bookings where the BMI was not recorded.

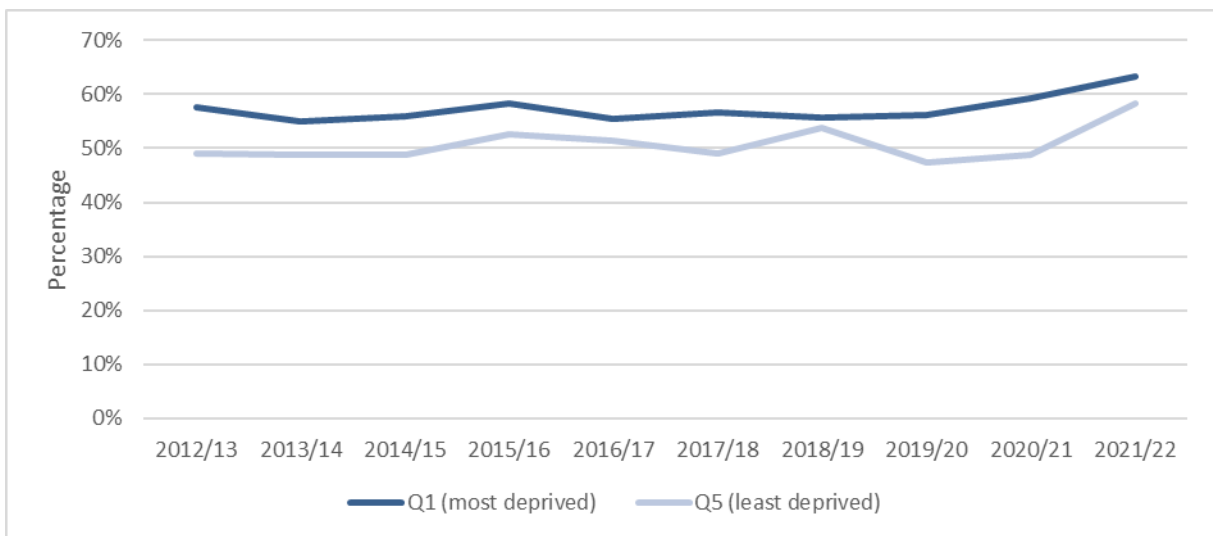
In 2021/22 Fife had the fourth highest level of overweight and obese BMI at booking compared to other Health Boards in Scotland at 60.4%. Fife does have a high proportion of unrecorded BMIs at booking in the SMR02 data (over 10% Not Known in 2018/19 to 2020/21 and 8.5% in 2021/22) this makes direct comparison to Scotland-level and other Health Board figures more difficult (Scotland, Not Known 1.7% for 2021/22).

Figure 3: Percentage maternities with BMI recorded as obese at booking, financial years, three-year rolling averages (Source: ScotPHO)



Deprivation also increases the likelihood of obese and overweight BMI's at booking (Figure 4). In 2021/22 for both Fife and Scotland over 60% of bookings from the most deprived areas (SIMD Q1) were classed as overweight or obese (64.3% Fife, 61.1% Scotland) and this appears to be increasing over time.

Figure 4: NHS Maternities BMI group at booking by most and least deprived SIMD quintiles (Source: PHS opendata)

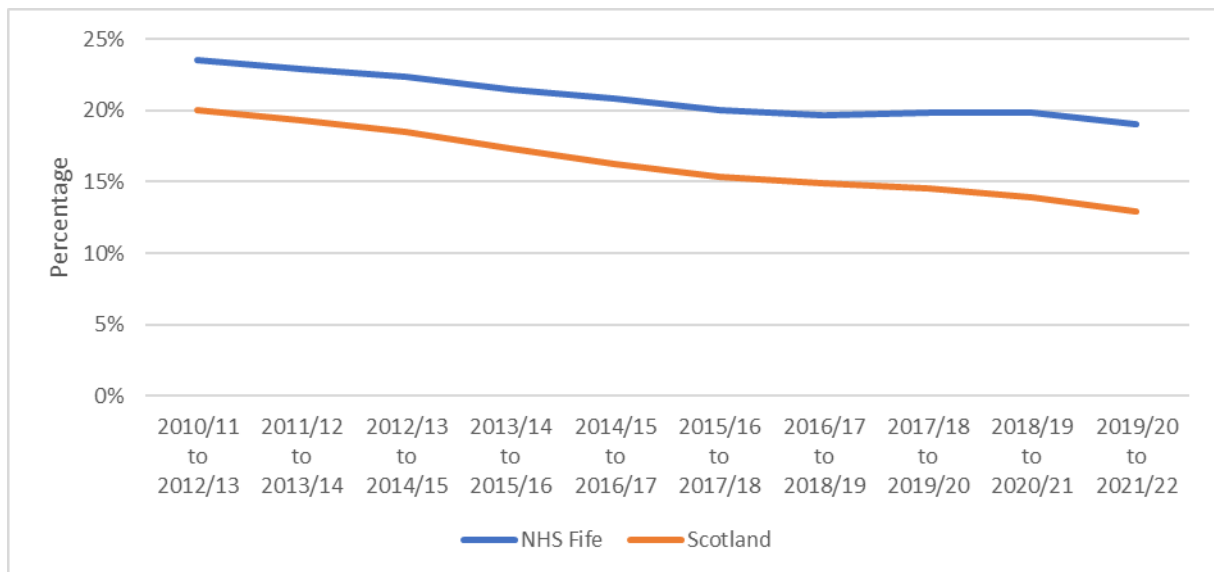


Maternal age also affects the likelihood of obese and overweight BMIs at booking. In 2021/22 around 64% of bookings with a maternal age of over 35 were overweight or obese in Fife, somewhat higher than Scotland (58.3%).

Smoking at booking

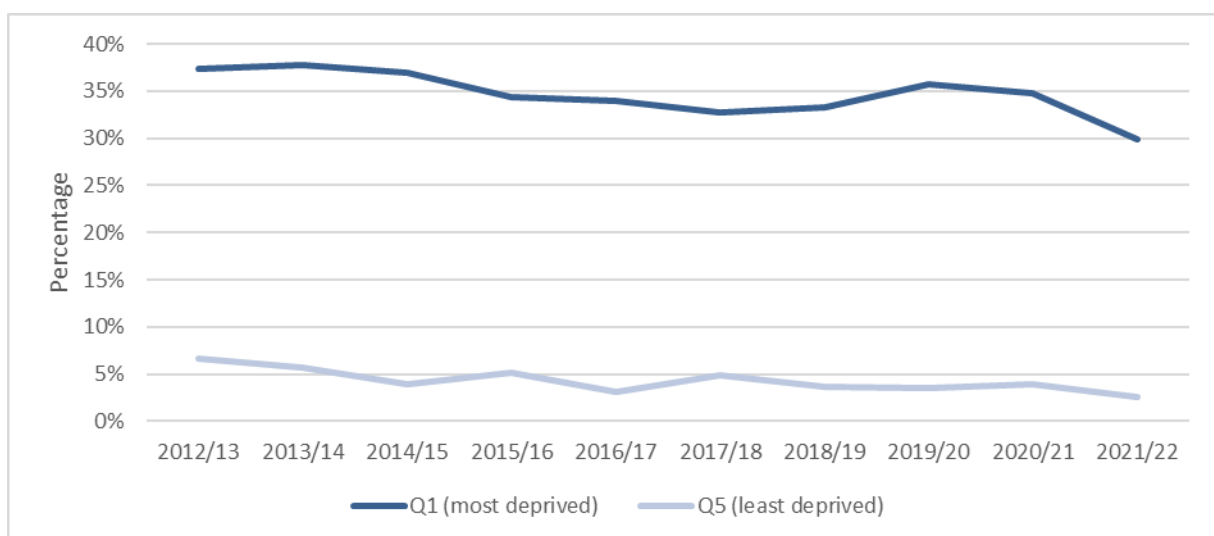
Fife has one of the highest rates of current smokers at booking in Scotland. In 2021/22 this was 16.7%. This is higher than Scotland (11.8% for 2021/22) and the second highest of health boards in Scotland. This pattern has not markedly changed over time (Figure 5). The proportion of women smoking at booking has decreased over time in all areas of Scotland, including Fife, and is currently at its lowest since data has been available (1997/98). Most years the proportion of unrecorded smoking statuses in Fife has been around 1% (0.7% in 2021/22) but were higher between 2017/18 and 2020/21 (3-6% unrecorded).

Figure 5: Percentage maternities recorded as current smoker at booking, financial years, three-year rolling averages (Source: ScotPHO)



Higher rates of smoking during pregnancy are seen in more deprived areas in Fife (Figure 6) but these are also slowly decreasing over time.

Figure 6: NHS Fife Current smokers at booking by most and least deprived SIMD quintiles (Source: PHS opendata)



Maternal deaths

Data at Scotland or Fife level is not available, but a recent study⁴ indicated that 229 women in the UK died during or up to six weeks after the end of pregnancy in the years 2018-20, or 10.9 per 100,000 women, 24% higher than 2017-19. The study removed deaths from Covid from the 2018-20 figure the rate was still 10.5 per 100k or 19% higher than 2017-19.

Technical information

The stillbirths data used is based on year of registration and is taken from the Vital Events Reference tables and time series data from NRS. The NRS data for 2022 death registrations is not finalised at the date of writing so complete data is only available up to 2021. Annual files were aggregated manually.

NRS defines⁵ a stillbirth as: “*Stillbirths - Section 56(1) of the Registration of Births, Deaths and Marriages (Scotland) Act 1965 defined a stillbirth as a child which had issued forth from its mother after the 28th week of pregnancy and which did not breathe or show any other sign of life. The Still-Birth (Definition) Act 1992, which came into effect on 1 October 1992, amended Section 56(1) of the 1965 Act (and other relevant UK legislation), replacing the reference to the 28th week with a reference to the 24th week.*”

Most of the maternities data in this report comes from PHS's “Births in Scotland⁶” open datasets and covers the most recent 10 complete financial years. All percentages reported exclude unknown values unless explicitly stated. The measures of deprivation used are taken from the open datasets and are the appropriate SIMD quintiles for the years analysed. Trend comparisons with Scotland are taken from ScotPHO.

The open datasets are based on the SMR02 record of maternity contacts with acute services. NHS Fife presently has less completeness in the SMR02 record, compared to NRS birth registrations, in comparison to the rest of Scotland⁷. Smoking at booking data is currently transitioning from the SMR02 record to the ABC dataset. PHS publish the ABC data in their report on antenatal booking⁸ as well as the SMR02 data in the open data used in this report. We do not have access to the ABC dataset at present and the figures do appear slightly different (also different time period is being used).

¹ <https://www.nrscotland.gov.uk/files//statistics/time-series/birth-21/births-time-series-21-bt.9.xlsx>

² <https://www.nrscotland.gov.uk/files//statistics/vital-events-ref-tables/2021/vital-events-21-ref-tabs-3.14.xlsx>

³ <https://www.nrscotland.gov.uk/files//statistics/vital-events-ref-tables/2021/vital-events-21-ref-tabs-4.xlsx>

⁴ [MBRRACE-UK Maternal Report 2022 - Lay Summary v10.pdf \(ox.ac.uk\)](#)

⁵ [Stillbirths and Infant Deaths | National Records of Scotland \(nrscotland.gov.uk\)](#)

⁶ [Births in Scotland - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](#)

⁷ [Births in Scotland \(publichealthscotland.scot\)](#) page 11

⁸ [Antenatal booking in Scotland - Calendar year ending 31 December 2021 - Antenatal booking in Scotland - Publications - Public Health Scotland](#)

Infant feeding

Breastfeeding and Infant Nutrition

WHO and UNICEF recommend that children initiate breastfeeding within the first hour of birth and be exclusively breastfed for the first 6 months of life¹. Data is collected on infant feeding by Health Visitors at reviews of children at 10-14 days (first review), 6-8 weeks and 13-15 months of age. This section provides an overview of infant feeding in Fife using the data available from PHS².

It will show rates for Fife over time and how Fife compares to the Scottish average.

Data on rates of exclusive breastfeeding at 6-8 weeks is used as a high-level indicator of infant feeding and child health in a range of plans, tools and reports including ScotPHO profiles and the State of Child Health report. As such for this key measure more detailed analyses are shown including comparisons are shown with Scotland over time, how these rates differ by deprivation and across Health Board areas.

Breastfeeding at First Review

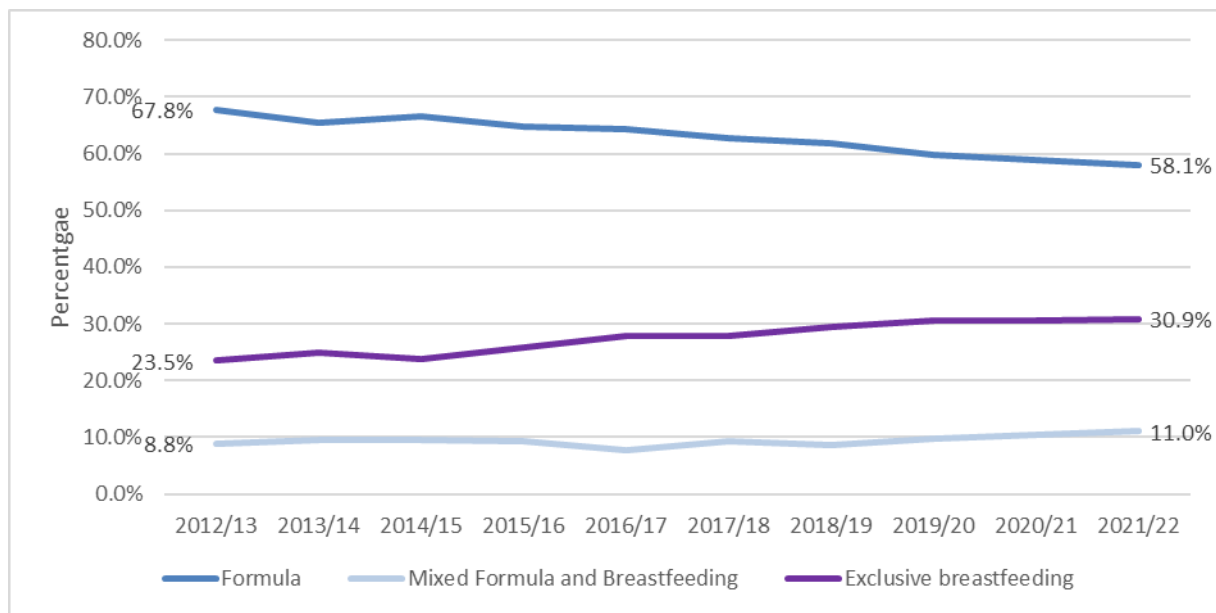
At 10-14 days of age the majority (52%) of babies reviewed in Fife in 2021/22 were being breastfed. 38% were being exclusively breastfed and 14% were receiving mixed feeding (receiving both breast and formula milk). At a national level these figures were 38% and 18% respectively. In Fife the proportion of babies receiving any breastfeeding at 10-14 days has increased from 45% in Fife and from 47% in Scotland since 2012/13.

Breastfeeding at 6-8 weeks

In 2021/22, 41.9% of babies reviewed in Fife were currently being breastfed at the 6-8 week child health review. 30.9% were being exclusively breastfed and a further 11% were receiving mixed feeding. 58% of babies were being formula fed (Figure 1).

There has been an increase in both the proportion of being exclusively breastfed and in babies receiving mixed feeding since 2012/13 and a corresponding fall in formula feeding (Figure 1). Exclusive breastfeeding showed that largest increase in the time period from 23.5% to 30.9%.

Figure 1: Infant feeding at 6-8 week review; Fife 2012/13 to 2021/22 (Source: PHS)

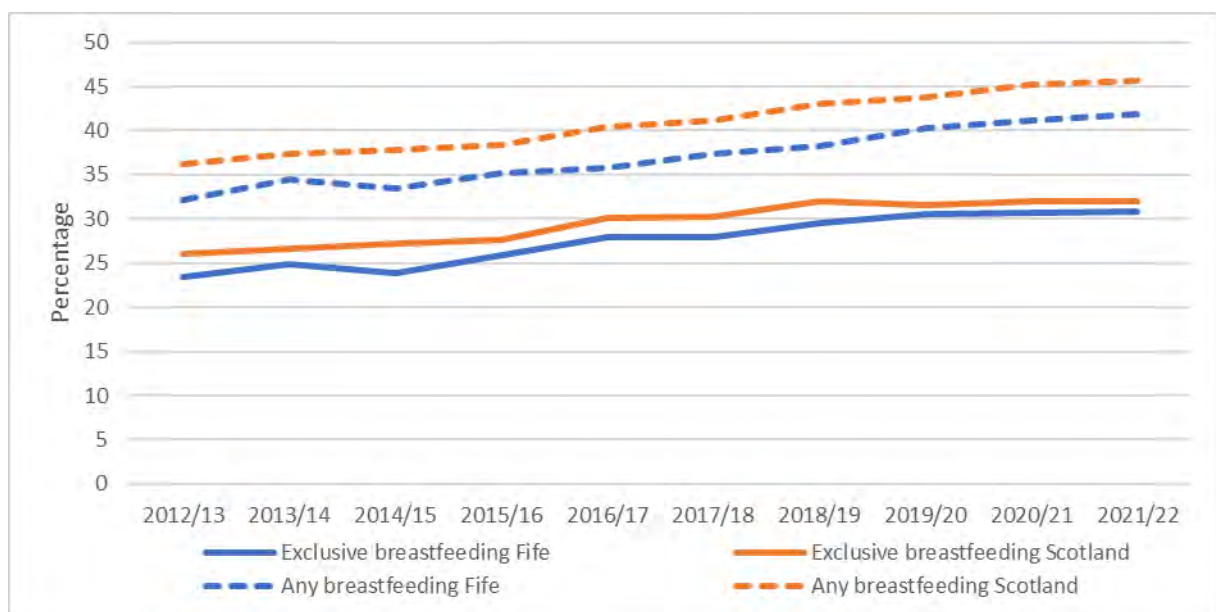


Fife compared to Scotland and other Health Boards

In 2021/22, 41.9% of babies reviewed in Fife compared to 45.7% across Scotland were currently being breastfed at the 6-8 week child health review. The difference in rates of exclusive breastfeeding were smaller, 30.9% and 32% respectively.

The proportion of babies receiving any breastfeeding and being exclusively breastfed at 6-8 weeks in Fife has remained below the national average in the last 10 years (Figure 2). However Fife has seen a greater increase (23% to 31%) in exclusive breastfeeding than Scotland (26% to 32%) so the gap between Fife and Scotland has narrowed.

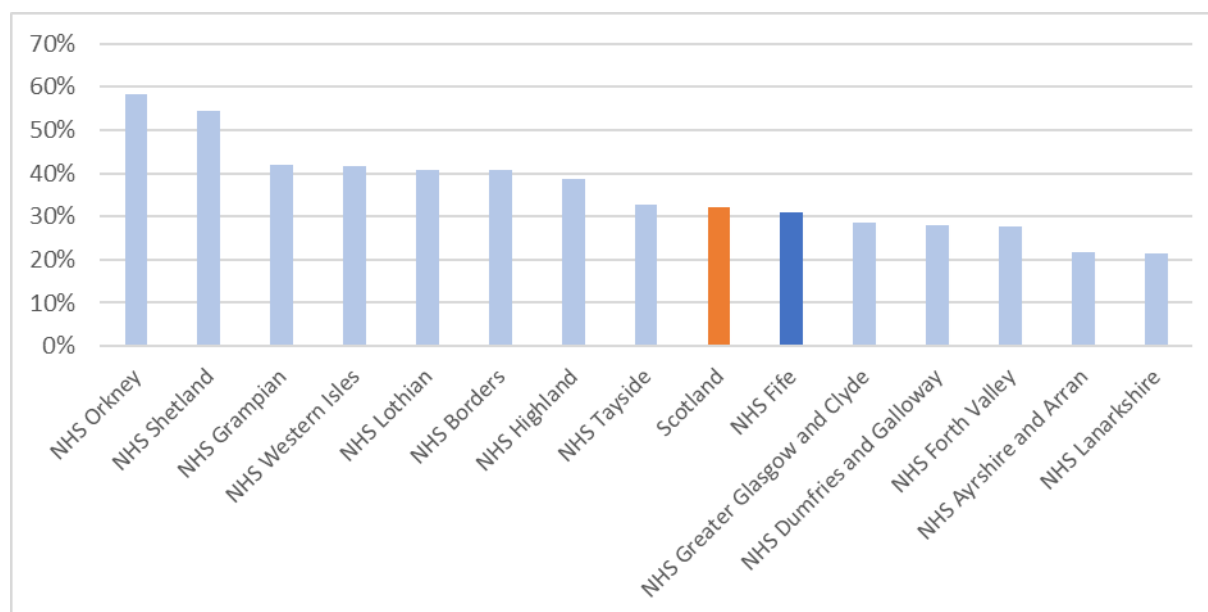
Figure 2: % babies breastfed at 6-8 weeks; Fife and Scotland 2012/13 – 2021/22 (Source: PHS)



In 2021/22 Fife was ranked 9th of 14 health boards (6th out of 11 mainland boards) in terms of the proportion of babies being exclusively breastfed at the 6-8 weeks review (Figure 3). Our position relative to other health boards has remained fairly consistent over time with Fife ranked 9th in seven of the last ten years.

NHS Lothian, Borders and Grampian have higher percentages than the other mainland Board areas. All Health Boards have seen increases in proportions and the position of the Boards relative to each other has changed little in the last 10 years.

Figure 3: % babies exclusively breastfed at 6-8 weeks; Health Boards 2021/22 (Source: PHS)



Deprivation

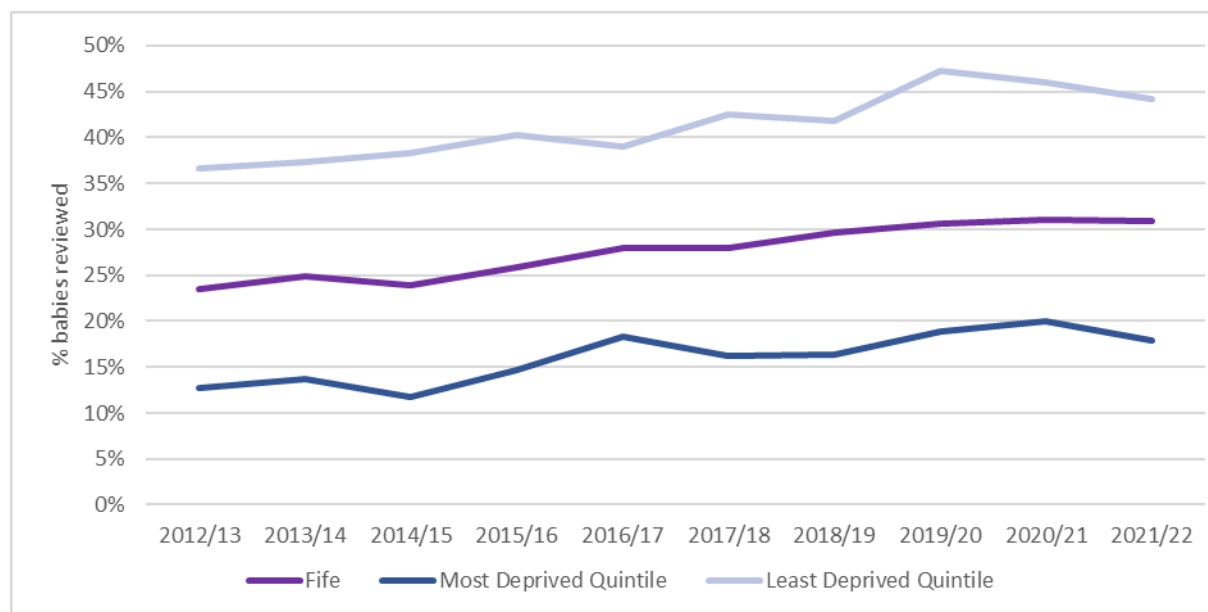
There continue to be marked inequalities in breastfeeding. Babies born to mothers in more deprived areas (SIMD20 quintile 1) in Fife are least likely to be currently exclusively breastfed at 6-8 weeks (19%) compared to those born in the least deprived areas (44%) and the Fife average (Figure 4).

Between 2012/13 and 2021/22 there was an overall increase in the proportion of babies being exclusively breastfed at 6-8 weeks among those living in the most deprived areas from 13% to 19%. Proportions also increased in the least deprived areas in the same time period, 37% to 44%.

The gap between rates in the most and least deprived areas has fluctuated annually ranging from 3.1 times greater to 2.1 times greater in the least deprived areas across the 10 year period. The size of the gap in the average of the last three years (2.4) was lower than seen at the start of the 10 year period (2.7) and this is consistent with reports of a narrowing in the inequality in breastfeeding across Scotland.²

The proportion of babies being exclusively breastfed at 6-8 weeks fell in the most deprived areas between 2020/21 and 2021/22 which was the first fall since 2017/18. Proportions have also fallen in the least deprived areas in the last two years (Figure 4)³.

Figure 4: % babies exclusively breastfed at 6-8 weeks; Fife and Most and Least Deprived SIMD20 Quintiles 2012/13 to 2021/22 (Source: PHS)



Infant Feeding at 13-15 Month Review

At the time of the 13-15 month review, 7.5% of babies reviewed in Fife in 2021/22 were being exclusively breastfed for their milk feeds and a further 8.4% received mixed breast and formula feeding. This is lower than the national averages of 9.5% and 12.2% respectively.

Changes in breastfeeding across reviews Fife and Scotland

63% of babies eligible for review in Fife in 2021/22 were “ever breastfed” defined as being breastfed for at least some period of time after their birth.² However reductions in the proportion of babies being breastfed, both by mixed feeding and exclusively, are seen across review periods as babies age.

The change in the number of babies being currently breastfed (any) at each review compared to those who were ‘ever’ breastfed are shown in Table 1. At first visit 15% fewer babies were being breastfed compared to those who had ‘ever’ been breastfed and by 6-8 weeks this was a third fewer. Fife had larger ‘drop off’ rates than Scotland at 6-8 weeks and 13-15 months in 2021/22.

Table 1: Drop off in breastfeeding by review; Fife and Scotland 2021/22 (Source: PHS)

Review	Fife	Scotland
At first visit	-16%	-15%
At 6-8 weeks	-33%	-29%
At 13-15 months	-75%	-67%

Technical information

Public Health Scotland publish this data annually for all Health Boards and produce a dashboard which allows analysis of Health Board data by key variables including deprivation². Data on exclusive breastfeeding at 6-8 weeks by Health Board, HSCP locality and intermediate zone is available on ScotPHO⁴.

¹ https://www.who.int/health-topics/breastfeeding#tab=tab_2

² [PHS \(2022\) Infant Feeding Statistics 2021/2022](#)

³ [Infant Feeding - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](#)

⁴ https://scotland.shinyapps.io/ScotPHO_profiles_tool/ (indicator: babies exclusively breastfed at 6-8 weeks)

Health Visiting Pathway

The data in this summary is taken from PHS publications listed in the sources below and is based on Health visitor assessments input into the Child Health Surveillance Programme-Pre-School national information system (CHSP-PS)¹. Data on the 27-30 month review is available from 2013 and from 2017 for the 13-15 month reviews. All data is by financial year.

13-15 month review

In NHS Fife the proportion of eligible children reviewed by a health visitor at 13-15 months decreased from 93.8% in 2020/21 to 83.3% in 2021/22, lower than Scotland overall at 89.4% in 2021/22². Currently there are only five-year's worth of data so a trend has not been shown for this measure at this point.

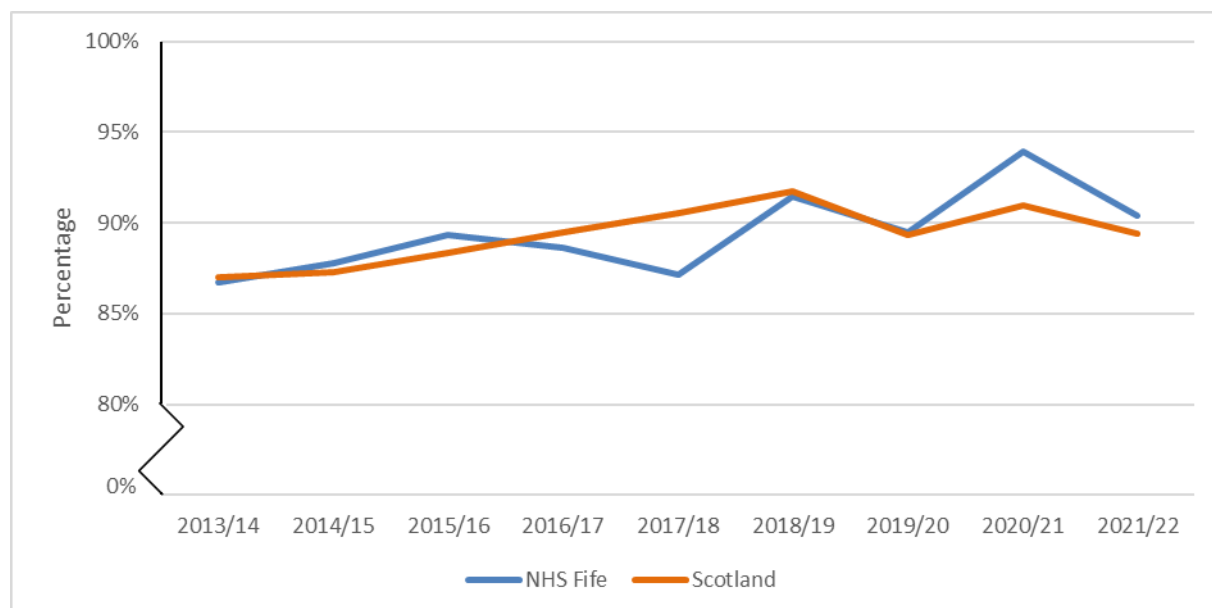
The number of children recorded as having a developmental concern in any domain was 18.3% in 2021/22 an increase from 14.3% in the previous year. The proportion with incomplete reviews or those with missing data was significantly lower at 6.4% compared to 13.1% the previous year.

Some slight differences were noted due to inequalities (Scotland-level SIMD 2020) with the most deprived quintiles having a lower proportion of reviews (92.6%) compared to the least deprived (95.1%); more years of data would be required to see if this trend continues, particularly as the review process was affected by COVID-19 in 2020/21.

27-30 month review

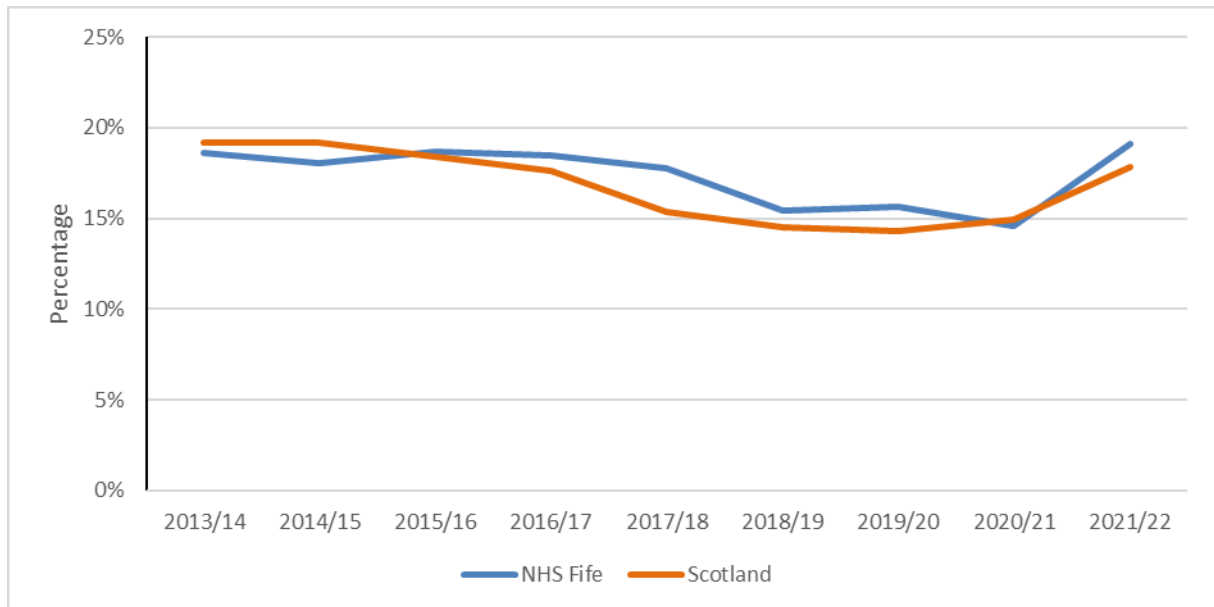
In 2021/22 the proportion of eligible children reviewed at 27-30 months decreased from the previous year from 93.9% to 90.4% (Figure 1) and is slightly higher than the Scottish average for 2021/22 of 89.4%. Fife and Scotland have differed in several years in the available trend³.

Figure 1: Percentage of eligible children reviewed at 27-30 months, NHS Fife and Scotland (Source: PHS)



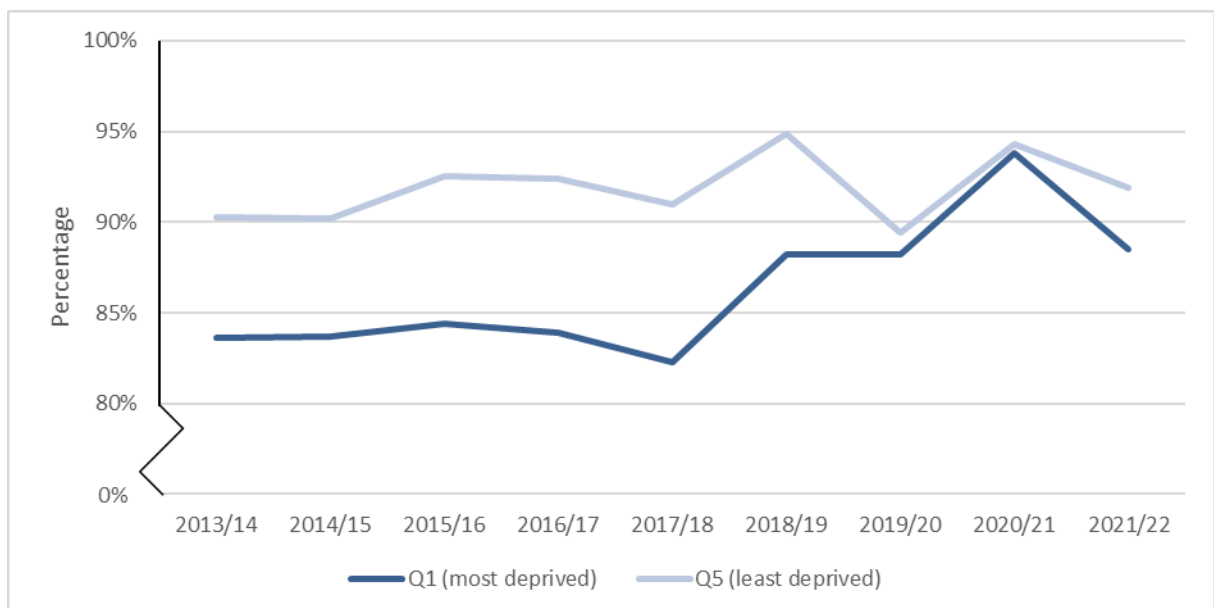
The percentage of children reviewed where a developmental concern was noted increased in Fife in 2021/22 compared to the previous year from 14.6% in 2020/21 to 19.1%. This is higher than the Scottish average for 2021/22 (17.9%), Figure 2. The early child development report from PHS noted increases of developmental concerns across all domains and at all review points in 2021/22 compared to the previous year

Figure 2: Percentage of eligible children reviewed at 27-30 months with a developmental concern, NHS Fife and Scotland (Source: PHS)



From 2018/19 to 2020/21 the gap between most and least deprived quintiles in Fife of the proportion of children reviewed at 27-30 months narrowed (Figure 3) however, the gap has started to increase again in 2021/22. Further years of data will be required to see if this trend continues.

Figure 3: Percentage of eligible children reviewed at 27-30 months by most and least deprived Scotland-level SIMD quintiles, NHS Fife (Source: PHS)



4-5 year review

No data is presented for this measure as NHS Fife chose to only implement this review for children with an additional Health Plan Indicator (HPI) full implementation is planned⁴. This means that the data cannot be compared with Scotland or other boards at present.

¹ [Early Child Development Statistics 2021/22 - Technical Report \(publichealthscotland.scot\)](#) page 5

² <https://www.publichealthscotland.scot/media/19173/early-child-development-13-15m-tables-2023.xlsx>

³ <https://www.publichealthscotland.scot/media/19174/early-child-development-27-30m-tables-2023.xlsx>

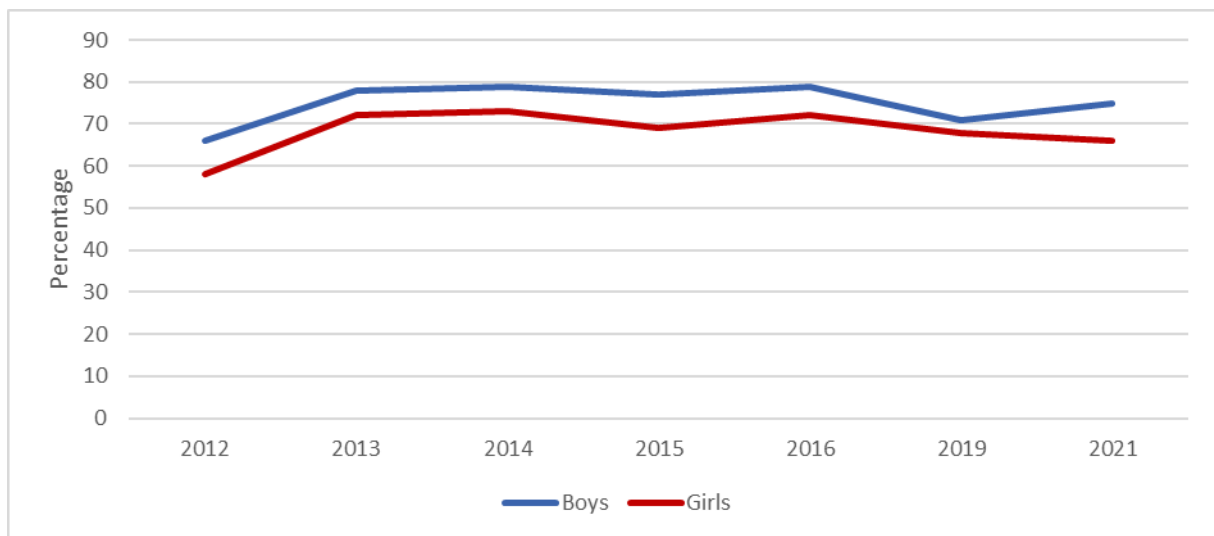
⁴ [Technical Report \(publichealthscotland.scot\)](#) page 6

Play, physical activity

This data is presented at a national level.

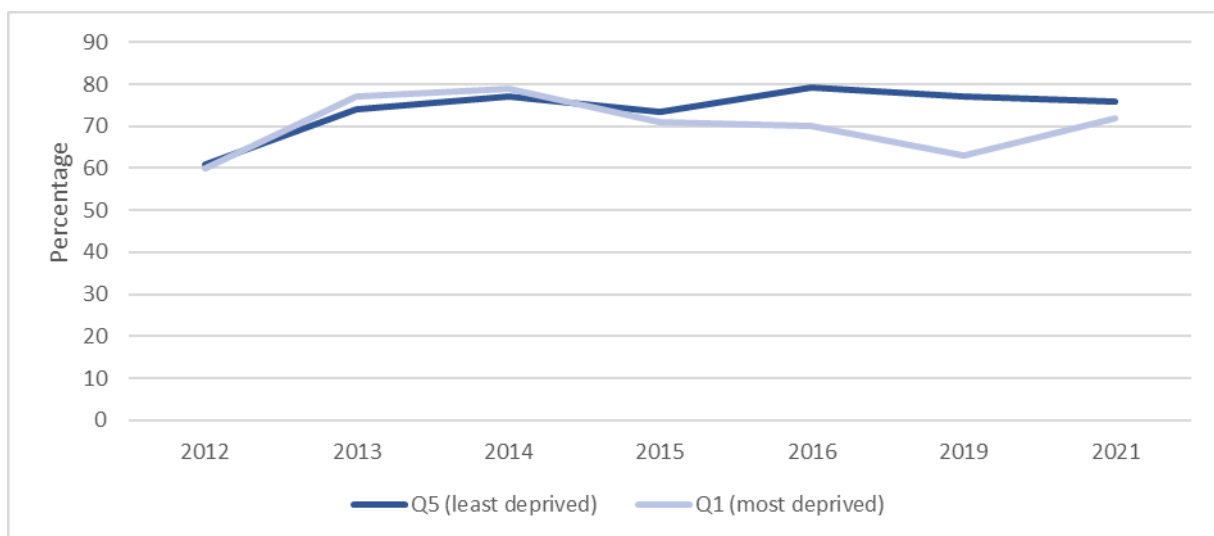
In 2021 the Scottish Health Survey reported an upwards trend in the percentage of children (aged 2-15 years) achieving the recommendation of at least 60 minutes of moderate to vigorous activity a day. A higher percentage of boys achieve the recommendation over girls, in 2021 75% of boys and 66% of girls met the recommendations¹.

Figure 1; Percentage of boys and girls meeting the recommendation of 60 minutes of activity a day (Source: Scottish Health Survey)



Since 2015 a socioeconomic trend can be seen in activity levels of children, with those who are most deprived less likely to achieve 60 minutes of physical activity a day compared to those who are the least deprived.

Figure 2; Percentage of children meeting the target by SIMD Quintile 1 (most deprived) and 5 (least deprived) (Source: Scottish Health Survey)



Technical Information

Children and young people are recommended to participate in moderate to vigorous physical activity for an average of at least 60 minutes a day. This can include school physical education activity, after school activities, active travel along with play and sporting activities. Guidelines on physical activity were revised by the four UK countries in 2011, therefore data is available from 2012 onwards. Physical activity questions were asked differently in 2017 and 2018. Questions used prior to 2017 were reinstated in 2019, data from 2017 and 2018 are therefore not included in trend analysis.

SIMD quintiles are Scotland level weighted quintiles, with the appropriate SIMD release used for each year. SIMD and Health Board are derived from the child's home post code.

¹ [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io) (Indicator: Physical activity)

Housing

The number and size of households across Scotland is published annually by National Records of Scotland¹. A range of administrative data is collected by local authorities during the course of their homelessness activities and submitted to Scottish Government including the number of homeless households and households in temporary accommodation².

This section will present high level findings and trends focusing on children from the data available for Scotland or Fife.

