NHS Fife Clinical Governance Committee

Fri 12 July 2024, 10:00 - 12:55

MS Teams

Agenda

10:00 - 10:00
0 min

1. Apologies for Absence

Arlene Wood

10:00 - 10:00
0 min

2. Declaration of Members' Interests

Arlene Wood

10:00 - 10:00
0 min

3. Minutes of Previous Meeting held on Friday 3 May 2024

Enclosed *Arlene Wood*

Approval

Item 03 - Clinical Governance Committee Minutes (unconfirmed) 20240503.pdf (9 pages)

10:00 - 10:10
10 min

4. Matters Arising / Action List

Enclosed *Arlene Wood*

Assurance

Item 04 - CGC Action List.pdf (5 pages)

4.1. Adverse Event Process for Drug Related Deaths

Verbal *Dr Chris McKenna*

Assurance

10:10 - 10:15
5 min

5. ACTIVE OR EMERGING ISSUES

10:15 - 10:50
35 min

6. GOVERNANCE MATTERS

6.1. Internal Audit Annual Report 2023/24

Enclosed *Jocelyn Lyall*

Assurance

Item 06.1 - SBAR Internal Audit Annual Report 2023-24.pdf (3 pages)
Item 06.1 - Appendix 1 Internal Audit Annual Report 2023-24.pdf (44 pages)

6.2. Clinical Governance Oversight Group Assurance Summary from 18 June 2024 Meeting

Enclosed *Gemma Couser*

Assurance

- Item 06.2 - Clinical Governance Oversight Group Assurance Summary from 18 June 2024 Meeting.pdf (3 pages)

6.3. Corporate Risks Aligned to Clinical Governance Committee

Enclosed *Dr Chris McKenna / Janette Keenan*

Assurance

- Item 06.3 - SBAR Corporate Risks Aligned to Clinical Governance Committee.pdf (7 pages)
- Item 06.3 - Appendix 1 Corporate Risks aligned to the CGC.pdf (9 pages)
- Item 06.3 - Appendix 2 Assurance Principles.pdf (1 pages)
- Item 06.3 - Appendix 3 Risk Matrix.pdf (2 pages)

6.4. Delivery of Annual Workplan 2024/25

Enclosed *Gemma Couser*

Assurance

- Item 06.4 - Delivery of Annual Workplan.pdf (6 pages)

10:50 - 11:40
50 min

7. STRATEGY / PLANNING

7.1. Corporate Objectives 2024/25

Enclosed *Carol Potter*

Assurance

- Item 07.1 - SBAR Corporate Objective 2024-25.pdf (4 pages)
- Item 07.1 - Appendix 1 Corporate Objectives 2024-25.pdf (1 pages)

7.2. Letter from the Scottish Government: Reforming Services and Reforming the Way We Work

Enclosed *Carol Potter*

Assurance

- Item 07.2 - Letter from the Scottish Government Reforming Services and Reforming the Way We Work.pdf (9 pages)

7.3. Annual Delivery Plan Scottish Government Response 2024/25

Enclosed *Susan Fraser*

- Item 07.3 - SBAR NHS Fife Annual Delivery Plan Scottish Government Response.pdf (3 pages)
- Item 07.3 - Appendix 1 NHS Fife Annual Delivery Plan 2024-25.pdf (58 pages)
- Item 07.3 - Appendix 2 NHS FIfe Delivery Plan 2024-25 Approval Letter.pdf (14 pages)

7.4. Annual Delivery Plan 2023/24 Quarter 4 Report

Enclosed *Susan Fraser*

Assurance

- Item 07.4 - SBAR Annual Delivery Plan 2023-24 Quarter 4 Report.pdf (6 pages)
- Item 07.4 - Appendix 1 Annual Delivery Plan 2023-24 Quarter 4 Report.pdf (28 pages)

7.5. Clinical Governance Strategic Framework Delivery Plan 2024/25

Enclosed *Gemma Couser*

Assurance

- Item 07.5 - SBAR Clinical Governance Strategic Framework Delivery Plan 2024-25.pdf (3 pages)

Item 07.5 - Appendix 1 Clinical Governance Strategic Framework Annual Delivery Plan 2024-25.pdf (3 pages)

11:40 - 12:10
30 min

8. QUALITY / PERFORMANCE

8.1. Integrated Performance & Quality Report

Enclosed *Dr Chris McKenna / Janette Keenan*

Assurance

Item 08.1 - SBAR Integrated Performance & Quality Report.pdf (6 pages)
Item 08.1 - Appendix 1 Integrated Performance & Quality Report.pdf (11 pages)

8.2. Healthcare Associated Infection Report

Enclosed *Janette Keenan*

Assurance

Item 08.2 - SBAR Healthcare Associated Infection Report.pdf (6 pages)
Item 08.2 - Appendix 1 Healthcare Associated Infection Report.pdf (28 pages)

8.3. Ionising Radiation (Medical Exposure) Regulations Inspection Report

Enclosed *Dr Chris McKenna*

Assurance

Item 08.3 - SBAR Ionising Radiation (Medical Exposure) Regulations Inspection Report.pdf (4 pages)
Item 08.3 - Appendix 1 HIS IR(ME)R Nuclear Medicine Inspection Feb 2024.pdf (2 pages)

8.4. Neonatal Mortality Review Response

Enclosed *Dr Chris McKenna*

Item 08.4 - SBAR Neonatal Mortality Review Response.pdf (7 pages)

12:10 - 12:30
20 min

9. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

9.1. Patient Story

Presentation *Janette Keenan*

9.2. Patient Experience & Feedback

Enclosed *Janette Keenan*

Assurance

Item 09.2 - SBAR Patient Experience & Feedback.pdf (6 pages)
Item 09.2 - Appendix 1 Patient Experience & Feedback Flashcard.pdf (4 pages)

12:30 - 12:50
20 min

10. ANNUAL REPORTS / OTHER REPORTS

10.1. Clinical Advisory Panel Annual Report 2023/24

Enclosed *Dr Chris McKenna*

Assurance

Item 10.1 - SBAR Clinical Advisory Panel Annual Report 2023-24.pdf (3 pages)
Item 10.1 - Appendix 1 CAP Annual Report 2023-24.pdf (9 pages)

10.2. Fife Child Protection Annual Report 2023/24

Enclosed *Janette Keenan*

Assurance

- Item 10.2 - SBAR Child Protection Annual Report 2023-24 + appendix.pdf (45 pages)

10.3. Radiation Protection Annual Report 2023/24

Enclosed *Dr Chris McKenna*

Assurance

- Item 10.3 - SBAR Radiation Protection Annual Report 2023-24.pdf (4 pages)
- Item 10.3 - Appendix 1 Radiation Protection Annual Report 2024.pdf (6 pages)

10.4. Transport of Medicines Audit Report

Enclosed *Fiona Forrest*

Noting

- Item 10.4 - Transport of Medicines Audit Report.pdf (17 pages)

10.5. Medicines Assurance Audit Programme Short Life Working Group Audit Report

Enclosed *Fiona Forrest*

Noting

- Item 10.5 - Medicines Assurance Audit Programme Short Life Working Group Audit Report.pdf (5 pages)

12:50 - 12:55
5 min

11. LINKED COMMITTEE MINUTES

11.1. Area Medical Committee held on 9 April 2024 (unconfirmed)

Enclosed

- Item 11.1 - Linked Minute Cover Paper.pdf (1 pages)
- Item 11.1 - Area Medical Committee (unconfirmed) 20240409.pdf (4 pages)

11.2. Area Radiation Protection Committee held on 9 May 2024

Enclosed

- Item 11.2 - Minute Cover Paper.pdf (1 pages)
- Item 11.2 - Area Radiation Protection Committee (unconfirmed) 20240509.pdf (5 pages)

11.3. Cancer Governance & Strategy Group held on 21 March 2024 (confirmed) & 30 May 2024 (unconfirmed)

Enclosed

- Item 11.3.1 - Minute Cover Paper.pdf (1 pages)
- Item 11.3.1 - Cancer Governance & Strategy Group (confirmed) 20240321.pdf (10 pages)
- Item 11.3.2 - Minute Cover Paper.pdf (1 pages)
- Item 11.3.2 - Cancer Governance & Strategy Group (unconfirmed) 20240530.pdf (10 pages)

11.4. Clinical Governance Oversight Group held on 18 June 2024 (unconfirmed)

Enclosed

- Item 11.4 - Minute Cover Paper.pdf (1 pages)
- Item 11.4 - Clinical Governance Oversight Group (unconfirmed) 20240618.pdf (10 pages)

11.5. Digital & Information Board held on 9 May 2024 (unconfirmed)

Enclosed

- Item 11.5 - Minute Cover Paper.pdf (1 pages)
- Item 11.5 - Digital & Information Board (unconfirmed) 20240509.pdf (7 pages)

11.6. Fife IJB Quality & Communities Committee held on 8 March 2024 (confirmed) & 10 May 2024 (unconfirmed)

Enclosed

- Item 11.6.1 - Minute Cover Paper.pdf (1 pages)
- Item 11.6.1 - Fife IJB Quality & Communities Committee (confirmed) 20240308.pdf (11 pages)
- Item 11.6.2 - Minute Cover Paper.pdf (1 pages)
- Item 11.6.2 - Fife IJB Quality & Communities Committee (unconfirmed) 20240510.pdf (8 pages)

11.7. Health & Safety Subcommittee held on 7 June 2024 (unconfirmed)

Enclosed

- Item 11.7 - Minute Cover Paper.pdf (1 pages)
- Item 11.7 - Health & Safety Subcommittee (unconfirmed) 20240607.pdf (7 pages)

11.8. Infection Control Committee held on 5 June 2024 (unconfirmed)

Enclosed

- Item 11.8 - Minute Cover Paper.pdf (1 pages)
- Item 11.8 - Infection Control Committee (unconfirmed) 20240605.pdf (5 pages)

11.9. Medical & Dental Professional Standards Oversight Group held on 11 June 2024 (unconfirmed)

Enclosed

- Item 11.9 - Minute Cover Paper.pdf (1 pages)
- Item 11.9 - Medical & Dental Professional Standards Oversight Group (unconfirmed) 20240411.pdf (4 pages)

11.10. Research, Innovation & Knowledge Oversight Group held on 14 May 2024 (unconfirmed)

Enclosed

- Item 11.10 - Minute Cover Paper.pdf (1 pages)
- Item 11.10 - Research, Innovation & Knowledge Oversight Group (unconfirmed) 20240514.pdf (7 pages)

11.11. Resilience Forum held on 13 March 2024 (unconfirmed)

Enclosed

- Item 11.11 - Minute Cover Paper.pdf (1 pages)
- Item 11.11 - Resilience Forum (unconfirmed) 20240313.pdf (7 pages)

12:55 - 12:55
0 min

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1. To the Board in the IPQR Summary

Verbal *Arlene Wood*

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

Verbal *Arlene Wood*

12:55 - 12:55
0 min

13. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 30 JULY 2024

12:55 - 12:55
0 min

14. ANY OTHER BUSINESS

12:55 - 12:55
0 min

15. DATE OF NEXT MEETING - FRIDAY 6 SEPTEMBER 2024 FROM 10AM - 1PM VIA MS TEAMS

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 3 MAY 2024 AT 10AM VIA MS TEAMS

Present:
Arlene Wood, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Anne Haston, Non-Executive Member
Kirstie Macdonald, Non-Executive Whistleblowing Champion
Aileen Lawrie, Area Clinical Forum Representative
Janette Keenan, Director of Nursing
Liam Mackie, Area Partnership Forum Representative
Dr Chris McKenna, Medical Director
Carol Potter, Chief Executive

In Attendance:
Nicky Connor, Director of Health & Social Care
Gemma Couser, Associate Director of Quality & Clinical Governance
Claire Dobson, Director of Acute Services
Fiona Forrest, Acting Director of Pharmacy & Medicines
Susan Fraser, Associate Director of Planning & Performance
Ben Hannan, Director of Reform & Transformation
Helen Hellewell, Deputy Medical Director, Health & Social Care Partnership (HSCP)
Alistair Graham, Director of Digital & Information
Pat Kilpatrick, Board Chair *(observing)*
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Dr Iain MacLeod, Deputy Medical Director, Acute Services Division
Dr Shirley-Anne Savage, Associate Director for Risk & Professional Standards *(part)*
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting, and extended a warm welcome to Pat Kilpatrick, Board Chair, who had joined the meeting to observe.

A welcome was also extended to Liam Mackie, Charge Nurse, in his new role as the Area Partnership Forum representative. Liam was unable to join the previous meeting but was attending today's Committee.

The Chair advised that Fiona Forrest has joined the Committee as a regular attendee in her role as Acting Director of Pharmacy & Medicine, replacing Ben Hannan who has been seconded to the role of Director of Reform & Transformation. Fiona was warmly welcomed to the Committee.