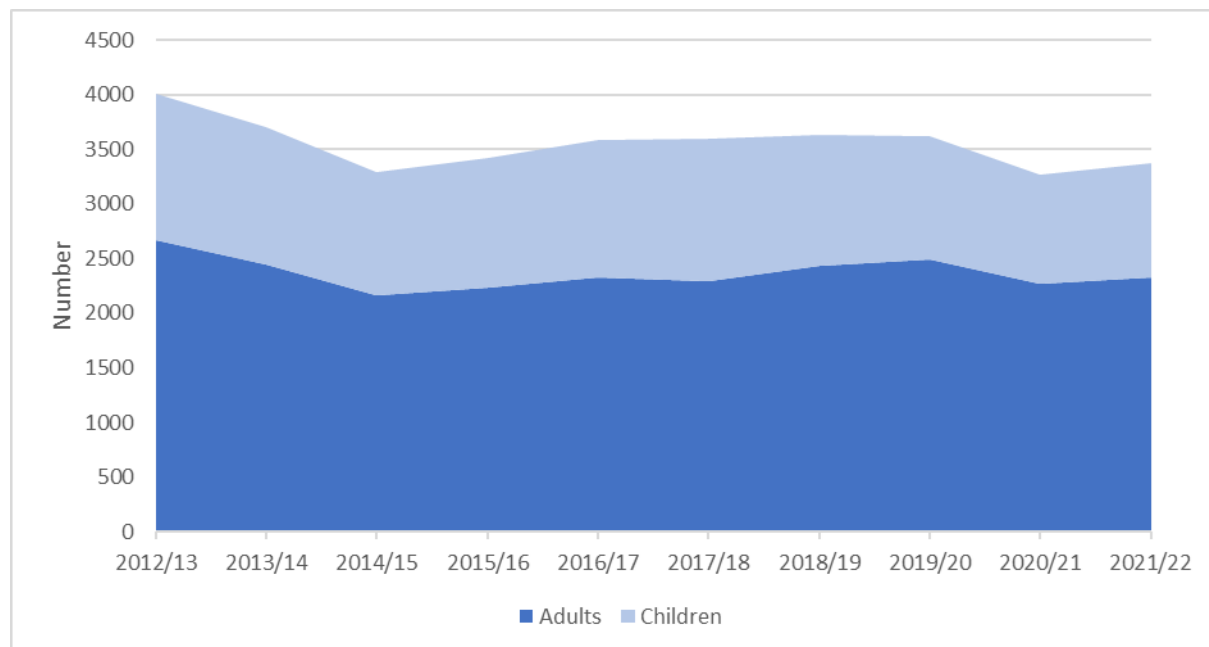
Households

The number of households in Fife in 2021 was 171,086. The number of households in Fife has grown each year since 2001 and is projected to continue to grow to reach an estimated 173,621 in 2028. Average household size in Fife has decreased from 2.28 people per household in 2001 to 2.14 in 202, slightly above the national average of 2.12. Across Scotland it was estimated that in 2021 23% of all households were one family with dependent children which would equate to about 39,350 households in Fife³.

Homeless Households

There were 2,036 homeless households in Fife in 2021/22. These households contained a total of 3,373 people, of whom 2,323 were adults and 1,050 were children³. The number of adults and children in homeless households increased in 2021/22 from 2020/21 but the numbers are lower than reported between 2015/16 and 2019/20 (Figure 1).

Figure 1: Number of Adults and Children in Homeless Households; Fife 2012/13 to 2021/22 (Source: Scottish Government)



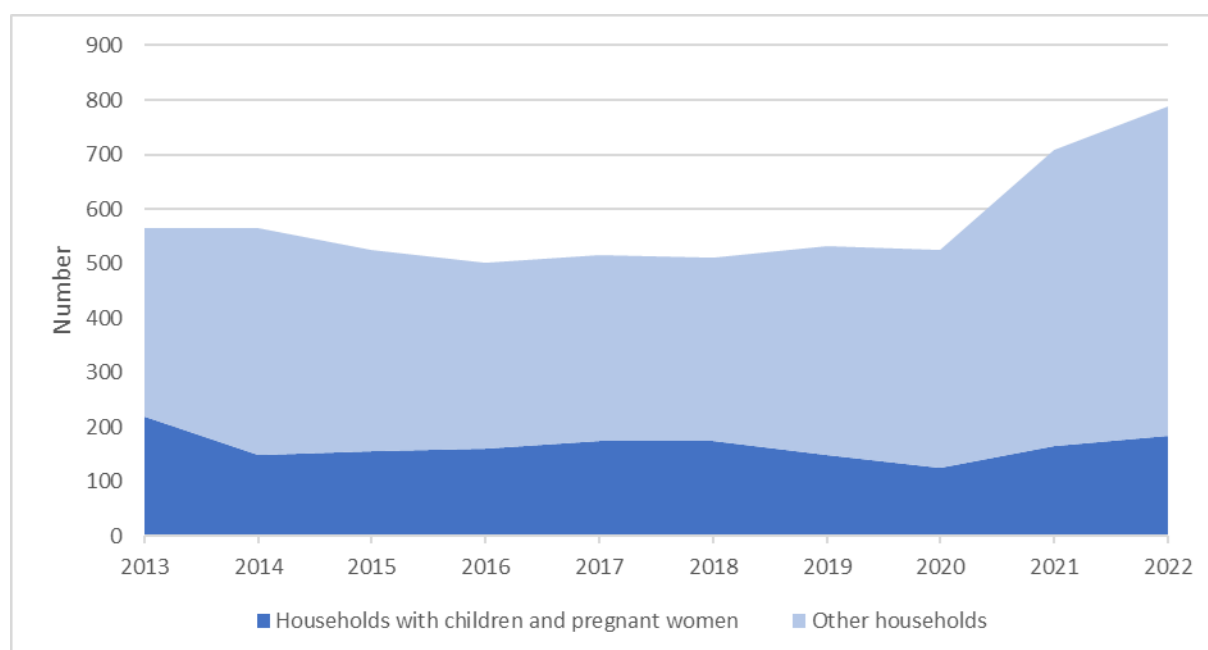
Fife had the third highest number of homeless households of all local authorities in Scotland in 2021/22 but as a rate per 100,000 population Fife was ranked 8th highest of the 32 areas. Fife did have a higher rate of households assessed as homeless per 100,000 population

than the Scottish average, 655 per 100,000 population compared to 634 in 2021/22 and was ranked 8th highest of 32 local authorities.

Children in Temporary Accommodation

There were 787 households in temporary accommodation in Fife as at 31st March 2022. Of these households 185 were households with children or pregnant women. In 2022 the number of temporary households including those with children or pregnant women was the largest since 2013 (Figure 2). Fife reported the 5th largest number of households with children or pregnant women in temporary accommodation in comparison to other local authorities at 31st March 2022.

Figure 2: Households in temporary accommodation; Fife at 31st March 2013-2022 (Source: Scottish Government)



There were 390 children living in households in temporary accommodation in Fife at 31st March 2022. This was a 24% increase on the number reported at the same time in 2021 which had also been an annual increase following followed three years when the numbers had decreased annually (Figure 3).

97% of children living in temporary accommodation as at 31st March 2022 in Fife were living in 'Local Authority Furnished' accommodation. In Fife other households with children spent on average the longest time in temporary accommodation, 425 days. This was higher than the Scottish figure for the same type of household, but Fife had lower lengths of stay than Scotland for single parent households and couples with children (Table 1).

Figure 3: Number of children in temporary accommodation; Fife at 31 March 2013-2022 (Source: Scottish Government)

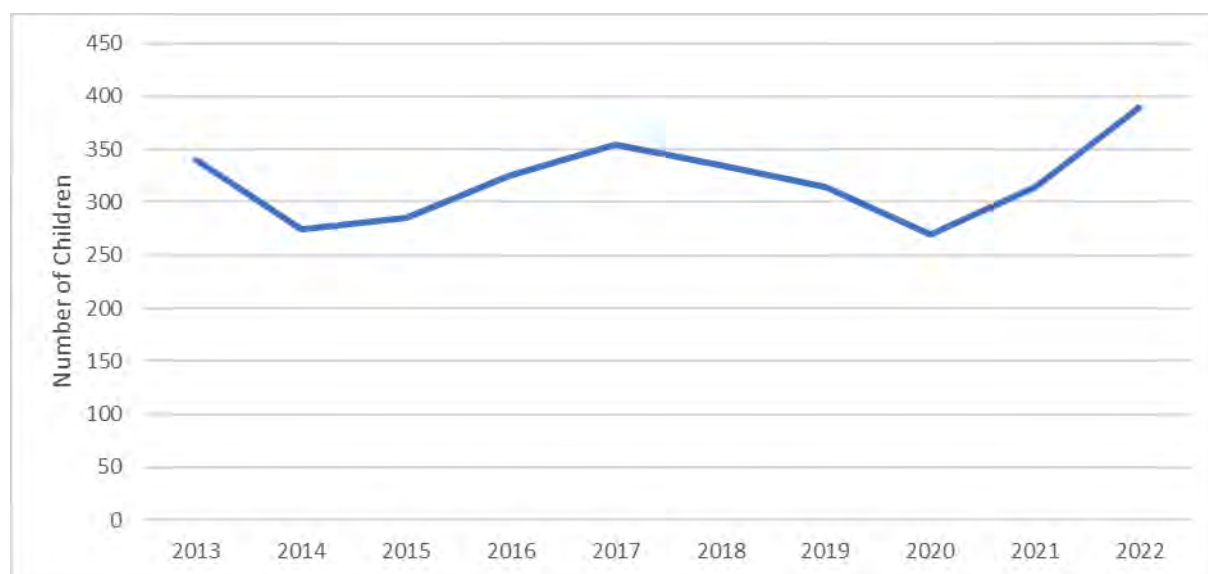


Table 1: Average total time (days) spent in temporary accommodation by household type; Fife and Scotland 2021-22 (Source: Scottish Government)

	Single Person	Single Parent	Couple	Couple with Children	Other	Other with Children
Fife	225	175	129	174	174	425
Scotland	193	234	204	343	212	291

Technical information

In the ONS household data the following definitions are used:

A family is a married, civil partnered or cohabiting couple with or without children, or a lone parent with at least one child. Children may be dependent or non-dependent.

Dependent children are those living with their parent(s) and either (a) aged under 16, or (b) aged 16 to 18 in full-time education, excluding children aged 16 to 18 who have a spouse, partner or child living in the household.

In the homelessness data the following definitions and caveats need to be considered:

Children are under 16 years of age. Households with children are based on the presence of children on the homeless (HL1) application and they may or may not be present in the associated accommodation placements. Data is presented on homelessness in 16-17 year olds at a national level only⁴.

These figures are based on administrative data collected by local authorities and will not include households that are homeless who have not presented to local authorities, so the numbers do not necessarily cover the entire homeless population in Scotland.

Temporary accommodation data are presented as snapshots on a specific date so will not represent the total number who may have lived in temporary accommodation in any given time period.

The number of recorded homeless households and temporary accommodation over time can be affected changes to legislation, policy and practice and in 2020/21 the impact of the COVID-19 pandemic. Further details can be found in the report below².

¹ [Estimates of Households in Scotland](#)

² [Homelessness in Scotland: 2021/22 report](#)

³ [Households by type of household and family, regions of England GB constituent countries](#)

⁴ <https://www.gov.scot/publications/homelessness-scotland-2021-22/documents/>

Domestic abuse

Domestic abuse incidents reported to Police Scotland

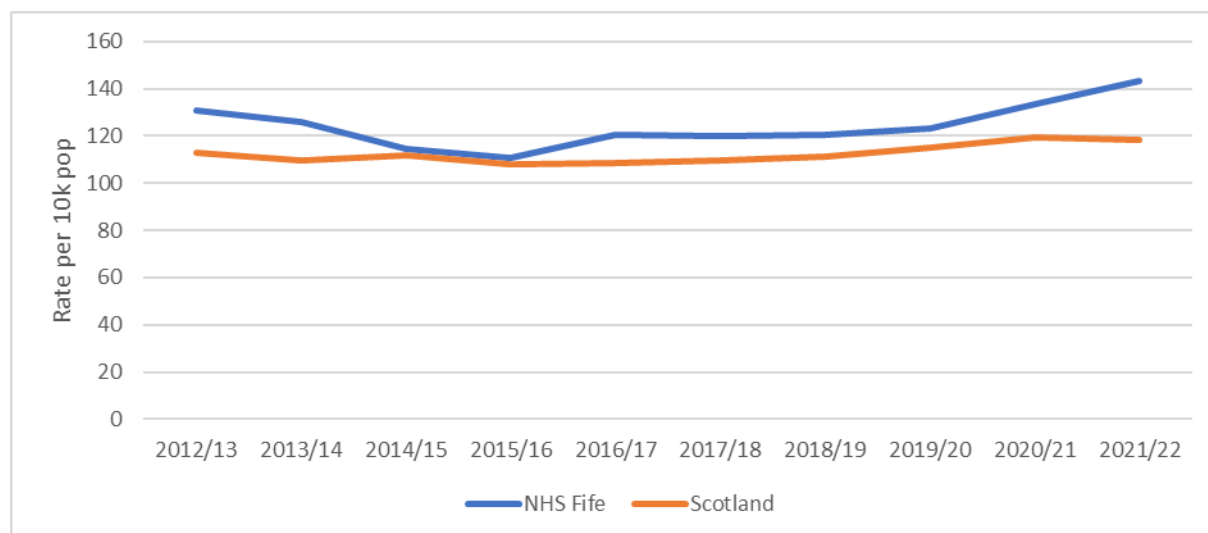
The data in this summary is taken from incidents reported to the Police. The method of reporting changed in financial year 2013/14 with the introduction of a centralised system¹.

The most recent Police Scotland report records that 64,807 incidents of domestic abuse were reported in 2021-22, a slight decrease on the previous year, 39% of which included at least one crime or offence. The most frequently recorded crimes were common assault (32%) and threatening and abusive behaviour (21%)². In Fife 37% of incidents recorded included at least one crime or offence.

At Scotland level, Police Scotland report that 2494 persons under 18 were victims of domestic abuse in 2021-22 (749 under 16). Of the under 18s reported as victims of domestic abuse 84% were female (74% of the under 16s), all ages 83% female³.

Fife has a slightly higher rate of (all ages) reported domestic abuse incidents per 10k population than Scotland, Fife being 143 per 10k population compared to 118 per 10k population in 2021-22; this gap has increased slightly in the most recent years (Figure 1)⁴.

Figure 1: Domestic Abuse incidents reported to Police Scotland as crude rate per 10,000 population NHS Fife vs Scotland (Source: ScotPHO)



¹ [Domestic abuse: statistics recorded by the police in Scotland - 2021/22 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2021-22/documents/) (Annex 2)

² [Domestic abuse: statistics recorded by the police in Scotland - 2021/22 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2021-22/documents/)

³ <https://www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2021-22/documents/> (Table 8)

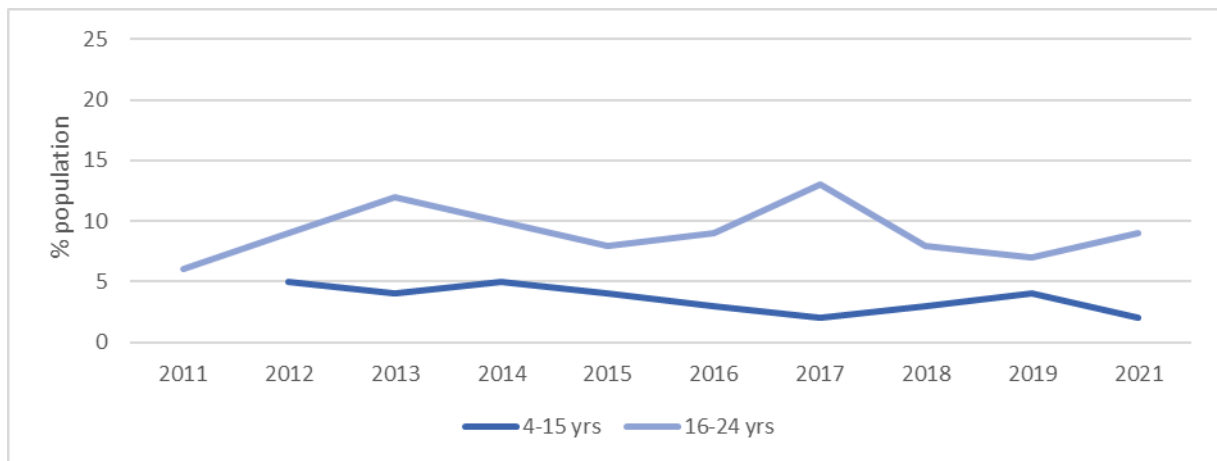
⁴ [ScotPHO profiles \(shinyapps.io\)](https://shinyapps.io/scotpho/) (indicator: domestic abuse)

Young carers

Data on young carers is available at a national level only.

Data from the Scottish Health Survey which asked children (4-15 years old) and young people (16-24 years old) if they provided any regular help or care for any sick, disabled, or frail person, showed a decrease in the percentage of children providing care, but an increase in young people providing care¹.

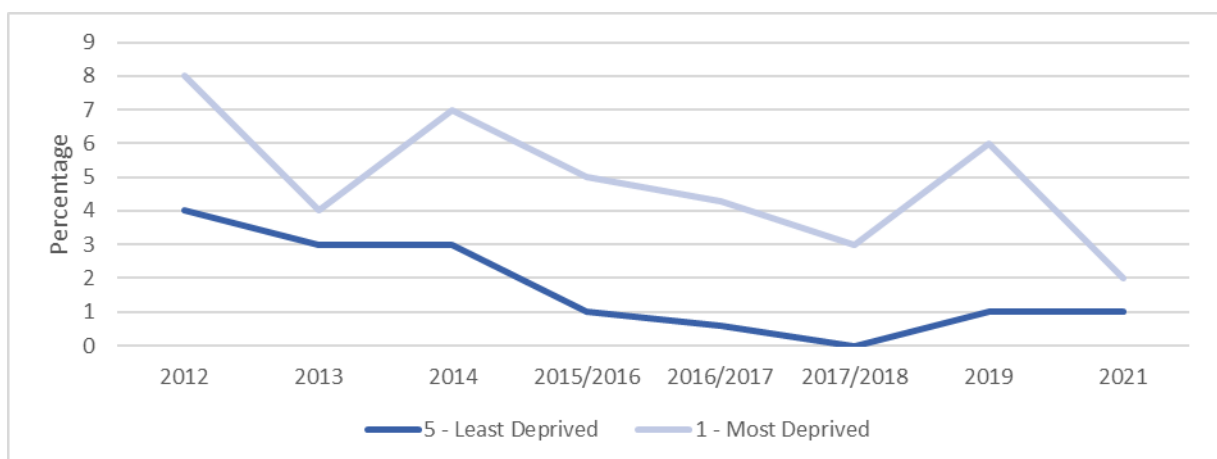
Figure 1; Percentage of children and young people providing any regular help or care for any sick, disabled, or frail person (Source: Scottish Health Survey)



(4-15yrs data for 2016 is combined 2015/2016, data for 2017 is combined 2016/2017 and data for 2018 is combined 2017/2018)

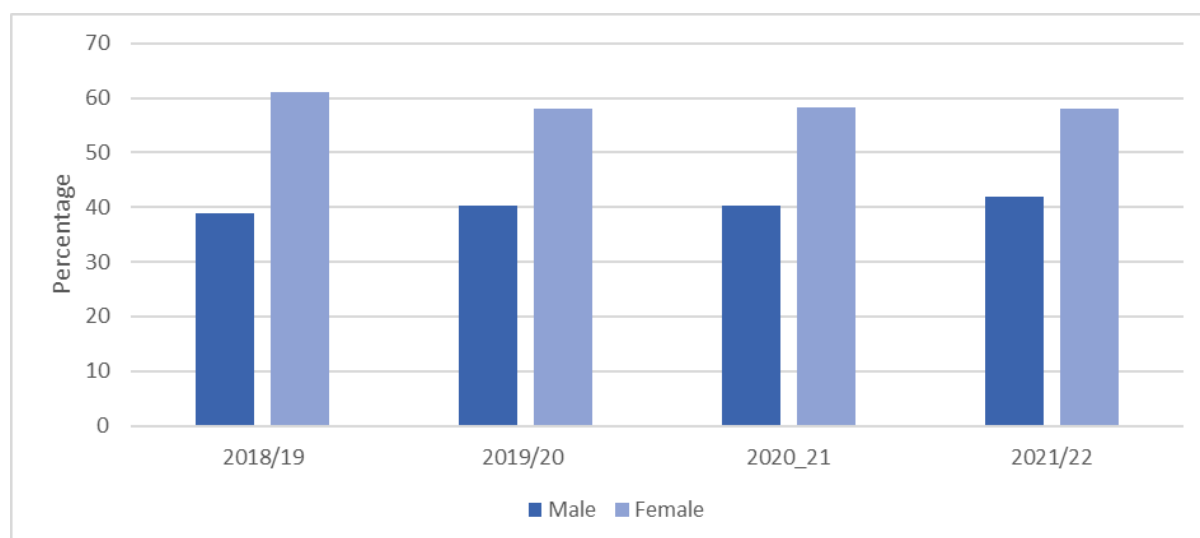
The percentage of child unpaid carers (aged 4 – 15 years) is higher for those living in the most deprived SIMD quintiles than the least deprived areas¹.

Figure 2; Percentage of child unpaid carers (4-15yrs) by SIMD Quintile (Source: Scottish Health Survey)



Young carers (aged 0 – 18 years) are more likely to be female which has been the case since the Carers Census started in 2018².

Figure 3; Percentage of young carers (0-18yrs) by gender (Source: Carers Census Scotland)



Technical Information

In the Scottish Health Survey participants are asked if they provide any help or care on a regular basis to family members, friends, neighbours or others because of a long-term physical condition, mental ill-health or disability, problems with ageing. Since 2014 this explicitly excludes any paid caring work. This question has been asked to children aged 4 to 15 years old since 2012.

In the Carers Census a young carer (under 18 years) was included if they met the following criteria:

- had a Young Carer Statement (YCS) or review of their needs as a carer during the reporting period; or
- were offered or requested a YCS during the reporting period; and/or
- received a specified support service (including short breaks or respite) during the reporting period².

During the collection period systems to record the above information were being set up, and as such some providers were unable to provide the required information. Therefore, it is suggested that the figures presented in the Carers Census may be an underestimate of the number of carers being supported by local services.

SIMD quintiles are Scotland level weighted quintiles, with the appropriate SIMD release used for each year. SIMD and Health Board are derived from the child's home post code.

¹ [Scottish Health Survey \(shinyapps.io\)](https://shinyapps.io) (Indicator: Provide any regular help or care for any sick, disabled or frail person)

² [Supporting documents - Carers Census, Scotland, 2019-20 and 2020-21 - gov.scot \(www.gov.scot\)](https://www.gov.scot)

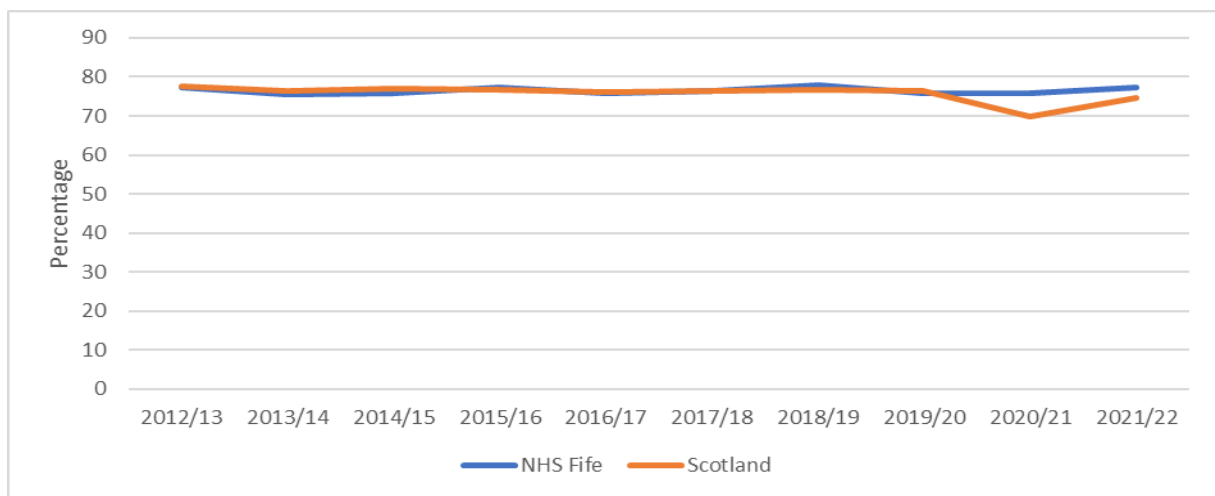
Food/Diet

Healthy weight

In Scotland there is a school-based review programme which monitors the weight of children in primary 1. This programme was impacted by the COVID-19 pandemic with fewer children being reviewed and as such 2020/21 figures are not available at a Fife level.

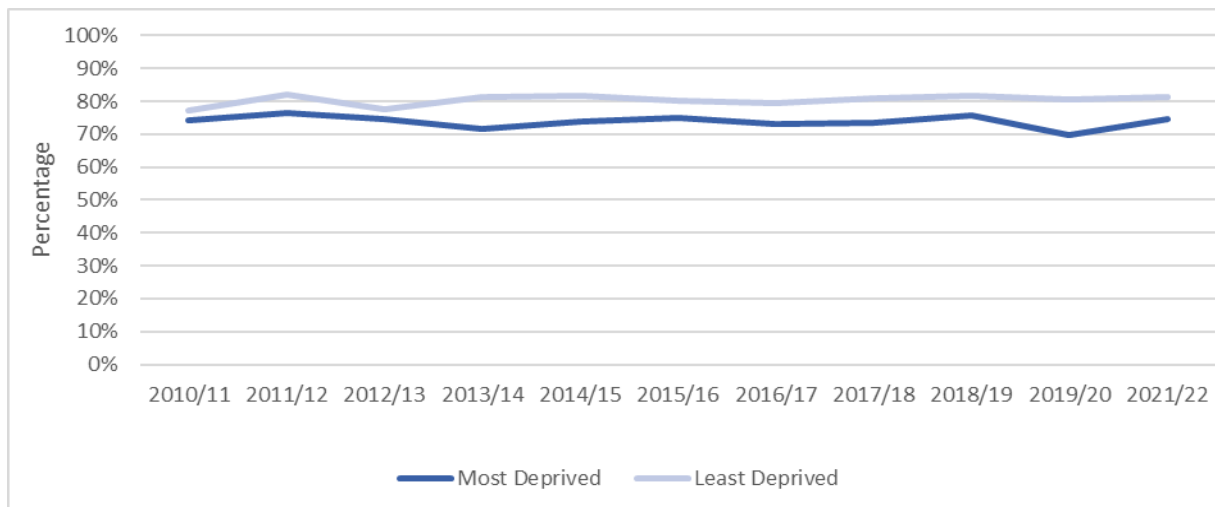
In 2021/22 77.3% of P1 children were a healthy weight, this is slightly higher than Scotland (74.7%) and higher than the percentage from the last recorded year (2019/20 75.67%) for Fife¹.

Figure 1; Percentage of healthy weight children in P1 in Fife and Scotland (School year) (Source: ScotPHO)



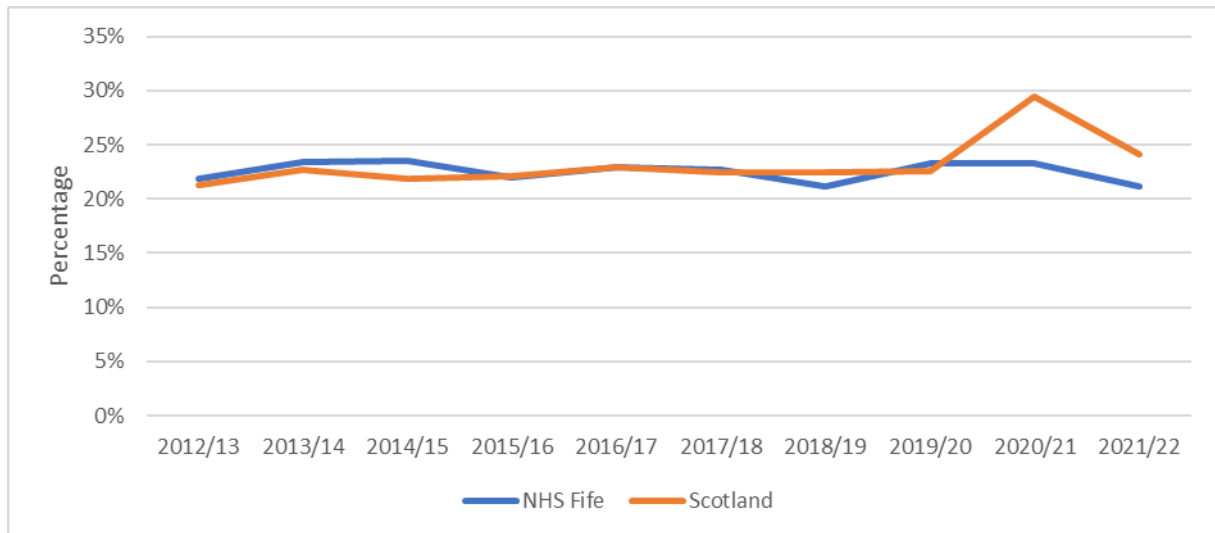
Healthy weight children are more likely to live in the least deprived areas of Fife than in the more deprived areas².

Figure 2; Percentage of healthy weight children in Fife by SIMD (Source: PHS Primary 1 BMI Statistics)



The percentage of children considered to be obese in Fife in 2021/22 is currently 21.1%, this is lower than the figure for Scotland (24.1%) and is also lower than the last recorded figure of 23.3% in 2020/21³.

Figure 3; Percentage of obese children in Fife and Scotland (Source: PHS Primary 1 BMI Statistics)

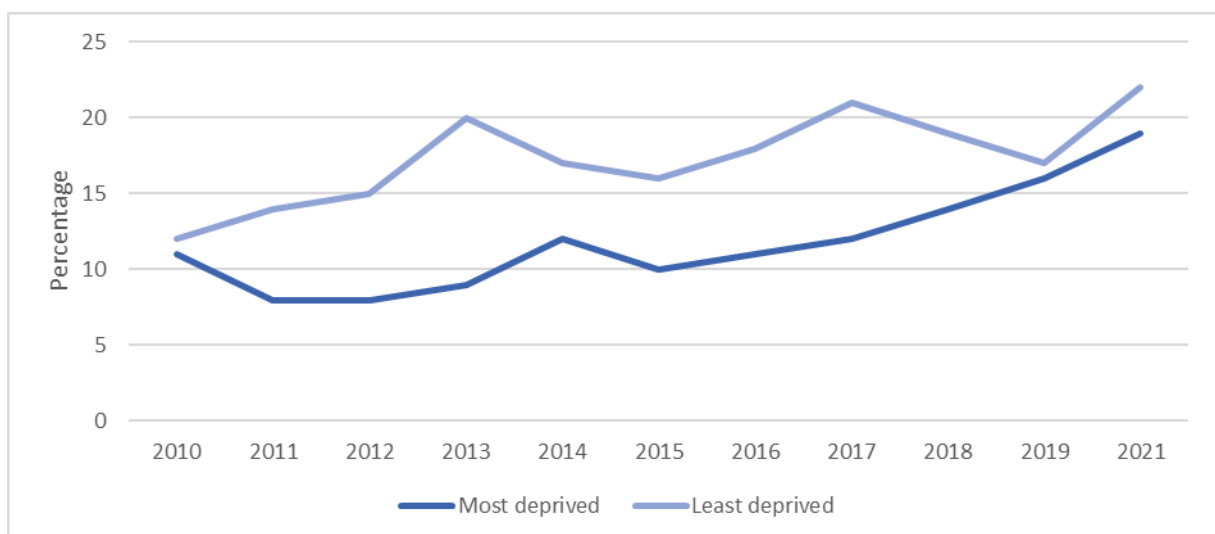


Diet

This data is only available at Scotland level.

Scotland's children are recommended to eat 5 portions of fruit or vegetables a day. The average number of fruit and vegetable portions eaten by children in Scotland has increased to 3.4, from 2.8 in 2019 (no data is available for 2020 due to disruptions in data collection during the COVID-19 pandemic). Children living in more deprived areas are less likely to eat 5 or more portions of fruit or vegetables a day⁴.

Figure 4; Percentage of children consuming 5 or more portions of fruit and vegetables eaten a day by SIMD quintile for Scotland (Scottish Health Survey)

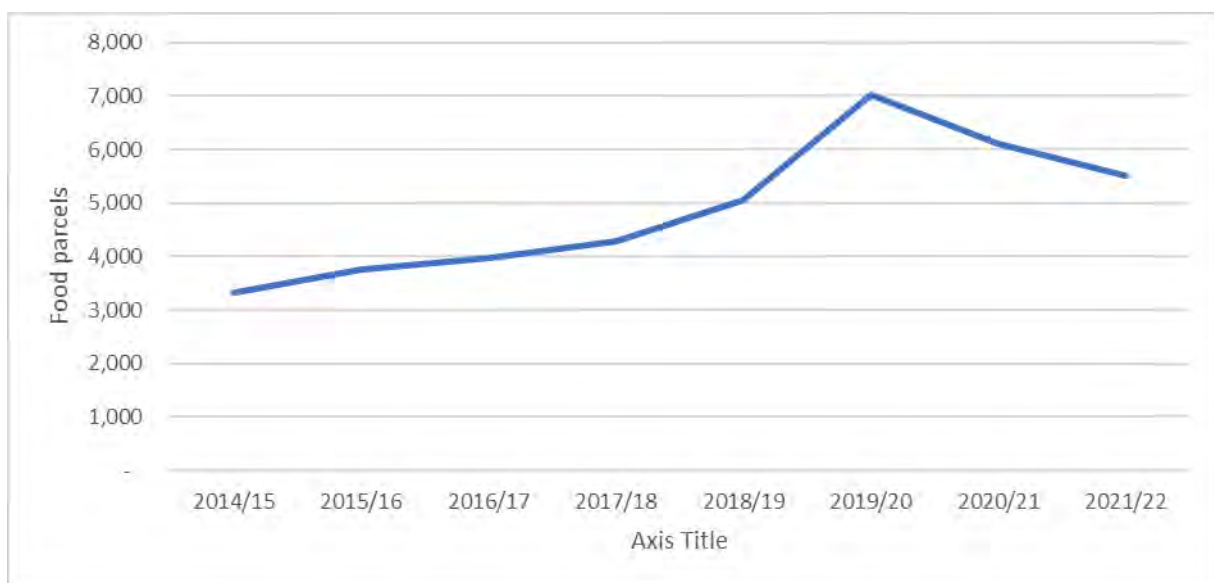


Food insecurity

In Scotland 7% of households have low food security, with 4% having very low security (2020/21). Across the UK 9% of households with children are food insecure compared to 6% of households without children⁵.

The Trussell trust published end of year statistics for foodbank use throughout the UK. The number of food parcels given out to children had been increasing year on year up to the financial year 2019/20 with 7,028 parcels given out to children in Fife. After this time the numbers have decreased, and in Fife for the financial year 2021/22 5,506 parcels were given out⁶. This trend is also seen across Scotland.

Figure 5; Number of food parcels given to children in Fife by financial year (Source: The Trussell Trust)



Technical Information

For data relating to healthy weight and obese epidemiological thresholds are used to monitor changes in the whole child population of the proportion of children who are at risk of an unhealthy weight. Figures for primary 1 are based on children with a valid height and weight record, and who's BMI is between 5% and 95% of the 1990 UK reference range for their sex and age.

SIMD quintiles are Scotland level weighted quintiles, with the appropriate SIMD release used for each year. SIMD and Health Board are derived from the child's home post code.

Food security is a measure of whether households can have an active and healthy lifestyle based on the food they have. Questions are asked based on the 30 days prior to the interview.

¹ [ScotPHO profiles \(shinyapps.io\)](https://shinyapps.io/scotpho/) (Indicator: Child healthy weight in primary 1)

² [Primary 1 Body Mass Index \(BMI\) Statistics - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](https://open.data.nhs.uk/dataset/primary-1-body-mass-index-bmi-statistics-datasets-scottish-health-and-social-care) (Table: Epidemiological BMI at deprivation at health board level)

³ [Primary 1 Body Mass Index \(BMI\) Statistics - Datasets - Scottish Health and Social Care Open Data \(nhs.scot\)](#) (Table: Epidemiological BMI at health board level)

⁴ [Scottish Health Survey \(shinyapps.io\)](#) (Indicator: Fruit and vegetable consumption (mean daily portions) children)

⁵ [Family Resources Survey - GOV.UK \(www.gov.uk\)](#)

⁶ [End of Year Stats - The Trussell Trust](#)

Smoking and Children and Young people

The last date data was published for Fife regarding smoking use in school children was the 2018 Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS)¹. This local summary presents key findings from the 2018 survey for pupils attending schools in Fife Council area. The next update will be from the 2023 Fife Young People's Health & Wellbeing Survey.

Findings from the Health & Wellbeing Census Scotland² (16 local authorities excluding Fife) on cigarette and e-cigarette use in S2 and S4 school pupils are included to give an indication of a more recent the national picture together.

Smoking prevalence in Fife

Of the 689 valid responses from 13-year-olds in Fife; 12 % had tried smoking which, 1% were occasional smokers (sometimes smoke cigarettes but less than one per week) and 2 % were regular smokers (usually smoking one or more cigarettes per week).

Of the 538 valid responses from 15-year-olds in Fife; 33% had tried smoking which is 2% more than reported for Scotland, 6% were occasional smokers (sometimes smoke cigarettes but less than one per week) and 8 % were regular smokers (usually smoking one or more cigarettes per week) which is 1% more than reported for Scotland in 2018, Figure 1

Findings from the Health & Wellbeing Census Scotland 2021/22 show smoking prevalence for both age groups dropped for occasional and regular smokers. With 0.8% of 13-year-olds and 2.4% of 15-year-olds reporting occasional use and 1.6% of 13year olds and 4.3% of 15year olds reporting regularly smoking, Table 1.

Figure 1: smoking prevalence as % of children surveyed, Fife (Source: SALSUS 2018)

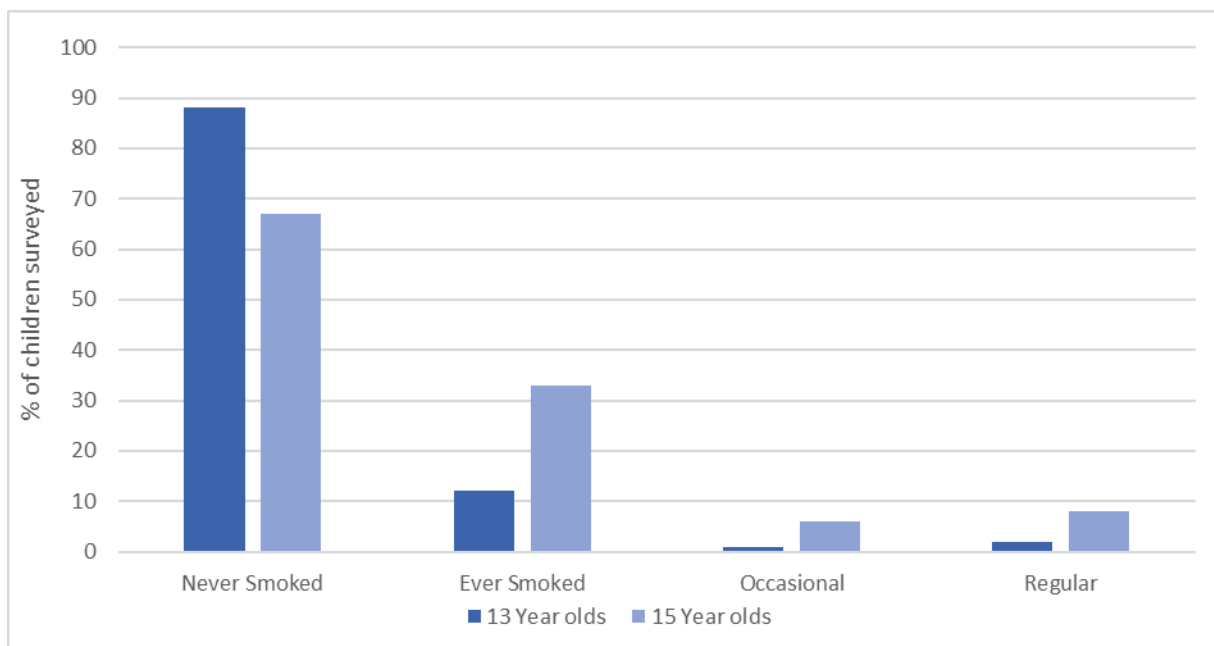


Table 1: Smoking prevalence, % in each pupil stage, Scotland (Source: HWB Census)

	S2	S4
Non-smokers	94.5%	89.4%
Occasional smokers	0.8%	2.4%
Regular smokers	1.6%	4.3%
Prefer not to say	3.1%	3.9%

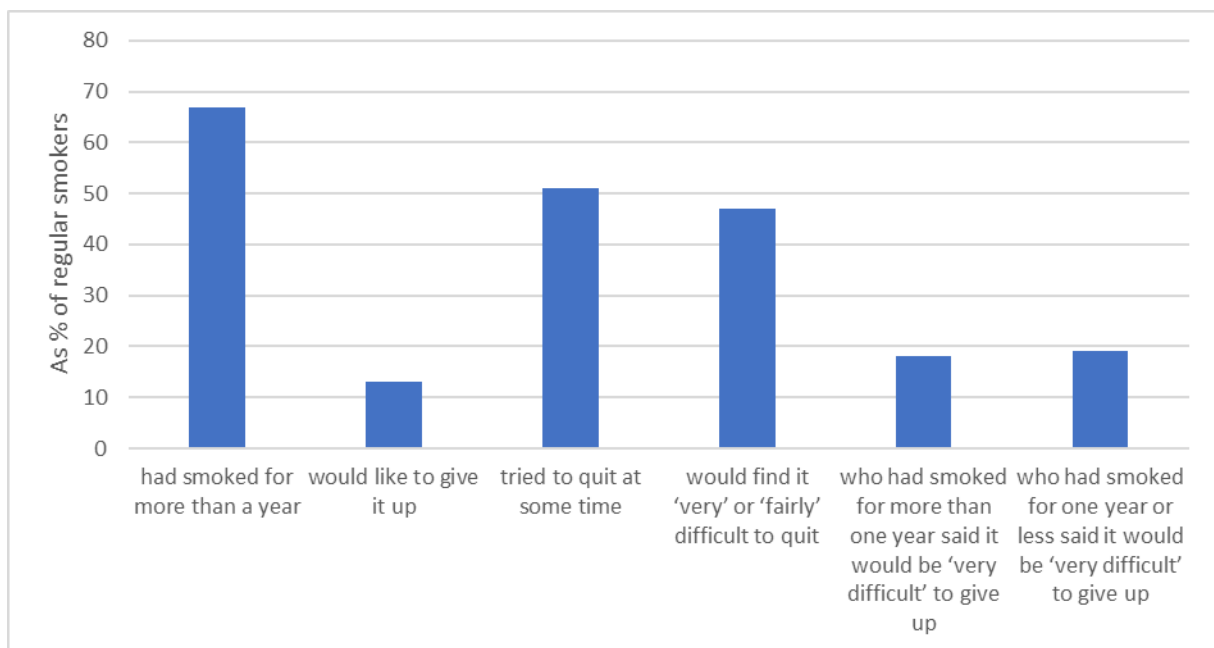
Smoking prevalence by Sex

The HWB Census reported for Scotland the split by sex for S2 and S4 pupils who regularly smoked was 2.9% male, 2.5% female and 4.8% unknown. Occasional smokers across both age groups were 1.3% male and 1.7% female.

Smoking dependence for regular smokers

Pupils who reported they were regular smokers were asked further questions on their dependence. 67% of regular smokers had smoked for more than a year which is 8% higher than reported for Scotland.