The NHS Fife MS Teams Meeting Protocol was set out and a reminder given that the meeting is being recorded to aid production of the minutes.

1. Apologies for Absence

Apologies were received from members Sinead Braiden (Non-Executive Member), Joy Tomlinson (Director of Public Health) and routine attendees Margo McGurk (Director of Finance & Strategy) and Neil McCormick (Director of Property & Asset Management).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 1 March 2024

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

4. Matters Arising / Action List

4.1 Health & Social Care Partnership Response to Community Associated E. Coli (ECB) Bacteraemia and Clostridium Difficile Infection (CDI)

The Director of Nursing highlighted the key points from the paper and advised that there are a number of actions being undertaken to reduce CDI, particularly antimicrobial therapy. It was also highlighted that there were no community associated CDIs reported from September to December 2023. An explanation was provided on the main reasons for ECB and an overview was provided on the work that is being carried out to reduce this infection.

Following questions, it was reported that some protocols from other Health Boards are being used in terms of sharing best practice for infections. An explanation was provided on the lag of data within the Healthcare Associated Infection Report, and it was noted that once the targets have been set for 2024/25, providing more up-to-date data to the Committee is expected.

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

4.2 Medical Education Survey Results Action

Following the action in relation to the medical education survey results, the Associate Director of Quality & Clinical Governance confirmed that there are no concerns in relation to IT access for ScotGEM undergraduate students. A full explanation is provided on the Action List entry.

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

5. ACTIVE OR EMERGING ISSUES

There were no active or emerging issues to be discussed.

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. It was noted that the Integration Joint Board (IJB) Quality & Communities Committee Annual Assurance Statement was issued later than the others, due to the timing of the IJB's own committees, and a request has been made to bring that meeting forward for next year.

The Board Secretary agreed to clarify if the Covid Mortality Report, mentioned in the Clinical Governance Oversight Group Assurance Statement, went to the NHS Fife Board in private session, and to also add to the same Assurance Statement that a further update will be provided to the Committee around the deteriorating patient improvement programme at a future meeting in 2024/25.

Action: Board Secretary

It was highlighted that the Information Governance & Security Steering Group Assurance Statement identifies the likely disclosure within the Annual Accounts regarding the incident at St Andrews Community Hospital in spring 2023, and that this will be recorded in detail within the Board's Governance Statement. It was noted that formal assurance from the Steering Group will be brought to the Committee at the July 2024 meeting.

In terms of the Resilience Forum Assurance Statement, a request was made to reference the IJB as a category 1 responder and the connection of business continuity plans.

Action: Board Secretary

The Chair welcomed the inclusion of the annual workplan in the Health & Safety Subcommittee Assurance Statement, noting this gave assurance on the range of business considered at meetings of the group.

The Chair commended the Board Secretary for her work in pulling these assurance statements together.

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 2023/24

The Board Secretary explained that NHS Fife Board require assurance that all Standing Governance Committees have delivered on their remit and the Statement seeks to provide detail on how the Clinical Governance Committee has met this through the 2023/24 financial year. The Clinical Governance Committee's Annual Statement of Assurance will go through the Audit & Risk Committee as part of the Annual Accounts 2023/24 process, before being submitted to NHS Fife Board for approval.

The Board Secretary was commended for an excellent report and no changes were requested to the current content of the Statement.

The Committee **approved** the draft Clinical Governance Committee Annual Statement of Assurance 2023/24.

6.3 Area Clinical Forum Annual Statement of Assurance 2023/24

A Lawrie, Area Clinical Forum (ACF) Representative, highlighted that the main focus for the ACF during 2023/24 was to improve engagement with clinicians and increase the visibility of the Forum, and that discussions are ongoing to further enhance this work.

An overview was provided on the key points from the Assurance Statement. It was advised that there had been regular updates in relation to the Re-form, Transform, Perform programme. Ongoing challenges with engagement from clinical groups was discussed, and the importance of a clear engagement plan was highlighted. The Director of Health & Social Care and ACF Representative agreed to discuss outwith the meeting any work that could be undertaken to enhance those connections.

Action: ACF Representative

Deputy attendance was raised, and it was advised that a deputy would only be invited to attend a meeting to stand in for a member (rather than an attendee) of a group. It was reported that a request is made for Terms of Reference, for each group, to be reviewed on an annual basis, which includes a review of the membership.

The Committee took **assurance** from the ACF Annual Statement of Assurance 2023/24.

6.4 Clinical Governance Oversight Group Assurance Summary from April 2024 Meeting

The Director of Quality & Clinical Governance highlighted the key items discussed at the Clinical Governance Oversight Group meeting held in April 2024, including the work that is underway to review drug-related deaths, the endorsement of a new trigger list for the commissioning of significant adverse events, and the work that is underway through the Scottish Government for medical devices. It was noted that the group has matured in terms of functionality and connecting activity from both the Health & Social Care Partnership and Acute Services.

Questions followed, and it was advised that the Medical Assisted Treatment (MAT) Standards were announced this week and demonstrate that NHS Fife has improved in all areas. It was noted that work is underway to address the challenges with elements of waiting times.

In terms of drug-related deaths, it was reported that there has been a reduction in Fife, and that work is being carried out to connect multi-agency drug death reviews into the public protection system, to strengthen the governance.

A report on the MAT Standards and the Fife Alcohol & Drug Partnership Strategy will both be presented to the Public Health & Wellbeing Committee at their meeting on 13 May 2024.

It was agreed further detail on the adverse event process for drug related deaths be brought back to the next meeting.

Action: Medical Director

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

6.5 Corporate Risks Aligned to Clinical Governance Committee

The Medical Director reported no significant changes to the corporate risks aligned to the Committee, and no changes to the risk ratings or risk appetite, which have all been discussed in detail.

It was noted that a deep dive was recently presented to the Committee on the clinical optimal outcomes risk, and that this risk is being further reviewed through the Risk & Opportunities Group. It was agreed that the timescale requires to be included in the review.

Action: Associate Director for Risk & Professional Standards

It was reported that an update on the quality & safety risk will be provided to the Executive Directors' Group in relation to how that risk might be adapted to improve our approach to organisational learning, before being presented to the Committee at the July 2024 meeting. It was also advised that work is underway for a new risk around pandemic preparedness, which has not yet been added to the Corporate Risk Register.

The Board Chair raised some concerns relating to elements of the risks contained within the overall Corporate Risk Register. The Medical Director and Board Chair agreed to discuss further outwith the meeting.

Action: Medical Director

The Medical Director acknowledged the contribution of Pauline Cumming, thanking her for all her hard work and diligence in her role as Risk Manager, and members joined in wishing her well for her retirement.

The Committee took a **"reasonable" level of assurance** that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

6.6 Delivery of Annual Workplan 2023/24

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

7. STRATEGY / PLANNING

7.1 Annual Delivery Plan 2024/25 Scottish Government Response

The Associate Director of Planning & Performance reported that the Annual Delivery Plan (ADP) is presented in draft, as the Scottish Government's response is still awaited. An overview on the contents of the ADP was provided and it was noted that the plan has been aligned to the Population Health & Wellbeing Strategy, Medium-Term Financial Plan and the Re-form, Transform, Perform programme. It was confirmed that the ADP has been developed in conjunction with the Health & Social

Care Partnership, and that the performance reporting elements to the Integration Joint Board are being worked through.

The Associate Director of Planning & Performance agreed to revisit the health inequalities aspect of the ADP in terms of providing more detail, and to also explore a system for establishing the non-financial elements of the plan. It was noted that there is a requirement to report regularly to the Scottish Government on progress of the ADP, and that regular updates will also be provided to the Committee.

Action: Associate Director of Planning & Performance

The Committee took **assurance** from the contents of the Annual Delivery Plan.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Nursing provided a summary on the clinical governance aspects of the IPQR, as detailed in the report. It was highlighted that the trigger list, which is part of the NHS Fife Adverse Events Policy, is being reviewed and an update will come back to the Committee. It was questioned if there were any recurring themes in terms of type of event and levels of harm caused in the category labelled 'other', for the major and extreme category, and the Director of Nursing agreed to take that forward as an action for the next meeting.

Action: Director of Nursing

It was highlighted that there has been a significant improvement for inpatient falls within the Health & Social Care Partnership and Acute Services, and that the in-patient falls toolkit, which was launched at the beginning of March 2024, has an emphasis on safer mobility and falls reduction.

It was reported that there was a concerning increase in pressure ulcers in February 2024, and that further detail has been requested to understand the increase and the improvement actions being undertaken. It was noted that the increase is an outlier. Further detail on pressure ulcers will be included in the next iteration of the report and will include detail on the 'Quality of Care Review', which is a new national tool, currently being piloted in NHS Fife.

Action: Associate Director of Planning & Performance

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 reported that the surgical site infection surveillance programme had been paused, due to Covid, and that it is expected to resume in the near future. It was questioned if local surveillance is being carried out, whilst the national programmes are paused. In response, it was advised that data is currently collected locally by our orthopaedic and gastroenterology teams, who work closely with our microbiologists.

Ward closures due to norovirus outbreaks, influenza and Covid, during the reporting period, were highlighted. It was advised that no new inspections had been carried

out, and that the Ear, Nose & Throat (ENT) unit in the Victoria Hospital has now reopened following its refurbishment. It was noted that there is an improved process in place for understanding any infection control issues within wards, which includes environmental checks.

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

9. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

9.1 Patient Story

The Director of Nursing presented on a patient's ectopic pregnancy, which highlighted the deteriorating patient work, rapid response, evidence-based care, and the psychological impact. The national bereavement care pathway within NHS Fife was also highlighted.

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

9.2 Patient Experience & Feedback Quarter 4 Report

The Director of Nursing spoke to the key aspects of the report. It was highlighted that the majority of NHS Fife Care Opinion stories are positive, and that it is a vital tool for staff receiving positive feedback. The main themes around complaints were outlined, and the locations receiving the most complaints. In terms of reporting to the Scottish Public Services Ombudsman, there were seven new cases reported in quarter 4, with one decision report received and six cases not taken forward. It was noted that levels of assurance will be incorporated into future reporting, in line with the performance work being undertaken following a recent Board Development Session.

It was advised that feedback and analysis from the recently developed complainants' questionnaire will be brought back to the Committee.

Action: Director of Nursing

An update was provided on the improvement work being undertaken, including exploring an internal complexity categorisation tool for the team to better understand the volume and nature of negligible, moderate and complex complaints.

It was reported that complaints data indicates a shortfall in meeting the Scottish Public Services Ombudsmen's standards. It was also reported that the Complaints Complexity Categorisation Tool has been piloted successfully and will be monitored and reviewed to ensure that further enhancements are made when indicated. Assurance was provided that the categorisation tool is not intended to replace the national standard. Suggestion was made to include more detail within the report on the work that is being carried out to prevent complaints and to support teams. A further request was made to outline the actions that are being undertaken to address the common themes and how staff are being supported in these areas. The backlog of complaints was also highlighted, and the Director of Nursing agreed to separate those from new complaints, and to also consider simplifying the level of data, particularly to support understanding of the data.

Action: Director of Nursing

The Associate Director of Quality & Clinical Governance agreed to discuss with the Director of Nursing outwith the meeting the organisational learning work taking place in terms of thematic studies of complaints and will bring a high-level update back to the next meeting.

Action: Associate Director of Quality & Clinical Governance / Director of Nursing

The Chair acknowledged all the hard work of the Patient Experience Team.

The Committee took **assurance** that work continues to refine and improve our complaints response.

9.3 Scottish Public Service Ombudsman Investigation Report & Action Plan

The Director of Nursing provided background detail to the investigation of complaints by the Scottish Public Service Ombudsman (SPSO). The investigation report and action plan presented to the Committee was outlined, and it was noted that two outstanding recommendations from the SPSO were now complete.

Following a query, it was advised that SPSO are content with the response to the outstanding recommendations and have closed this particular investigation report. It was also advised that SPSO Investigation Reports & Action Plans are held locally, due to the operational nature, and that assurances would come through the Clinical Governance Oversight Group and be included in that regular assurance report to Committee. Furthermore, the recommendations in the report presented today will form part of the Clinical Governance Framework Delivery Plan for the forthcoming year, and assurance will also be provided to Committee through an overview of the delivery plan, which is on the Committee's workplan.

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

11. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes and that there were no escalations to the Committee.

11.1 Area Clinical Forum held on 4 April 2024 (unconfirmed)

11.2 Area Medical Committee held on 13 February 2024 (confirmed)

11.3 Clinical Governance Oversight Group held on 16 April 2024 (unconfirmed)

11.4 Fife Area Drugs & Therapeutic Committee held on 17 April 2024 (unconfirmed)

11.5 Health & Safety Subcommittee held on 8 March 2024 (unconfirmed)

11.6 Infection Control Committee held on 7 February 2024 (confirmed) & 3 April 2024 (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

There were no matters to escalate to the Board.

13. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 12 July 2024 from 10am – 1pm via MS Teams

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

CLINICAL GOVERNANCE COMMITTEE – ACTION LIST

Meeting Date: Friday 12 July 2024

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	03/05/24	**Patient Experience & Feedback Quarter 4 Report**	To discuss with the Director of Nursing, the organisational learning work taking place in terms of thematic studies of complaints and to bring a high-level update back to the next meeting.	**GC**	GC has had discussions with Nicola Robertson, Director of Nursing, Corporate, around the organisational learning work taking place, including the thematic studies of complaints. This work is still ongoing.	September 2024
2.	12/01/24	**Reinforced Autoclaved Aerated Concrete (RAAC)**	To build into standard business continuity plans, the process and phases of work for deteriorating areas, including risk assessments, reporting, and relocating staff and patients.	**NM**	An SBAR will be provided for the September 2024 meeting. Awaiting national guidance to be updated.	September 2024
3.	03/05/24	**Corporate Risks Aligned to Clinical Governance Committee**	To included timescales within the Optimal Clinical Outcomes review.	**SAS**	Under review through the Risk & Opportunities Group.	September 2024
4.	03/05/24	**Area Clinical Forum Annual Statement of Assurance 2023/24**	To discuss any work that could be undertaken to enhance clinical connections.	**AL**	Deadline extended due to NC leaving NHS Fife.	September 2024
5.	12/01/24	**Medical Appraisal and Revalidation Annual Report 2022/23**	To provide narrative around performance for revalidation, in the next report.	**CM**		November 2024
6.	03/05/24	**Patient Experience & Feedback Quarter 4 Report**	To bring back to the Committee the feedback and analysis from the recently developed complainants' questionnaire.	**JK**	A questionnaire is sent to all complainants after the final response letter is issued. It is sent electronically via email using MS Form, or a paper version is posted if that is the preferred option for the complaint. The focus in the past quarter has been to ensure a robust	July 2024

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

CLINICAL GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Friday 12 July 2024

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
					process for sending the questionnaire to all complainants. This responsibility now lies with the administration staff in the Patient Experience Team (PET) and the process is well-established. . The MS Forms data is automatically collated when the questionnaire is submitted. The paper responses returned to PET will be manually added to the data. The Head of Patient Experience (HoPE) will meet with the PET leads over the next quarter to review the data and thematically analyse the data, ensuring an action plan is implemented to monitor change and improvements.	
7.	03/05/24		To separate backlog of complaints, from new complaints, and to also consider simplifying the level of data, particularly to support understanding of the data.	**JK**	The PET and the Directorates are dedicated to reducing the backlog of complaints. Initially, the focus was on decreasing the number of complaints over 200 days, which was successfully achieved. The current goal is to further reduce the number of complaints over 100 days, with six such complaints currently outstanding. Additionally, efforts are being directed towards prioritising the	July 2024

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

CLINICAL GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Friday 12 July 2024

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
					handling of complaints that are under 20 days to meet the target timeframe for stage 2 complaints. The inclusion of additional fields within Datix, the Complaints Dashboard via MicroStrategy, and the new weekly report has facilitated the display and simplification of data pertaining to all complaints. The Complaints Dashboard enables Directorates to review their respective data on Concerns, Enquiries, Stage 1, and Stage 2 complaints. The report features information and graphics for each complaint, its stage within the complaint handling procedure, and data on delayed (breached) complaints. Furthermore, it allows Directorates to analyse trends related to received complaints.	
8.	03/05/24	**Integrated Performance & Quality Report**	An update to be provided to the Committee on the trigger list, which is part of the NHS Fife Adverse Events Policy, and to also identify if there are any recurring themes for those categorised as 'other' for the major or extreme category.	**JK**	The trigger list has been redefined and agreed at Clinical Governance Oversight Group. Work is underway to define local event specific reviews that will equate a SAER and provide assurance that the reporting, reviewing and governance of these locally agreed event specific review meets the standards as a level 1 review as detailed in the national framework.	July 2024

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

CLINICAL GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Friday 12 July 2024

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
					There has been discussion within Adverse Events on the requirements to re-describe/re-define the other clinical events category, to create greater transparency of the sub categories within. A paper will be presented to CGOG in August providing options for discussion and agreement on re-coding of this category within datix.	
9.	03/05/24	**Annual Delivery Plan 2024/25 Scottish Government Response**	To provide regular updates to the Committee on progress of the Annual Delivery Plan.	**SF**	Closed.	Regular Updates
10.	03/05/24	**Annual Assurance Statements & Reports from Clinical Governance Subcommittees & Groups**	To clarify if the Covid Mortality Report, mentioned in the Clinical Governance Oversight Group Assurance Statement, went to the NHS Fife Board in private session, and to also add to the same Assurance Statement that a further update will be provided to the Committee around the deteriorating patient improvement programme at a future meeting in 2024/25.	**GM**	Actions complete, and document re-issued.	May 2024
11.	03/05/24		To reference the IJB as a category 1 responder and the connection of business continuity plans.	**GM**		May 2024

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

CLINICAL GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Friday 12 July 2024

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
12.	03/05/24	**Corporate Risks Aligned to Clinical Governance Committee**	To discuss with the Board Chair, some concerns that were raised in relation to elements of the risks contained within the Corporate Risk Register.	**CM**	Meeting scheduled for 24 June 2024.	July 2024
13.	03/05/24	**Clinical Governance Oversight Group Assurance Summary from April 2024 Meeting**	To provide further detail at the next meeting, on the adverse event process for drug related deaths.	**CM**	On agenda under matters arising.	July 2024
14.	03/05/24	**Integrated Performance & Quality Report**	Further detail on pressure ulcers to be included in the next iteration of the report and to include detail on the 'Quality of Care Review', which is a new national tool, currently being piloted in NHS Fife.	**SF**	Closed. IPQR has been updated.	July 2024

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**12 July 2024**
Title:	**Annual Internal Audit Report 2023/24**
Responsible Executive:	**Margo McGurk, Director of Finance and Strategy**
Report Author:	**Jocelyn Lyall, Chief Internal Auditor**

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Government policy / directive
- Legal requirement

- NHS Board Strategic Priorities
  - To Improve Health & Wellbeing
  - To Improve Quality of Health & Care Services
  - To Improve Staff Experience & Wellbeing
  - To Deliver Value & Sustainability

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

- Effective

2 Report summary

2.1 Situation

The purpose of this report is to present the Annual Internal Audit Report 2023/24 to the NHS Fife Clinical Governance Committee. This report has been considered by the Audit and Risk Committee at its meeting on 20 June 2024 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 governance.

2.2 Background

The Audit and Risk Committee approved this report at its meeting on 20 June 2024, including the completed action plan, as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

This Annual Internal Audit Report provides details on the outcomes of the 2023/24 internal audit and the Chief Internal Auditor's opinion on the Board's internal control framework for the financial year 2023/24.

2.3 Assessment

Based on work undertaken throughout the year the Chief Internal Auditor has concluded that:

- The Board has adequate and effective internal controls in place.
- The 2023/24 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

In addition, the Chief Internal Auditor has 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 the opinion of the Chief Internal Auditor 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.
-

Key themes are highlighted on pages 5 to 7 of the Annual Report and key developments are set out on page 8.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	Yes			
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

The Institute of Healthcare Improvement Triple Aim (Better population health, better quality of patient care, financially sustainable services) is a framework that describes an approach to optimising health system performance and 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 process to produce the Annual Internal Audit Plan considers inherent and control risk for all aspects of the Internal 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. Legislative requirements are a core consideration in planning all internal audit reviews.

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

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 Climate Emergency & Sustainability Impact

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 prior to being presented to the Audit and Risk Committee on 20 June 2024

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a **Significant** Level of Assurance.
- **Discussion** –consider the narrative for clinical governance.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Annual Internal Audit Report 2023/24

Report Contact: Jocelyn Lyall**,** Chief Internal Auditor, Email jocelyn.lyall2@nhs.scot

FTF Internal Audit Service

Internal Audit Annual Report 2023/24

Report No. B06/25

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

Contents

Draft Report Issued	10 June 2024
Management Responses Received	13 June 2024
Target Audit & Risk Committee Date	20 June 2024
Final Report Issued	**14 June 2024**

INTRODUCTION AND CONCLUSION

1. This annual report to the Audit & Risk Committee provides details on the outcomes of the 2023/24 internal audit and my opinion on the Board's internal control framework for the financial year 2023/24.

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

- The Board has adequate and effective internal controls in place.
- The 2023/24 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 2023/24 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. The plans were approved by 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. The Internal Audit Plan for 2023/24 was amended and approved at the March 2024 Audit & Risk Committee.

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 (PSIAS).

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 December 2023, was informed by detailed review of formal evidence sources including Board, Standing Committee, Executive Directors Group (EDG), and other papers. The ICE made recommendations to drive forward strategic change within an environment of financial and workforce challenges 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 to 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. There has been minor slippage on Risk Management and Information Governance recommendations. The remaining actions to address recommendations in our previous ICE and Annual Reports, along with an assessment of progress are included in Section 5.

10. The 2024/25 ICE will provide an update on the remaining actions as well as providing an opinion on the efficacy of implementation of all agreed actions.

11. 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 will be followed up in the 2024/25 ICE.

Governance Statement

12. 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 2023/24 Governance Statement.

13. The Governance Statement format and guidance are included within the NHSScotland Annual Accounts Manual. The 2023/24 Accounts Manual states that the Governance Statement should explain the relationships (including the Health Board's responsibility for any operational aspects of activities) with any IJBs, and how the Board maintains governance oversight of its activities and receives assurance from the IJB on the development and delivery of its strategy and its overall governance. The Governance Statement guidance includes compliance with the principles of good governance set out in the NHS Scotland – Blueprint for Good Governance: second edition and sets out the essential features of the Risk Management section of the Governance Statement.

14. The Board has produced a Governance Statement which states that: *'During the 2023/24 Financial Year, there was one significant failure of internal control, related to a data breach / unauthorised release of patient-related information. The Information Commissioner's Office has issued a Reprimand to the Board for the incident, concluding that NHS Fife did not have appropriate security measures in place to secure personal information, as well as low staff training rates. Following this incident, the Board has introduced new measures to strengthen internal controls in the related areas. An update on all actions undertaken by the Board in response to the Reprimand is due to be submitted to the Information Commissioner in June 2024 and as such, at the time of writing, full assurance cannot be given that the Board's actions have fully addressed the original weaknesses in the control environment. Following the review and the action taken by the Information Commissioner's Office,*

the Board assessed the incident matched the requirements for disclosure.'

15. 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 2023/24, provides assurance for the Chief Executive as Accountable Officer.

16. 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.

17. 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.

18. 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.

Key Themes

19. Detailed findings are shown later in the report. Key themes emerging from this review and other audit work during the year are detailed in the following paragraphs.

20. The Board has continued to improve its governance during the year and has completed the Blueprint for Good Governance (2nd edition) self-assessment. The resulting action plan identified actions including renewal of the Board's risk appetite statement, finalising a stakeholder engagement strategy, increasing the benchmarking information available to the Board, and facilitating more opportunities for Board members to engage with staff and stakeholder groups.

21. The Audit Scotland 'NHS in Scotland 2023' report, published in February 2024 stated that *'Significant service transformation is required to ensure the financial sustainability of Scotland's health service. Rising demand, operational challenges and increasing costs have added to the financial pressures on the NHS and, without reform, its longer-term affordability'*. Financial sustainability remains a significant and enduring risk for all Health Boards and for NHS Fife. The 2023/24 savings target of £15 million was not delivered, with £8.14 million achieved (54%), of which £2.97 (36%) was recurring. For 2023/24, NHS Fife achieved break even and stayed within the Revenue Resource Limit (RRL). This was achieved largely following receipt of unplanned funding from the Scottish Government and other non-recurring sources. Brokerage of £14 million was also required for the second consecutive year to deliver the RRL target of breakeven.

22. As reported by the Director of Finance and Strategy to the March 2024 Board, the financial sustainability challenge is significant and unprecedented, with an estimated financial gap before savings of £121 million over the next three years. Savings of £75 million have been identified with a residual gap of £46 million.

23. In future years NHS brokerage funding may not be guaranteed to the extent it has been in past and NHS Fife may need to prepare contingency plans accordingly. The impact from the known reductions in capital funding will be a key consideration.

24. NHS Fife has introduced 'Re-form, Transform, Perform' (RTP) which has four workstreams: Medicines, Service Design and Delivery, Infrastructure, and Workforce, with an executive lead for each and a Director of Reform and Transform appointed. These workstreams are '*designed to be agile and fluid, enhancing delivery without altering individual roles or accountabilities. Initial savings are allocated to these streams, enabling focused delivery, rapid progress, and effective monitoring, all under Executive oversight to align with strategic goals*.'