Figure 2: % of regular smoker's dependence on cigarettes (Source: SALSUS 2018)

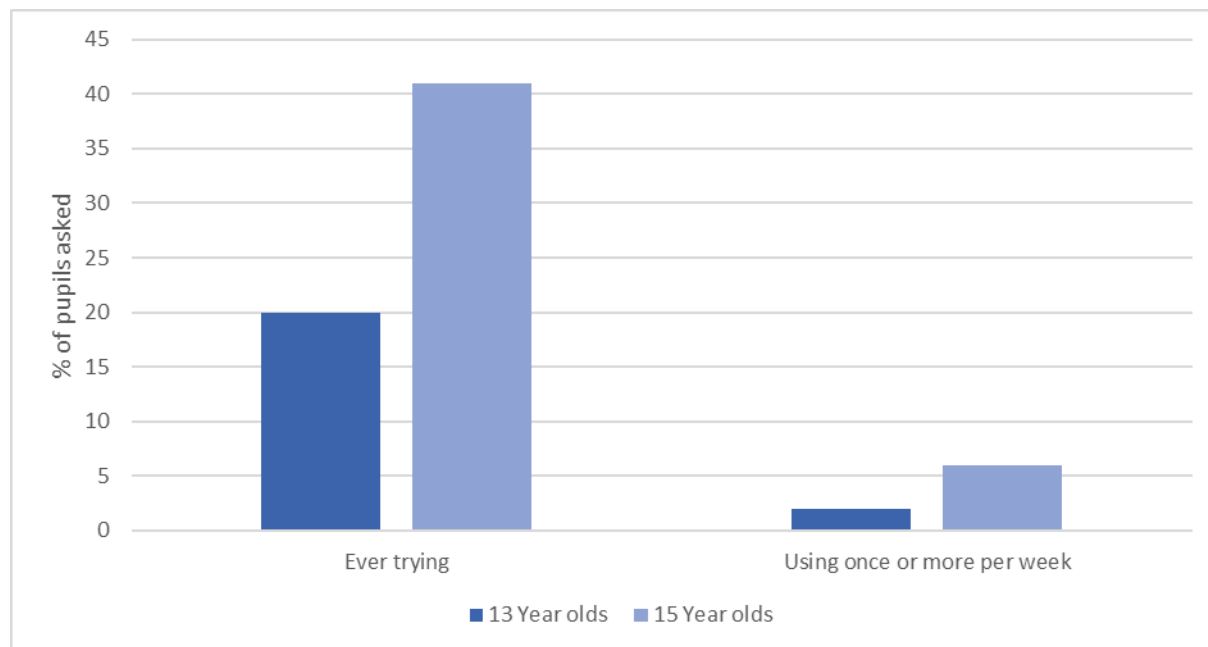


E-cigarette use

All pupils were asked about e-Cigarette use. 20% of 13-year-olds (3% more than reported for Scotland) and 41% of 15-year-olds (6% more than reported for Scotland) had reported trying e-cigarettes. 2% of 13-year-olds and 6% of 15-year-olds (2% more than Scotland) reported using e-cigarettes once or more per week, source SALSUS 2018.

The HWB Census reported for Scotland the S2 age group 6.8% of pupils using e-cigarettes at present and 4.3% were regular vapers. This increased for S4 age group with 14.8% of pupils using e-cigarettes at present and 10.1% were regular vapers.

Figure 3: E-cigarette use in 13- and 15-year olds in Fife (Source: SALSUS 2018)



Cigarette and e-cigarette use by SIMD20, Scotland

Findings from the HWB Census for Scotland indicate a higher prevalence of use for both smoking and vaping in the most deprived areas, Table 2.

Table 2: % Cigarette and e-cigarette use in 13- and 15-year-olds Scotland (Source: HWB Census)

Response	SIMD 1 (most deprived)	SIMD 2	SIMD 3	SIMD 4	SIMD 5 (least deprived)	Unknown
Regular smokers	3.2	3.4	3.1	2.5	1.5	4.2
Occasional smokers	1.3	1.7	1.6	1.6	1.3	[c]
Use of e cigarettes at present	11.3	11.0	11.1	10.2	7.7	8.4
Regular vaper	7.8	7.8	7.3	6.6	4.6	4.7

Exposure to second-hand smoke in own home, Scotland 2021

The number of Children aged 0-15 years who are exposed to second-hand smoke at home in Scotland has reduced significantly since 2012. For those reporting anyone smokes at home went from 19% in 2012 to 4% in 2021 and for those reporting children had exposure to second-hand smoke at home this reduced from 12% in 2012 to 2% in 2021.

Figure 4: Exposure to second-hand smoke in own home, Scotland 2012-2121 (Source: The Scottish Health Survey 2021)



¹ [Summary findings for Fife Council \(www.gov.scot\)](http://www.gov.scot)

² [Scottish Health Survey 2021](#)

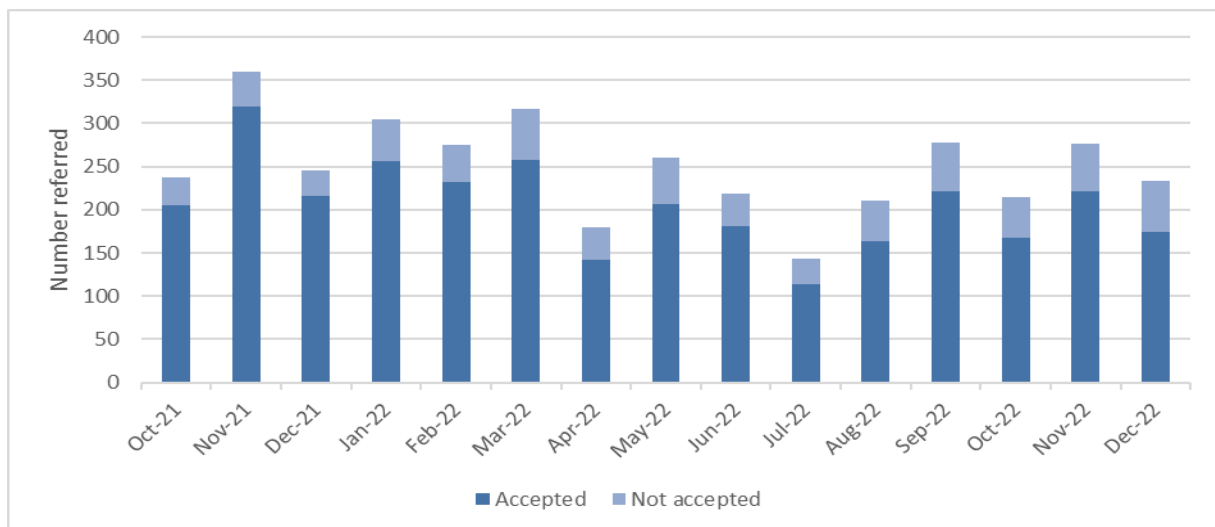
Mental Health and Wellbeing

Up to date data is limited on the wellbeing of children and young people in Fife until the results are available from the 2023 Fife Young People’s Health & Wellbeing Survey. It is anticipated that these results will be available from the Autumn.

Referrals

During 2022 2,910 children were referred to Child and Adolescent Mental Health Services (CAMHS) in NHS Fife, with 80.3% of these accepted for treatment¹.

Figure 1; Number of children referred to NHS Fife CAMHS split by those accepted and not accepted for treatment (Source: PHS Child and adolescent mental health services (CAMHS) waiting times)



Waiting times

Throughout 2022 there has been an increase in the percentage of children meeting the Scottish Governments CAMHS 18-week referral to Treatment Target (RTT), in the last quarter of 2022 there was an increase from 68.6% in the previous quarter to 92.6%¹.

Figure 2; Percentage of children in 2022 meeting the 18-week Referral to Treatment Target in NHS Fife and Scotland (Source: PHS)



¹ [Dashboard - Child and Adolescent Mental Health Services \(CAMHS\) waiting times](#)

Impact of Alcohol and Drugs

Up to date data is limited on the use of alcohol and drugs in children aged under 18 in Fife until results are available from the 2023 Fife Young People's Health & Wellbeing Survey (please see technical information section below). Prior to this the data was available from the Scottish Schools Adolescent Lifestyle and Substance Use Survey (SALSUS) which last ran in Fife in 2018.

Headline findings from the Health & Wellbeing Census Scotland (16 local authorities excluding Fife) on alcohol and drug use in S2 and S4 school pupils are included to give an indication of a more recent the national picture together with some findings from the 2018 SALSUS survey.

Fife data is published on alcohol and drug related hospital admissions in young people aged 11-25 years but is not available to be broken down by SIMD or areas within Fife. This section will include trends in these admissions compared to Scotland.

Alcohol

Alcohol Use

Findings from the SALSUS 2018 survey reported 6% of S2 and 24% of S4 pupils in Fife had drunk alcohol in the last week compared to 6% and 20% across Scotland.

More than two thirds of pupils in S2 and 41% of pupils in S4 in the Health & Wellbeing Census from other areas in Scotland reported that they did not currently drink alcohol (Table 1). In both age groups the most commonly reported frequency of drinking alcohol was 'a few times a year'. 10% of S4 pupils reported that they drank alcohol about once a week.

Table 1: Frequency of drinking alcohol; % in each pupil stage (Source: HWB Census)

	S2	S4
More than once a week	1.2	3.2
About once a week	2.3	9.6
About once a fortnight	2.6	9.7
About once a month	4.3	10.8
Only a few times a year	22.3	25.9
I never drink alcohol	67.2	40.7

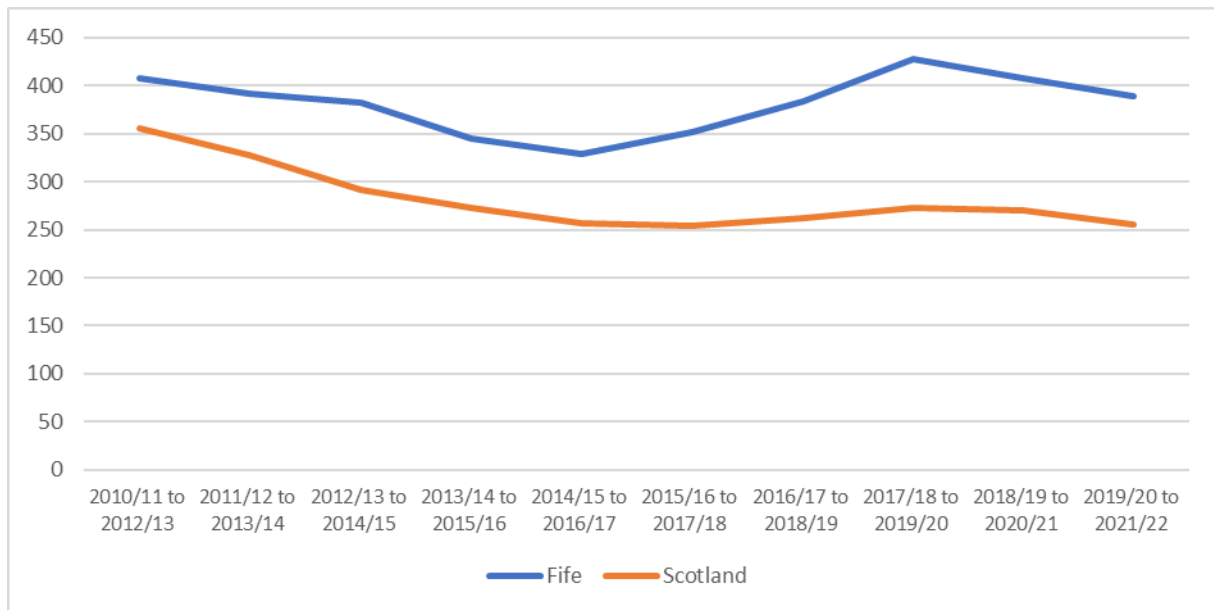
Alcohol-related hospital admissions

In the last three years there have been an annual average of 252 alcohol-related hospital admissions involving 11-25 years olds in Fife. This corresponds to a rate (age-sex standardised) of 389 per 100,000 population.

Figure 1 shows an increasing trend in rates of alcohol-related hospital admissions from 2014/15-2016/17 to 2017/18-2019/20 following a period of declining rates. Rates have fallen in the two most recent time periods but it is unclear what impact Covid-19 will have had on these figures but they are likely to be lower than would have been observed.

Fife has had consistently higher admission rates than Scotland in all time periods shown. The pattern of admissions has been similar, but Scotland did not see such a large increase in admission rates so the gap between Fife and Scotland has widened.

Figure 3: Alcohol-related hospital admissions, aged 11-25 years Fife and Scotland; three-year average age-sex standardised rate per 100,000 population 2010/11 to 2012/13 to 2019/20-2021/22 (Source PHS)



Drugs

Drug Use

In the SALSUS 2018 survey 19% of S4 pupils in Fife reported they had ‘ever’ used drugs compared to 21% across Scotland.

10% of pupils in S4 reported in the Health & Wellbeing Census that they had ‘ever taken illegal drugs, drugs formerly known as legal highs, solvents or prescription drugs that were not prescribed to you’. Of those pupils who reported ‘ever’ drug use, 17% reported that they took drugs ‘once or twice a month’ and 19% reported taking drugs ‘at least once a week or more’. The most reported type of drug used was cannabis which had been taken by 95% of the pupils who reported ‘ever drug use’.

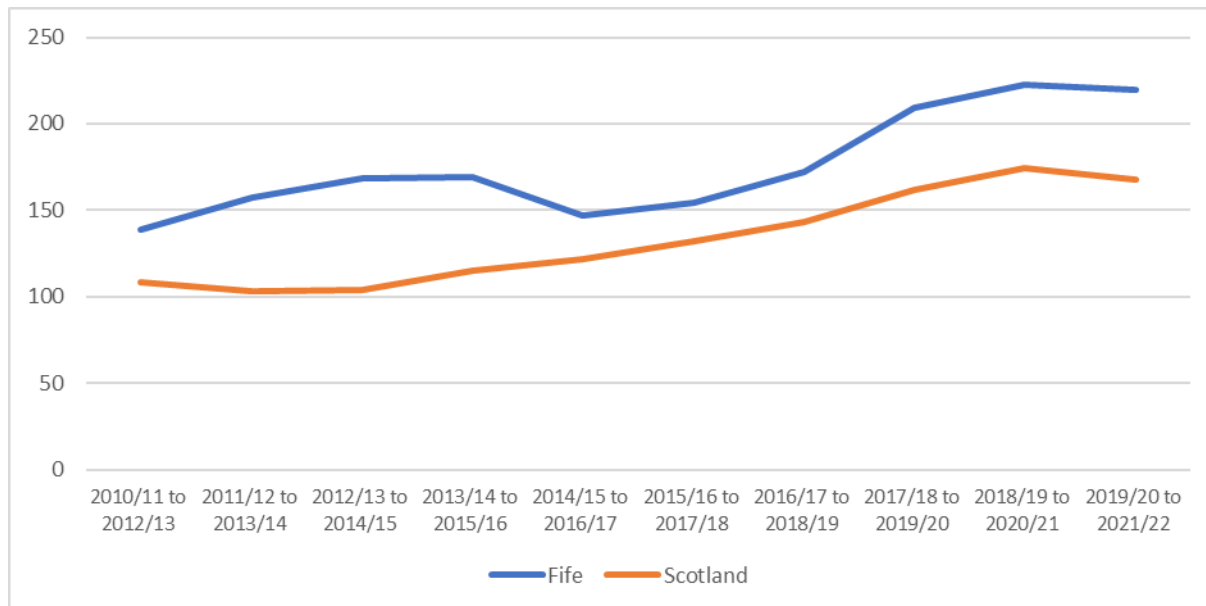
Drug-Related Hospital Admissions

In the last three years there have been an annual average of 144 alcohol-related hospital admissions involving 11-25 years olds in Fife. This corresponds to a rate (standardised) of 219 per 100,000 population which was higher than the Scottish rate of 168. Fife has had consistently higher admission rates than Scotland in all time periods shown.

Both Fife and Scotland show a trend of year on year increasing average rates of drug-related hospital admissions, from 2012/13-2015/16 in Scotland and two years later in Fife (Figure 2). Rates fell between 2018/19-2020/21 and 2019/20-2021/22 but it is unclear what

impact Covid-19 will have had on these figures but they are likely to be lower than would have been observed.

Figure 2: Drug-related hospital admissions, aged 11-25 years Fife and Scotland; Three-year average age-sex standardised rate per 100,000 population 2010/11 to 2012/13 to 2019/20-2021/22 (Source: PHS)



Technical information

Between 2002 and 2018 the SALSUS survey was the main source of substance use data in young people in S2 and S4 in Scotland¹. Questions on alcohol and drug use are now included in the new Health and Wellbeing Census which was given to S2 and S4 pupils in 16 local authorities (not Fife) across Scotland in 2020-2021². Data on these topics for Fife will be available from the Fife Young People’s Health and Wellbeing Survey by Autumn 2023.

Hospital admissions that are alcohol or drug related, defined as admissions with an alcohol or drug related code in any diagnostic position, are published annually on ScotPHO at health board level for 11-25 year olds but not for other age groups³. Public Health Scotland publish Scotland level admission rates for under 15s and 15-24 age group⁴.

¹ <https://www.gov.scot/collections/scottish-schools-adolescent-lifestyle-and-substance-use-survey-salsus/>

² <https://www.gov.scot/publications/health-and-wellbeing-census-scotland-2021-22/>

³ <https://www.scotpho.org.uk/comparative-health/profiles/online-profiles-tool/>

⁴ <https://publichealthscotland.scot/publications/alcohol-related-hospital-statistics/alcohol-related-hospital-statistics-scotland-financial-year-2021-to-2022/>

<https://www.publichealthscotland.scot/publications/drug-related-hospital-statistics/drug-related-hospital-statistics-scotland-2021-to-2022/summary/>

Sexual Health

Data is limited on the of sexual health and wellbeing in children aged under 18 in Fife and across Scotland (see technical information below). This section will provide an overview of teenage pregnancy in under 18s and under 16s in Fife presenting numbers and rates over time and how these differ by deprivation and compare to Scotland and other Health Board areas. Teenage pregnancy data counts the number of conceptions in individuals aged under 20 years of age and includes live births, still births and notifications legal abortions.¹ In the absence of Fife data this section will also contain a national overview of rates of sexually transmitted infections.

Teenage Pregnancy

In 2020 there were 95 teenage pregnancies in under 18s and 12 in under 16s in Fife. There has been a significant fall in the number of teenage pregnancies in both age groups in the last 10 years (Table 1).

Table 1: Teenage pregnancies by age group; Fife 2011 to 2020 (Source: PHS)

	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Under 16s	41	41	26	26	24	27	22	19	23	12
Under 18s	236	216	201	147	149	127	145	129	118	95

Fife compared to Scotland and other Health Boards

Teenage pregnancy rates in both age groups in Fife and Scotland are currently at their lowest levels since reporting began in 1994. In the last 10 years rates in Fife have fallen by 55% in the under 18s and by 70% in under 16s. Reductions of 58% and 65% were seen nationally.

Among under 18s rates in Fife remain significantly higher than Scottish average, 16.6 per 1000 population compared to 12.8. Among under 16s rates in Fife were the same as those in Scotland in 2020 at 2 per 1000 population (Figure 1).

Figure 2 shows that in 2020 under 18 teenage pregnancy rates in Fife were the second highest of mainland health boards. Data is not available for all Health Boards for rates of pregnancy in the under 16s so figures are not presented.

Figure 1: Teenage pregnancy rates by age group; Fife and Scotland 2011-2020 (Source PHS)

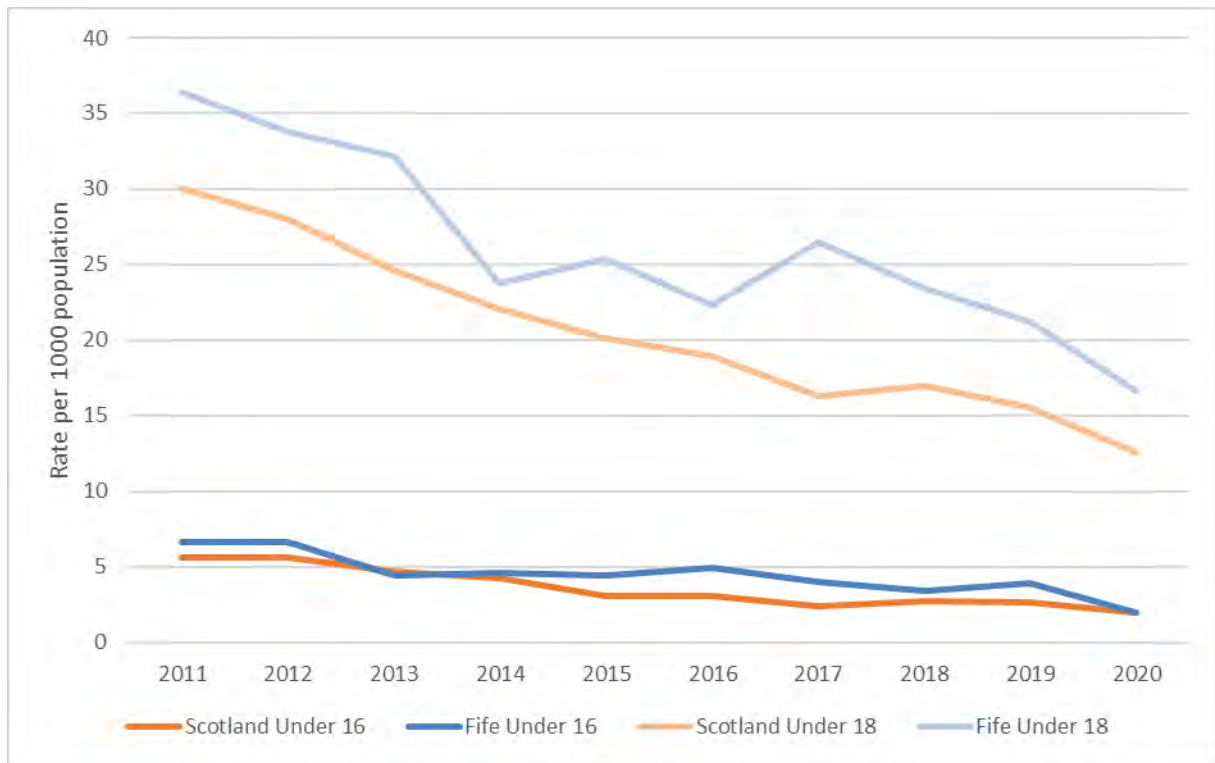
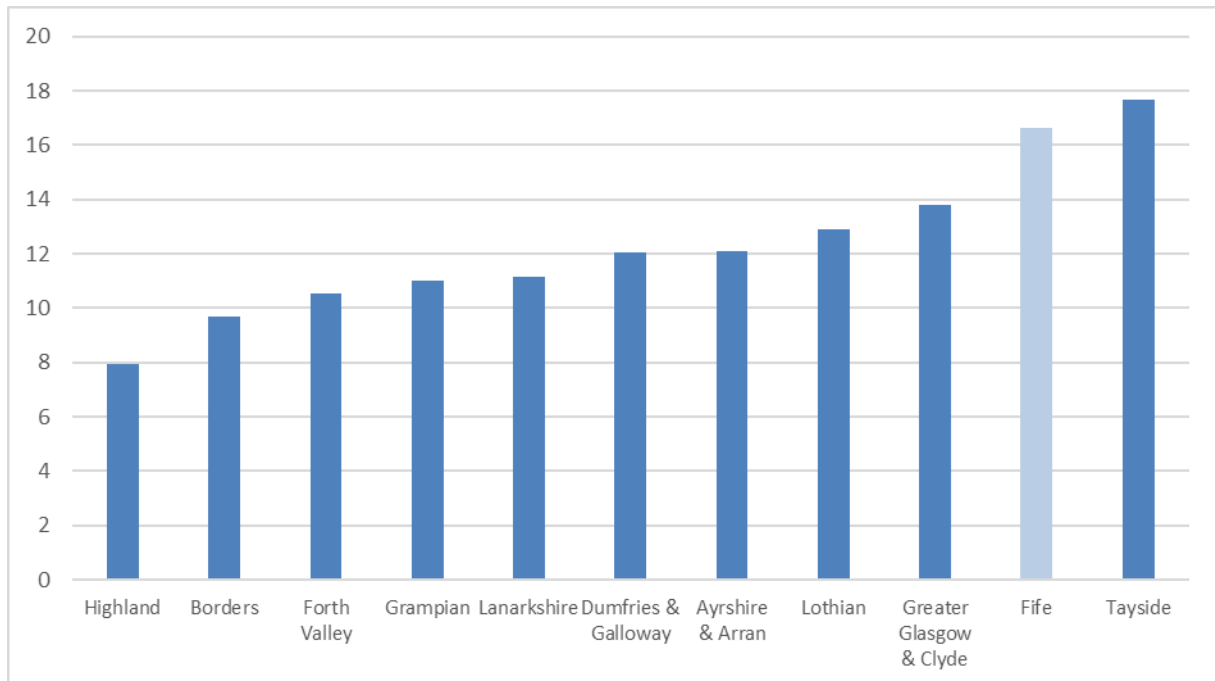


Figure 2: Teenage pregnancy rates in under 18s by Health Board (Source:PHS)

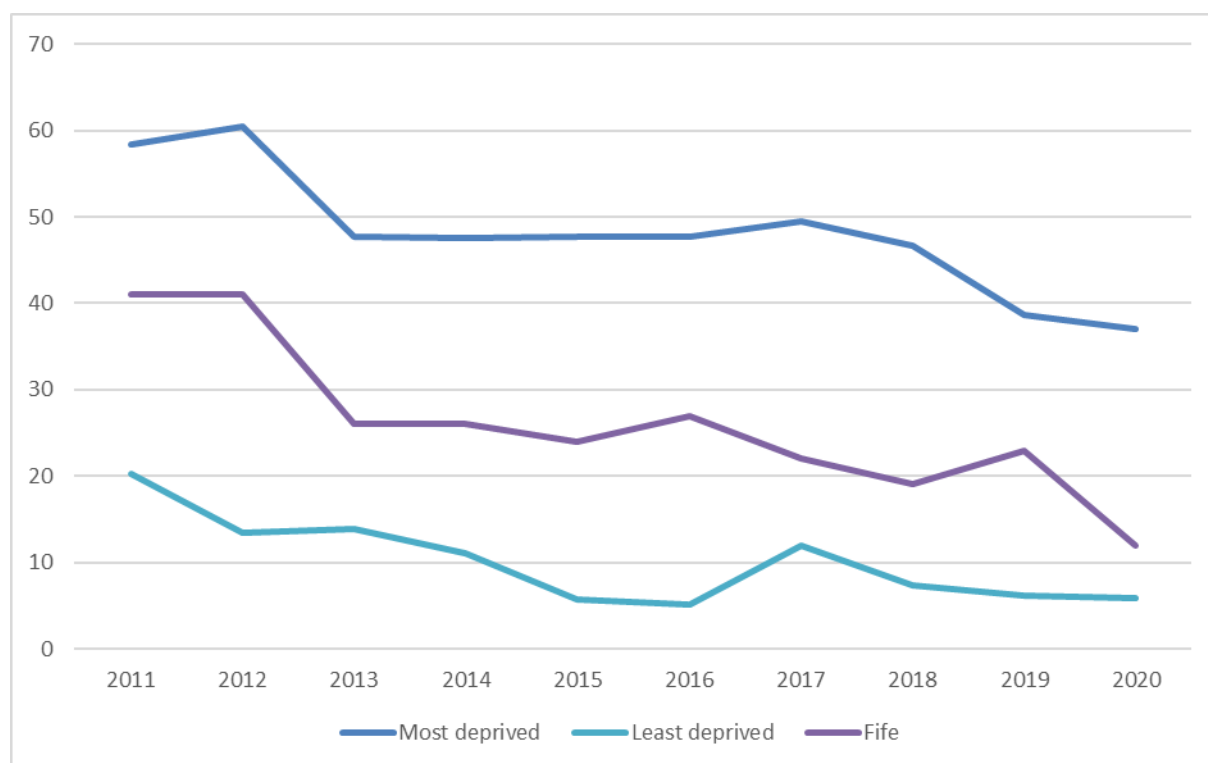


Deprivation

Areas of highest deprivation (most deprived SIMD 20 quintile) had under 18 pregnancy rates more than six times higher than those in the least deprived areas in 2020, 37 per 1000 population compared to 6 (Figure 3). Across Scotland rates in the most deprived areas were five times greater than in the least deprived areas. Fife had higher rates than Scotland in both the most and least deprived areas but the largest difference was in the most deprived areas 37 per 1000 population compared to 24 per 1000 population.

In Fife rates have reduced across all levels of deprivation in the last 10 years (Figure 3). Rates have not reduced as much in the most deprived areas (-58%) compared to all other areas and in particular in the least deprived areas where rates reduced by more than 200%. As such the gap between rates in the most and least deprived areas has widened (Figure 3).

Figure 3: Teenage pregnancy rates in under 18s by SIMD20 Quintiles; 2011 to 2020 (Source: PHS)



Sexually Transmitted Infections in Under 20s in Scotland

Data has recently been published on the number of laboratory confirmed diagnoses of gonorrhoea by age group and gender across Scotland and by Health Board for all ages. This data showed that there has been an annual increase in gonorrhoea diagnoses since 2013 (with exception of 2019 and 2020 where case detection fell due to Covid-19) with the numbers recorded in 2022 the highest ever recorded, 5,641 cases across Scotland and 334 cases in Fife.³

This increase has been observed across all age groups including among the under 20s (Table 1). Among women diagnosed with gonorrhoea each year since 2013 on average 72%

were in women aged less than 25 years. This is substantially higher than the annual average among men of 39%.

In 2022, 37% and 12% of diagnoses in women and men were in individuals aged less than 20 years respectively.

Table 1: Laboratory confirmed diagnoses of gonorrhoea in persons aged under 20: Scotland 2013-2022

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Men	141	134	174	163	190	279	264	166	112	468
Women	202	173	140	184	244	355	488	278	169	671

Technical information

Public Health Scotland publish data annually on teenage pregnancies in the under 18s and under 16s and provide additional data tables which allow analysis of Health Board data by age and deprivation¹. The new Health and Wellbeing Census collected information on sexual health perceptions and behaviours from pupils in S4 to S6 in 16 local authorities². Data on similar topics will be available from the Fife Young People’s Health and Wellbeing Survey by Autumn 2022. Data on selected sexually transmitted infections is published for the under 20s in Scotland and is not currently available for the under 18s³.

¹ <https://publichealthscotland.scot/publications/teenage-pregnancies/teenage-pregnancies-year-of-conception-ending-31-december-2020/>

² <https://www.gov.scot/publications/health-and-wellbeing-census-scotland-2021-22/pages/relationships-and-sexual-health/>

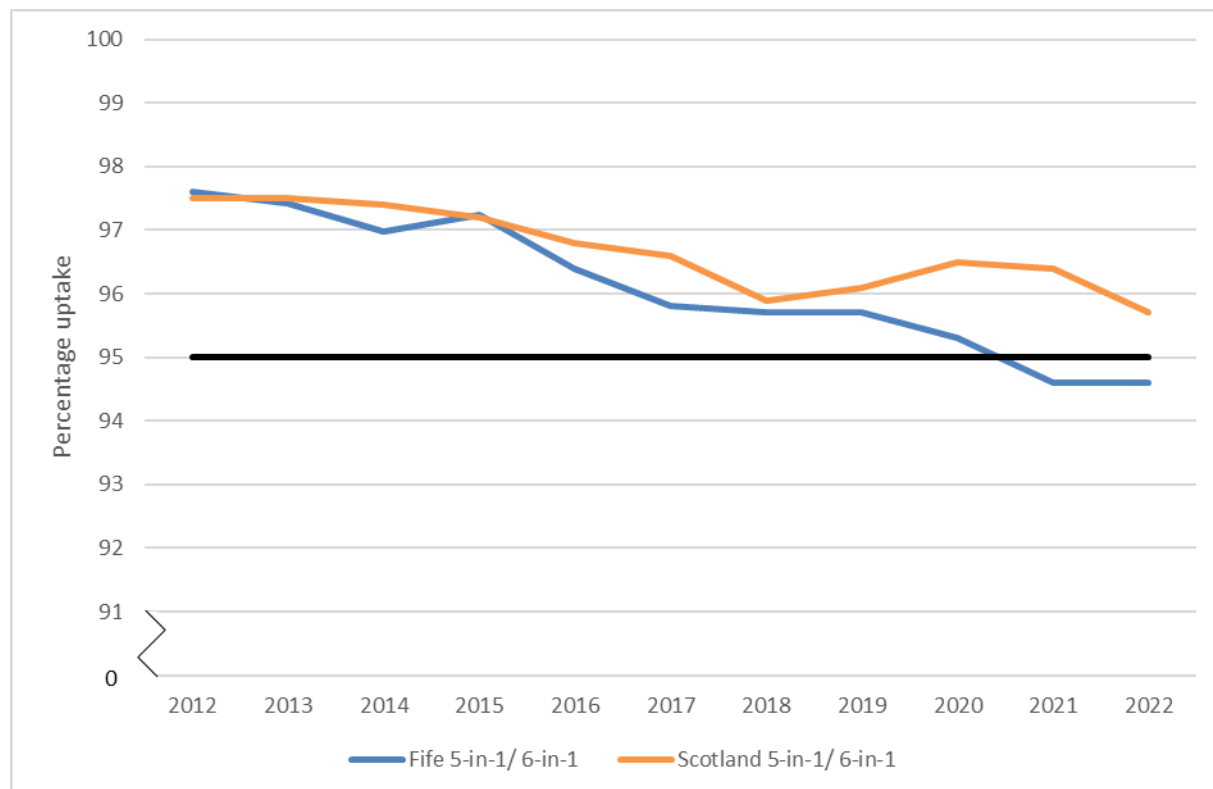
³ <https://publichealthscotland.scot/news/2023/march/gonorrhoea-infection-in-scotland-2013-2022-report/>

Immunisation

Childhood Immunisation

In 2022 uptake of the 5-in-1/6-in-1 (which protects against diphtheria, tetanus, pertussis, polio, Haemophilus influenzae type b/hepatitis B) vaccine have been in decline and is currently at the lowest uptake for 10 years at 94.2%. This is lower than the uptake seen across Scotland of 95.7%¹.

Figure 1; Uptake of the 5-in-1/6-in-1 vaccine at 12 months in Fife and Scotland (Source: PHS Childhood Immunisation Statistics Scotland)



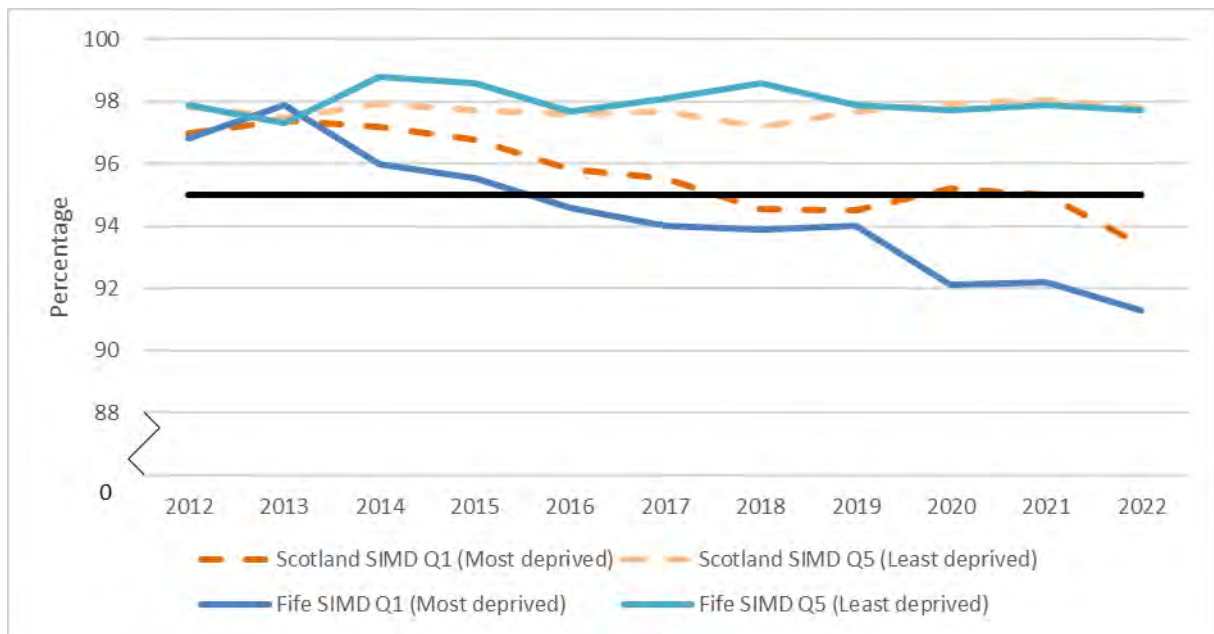
In 2022 uptake of both doses of MMR at 5 years old in Fife is 88%, this does not meet the 95% target and is lower than uptake for Scotland (90.5%). By 6 years old uptake of both doses is higher and is similar to uptake for Scotland (Table 1)¹.

Table 1: Summary of MMR uptake in Fife and Scotland 2022 (Source: PHS Childhood Immunisation Statistics Scotland)

Evaluation period 01/01/2022 – 31/12/2022	Fife	Scotland
Dose 1 MMR uptake at 24 months of age	92.9%	93.9%
Dose 1 MMR uptake at 5 years of age	95.4%	95.2%
Dose 1 MMR uptake at 6 years of age	95.6%	94.8%
Dose 2 MMR uptake at 5 years of age	88.0%	90.5%
Dose 2 MMR uptake at 6 years of age	91.3%	91.9%

A socioeconomic gradient can be seen in vaccine uptake at 12 months, with the lowest uptake in the most deprived population (quintile 1). In 2022 the WHO target is met for quintiles 3 to 5 but not quintile 1 or 2 for the 5-in-1/6-in-1 vaccine¹.

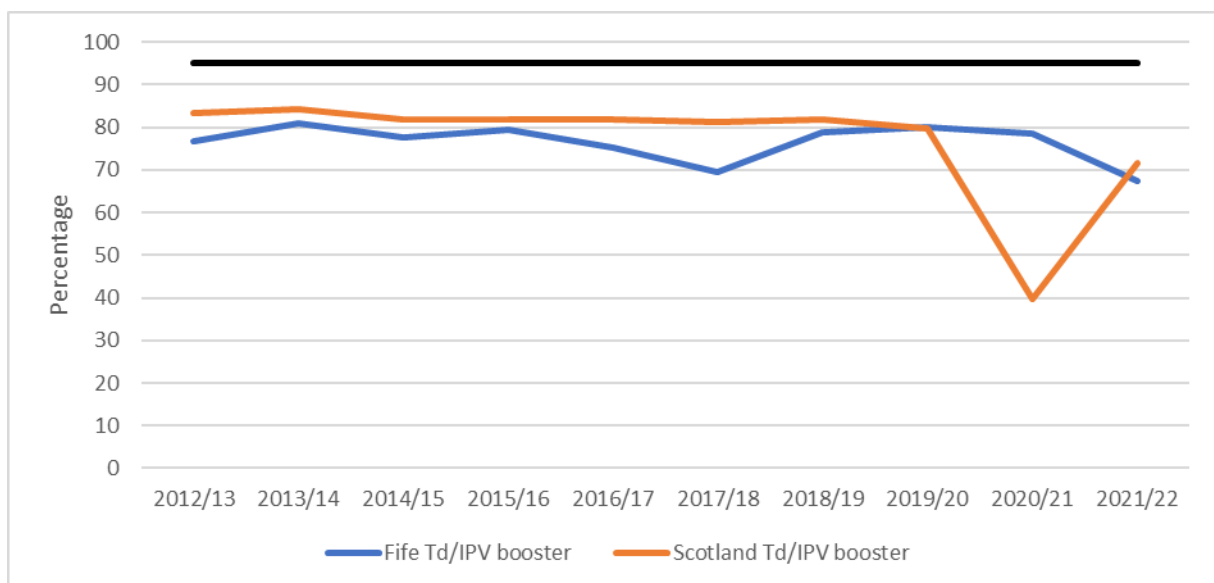
Figure 2; Percentage uptake of the 6-in-1 vaccine at 12 months by SIMD in Fife and Scotland (Source: PHS Childhood Immunisation Statistics Scotland)



Teenage Immunisations

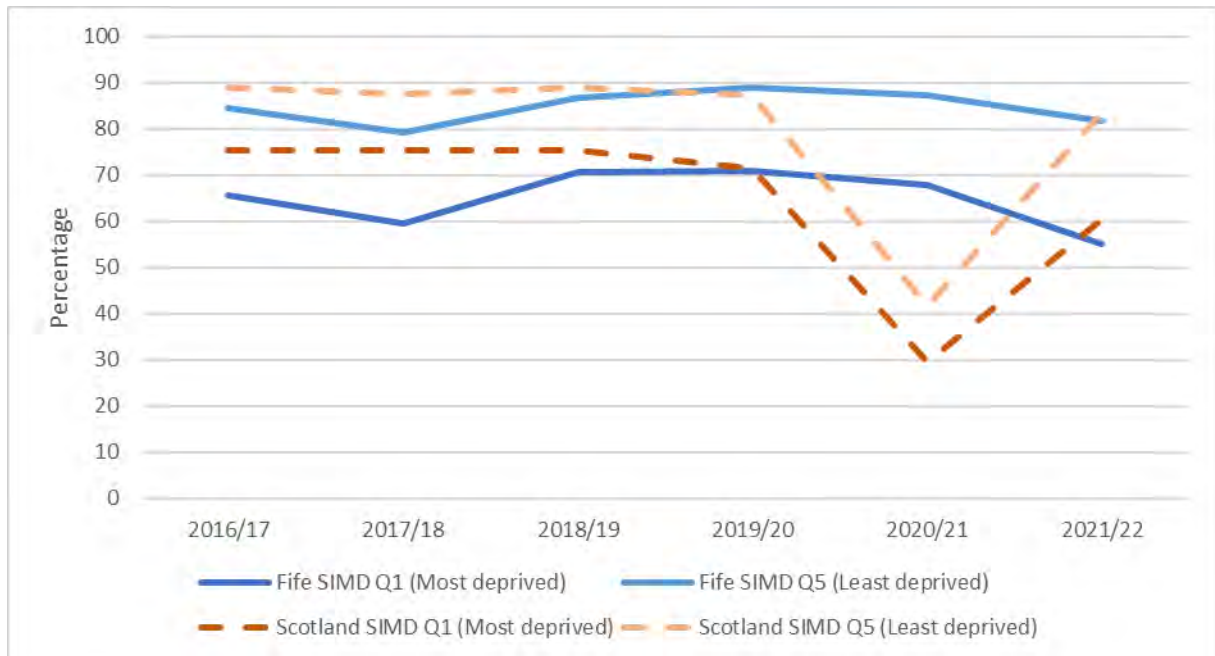
The Td/IPV (tetanus, diphtheria and polio) booster are first offered to all children in school at S3 (around 14 years old). Uptake in 2021/22 in Fife decreased to 67.3% from 78.6% in 2020/21 and is also lower than uptake for Scotland (71.6%)².

Figure 3; Percentage uptake of the Td/IPV booster at S3 in Fife and Scotland (Source: PHS Teenage booster immunisation statistics Scotland)



Lower uptake is seen in the most deprived populations with a 55.1% uptake in the most deprived populations (Q1) compared to 81.8% uptake in the least deprived (Q5). This is a trend seen across Scotland.