25. The Board's Population Health & Wellbeing Strategy remains the overall document of strategic direction for NHS Fife through to 2028, and RTP will serve as an operational plan to deliver these strategic aims, supported by annual planning requirements.

26. Financial sustainability must underpin all decisions taken by the NHS Board and all staff have a part to play in moving the organisation to a more sustainable footing. The approach is collaborative and prioritised and in line with the Population Health and Wellbeing Strategy, with the overall aim of delivering the required level of savings and a sustainable and recurring balanced financial position.

27. There have been a number of changes within the Non-Executive cohort, including the appointment of the Chair.

28. The Blueprint for Good Governance states that '*An organisation's culture comprises its shared values, norms, beliefs, emotions, and assumptions about how things are and should be done around here'*. These 'things' include how decisions are made, how people interact and how work is carried out. Maintaining an appropriate organisational culture continues to be important and more so in the current environment when taking account of the scale of the financial challenge for NHS Fife alongside increasing service pressures. Such pressures will require to be carefully managed and may require some very difficult decisions.

29. Risk management work continues and is summarised in the NHS Fife Risk Management Annual Report 2023/24. A Board Development Event on risk appetite was held in April 2024 and work continues on this. The Risk Management Framework is being updated and a Delivery Plan to support implementation is being finalised. Internal Audit provided feedback on the deep dive process and this will be considered by the Risk Opportunities Group over the summer.

30. Operational performance has been mixed over the past year, and it is likely that the challenge will continue in the short and medium term until strategic solutions can be found, working in partnership with the IJB.

31. In common with many Health Boards, NHS Fife is finding achievement of a range of national targets extremely challenging. In 2023/24, Treatment Times Guarantee measures, long waits within the Emergency Department, numbers of new referrals and diagnostic performance remained key areas of focus for improvement within Fife.

32. The style of the Integrated Performance & Quality Report (IPQR) continues to evolve with Annual Delivery Plan trajectories and benchmarking graphs included. The IPQR continues to identify where performance is below expectations and provide meaningful narrative on the underlying causes and barriers to achievement and proposed solutions. This will need to be accompanied by a culture of rigorous but supportive challenge.

33. In their 'NHS in Scotland 2023' report Audit Scotland stated that *'Investing in preventative measures and implementing service reforms will help to ensure services are sustainable in the future'*. This view has also been reported by Public Health Scotland as outlined in the January 2023 discussion paper 'Public health approach to prevention and the role of NHSScotland' which stated that *'there is a*

growing body of economic evidence that supports the case for investing in public health interventions and prevention.'

34. Reflecting on the Audit Scotland and Public Health Scotland conclusions, the Population Health and Wellbeing Strategy has public health as a central component of its strategy, with public health measures reported within the Strategy update to the Board in May 2024.

35. The Audit Scotland report 'NHS Scotland 2023' reported *'The NHS, and its workforce, is unable to meet the growing demand for health services. Activity in secondary care has increased in the last year but it remains below pre-pandemic levels and is outpaced by growing demand. This pressure is creating operational challenges throughout the whole system and is having a direct impact on patient safety and experience.'* Internal Audit will follow up action to address recommendations from our May 2024 report B17/23 – Workforce Planning, which provided Reasonable Assurance.

36. Whilst there are important staff wellbeing factors related to high levels of sickness absence, the level of absence also has a direct impact on the level of supplementary staff costs. At the end of March 2024, the total spend on supplementary staffing for Health Board retained services was £21.1m, a reduction of £2.4m from the previous financial year. The actions taken to increase controls on spend and investment in staffing models and permanent posts took several months to deliver and the anticipated supplementary staffing reduction only began to be realised in the last quarter of the financial year.

37. Due to the scale of the forecast deficit within NHS Fife and the significant movement from plan, NHS Fife was assessed as being at level two of the Scottish Government escalation framework.

38. The Staff Governance Committee (SGC) Annual Report for 2023/24 concluded positively that it has fulfilled its remit and there was full coverage of the strands of the Staff Governance Standard. Progress has been made in implementing actions to address recommendations made in our previous annual and ICE reports with actions related to the staff governance standards and whistleblowing having recently been implemented. Action to provide the Staff Governance Committee with assurance on action to address Scottish Government feedback on the Staff Governance Monitoring Return is on track to be addressed in 2024/25.

39. The Clinical Governance Committee has operated well during 2023/24 and improvements continue. Assurance reports are now presented to the Clinical Governance Committee following each meeting of the Clinical Governance Oversight Group and provision of assurance on clinical aspects of services delegated to the IJB has also improved in 2023/24. The quality of data used to assess performance in progressing adverse events reviews is being examined and overall performance in this area continues to be poor. There are no actions from our previous annual and ICE reports related to Clinical Governance remaining to be addressed.

40. NHS Fife has performed well in compliance with Network & Information Systems Regulations (NISR) with the competent authority auditor concluding that '*NHS Fife is a high-performing board with well-defined security policies and procedures in place*' The uptake of mandatory Information Governance training has remained a challenge and this was raised by the Information Commissioner's Office. Assurances have been provided through governance structures that action is being taken forward to address this in 2024/25.

Key developments since the issue of the ICE included:

- The development of the 'Reform, Transform and Perform' Framework to enable change and work towards a financially and operationally sustainable future.
- Self-assessment against the Blueprint for Good Governance, and submission of an improvement plan to Scottish Government.
- Risk Management arrangements continue to evolve, and the Board's Risk Appetite is being reviewed and revised.
- Ongoing review of the effectiveness of the Risk and Opportunities Group and reporting arrangements.
- Approval of Committee Chairs' Assurance Reports and levels of assurance for agenda papers by Fife NHS Board on 28 May 2024. The Chairs' reports will complement the minutes of each meeting by summarising the committee business undertaken with the intention of enhancing escalation of items to the Board and providing a level of assurance.
- NHS Fife continues to work with key partners to progress implementation of the Population Health and Wellbeing Strategy.
- The Clinical Governance Strategic Framework Delivery plan is being implemented with monitoring of this being reported to the Clinical Governance Oversight Group.
- Excellent performance in maintaining Clinical Policies has again been achieved in 2023/24 with 99% of policies being within their target review date.
- The three-year Financial Plan 2024/25 to 2026/27 was approved by the Board on 26 March 2024 but remains as yet unapproved by the Scottish Government. A formal quarter 1 financial performance review with NHS Fife and Scottish Government is planned.
- Approval by the Finance, Performance & Resources Committee (FPRC) in December 2023 for critical posts not currently funded.
- Workforce planning linked to RTP.
- NHS Fife achieved the highest level of engagement in Scotland for the iMatters process.
- Whistleblowing arrangements and compliance with the national standards continues to improve with all of the actions related to recommendations made in internal audit report, B13/23 – Whistleblowing, now having been implemented.

41. Overall, there has been good progress on recommendations from the ICE from last year and the Internal Audit Annual Report for 2022/23. 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

42. During 2023/24 we delivered 26 audit products with five currently work in progress. (3 for NHS Fife and 2 for Fife IJB).

43. Our 2023/24 audits of the various financial and business systems provided opinions on the adequacy of controls in these areas. Summarised findings or a full report for each review were presented to the Audit & Risk Committee throughout the year.

44. A number of our reports, including the ICE, have been wide ranging and complex 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.

45. Board management continue to respond positively to our findings and action plans have been agreed to improve the systems of control.

ADDED VALUE

46. The Internal Audit Service has been responsive to the needs of the Board and has assisted the Board and added value by:

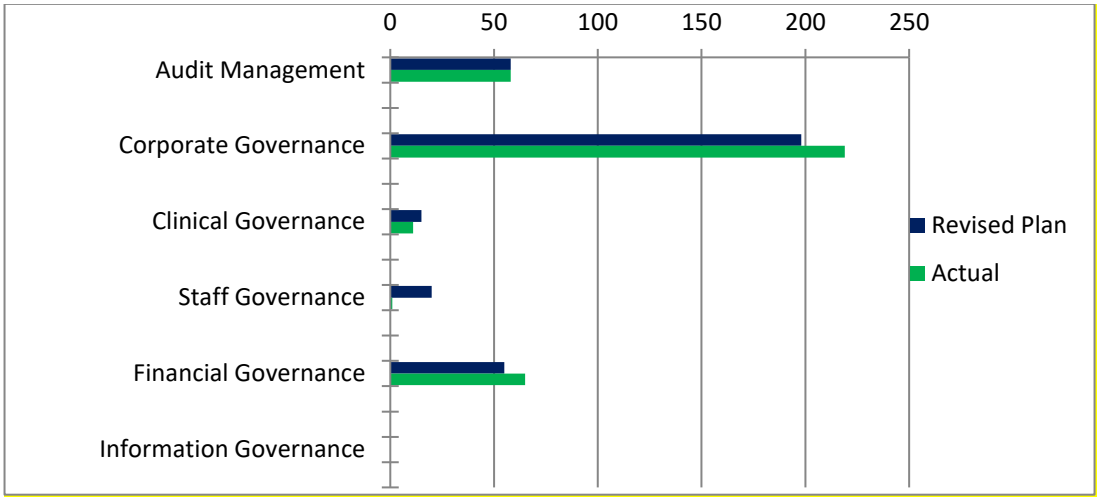
- Examining a wide range of controls in place across the organisation.
- Continuing as lead auditors for Fife IJB.
- Providing internal input through Board Development Events and input to risk management developments.
- The Chief Internal Auditor facilitates the Assurance Mapping Group, which coordinates consideration of assurance issues and updates, dissemination, and implementation of the Committee Assurance Principles across NHS Fife, Forth Valley, Tayside, and Lanarkshire.
- Continuing to provide advice to Senior Management on the application of assurance mapping and risk management principles. The Regional Audit Manager has provided input and advice on the current deep dive reporting process.
- 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.
- Providing opinion on and evidence in support of the Governance Statement at year-end and conducting an extensive ICE review 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 & Risk Committee.

47. Internal Audit continue to reflect on our working practices to build on action taken in response to previous External Quality Reviews and in preparation for the External Quality Assessment in 2024/25.

48. The 2023/24 Annual Internal Audit Plan included provision for delivering audit services and providing the Chief Internal Auditor function to Fife's IJB, with Internal Audit Plans agreed. Internal Audit has continued to highlight 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

49. Figure 1: Internal Audit Cover 2023/24



50. Figure 1 summarises the 2023/24 coverage against the revised Internal Audit Plan, approved by the Audit & Risk Committee in March 2024. As at end of April 2024 we had delivered 354 days against the 346 revised planned days. There are three ongoing Health Board and two ongoing IJB reviews.

51. During 2023/24 we have regularly reported to the Audit & Risk Committee delays in finalising audits from the previous audit years, mainly due to staff absences. To account for time lost due to staff absence, the Regional Audit Managers, Chief Internal Auditor, and the Director of Finance and Strategy developed a revised audit plan for 2023/24. The plan reflected the detailed work undertaken in the 2023/24 ICE which covered in detail the five strands of governance. While Information Governance and Staff Governance did not have any formal reviews during 2023/24 work on the ICE and Annual Report and key reports from the prior year have provided the required level of coverage.

52. A summary of 2023/24 performance is shown in Section 3.

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

53. The FTF Partnership Board met in May 2024 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.

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

55. 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 and Strategy rather than the Accountable Officer. There are no impairments to independence or objectivity.

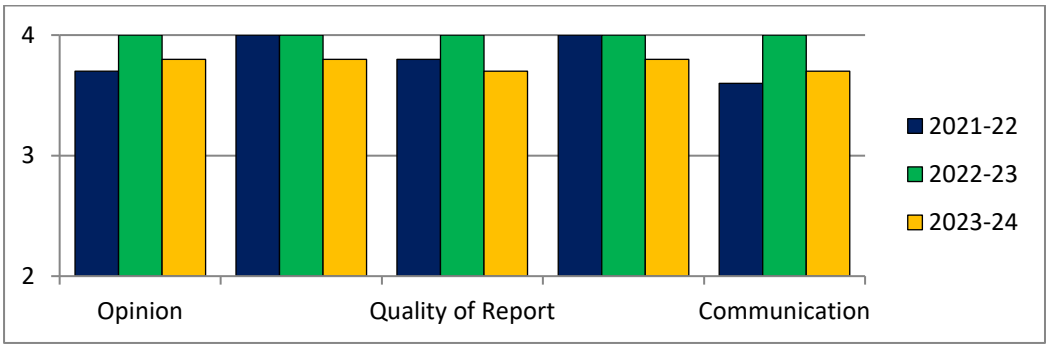
56. Internal and External Audit liaise closely to ensure that the audit work undertaken in the Board fulfils both regulatory and legislative requirements. Both sets of auditors are committed to avoiding duplication and securing the maximum value from the Board's investment in audit.