Figure 4; Td/IPV percentage uptake by SIMD in Fife and Scotland (Source: PHS Teenage booster immunisation statistics Scotland)



Technical Information

SIMD quintiles are Scotland level weighted quintiles, with the appropriate SIMD release used for each year. SIMD and Health Board are derived from the child's home post code.

¹ [Childhood immunisation statistics - Public Health Scotland](#)

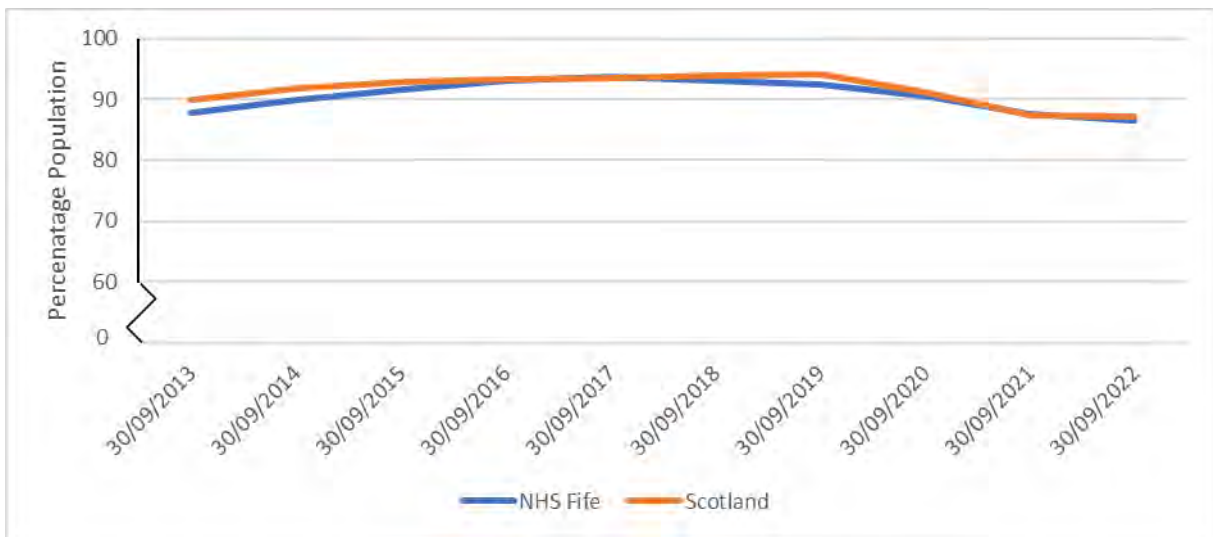
² [Teenage booster immunisation statistics - Public Health Scotland](#)

Dental

General Dental Services (GDS) registrations and participation

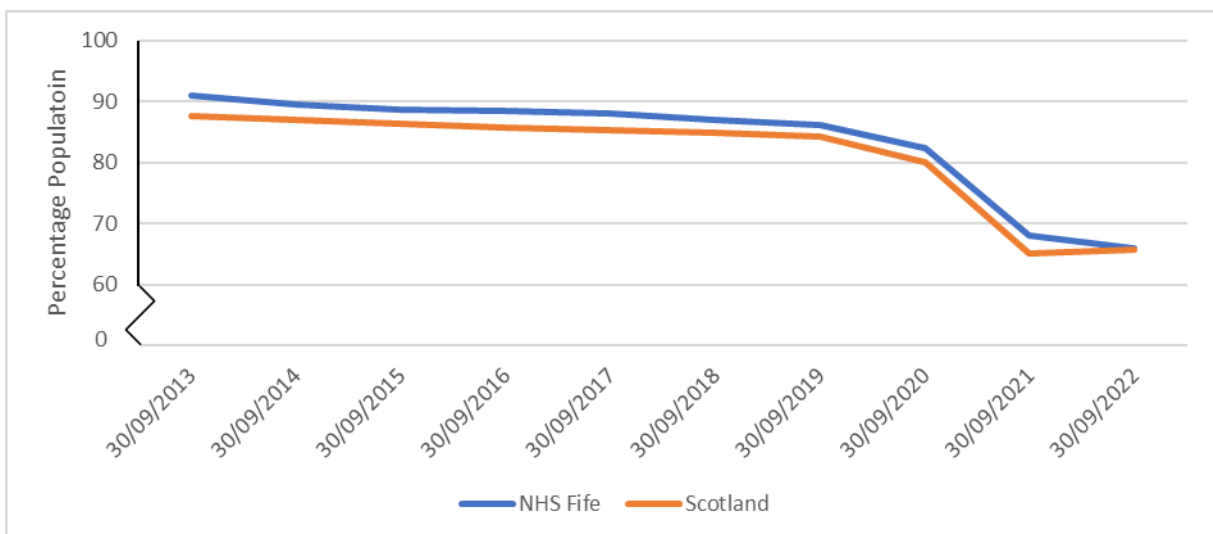
Registrations are the percentage of people registered with an NHS dentist at the date of snapshot. Participation is defined as contact with GDS for examination or treatment in the previous two years. This is restricted to patients who are registered with an NHS dentist and therefore does not include patients who only attend for occasional or emergency treatment. NHS Fife tracks closely to Scotland in terms of registrations with both seeing a decrease over the last few years (Figure 1)¹.

Figure 1: GDS % Population Registrations Children NHS Fife vs Scotland Annual Snapshots



In terms of participation, NHS Fife has generally been slightly higher than Scotland but both have decreased since 2019 (Figure 2)².

Figure 2: GDS % Population Participation Children NHS Fife vs Scotland Annual Snapshots



Differences are seen within NHS Fife with the most deprived quintiles being lower for both registrations³ and participation⁴ over the past ten years (Figures 3 and 4), the gap between most and least deprived widening in both over the last few years.

Figure 3: GDS % Population Registrations Children NHS Fife SIMD quintiles

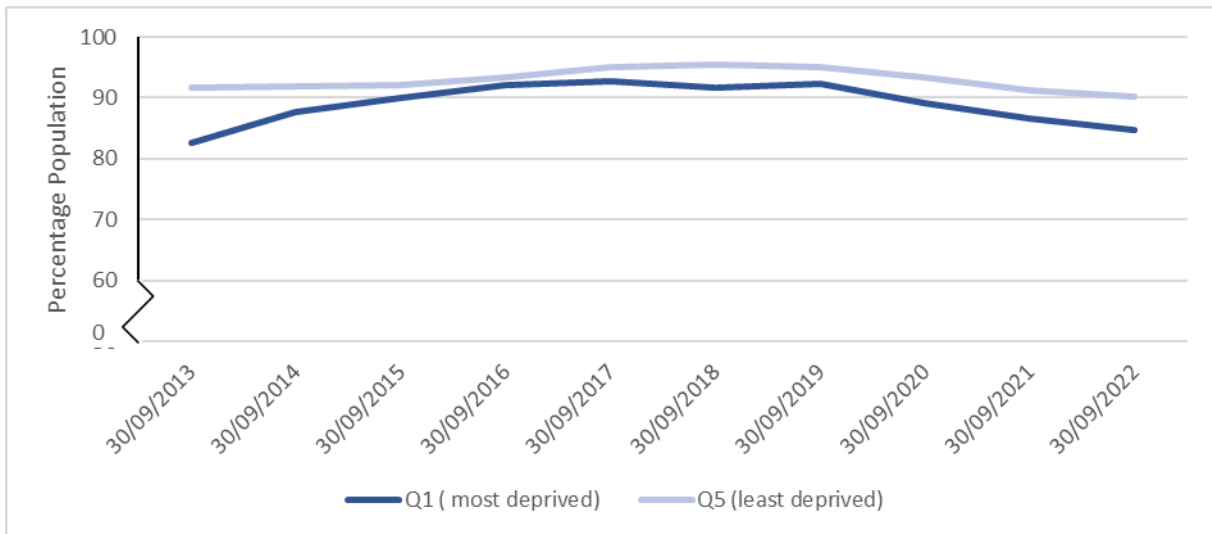
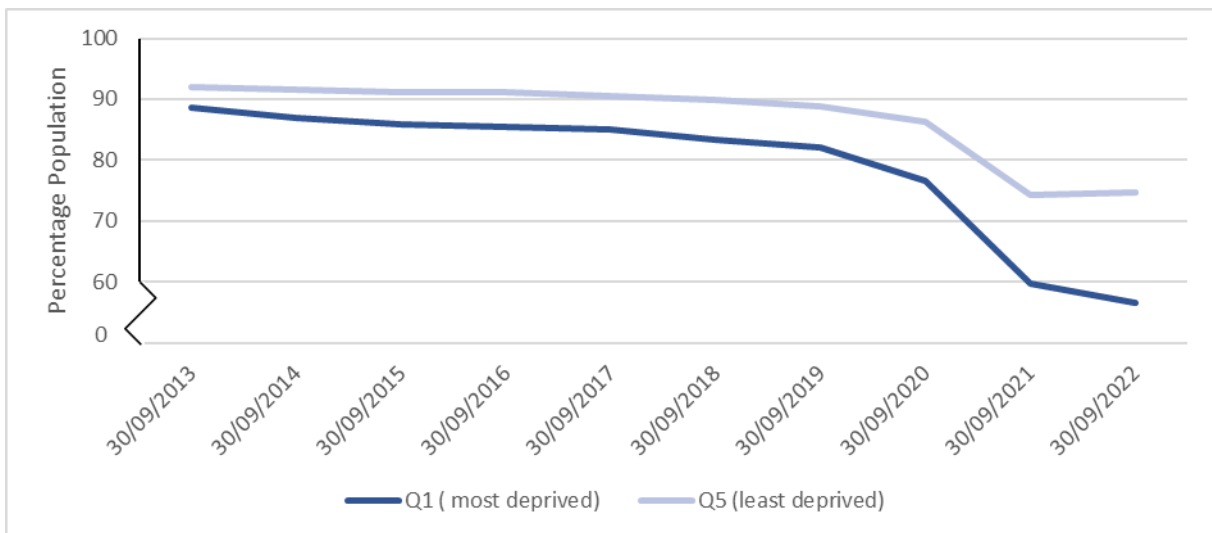


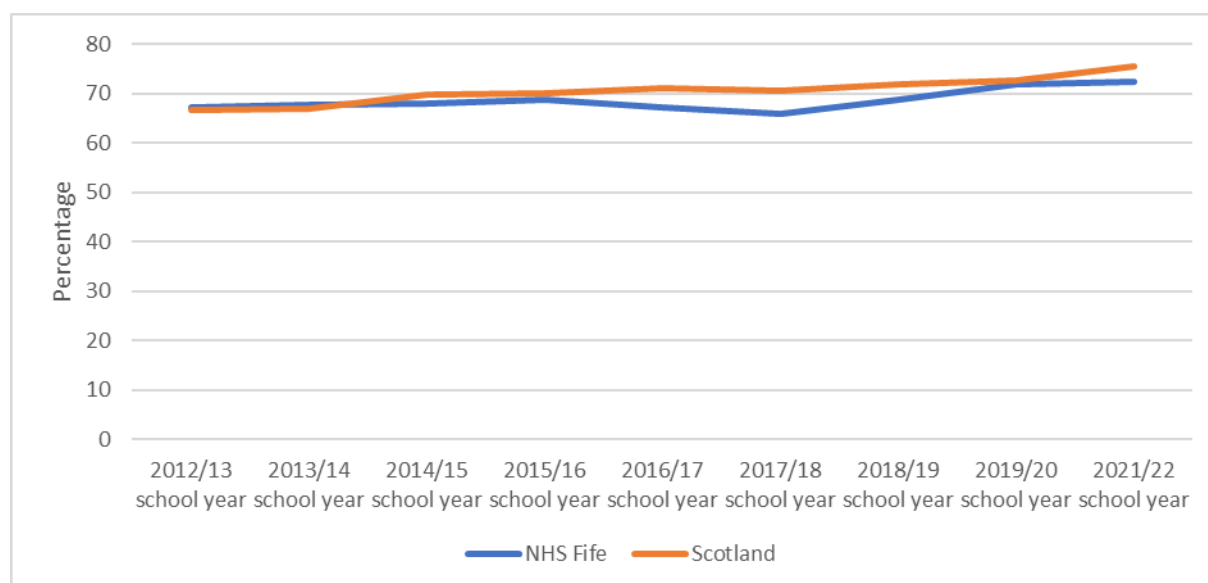
Figure 4: GDS % Population Participation Children Annual Snapshots SIMD quintiles



National Dental Inspection Programme (NDIP⁵)

The percentage of P1 children in Scotland with no obvious decay experience, children receiving a letter 'C' (no obvious decay experience but should continue to see the family dentist on a regular basis) at basic inspection has increased over time (Figure 5) for both NHS Fife and Scotland overall⁶. Note that there is a gap in the trend due to data collection of this indicator being affected by the COVID-19 pandemic.

Figure 5: Percentage of P1 children with no obvious decay experience (letter 'C') at basic inspection (Source ScotPHO).



Technical information

The data on registration and participation is extracted annually by PHS from the Management Information and Dental Accounting System (MIDAS) with two snapshots per year – end March and end September. This summary uses the annual snapshot from the end of September each year shown. Data for September 2022 is provisional. The number of people registered with an NHS dentist will change daily. SIMD quintiles used are Scotland-level population weighted quintiles. Children are defined as individuals aged <18 at the date of snapshot. Boards are defined by postcode. Population figures use the NRS estimated populations based on the 2011 census. See the Definitions tabs of tables 1-4 in the references for more details.

In April 2010, non-time-limited registration for patients was introduced. This “life-long” registration is designed to allow children and adults to stay registered with a dentist for life. The continuous, practitioner-patient relationship this change introduces is consistent with arrangements elsewhere in primary care, such as general medical services; it aims to promote a more stable relationship between dentist and patient to improve attendance and enable long-term monitoring and management of oral health.

Please note that registration itself does not tell the whole story; it is one of a number of markers that indicate accessibility of general dental services to the population. Participation, as used by the NHS Information Services Division, is a measure of patient attendance at an NHS general dental practice for registration or treatment or other form of contact within the last 2 years. Participation rates are a further indicator of the care that patients are accessing.

¹ https://publichealthscotland.scot/media/11624/table_1_registrations_trend.xlsx

² https://publichealthscotland.scot/media/11625/table_2_simd_reg_trend.xlsx

³ https://publichealthscotland.scot/media/11273/table_3_part_trend.xlsx

⁴ https://publichealthscotland.scot/media/11626/table_4_simd_part_trend.xlsx

⁵ <https://www.publichealthscotland.scot/media/15799/ndip-2022-tables-and-charts.xlsx>

⁶ [ScotPHO profiles \(shinyapps.io\)](#) Indicator: child dental health in primary 1 (extracted 10/05/2023)

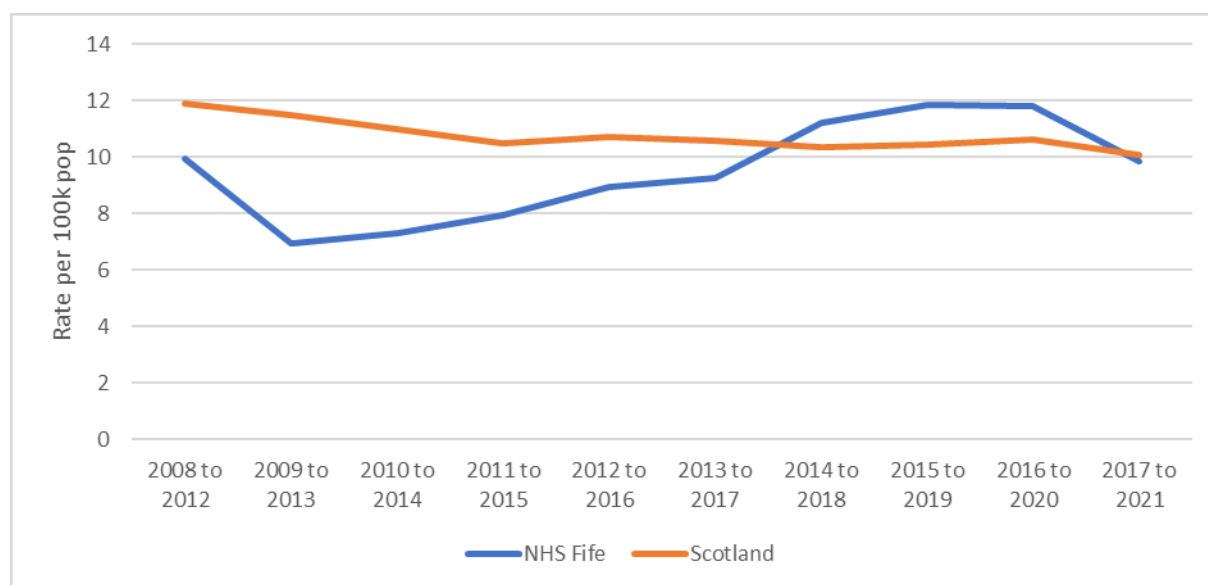
Child deaths reviews

At present data specifically on deaths of children aged 0-18 is not available at national or health board level. NRS deaths registration data indicates that between 2012 and 2021 an average of 29 persons aged 0-19 years died each year in Fife¹.

Deaths of children aged 1-15 years

Figure 1 shows the trend of deaths in children aged 1-15 years as rate per population with NHS Fife compared to Scotland².

Figure 1: Deaths aged of children aged 1-15 years, crude rate per 100,000 population five year rolling average, NHS Fife and Scotland (Source; ScotPHO)



Leading causes of death in under 19s

NRS publish leading causes of death in persons aged 0-4 years and 15-19 years for Scotland. Table 1 shows the top five of these for each age group in 2021³. NRS publish information on how causes of death are coded on death certificates and the deaths data in general⁴.

Table 1: Leading causes of death Scotland 2021 age groups 0-4 and 5-19 years

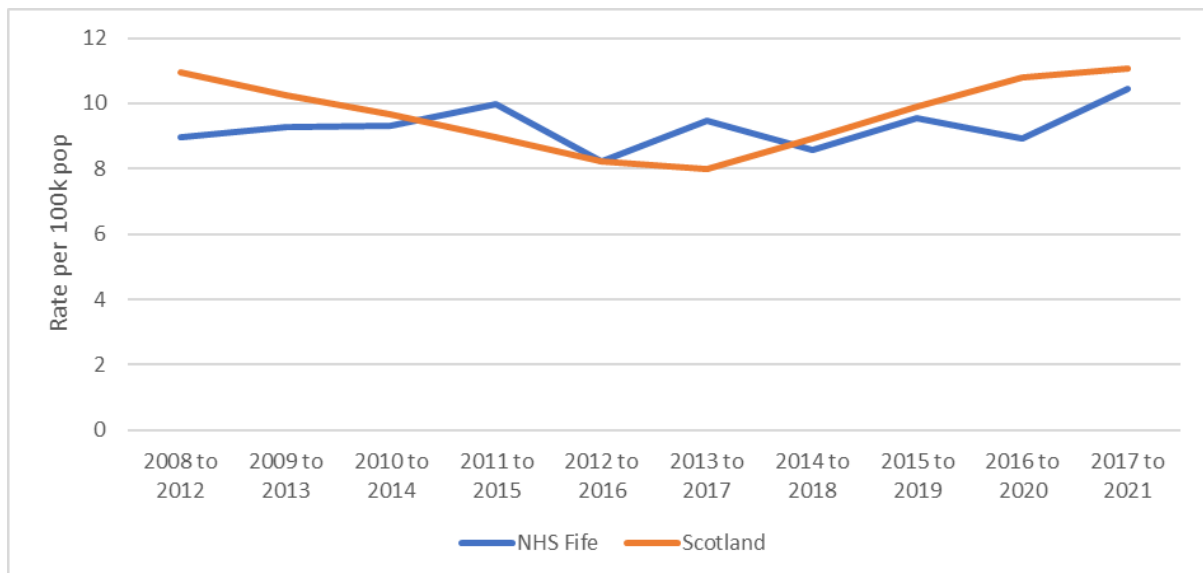
Age group	ICD-10 codes	Leading Causes	Percentage of deaths
0-4 years	P00-P96	Certain conditions originating in the perinatal period	53.7%
	Q00-Q99	Congenital malformations, deformations and chromosomal abnormalities	23.8%
	R00-R99	Symptoms, signs and ill-defined conditions	8.4%
	W75-W84	Accidental threats to breathing	2.3%
	A39, A87, G00-G03	Meningitis and meningococcal infection	1.4%

5-19 years	X60-X84, Y10-Y34	Suicide and injury/poisoning of undetermined intent	19.1%
	X40-X49	Accidental poisoning	11.0%
	V01-V89	Land transport accidents	9.6%
	W65-W74	Accidental drowning and submersion	5.9%
	C71	Malignant neoplasm of brain	5.1%

Deaths from suicide in young people, aged 11-25

Figure 2 shows the trend in deaths from suicide in people aged 11-25 with a slight increase seen in the most recent years for both NHS Fife and Scotland⁵.

Figure 2: Deaths from suicide in young people, aged 11-25, crude rate per 100,000 population five-year rolling average, NHS Fife and Scotland (Source: ScotPHO)



¹ <https://www.nrscotland.gov.uk/files//statistics/time-series/death-21/deaths-time-series-21-dt.8.xlsx> (Table - Fife)

² https://scotland.shinyapps.io/ScotPHO_profiles_tool/ (indicator: deaths in children aged 1-15 years)

³ <https://www.nrscotland.gov.uk/files//statistics/vital-events-ref-tables/2021/vital-events-21-ref-tabs-6.xlsx> (Table 6.15)

⁴ [Vital Events - General Background Information | National Records of Scotland \(nrscotland.gov.uk\)](https://www.nrscotland.gov.uk/vital-events-general-background-information)

⁵ https://scotland.shinyapps.io/ScotPHO_profiles_tool/ (indicator: deaths from suicide in young people, aged 11-25 years)

Meeting:	Clinical Governance Committee
Meeting date:	7 July 2023
Title:	Child Protection Annual Report 2022/23
Responsible Executive:	Lisa Cooper, Head of Service
Report Author:	Lindsay Douglas, Lead Nurse Child Protection

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe

2 Report summary

2.1 Situation

This paper provides an introduction to the Child Protection nursing and medical teams within NHS Fife/Fife HSCP. It outlines the core functions of the child protection team and provides information on child protection activity for the period 1st April 2022 to 31st March 2023. This paper is brought for information and assurance.

2.2 Background

Child protection refers to the 'processes involved in consideration, assessment and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm' (National Guidance for Child Protection in Scotland, 2021).

Health Boards have a duty to deliver high-quality, safe and effective services across all areas of Child Protection. Child protection is the responsibility of all NHS Fife and Fife Health and Social Care Partnership staff.

The oversight of the Child Protection activities is undertaken through the Child Protection Health Steering Group, which in turn reports to the Primary & Preventative Quality Matters Assurance Group and the Paediatric Division, to provide assurance.

The report details the roles of the Child Protection Team, which sits within the Children's Community Services Team. The Clinical Lead for Child Protection is a Consultant Paediatrician within the Community Paediatrics Team.

This annual report builds on previous Child Protection Team governance reports with a focus on the introduction and commitment of health services within NHS Fife/Fife H&SCP to safeguard and protect children and young people from harm.

Previous reporting periods of a calendar year resulted in difficulties in aligning to other child protection data reporting periods. This report has therefore moved to financial year consideration in alignment with other reports. There is acknowledgment that due to changes to reporting periods this will result in an initial impact to direct data comparison with previous Child Protection reports.

2.3 Assessment

The purpose of submitting the annual Child Protection report for the period 2022/2023 is to provide an introduction to the nursing and medical child protection team within Fife and will seek to promote an improved knowledge and understanding of the role of the Child Protection Team. It seeks to support assurance to the organisation that children in Fife are protected from harm and that any concerns about their welfare are identified and addressed in a timely manner. The report will support identification of areas where improvements can be made.

The report provides

- An introduction to who we provide services to
- The context of Child Protection and key drivers
- An introduction to the nursing and medical Child Protection teams
- Consideration of the Leadership, Accountability and Governance of Child Protection in Fife
- Child Protection processes
- An overview of child protection activity in NHS Fife/Fife HSCP in 2022/2023 to safeguard children and promote their welfare
- Challenges and successes throughout 2022/2023

The transformation for Child Protection in Fife and the Child Protection team as we move into 2023/2024.

2.3.1 Quality / Patient Care

The report outlines the positive and negative factors which have impacted on Child Protection services ability to support staff.

The Child Protection team have a key role to determine the quality of support in order to deliver high quality, safe, effective and child centred care.

2.3.2 Workforce

As the revised National Guidance for Child Protection in Scotland (2021) is applicable across NHS Fife and the HSCP there will be workforce implications for the child protection team and the wider organisation.

The Child Protection Team has experienced a prolonged period of staff instability, which has impacted on their capacity to deliver training, supervision and quality improvement work.

2.3.3 Financial

N/A.

2.3.4 Risk Assessment / Management

The annual report sets out the challenges faced by the organisation in relation to Child Protection, however mitigations are in place to address these.

The risk to the wider organisation in relation to the revised Child Protection guidance is being managed through the Child Protection Health Steering Group.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

An impact assessment has not been completed because it is not required for this paper.

2.3.6 Climate Emergency & Sustainability Impact

The report is produced electronically and shared via electronic mediums.

[ClimateActionPlan2020_summary.pdf \(fife.gov.uk\)](#)

2.3.7 Communication, involvement, engagement and consultation

This report has involved discussion and contribution from Lead Child Protection Paediatrician, Health Visiting Services, Family Nurse Partnership, School Nursing Services, Vulnerable in Pregnancy Midwifery Service, Wellbeing Nurse Liaison Service and NHS Fife Public Health Department.

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.

- Primary & Preventative Care quality Matters Assurance Group, 24 May 2023
- SLT (Assurance) 12 June 2023
- HSCP Quality Matters Assurance Group 16 June 2023
- EDG 22 June 2023

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Child Protection Report 2022/2023

Report Contact

Lindsay Douglas, Lead Nurse, Child Protection

Email lindsay.douglas4@nhs.scot

CHILD PROTECTION ANNUAL REPORT

2022 to 2023



Fife Health
& Social Care
Partnership



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2. Foreword

We are delighted to share the NHS Fife Child Protection Team Annual Report 2022/2023.

We are sure you will find this report both informative and interesting. It provides an understanding of the work and commitment undertaken by the NHS Fife Child Protection Team and colleagues to identify and minimise the risk of harm to our children and young people in Fife.

This year's report highlights positives, challenges, solutions and strategies associated with the changing child protection landscape. It also reflects key achievements and the breadth of work undertaken to better meet the needs of children and young people at risk of harm.

We would like to thank everyone for their continuing hard work and dedication to prioritise the care and protection of Fife's children and young people, supporting the vision for Scotland to be the best place for children to grow up.

Janette Keenan

NHS Fife Executive Director of Nursing

Executive Lead for Child Protection

Nicky Connor

Director of Fife Health & Social Care Partnership

2. Welcome

2.1 Cover Period

This report covers the period 1st April 2022 – 31st March 2023

Health Boards have a duty to deliver high quality, safe and effective services across all areas of Child Protection. This annual report builds on previous Child Protection Team governance reports with a focus on the commitment of health services within NHS Fife/ Fife Health & Social Care Partnership (FHSCP) to safeguard and protect children and young people from harm.

Child protection refers to the 'processes involved in consideration, assessment and planning of required action, together with the actions themselves, where there are concerns that a child may be at risk of harm' (National Guidance for Child Protection in Scotland, 2021).

Child protection is the responsibility of all NHS Fife and FHSCP staff.

We will consider the current influencing drivers and priorities in a changing Child Protection landscape as we move forward through the report to consider the future, our vision and transformation.

The report will provide an introduction to the nursing and medical Child Protection Team within Fife and will seek to promote an improved knowledge and understanding of the role of the Child Protection Team.

We will give focus to the service delivery of the 4 core functions of the Child Protection nursing team, performance and themes. It will consider child protection in the wider context of our Child Protection medical colleagues and wider health services as we consider the unborn baby, the pre-school child and the school age child.

The report will reflect on our leadership, accountability and governance role in terms of child safeguarding and protection practice throughout Fife.

We will consider learning and areas for improvement whilst acknowledging our successes and challenges, finally looking to transformation and future planning.

Variations in reporting periods has had an impact on direct data comparison, this report will therefore move to financial year consideration in alignment with other reports. There is acknowledgment that due to changes to reporting periods this will results in an initial impact to direct data comparison with previous Child Protection reports.

2.2 Vision & Values

Fife Children's Services Partnership's shared ambition and commitment to improving outcomes for our children, young people and families in Fife.

Our Vision

'Making Fife a place where every child and young person matters'

In line with Fife HSCP vision, mission and values:

Vision

To enable the people of Fife to live independent and healthier lives.

Mission

We will deliver this by working with individuals and communities, using our collective resource effectively. We will transform how we provide services to ensure these are safe, timely, effective, high quality and based on achieving personal outcomes.

Values

Person-focused

Integrity

Caring

Respectful

Inclusive

Empowering

Kindness

Strategic Plan for Fife

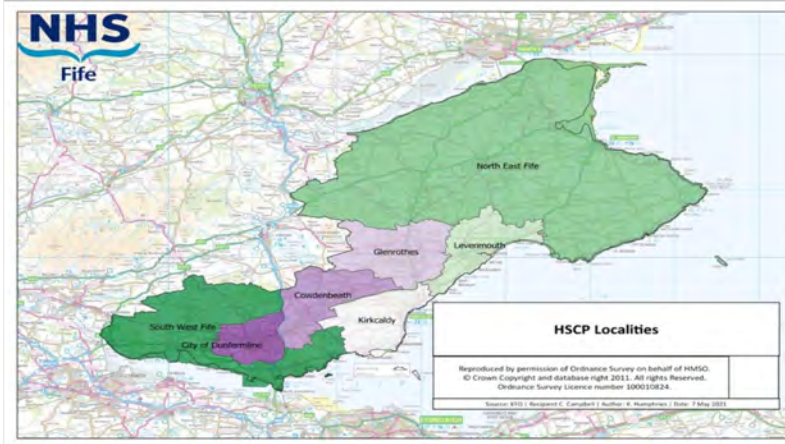
Our Values

'Compassion, Ambition, Respect, Collaboration, and Integrity'

Section 1 - Introduction:

3.1 Who Do We Provide Services To?

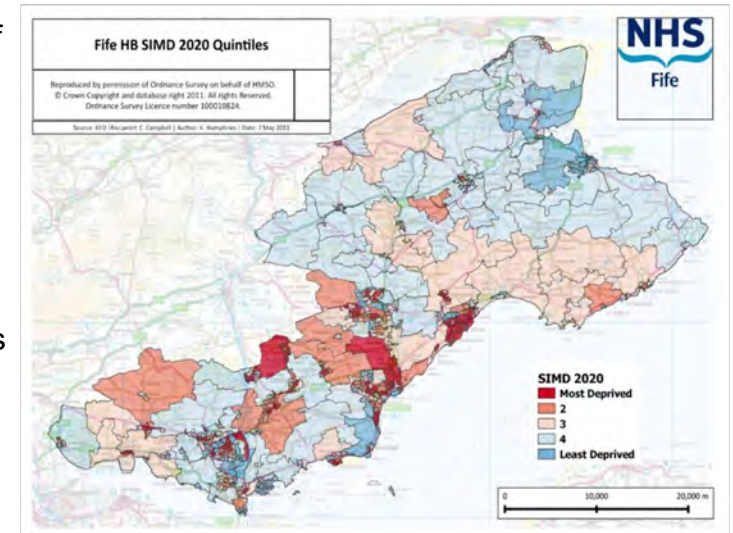
7 Localities of Fife



Deprivation Quintiles

The Scottish Index of Multiple Deprivation (SIMD) helps us to understand the extent to which parts of Fife are more or less deprived. SIMD is a relative measure of multiple deprivation and looks at the extent to which an area is deprived across seven domains; income, employment, education, health, access to services, crime and housing. The 7 domains are combined to form a rank for each of the data zones (small neighbourhoods) across Scotland, from most to least deprived.

SIMD can illustrate stark inequalities in life circumstances and across many health and wellbeing outcomes according to the level of multiple deprivation assigned to the area in which people live. Areas of multiple deprivation are distributed across Fife, and there are some geographies where deprivation is more concentrated. It is important to remember that deprivation also exists within neighbourhoods that are not identified as the 'most deprived areas', and people in these areas may experience disadvantage.



Urban/Rural

Proportion of the population living in each of the six-fold urban and rural categories.

Local Authority	Large Urban	Other Urban	Accessible Small Towns	Remote Small Towns	Accessible Rural	Remote Rural
Scotland	37.8	33.9	8.6	2.6	11.6	5.5
Fife	0	64.1	17.7	0	18.2	0

Source: <https://www.gov.scot/publications/scottish-government-urban-rural-classification-2020/pages/1/>

Population

Fife had an estimated population at 30 June 2021 of 374,730 people and an overall area of 1,325 square kilometres giving a population density of 283 people per square kilometre.

Source: NRS

Children and Young People population in Fife

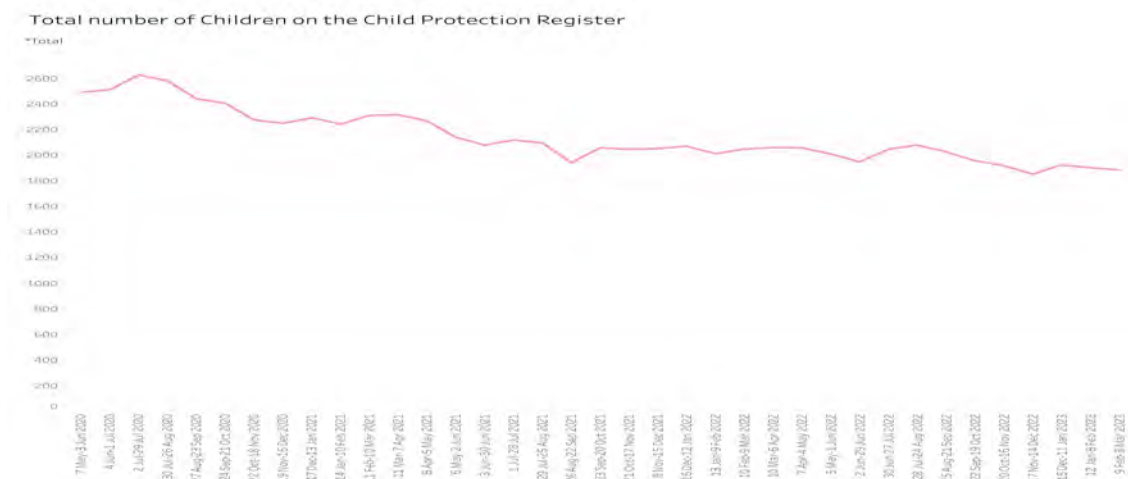
Fife Population 2021 (mid year estimate 2021)		
	Number of Children	Percentage of Population
0 to 5	21194	5.7%
6 to 11	25456	6.8%
12 to 17	25096	6.7%
12 to 18	29114	7.8%
0-18	75764	20.2%
0-17	71746	19.1%
Scotland Population 2021 (mid year estimate 2021)		
0-18	1080055	19.7%
0-17	1024981	18.7%

Children on the Child Protection Register—National Position

At the time of writing, the annual Scottish Government and SOLACE Vulnerable Children and Adults monitoring report 2022 to 2023 has not been published, however, a summary of national data for the latest 9 March 2023 to 5 April 2023 considering data from the previous 12 weeks is provided below (% changes from the previous four week period in brackets):-

- Police Scotland reported **1,254 (+5%)** child protection and **13,121 (no change)** child wellbeing concern incidents. Compared with the average over the last 12 weeks, this is **up 12%** for child protection concerns and **up 5%** for wellbeing concerns;
- Police Scotland reported **1,107 (+3%)** Inter-Agency Referral Discussions, **up 15%** on average over the last 12 weeks;
- **1,905 (+1%)** children were on the Child Protection Register, **no change** on average over the last 12 weeks;
- **293 (+16%)** children were registered to the Register, **up 29%** on average over the last 12 weeks. Of those newly registered, **45%** had domestic abuse reported as a significant factor in their registration;
- **282 (+8%)** children were de-registered from the Register, **up 27%** on average over the last 12 weeks.

National data illustrated on graph below:-

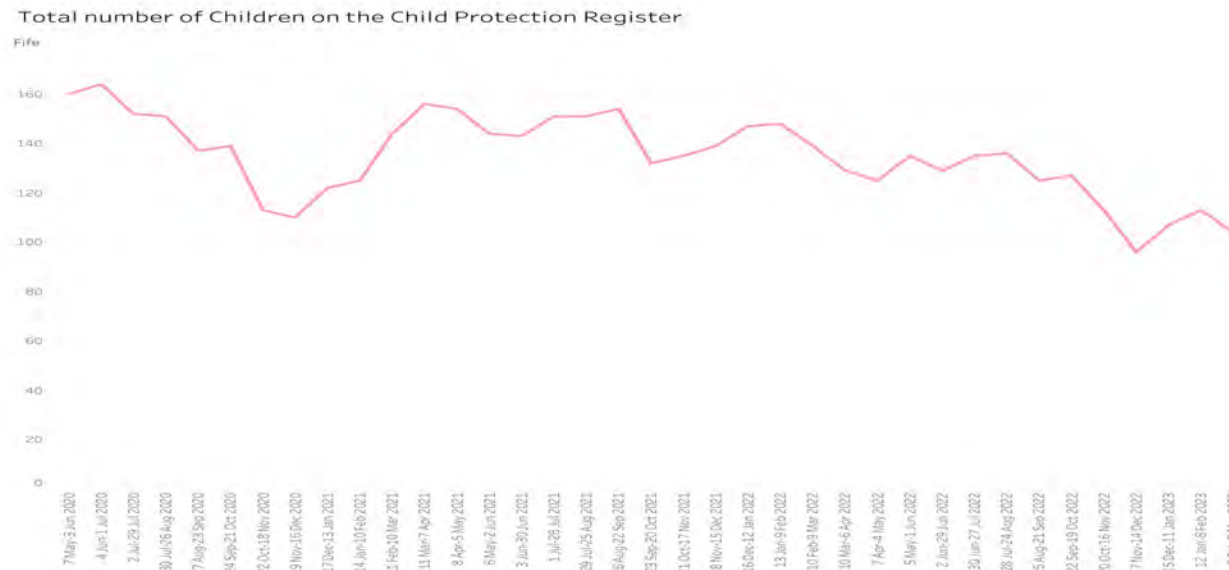


Scottish Government. (2023) [Vulnerable Children and Adult Protection Monitoring | Tableau Public](#) Accessed April 2023

- In Scotland during 2021-22, 4,058 initial and pre-birth Case Conferences were held, a rate of 4.5 per 1,000 children, 266 of these initial and pre-birth case conferences were held in Fife local authority area, a rate of 4.2 per 1,000 children;
- The total number of registrations from initial and pre-both case conferences in Fife during this time period was 240 (a rate of 3.8 per 1,000 registrations from initial and pre-birth case conferences);
- In July 2022 the rate of Child Protection Registrations in Fife was 2.1/1000 children, (relating to 136 children), demonstrating similarity to the National picture of 2.2/1000 children;
- Nationally there was a 4% decrease in the number of children on the Child Protection Register from 2021 to July 2022, with Fife noting a reduction from 2.4 to 2.2/1000 children.

<https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2021-22/pages/child-protection/> Accessed May 2023

NHS Fife data illustrated on graph below:-



Scottish Government. (2023) [Vulnerable Children and Adult Protection Monitoring | Tableau Public](#)

The undernoted table reflects a time period of 9th March 2022 to 5th April 2023

Local Authority	Child protection concern incident nominal reported by Police Scotland	Wellbeing concerns incident nominal reported by Police Scotland	Interagency Referral Discussions reported by Police Scotland	Number on Child Protection Register	Number of new registrations	Number of new registrations with domestic abuse recorded as significant factor	Number of de-registrations
Aberdeen City	57	628	28	88	7	2	18
Aberdeenshire	30	571	22	80	11	2	7
Argyll and Bute	58	315	30	53	4	3	12
Argyll and Bute	21	124	10	40	12	6	4
Clackmannanshire	10	195	5	30	7	3	4
Dumfries and Galloway	13	394	21	27	5	1	4
Dundee City	47	645	27	30	4	1	13
East Ayrshire	40	304	28	100	10	10	10
East Dunbartonshire	8	124	8	43	3	0	4
East Lothian	19	300	31	33	2	2	1
East Renfrewshire	10	89	12	4	2	0	0
Edinburgh City	78	1,075	102	102	17	4	9
Falkirk	33	482	32	69	11	0	9
Fife	65	937	74	89	7	3	28
Glasgow City	117	1,338	130	293	27	15	31
Highland	118	645	83	99	17	10	7
Inverclyde (1)	18	122	20	27	8	1	4
Midlothian	22	311	26	45	13	6	1
Moray	20	319	10	24	2	0	11
Na h-Eileanan Siar	11	31	5	5	0	0	1
North Ayrshire	42	317	29	59	12	10	17
North Lanarkshire (1)	71	798	90	78	13	4	12
Orkney Islands	10	24	11	4	1	0	0
Perth and Kinross	55	377	23	49	7	4	5
Renfrewshire	20	417	35	83	13	5	14
Scottish Borders	30	318	25	41	7	3	11
Shetland Islands	18	48	13	13	8	8	2
South Ayrshire	21	219	10	21	1	1	1
South Lanarkshire	105	690	78	92	23	16	18
Strathclyde	5	233	7	44	2	0	12
West Dunbartonshire	48	277	31	51	11	3	5
West Lothian	44	552	51	85	20	10	7
Scotland	1,254	13,121	1,107	1,905	293	133	282

Scottish Government. (2023) [Vulnerable Children and Adult Protection Monitoring | Tableau Public](#) Accessed April 2023

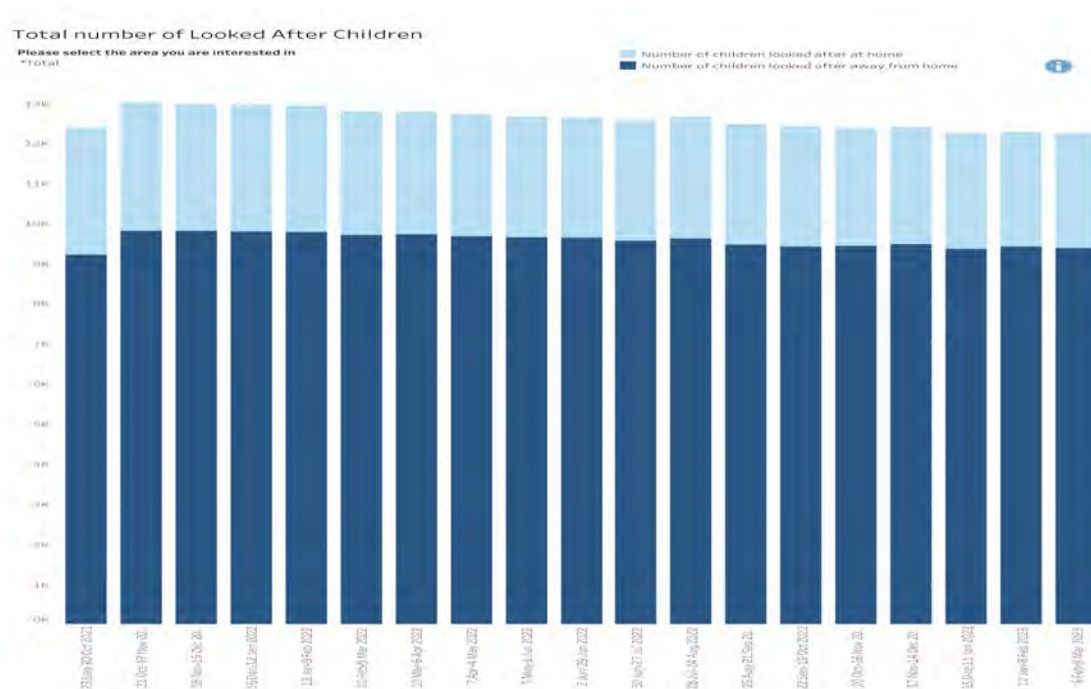
Care Experienced Community

Looked after Children and young people make up around 1.5% of children in Scotland (NRS, 2022). A summary of national data for 9 March 2023 to 5 April 2023 considering Looked after Children data from the previous 12 weeks is provided below (% changes from the previous four week period in brackets):-

- **12,270 (no change)** children and young people were looked after, **no change** from the average over the last 12 weeks. Of these, **24%** were looked after at home and **76%** away from home;
- **200 (-3%)** children and young people started to be looked after, **up 19%** on average over the last 12 weeks. Of those starting to be looked after, **41%** were looked after at home and **60%** away from home;
- **207 (-14%)** children and young people ceased to be looked after, **up 11%** on average over the last 12 weeks.