57. 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 and a further EQA will take place in 2024/25.

58. 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.

59. Figure 2: Summary of Client Satisfaction Surveys

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



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

STAFFING AND SKILL MIX

61. In 2023/24 the Internal Audit Plan was delivered with a skill mix of 84%, which substantially exceeds the minimum service specification requirement of 50% and reflects the complexities of the work undertaken during the year.

ACKNOWLEDGEMENT

62. 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.

63. My team and I have greatly appreciated the positive support of the Chief Executive, Director of Finance and Strategy, the Head of Corporate Governance and Board Secretary and the Audit & Risk Committee.

Jocelyn Lyall BAcc CPFA
Chief Internal Auditor

Corporate Governance

Corporate Risks:

Risk 1 – Population Health and Wellbeing Strategy – Moderate (12); Target (12) Moderate by 31 March 2024

Currently Below Risk Appetite

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 (15) High Risk by 31 May 2024

Currently Within Risk Appetite

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.

Risk 4 – Environmental Management & Climate Change – Moderate (12); Target (10) Moderate by 1 April 2025

Currently Below Risk Appetite

There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'

Risk 10 – Primary Care Services – High Risk (16); Target (12) Moderate by 31 March 2025

Currently Above Risk Appetite

There is a risk that due to a combination of unmet need across health and social care as a result of the pandemic, increasing demand on services, workforce availability, funding challenges, adequate sufficient premises and overall resourcing of Primary Care services, it may not be possible to deliver sustainable quality services to the population of Fife for the short, medium and longer term.

Reform, Transform, Perform

Reform, Transform, Perform (RTP) is NHS Fife's approach to improving services delivered to the population of Fife and addressing its financial challenges. RTP is a renewed strategic approach to creating the right conditions to evolve services, empower staff and to ensure a more sustainable future. This framework is firmly rooted in the ambitions laid out in the Population Health and Wellbeing Strategy. NHS Fife remains committed to this strategy and seeks to deliver the best quality health and care for the people of NHS Fife.

RTP has been widely communicated and there is a clear message from the Chief Executive and the senior team that everyone has a role to play in delivering RTP.

The Blueprint for Good Governance states that *"An organisation's culture comprises its shared values, norms, beliefs, emotions, and assumptions about "how things are and should be done around here"*. These 'things' include how decisions are made, how people interact and how work is carried out." A culture of rigorous but supportive culture will be key when taking account of the scale of the financial challenge for Fife alongside increasing service pressures. Such pressures will require to be carefully managed and may require some very difficult decisions.

Strategy Development and Implementation

Fife NHS Board was presented with mid-year and year-end reports on the Population Health and Wellbeing Strategy (PHWS) delivery plan. The year-end report introduces a summary of 32 key metrics and provided a progress update against the strategy's key actions.

The report provided updates on each of the four strategic priorities outlining the ambitions associated with each and the key achievements in 2023-24, performance against key metrics and a progress update against specific actions included in the strategy. The plans for NHS Fife for 2024/25 and beyond are described in the NHS Fife Annual Delivery Plan, the RTP Framework and the Board's Corporate Objectives, and will be refreshed throughout the 5 year lifespan of the strategy. An update on the status of the strategies and programmes supporting the PHWS and how these relate to its four strategic ambitions was also included.

Internal Audit Report B14/23 Strategic Plan Development provided Reasonable Assurance on NHS Fife's arrangements for developing the Population Health and Wellbeing Strategy and made one 'merits attention' recommendation related to risk management.

Governance Arrangements

The updated Code of Corporate Governance (CoCG) was recommended for approval by the Audit & Risk Committee on 16 May 2024 and approved by Fife NHS Board on 28 May 2024.

Standing committee annual assurance reports/statements confirmed that they have fulfilled their remits in 2023/24 and each committee undertook a self-assessment in 2023/24, with the results reported to each standing committee in March 2024.

All Standing Committees' draft annual reports/assurance statements are broadly in line with the FTF Committee Assurance Principles, cover all areas of their remits and include a conclusion on risk management relevant to the committee. These will be presented to the 20 June 2024 Audit & Risk Committee.

The introduction of Committee Chairs' Assurance Reports was approved by Fife NHS Board on 28 May 2024. These reports will complement the minutes of each meeting by summarising the committee business undertaken with the intention of enhancing escalation of items to the Board. The Board also agreed on proposed levels of assurance, based on those used by internal audit, to be included in reports so that members can consider what the suggested Level of Assurance means in respect of the subject matter, and focus their questioning and governance oversight on these aspects of the report.

The NHS Fife Chief Executive has completed the accountable officer memorandum which provides assurance that responsibilities of the accountable officer have been carried out and does not raise any issues regarding the discharge of these.

Blueprint for Good Governance

Internal Audit Report B12/24 Blueprint for Good Governance provided Substantial Assurance on NHS Fife's compliance with the timeline for completing the Blueprint self-assessment confirmed We confirmed that Scottish Government guidance had been followed, evidence appropriately recorded, and an appropriate action plan produced to improve NHS Fife's Governance arrangements with actions timebound within financial year 2024/25.

A Board Development session was held to analyse and discuss the results and develop the improvement plan.

Anchor Programme

The draft Anchor Strategic Plan was presented to PHWC in September 2023 and submitted to Scottish Government in November 2023. An update was presented to the Board in March 2024.

Work has progressed within the national Anchors workstream to develop metrics to be used by all Boards to measure progress and impact of their strategic plans. Boards were required to complete a baseline assessment and submit this to Scottish Government by 31 March 2024.

Public Participation and Community Engagement Strategy 2024/28

Public participation and community engagement will play a crucial role in the implementation and delivery of the strategy along with RTP activity. The Public Participation and Community Engagement Strategy 2024/28 was discussed at the Board Development Session on 30 April 2024 and presented to the PHWC on 13 May 2024. The strategy reflects the aims and objectives of the NHS Fife Population Health and Wellbeing Strategy 2024/2028 and was considered by Fife NHS Board on 28 May 2024 and they requested that the strategy be brought back to a future meeting once it has been updated to reflect the feedback from the meeting.

Operational Planning

The draft Annual Delivery Plan 2023/24 was presented to the Board in July 2023 before submission to the Scottish Government and subsequent approval on 11 August 2023. A new approach to monitoring Delivery Plans is being developed by the Scottish Government, with the expectation that this will draw performance information from existing reporting sources and that Boards will prepare performance trajectories, in conjunction with the Scottish Government, and aligned to finance and workforce plans.

Assurance Mapping

Internal Audit continues to provide advice to Senior Management on the application of assurance mapping and risk management principles. The Regional Audit Manager has provided input and advice on the current deep dive risk reporting process.

The Chief Internal Auditor facilitates 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 also contributed to a presentation on scrutiny and assurance to Non-Executive Directors in May 2024.

Integration

A Fife Integration Scheme is in place and will be due for review in 2027.

The Finance, Performance & Resources Committee (FPRC) and Clinical Governance Committee (CGC) receive minutes from the IJB equivalent committees.

The Fife IJB Annual Assurance Report/Statement will be presented to its Audit and Assurance Committee on 27 June 2024.

Performance

The Board, the FPRC, the SGC, the CGC and the PHWC 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 format of the Fife Integrated Performance and Quality Report (IPQR) has been reviewed and proposed changes were presented to and discussed at the April 2024 Board Development Event. Internal Audit provided commentary on the report format.

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.

Particular areas of challenge are 4 hour emergency access, patient treatment time guarantee, new out-patients, diagnostics, cancer 31 and 62 day referral to treatment, CAMHS and Psychological Therapies.

Best Value

Best value and effective allocation of resources is a key element of the Financial Improvement & Sustainability Programme (FISP) which contributes 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*.' The FPRC received updates on the FISP in 2023/24 and this, along with the completion of the Best Value Framework as part of each Standing Committees' Annual Report, allows NHS Fife to demonstrate processes are in place to promote and deliver best value. The work of the FISP is now contained within the RPT framework arrangements.

Policies

A General Policies and Procedures update was provided to the 7 May 2024 meeting of the FPRC. In April 2024, of the 54 General Policies, 10 (18%) remain beyond their due date. Review work is underway for one (2%) General Policy, and three (6%) of General Policies are under review. 40 (74%) of General Policies are up to date which is an improved position since the last report in November 2023.

Corporate Objectives

The EDG considered the 2024/25 corporate objectives on 16 May 2024. The objectives are aligned with the existing strategic priorities within the PHWS and reflect the focus areas of RTP and the Annual Delivery Plan for 2024/25. The corporate objectives were discussed by the Remuneration Committee in May 2024 and an updated version is to be presented to the committee for approval on 24 June 2024. The corporate objectives have been mapped to one of the four NHS Fife agreed strategic priorities with delivery mapped to a responsible Executive Director and oversight to the relevant standing committee.

Board and Standing Committee Development Sessions

Areas covered in Board Development Sessions since the issue of the ICE included Risk Appetite; Scrutiny & Assurance – Best Practice in Governance and the Role of Board Standing Committees; Integrated Performance & Quality Report Review; Public Participation and Community Engagement Strategy; Blueprint for Good Governance; Financial Challenge for 2024/25; RTP Next Steps; individual discussion topics focused on empowering change to support the path to balance; Medical Education - initiatives aimed at widening access for Medical staff and students; Spiritual Care - Values Based Reflective Practice and Working Well in Fife.

Audit Follow Up

Internal Audit provided reports detailing the Audit Follow Up position to the Audit & Risk Committee on four occasions throughout 2023/24. 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.

The status of the actions related to previous Internal Audit Annual and ICE reports that remained to be addressed when we published our latest ICE report is recorded in the table at section 5 of this report. This shows that 3 of the 6 actions to address recommendations in our 2023/24 ICE Report (B08/24) are still to be fully implemented and 3 of the 11 actions to address recommendations in our 2022/23 Annual Report (B06/24) are still to be fully implemented. All other actions from previous ICE and Annual reports have been implemented or superseded and none of the remaining actions are more than 12 months old.

Risk Management

The Annual Risk Management Report 2023/24 was considered for assurance by the Audit & Risk Committee on 16 May 2024 and concluded that there were adequate and effective risk management arrangements in place throughout the year. The report referred to the continuous improvement of the operational risk management approach siting the following developments:

- Completing the refresh of the Risk Management Framework incorporating the Risk Register/Risk Assessment Policy (GP/R7).
- 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.
- Devising and delivering a risk management training programme.
- Reviewing the Board Strategic Risk Profile.

The report outlines further improvements including:

- Update of Corporate Risk Register to reflect changes in the internal and external environment and RTP.
- Further contribution from the Risk and Opportunities Group (ROG) to identify and assess emergent risks and opportunities and potential impact on the Board's Risk Appetite Position.

A delivery plan to support the Risk Management Framework has been developed and will be reported to the Audit & Risk Committee when risk appetite is completed.

The ROG provided a positive annual statement of assurance for 2023/24 to the Audit & Risk Committee on 16 May 2024. This summarised the business covered by the group and reports on the self-assessment undertaken by members.

The Regional Audit Manager provided advice to the ROG on improving the deep dive process so that it explicitly answers the questions included in the committee assurance principles.

Since publication of our 2023/24 ICE report, revised KPIs were presented to Audit & Risk Committee on 16 May 2024 and the Audit & Risk Committee was advised that these will continue to evolve.

We evidenced improvement in completion of the Risk Management section of cover papers presented to the Board and its Standing Committees. Previous internal audit recommendations relating to development of risk appetite being used by standing committee in relation to strategy, decision making, prioritisation, budget setting and organisational focus and updates to the Dep Dive Process to address the

'specific questions when analysing a risk delegated to the committee in detail' are ongoing and progress will be monitored via the Internal Audit Follow-up system.

Environmental Management & Climate Change

The deep dive of the environmental management and climate change policy obligations risk reported to PHWC on 4 September 2023 provided 'Limited Assurance' that the Board will be able to manage the risk to its target level within the specified timescale. The paper explained that the root cause of the risk is that insufficient resource to meet the objectives of the NHS Scotland Climate Emergency Strategy 2022-26 and it outlines 20 actions to mitigate against this and their status. Six were assessed as completed, ten on track, one with a significant level of delivery challenge and three at risk of non-delivery.

The minutes of the meeting record that the main reason for 'Limited Assurance' is uncertainty and limitations around funding and competing priorities. The Board's Annual Delivery Plan includes a section on climate change and the related deliverables are to be monitored via that process. We welcome the appointments of a Non-Executive Sustainability Champion and Head of Sustainability.