National Records of Scotland (NRS): Mid-Year Population Estimates (2022)

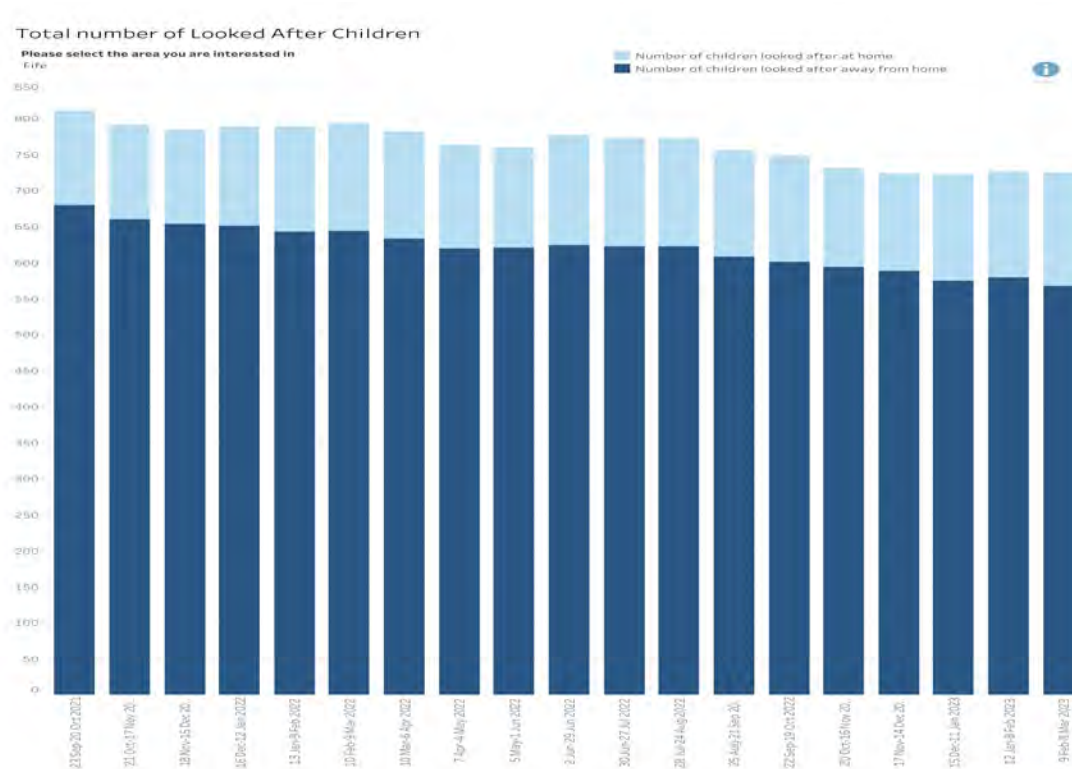
National data illustrated on graph below:-



- As of April 2023, 165 Fife children were looked after at home, the highest number over the last year.
- 578 children were looked after away from home, a decrease from the same period in April 2022 where the figures peaked at 633 children.
- 15 children started to become looked after away from home in the time period 09/03/23 – 05/04/23 with 10 children starting to become looked after at home. This is comparable to 3 and 0 respectively for the same period in the previous year.
- 11 children left care in the same period, unchanged from the previous year.

Scottish Government. (2023) [Vulnerable Children and Adult Protection Monitoring | Tableau Public](#) Accessed May 2023

NHS Fife data illustrated on graph below:-



Scottish Government. (2023) [Vulnerable Children and Adult Protection Monitoring | Tableau Public](#) Accessed April 2023

The undernoted table reflects a time period of 9th March 2022 to 5th April 2023

Scottish Government.

Local Authority	Number of children looked after at home	Number of children looked after away from home	Number of children starting to be looked after at home	Number of children starting to be looked after away from home	Number of children ceased to be looked after	Number of young people eligible for compulsory aftercare	Number of young people receiving compulsory aftercare support	Number of young people eligible for discretionary aftercare	Number of young people receiving discretionary aftercare support	Number of young people in continuing care placement
Aberdeen City	62	434	0	7	4	94	62	151	115	32
Aberdeenshire	53	305	5	1	3	61	31	311	92	13
Angus	40	196	0	0	3	43	29	151	124	12
Argyll and Bute	50	90	0	4	3	13	11	109	45	35
Clackmannanshire	44	206	4	4	8	12	12	48	47	3
Dumfries and Galloway	100	208	4	6	2	57	40	246	54	0
Dundee City	52	385	8	7	6	47	36	341	101	37
East Ayrshire (1)	105	294	0	4	9	-	71	-	109	23
East Dunbartonshire	40	109	0	5	3	15	10	63	21	24
East Lothian	52	142	2	3	2	110	61	9	7	15
East Renfrewshire	34	63	1	3	5	25	20	100	65	12
Edinburgh City	200	767	1	13	19	116	91	841	578	142
Falkirk	104	256	0	2	9	34	19	257	63	34
Fife	185	678	16	15	11	351	176	459	51	47
Glasgow City	325	1,641	12	3	31	328	225	1,953	957	77
Highland (1)	95	316	5	4	11	-	-	-	-	-
Inverclyde (2)	66	127	0	1	1	12	12	18	13	20
Midlothian	29	140	4	5	14	27	20	159	52	30
Na h-Eileanan Siar	20	19	0	2	2	6	6	12	11	1
North Ayrshire	126	285	5	4	7	76	47	286	77	58
North Lanarkshire (2)	198	509	5	5	7	108	79	458	257	69
Orkney Islands	4	30	0	0	0	9	3	25	9	3
Perth and Kinross	36	236	0	0	4	40	31	175	146	22
Renfrewshire (3)	164	448	3	0	7	199	135	168	135	37
Scottish Borders	27	165	1	2	5	35	6	150	61	23
Shetland Islands	5	20	0	5	2	5	5	19	16	5
South Ayrshire	34	153	0	2	2	173	55	140	19	11
South Lanarkshire	463	277	7	2	4	32	30	149	142	51
Stirling	45	122	0	1	0	23	10	148	75	4
West Dunbartonshire (1)	65	406	3	3	8	37	40	216	98	-
West Lothian	84	295	1	2	2	53	39	262	95	32
Scotland	2,301	3,362	81	119	207	2,319	1,500	7,548	3,664	677

(2023) [Vulnerable Children and Adult Protection Monitoring | Tableau Public](#) Accessed April 2023)

3.2 Context – Key Drivers

The work the Child Protection team undertake is underpinned by the following drivers:-

- National Guidance for Child Protection in Scotland 2019
- National Practice Model—Getting it Right for Every Child 2006
- Children Scotland Act 2020
- Children’s Rights UNCRC in Scotland
- The Promise Scotland 2021
- NHS Public Protection Accountability & Assurance Framework 2022

Commitment to these drivers links to the strategic priorities of the Partnership and is reflected in:-

- Fife HSCP Strategic Plan
 - ⇒ Local—A Fife where we will enable people and communities to thrive.
 - ⇒ Sustainable— A Fife where we will ensure services are inclusive and viable.
 - ⇒ Wellbeing—A Fife where we will support early intervention and prevention.
 - ⇒ Outcomes—A Fife where we will promote dignity, equality and independence.
 - ⇒ Integration—A Fife where we will strengthen collaboration and encourage continuous improvement.
- Fife HSCP Children’s Services priorities
 - ⇒ Delivering The Promise
 - ⇒ Supporting Wellbeing
 - ⇒ Closing the Equity Gap
 - ⇒ Promoting Children’s Rights

3.3 Meet the Team

The Child Protection Nursing Team

The Child Protection Nursing Team is a small team of specialist nurses with a Fife-wide remit to support and provide expertise, strategic leadership and quality assurance and improvement in relation to child protection.

The team's 4 core functions are:-

- Contribute to information sharing, risk assessment and decision making at daily multi-agency Inter-agency Referral Discussions (IRDs) Monday – Friday (except public holidays). IRDs consider all children and young people up to 16 years of age who may be at risk of significant harm and is a mechanism to coordinate child protection processes. An IRD also considers young people under age 18 who meet specific criteria for example where compulsory measures are in place, those who are victims of, or at significant risk of Child Sexual Exploitation (CSE), forced marriage, trafficking and Female Genital Mutilation (FGM). The Child Protection Team coordinate arrangements for Joint Paediatric Forensic Medical Examinations (JPFME) / Specialist Medicals as part of the outcome of an IRD. An extended IRD may progress with front line practitioners or a strategic IRD may progress with appropriate senior representation if required;
- Deliver child protection reflective supervision to key staff groups;
- Offer advice and support to all health staff in relation to child protection Monday to Friday 0830hrs—1700hrs
- Develop and deliver a program of child protection training, in accordance with the Revised Intercollegiate Document (2019) and the National framework for child protection learning and development in Scotland (2012).

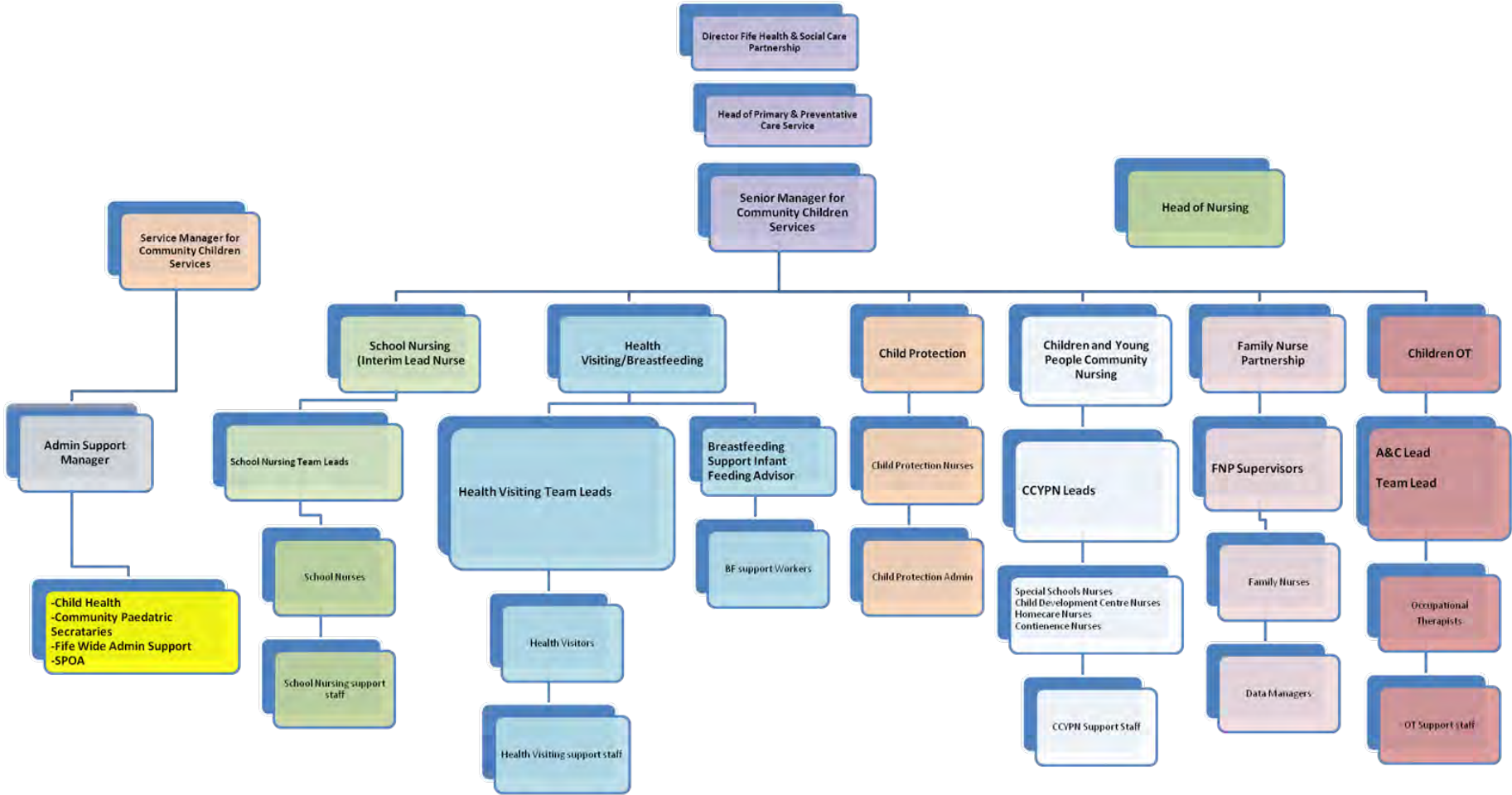
The team works collaboratively with Children's Services, partner agencies, Allied Health Professionals (AHPs), Sexual Health & Gender Based Violence (GBV), General Practitioners (GPs), relevant Community Adult Services and services within the acute sector, particularly Maternity, Paediatrics and Emergency Department (ED).

The Senior Child Protection Nurse Advisors (SCPNA) are aligned to portfolio areas to support visibility, networking and relationship building and quality improvement work.

The team consists of:-

- 1 WTE Lead Nurse Child Protection;
- 4.8 WTE Senior Child Protection Nurse Advisors;
- 1 WTE Personal Assistant;
- 1 WTE secretary.

Children's Services Organisational Structure



The Child Protection team is currently expanding with the addition of 1 WTE Multi Agency Improvement Team post, 1 WTE Child Protection Learning & Development Coordinator post, and 1 WTE Child Protection Clinical Effectiveness Coordinator post. An additional WTE administration post will support this expansion.

The Lead Nurse and the Lead Child Protection Consultant Paediatrician are members of the Child Protection Committee and other strategic groups, nationally and locally.

Interagency Referral Discussion Activity

A SCPNA attends the Monday -Friday (except Public Holidays) daily IRD meeting alongside partners from Police, Social Work and Education (when a child is currently within education services and representative appropriate). The Consultant Paediatrician on call for child protection is also invited to attend if available for specific cases. When possible we have moved away from individual SCPNA attendance for the full week to minimise the vicarious trauma from highly sensitive and distressing subject matter discussed at IRD meetings to support staff's physical, mental and emotional wellbeing. The IRD meeting previously convened as a face to face meeting within Police HQ, however due to Covid restrictions and safety measures this changed to teleconference and in July 2022 further progressed to Microsoft Teams Participants have agreed that using this application has been beneficial; supporting interaction and allowing the decision to be shared on screen at time of writing, particularly beneficial while chairing.

As a reflection of partnership working and in contrast to many health board areas, health participate in the weekly chairing rota alongside our colleagues in Police and Social Work.

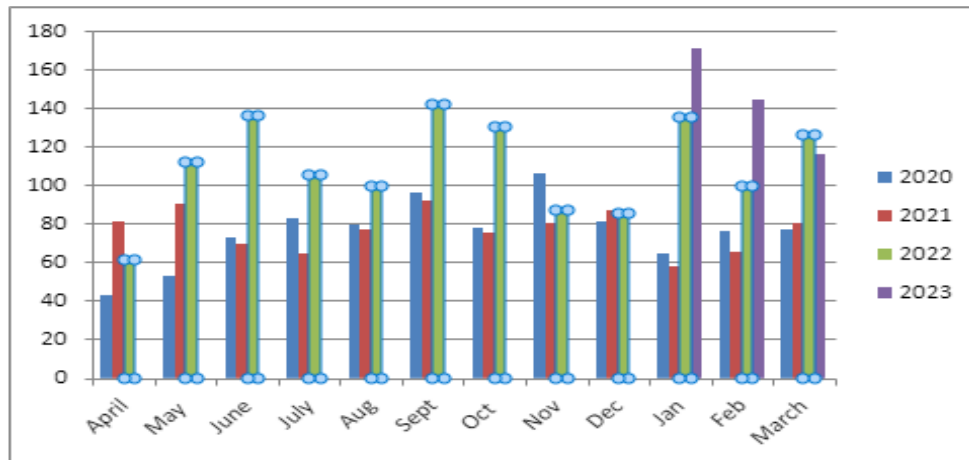
Following the IRD meeting there is an opportunity for the SCPNA to discuss and reflect on specific cases and practice processes as part of the daily huddle. Members of the nursing team, Lead Nurse for CP and associated medical staff can be included in the huddle. The team have had the addition of 2 new paediatric consultants in 2022 with a specialist role in Child Protection strengthening the availability of medical input, opinion and advice.

The Child Protection team are responsible for submitting IRD data to the Child Protection Health Steering Group (CPHSG) on a quarterly basis. The IRD Review Group is responsible for providing IRD closure and quality assurance in relation to the decisions made via the multi-agency IRD process, the resource required to support this process is significant resulting in challenges across the agencies, health to date has supported review of those with health specific actions however the CP Lead Paediatrician is now supporting the full review process when capacity allows.

A monthly IRD operational meeting has progressed since the end of 2022 to bring agency leads together to facilitate relationship building and resolve any operational issues arising.

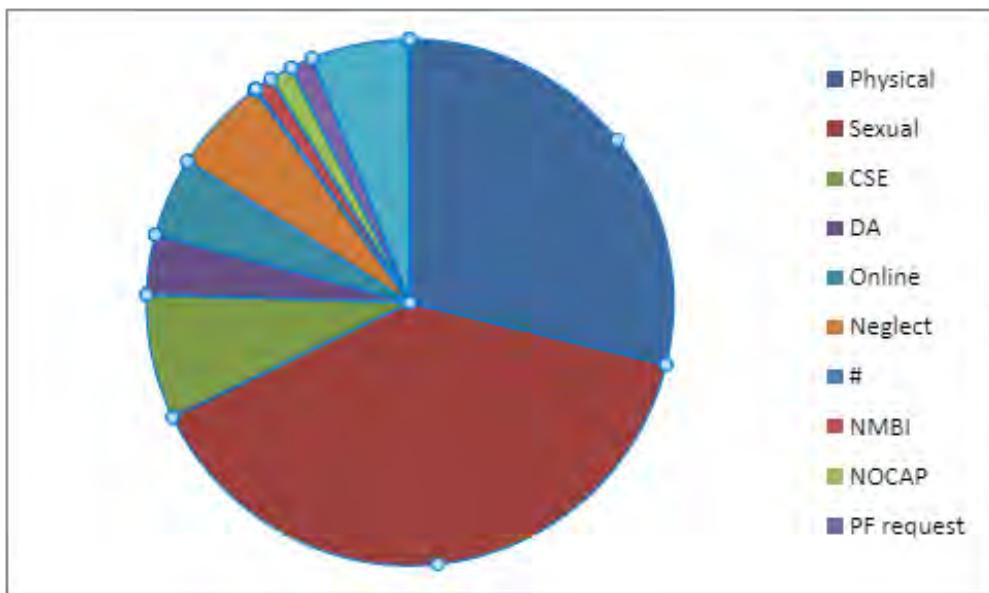
A face to face IRD forum which ceased during the pandemic has recently restarted with participation from all IRD representatives and line managers. There have been 2 meetings to date with a focus on representative feedback, peer learning, safety planning and review of the Underage Sexual Activity Protocol. Feedback has been positive and is a welcome opportunity for participants to be listened to and learn from each other whilst giving opportunity to build relationships lost with the limitations of virtual meetings.

IRD Data

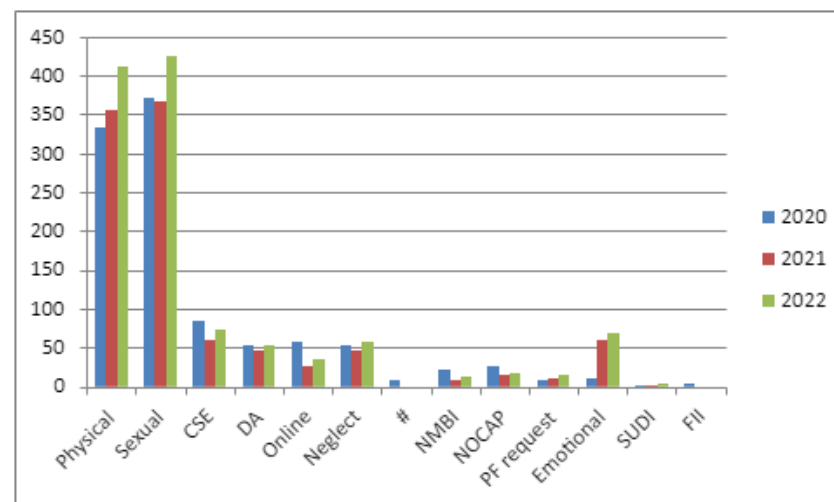


Number of IRDs 2020-2023

Number of IRDS	March 2021 - April 2022	March 2022 - April 2023
April	81	61
May	90	112
June	69	136
July	64	105
Aug	77	99
Sept	92	142
Oct	75	130
Nov	80	87
Dec	87	85
Jan	135	171
Feb	72	144
March	126	116
TOTAL	1048	1388



IRD Themes 2022/2023



Comparative data of IRD themes 2020—2022

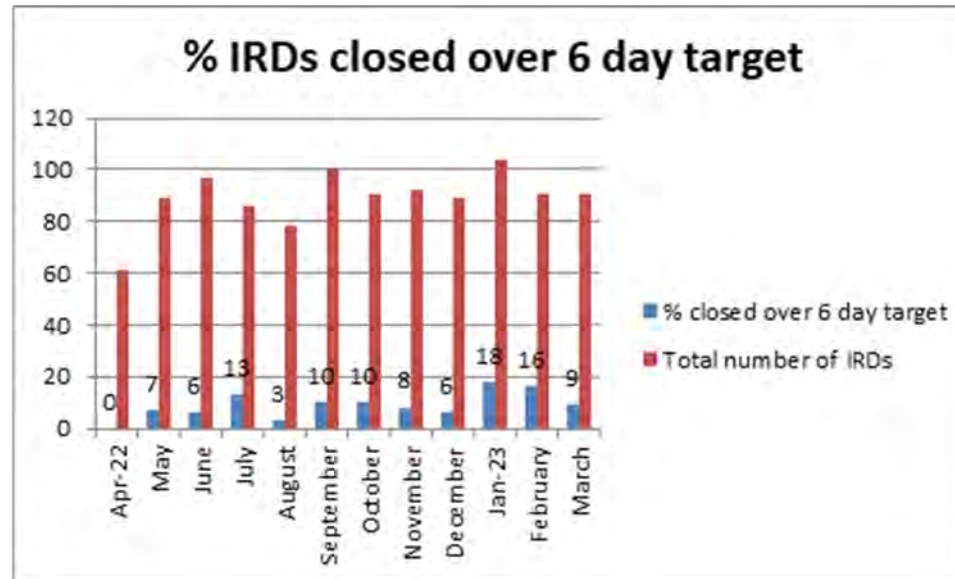
As part of monitoring and improvement, data is now explicitly captured in terms of the nature of the IRD concern to capture thematic findings.

The raw data illustrates that whilst concerns of a physical nature remain a significant proportion of cases being raised via the IRD forum, concerns of a sexual nature superseded perhaps for the first time in mid-2021 and again in mid-2022. Anecdotally, there is a sense that concerns of an online / sexual / CSE nature had risen particularly during the pandemic. This may have been anticipated with both adults and children / young people spending more time within the home environment and having increased access and activity online.

There had been a significant number of IRDs generated relating to children and young people being exposed to domestic abuse within the home during the pandemic, with trends noted at points as restrictions increased or eased, this may again potentially have been predicted and anticipated due to the impact of families spending more time within a highly pressurised home environment with less access to support systems. As we have moved to the recovery phase of the pandemic, numbers of IRDs relating to Domestic Abuse are comparable perhaps indicating a more consistent level.

Wider team discussion is ongoing regarding the nature of data captured to ensure data is meaningful and to allow identification of any targeted learning / service development. An example of this is revisiting our data capture to differentiate Non Mobile Bruising in Infants (NMBI) and fractures from physical concern. This will be supported by the appointment of the Child Protection Quality Assurance Coordinator.

There is an agreed core target of IRDs being completed within a 6 day time frame. Illustrated below are the number of IRDS that remain open for longer than this benchmark target, numbers are generally low but with variation month to month. This may be accounted for in some part when the IRD has been for a child currently out with Fife or to allow partners to undertake further work and feedback to IRD meeting to inform robust decision making.



Feedback

“..when I was Duty. The call was from Child Protection on how we could potentially work with a Child after an IRD incident and what we could offer. I thought it was interesting to have insight and reflection with the Child Protection Team and how we could be part of an outcome after an Joint investigation .

Looking at a the potential option of the CWB assessment as the intervention.”

Child Protection Supervision

The National Guidance for Child Protection in Scotland (2021) suggests that supervision is critical to child protection work to ensure the development of good practice and to improve the quality of a service in order to promote a learning culture. Supportive supervision builds resilience in staff and allows for the development of effective coping strategies (NHS Education Scotland 2021).

Child Protection Health Visiting Group Supervision 01/04/2022 – 31/03/2023

Number of sessions offered	Total Number attended	Total Number Cancelled	Total Number Booked but Did Not Attend	Number of Feedback Responses Received
17	67	3	6	8

Child Protection Group Supervision 01/04/2022—31/03/2023

FNP- TRI PARTITE	27
VIP MIDWIVES- TRI PARTITE	4
SNTL	1
SUPERVISION FOR SUPERVISORS	11 (2 sessions)
GRADUATE HVs	4 (1 session)

In 2023/24 the team hopes to expand the service which it will offer supervision to as capacity within the team stabilises.

Child Protection Supervision Feedback

In the second half of 2022 the Child Protection Team began collating feedback from supervision sessions. Response rate has been low, which may indicate that we need to review the method of collation, however in terms of the feedback collated to date, the main findings from the Child Protection Health Visiting group supervision sessions are that practitioners have agreed or strongly agreed with the sessions being positive. Below are some of the comments received from across the services:-

"I feel that hearing other cases and how other's work it helps a lot on the learning process"

"Good to have a platform to discuss difficult cases"

"I felt we went off topic at times, however it was very apparent that all staff needed to reflect on similar broad concerns and this was helpful for us all"

"I think the value for me is learning experience from others experiences."

"Attended CP Group supervision session which was beneficial for my growth and development. Session explored alternative interventions and actions that I hadn't thought about, many thanks".

"I have discussed only one case with the child protection team recently and found the advise and supports really useful, its great just to be able to have that second opinion. As you know we have not had group supervision for some time but did find this useful when we did. Always feel I can call and will be supported by the team though"

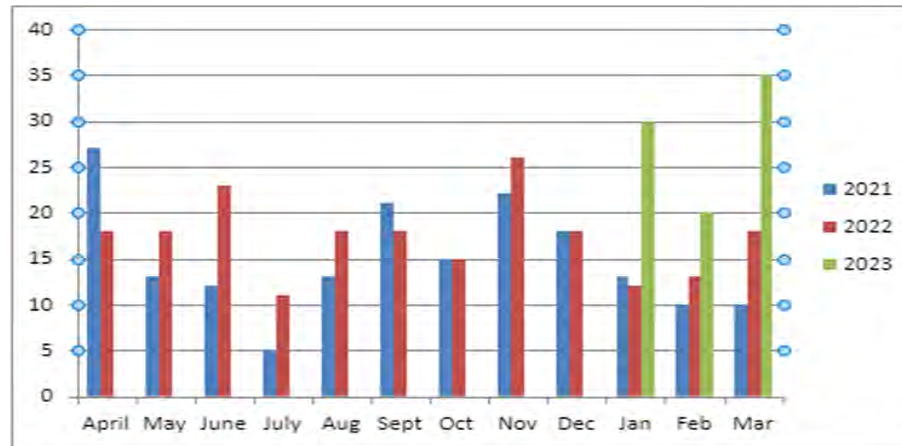
" It is a safe space to discuss any CP challenges and cases from practice that I have provided supervision for and is reassuring to have the offer of support. "

"CP group supervision sessions have been really supportive and offered a safe space and learning environment to grow and develop".

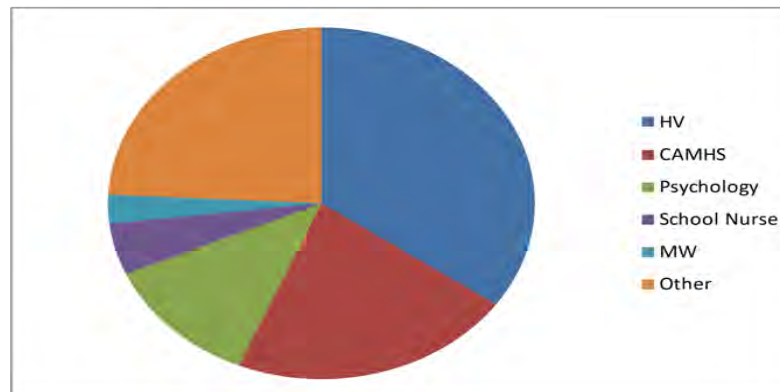
Child Protection Advice

The Child Protection Team delivers a service offering all NHS Fife staff telephone advice, support and guidance Monday to Friday 0830hrs to 1700hrs on **01592 648114**.

Team capacity has been reduced throughout 2022/2023 however, response to advice calls has been prioritised with all calls being responded to on same or next day at the latest. Practitioners are sent a written summary of the call by the SCPNA for review which can also be attached to the child’s record. SCPNAs have the opportunity to discuss and reflect on specific calls at planned or open door supervision or as part of the daily huddle. Members of the nursing team, Lead Nurse for Child Protection and associated medical staff can be included in the huddle.



Users of our service remain mainly from Children’s Services, as well as Psychology.



Emerging themes:

The calls received are in relation to an array of diverse child protection issues. No overt specific patterns are identifiable, however certain themes are consistent:-

- Advice/ reassurance regarding the need for escalation of concerns and/or progression to Social Work Notification of Child Concern (NOCC);
- Conflicts with differing professional thresholds - Child Wellbeing versus Child Protection - potential for implementation of escalation policy;
- Disclosure of historical sexual abuse;
- Parental mental health;
- Transient / unseen children and young people / non- engaging family;
- Information sharing.

The availability of this support has consistently received positive feedback. Qualitative and quantitative feedback indicates a highly valued service by NHS Fife staff. The prompt availability and discussions / advice given is extremely reassuring and supportive to staff in their decision making and planning for children and young people. The response rate to feedback is extremely variable, recognising the wider workforce pressures may impact on staffs' ability to prioritise a response and feedback from previous service users possibly negates a further feedback response.

Month	Number of calls	Number of feedback responses	Comments
April 2022	18	0	0
May 2022	18	2	1
June 2022	23	4	3
July 2022	11	5	3
Aug 2022	18	2	2
Sept 2022	18	7	7
Oct 2022	15	2	2
Nov 2022	22	3	3
Dec 2022	18	3	3
Jan 2023	30	10	10
Feb 2023	20	6	4
Mar 2023	35	9	8
TOTAL	211+	44	38

Plans to explore an electronic survey response may support practitioners' ability to provide feedback.

Child Protection Advice Feedback

"The nurse advisor I spoke with was very supportive and guided me through the concern, to which a decision was made that allowed me to feel we had considered all aspects and agreed on the professional judgment and decision"

"I found being able to discuss my rationale and future action plan helpful, along with the verification/ clarification I was acting within my named person role"

"CP team put me at ease when I have called for advice supporting me to escalate concerns through correct routes with my team leader. I feel confident to make contact and always supportive".

"As always the advice given is clear and salient. I always feel more comfortable with my own clinical decision making after speaking to the nurse advisors and feel more supported with the more difficult and risky cases. Thanks for your continued support."

"Excellent service as always. This was a follow-up to a previous concern and was handled very well with the advisor even recalling the initial discussion".

"It is a great support and reassuring to be able to speak to someone so promptly and discuss difficult cases to ensure all bases are being covered and there isn't anything I have missed in terms of child protection"

"CP team have been a fantastic resource for my team to readily access and have regularly provided support to myself when dealing with difficult

"It was very reassuring to have someone listen to my concerns and help me confirm in my own mind the appropriate course of action"

"I valued the nurse advisor's advice and conversation. She validated the advice I had already given on this case and made me feel reassured I was acting in the best interests of the child. I have in the past and will in the future continue to use this service as I certainly appreciated the expertise and confidence from this consultation. I was also equipped with onward escalation processes ie, Caldicott guardian and the NHS Fife legal team telephone numbers if this situation is not resolved"

Child Protection Advice Feedback contd/...

“Brilliant response from advisor in timely and confident manner. Sought further advice from associated colleagues and fed this back quickly, allowing me to complete our reporting process during the same working day. Would not hesitate to use again. Thank you”

“It was really good to talk through the scenario in question and the advisor gave me the confidence that I was doing the right thing. It was also really useful to have a concise summary of our conversation emailed to me the following day to put on the child’s record.”

“I am so pleased there is a feedback form for this service. I was planning on contacting the service to share feedback as I was extremely pleased with the support I received. This was the first time I have utilised the service; the nurse was very supportive and informative. She provided me with excellent advice. Following the call, I had a clear plan and felt supported and confident with the advice provided. The details documented by the nurse in the phone call record form was accurate; it was very beneficial to receive a copy of this. Many thanks to the nurse for her support and caring, approachable manner”

“ The nurse advisor was incredibly helpful and reassuring. She provided a written summary of our conversation within a few hours”

Training

The annual Child Protection Training Programme, developed and facilitated by the Fife Health Child Protection Team, is produced in line with the national 'Framework for Child Protection Learning and Development in Scotland' (Scottish Government, 2012 and the Intercollegiate Document Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2019). This Programme offers learning opportunities across all 5 levels identified within the Intercollegiate Document. The content of training is reviewed and updated regularly to ensure that it is evidence based and that local and national developments and learning are incorporated. All the child protection training offered by NHS Fife incorporates information around GIRFEC and the CPC 6 key themes identified from significant case reviews / Learning Reviews. New and established local and national guidance and protocols are reinforced and discussed at training sessions including the Multi-agency Non-mobile Infant Bruising Guidance, the Fracture Guidance for Children under two years, and the Underage Sexual Activity Protocol.

The core training framework was updated and a training programme for the first 6 months of 2022 was produced to ensure incorporation of courses for all 5 levels. The Child Protection team entered a significant period of critical function and had limited capacity to facilitate training in the first 8 months of 2022, training places were offered between September 2022 to March 2023 but staffing constraints have continued to impact the delivery of a full training programme.

Training availability within Fife was further impacted by the inability to recruit to the CPC Learning & Development Lead Officer.

The Fife CPC recommended that partner agencies nominate a lead for Learning and Development to work in collaboration with the CPC to progress multiagency priorities. The addition of the role of a Child Protection Learning & Development Coordinator recognises the critical role that the health Child Protection team have within both NHS FIFE and FHSCP, partner agencies and the work of the Fife CPC. The role of CPC Learning & Development Lead Officer was filled in the last quarter of 2022 and it is anticipated a comprehensive single agency and multiagency training strategy will progress in 2023.

Training Activity 2022 / 2023

Training Needs Analysis (TNA) has been distributed annually to Service Leads across the Child Health Management Team In December 2022 with plans to further roll out to adult services. The form has been revised following feedback to support understanding an ease of completion.

Gaps in mandatory training were identified due to the below factors:

- Covid- staff absences and staff working from home and shielding;
- Lack of staff capacity in child protection team to deliver training;
- Lack of capacity of staff wishing to attend training;
- Lack of suitable days and times of training offered.

The returns from the TNA indicate that although there has been very limited access to training from the child protection team a large percentage of staff have taken advantage of other training recommended, such as e-learning; third sector training; and training provided by other health colleagues.

All services agreed that Child Protection training was valuable to ensure staff are able to:-

- identifying what is meant by child protection and child abuse;
- identify relevant legislation and guidance including the use of evidence based tools;
- Have an understanding of how to respond to child protection concerns they may have and encourage professional curiosity.

As there was no TNA circulation in 2020 due to the pandemic, the lack of response to the TNA in 2021 and restricted training delivery in 2022, it is very difficult to identify training needs for 2023. The priorities will continue to be the delivering of the Chronology and Risk Assessment & Analysis courses, which are currently mandatory for Health Visitors and Family Nurses and a key recommendation from Fife Learning Reviews.

Training Course / Session:	Number of sessions offered	Attendance numbers:
Core Induction with Child Protection introduction	N/A	
Turas e-learning module	N/A	
Introduction to Child Protection	4	76
Chronology	5	92

Training self-evaluation

As part of the ongoing continuous improvement aims of Health Child Protection Team, contributing to both self-evaluation processes and to provide organisational assurance of the impact on practice, all training courses delivered are evaluated using a training evaluation tool. This is distributed at the end of sessions which encourages a positive response rate, collecting both quantitative and qualitative information. The aim of this evaluation process is to identify what aspects of Child Protection training are well received and identify any areas for improvement.

Evaluation returns are noted to have been particularly poor throughout this period with only 50% of attendees completing the form and measures have been implementing to support improvement volume of returns.

Over 99% of respondents have rated the training as very good or good with some themes emerging:-

- The use of case studies along with the opportunity to liaise and have discussion with colleagues was identified throughout all the training programmes as extremely valuable in allowing reflection and learning from real cases;
- Child Protection is a difficult topic to discuss via TEAMS delivery;
- Respondents' report that use of chronologies and risk assessment tools as particularly advantageous to their practice;
- The participants consistently identify that shared learning with their peers in a multi-disciplinary group was very beneficial and a valuable networking opportunity;
- Opportunities for discussion was valued, particularly when training was delivered via TEAMS.

In 2020 a further question was added to the evaluation forms in attempts to understand how staff felt about the training being delivered via MS TEAMS. Early indications were that staff were divided, with some people feeling the lack of having to travel being advantageous. More recently, however, the results indicate a wish for training to return to face to face.

In response to self evaluation, in the second half of 2022:-

- The chronologies training was fully updated to reflect feedback received incorporating a new case example;
- The Court Preparation e-learning training was refreshed and re-launched with support from our colleagues in Scottish Children's Reporter Administration (SCRA) and NHS Fife Legal Team;
- The Introduction to Child Protection Training was replaced in February 2023 with the NES online Child Protection Level 2 Modules. These modules were developed with Health Improvement Scotland (HIS) as part of Public Protection modules and are evidence-based resources, reflecting current legislation, guidelines and learning from recent and historic learning reviews and will be regularly updated.

Of the training courses that were available for staff in 2022 / 2023, they all continued to be delivered on MS TEAMS. The team have worked extremely hard to adapt and compile training compatible with MS TEAMS delivery. There is recognition that the subject area can be highly emotive and this needs to be managed effectively by the trainers when delivering virtually. Recent guidance has been issued via the NHS Fife Learning & Development forum regarding safe delivery of face-to-face training and it is planned the Child Protection training programme will resume to face to face into 2023.

The Child Protection Medical Team

Medical Examinations

There is a rota for Child Protection physical medical, which the Acute and Community Consultants contribute to. This comprises of 15 Paediatricians. There is a Paediatrician on call 24 hours a day, therefore at out of hours there is always access to a Paediatric Consultant for urgent Child Protection advice.

Specialist Medical Examinations (SME) for cases with concerns regarding neglect are performed by 6 Paediatricians all with special interest in child protection.

A separate Child Sexual Abuse (CSA) rota is in place to cover both acute and non acute CSA medicals. In the event there is no Fife cover for this in hours, there is a Standard Operating Procedure in place for Lothian to cross cover. Out of hours (OOH) cover is provided via the Managed Clinical Network (MCN) for Child Protection. This covers Physical Abuse in Lothian and CSA in Fife and Borders. 3 Paediatricians in Fife contribute to this OOH rota.

In the period between April 2022 and May 2023:-

- We conducted 51 Joint Paediatric Forensic Medical Examinations (JPFMEs) for physical abuse concerns and 9 JPFMEs for sexual abuse concerns;
- We conducted 11 specialist medical examinations for suspected physical abuse (generally these were sibling medicals,) 5 specialist medicals for suspected sexual abuse (usually in cases of historic abuse or non specific symptoms/signs where there were some concerns these symptoms may be related to sexual abuse);
- We conducted 25 specialist medical examinations for concerns around neglect.
- 42 of these children were male and 50 were female.
- Ages ranged from 0-16. 19 medicals for ages 0-1,
- 28 medicals for ages 1-4, 29 medicals aged 5-11 and 25 medicals for ages 12-16.
- 3 of the children examined were Looked After Children (LAC),
- 1 child was in residential care.

Future Planning

User surveys:-

We have recently started work with multi-agency partners in obtaining feedback from families, children and young people undergoing the Child Protection process to include feedback on Child Protection medicals to guide our service upholding the United Nations Conventions on Rights of the Child (UNCRC) on including the voice of the child in shaping our service.

Forensic Standards

The 2017 Healthcare Improvement Scotland standards for Healthcare and Forensic Medical Services for People who have experienced Rape, Sexual Assault or Child Sexual Abuse: Children, Young People and Adults cover the following areas:

- Leadership and governance;
- Person-centred and trauma-informed care;
- Facilities for forensic examinations;
- Educational, training and clinical requirements;
- Consistent documentation and data collection.

The standards ensure that the service are meeting the clinical criteria as set out by the Faculty of Forensic and Legal Medicine.

Stakeholders meet quarterly to review ensure these standards are being met. Self assessment has been completed and evidenced. Review of the forensic facilities highlighted a need for change to ensure facilities can be kept forensically clean. Changes were implemented such as removing unnecessary equipment, reduction in toys with a wipeable toy box and limiting access to the facilities with regular deep cleans after every medical. The service has passed a recent inspection by the Scottish Government on DNA contamination detection and a process is in place for continual monitoring.

Recent audit in May 2021 to May 2022 showed we are able to meet the needs of Children and Young People requiring same day acute medicals and providing the necessary aftercare for children and young people. Gaps identified were support for children under 13 and their families and vulnerable children and young people who struggle to engage with services. This audit highlighted the need for extra support in health for those children and young people at risk or undergoing CSE.

Pathways have been developed to ensure children and young people who have undergone CSA have their emotional and sexual health needs met whether or not they undergo a CSA medical.

Future Planning for Forensic Services

The Gender Based Violence Nursing Service is working with sexual health in developing children and young people appropriate leaflets / information on their role with contact information.

The Gender Based Violence Nurse will provide signposting support to under 13s and their families.

Ongoing discussions with colleagues in mental health and education around supporting particularly vulnerable children and young people including meeting their mental and physical health needs.

A mural has been commissioned by a charity to ensure the forensic suite in children's outpatients is child and young people friendly.

Education/Training

All Paediatricians and trainees working in NHS Fife complete their 3 yearly Level 3 Child Protection update on TURAS (NHS Education for Scotland's Training Programme Management System). In addition to this, Paediatricians attend a monthly Regional Peer Review for Physical and Sexual Abuse (for those who are CSA trained). The CSA Peer review includes Journal Club or Educational Topic. There is the ability for Paediatricians to attend a National Complex Case forum to share learning from around Scotland.

Paediatric trainees receive a Child Protection induction to ensure awareness of policies. Training is delivered to medical students and Junior Doctors in Child Protection. There is also periodic specialist training for Paediatricians, for example Radiology training and delivery of the National Trauma Training Programme.

GP training - this is arranged yearly by the Managed Clinical Network (MCN) which is preceded by a training needs analysis. The 2022 training included an overview of Child Protection processes, an update on the new Child Protection guidance, themes from learning reviews and Safe & Together training in domestic abuse.

East Region Managed Clinical Network for Child Protection

The Child Protection Lead Paediatrician attends and contributes to MCN work. The aim of the Managed Clinical Network for Protection is to support and facilitate the delivery of consistent, equitable, high quality services to meet the needs of children, young people and their families in South East Scotland who may have been victims of physical, sexual or psychological maltreatment or neglect. The MCN contributes to the national data collection strategy and collaborate with the other Regional Child Protection MCNs in Scotland.

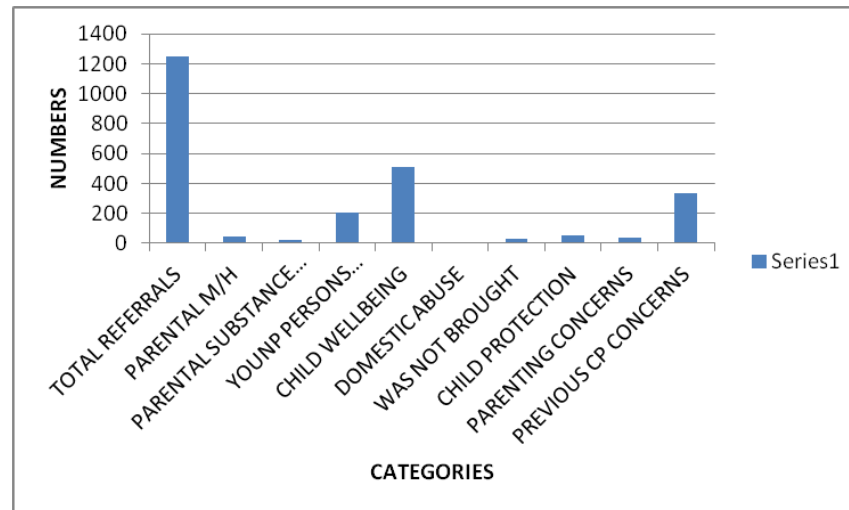
The MCN is currently has an interim lead while waiting for a permanent lead to be appointed.

Wellbeing Nurse Liaison Service

There are 2 Children's Wellbeing Liaison Nurses (CWLN) based within the acute sector. The service runs Monday to Friday 0900hrs to 1700hrs (except public holidays). Staffing constraints have resulted in the service operating over 3 to 4 days, impacting on the service that is currently provided to the children's ward and the ED.

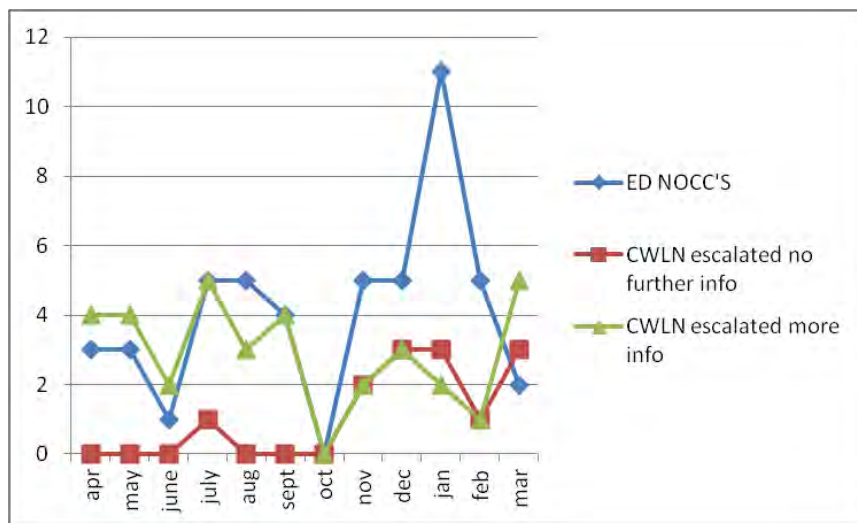
The CWLN:-

- Has daily liaison with children’s ward and ED;
- Reviews all Child Wellbeing Referrals generated and parental admissions from ED;
- Supports Children’s Ward and ED staff with advice, information sharing, and management of child wellbeing concerns;
- Supports opportunities for learning and teaching;
- Supports information sharing with Social Work and health colleagues to inform ongoing assessment and future planning for the safety and wellbeing of children;
- Supports discharge planning for children with complex needs or wellbeing concerns;
- Collates and reports on child wellbeing activity within children’s ward and ED.



The chart above shows the number of referrals to the CWLN between April 2022 to March 2023, a total of 1,245. A significant number of referrals are young persons presenting with mental health / risk taking behaviours. The complexity of these cases has also increased, often requiring longer admissions to ensure a safe discharge. The liaison and support from our Child & Adolescent Mental Health Service (CAMHS) colleagues has been greatly appreciated and in particular when providing supporting evidence when the young person requires new care arrangements.

The safety of the young person, other patients and staff when a young person is admitted to the ward has to be considered. To address some of the issues that are potential risks an information sheet for the parents / carer and young person has been devised by the CWLN and Unscheduled Care Assessment Team (UCAT). This allows the admitting staff to open the discussion of safety and what is expected of the young person and parents whilst in the ward.



The chart above shows the NOCC's raised from ED or subsequently escalated by CWLN. ED has had a winter with unprecedented ED attendances. Despite this ED has continued to submit NOCC's directly to SW when a need is recognised. When there has been a requirement for escalation by the CWLN it has in the main been due to further information becoming available. This evidences that the wellbeing referral strengthens the process for raising concerns.

A review of the Wellbeing Referral Form was made resulting in a number of amendments. It was recognised the SHANARRI tool was unfamiliar to many of the ED staff and within their busy department this was not being completed. The tool was removed and has allowed for CWLN checks to be recorded.

Forward Planning

Microsoft Office Training has been booked to support the service to improve on the analysis of data, allow ED referrals to be digital and in turn paper-lite. This will be a project for further discussion following the completion of the training.

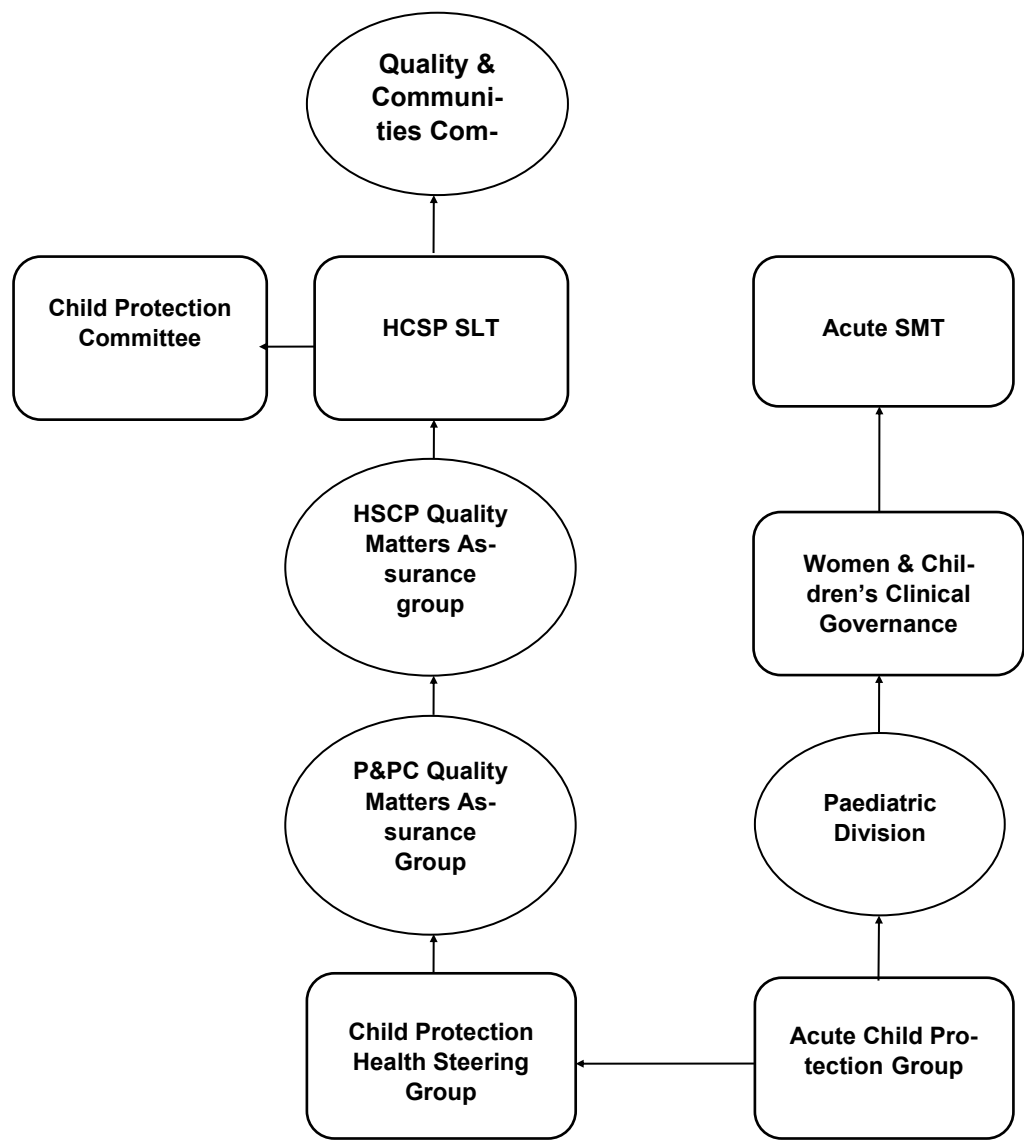
Section 2 — Leadership, Accountability, and Governance

NHS Fife / FHSCP has a duty to safeguard children and young people. The Child Protection Team is a dedicated resource / service within health to promote and support optimal safeguarding practice. The Child Protection team is an active contributor, educating and supporting practitioners and services to feel confident, knowledgeable and empowered within their roles and responsibilities to protect and promote the safety and wellbeing of children and young people including during the pre-birth period.

Contributing to our partnership's overarching vision: 'Making Fife a Place Where Every Child and Young Person Matters'. Our strategic objective includes supporting the development of a competent and confident NHS workforce that:-

- Recognises 'It's Everyone's Job to Make Sure I am Alright';
- Feel equipped and supported to access and apply policies and procedures to safeguard children and young people;
- Work in collaboration with partners to recognise, assess and analyse when a child or young person is at risk / suspected to have suffered harm and participate in collaborative working to mitigate risk of harm;
- Promote and enable effective and respectful relational working with partner agencies;
- Promote and participate in a multi-agency learning culture (Learning Reviews).
-

The Child Protection team provide strategic leadership and carry a governance responsibility reportable to the Primary & Preventative Care Clinical and Care Governance Group, Quality Matters Assurance, HSCP Senior Leadership Team and the Child Protection Committee.



4.1 Child Protection Health Steering Group

The Child Protection Health Steering Group (CPHSG) is chaired by the Senior Manager – Community Children’s Services on behalf of the Head of Primary & Preventative Care Services.

The purpose of the work of the CPHSG is to facilitate embedding robust child protection systems and processes into all the operational delivery units within all of Fife’s health services. Membership of the group is a representation of both NHS Fife and FHSCP staff.

The Terms of Reference for the group were reviewed and updated in 2022.

4.2 NHS Public Protection Accountability and Assurance Framework

The current Child Protection Quality Assurance Framework is currently under review following the transition to electronic records and the publication of the NHS Public Protection Accountability and Assurance Framework in October 2022. It is a framework to guide health boards in assessing adequacy and effectiveness of their Public Protection arrangements at strategic and operational levels. It provides child protection standards from which to benchmark and measure change and improvement with an aim to ensure greater consistency in what children at risk of harm and families can expect in terms of support and protection from health services in all parts of Scotland. It supports assurance for child protection (and adult protection) individual responsibilities together with potential for enhancing shared multi-agency governance. Within NHS Fife a gap analysis is under way with a proposed National toolkit in development to support health boards in providing the required assurances and with the potential to develop a National dataset in relation to child protection.

4.3 Child Protection Committee

Child Protection Committee (CPC) Scotland is a national organisation which supports child protection practice, policy and research across Scotland. Each local authority has its own local CPC, the purpose of which is to make sure that local agencies work together to protect children from harm. The CPC is made up of representatives from across the main statutory and voluntary organisations in Fife who work together with the community, to be assured that all children in our area are protected from harm and given the best possible chance in life.

The Children’s Services Manager, the Lead Nurse Child Protection and the Lead Child Protection Consultant Paediatrician are all members of the Child Protection Committee.

The Child Protection Committee has a number of sub-groups which take work forward on behalf of the Committee including the CPC Minimum Dataset Working Group, CPC Self-Evaluation and Audit Working Group, CPC Case Review Working Group and the CPC Guidance Implementation Workforce Development Group, of which the Lead Nurse Child Protection is a full member.

4.4 Care Inspectorate

The Care Inspectorate is a scrutiny body which considers quality of care in Scotland.

It carries out Joint Inspection of Services to protect Children and Young People in local authority areas to ensure they meet high standards and identifies and supports areas of improvement.

Section 3 - Child Protection Processes

5.1 National Guidance for Child Protection in Scotland (2021)

The National Guidance for Child Protection in Scotland was published in 2021, the timeframe set out by the Scottish Government for implementation of the guidance is 2 years with anticipated implementation by September 2023.

The National Guidance for Child Protection in Scotland (2021) sets out responsibilities and expectations for everyone who works with children, young people and their families in Scotland and describes how agencies should work together to protect children from abuse, neglect, exploitation and violence. The revised guidance frames child protection within the context of the wider strategic policies of Getting It Right For Every Child (GIRFEC), The Promise and the UNCRC.

Many areas of the guidance are already existing practice however, there are areas of implementation requiring significant change to the multiagency child protection landscape resulting in complexities in implementation and agreement.

5.2 National Guidance for Child Protection Committees Undertaking Learning Reviews (2021)

The publication of the National Guidance for Child Protection Committees Undertaking Learning Reviews (2021) outlines a new single Learning Review model to replace the two-tier system of Initial Case Reviews and Significant Case Reviews and has now been fully implemented in Fife. This outlines a proportionate, timely approach to case reviews and fosters a learning culture, moving away from an emphasis on blame.

LR are an opportunity for in-depth analysis and critical reflection in order to gain greater understanding of inevitably complex situations and to develop strategies to support practice and improve systems across agencies. The Learning Review does not stop at the points when shortcomings in professional practice have been recognised, it moves on to explore the interaction of the individual with the wider context, including cultural and organisational barriers, in order to understand why things developed in the way they did. It is undertaken to better protect children in the future.

The CPC Case review working group supports identification of cases where there may be opportunities for corporate learning, considering these cases and undertaking Learning Reviews, where appropriate, on behalf of Chief Officers.

Following a learning review, coordinated strategic approaches to staff learning may consist of multiagency practitioner development days, 7-minute briefings, single and multiagency training. Learning is cascaded at case and Child Protection supervision and through Child Protection advice calls. Subsequent multiagency and single agency/service audit and data collection gives assurance that these measures have been embedded in practice.

Adverse event reporting via health Datix system records Child Protection categorisation and triggers the LAER/SAER/LR process. Monthly Children's Services governance reporting identifies CP Datix for early identification of CP themes and areas of concern. Additional assurance to promote staff learning and to help prevent recurrence of issues is provided that these controls are working effectively via the CPHSG action tracker.

5.3 Child Protection within Maternity Services

NHS Fife has a well established Vulnerable in Pregnancy (VIP) midwifery service. The team is divided into three teams:-

- Drug Liaison Team;
- Family Liaison Team;
- Perinatal Mental Health.

The Drug Liaison Team consists of two Midwives who provide caseload care for woman for whom substance use is a feature of their pregnancy, both illicit use and prescription use.

The Family Liaison Team consists of four Midwives and a Maternity Care Assistant (working across both teams), who provide caseload care to all other women who present with child protection concerns. Referral criteria for the Family Liaison team includes (but is not limited to) current domestic abuse, current criminal justice involvement (woman, father of baby, and / or current partner), women who have had previous children removed from their care (where children have not been returned), women under the age of 16, women who are potentially being trafficked, women with a partner who is a schedule one offender and women who have a diagnosed learning disability.

Referrals come from Community Midwives, Police, Social Work and occasionally self referrals from women themselves who have worked with the team before. In 2022 the VIP team looked after approximately 6% of all pregnant women in Fife.

Child protection case file notes are audited monthly and are reported to senior management on a twice yearly basis. Child Protection case file audit is an essential part of the quality assurance arrangements within NHS Fife's VIP Team and is part of a commitment to understanding our practice and finding ways to improve it. It also allows staff to foster a culture of continuous quality improvement within the team and ultimately to improve outcomes for babies in Fife.

The National Guidance for Child Protection in Scotland (2021) suggests that supervision is critical to child protection work to ensure the development of good practice and to improve the quality of a service in order to promote a learning culture. Midwives within the VIP team access quarterly tripartite and group supervision in line with their governance requirements, ensuring regular oversight of cases by senior staff. Support for the quarterly tripartite sessions is provided by a Senior Child Protection Nurse Advisor from NHS Fife.

Last year the VIP team held 70 unborn child wellbeing meetings and attended 65 ICPC/RCPC's. The team record outcomes for the women they look after, including data on birth weight, gestation at booking, type of birth, drug's taken in pregnancy, postcode areas, reason for referral, child protection registration and care outcomes for babies (whether a baby is removed from parents at birth or not).

Badgernet is the name of the maternity electronic record keeping system used in Fife. 2022 was the first year that the VIP team moved to recording all their notes on this system as previously they had been using handwritten paper files to document visits and details of their contacts with other agencies. However, chronologies, police cause for concerns, case conference reports and Fife wellbeing tools are still saved in a protected file on the shared drive.

VIP midwives will often seek the advice of their colleagues in the Child Protection Team. Working relationships between these two teams are very positive.

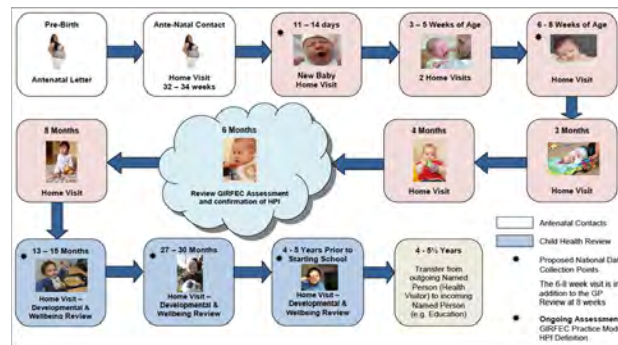
Midwives engagement and contribution for the Child Protection Case Conferences:-

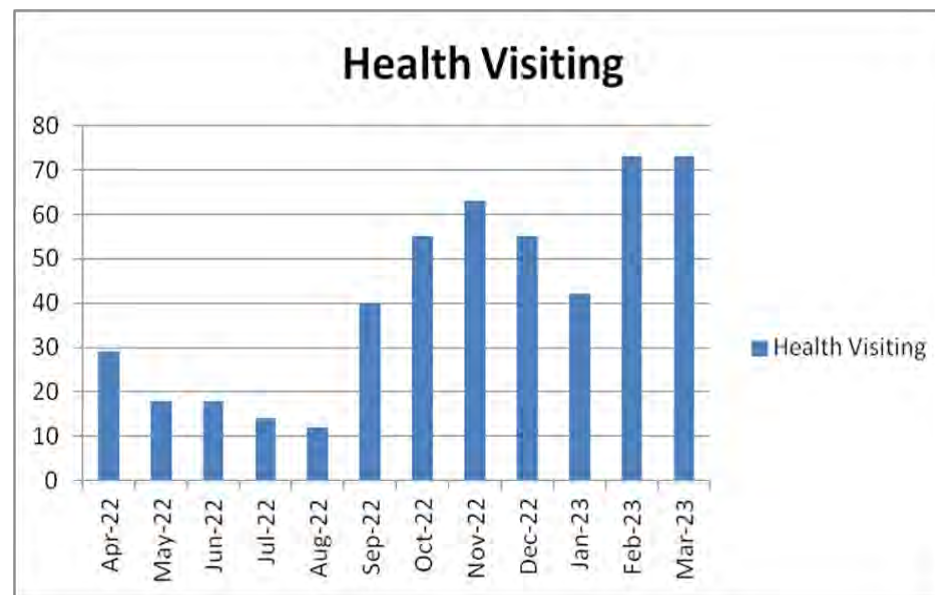
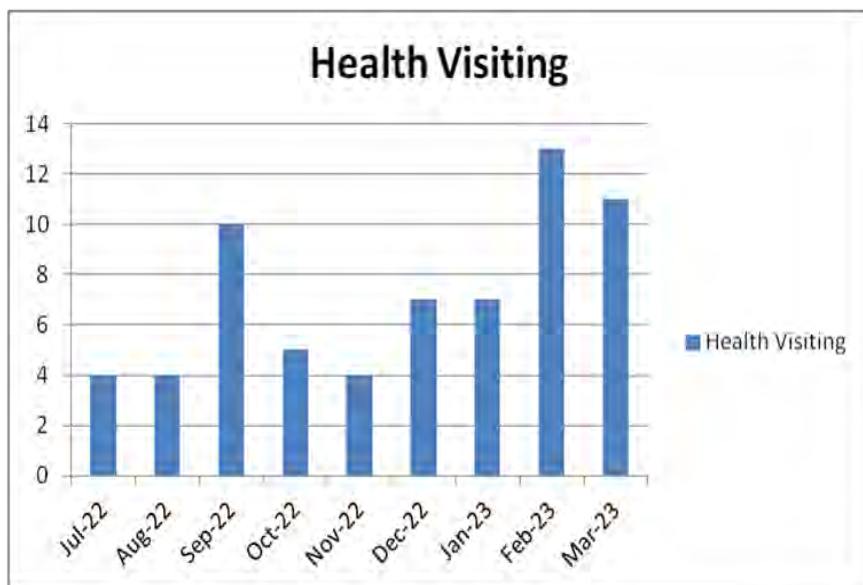
	December 22	January 23	February 23
Invited	3	2	7
Attended	3	2	6
Reports submitted	3	1	6
Meetings with no attendance or report	0	0	0

5.4 Child Protection within Pre-school Services

Health Visiting

Health Visitors provide a professional public health service based on best evidence of what works for individuals, families, groups and communities, enhancing health and reducing health inequalities through a proactive, universal service from the antenatal period until the child starts school and for vulnerable populations targeted according to need, taking into account their different dynamics and needs.





Health Visiting Child Protection Activity 2022/2023

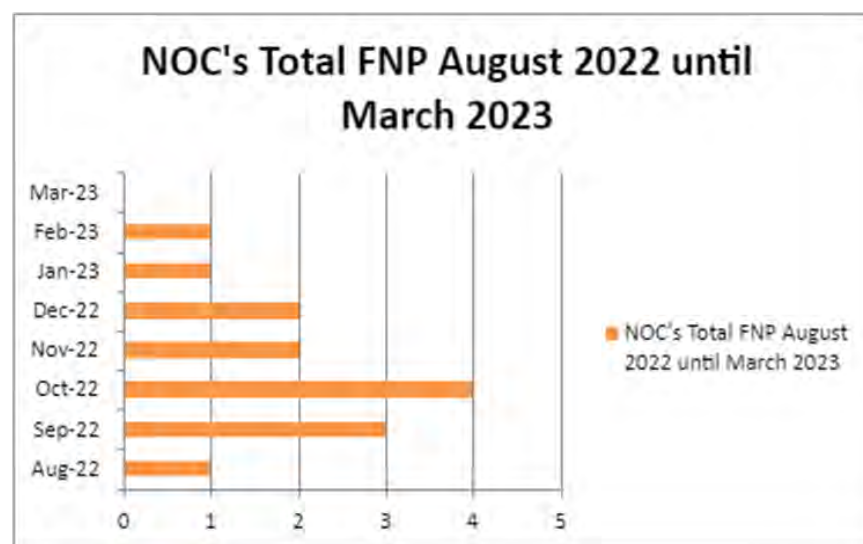
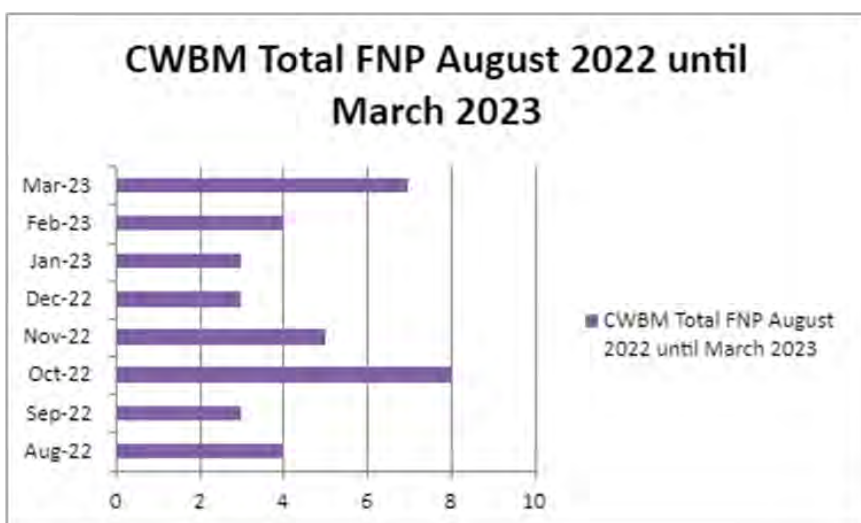
Health Visiting engagement and contribution for the Child Protection Case Conferences:-

	December 22	January 23	February 23
Invited	18	15	13
Attended	18	15	12
Reports submitted	14	12	8
Meetings with no attendance or report	0	0	0

Family Nurse Partnership

The Family Nurse Partnership (FNP) is an intensive, voluntary home visiting service offered to all eligible first time mothers aged 20 years and under, from early pregnancy until the first child turns 2 years of age. The programme is underpinned by a robust evidence base, which shows it can improve health, social and educational outcomes in the short, medium and long term. The programme is delivered, alongside the universal Child Health Surveillance programme, by Family Nurses who also undertake the role of the Named Person for the child.

Family Nurse Partnership Child Protection Activity 2022/2023



5.5 Child Protection within School Nursing Services

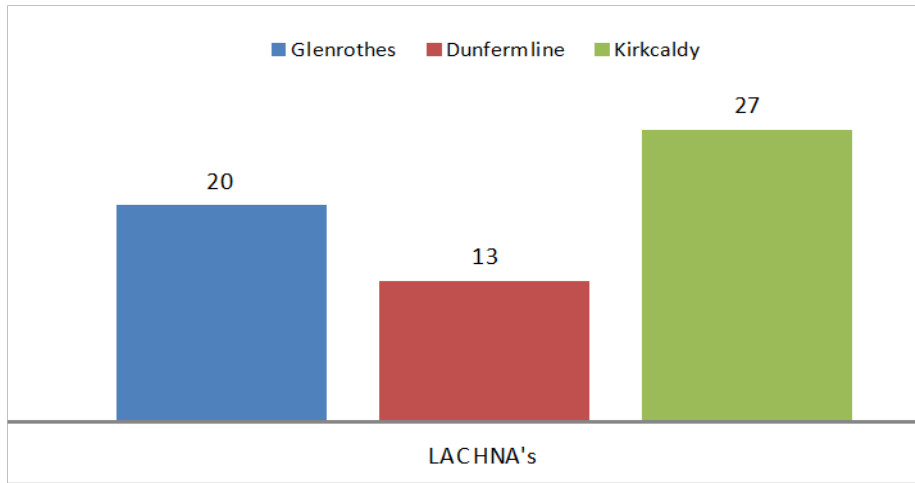
Fife's School Nursing Service continues to deliver safe, effective and person centred care based on the GIRFEC Framework and actively promoting children's rights and participation and engagement.

The School Nursing Service works in partnership with a variety of agencies to ensure that children, young people and families receive high quality, effective interventions which are designed to improve their health & wellbeing. The Service is Fife Wide and offers a universally accessible service.

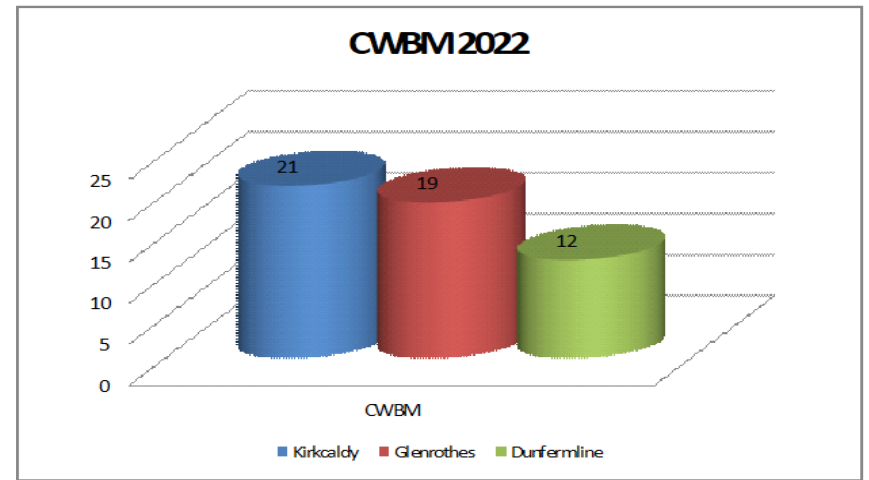
School Nursing Service Child Protection Activity 2022/2023

School Nursing Service engagement and contribution for the Child Protection Case Conferences for the period 1st April 2022 to 31st March 2023:-

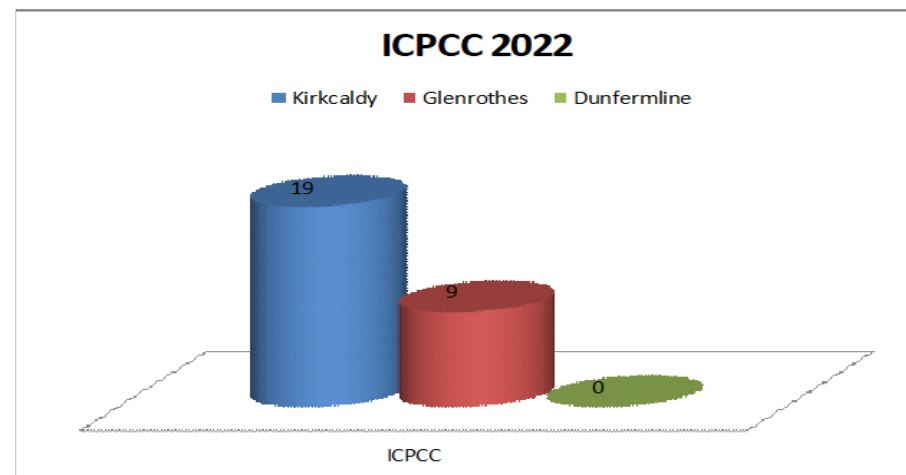
Looked After Children Health Needs Assessments undertaken within 28 days of LAC Notification 2022



Number of attendances at Child Wellbeing Meetings



Number of attendances at Initial Child Protection Case Conferences



Number of attendances at 72 Hour Planning Meetings



	December 22	January 23	February 23
Invited	6	6	5
Attended	5	5	2
Reports submitted	6	4	4
Meetings with no attendance or report	0	0	0

Section 4 – Challenges and Successes

4.1 Challenges

The Child Protection team have gone through a period of transition in 2022-2023 with significant vacancies and the appointment of a new Lead nurse and new CP Lead paediatrician. The turnover of staff and change in health management structure within Child Protection has inevitably impacted on the levels of experience within the Child Protection team. Capacity within the Child Protection team has resulted in a focus on the IRD core function with a significant pause of training and group supervision for key staff groups in 2022. The benefits of regular training and supervision for staff and the children and young people they work with are widely recognised and the consequences of this could be wide ranging.

As with our colleagues in all other areas of health and with our partners, we have continued to face challenges during the recovery phase of the pandemic in relation to resources, workload pressures and continually adapting to new ways of working.

The pandemic has impacted on effective Training Needs Analysis (TNA) resulting in challenges in informing future training. In recent years, the training and development opportunities for child protection team staff have been impacted by both the pandemic and capacity in the team. The lack of opportunity for health services and partners to come together and the subsequent networking, relationship building, support and learning that comes from such opportunities has become increasingly apparent, particularly in an area of work with significant vulnerabilities to vicarious trauma.

4.2 Achievements

Despite the highlighted challenges, throughout 2022/23, the Child Protection team have continued to support practitioners and service leads to develop a confident, knowledgeable and empowered workforce in their role to protect and promote the safety and wellbeing of children and young people. The Child Protection team have continued to adapt their service delivery and build on new means of working developed in response to the pandemic, maintaining and building positive working relationships with health services and partners alike.

Although some of the team's core functions have been severely impacted by staffing levels, the SCPNA have continued to facilitate tripartite supervision to Family Nurses with Family Nurse Supervisor supervisions been resumed by the Lead Nurse. Advice calls have been available to all NHS Fife/FHSCP health services throughout 2022/2023 as well as on request supervision. Recruitment of an experienced bank SCPNA towards the end of 2022 has also enabled group HV supervision sessions to recommence. Feedback has remained constantly positive indicating a highly valued supportive service for staff.

As we move into a new financial year, the nursing and medical team will be at full establishment, with the addition of new staff who bring with them a wealth of experience, skills and knowledge working with children, young people, and their families. Restorative supervision sessions facilitated by our colleagues in psychology have resumed monthly. These sessions are highly valued by the team, supporting positive working relationships, compassion fatigue and the effects of vicarious trauma with a focus on team identity, shared values, purpose and goals and self-care, particularly when working from home.

Development opportunities are becoming available with 2 SCPNA currently undertaking the Supervision course at Stirling University and a further SCPNA receiving an unconditional offer to commence the MSC in Child Welfare and Protection at the University of Stirling in 2023.

The Graded Care Profile 2 (GCP) tool was implemented in our Health Visiting, Family Nurse Partnership, Children & Young People's Community Nursing and Child Protection services in May 2022, supporting practitioners with a consistent and objective process for assessing the quality of care being given to a child and supporting practitioners to identify when sub-optimal care is putting a child at risk of harm/neglect. Bringing focus to areas that require support and enabling professionals to intervene in an informed way, reflecting improvement, or lack of it, in the level of care delivered and can evidence the care-givers capacity to change. Twenty trained GCP2 Champions, 2 of whom are SCPNA in the Child Protection team, have delivered 17 training sessions resulting in 154 licensed practitioners across Children's Services. There have been 26 GCP2's completed across Children's services since July 2022, predominantly within the FN teams. The importance of supervision to promote effective use of the tool is seen to be pivotal in embedding GCP2 in practice and regular supervision afforded to FN throughout 2022/2023 may support the predominant use within FN services to date. Evaluation of the tool and its implementation will progress in 2023 with early data indicating 100% OF practitioners indicate they felt fairly or very confident using the tool, with an appreciation of the relevance of the use of the tool in practice in evidencing their concerns in their assessment of a child or young person.

An audit was undertaken by the medical and nursing Child Protection team in partnership with social work colleagues to review outcomes for children and their families following the introduction of the NMIB policy in NHS Fife. This collaborative working supported interagency assessment, evaluation, and development with planned shared learning at child protection peer review.

Section 5 – Moving Forward / Vision / Transformation

As we move into 2023/2024, we will continue to establish and stabilise the Child Protection team to fully deliver on our 4 core functions with our full establishment of SCPNAs, the addition of a permanent Child Protection Learning & Development Post, a temporary Child Protection Clinical Effectiveness Coordinator post and additional Child Protection administration support. We will work towards a shared vision with our partners to support a programme of multiagency training for practitioners in Fife. As we better understand the implication of full implementation of the National Guidance for Child Protection (2021), we will explore our capacity to fully embed robust Child Protection supervision, with a vision to progress 1 to 1 mandatory supervision in Fife for named person services previously piloted in the Glenrothes locality.

The team will continue to be supported with their professional development, reflection, and wellbeing. We plan to formalise supervision in house between Paediatricians and the Child Protection team to discuss more complex cases. In addition, we plan to re-institute multi-agency peer review to discuss cases with our partner agencies to support us to work together and identify and resolve any issues/training needs.

The Child Protection service will undergo significant restructure and redesign in 2023/2024 to support the Implementation of the new National Guidance for Child Protection (2021), which will have a transformational impact on health services Fife wide.

The Bairns' Hoose/Barnhaus Standards have been developed by HIS and we responded with our recommendations in November 2022.

The CP lead attended the National webinar in October 2022 to gain insight into issues facing other Health boards in instituting Bairnshoose standards. CP multiagency leads attended a Bairnshoose governance group workshop to work through strengths and difficulties Fife may experience implementing the Bairnshoose standards. It is recognized work on the Bairnshoose model will go hand in hand with implementation of new guidance. Ongoing work within various workstreams take the draft standards into consideration as we move towards the principles of Bairnshoose whilst awaiting the final standards to be published.

We will review and develop our quality assurance and reporting measures in line with the new Public Protection Accountability and Assurance Framework (2022) supporting continued self-evaluation, quality assurance and improvement whilst building links and relationships with our colleagues in Adult Protection. We will be robust in our response to Learning Reviews, highlighting good practice alongside identified areas for learning and supporting staff throughout this difficult and emotive process.

We will developing a strong sense of working in partnership in the current changing landscape of Child Protection in Scotland, supporting a greater understating of roles, expectations, and limitations to support organisational responsibilities to provide optimal, effective safeguarding and protection to keep our children and young people safe.

AREA CLINICAL FORUM
(Meeting on 8 June 2023)

No issues were raised for escalation to the Clinical Governance Committee.

Unconfirmed

MINUTES OF THE NHS FIFE AREA CLINICAL FORUM HELD ON THURSDAY 8 JUNE 2023 AT 2PM VIA MS TEAMS

Present:

Aileen Lawrie, Chair

Jackie Fearn, Consultant Clinical Psychologist

Janette Keenan, Director of Nursing

Ailie Mackay, Speech and Language Therapy SLT Operational Lead

Amanda Wong, Director of Allied Health Professions

In Attendance:

Susan Fraser, Associate Director of Planning & Performance (*items 1 - 5.1 only*)

Siobhan McIlroy, Head of Patient Experience (*deputising for Nicola Robertson*)

Tom McCarthy, Portfolio Manager (*item 1 - 5.2 only*)

Sally Tyson, Head of Pharmacy (*deputising for Ben Hannan*)

Hazel Thomson, Board Committee Support Officer (Minutes)

1. Apologies for Absence

The Chair welcomed everyone to the meeting.

Apologies were received from Donna Galloway (Women Children & Clinical Services General Manager), Robyn Gunn (Head of Laboratory Services), Ben Hannan (Director of Pharmacy & Medicines), Paul Madill (Consultant in Public Health Medicine), Chris McKenna (Medical Director), Susannah Mitchell (General Practitioner), Emma O'Keefe (Consultant in Dental Public Health), David Platt (Specsavers Optician) and Nicola Robertson (Associate Director of Nursing).

2. Declarations of Members Interests

There were no declarations of interest from those present.

3. Minutes of the Previous Meeting held on 2 February 2023

The minutes of the previous meeting were **agreed** as an accurate record.

4. Matters Arising and Action List

The Forum noted the updates on the action list.

There were no matters arising.

5. QUALITY / PERFORMANCE

5.1 Population Health & Wellbeing Strategy

The Associate Director of Planning & Performance introduced this item and advised that the NHS Fife Board approved the Population Health & Wellbeing Strategy at their meeting in March 2023. It was reported that the Annual Delivery Plan is being

submitted on 8 June 2023 to the Scottish Government, and the Medium Term Plan will be submitted at a later date.

The Portfolio Manager gave a presentation on the strategy, and discussion followed.

It was advised that the launch of the strategy took place via Stafflink, and consideration is being given to a framework to support delivery of the strategy, which will be challenging. The framework is still in development and will be shared with staff in due course. There are a number of improvement programmes which are linked to our strategic priorities, and it was advised an engagement strategy is being developed. The importance of engaging with staff and ensuring the strategy remains live was raised.

It was highlighted that workforce will be the most difficult challenge to deliver the strategy. It was suggested that comms go out to members of the public around what particular roles within teams encompass and how members of the team can help and assist the population of Fife.

The Speech and Language Therapy SLT Operational Lead noted that the strategy has been well received by staff.

It was agreed that the Associate Director of Planning & Performance be invited to present on the Annual Delivery Plan and Medium Term Plan at the next meeting.

Action: Board Committee Support Officer

5.2 Quality Improvement Faculty Activity

The Portfolio Manager presented on the Quality Improvement Network. It was reported that the Network is now becoming established, and an overview on progress to date was provided with it noted that further work is required to grow and develop the Network.

The Chair noted that staff have benefited from attending the Quality Improvement courses. It was agreed that members are to identify established quality improvement methods, or suggestions to improve, through other team meetings and committees, and report this back to the Portfolio Manager.

Action: Members

The Portfolio Manager noted that awards and celebrations for staff will be considered for the future, once the quality improvement work is more established.

6. GOVERNANCE MATTERS

6.1 Blueprint for Good Governance, Second Edition

The Director of Nursing provided an update on the Blueprint for Good Governance, Second Edition, and highlighted that there is reference to the Area Clinical Forum on pages 26 & 27 within the document.

It was reported that the Blueprint was published in December 2022. The definition of good governance was provided.

The Chair highlighted that a formal request for the Area Clinical Forum to report directly to NHS Fife Board will be made.

Action: Chair

The Forum **noted** the update.

6.2 Delivery of Annual Workplan 2023/24

The Forum **noted** the tracked workplan.

7. STRATEGY / PLANNING

7.1 Scottish Government Rehabilitation Plan

The Director of Allied Health Professions explained what the Scottish Government Rehabilitation Plan is, and advised that in June 2022, NHS Scotland launched the Rehabilitation & Recovery Framework in a post Covid environment. It was noted that the document is high level and is around the delivery of patient centred rehabilitation services. The aim of the framework is for NHS Scotland Board to deliver locally the four core principles. An overview of the core principles was provided.

It was reported that a Rehabilitation Oversight Group will be formed, with wide representation. It was confirmed that the Oversight Group will include representation from Mental Health Services. Short Life Working Groups will also be potentially formed through the Rehabilitation Oversight Group to carry out mapping work across Fife. A Terms of Reference (ToR) has been drafted for the Rehabilitation Oversight Group, and will be shared with the Area Clinical Forum.

Action: Director of Allied Health Professions

The ToR will be discussed at the October 2023 Area Clinical Forum meeting.