Primary Care Services

The deep dive report on the provision of sustainable quality primary care services risk reported to the PHWC on 15 May 2023 provided 'Reasonable Assurance'. The paper explained that the root causes of the risk are broad issues that impact across all of Primary Care including General Practice, Community Pharmacy, Dentistry, and Optometry.

The report outlined 16 actions to mitigate against this and their status. One was assessed as completed, one as not started, seven on track and seven with a significant level of delivery challenge.

The Primary Care Strategy 2023-26 was endorsed by PHWC and subsequently approved by Fife NHS Board in July 2023. Primary Care Oversight Board monitoring of delivery of the strategy will be key to ensuring the successful mitigation of the risk.

Clinical Governance

Corporate Risks:

Risk 5 – Optimal Clinical Outcomes - High Risk (15); Target (10) Moderate by 31 March 2025

Currently Within Risk Appetite

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 - Moderate (12); Target (6) Low by 31 March 2025

Currently Within Risk Appetite

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 by 1 April 2026

Currently Within Risk Appetite

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 during the year and provided commentary on a range of key areas and assurance arrangements.

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 year-end update on the 2023/24 delivery plan presented to Clinical Governance Oversight Group (CGOG) on 16 April 2024 recorded that from the 18 items on the plan 7 had been delivered, 9 are on track and 2 had not progressed as expected. The 2024/25 delivery plan was presented and includes 8 items carried forward from the 2023/24 plan and 4 new items. The items delivered in 2023/24 were:

- Review of Patient Representation on the Clinical Governance Committee - The addition of patient stories to the CGC agenda.
- A focus on Quality & Safety -Establishment of Care Assurance walkarounds and Infection Control walkarounds.
- Development of the Clinical Governance Strategic Framework Workplan 2023/24 – Delivery Plan developed and reporting on this to CGOG & CGC in 2023/24.
- Review of Adverse Events Policy & Procedure - Adverse Events Policy updated and supporting Management Resource Pack in development.

- Organisational Learning Communication Quality Improvement Project - Realistic Medicine Communications Plan developed and implementation started.
- Excellence in Care - Establishment of a Short Life Working Group to review tools and templates used with the aim of creating a consistent approach to providing care assurance from Ward to Board and also promoting the use of the Excellence in Care Dashboard.
- Clinical Governance Oversight Group – Workplan reviewed and regular assurance reporting to CGC now in place.

The CGOG April 2024 Assurance Summary provided CGC with assurance that the year-end position regarding the Delivery Plan had been reported to CGOG and that the workstreams included in the 2024/25 plan had been presented. This reporting would be enhanced if it included a high-level summary of delivery with reporting of the number of items delivered in target timescale and any issues with delivery.

All actions to address related recommendations from internal audit report B19/21 Clinical Governance Strategy and Assurance have been implemented and validated as part of the Audit Follow-Up process.

Progress towards implementation of actions to address recommendations from our report F06-22 Clinical and Care Governance is being monitored by the IJB follow-up protocol with 5 of the 16 actions having been validated as completed so far.

CGC Governance and Assurance

The Clinical Governance Strategic Framework outlines the governance framework and assurance reporting routes for clinical governance and includes services delegated to the IJB. The following annual assurance reports/statements and annual reports were received by CGC in 2023/24:

Annual Assurance Reports/Statements

- Clinical Governance Oversight Group
- Digital & Information Board
- Health & Safety Sub-Committee
- Information Governance & Security Steering Group
- Resilience Forum
- IJB Quality & Communities Committee

Annual Reports

- Adult Support & Protection Annual Report 2020-22
- Clinical Advisory Panel Annual Report 2022/23
- Controlled Drug Accountable Officer Annual Report 2023
- Director of Public Health Annual Report 2023
- Fife Child Protection Annual Report 2022/23
- Medical Education Annual Report 2022/23
- Medical Appraisal and Revalidation Annual Report 2022/23
- Occupational Health Annual Report 2022/23
- Organisational Duty of Candour Annual Report 2022/23

- Prevention & Control of Infection Annual Report 2022/23
- Radiation Protection Annual Report 2022/23
- Research, Innovation and Knowledge Annual Report 2022/23
- Volunteering Annual Report 2022/23

Service Provision Impact Post Pandemic

The CGC Annual Statement of Assurance 2023/24 provided reflection on changes to the configuration of services, and on which services could be provided, during the pandemic and the recovery period. This recognised that some patients were adversely affected by these decisions particularly in respect of a backlog in treatment and delays for patients in accessing diagnostic tests and care and provided assurance regarding the management of the associated corporate risk (Risk 7 '*There is a risk that due to demand exceeding capacity, compounded by unscheduled care pressures, NHS Fife will see deterioration in achieving waiting time standards. This time delay will impact clinical outcomes for the population of Fife*'. – which is aligned to FPRC). This section of the assurance statement concludes by referring to likely recommendations in reports from both the UK and Scottish Covid Inquiries, and that NHS Fife will aim to implement actions to address any recommendations made in full, to ensure both patient and staff safety.

Risk Management

The CGC has considered the risks aligned to it throughout 2023/24 including consideration of deep dive reports into the risks associated with Quality and Safety, Off-site Area Sterilisation and Disinfection Unit Service, Digital & Information, Cyber Resilience, Optical Clinical Outcomes, and the closing of the corporate risk associated with Covid 19.

CGOG also considered the Corporate Risk Register at every meeting in 2023/24 and considered deep dives into the Digital & Information and Optical Clinical Outcomes corporate risks at its December 2023 and February 2024 meetings respectively. CGOG also considered the Adult Support/Child Protection risk report at its June 2023 meeting.

The IPQR continues to show relevant corporate risk information in all sections including Clinical Governance providing appropriate context for performance and risk management.

External Review

External reviews are included in the NHS Fife Activity Tracker and the Health & Social Care Partnership (HSCP) Clinical Assurance updates presented to the CGOG. The regular CGOG Assurance Summary reports presented to CGC include a summary of the reports considered. The annual assurance report/statement for the CGC for 2023/24 references reports from external bodies considered during 2023/24 and provides assurance that action is being taken to address recommendations. The CGOG annual assurance report/statement for 2023/24 does not provide assurance on the action being taken to address recommendations from external reports.

CGC considered external reports on a fatal accident enquiry, a HIS infection control inspection and a report from the Scottish Public Sector Ombudsman on a December 2023 and were assured that action plans were being progressed to address issues recommendations made.

CGOG considered external reports on Mental Welfare Commission inspections at wards at Whyteman's Brae, Lynebank and Stratheden Hospitals and the HIS Unannounced Inspection at Victoria Hospital at its meetings in 2023/24 and were assured that action plans were being progressed to address issues recommendations made.

Core members of the Organisational Learning Group (OLG) assessed the group's activities in 2023 in light of the well-publicised Countess of Chester Hospital incidents and a refreshed approach to the group's approach was considered by CGOG on 16 April 2024. The refreshed approach includes updating the terms of reference of the group, including revision to membership, and a new workplan for the group for 2024/25. Triangulation is included as a principle of the group and is referred to in its revised workplan as an improvement activity as part of the development of a learning system framework. An EDG development session on the OLG is to be undertaken in July 2023 and EDG members will be asked to decide on where an update on this work will be presented.

Significant Adverse Events

The IPQR presented to CGC on 3 May 2024 stated that reporting on the 'actions closed' aspect of Adverse Events was paused in December 2023. The data the KPI was based upon was unreliable and action is in progress to address this.

Adverse events KPIs are now reported to CGOG at each meeting with the following reported in April 2024, for February 2024:

- 43% of Significant Adverse Event Reviews (SAERs)for Major or Extreme Adverse Events were submitted and a decision made within 10 working days of reported date.
- 59% of adverse events with severity reported as 'no harm' were closed within 10 working days of reported date.
- 86% of adverse events with severity reported as 'Minor' or 'Moderate' were closed within 60 working days of reported date.
- 68% of adverse events with severity reported as 'major' or 'extreme' were closed within 90 working days of reported date.
- 50% of actions from Local Adverse Event Reviews (LAERs) and Significant Adverse Event Reviews (SAERs) were completed by their target dates.
- 72% of all actions from LAERs and SAERs reported since 1 April 2018 were closed.
- Overall analysis of incident categories does not highlight any significant trends.

The update to the Adverse Events Policy and associated procedures in 2023 has promoted a more streamlined and efficient management of major and extreme adverse events.

Organisational Duty of Candour

The Annual Duty of Candour (DoC) report covering the 2022/23 financial year was presented to Fife NHS Board 26 March 2023 and reported that there were 33 adverse events reported where DoC applied.

The report also included assurance that NHS Fife had complied with DoC in all 33 cases and that lessons were learned.

As reported to the 1 March 2023 CGC, in 2023/24 to date there were 8 confirmed DoC incidents (3 falls, 1 each for paediatrics, patient info, personal accident, surgical complication and tissue viability) with 8 outcomes recorded (4 being an increase in treatment). It has been agreed that the full report for 2023/24 should be presented in January 2025.

Clinical Policies and Procedures

CGOG was regularly updated on the review status of clinical policies and procedures in 2023/24 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 99% compliance rate was achieved, which is an excellent outcome that has been consistent for a number of years.

Health and Safety

The 2023/24 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 CGC or disclosed in the Board's Governance Statement.

The 2023/24 CGC Annual Assurance Report/Statement provided assurance on actions to mitigate risks associated with Reinforced Autoclaved Aerated Concrete (RAAC) within the Estate and radon in excess of HSE limits at a Medical Practice.

There was no Health & Safety Executive enforcement during the year.

Resilience

An annual statement of assurance for the Resilience Forum was presented to CGC on 3 May 2024 which provided moderate assurance, reflecting the work-in-progress to strengthen arrangements for resilience planning across NHS Fife and with its contracted partners.

The CGC Annual Assurance Report/Statement included assurance regarding business continuity arrangements put in place for potential industrial action and for the breakdown of CT scanners.

All actions to address recommendations from Internal Audit Report B23/22 on Resilience have been implemented and actions to address recommendations from Internal Audit Report B13/23 on Business Continuity Arrangements are progressing and are reported within Audit Follow Up reports to the Audit & Risk Committee.

Action Point Reference 1 – CGOG Annual Assurance Statement	
Finding:	
The CGOG receives updates on inspections by external bodies such as Healthcare Improvement Scotland and the Mental Welfare Commission via the NHS Fife Activity Tracker and the HSCP Clinical Assurance Update reports that are presented at each of its meetings, but this assurance is not referred to in its Annual Assurance Statement.	
Audit Recommendation:	
The CGOG Annual Statement of Assurance for 2024/25 should include reference to the assurance it receives on inspections by external bodies such as Healthcare Improvement Scotland and the Mental Welfare Commission. This should include assurance on action being taken to address recommendations made in these.	
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:	
Management will include an appropriate reference to external assurance reporting in the next CGOG statement of assurance.	
Action by:	**Date of Expected Completion**
Medical Director	**31 March 2025**

Staff Governance

Corporate Risks:

11 Workforce Planning and Delivery - High Risk (16); Target (8) Moderate by March 2025

Currently Above Risk Appetite

There is a risk that the current supply of a trained workforce is insufficient to meet the anticipated Whole System capacity challenges, or the aspirations set out within the Population Health & Wellbeing Strategy, which may impact on service delivery.

12 Staff Health & Wellbeing - High Risk (16); Target (8) Moderate by March 2025

Currently Above Risk Appetite

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.

19 Implementation of Health and Care Staffing (Scotland) Act 2019 - Moderate Risk (12); Target (9) Moderate by July 2024

Currently Within Risk Appetite

Taking account of ongoing preparatory work, there is a risk that the current supply and availability of trained workforce nationally, will influence the level of compliance with HCSA requirements. While the consequences of not meeting full compliance have not been specified, this could result in additional Board monitoring/measures.

Workforce Planning

Internal Audit Report B17/23 Workforce Planning reviewed NHS Fife's Workforce Plan and was provided to the Audit & Risk Committee and the Staff Governance Committee (SGC) in May 2024.

Our audit opinion was 'Reasonable Assurance' and we made three significant and three moderate recommendations related to risk management, workforce plan information to assess the capacity and capability to effectively deliver services, oversight & assurance over delegated functions, workforce action plan, SGC and the workforce plan and comprehensive information to committee and the Board. One of the recommendations was addressed at the time of report publication and actions to address the remaining five recommendations have been agreed with management with target implementation dates ranging from 31 October 2024 to 31 May 2025.

An update on workforce planning was presented to the SGC on 6 March 2024 and provided assurance that the national workforce modelling tool would be utilised as part of the wider RTP discussions and would allow fuller modelling of how workforce levels are likely to change over the next three years.

Workforce Risks

The three corporate risks are set out as above. Both the Workforce Planning and Delivery Risk and the Staff and Wellbeing Risk are rated as High and are both above risk appetite. Both these risks and current ratings are reflective of the current environment including the intense levels of activity in health and social care and the pressures on staff.