Action: Board Committee Support Officer

The Director of Nursing noted that it is expected patients with long Covid will be cared for through a Rehabilitation Service.

The Forum took **assurance** from the update.

8. UPDATE FROM EXTERNAL GROUPS

8.1 Area Clinical Forum Chairs Group for Scotland Update

The Chair reported that the Area Clinical Forum Chairs Group for Scotland met on 7 June 2023 and included discussions around the Blueprint for Good Governance, challenges with private healthcare and Health Care staffing.

9. LINKED MINUTES

The Forum noted the linked minutes.

9.1 Allied Health Professions Clinical Advisory Forum dated 7 December 2022 (confirmed), 1 February 2023 (confirmed) & 5 April 2023 (unconfirmed)

9.2 Area Medical Committee dated 13 December 2022 (confirmed) & 14 February 2023 (confirmed)

9.3 Nursing & Midwifery Leadership Group dated 7 February 2023 (unconfirmed)

10. ESCALATION OF ISSUES TO THE CLINICAL GOVERNANCE COMMITTEE

There were no matters to escalate to the Clinical Governance Committee.

11. ANY OTHER BUSINESS

11.1 Home First Strategy

The Chair requested that members provide feedback to Lynne Garvey, Head of Community Care Services, through the relevant groups, and to also consider the Key Performance Indicators within the strategy.

Action: Members

The Director of Nursing noted that the strategy was well received at the Executive Directors' Group held recently.

11.2 Future Meetings

The Chair welcomed feedback on having some future meetings in person, or hybrid, in advance of the 2024/25 meeting dates being scheduled and presented to the Forum at the August 2023 meeting for approval.

The Chair also welcomed feedback on the format of future meetings, to raise the profile of the Area Clinical Forum, and suggested a workshop could be beneficial. A Development Session was also suggested.

Action: Members

12. DATE OF NEXT MEETING

The next meeting will take place on Thursday 3 August 2023 at 2pm via MS Teams.

AREA MEDICAL COMMITTEE

(Meeting on 2 May 2023)

No issues were raised for escalation to the Clinical Governance Committee.

UNCONFIRMED NOTED OF THE AREA MEDICAL COMMITTEE (AMC) HELD ON TUESDAY 02 MAY 2023 VIA MS TEAMS

Chris McKenna (Chair)	Medical Director
Caroline Bates	Clinical Director, Emergency Care
Glyn McCrickard	Fife LMC Representative
Ian Fairbairn	Clinical Director Emergency Care
John Morrice	Associate Medical Director Women & Children & Clinical Services
Phil Duthie	Associate Clinical Director H&SCP

In Attendance:

Catriona Dziech (Notes) Executive Assistant to Medical Director

1 APOLOGIES FOR ABSENCE

Claire McIntosh, Fiona Henderson, Helen Hellewell, Joy Tomlinson, Morwenna Wood, Robert Thompson, Sally McCormack, Susanna Galea-Singer, Susie Mitchell, Iain MacLeod

2 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of interest.

3 MINUTES OF PREVIOUS MEETING HELD ON 14 FEBRUARY 2023

The notes of the meeting held on 14 February 2023 were approved.

4 MATTERS ARISING

- i) **Report from High Risk Pain Medicine Group**
(will attend a future meeting to provide update)
- ii) **Update from Realistic Medicine Team**
(will attend a future meeting to provide update)

5 STANDING ITEMS

i) **Financial Position**

It was noted Maxine Michie would attend two meetings to provide the Committee with a detailed update on the financial position.

Dr McKenna advised the financial position remains challenging and everyone will be experiencing the pressures of the financial constraints. In General Practice this will be felt with what the Scottish Government are prepared to fund and within the Board with closer scrutiny over finances. Moving forward this will include the use of agency locums and nursing staff.

Brokerage will be sought from Scottish Government and the financial plan over the next five years will set out how this will be delivered moving forward with a collective responsibility to save money.

In taking comment it was noted Fife are near the top of the table for supplementary staffing but middle for the overall deficit.

The only way to reduce supplementary staffing is to increase the substantive workforce. Many trainees are choosing less than WT and NES only fund the salary not WTE posts. This is where Locum and Bank staff are then required. NES are aware of the situation and how Boards should be remunerated appropriately under these circumstances.

ii) Medicines

There was nothing significant to report.

Dr McKenna advised he no longer Chairs or attends the ADTC but the notes from the meetings will continue to be brought to the Committee for information.

iii) Adverse Events Update – considered at the Clinical Governance Oversight Group

Update noted.

The Adverse Events Policy has now been published. A lot of work is required across the organisation around the culture of adverse events and how it is about learning and supporting and not blame. Training will also be given to allow support for producing reports which aligns with the organisation's policy.

iv) Medical Staff Committee

Nil to report.

v) Update from GP Sub Committee

Dr Duthie advised a general update on clinical issues is available from the notes at Item 7.

It was noted SGHD are not giving General Practice the money they require for their contract, so the GP contract is currently a failed contract. As some of the work has been withdrawn from General Practice and the IJB and NHS Fife have not been given the funds to cover this work there is a body of work in the community which is uncovered by both parties. Negotiation is ongoing to allow the IJB and NHS Fife to cover the work by paying GPs to do it.

General Practice remain not in a good place with SGHD making the situation worse.

Recruitment remains an issue with medical students showing little interest in General Practice or wishing to work part time only. Trainers remain positive but there is a general sense of negativity.

There is some success in terms of Board run practices. There is an ongoing tender process for three practices which will hopefully result in them returning to independent contractor status. The practices who are struggling are more willing to have a discussion and seek support from the Primary Care management team around the issues they are facing.

Following a detailed discussion around QFit it was agreed Caroline Bates will take forward the issues with Neil Cruickshank and ask him to prepare a clear briefing paper setting out the pathway for the GP Sub Committee to share with GPs. An update on Frog would also be helpful.

Action: C Bates

vi) Realistic Medicine

A Workshop is being organised to look at how to progress Realistic Medicine locally.

vii) Medical Workforce

Nil to report

viii) Education & Training

ScotCom has been given the informal green light to go ahead in 2025 / 2026. A lot of work is required to make this successful.

Due to a number of attendees leaving to attend other meetings the meeting closed at 15.05pm.

6 STRATEGIC ITEMS

i) Update from Health & Well Being Portfolio Board

ii) GMS Implementation

7 ITEMS FOR INFORMATION

i) Notes of the GP Sub Committee:

17 January 2023, 21 February 2023 & 21 March 2023 - Carried Forward to 27 June 2023

ii) Notes of the Clinical Governance Oversight Group:

20 December 2022 & 14 February 2023 - Carried Forward to 27 June 2023

iii) Notes of NHS Fife Area Drugs & Therapeutics Committee:

08 February 2023 - Carried Forward to 27 June 2023

- 8 **AOCB**
 - i) **Annual Organisational Duty of Candour Report 2021-2022 (as discussed at NHS Fife Clinical Governance Committee on 03 March 2023)**

- 9 **DATE OF NEXT MEETING**
Tuesday 27 June 2023 at 2pm via MS Teams

NHS FIFE CANCER GOVERNANCE & STRATEGY GROUP

(Meeting on 31 May 2023)

No issues were raised for escalation to the Clinical Governance Committee.

NHS FIFE CANCER GOVERNANCE & STRATEGY GROUP (CGSG)

Unconfirmed Note of the Meeting Held at 09:30 on Wednesday 31st May 2023 via Microsoft Teams

Present:	Designation:
Claire Dobson (CD)	Director of Acute Services
Susan Fraser (SF)	Associate Director of Planning & Performance
Alistair Graham (AG)	Associate Director Digital and Information
Nick Haldane (NH)	Lead Cancer GP
Ben Hannan (BH)	Director of Pharmacy & Medicines
Murdina MacDonald (MM)	Lead Cancer Nurse
Rishma Maini (RM)	Consultant - Public Health
Chris McKenna (CM) Chair	Medical Director
Frances Quirk (FQ)	Assistant Director Research, Development & Innovation
John Robertson (JR)	Lead Cancer Clinician - Surgery
Shirley-Anne Savage (SAS)	Associate Director of Quality and Clinical Governance
Amanda Wong (AW)	Associate Director of Allied Health Professions
Apologies:	Designation:
Paul Bishop (PB)	Head of Estates
Joanna Bowden (JB)	Consultant – Palliative Care
Nicky Connor (NC)	Director Health and Social Care
Izzy Corbain (IC)	Patient Representative
Fiona Forrest (FF)	Deputy Director of Pharmacy
Janette Keenan (JK)	Director of Nursing
Jennifer Leiper (JL)	Patient Representative
Neil McCormick (NM)	Director of Property and Asset Management
Margo McGurk (MMcG)	Director of Finance and Strategy
Kathy Nicoll (KN)	Cancer Transformation Manager
Nicola Robertson (NR)	Associate Director of Nursing, NHS Fife
Sarah Scobie (SS)	Consultant – Clinical Oncologist
In Attendance:	Designation
Rebecca Hands (RH)	Clinical Governance Administrator (minute taker)

		Action
	Welcome	
	CM welcomed everyone to the meeting.	
1.	Apologies for absence	
	Apologies for absence were noted from the above named members.	
2.	Unconfirmed Note of the previous NHS Fife Cancer Governance & Strategy Group Meeting of 30 March 2023 via Microsoft Teams	
	The Unconfirmed Note of 30 March 2023 was accepted as an accurate record.	
3.	Action Log	

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		Action
	<p>041122#6 – This action will be discussed under the relevant agenda item.</p> <p>041122#8 – To be carried forward to the next meeting.</p> <p>300323#1 – SAS advised this has been done. This action can be closed.</p> <p>300323#2 – To be carried forward to the next meeting.</p>	
4.	GOVERNANCE	
4.1	Acute Cancer Services Delivery Group Update	
	<p>CD advised the last meeting was held on the 3rd of May. The group are meeting on a monthly basis.</p> <p>The group have started to generate a monthly incident report around cancer, specifically looking at CEL 30 and SACT issues that will be reviewed at each meeting.</p> <p>The CEL 30 virtual audit has been completed and there are a number of actions underway. A paper can be brought to a future meeting around this.</p> <p>The group carried out a high level review of cancer risks.</p> <p>In regard to the work plan, CD and BH will develop a more detailed work plan for the group moving forward.</p> <p>In terms of performance for March, 62 day performance improved to 70.3% and 31 day performance was at 93.3%. The performance against the projections they provided to the Scottish Government is better than anticipated by 10%.</p> <p>The SACT and day unit have settled back into VHK and the team commented on how much improved the pathway is for patients who become unwell whilst in the unit and need to be transferred to a ward if required.</p> <p>CD advised there are a few things that she will discuss with CM. One is around the regrading framework that KN had highlighted at the group, and the other is the potential of a board development session to discuss some of the work of the operational group but also highlight the complexity of cancer and how the system works.</p> <p>CM asked if there were discussions around the local impact on the requirements to deliver a Regional/National mutual aid. BH advised not as of yet. But it was something worth exploring.</p> <p>CM also highlighted that there were no operational staff attending the Regional Cancer Planning Group (RCPG) meetings from Fife. CM provided names of those who should be attending RCPG. SAS to check</p>	

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	that this has been actioned.	Action SAS
4.2	Cancer Risks	
	<p>CD, SAS, KN and BH met to discuss risks.</p> <p>In relation to the risks on the Cancer Risk Register, the number of risks being reported is unchanged (11). Updates are as follows:</p> <p>Risk Rating and Level: There have been no changes since the last report.</p> <p>Closed Risks: No risks have been closed since the last report.</p> <p>New Risks: No new risks have been identified since the last report.</p> <p>The next steps:</p> <p>Potential Deep Dive Reviews: It was previously reported that the Acute Cancer Services Delivery Group would consider the need for deep dive reviews of identified risks. No deep dive review has been identified for consideration.</p> <p>Operational Cancer Risk Register: At the meeting held on 10 May 2023, it was agreed that operational risks should remain in the operational domain and that all current risks will be reviewed as it was felt that many could be condensed into a single risk or considered for closure if a noted risk for many years. CD agreed to take this forward with the General Managers. Once this has been completed further work will be carried out to ensure alignment with the Cancer Framework risks.</p> <p>Cancer Framework Risk Register: Risks to the above are under the following headings:</p> <ul style="list-style-type: none"> • Cancer Workforce issues • Financial Delivery of Cancer Framework • Digital & Information Challenges • Cancer Services and Property and Infrastructure • Expansion of Edinburgh Cancer Centre (ECC) <p>Members are advised that SAS and KN have undertaken work on the assessment of the associated risks. Risks have been graded and rationale for risk identified. Further update is required prior to communication and engagement with the Cancer Leadership Team, followed by a report to the CGSG.</p>	
5.	STRATEGY/PLANNING	
5.1	Cancer Framework Launch	
	SAS advised the Cancer Framework has been launched and is now available on Blink.	

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		Action
	KN is currently working on the work plan for 2023/24.	
5.2	Projects Update	
	<p><u>Community Pharmacy</u></p> <p>BH advised that community pharmacy is currently in dispute with the Scottish Government in regard to the settlement of the coming year. The other issue that has taken away some of the teams time is the Lloyds Pharmacy divestment. They are seeing transfer of ownership of 15 pharmacies in Fife at this moment.</p> <p>BH advised there have been some positive steps including the draft service specification, and Alec Murray will be approaching community pharmacy to engage interest.</p> <p>BH to provide an action plan and further update to the next meeting.</p> <p><u>RCDS Expansion</u></p> <p>MM advised this is going from strength to strength. They are seeing from around 60 to 80 referrals a month. The top 3 cancer from the pathway continue to be: Lung, HPB and Renal.</p> <p>In regard to the Upper GI and HPB test of change, to date 299 referrals have been received, with a 9.3% cancer conversion rate (14 cancers). 34 patients went straight to test. 150 patients have completed their pathway and 53% of patients go back to primary care. MM advised she is hoping to bring a paper in regard to this at the next meeting.</p> <p>For the Colorectal test of change, the aim is to go live on the 10th of July.</p> <p>There is hope that the Lifestyle Medicine Intervention test of change, will start on the 5th of June.</p> <p>CM asked what are we doing to understand the outcomes for the patients who are sent back to GPs with no test. MM advised they are looking into this and will be able to provide a paper at the next meeting.</p> <p>JR advised it may be helpful for Neil to come along to a meeting to present the data on RCDS.</p> <p>CM advised there is a concern for the sustainability for the service as there is only one consultant. CM advised that as this is operational, CD and BH will be asked to access the sustainability of the service..</p> <p>RM advised they are going through a data cleaning exercise with the RCDS data to ensure they have it as robust as possible. RM advised it may be worthwhile reaching out to the other two pilot sites on this sustainability question.</p>	BH

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		Action
	<p><u>Pathways Review</u></p> <p>SAS provided an update on the following pathways:</p> <p>Optimal Lung Cancer Pathway:</p> <ul style="list-style-type: none"> • SOP – initiating the pathway <ul style="list-style-type: none"> – Radiology have reviewed the draft SOP to test integration of SPOCH Patient Navigator. Radiology have advised there are areas of the SOP which require clarification regarding accuracy of criteria prior to Radiology agreement and sign off. • Baseline measures <ul style="list-style-type: none"> – Colleagues from the Scottish Government attended the last MCN meeting that was held on the 17th of May where data was be discussed. The Scottish Government are expecting Boards to be measuring impact to demonstrate progress. – Once national measures agreed, additional local measures/measurement plan will be agreed. • Funding Update <ul style="list-style-type: none"> – SPOCH Patient Navigator: 0.5 post, recruited, starting mid June. – Lung service: VMFs completed for Nurse and Band 4 Patient Navigator. – Radiology: realigning work for fast racking GP CXR, hours will be offered as bank hours due to non recurrent funding. Fast Track reporting, funding has been approved and CXRs are getting reported same day. – Consultant post: awaiting update. <p>Prostate Improvement Pathway:</p> <ul style="list-style-type: none"> • Delayed Pathology Reporting <ul style="list-style-type: none"> – Urology ACNS reports delays in TP biopsy histology resulting in patient appointments being delayed or re-booked. The previously agreed timescales with Pathology service are to be reviewed and a communications structure to be developed/explored to advise the Urology nursing team of expected delays. • CRUK Test Evidence Transition <ul style="list-style-type: none"> – Work continues to complete research documentation in collaboration with the University of Stirling and NHS Fife Research & Development team. Completing IRAS remains the priority at present. There is strong engagement with the University of Stirling who are in the process of developing Theory of Change documentation. The next steering group meeting is due to take place in June. – Band 6 Project Manager post closed on the 16th of May and shortlisting is in progress. 	

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		Action
	<ul style="list-style-type: none"> - Nursing post to release ACNS is out to recruitment at present. <p>Single Point of Contact:</p> <ul style="list-style-type: none"> • Evaluation <ul style="list-style-type: none"> - The team are awaiting delivery of stationery in order to progress (delay due to new tendering process by Procurement team for prepaid return envelopes). This has now been rectified with the aim to send evaluation questionnaires to patients in the next couple of weeks. • RCDS Colorectal <ul style="list-style-type: none"> - Work on integrating RCDS Colorectal pathway into the Single Point of Contact Hub continues with draft processing mapping being developed. This will show clear definition of roles and responsibilities to avoid duplication of work. A meeting is due to be held with Neil Cruickshank (RCDS/Endo lead) to agree where SPOCH aligns within the pathway. 	
6.	FUNDING	
6.1	Funding Update	
	<p>Cancer Waiting Times:</p> <ul style="list-style-type: none"> • Funding confirmed £685,233.88 (NRAC share of £10m). • This requires to be top sliced from previous supported recurring bids = £296,184 to be top sliced leaving £389.050 available. • Bids collated and forwarded to Acute Services for prioritisation and submission. • Bids exceed available funding and currently totals = £1,947,004. • The Scottish Government aim to release funding early June once bids have been reviewed. • 2023-24 funding will be non-recurring however from 2024-25, funding will become recurring. <p>Optimal Lung Cancer Pathway:</p> <ul style="list-style-type: none"> • £171,353 non recurring. • Recruitment ongoing for Consultant, Patient Navigators. • Funding will support radiology admin for management of CXR pathway. • Support for outsourcing CT reporting (one day turnaround). • Support for additional pulmonary physiology. <p>RCDS:</p> <ul style="list-style-type: none"> • Funding is time-limited and will cover RCDS until the end of 2023/24, to enable the team to continue to feed into the national evaluation being undertaken by the University of Strathclyde. After 	

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		Action
	<p>this time, it is expected that NHS Fife will need to seek local arrangements for ongoing funding.</p> <ul style="list-style-type: none"> Concerns were noted regarding this. BH and CD to discuss the sustainability of this. <p>CRUK:</p> <ul style="list-style-type: none"> Funding for £213,338.64 has been agreed to explore a nurse-led model from referral to MDT for patients referred urgent suspected prostate cancer (this cost includes University of Stirling evaluation). <p>Prehabilitation</p> <ul style="list-style-type: none"> Bids are being considered regionally for Prehabilitation. NHS Fife has put forward a bid (currently going through the funding governance process) for a Pelvic Physiotherapist and a Project Manager to support a review of prehabilitation requirements. 	
7.	QUALITY/PERFORMANCE	
7.1	Cancer Waiting Times Q4	
	<p>Cancer Waiting Times performance continues to deteriorate.</p> <p>In Scotland there were 4262 eligible referrals within the 62 day standard, an increase of 2.3% on the previous quarter and 14.5% increase compared with Q4 2019.</p> <p>71.7% patients started treatment within 62 days compared with 83.7% in Q4 2019.</p> <p>In NHS Fife 72.6% of patient started treatment within 62 days of referral.</p> <p>For the 31 day standard there were 6757 eligible referrals, an increase of 4.7% compared with the last quarter and increase of 5.8% from Q4 2019.</p> <p>94.1% of patients started treatment in 31 days, just missing the target.</p> <p>In NHS Fife 94.8% started treatment within 31 days of decision to treat, again, just slightly missing the target.</p> <p>The main reasons for breach were attributed to:</p> <ul style="list-style-type: none"> Annual leave, sickness and vacancy. FDG shortages for PET, affecting the lung pathway. Delay to turnaround times for molecular testing. Delay to CT/US guided biopsy. The robot is used by four specialties resulting in increased waits and reduced number of surgeries per session. 	

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		Action
	<p>Prostate remains our most challenged pathway for the 62 day standards achieving 35.8% for 62 day.</p> <p>CM asked if we could see the conversion rate for each of the specialties, looking at pre covid levels against current levels SAS advised this is something that is available and will ask KN to bring the data to the next meeting.</p> <p>CM advised it would be worthwhile investigating whether there were areas in which it would be worthwhile providing education to ensure we are making best use of those pathways.</p> <p>Agreed that CD would provide the CWT update in future meetings.</p>	SAS
7.2	Effective Breach Analysis SOP	
	<p>There was a meeting held on the 16th of May to go through clinical actions 2.7 – 2.10. The following was agreed:</p> <ul style="list-style-type: none"> • 2.7 – Could this breach have been avoided? The Cancer Audit Team will advise if avoidable breach and as part of the service manager/clinical review this will be confirmed. • 2.8, 2.9 and 2.10 – Has the patient come to harm, treatment changed and/or tumour upstaged – these questions will be added to the MDT form and will be completed where a patient has breached. Dr Sally McCormack will pick up a discussion with clinical colleagues regarding this. <p>The breach analysis template was agreed with minor changes. KN and Alison Robertson will pull together an information document to share with teams.</p> <p>As part of implementation of the SOP, services will be invited to attend the Acute Cancer Services Delivery group to update of performance, successes and any actions to improve – a template has been created which is currently with CD and Sally McCormack for agreement.</p> <p>The expectation is joint involvement of both service management and clinical teams.</p>	
7.3	Quality Performance Indicators	
7.3.1	HPB 2021	
	<p>SAS went through the papers that were shared with the group.</p> <p>Formal reviews of the HPB cancer QPIs took place in 2017 and 2020.</p> <p>In 2021, the audit identified 1,578 patients diagnosed with a new primary cancer of the liver, pancreas, bile duct, gallbladder or duodenum in</p>	

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		Action
	<p>Scotland: NCA 362, SCAN 496, WoSCAN 720 with a median age of 73, 55% male and 45% female. Pancreatic cancer accounted for almost half of all HPB cancer diagnoses (46.6%).</p> <p>NHS Fife diagnosed:</p> <ul style="list-style-type: none"> • Liver Cancer – 52 patients • Pancreas Cancer – 51 patients • Bile duct/gallbladder – 11 patients • Duodenal cancer – 2 patients <p>Some QPIs continue to be challenging to meet, specifically QPI 2(i) (recording of Child Pugh score) and the new QPIs introduced last year; 2(iii) (recording of BLCL score), QPI 15 (access to oncological services) and QPI 16 (key worker). The QPI results have highlighted recording issues for Child Pugh and BLCL and weakness' in pathways for oncological referral. These issues have been discussed within each region and over the next few years it is hoped that there will be improvements in these areas. Specifically, a Scottish Government funded improvement project to coordinate HPB cancer patient care is currently being rolled out; this is likely to result in improvements across the HPB patient pathway from early 2023.</p> <p>Key achievements were low mortality in the first year of reporting outcomes of treatment for colorectal and liver metastases.</p> <p>An action plan was agreed and analysis has been carried out on Fife comparing 2021 with 2022 data to ensure actions put in place are effective.</p> <p>Actions agreed to improve QPI performance:</p> <ul style="list-style-type: none"> • QPI 1 – HPB CNS and Patient Navigator will be point of contact within the hospital and ensure that, through the MDT Generic Mailbox, all patients are referred appropriately for discussion at the regional HPB MDT. • QPI 2ii – the HPB Pathway Navigator will calculate Child's Pugh score and record at MDT. The Cancer Audit Facilitators will use the regional crib sheet to document vascular invasion. • QPI 2iii – The HPB Pathway Navigator will ensure the Barcelona Clinic Liver Cancer (BCLC) score is recorded. • QPI 4 – Recording of the Child's Pugh score is expected to improve QPI performance. The HPB Pathway Navigator will ensure all patients are referred to MDT. • QPI 7 – No action required as not all patients are suitable to a histological or cytological diagnosis (note small numbers). HPB CNS and Pathway Navigator will liaise with teams to ensure they are listed for MDT. This QPI will continue to be monitored. • QPI 15 – HPB Pathway Navigator will ensure that all patients are appointed to oncology, where appropriate and where possible within 6 weeks. The HPB CNS and Pathway Navigator both attend 	

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		Action
	<p>oncology clinics.</p> <p>MM asked in regard to oncology referral when patients are no longer suitable for the surgical pathway in HPB and the instability of this and whether we should be concerned and. take a more detailed look into this. CM advised they will take this away to the Clinical Leads for consideration.</p>	CM
7.3.2	Colorectal 2021-22	
	<p>JR went through the papers that were shared with the group.</p> <p>Case ascertainment for NHS Fife is 98%.</p> <p>Case ascertainment for NHS Fife was 237 cancers diagnosed for this cohort; this was an increase from the previous cohort by 17.7%.</p> <ul style="list-style-type: none"> • Colon cancers - 176 • Rectal cancers - 61 <p>Following a review of the QPIs; there were 3 new QPIs introduced and 3 were archived. The new QPIs are:</p> <ul style="list-style-type: none"> • QPI 14 - 30 day Mortality following Systematic Anti-Cancer Therapy SACT • QPI 15 - Colorectal Liver Metastases • QPI 16 - Assessment of Mismatch Repair (MMR)/Microsatellite Instability (MSI Status) <p>NHS Fife met 17 of the 23 (including sub-QPIs) QPIs for Colorectal cancer.</p> <p>QPIs Not Met:</p> <ul style="list-style-type: none"> • QPI 2: Pre-Operative Imaging of the Colon (less than 180 days between imaging of large bowel and surgery) - target was not met showing a shortfall of 4.9% (10 cases) – 7 had neoadjuvant treatment; one patient had incomplete due to excessive looping decision at MDT was to go straight to surgery; one patient requested delay to surgery; one patient polyp review patient, at surgery cancer found. • QPI 5: Lymph Node Yield – Hospital of Surgery. QPI target was not met showing a shortfall of 10.5% (26 cases) of the 26 cases. • QPI 15 (i): Colorectal Liver Metastasis - The QPI target was not met showing a shortfall of 31% (9 cases): Reason for not referring to HPB MDT not recorded • QPI 15 (ii): Colorectal Liver Metastasis - The QPI target was not met showing a shortfall of 20% (2 cases): Reason for not being referred to HPB MDT not recorded. • QPI 16 (i): Assessment of Mismatch Repair (MMR)/Microsatellite Instability (MSI) Status - The QPI target was not met showing a shortfall of 44.2% (96 cases). Prior to 	

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		Action
	<p>November 2021 NHS Fife did not routinely test all colorectal cancers for MMR/MSI - only in those 60 years or younger.</p> <ul style="list-style-type: none"> • QPI 16 (ii): Assessment of Mismatch Repair (MMR)/Microsatellite Instability (MSI) Status - The QPI target was not met showing a shortfall of 32.9% (3 cases) <p>There were 2 actions identified for NHS Fife:</p> <ul style="list-style-type: none"> • All Board Clinical Leads to ensure Colorectal MDMs are aware of appropriate referral criteria and mandatory documentation in MDM outcomes. • A single contact should be identified within each Board to action referral. <p>Emergency presentations which had increased in the previous cohort (during the pandemic) have returned to normal levels which was reflected in all SCAN boards.</p> <p>This report shows that Fife continues to perform well.</p>	
8.	CANCER RESEARCH	
	<p>FQ advised they currently have 21 studies that are currently approved. These are primarily in Colorectal, Breast, GI and Haematology. They have just under 200 patients who are either currently recruited or in follow up. The majority of the 21 studies are non commercial eligible funded and a few are commercial.</p> <p>RM advised that in relation to RCDS, one idea they are considering doing in St Andrews is integrating blood based bio markers into the RCDS pathway. This may be useful as these patients are presenting with non specific symptoms and these multi cancer early diagnosis blood tests are available, and could be used to help triage patients and understand what kind of cancer they might have. They are considering a bid to CRUK for funding for a pilot. RM to work on the proposal and bring it back to the group.</p>	RM
9.	REALISTIC MEDICINE	
	To be carried forward to the next meeting.	
10.	LINKED COMMITTEE MINUTES	
10.1	Cancer Managers' Forum (28/04/2023)	
	This was noted by the group.	
10.2	Acute Cancer Services Delivery Group (08/03/2023 & 05/04/2023)	
	This was noted by the group.	
10.3	Cancer Leadership Team (28/03/2023 & 25/04/2023)	
	This was noted by the group.	
10.4	Cancer Prehabilitation Implementation Steering Group (21/03/2023)	

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		Action
	This was noted by the group.	
10.5	SCAN Regional Cancer Planning Group (12/05/2023)	
	This was noted by the group.	
10.6	South East Region Cancer Innovation Programme Governance Group (04/05/2023)	
	This was noted by the group.	
10.7	Cancer Delivery Board (16/03/2023)	
	This was noted by the group.	
11.	Items to Note	
	No items to note	
12.	ISSUES TO BE ESCALATED TO EDG/CLINICAL GOVERNANCE COMMITTEE	
	No issues to be escalated at the moment. Concerns around the risk of the RCDS funding.	
13.	ANY OTHER BUSINESS	
	FQ advised it may be helpful to get a small research group together in regard to RCDS to discuss some of the opportunities. FQ to liaise with RM.	FQ
14.	Date of Next Meeting	
	The next meeting will be on Thursday 17 August 2023, 14:00-16:00 via MS Teams	

NHS FIFE CLINICAL GOVERNANCE OVERSIGHT GROUP

(Meeting on 18 April 2023)

No issues were raised for escalation to the Clinical Governance Committee.

Date: 20/04/2023
 Enquiries to: April Robertson
 Telephone Ext: Microsoft Teams

CONFIRMED MEETING NOTE OF THE NHS FIFE CLINICAL GOVERNANCE OVERSIGHT GROUP HELD ON TUESDAY 18 APRIL 2023 via MICROSOFT TEAMS

Attendees

Lynn Barker (LB)	Associate Director of Nursing, HSCP
Norma Beveridge (NB)	Interim Associate Director of Nursing, Acute
Dr Sue Blair (SB)	Consultant in Occupational Medicine
Pauline Cumming (PC)	Risk Manager
Fiona Forrest (FF)	Deputy Director of Pharmacy & Medicines
Claire Fulton (CF)	Lead for Adverse Events
Catherine Gilvear (CG)	Fife HSCP Quality, Clinical Care & Governance Lead
Dr Helen Hellewell (HH)	Associate Medical Director, HSCP
Janette Keenan (JK)	Director of Nursing
Aileen Lawrie (AL)	Associate Director of Midwifery
Sally McCormack (SMcC)	Associate Medical Director for Emergency Care and Planned
Siobhan Mcilroy (SM)	Head of Patient Experience
Dr Chris McKenna (CMcK) (Chair)	Medical Director
Dr John Morrice (JM)	Associate Medical Director of Woman & Children
Elizabeth Muir (EM)	Clinical Effectiveness Manager
Nicola Robertson (NR)	Associate Director of Nursing, Corporate Division
Shirley-Anne Savage (SAS)	Associate Director of Quality & Clinical Governance
Amanda Wong (AW)	Director of Allied Health Professions
Prof Morwenna Wood (MW)	Consultant Nephrologist – Renal Medicine

In attendance

Dr Gavin Simpson (GSi)	Consultant in Anaesthetics
April Robertson (AR)	(minute taker) Clinical Governance Administrator

Apologies

Dr Sue Blair (SB)	Consultant in Occupational Medicine
Dr Iain MacLeod (IM)	Deputy Medical Director, Acute Care
Geraldine Smith (GS)	Lead Pharmacist, Medicines Governance

	Items	Action
1	Apologies for Absence	
	Apologies for absence were noted from the above members.	
2	Minutes of the last meeting held on 14th February 2023	
	The Group confirmed that the note from the meeting held on the 14 th of February 2023, was a true reflection of what was discussed.	
3	Matters Arising/Action List	
3.1	NHS Fife Adverse Events Policy (CF) CF informed the group that following approval by Dr McKenna as the Executive Lead the policy has gone to the General Policies Group, there have been some comments which she will review and update. It will then progress to be	

	published.	
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3.2	Annual Statement of Assurance for Clinical Governance Oversight Group (SAS)	PC/SAS
	<p>SAS spoke to the annual Statement of Assurance which should give assurance that the group has fulfilled its remit during 2022/2023. The group has undertaken a self-assessment of its own effectiveness, utilising a questionnaire considered and approved by the Group’s Chair. This was completed using Forms (an online portal) a summary of which is within the Statement.</p> <p>CMcK thanked SAS, and added this Statement was about giving the Clinical Governance Committee confidence on the activities undertaken by this group. He added he hoped assurance would be taken by the Committee from this Statement.</p> <p>PC asked content to be added to item 4.4 of the Statement around risk coverage to read;</p> <ul style="list-style-type: none"> • 4.4 The group continues to focus on risk with the Corporate Risk Register now being a standing agenda item following Board approval of the corporate risks in September 2022. The Group consider the risks aligned to the Clinical Governance Committee for scrutiny and assurance. The Group recognise their role in the review and continuing development of risk content relating to Clinical Quality and Safety. 	
3.3	SBAR NHS Fife Scottish Health Technology Process and SHTG Recommendation and Assessment Update Report (EM)	
	<p>EM advised the group that all NHS Boards in Scotland are required to consider advice from SHTG. They don’t have to follow the advice, but they should have processes in place to receive, communicate and consider the advice produced. This paper is outlining the process that we have trialled and implemented in NHS Fife, a very similar process to the one used for many years on sign guidance.</p> <p>When a report, either an assessment or recommendation, is published by SHTG, it is added to the paper for the next NHS Fife Clinical Governance Oversight Group and the next Acute Services Division Clinical Governance Committee.</p> <p>Advice is then sought from our Associate Medical Directors for their recommendation as to who would be best placed to review it. Once the recommendation is received, the report is forwarded to the person who has been nominated, together with a template review form. On receipt of the completed review form, the paper will go to the next available NHS Fife Clinical Governance Oversight Group meeting for discussion.</p> <p>Once the Clinical Governance Oversight Group has met, any feedback on the report will be given to the original reviewer and the audit trail documentation completed.</p> <p>Since October 2022 we have received 14 recommendations, for which we have received 8 responses.</p> <p>This should provide this Group assurance that we are looking at the recommendations coming in. This information should be shared with the Acute Services Division Clinical Governance Committee.</p>	

NHS Fife Clinical Governance Oversight Group	Issue: Confirmed	Date:10/05/2023
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	<p>CMcK thanked EM and her team for this important piece of work. He asked if this can now be brought to the Group annually.</p>	
3.4	<p>Deteriorating Patient Improvement Plan (Dr S)</p>	
3.5	<p>Q3 NHS Fife Deteriorating Patient Report (Dr S)</p>	
	<p>Dr S reminded the Group that this Improvement Plan had been put in place after a significant rise in cardiac arrest rates, 84 in 2022, this is 2½ times NHS Fife’s baseline best in 2020.</p> <p>The national baseline median for cardiac arrests at September 2022 was 1.4 per 1000 discharges. NHS Fife’s baseline median is 1.2 per 1000 discharges.</p> <p>Dr S advised the Group that there has been progress made with regard to the Plan. There are well described limits and simple measure that we want to implement to try and improve our outcomes:</p> <ul style="list-style-type: none"> • A structured response for deteriorating patients • Good use of Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) • Hospital Anticipatory Care Plan (HACP) for each patient • Observations on time <p>This data can be measured and reflected back to the organisation therefore giving focused targets on what we want to improve. The final strand is what is being learned from this by measuring our outcomes. Looking at each cardiac arrest and analysing if there were any contributory elements.</p> <p>The improvement previously seen after 2015 after the implementation of Know The Score (KTS)(was fantastic, we know this worked however the fundamentals have now slipped and the correlated rise in Cardiac Arrests is also measureable.</p> <p>Our first step is to focus on the simple measures (above) which means re-launching KTS fundamentals.</p> <p>Dr S gave a detailed account of the work that has been undertaken since the last CGOG meeting on 14th February 2023; the draft plan has now been approved. The Comms Team have assisted in revitalising the Blink (Stafflink) pages and media resources including leaflets, banners and “pop-ups” have been purchased.</p> <p>There has been progression regarding the Action Plan attached to the Cardiac Arrest Improvement Strategy. Speaking with various areas in HSCP (Health & Social Care Partnership) and Acute Services Division regarding what the problems / plans are and what can be done to resolve them.</p> <p>Dr S felt that momentum needed to be stepped up and official Project Management would be beneficial to reach the circa 4000 clinical staff. Unfortunately the PMO (Project Management Office) are currently unable to assist. There is a Deteriorating Patient Group which Dr S would like to turn into a short-life working group, there are a lot of enthusiastic people putting in a lot of effort and crystallising that would be very useful. NHS Fife are currently trying to recruit 4 Resuscitation Officers, this would be a great help with a capacity to teach some of the deteriorating patient principles.</p> <p>These are some of the limitations however Dr S assured the group he was</p>	

moderately pleased with the progress that has been made despite these concerns and the stress that the organisation is under at the moment.

MW asked Dr S about the lack of DNACPR forms that would relate to a large proportion of the patients who were not for resuscitation. She also asked for some further clarity on acuity when there was no evidence of throughput increase.

Dr S explained the acuity isn't significantly higher per patient, so the average sickness of the average patient isn't higher but what we do have is more numbers. The problem is if there are more numbers who are equally sick then the total burden on the resource that we have as a ratio is higher. This means the acuity of sick patients (with a FEWS of over 3) is higher. This is divided up between a limited resource of doctors and nurses leading to a strain. That is why we would like to give staff the fundamentals of the basic 4 things we would like them to do for patients which should create a safety net of the increased burden on our hospital.

With regard to the DNACPR forms, unfortunately it would appear 20-25% percent should have been DNACPR which is unfair to the patients, the families and also the staff. So, putting these decisions in sooner is efficient and reduces harm and that is why we need to make everyone aware of what is happening and they will respond and change appropriately.

MW suggested that the trainee doctors on the medical and surgical inductions would be a captive audience and talking to them would be relevant as although ultimately it is each patient's consultant's decision, the trainee doctors would be very helpful in spotting patients not for resuscitation.

Dr S agreed he would be more than happy to speak to new inductions each quarter.

NR informed the Group that the Excellence in Care measures were currently being reviewed and the measure concerning deteriorating patients looked at the accuracy of the observations and the frequency.

NR also reported from the NHS Fife Resuscitation Committee they have realigned the job description for the 4 Resuscitation Officers to combine the lead for resuscitation with deteriorating patients which hopefully would be more attractive to potential candidates.

Dr S went on to say that observations on time were down to 70% within the Acute services, however, that was on average and there were also some really well performing areas. These results were sent out to the senior charge nurses. He was concerned that some areas perhaps didn't understand / had not been trained in the "system"; these areas were being given tools to help them improve on managing the "system". The new posts of Resuscitation Officer would be most welcome alongside an already passionate team in teaching these fundamental principles.

JK advised she had been looking at some scenario planning with regard to, "What to do if there is no registrant on your ward / shift" and more scenario planning are planned with the senior charge nurses. She added that looking at priorities of care is that observations on time and medications on time are the 2 priorities that they have to ensure that the registrants are doing which is work that will be taken forward with senior charge nurses.

	<p>She asked if perhaps the DNACPR form should be part of the admission pack for patients.</p> <p>Dr S agreed that this was an interesting idea; there were many grey areas where a discussion would be required before the DNACPR form could be completed. It was also essential to get the awareness out there and provide the resources and the support to tighten this up.</p> <p>CMcK also agreed this was a good idea that Dr S and his team could consider trialling. He went on to say that with regard to Project Management that if “Deteriorating Patients Improvement Plan” was not a priority for our organisation then what could be higher up our list of priorities; he would deal with this request. Most of the work was already done, pulling the action plan together and project management was now required.</p> <p>The other issue was observations on time, this was fundamental to deteriorating patients, CMcK sought assurance that this still picked up through performance reviews of wards / areas?</p> <p>SMcC assured the Group that this was still picked up through performance reviews, adding that nurses are shorter staffed than ever before, and the acuity in the wards is more pressurised than it has ever been. She also informed the Group that there had been some problems around funding the Welch Allyn monitors.</p> <p>CMcK replied that our system is pressured however, in spite of how busy the hospital is, prioritisation of all priorities observations on time should be number 1 as we have good evidence that not having observations on time leads to harm.</p> <p>LB stated that observations on time are very high on the Partnership’s agenda and with regard to performance management these are reported on a fortnightly basis, highlighting hotspots and then having discussions with their colleagues.</p> <p>GS offered assistance with the Welch Allyn devices adding the amount of time that can be saved using these devices when added throughout the hospital is huge.</p> <p>He agreed with JK around priorities; we should be able to give nurses permission to say we are not able to do some tasks, as their priority is taking observations on time. He also advised that if any low performing areas were possibly not making correct use of the system that they contact Kate Gaunt (Senior Practitioner, Digital and Information) or himself for targeted teaching which can see improvements quite quickly and ensure sick patients have their observations taken on time.</p> <p>CMcK felt the group could all take assurance from the work that was being done and over the course of the year we should build this momentum. He also raised the fact that many patients should already have a DNACPR form in the community instead of coming in to hospital and having the conversation with a stranger, which he felt was unacceptable. He added Emma O’Keefe and Linda McGourty as Realistic Medicine Leads could be brought into this piece of work as well as Palliative Care Colleagues, who would have a positive contribution to make with regard to earlier decisions being in place.</p> <p>NB & CMcK will meet to discuss out with the group about the current challenges in securing equipment that are known to help with the observations on time.</p>	<p>CMcK/NB</p>
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4	GOVERNANCE	
4.1	Drug Death Cluster Review Process Paper (Dr Susanna Galea Singer) c/f to June	
4.2	NHS Fife Clinical Policy & Procedure Update (EM)	
	<p>EM advised at their February meeting, the NHS Fife Clinical Policy & Procedure Co-ordination & Authorisation Group that there was one new Fife Wide Procedure and one new Fife Wide Standard Operating Procedure.</p> <p>As an organisation, we now have 96 clinical policies and procedures.</p> <p>The two new procedures that were approved at the February meeting were:</p> <ul style="list-style-type: none"> • FWP-BCGVP-01 - NHS Fife Wide Procedure on Newborn Bacillus Calmette-Guerin Vaccination Pathway • FWSOP-EBM-01 - Fife Wide Standing Operating Procedure Emergency Bleep Meeting <p>At the February meeting there was one Fife wide procedure and one acute services division procedure past their review date.</p> <p>The group were given assurance that they have a 98% compliance rate for all clinical policies and procedures for NHS Fife.</p>	
4.3	NHS Fife Activity Tracker (EM)	
	EM advised that this month we heard from Healthcare Improvement Scotland that they are developing Bowel Screening Draft Standards, which have been sent to Mr Neil Cruickshank (Consultant in General Surgery) and colleagues for their input to the consultation process which is closing on 15 th May 2023.	
4.4	NHS Fife Corporate Risk Register (PC)	
	<p>PC spoke to the full Corporate Risk Register as at 31/03/23, drawing the Group's attention to the current 6 risks aligned to the Clinical Governance Committee for assurance, adding that going forward it may be more useful for this Group to receive only those risks on which to focus.</p> <p>These 6 risks are reported to the Clinical Governance Committee bi-monthly and reviewed by the risk owners in between each committee cycle.</p> <p>CMcK and PC will have an offline discussion with regard to which risks would be most beneficial to come to the Group.</p>	CMcK/PC
4.5	SBAR NHS Fife Health & Social Care Partnership Inspection Assurance Process (LB)	
	<p>LB explained that this was being brought to the Group as it was highlighted in the external audit that assurance had been sought that internal audits within the Partnership could be evidenced.</p> <p>Every year a number of external inspections and visits both planned and unplanned are undertaken within Fife HSCP; these visits are often undertaken at short notice and provide inspectors with a real-time picture of the area / service</p>	

being inspected.

External agencies apply their own methodology on how specific inspections are conducted, however broadly speaking, they are essentially exercises to check whether healthcare delivery is meeting national and local performance or quality and safety standards, legislative and professional requirements, and meet the needs of service users.

LB spoke to the Group:

- To provide CGOG with an overview of the inspection process in place within Fife Health and Social Care Partnership (HSCP); a draft Standard Operating Procedure is in development to support a standardised and systematic approach to inspections.
- Share the Mental Welfare Commission (MWC) report presented at QMAG in December 2022; this updated report has been brought to the next CGOG after being presented to the Quality Matters Assurance Group (QMAG)

Their statutory functions include monitoring the care and wellbeing of people subject to mental health legislation, and ensuring they are receiving the treatment they need. One of the ways in which the MWC fulfils this function is through visits, including visits to hospitals.

The Commission undertake both announced and unannounced visits across our hospital sites on an annual basis with additional follow up visits as they deem necessary.

LB advised the Group that the report highlights what was positive and throughout all the visits there has been demonstration of a calm, good environment, good interaction with patients, families and staff, however, there is a programme of work to address ligature risks within some of the units as well as a wider redesign of Mental Health Services from a structural perspective.

CMcK thank LB for all the work that has gone into these reports and confirmed that the Group can take assurance that the output of these inspections is escalated accordingly.

LB added that when the letter was received by the senior charge nurse from the MWC to inform they would visit in 4 weeks, sometimes this does not emulate across the system so that everyone is aware of the visit. Whether the visit is announced or unannounced there are expectations and a standard operating procedure.

The aim of this approach is to support staff across Fife HSCP in their application of a systematic and coordinated approach at each stage of the inspection process to demonstrate robust governance and assurance of external inspections and visits.

Key Inspection / Visit roles and responsibilities outlined within the SOP include:

- Scope of review
- Definition / Purpose
- Nomination of Leads
- Planned Visits Preparation
- Preparing Staff
- Evidence collation

	<ul style="list-style-type: none"> • Report Submission • Monitoring of Actions • Roles and responsibilities: Governance, Service, Nominated Leads <p>HH clarified around the dual governance process to ensure all of the system is assured that any actions arising from the announced or unannounced inspection will be tracked through the system.</p> <p>CMcK asked the question around Appendix 7. Final Report, where the service received final report and action plan to complete and email sent to the following, was the Medical Director, himself or HH? There was also nothing to say that this report was to be brought to the NHS Fife Clinical Governance Group.</p> <p>CG explained that this was still a work in process; the plan is that Fife HSCP will bring regular reports to this Group. There is also a suggestion that formal updates are brought to CGOG on the actions / recommendations that have been completed to give assurance that all the actions from the many visits are being closed off appropriately.</p> <p>PC asked why the MWC contacts the senior charge nurse directly to inform of their visits but not the organisation and wondered if there was a particular reason for this?</p> <p>LB informed the group that she has on several occasions asked MWC to go through a more formal channel as well as informing the senior charge nurse however this has still not come to fruition.</p> <p>HH added that there were also plans at Chief Officer level to explore with other boards and then decide if this needs to be a formal request as it does appear to be an anomaly. She also agreed more clarity could be given around Appendix 7, adding another line to show that the report would come to CGOG annually as that is what Internal Audit had asked for.</p> <p>CMcK stated there was still work to be done and that this could be brought back to the Group at a future meeting.</p>	CG
4.6	NHS Fife Clinical Governance Oversight Group Workplan 2023 – 2024 (SAS)	
	SAS had nothing to highlight from the Workplan, assuring the group it was updated prior to every meeting to ensure it stayed dynamic and picked up any emerging issues.	
5	STRATEGY/PLANNING	
6	QUALITY/PERFORMANCE	
6.1	NHS Fife Integrated Performance & Quality Report March 2023 (CMcK)	
	The report was noted by the Group.	
7	Adverse Events & Duty of Candour Status Update	
7.1	Adverse Events KPIs and Incident Flashcards (CF)	
	CF told the Group that the number and type of adverse events remained steady. 7 SAERs were signed off in March, which she felt had been helped by the	

	<p>introduction of the SAER panel sign off process. There were 33 SAERs overdue from 90 days which was a reduction from the same period last year.</p> <p>CF informed the Group that with regard to KPIs there were quite a number of overdue SBARs. 10 of these were significantly overdue with one being more than 75 days overdue, 8 of the 10 were cardiac arrests.</p> <p>CMcK spoke around SBARs and report writing, that perhaps some training was required in the nuance of language. These should be written in a way that promotes learning and understanding. An educational focus on how to write a good report will be factored into the Adverse Event improvement plan for this year.</p> <p>The Group had a discussion around the best route to take with regard to adverse events training, Datix reporting and how to progress. CMcK asked for this to be brought back to June's meeting for discussion.</p>	CF
8	PATIENT EXPERIENCE	
8.1	Patient Experience Flash Card (JK)	
	There was no time for SM to present, CMcK asked that she be given time at June's meeting to share her report.	SM
9	LINKED COMMITTEE MINUTES	
9.1	NHS Fife Clinical Policy & Procedure Co-ordination & Authorisation Group 27 th February 2023 (EM)	
	The minutes of the meeting were noted by the group and no escalation is needed.	
9.2	NHS Fife In Patient Falls Steering Group 2 nd February 2023 (NB)	
	The minutes of the meeting were noted by the group and no escalation is needed.	
9.3	NHS Fife Point of Care Testing Committee 1 st March 2023 (EM)	
	The minutes of the meeting were noted by the group and no escalation is needed.	
9.4	NHS Fife Tissue Viability Steering Group 16 th March 2023 (LB)	
	The minutes of the meeting were noted by the group and no escalation is needed.	
9.5	NHS Fife Resuscitation Committee - no meeting date	
9.6	NHS Fife Organisational Learning Group – no meeting date	
9.7	Acute Services Division Clinical Governance Committee – 22 nd March 2023	
	This item has been carried forward until June's meeting	

10	ITEMS TO NOTE	
10.1	Ockenden Report Review (JK)	
	This report was noted by the group.	
12	ANY OTHER BUSINESS	
	No Other Competent Business.	
	Date of Next Meeting 20 th June 2023 09:30 via Microsoft Teams	

AREA DRUG & THERAPEUTICS COMMITTEE

(Meeting on 26 April 2023)

No issues were raised for escalation to the Clinical Governance Committee.

UNCONFIRMED

MINUTES OF THE MEETING OF THE FIFE DRUGS AND THERAPEUTICS COMMITTEE HELD ON WEDNESDAY 26 APRIL 2023 AT 2.00PM VIA MICROSOFT TEAMS

Present: Mr Ben Hannan (Chair)
 Dr Caroline Bates
 Ms Shona Davidson
 Dr Iain Gourley
 Dr Claudia Grimmer
 Dr David Griffith
 Ms Claire Fernie
 Dr Helen Hellewell
 Dr Sally McCormack
 Mr Fraser Notman
 Ms Andrea Smith
 Ms Amanda Wong
 Mr Satheesh Yalamarathi
 Ms Doreen Young

In attendance: Mr John Brown (item 7.6)
 Ms Geraldine Smith (items 6.5, 7.4, 7.5)
 Mr Duncan Wilson (item 11)
 Mrs Sandra MacDonald, Administration Officer (minutes)

1 WELCOME AND APOLOGIES FOR ABSENCE

Mr Hannan welcomed everyone to the April meeting of the ADTC.

Apologies for absence were noted for Lynn Barker, Claire Dobson, Dr John Morris, Nicola Robertson, Olivia Robertson and Rose Robertson.

2 MINUTES OF PREVIOUS MEETING ON 8 FEBRUARY 2023

The minutes of the meeting held on 8 February 2023 were accepted as a true record.

3 ACTION POINT LOG

The action list was discussed and actions updated/completed as agreed.

Mechanisms in Place for Managing Medicines Shortages Through Independent Contractors

Mr Hannan has discussed with Hazel Close, Head of Pharmacy - Population Health and Wellbeing and this action will be taken forward through the workplan of the Pharmacy Champions. **Action closed.**

ACTION

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 East Region Formulary Committee

Mr Notman provided a verbal update from the East Region Formulary (ERF) Committee and highlighted key points.

All adult chapters of the ERF have been reviewed and formally approved by the ERF Committee. The process of reviewing the paediatric chapters commenced April 2023 and it is anticipated that reviews will be finalised by Autumn 2023.

ERF Committee business as usual continues alongside chapter review work. The time from ERF approval to Formulary addition can be drawn out due to differences in individual Boards' governance processes and discussions are ongoing to look to streamline this.

The workplan for the next six months includes the transition to the new ERF digital platform and setting up a dashboard to facilitate review of Formulary compliance.

The ADTC noted the update from the ERF Committee and the good progress made.

The ADTC also noted the minutes from the ERFC meeting on 29 March 2023.

6.2 MSDTC

Dr McCormack provided a verbal update on behalf of the MSDTC.

It was noted that the MSDTC continues to be a busy meeting with the review of COVID and other Clinical Guidelines. There is good engagement with the Committee and there are no issues requiring escalation.

It was noted that Niketa Platt has resigned from the role of Professional Secretary to the MSDTC. Dr McCormack thanked Ms Platt for her valuable contribution to the MSDTC.

The ADTC noted the update on behalf of the MSDTC and the minutes from the meeting on 22 February 2023.

6.3 Fife Prescribing Forum

Mr Notman introduced the update report on behalf of the Fife Prescribing Forum and highlighted key points.

It was noted that the Fife Prescribing Forum is in its third cycle of presentations by Specialties. There is good engagement with the Specialties and the standard of service template submissions is excellent. Feedback from Forum members and representatives of the Specialties presenting is that it is a very positive meeting that supports the medicines financial planning process. Meetings have highlighted the good governance in place with prescribing guidance and the Formulary.

The ADTC noted the update report on behalf of the Fife Prescribing Forum and the success of the Forum through good engagement with the Specialities.

6.4 PGD Group

Mr Notman introduced the update report on behalf of the PGD Group and highlighted the current progress, achievements since the last update report and workplan for the next six months.

Since the last update report in October 2022 26 PGDs across a number of different clinical areas and 3 Hospital at Home PGDs have been reviewed and approved. A further 10 Hospital at Home PGDs are also in the final approval process. There have been two amendments to the COVID-19 PGDs as well as 2 new PGDs for COVID-19 vaccines. Two Audits were also carried out (report discussed under ADTC agenda item 7.3).

The ADTC noted the update report on behalf of the PGD Group and the good progress made.

6.5 Safe & Secure Use of Medicines Group

Ms G Smith introduced the update report on behalf of the Safe & Secure Use of Medicines (SSUOM) Group and highlighted key points.

The ADTC noted the establishment of the Medicines Safety Drumbeat meetings and launch of the Medication Safety Minute weekly staff bulletin in January 2023 to support staff with learning from medication incidents. The ADTC welcomed this work and the development of the Medication Safety Minute. It was noted that the main focus of the Medication Safety Minute at present has been predominantly around the administration of medicines and the importance of including content relevant to all prescribers was highlighted. Membership of the Drumbeat meetings to be reviewed and extended to include members of the medical, nursing and AHP teams. Ms A Smith to take forward in discussion with Professor Morwenna Wood.

AS

It was noted that medicine safety work around the insulin safety programme is ongoing. An improvement plan has been developed with the aim of finalising this work in July 2023.

It was noted that a review of the function of the SSUOM group is underway and a report will be submitted in due course.

The audit and assurance programme is continuing and several audit reports have been presented to the ADTC (agenda items 7.3, 7.4 and 7.5).

The achievements since the last update include the launch of version 10 of the SSUMPP in April 23, supported by a series of drop in sessions for staff.

The ADTC noted that there is an ongoing issue with forged CD prescriptions circulating from NHS England. To date none have been presented within Fife however alerts have been circulated to Community Pharmacy as appropriate.

The ADTC noted the update report on behalf of the SSUOM Group and the achievements made.

7 SBARs/Updates

7.1 Medicines Governance Structure

Mr Notman introduced the SBAR Review of Medicines Governance Structure and briefed the ADTC on the background to this.

The ADTC noted that it is proposed that the principles of realistic medicine are to be integrated into all medicine governance Committees and sub-committees rather than a stand-alone Realistic Prescribing Group. The realistic prescribing leads have been consulted and are supportive of this proposal.

It was noted that the proposed revised structure does not reference the Peer Approved Clinical System Tier 2 (PACS2) Panel. A link to the PACS2 Panel via the Clinical Advisory Panel to be added to the revised structure.

Links to the Shared Care Group and Fife Prescribing Forum to be added to the appropriate flowcharts. Appendix 2 to be replaced with the updated version dated August 2022.

The ADTC supported the proposals for the revised medicines governance structure in principle. A revised SBAR to be brought back to the ADTC in June prior to submission to the Clinical Governance Committee for Assurance.

FN

7.2 East Region Formulary - Transition to Website

Mr Fraser introduced the SBAR – Transition to East Region Formulary Website and briefed the ADTC on the background to this.

The ADTC discussed the SBAR and supported the proposals therein for the transition to the East Region Formulary website. Implementation date to be clarified and a communications plan developed prior to the transition. Mr

FN/HH

Notman to link in with Dr Hellewell regarding the communication process for GP contractors.

7.3 Patient Group Directions SBAR and Audit Report

Ms A Smith introduced the SBAR and report “An Audit of the Use of Patient Group Directions in NHS Fife at Practitioner Level and Service Lead Level 2022” and briefed the ADTC on the background to this.

The PGD Audit process is a legal requirement as described in MHRA and NICE guidance. It is also part of NHS Fife Patient Group Directions – Best Practice Statement (March 2013). The 2022 audit involved two elements, a practitioner survey and a service level survey, both of which were both carried out electronically using smart surveys. Participation in the audit was lower than expected due to pressures in services during the audit period, however audit completion rates were high (99% for the practitioner survey and 100% for the service level survey). The 2023 audit will be performed in September-October 2023 to avoid the busy winter period.

The ADTC noted the SBAR and audit report for awareness and assurance of the mechanisms in place to support the PGD audit process.

7.4 Controlled Drugs Audit

Ms G Smith introduced the SBAR and Controlled Drugs Ward Audit report and briefed the ADTC on the background to this.

The ADTC noted that the annual ward CD audit is a comprehensive 59 point assessment undertaken jointly by a member of the nursing team and a pharmacy professional. One hundred and four areas were assessed and a CD audit action plan was developed to support staff to ensure learning is embedded into practice. The action plan will be reviewed by the Safe and Secure Use of Medicines Group in six months. Details of individual audit results have also been shared with Heads of Nursing for the respective areas. A meeting with the Heads of Nursing will also be arranged to review the actions and ensure outstanding actions are completed.

The ADTC noted the Controlled Drugs Audit report for awareness and assurance and noted the recommendations within the report.

7.5 Return & Destruction Audit

Ms G Smith introduced the SBAR and Return and Destruction of Medicines Audit report and briefed the ADTC on the background to this.

The Return and Destruction of Medicines in NHS Fife was a new audit undertaken as part of the Safe and Secure Use of Medicines (SSUMPP) Audit and Assurance Programme. The audit comprised of two parts - part one was an “ask 5 questionnaire” where the same set of questions was asked to 160 registered nurses and midwives in NHS Fife (Acute Services Division and Health and Social Care Partnership) to ascertain their level of understanding

of the current medicine return process; part two involved colleagues in the pharmacy store assessing if medicines had been returned to pharmacy in accordance with the SSUMPP.

The ADTC noted the findings within the report. The report has also been shared with directorates in the Acute Services Division and the Health & Social Care Partnership. The main focus of the audit was around compliance however the audit has highlighted that further work around ordering and return of medicines is required. A short life working group is being set up to review the current medicines return process. Ms Smith to consider developing audit tools for rolling out the audit within Primary Care.

The ADTC noted the audit report and the recommendations within the report. A verbal update on progress with recommendations to the brought back to the next ADTC meeting.

GS

7.6 Progress in NHS Fife against SGHD/CMO(2019)4 National Guidance for Monitoring Lithium

Mr Brown introduced the SBAR NHS Fife Progress against SGHD/CMO(2019)4 - National Guidance for Lithium Monitoring and briefed the ADTC on the background to this.

The ADTC noted that the original audit against the national guidance was carried out over three years ago and due to delays in progressing the establishment of centralised specialist lithium clinics it is proposed that a re-audit be undertaken to ascertain NHS Fife's compliance with the 2019 guidelines.

Further discussions to be taken through the next Pharmacy Senior Leadership Team and an action plan/update to be brought back to the next ADTC meeting.

JB

8 Risk Register

There were no risks scheduled for review.

9 ADTC-COLLABORATIVE/SCOTTISH GOVERNMENT COMMUNICATION

9.1 ScotCAP Clinical Guideline for Bowel Preparation

Mr Hannan highlighted the communication from Healthcare Improvement Scotland (HIS) Area Drug and Therapeutic Committee Collaborative (ADTCC) in relation to the ScotCAP Clinical Guideline for bowel preparation and briefed the ADTC on the background to this.

ScotCap is a national programme run by the Centre for Sustainable Delivery. A Short Life Working Group hosted by the ADTCC was set up to consider the ScotCAP Clinical Guideline for bowel preparation and the ADTCC agreed to its use within NHS Scotland.

The ADTC noted the ADTCC decision, the robust governance processes in place and the benefit in terms of maximising capacity and agreed to local approval of the guideline with no adaptation to ensure consistency of approach to this national service.

Ms Fernie highlighted a query in relation to suitability of preparations for patients with IBD. Mr Hannan to clarify and feed back to Ms Fernie.

BH

9.2 ADTCC Newsletter

The ADTC noted the ADTCC newsletter March 2023.

9.3 Pharmacy First Approved List Review

Mr Notman highlighted the proposed annual review of Pharmacy First and sought the ADTC's views on taking the review forward within NHS Fife.

The ADTC requested that the review process and timelines be clarified and Pharmacy to then take forward the review in consultation with other groups as appropriate. An update to be brought to the ADTC meeting in August 2023.

FN/AS

The ADTC also noted that Mr Notman has registered an interest in membership of national Pharmacy First review group going forward.

10 EFFECTIVE PRESCRIBING

10.1 Medicines Procurement Newsletter

The ADTC noted the Medicines Procurement Newsletter February 2023.

10.2 National Cancer Medicines Advisory Group (NCMAG) Quarterly Update

The ADTC noted the NCMAG Quarterly Update April 2023.

10.3 PACS2 Process Training

Mr Notman highlighted the resources developed to support PACS Panel members through the PACS2 and SMC Non-Submission processes.

The ADTC noted the resources developed and thanked Mr Notman for the work involved in developing the training pack. The information to be added to the ADTC website as a useful resource for Clinicians completing submissions.

11 HEPMA Update

Mr Wilson provided a verbal update on the current contractual position with electronic prescribing and progress with the implementation of HEPMA.

12 PACS/SMC Non Submissions

12.1 Latest Submissions

The table detailing the latest PACS2/SMC non submissions was noted.

13 POINTS FOR RAISING AT CLINICAL GOVERNANCE COMMITTEE

There were no items identified as requiring escalation to the Clinical Governance Committee.

14 ANY OTHER COMPETENT BUSINESS

Dr Gourley highlighted the sodium valproate national audit work and feedback regarding the challenges faced by GP Practice teams. Dr Hellewell to discuss with Dr Gourley.

HH/IG

Other Information

- a Minutes of Diabetes MCN Prescribing Group 14 February 2023.** For information.
- b Minutes of Heart Disease MCN Prescribing Sub-Group 20 April 2023.** Not available.
- c Minutes of Respiratory MCN Prescribing Sub-Group 18 April 2023.** Not available.
- d Date of Next Meeting**
The next meeting is to be held on **Wednesday 21 June 2023 at 2.00pm via MS Teams**. Papers for next meeting/apologies for absence to be submitted by 7 June.

HEALTH & SAFETY SUBCOMMITTEE

(Meeting on 9 June 2023)

No issues were raised for escalation to the Clinical Governance Committee.



Minute of the H&S Sub-Committee Meeting
Friday 9 June 2023 at 12.30 pm on Teams

Present

Neil McCormick (Chair), Director of Property & Asset Management (NMcC)
Paul Bishop, Head of Estates (PB)
Iain MacLeod, Deputy Medical Director (IMaCL)
Rona Laskowski, Head of Complex Critical Care Services, Fife HSCP (RL)
Janette Keenan, Director of Nursing (JK)
David Miller, Director of Workforce (DM)
Conn Gillespie, Staff Side Representative (CG)

In Attendance

Billy Nixon, H&S Manager (BN)
Andrea Barker, note taker

The order of the minute may not reflect that of the discussion

No.		Action
1.	<u>Welcome & Apologies</u> NMcC welcomed those present to the meeting. Apologies were noted from Dr Chris McKenna, Ann-Marie Marshall (A-MM) and Nicola Robertson.	
2.	<u>Minute/Matters Arising:</u> The Minute of 10.03.23 was approved as an accurate record. <u>Matters Arising</u> Interviews for Manual Handling Trainers - acceleration of recruitment process actioned by DM. Action complete.	
3.	<u>Covid-19 Update:</u> Proposed removal of Covid-19 Update as a standard item on the agenda. Proposal agreed by the group.	
4.	<u>Governance Arrangements:</u> There were no Governance Arrangements to report.	
5.	<u>Operational Updates</u> 5.1 <u>H&S Sub-Committee Incidents</u> (Mar-May 2023)	

A copy of the H&S Sub-Committee Incidents Report (Mar-May 2023) was distributed to members of the group.

BN presented the Incidents Report for the period March to May 2023 to the group in his role as H&S Manager.

Whilst discussion major violence and aggression incidents the Sub-Committee **noted** the importance of the level of accuracy whilst recording such incidents, particularly in mental health settings. Paying particular attention to the level of intensity and the risk.

The Sub-Committee **noted** that the frequency of these incidents is increasing.

RIDDOR Reportable Incidents

The Sub-Committee **noted** that the Health & Safety team have taken over the reporting of RIDDOR. The H&S team will be the first point of contact for NHS Fife for all Health & Safety Executive related incidents.

Hate Crime

JK raised the reporting of hate crime within the organisation. BN advised that hate crimes are recorded on Datix adding that the manner in which they are recorded may differ eg under physical or verbal assaults.

The Sub-Group **noted** the importance of accuracy when staff are reporting incidents and to give as much information as possible for data purposes.

5.2 Manual Handling Review

A copy of the Manual Handling Review Report was circulated and presented to the group by BN. *(Please note that the information contained in the report is for the first quarter (January-March 2023) and only April and May 2023 for the second quarter due to the timing of the meeting).*

Kirstie Winn (KW) and Nicola Walters (NW), Manual Handling Trainers commenced employment on 4 April 2023.

01.01.23 – 31.05.23

- 79 manual handling courses were delivered
- A total of 239 members of staff were trained and updated on manual handling during this period

New Manual Handling Courses

CBA - Competency Based Assessment

CLD - Patient Handling Update - Child Health Practitioners

LHU - Load Handling Update

LUF - Load Handling Update (Facilities staff)

MIN - Patient Handling Update - Minimal Handling

OBS - On-site Observation & Training

PPS - Load Handling Update – Pharmacy, Porters & Stores

Strategic - Equipment Review Group

<p>A-MM was invited and accepted an invitation to join Jim Forrest, Fife Council's Manual Handling Lead Advisor at their Equipment Review Group.</p> <p>A-MM advised that a Manual Handling Review Group will be re-instated to promote continuity and build relationships between ourselves and Fife Council.</p> <p><u>Overview</u></p> <ul style="list-style-type: none"> • Positive feedback is being received from staff evaluation forms following training which feed into the Training Needs Analysis and Learning Outcomes. From this a continual audit and review process is evidenced in order to meet the requirement of the Scottish Manual Handling Passport (SMHP). • Manual Handling is now live on TURAS which allows staff to book courses themselves (classroom-based sessions). • With A-MM and NW trained in manual handling for children and young babies, NHS Fife can now deliver Module G of the SMHP. • The successful candidate for the Manual Handling Co-ordinator will commence in post on 3 July 2023. <p>Action – A-MM will present a Manual Handling Comparative Report to the Sub-Committee at the 8 December 2023 meeting.</p> <p>NMcC extended his appreciation and thanks on behalf of the Sub-Committee to A-MM and her team for their great effort with the huge increase in Manual Handling training across the organisation.</p> <p>Action - It was agreed by the Sub-Committee to request that A-MM to prepare a full analysis report showing the correlation between the uptake of training and the number of musculoskeletal injuries. Please include pre-pandemic figures alongside current figures. Please present at the next H&S Sub-Committee meeting on 8 September 2023.</p> <p><u>Manual Handling Internal Audit</u></p> <p>NMcC added that all outstanding actions on the recent Manual Handling Internal Audit are complete and have been signed off.</p> <p><u>Training – Importance of reducing the impact of ill health on our staff</u></p> <p>IMacL - With staff suitably trained, we see the number of incidents reducing, how can we show that NHS Fife is helping staff to come to work and fulfil their lives whilst looking after and caring for our patients?</p> <p>Effectively, the importance of training our staff is part one of the process but how do we relay part two in so far as the impact this has on patients lives and also the running of the system as a whole?</p> <p>The Sub-Committee agreed that it would be worth considering a multi-disciplinary exercise around the correlation of absence statistics as well as in terms of absence due to musculoskeletal injuries resulting in staff being unavailable for work.</p> <p>5.3 <u>Health Surveillance (including Skin Health)</u></p>	<p>A-MM</p> <p>A-MM</p>
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BN gave an update to the Sub-Committee on all of the positive progress that had been made in improving the uptake on the Skin Health Surveillance process. Surveillance returns show compliance:

- Quarter 1 - 67%
- Quarter 2 - 61%
- Quarter 3 - 61 %
- Quarter 4 - 65%

BN highlighted that health surveillance figures are lower than normal with Occupational Health (OH) concerned that all the figures are not coming through. The correct process that Managers should follow includes identifying staff group or individuals and then notify OH following a suitable risk assessment.

As OH no longer have an Occupational Health Practitioner who is suitably qualified in HAZ recordings, BN advised that he is considering approaching another Board or provider in order to capture these.

Action - BN and DM **agreed** to take health surveillance and HAZ recordings forward to bring them back on track.

5.4 Glove Selection Procedure Review

BN gave an update to the Sub-Committee that the GP G1 Glove Selection Procedure review with updated with very few changes in February 2023. The Policy has been uploaded on Blink.

5.5 Sharps Strategy Group

Following a recent Internal Audit, addressing the escalation of any related sharps incidents/concerns was highlighted for action.

- Historically, the Sharps Strategy Group with a SLWG, pre-Covid-19.
- Sharps incidents/concerns are a standing agenda item at ASD&CD H&S Committee meetings.
- Sharps Incident Reports are discussed at Sub-Committee meetings.

The Sub-Committee **agreed** that a separate Sharps Strategy Group was not required.

Action - Internal Audit to be notified accordingly.

5.6 Annual Workplan 2023-24

Business for discussion at the next meeting on 8 September 2023 includes:

- Sharps Review
- Face Fit Testing
- Learning & Development - All H&S and Manual Handling Training Packages

If you would like a specific item added to the Annual Workplan for discussion at future Sub-Committee meetings, then please advise Andrea who will update the agenda.

BN/DM

NMcC

6.	<p><u>NHS Fife Enforcement Activity</u></p> <ul style="list-style-type: none"> • There has been no recent HSE enforcement activity to report within NHS Fife. • Manual Handling Enforcement Activities are on-going within several other Scottish Boards. 	
7.	<p><u>Policies & Procedures</u></p> <ul style="list-style-type: none"> • <u>NHS Fife</u> <p>GP/D1-1 - <u>Display Screen Equipment</u></p> <p>Review June 2023.</p> <p>GP/SUMS-01 - <u>Safe use of Medical Sharps</u></p> <p>Due for review in August 2023.</p> <p>GP/M2 - <u>Control of Mercury Policy</u></p> <p>Pending.</p> <p>GP/L2 - <u>Dealing with Lead at Work Procedure</u></p> <p>Pending.</p> <p>GP/S2 - <u>Smoking Policy</u></p> <p>Pat Allan replaces Kay Samson as Senior Health Promotions Officer. Hazel Thomson, Board Committee Support Officer is following up further updates with the Health Promotions team.</p> <p>NMcC extended thanks to BN and his team on behalf of the Sub-Committee for bringing the H&S P&Ps up-to-date.</p> <ul style="list-style-type: none"> • <u>HSCP</u> <p>On-going updates continue around policies, protocol and safe systems of work across NHS services that are delegated to the partnership.</p>	
8.	<p><u>Performance</u></p> <p>For noting:</p> <p>(a) <u>ASD&CD H&S Committee Minute</u></p> <p>BN advised that the ASD&CD H&S Committee meeting on 31 May 2023 was not quorate and, therefore, cancelled.</p> <p>(b) <u>HSCP H&S Assurance Group Minute</u></p>	

The HSCP H&S Assurance Group Minute of 9 May 2023 was presented and **noted** by the group.

Matters Arising from the HSCP Minute of 9 May 2023:

(a) Personal Safety Training

The retiral of Ian Bease, Community Safety Officer has led to concerns from HSCP staff around the lack of Personal Safety Training, particularly for community staff. JK advised that the post of Community Safety Officer falls within the remit of the Resilience Team, Public Health which is led by Sue Cameron.

(b) Lone Working Policy

Work continues around a Deep Dive with Staff Side colleagues around the safety of lone working staff colleagues.

(c) Asbestos Incident, Lynebank Hospital, Dunfermline

NHS Fife operates Asbestos Registers across its estate. It is a legal requirement for all contractors to sign off on the Safe Systems of Work arrangements set out by NHS Fife.

PB advised the Sub-Committee that the protocol around contractor access to sites is under review and once approved, will be published on Blink.

Action - PB to prepare a report on the recent asbestos incident for discussion with the group at the next meeting on 8 September 2023.

(d) Workforce Challenges

The Sub-Committee **noted** workforce shortages in mental health particularly around substantive posts.

This remains an on-going concern and results in our reliance on Bank workforce. This, in turn, raises the question as to whether Bank staff have the appropriate training in de-escalation management of violence and aggression and also in terms of the correlation between levels.

DM added that it may be helpful to check how we deliver our services to ensure the safety of our staff and our patients.

In terms of management of training our Bank staff, do we:

- Expect Bank staff to carry out training in their own time, or
- Pay Bank staff to come in and carry out training, when required

JK added that Bank staff have an induction period where they would carry out training and complete their induction packs.

Action - JK agreed to check on the support around additional training further down the line to NHS Bank staff and report her finds to the Sub-Committee.

PB

JK

<p>9.</p>	<p><u>Any Other Business</u></p> <p>9.1 <u>ASD&CD H&S Committee Meeting (31.05.23)</u></p> <p>The meeting was cancelled, therefore, no business to report - See 8(a) above.</p> <p>9.2 <u>HSE Letter – Recommendation for managing Violence & Aggression & Musculoskeletal Disorders in the NHS</u></p> <p>BN advised the Sub-Group that he was in receipt of an HSE letter which had recently been brought to his attention. The letter highlights findings on the management of risks from workplace violence and aggression and musculoskeletal disorders.</p> <p>NHS Fife has a good part of the response covered; however, BN will pick up on any vulnerabilities and will advise the Sub-Group of these accordingly.</p> <p>NMcC added that, although NHS Fife has not received a direct copy of the correspondence, we should prepare an ‘on-hold’ response.</p> <p>Action - BN to prepare a ‘draft’ response for NMcC’s consideration.</p> <p>9.3 <u>RCM Scotland – Entonox Levels in Maternity Units</u></p> <p>NMcC discussed a letter received from the RCM Scotland in relation to the health and safety around staff exposure levels to nitrous oxide together with the carbon footprint impact. He added that our Maternity Unit is relatively modern with good ventilation in comparison to other Boards with older buildings.</p> <p>Action - PB to prepare a response and consider exposure levels from cylinder usage in maternity and any other clinical areas eg the Emergency Directorate and Obstetric Theatres. PB to consider the Catalytic Cracking process.</p> <p>9.4 <u>Attendance at local Health & Safety Meetings</u></p> <p>It was noted by the Sub-Committee that attendance at Health & Safety Committee and Partnership meetings remains challenging.</p> <p>CG added that Union representation at Health & Safety meetings is also challenging and has been for some time.</p> <p>The Sub-Committee agreed that future consideration should be given to a campaign on Blink or similar to encourage participation in terms of the HSCP and NHS Fife.</p>	<p>BN</p> <p>PB</p>
<p>10.</p>	<p><u>Date & Time of Next Meeting</u></p> <p>Friday 9 September 2023 at 12.30 pm on Teams</p>	

INFECTION CONTROL COMMITTEE

(Meeting on 7 June 2023)

No issues were raised for escalation to the Clinical Governance Committee.

Infection Control Committee Minutes (unconfirmed)


07th June 2023 at 1400 via Teams



Item No	Subject
1	<p>Attendees Janette Keenan, Director of Nursing (Chair) JK Julia Cook, Infection Control Manager JC Lizzy Dunstan, Senior Infection Prevention & Control Nurse ED Pryia Venkatesh, Consultant Microbiologist PV Suzanne Watson, Senior Infection Prevention & Control Nurse SW Paul Bishop, Head of Estates PB Catherine Gilvear, Fife HSCP Quality and Clinical and Care Governance Lead CG Midge Rotherham, Support Services Manager MR Fiona Bellamy, Senior Health Protection Nurse Specialist FB Claire Connor, Dental Practice Co-Ordinator CC Bev Young, PA/Office Manager Infection Control Team BY</p> <p>Apologies David Griffith, Neil McCormick, Norma Beveridge, Jim Rotheram, Keith Morris, Aileen Lawrie</p>
2	<p>Minute of Previous Meeting Group approved previous minute as an accurate reflection.</p>
3	<p>Action List Action list shared and updated by members of the meeting.</p>
4	<p>Standing Items</p>
4.1	<p>Risk Register JK advised members of the meeting current risks 15 risks, risk 612 has been reduced from high to moderate, discussion took place around this being put back up to a high risk as this is regarding the decontamination services. PB advised members of the meeting this is required to remain high, as without this service it would have a fundamental affect to NHS Fife, it is also on the corporate register. No high risk to report, no risk has been closed. JC added ICNET national contract renewal has now also been added to the risk register. Following discussion Hand Hygiene reporting and LIMS/ICNET to also be added to the risk register.</p>
4.2	<p>HAIRT Board Report ED & JC presented the HAIRT report, which covers validated data for Quarter 4, and locally validated up to April 2023. Challenges: 7 dialysis line related SABs in 2023, compared to 2 in 2022; renal services are to arrange a super SAER to investigate linkage. ECB: Continues to be challenging, however slight reduction in cases reported CDI: Increase in cases reported from January to end of April. SSI: Programme still on hold and local teams are supported. COVID 19: – Weekly ARHAI Scotland nosocomial report now ceased with a drop in hospitals cases reported around Scotland. SAB: Moderate risk of 9, challenges discussed. MRSA & CPE Screening: Jan to March sitting at 100% for MRSA and CPE. PWID: 3 cases reported up to the end of April, QI group and working ongoing UCIG: next meeting 23rd June. Urinary catheter maintenance bundles have been implemented within 4 care homes and becoming engrained within practice. Hand Hygiene: currently no robust digital systems for recording hand hygiene compliance, meetings held with eHealth with discussions of exploring a commercial audit package such as MEG. D&I have reported</p>

	<p>some areas are continuing to use the previous system LANQIP. For the committee to considered recommending the use of LANQIP until new systems are in place.</p> <p>Outbreaks: Since last reporting period, 0 norovirus to report, 0 outbreaks of flu and 17 COVID-19, 3 in Acute and 14 in HSCP.</p> <p>Achievements: JC reported to the members of the meeting, 5 members of the IPCT have achieved specialist qualifications, further education and training will continue.</p>
4.3	<p>Care Home Update</p> <p>SW updated the care home team were involved in the Care Home Collaborative Event that was held in May. The workshop focused on collaborative ongoing work and vision of the future, with a second workshop to take place at the end of the month of June specifically for Care Home Managers.</p> <p>This years WHO hand hygiene day, activities involved a IPCT roadshow which included care homes, promoting best practice with staff, residents and their visitors. Feedback was very positive from managers and care home teams, the IPCT hope to continue with best practice campaigns in future years.</p> <p>Promoting and implementing a programme of yearly walkabouts are being offered to all care homes.</p> <p>Training continues within the care homes and there are currently no restrictions within any Fife Care Homes.</p> <p>Care inspectorate collaborative meeting was held to support working relationships; LSI meetings are also being supported, when applicable concerns have been found. JK brought to meetings attention the fabulous relationship the care home team have with the care home staff. MR asked if any feedback locally regarding care home cleaning specifications. SW advised that there has been good feedback given regarding the National Cleaning Specifications from all managers. Since the cleaning schedules within the cleaning specifications are the minimal requirements, many of the care homes utilised these for use within their homes.</p>
4.4	<p>NHSS National Cleaning Services Specification</p> <p>MR advised NHS Fife is above national average and achieving green status.</p>
4.5	<p>Learning Summary</p> <p>PVC related SAB key learning, identified the importance of complying with twice-daily PVC checks. Weekly audit and targeted quality improvement implemented.</p>
4.6	<p>National Guidance</p> <p>Revised and updated Care Home IPC Manual - 24 05 2023 Update to NIPCM and CH IPCM to reflect DL (2023) 11 15 05 2023 Withdrawal of extended use of facemasks Updated HAI Compendium 28 04 2023 NIPCM quarterly evidence tales for Jan - March 2023 28 04 2023 Updated Appendix 12: Application of IPC in the deceased 24 04 2023 Appendix 21: COVID-19 Pandemic IPC Controls for Health and Social Care V1 20 03 2023; V2 16 05 2023</p>
4.7	<p>HEI Inspections Fife</p> <p>JC shared feedback to the group, noting the 3 areas of good practice, 7 requirements and 2 recommendations within the report. Discussion around the action plan and current progress.</p>
4.8	<p>Quality Improvement Programmes</p> <p>PWID Rise in cases from 2021, ongoing work with addiction services and charities whom are seeing more presentations in infections and different type of drugs being injected. The physical assessment questionnaire is being linked with the MAT4 Standards and to be added to MORSE. CG advised to the members of the meeting urgency around this work has been raised to the quality improvement group and advised the chair of the group will be changing due to movement within the nursing team.</p> <p>UCIG Verbal Update.</p>
4.9	<p>Education</p> <p>ED advised IPC training programme continues. Supporting all NHS Fife HCWs and volunteers, teams sessions, face-to-face and pre-recorded training are available.</p>
4.10	<p>Infection Prevention & Control Audit Programme Update</p> <p>ED advised audits have a dedicated IPC audit nurse and most inpatient and outpatient wards are largely up to date, with very little slippage for the 2 yearly rolling audit programme. HH compliance and technique is also incorporated within this.</p>

4.11	<p><u>HAI-SCRIBE</u> JC updated the members of the meeting, theatre reception renovation in Queen Margaret, Project Hydra, and commended the fantastic work of the Health Centres modifications project highlighted in the report.</p>
4.12	<p><u>Capital Planning</u> <u>Lochgelly and Kincardine Health Centre:</u> No update</p>
4.13	<p><u>Infection Prevention and Control Annual Work Programme Update</u> For noting</p>
5	<u>New Business</u>
5.1	<p><u>Incidents/Outbreaks/Triggers</u> <u>COVID-19 ASD</u> <u>COVID 19 HCSP</u> <u>Renal SABs</u> ED updated members of meeting regarding the SBAR 7 cases of <i>Staphylococcus aureus</i> bacteraemia across all sites, with no associated factor, each individual SAB has had an individual CCR and awaiting the overview meeting to ensure there are no overall associations or trends. <u>Tarvit CDI</u> JC updated on a recent increase in CDI cases and following investigation and ribotyping a cross transmission event could not be ruled out. Incident reported to ARHAI Scotland, additional IPC support offered to the ward, ongoing monitoring with no new cases identified in the month of May. Members <u>noted</u> the reports</p>
5.2	<p><u>The HCAI Interim Strategy Development</u> JK provided a verbal report, the strategy is expected to launch on the 12th of June, update to follow to the committee.</p>
5.3	<p><u>The IPC Workforce Strategy 2022-24</u> JK advised an Oversight Board is being commissioned and paper (ToR and action plan) to be shared with committee</p>
5.4	<p><u>ICNET AND LIMS</u> ED updated the group ICNET is an essential IPC electronic reporting system. IT is required by IPC for timely informing of alert organisms, to ensure appropriate patient placement and management and for documenting of IPC advice. A new Lab information management system (LIMS) is being rolled out nationally, to replace LabCentre, by September 2023, LIMS is required to be integrated with ICNet to ensure it is fully functional, as well as multiple other systems in Fife. Weekly LIMS meetings, chaired by NHS Fife Digital Services are held to provide a progress report of this integration and to discuss this challenging development, with no guarantee that this project will be completed by September 2023. JC advised members of the meeting that this ICNet risk is required to be added to the risk register. JK Advised this is affecting Scotland as a whole and not Fife alone.</p>
5.5	<p><u>ICNET CONTRACT</u> JC advised members of the meeting the ICNET contract negotiations, it was raised previously Scottish Government was to develop a business case for an eSurveillance system for Scotland as a whole. 10 out of the 14 Scottish Boards who use ICNET, the current national contract ends December 2023. ICMs have taken forward negotiations with national procurement. Currently cost pressures are indicating an increase of 34%. There are number of risk associated which have been added to the risk register (risk 2532).</p>
6	<u>Infection Control Committee's Sub Groups – Minutes/notes of meetings</u>
6.1	<p><u>Infection Prevention & Control Team</u> Members <u>noted</u> the notes of the meeting</p>
6.2	<p><u>NHS Fife Decontamination Steering Group</u> Members <u>noted</u> the notes of the meeting</p>
6.3	<p><u>NHS Fife Antimicrobial Management Team</u> Members <u>noted</u> the last meeting was held 2022</p>

6.4	<u>NHS Fife Water Safety Management Group</u> Members <u>noted</u> the notes of the meeting			
6.5	<u>NHS Fife Ventilation Group</u> Members <u>noted</u> the notes of the meeting			
6.6	<u>NHS Fife HAI Scribe Planning Group</u> Members <u>noted</u> the notes of the meeting			
6.7	<u>Quality Reports</u> Members <u>noted</u> the notes of the meeting			
7	Any Other Business			
	Terms of reference: All members of the meeting agreed with updated terms of reference. Hand Hygiene/LanQIP: This was discussed with members of the team earlier in the meeting and it was decided it will be added to the risk register and JK to take forward discussions with ADoNs			
8	Date of Next Meeting			
	 ICC meeting schedule 2022-2023. <table border="1" data-bbox="261 875 1070 913"> <tr> <td></td> <td>1400-1600</td> <td>Via Ms teams</td> </tr> </table>		1400-1600	Via Ms teams
	1400-1600	Via Ms teams		

DRAFT