During 2023/24 the SGC reviewed the corporate risks assigned to it including a new corporate risk for implementation of the Health and Care Staffing (Scotland) Act 2019 which comes into force in April 2024 and reflects the preparatory work required to meet the terms of the legislation. This risk was approved by the Board and has been reported to the SGC since January 2024. The risk score reflects the current

arrangements. Updates on preparation for implementation of Health and Care Staffing (Scotland) Act 2019 were presented to the September 2023 and May 2024 SGC and the May 2024 NHS Board and provided assurance on the plans for quarterly reporting and prioritisation of implementation of eRostering in clinical areas. The Scottish Government quarter 3 return provided reasonable assurance and no 'red' RAG status was noted for any element.

In addition to the summary presentation of the aligned risks, the SGC have received deep dive information on individual aspects of a corporate risks aligned to the SGC. In May 2023, the SGC were provided a deep dive into current levels of Bank & Agency utilisation and resultant financial spend, noting both the adverse impact on the Board's financial position and the possible quality and safety aspects from an overreliance on temporary staff. A further deep dive into Band and Agency programme of work was delivered to members in November 2023, noting that, despite the implementation of stricter controls and new initiatives, the financial impact of these had yet to be seen on the overall position. The SGC Annual Report for 2023/24 recognised that considerable work had been undertaken around the usage of bank and agency staff, and that it was likely that the financial impact will take longer to realise than originally intended. A further report to the Committee's March 2024 meeting noted that initiatives were continuing at pace however the real impact should be seen in 2024/25.

The March 2023 SGC was advised that future deep dives will be agreed by the Lead Officer in consultation with the Chair and Committee members. A Pharmacy workforce deep dive was planned for May 2024.

Staff Governance Committee

The Staff Governance Self-Assessment report was to the March 2024 meeting and noted improvements in year, including focus on strategic rather than operational details. Improvements included continued focus on agenda management and feedback from clinical and operational leads to aid interpretation of performance data were noted.

Revised SGC Terms of Reference were agreed at the March 2024 meeting. Amendments included the addition of oversight of Workforce Planning and risk, and review of compliance with Whistleblowing Standards, in response to previous internal audit recommendations.

The SGC Annual Report for 2023/24 concluded positively that it has fulfilled its remit and there is evidence of the SGC addressing full coverage of the strands of the Staff Governance Standard.

Staff Governance Assurances

Our 2023/24 ICE report recommended that the 2022/23 Staff Governance Monitoring Return presented to the 9 November 2023 SGC should be updated to reflect action taken to address Scottish Government Feedback. The feedback was reported to SGC on 14 May 2024 and SGC are to be updated on progress to address this feedback at a future meeting. Scottish Government has paused the requirement to complete the monitoring return and Boards have been asked to continue with their ongoing commitment to the Staff Governance Standards and that they will seek a statement of assurance on this from Boards later in 2024.

Each paper presented to the SGC in 2023/24 references the strand(s) of the Staff Governance Standard it relates to. The SGC's Annual Report/Assurance Statement was presented to SGC on 14 May 2024 and included reflection on how successfully and effectively the strands of the Staff Governance Standards have been implemented. Positive feedback on coverage was provided in the Staff Governance Committee Self-Assessment and is evident in SGC discussions.

Remuneration Committee

The Remuneration Committee (RC) held regular meetings throughout 2023/24. It completed an annual self-assessment of its performance along with all standing committees in February 2024, with only a small number of minor changes to future performance being required. This is reflected within the RC annual Report for 2023/24 which overall provides positive confirmation on the activities of the RC for the year.

Appropriately Trained & Developed

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

41% of PDP reviews were complete at March 2024 (38% in March 2023), and Mandatory training completion was 56% at January 2024 (57% at April 2023). Both of these are well below the target of 80% and limited improvement has been made during the year, despite agreement of new management improvement actions. In March 2024 the SGC was provided as part of the Staff Governance focussed IPQR that for PDP performance '*action plans have been developed and this work will be taken forward in the first half of the 2024/25 financial year*' and on the existing actions to improving mandatory training uptake including agreeing performance trajectories with services and prioritising certain elements of core training, engaging with training owners, improving compliance reporting and reviewing and refining the core training offering to improve satisfying role specific training requirements. The Director of Acute Services offered assurance to the Committee by providing examples of the concerted efforts being employed to improve training compliance, particularly within Acute, despite extreme staff and service pressures ongoing.

The minutes of the meeting record that '*It was, however, noted that overall training attainment was disappointing and significant measures were needed to improve these metrics'.*

NHS Fife's Mandatory Core training compliance performance was reported to the March 2024 SGC for the period to 22 January 2024 and included assurance on associated recovery actions identified to improve completion levels into 2024/2025. The target for 31 March 2024 was 80%, however achievement was 56% up to January 2024, with actions identified to improve the performance.

The Medical Appraisal and Revalidation Annual Report for 2022/23 was considered at the January 2024 SGC. Primary Care GPs achieved 99.35%, Acute Consultants 91.27% and Speciality and Specialist Doctors (SAS) 59%. The report includes actions that will be undertaken in 2024/25 to improve performance.

Attendance Management

Sickness absence at February 2024 was 7.64%, a significant increase over February 2023 (5.69%). Benchmarking for February 2024 shows NHS Fife to be in the lower range of all the mainland Boards. SGC considered a comprehensive update on attendance management on 6 March 2024 which highlighted the need for a change in emphasis to secure a longer term, sustainable improvement in absence rates, and outlined the attendance management actions to be taken forward in 2024/25. The SGC annual assurance report/statement for 2023/24 concluded that '*Actions continue to be undertaken to manage the challenging circumstances that lead to sickness absence, in particular that of a long-term nature, which can by its nature be extremely complicated to manage*'.

The results of the 2023/24 iMatter survey and the comparative national results were presented to the SGC in January 2024. NHS Fife has achieved increases in each KPI with NHS Fife's engagement and questionnaire rates the highest out of all 14 NHS Scotland territorial boards.

Whistleblowing

All actions to address recommendations made in Internal Audit report B18/23 – Whistleblowing have been implemented.

Quarterly update reports detailing action to comply with the National Whistleblowing standards and the number of concerns raised are presented to the SGC. The SGC annual assurance report/statement 2023/24 includes a statement from the Board's Non-Executive Whistleblowing Champion providing assurance that at Board level there is an environment of listening and openness whilst emphasising that further work is required and that this is more important during this period of reform and transformation.

The annual whistleblowing report for 2023/24 was presented to SGC and to Fife NHS Board in May 2024, an improvement in timing to align with year-end reporting and assurance processes. Planned arrangements for 2024/25 include establishment of a Whistleblowing Oversight Group, a decision making team and recruitment of a Speak-up Coordinator.

Staff Wellbeing

The SGC endorsed NHS Fife's Staff Health and Wellbeing Action Plan 2023-2025 for publication on 11 January 2024. The Head of Workforce Planning & Staff Wellbeing emphasised that the future focus would require to be on evaluation and metrics, to ensure the best use of available resources.

The SGC annual assurance report/statement for 2023/24 summarises the services available to help support staff during this time of continuing high levels of activity on all services.

Financial Governance

Corporate Risks

6 - Whole System Capacity - High Risk (20); Target (9) Moderate by 30 April 2024

Currently Above Risk Appetite

There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.

7 - Access to Outpatient, Diagnostic and Treatment Services - High Risk (20); Target N/A

Currently Above Risk Appetite

There is a risk that due to demand exceeding capacity, compounded by unscheduled care pressures, NHS Fife will see deterioration in achieving waiting time standards. This time delay will impact clinical outcomes for the population of Fife.

8 – Cancer Waiting Times - High Risk (15); Target (12) Moderate by 30 April 2024

Currently Above Risk Appetite

There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times 62-day performance, and 31 day performance resulting in poor patient experience, impact on clinical outcomes and failure to achieve the Cancer Waiting Times Standards.

13 - Delivery of A Balanced In Year Financial Position - High Risk (16); Target (12) Moderate by 31 March 2024

Currently Above Risk Appetite

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 further planned brokerage from Scottish Government.

14 - Delivery of Recurring Financial Balance Over the Medium Term - High Risk (16); Target (12) Moderate by 31 March 2024

Currently Above Risk Appetite

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 (12); Target (8) Moderate by 1 April 2026

Currently Within Risk Appetite

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 Medium Term Financial Plan (MTFP) was endorsed by the FPRC (Reserved Business) on 14 March 2023 and approved by Board (Reserved Business) on 28 March 2023. It provided clarity on funding and expenditure assumptions with areas of greatest risk and uncertainty. It presented a range of potential scenarios which demonstrate the impact of changes to key parameters, with a £10.9m financial gap identified for 2023/24.

For 2023/24, NHS Fife achieved break even and stayed within the Revenue Resource Limit (RRL). Achievement of this was primarily due to the late receipt of share of *'funding of non-recurring additional UK Government consequentials*' (£10.3m) and a national reduction of CNORIS costs (£2.3 m). Brokerage was also required for the second consecutive year of £14.005 to deliver the RRL target of breakeven.

While the year-end financial position is line with the initial forecast, this has only been achieved by the use of non-recurring funding in year. Recurring cost improvements have not been achieved (see Savings section below).

The draft financial outturn position to 31 March 2024, subject to external audit review, is:

- A break-even position against the Revenue Resource Limit (RRL)
- A break-even position against the Capital Resources Limit (CRL)
- A break-even position against the cash requirement
- The 2023/24 savings target of £15 million was not delivered, with only £8.142 million achieved (54%), of which only £2.974 (36%) was recurring.

The Financial Performance Report 2023/24 paper to the May 2024 FPRC stated that the draft IJB outturn had increased to a £17m overspend from the £7m forecast deficit to end of January 2024, reported to FPRC in March 2024. The earlier reported deficit was to be managed through the application of £7m from IJB reserves. The movement was due to an increase in social care costs, supplementary staffing, GP prescribing and costs associated with providing out of area mental health services. General and earmarked reserves reduced the £17m overspend to £0.775m of which NHS Fife reported a £0.466m impact for the Health Board as part of the risk share.

The Director of Finance and Strategy for NHS Fife and the Director of Finance for Fife Council remained in dialogue with the IJB Chief Finance Officer (CFO) to determine the final position for the IJB, including the ability and agreement of partners to support reinstating aspects of the applied "ear marked" reserves in 2024/25. On 30 May 2024 the CFO received notification from the Scottish Government that several of the ear-marked reserves were required to be held by the IJB and therefore the £0.775m overspend increased to £5.578m which required to be covered through the risk-share arrangement. To cover the appropriate NHS Fife share, further repayable brokerage of £2.992m was requested from Scottish Government. This was a very late adjustment with final funding only confirmed on 11th June 2024.

The Chief Finance Officer is completing due diligence around the reasons for the significant move in the position at year end which will require further discussion with partners.

Financial reporting to the FPRC and Board remained consistent, and the position and challenges were clearly presented.

Savings Challenge

A savings target of £15 million was identified for 2023/24, all on a recurring basis.

Despite having identified the main areas to target cost reduction in the original financial plan for 2023/24, 54% of the cost improvement target was delivered and 36% was achieved on a recurring basis. The consequence of not achieving savings on a recurring basis means that around 80% of the 2023/24 savings plan (£12m) will be carried forward for action into 2024/25.

Financial Planning 2024/25

The Financial Plan 2024/25 – 2027/28 recognises that the scale of the financial challenge over the next 3 years is unprecedented and delivering financial balance across the 5-year timeframe will be extremely challenging. Due to the scale of the forecast deficit within NHS Fife and the significant movement from

plan, NHS Fife was assessed as being at level two of the Scottish Government escalation framework. FPRC noted that this did not represent formal escalation but did signal enhanced scrutiny at Scottish Government level.

The Internal Audit Annual Report for 2022/23 reported that the organisation must assure itself that it has both capacity and can affect cultural change sufficient to deliver the required level of savings in addition to business as usual. In 2023/24 NHS Fife have clearly communicated that it is everyone's responsibility to contribute towards achieving financial parity through Reform, Transform and Perform (RTP). RTP promotes a culture that empowers change by involving everyone, alongside clear instructions to budget holders to achieve savings within the grip and control programme.

On 13 December 2023 the Scottish Government advised NHS Fife that all NHS Boards had been assessed for financial performance against the revised NHS Scotland Support and Intervention Framework and confirmed NHS Fife would move from level 1 to level 2 due to the relative scale of deficit in 2023/24 and the variation from the original financial plan for the year.

The three-year Financial Plan 2024/25 to 2026/27 was approved by Board on 26 March 2024, with a summary of the revenue projections as follows:

	2024/25 £m	**2025/26 £m**	**2026/27 £m**
Financial gap before savings	(53,507)	(42,924)	(24,961)
Savings plans / targets	25,000	25,000	24,961
Residual gap	28,507	17,914	-

The 3-year plan carries a significant level of risk, particularly in relation to ongoing capacity and workforce pressures which continue to drive increased use of temporary staffing. The Financial Plan recognises that the scale of the financial challenge is unprecedented and delivering financial balance across the 3-year timeframe will be extremely challenging.

The Scottish Government did not approve the MTFP with its assessment set out in a letter on 4 April 2024 which stated the NHS Fife MTFP not fully met the following criteria:

- A clear programme of work and supporting actions to achieve the target of 3% recurring savings on baseline budgets.
- Deliver an improved forecast outturn position compared to the forecast outturn for 2024/25 reported at the start of 2023/24.
- Present a credible financial plan that would meet the brokerage cap set by Scottish Government.

The Scottish Government has not asked NHS Fife to resubmit its MFTP but, in the period to the formal Quarter 1 financial review with the Scottish Government, key actions identified by the Scottish Government will need to be progressed to improve the position of the MTFP. These actions include:

- Progress delivery of a minimum 3% recurring savings in 2024/25 and develop options to meet any unidentified or high-risk savings balances.
- Continue to progress with the areas of focus set out in the 15 box grid.

- Engage and take proactive involvement in supporting national programmes as they develop in 2024/25.
- Develop further measures to reduce the Board residual financial gap towards the brokerage cap set.
- Provide an update on the financial risks outlined within the financial plan to assess likelihood of these materialising and the impact these could have on the Board's outturn.

Finance Risk Reporting Revenue

There are two corporate financial risks related to revenue, one for in year delivery of the financial plan and the second related to the longer term financial plan.

The update provided to the FPRC in May 2024 for Risk 13 - Delivery of a balanced in-year financial position noted the detailed discussions at the January and March 2024 FPRC meetings with the year figures being finalised for external audit review, and that the Director of Finance & Strategy will propose further clarification on the description of the risk for 2024/25 once the 2023/24 position is finalised.

The FPRC May 2024 update on Risk 14 Delivery of recurring financial balance over the medium term noted that the MTFP *'was approved by the NHS Fife Board in March 2024 however discussion remains ongoing with Scottish Government in relation to several key planning assumptions and is currently not approved. The plan indicates a 3-year period is required to enable delivery of sustainable cost reduction and service change to deliver recurring financial balance*.'

As expected, the risk scores for both these risks have remained High during 2023/24. The target risk scores due to be achieved by 31 March 2024 appear to be optimistic in the circumstances. We encourage review of both the target and actual risk scores, to ensure they fully reflect the deterioration in the financial position and the challenging environment.

Property Asset Management, Net Zero and Capital Risk

The capital plan for 2023/24 was approved in March 2023 as part of the MTFP. Reporting of the capital plan to the FPRC is frequent, with the latest report on year-end performance to the May 2024 FPRC reflecting a balanced position for capital funding and achievement of the year end capital resource limit financial target.

The deep dive of the Prioritisation & Management of Capital funding risk (No. 15), in January 2024 provided reasonable assurance. The minute reflects the conclusion that '*given the limited capital funding available, and demand for investment, members recognised it is vitally important that funding is prioritised to mitigate operational risks, whist delivering change to meet strategic objectives. Employing the correct governance, processes and procedures also helps to mitigate the risk that the Board may fail to maximise the benefit from the capital allocation it receives*.'

We commend the discussion on the risk 15 and the recognition that a separate but closely related risk concerning the amount of capital funding and how this will impact on NHS Fife plans needs to be developed. Consideration of a new Corporate Risk – Reduced Capital Funding was approved by the EDG on 4 May 2024.

In September 2023 NHS Fife Board approved the Whole System Property and Asset Management Strategy, developed from the previous Property Asset Management Strategy.

This Strategy details how NHS Fife expects to meet the challenge to reduce carbon emissions to net zero by 2040. Carbon zero 'road maps' for nine or the Board's sites have been created, with a further three in

progress. Previous decarbonisation scheme funding has allowed £1.8m of investment projects during 2022/23 and further applications are planned over the next three years.

We commend the reporting to the January 2024 FPRC around the decarbonisation of the NHS Fife fleet of vehicles. A change in legislation has resulted in the previous target to not buy/lease new fossil fuelled light vehicles from 2025 to not using any by 2025. Effectively this shortens the target by several years. The paper to the FPRC is clear on the actions NHS Fife needs to take to meet this challenging target.

Best Value

Regular reporting of the Financial and Sustainability Programme to FPRC and the FPRC assessment of Best Value within its Annual Report for 2023/24 jointly demonstrate a commitment by NHS Fife to achieving best value across resource allocations.

Funding of Critical Posts

In December 2023, the Director General Health & Social Care and Chief Executive NHS Scotland, wrote to all NHS Board Chairs stating that approval is sought from Scottish Government before committing expenditure that does not have a budget, in the context of the national financial challenge. A paper to the January 2024 FPRC requested approval of posts critical to NHS Fife, because the clinical risk of not undertaking the expenditure was deemed to outweigh the financial risk. These posts were approved by the FPRC subject to discussions with the Scottish Government around including these cost pressures in the 2024/25 Financial Plan.

Digital and Information Governance

Corporate Risks:

Risk 17 – Cyber Resilience - High Risk (16); Target (12) Moderate by September 2024

Currently Above Risk Appetite

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 (8) Moderate by April 2025

Currently Above Risk Appetite

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 action has been completed:

The Information Governance & Security (IG&S) Update report presented to CGC on 1 March 2024 included consideration of an escalation to CGC of one incident, which was included as a disclosure in the 2023/24 draft Governance Statement.

The following actions are in progress:

- The IG&S Accountability and Assurance Framework report has been updated but performance measures (for five of the 10 categories) and risk summaries (for all 10 categories) are not yet included. The target date of 30 April 2024 has been extended to 31 October 2024.
- Timely issue of Information Governance and Security Steering Group (IG&SSG) and Digital and Information Board (D&I Board) meeting papers is to be monitored and reported in their respective annual reports/assurance statements in 2024/25. The target date of 30 April 2024 has been extended to 30 April 2025.
- The D&I Strategy update to CGC on 3 November 2023 included a more explicit review of the deliverables achieved during the D&I strategic period 2019-2024 and will inform development of the next iteration of the Digital and Information Strategy which is to be supported by a financial framework. The timeframe for development of the revised D&I Strategy has been extended from 31 July 2024 to 31 January 2025.

Governance Arrangements and Assurance Reporting

Reporting to the IG&SSG and the D&I Board has been adequate and effective throughout the year. Both groups provided regular update reports and Annual Assurance Reports/Statements to the CGC. The D&I Board meeting originally scheduled for April 2024 was rescheduled to 9 May 2024 and took place after the CGC meeting at which the D&I Board's Annual Assurance Statement/Report was considered (3 May 2024). The report was agreed by the D&I Board Chair (Medical Director), the Executive Lead for D&I (Associate Director for Digital & Information) and the Head of Corporate Governance/Board Secretary ahead of the CGC meeting and was subsequently presented to D&I Board.

The IG&SSG meeting scheduled for 31 January 2024 was cancelled meaning that the group met on three occasions in 2023/24 rather than the four required by its Terms of Reference. However, the conclusion in the IG&SSG Annual Assurance Report/Statement was that the remit of the group was fulfilled, and we concur with this as the papers intended for discussion at the meeting were distributed to members and appropriate assurance has been provided to CGC.

The IG&S Accountability and Assurance Framework report presented to each IG&SSG meeting provides assurance across 10 categories derived from the Network & Information Systems Regulations (NISR) and the ICO Accountability Framework. As reported above, further work to improve the report is required.

A Senior Information Risk Owner (SIRO) and a Data Protection Officer (DPO) are in place.

Digital and Information Strategy

The deep dive into corporate risk 18 – Digital and Information Strategy reported to the CGC in November 2023, recorded the need to rewrite the Digital Strategy to match the revised Population Health and Wellbeing Strategy and align to the wider strategic landscape, and that creation of a future strategy allows for specific consideration of the financial plan.

Updates on the D&I Strategy have been provided in line with the CGC 2023/24 workplan. The latest update in November 2023 concluded that many of the deliverables are consistent with an overall maturing of the digital capabilities and can be expected to be included in multiple strategies as NHS Fife moves through the levels of maturity associated with digital capability. The Associate Director of D&I has informed Internal Audit that the timescale for revising the D&I Strategy (2019-2024), which expired on 31 March 2024 but remains fit for purpose, has been put back from 31 July 2024 to 31 January 2025, as reflected in the D&I Board Workplan for 2024/25.

Risk Management

Risk reports were presented to the majority of IG&SSG and D&IB meetings in 2023/24 including visualisation of the risk profile.

During 2023/24, the IG&SSG and the D&IB received reports on relevant corporate and operational risks. Overall there was considerable movement in the risk profile, with several risks closed or with improved ratings and moved to a status of monitoring, although one risk rating did deteriorate.

Draft Risk Management Operational Guidance was presented to IG&SSG on 10 October 2023 and the Risk Tolerance Framework for D&I was presented to D&I Board on 19 April 2023.

The deep dive report on risk 17 – D&I Strategy, presented to CGC on 2 November 2023, concluded that there is reasonable assurance that the actions identified will be sufficient to reduce the risk score by April 2025, from its current High (15) level to the target level of Moderate (8), which is within the Board's risk appetite for this subject.

The deep dive report on risk 18 – Cyber Resilience concluded that there is reasonable assurance that the actions identified will be sufficient to reduce the risk score by September 2024 from its current High (16) level to the target level of Moderate (12), which is within the Board's risk appetite for this subject. More recently the D&I Board were provided with a verbal update on the hacking incident that impacted on NHS Dumfries and Galloway and received assurance that the exploit that had been effective in that Board would not have been effective in NHS Fife due to the controls in place.

NIS Regulations

The compliance score from the Competent Authority's May 2023 audit of the NIS Regulations has improved from 76% to 87%, but inclusion of additional controls resulted in a new baseline of 77% for NHS

Fife, a positive outcome against the required 60%. A presentation on the NISR audit by the Competent Authority was scheduled to be presented to the cancelled January 2024 IG&SSG but the high level results were reported to IG&SSG at the 16 April 2024 meeting in its Annual Assurance Report/Statement.

Digital Maturity Assessment

NHS Fife participated in the Scottish Government's Digital Maturity Assessment and received a comprehensive report on the outcomes. Assurance was taken that the consideration would be adopted into lifecycle and programme activities.

IG Incidents

In 2023/24, 12 incidents were reported to the Information Commissioner's Office (ICO), compared to 14 incidents in 2022/23. 83% were reported within the 72-hour requirement. 10 of the 12 incidents did not require any further follow up and two remain to be confirmed.

The incident that led to a reprimand from the ICO is included as a disclosure in the draft Fife NHS Board Governance Statement that was presented to the Audit and Risk Committee on 16 May 2024.

Information Governance & Security and Digital & Information Policies

The IG&S Accountability and Assurance Framework report presented to IG&SSG on 16 April 2024 reported on 8 IG&S policies and provided assurance that all were within their scheduled review dates. A report on General Policies to FPRC on 7 May2024 included a further 8 D&I policies that had lapsed review dates and these were not included in the reporting to IG&SSG and were not reported to the D&I Board. The Associate Director of D&I explained that these policies are distinct from the IG&S arena and are therefore managed within the Digital & Information Senior Leadership Team Group.

Action Point Reference 2 – Digital and Information Strategy	
Finding:	
The D&I Strategy 2019-2024 remains fit for purpose but it has passed its original end date and the development of the next iteration has been put back from July 2024 to January 2025. CGC has been regularly updated on the delivery of the strategy but has not yet been informed of a clear timetable for its revision.	
Audit Recommendation:	
The update report to on the D&I Strategy scheduled to be presented to CGC in July 2024 should include clear scheduling of the revision process including presentation to D&I Board, CGC and ultimately to Fife NHS Board for approval.	
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 accepts and will action this recommendation.	
Action by:	**Date of expected completion:**
Director Digital & Information	**31 July 2024**

Action Point Reference 3 – IG&S/D&I Policies	
Finding:	
The IG&S Accountability and Assurance Framework report presented to IG&SSG on 16 April 2024 reported on 8 IG&S policies and provided assurance that all were within their scheduled review dates. A report on General Policies to FPRC on 7 May2024 included a further 8 D&I policies that had lapsed review dates and these were not included in the reporting to IG&SSG and were not reported to the D&I Board. The Associate Director of Digital and Information explained that these policies are distinct from the IG&S arena and are therefore managed within the Digital & Information Senior Leadership Team Group.	
Audit Recommendation:	
Assurance regarding the review status of D&I policies not included in the IG&S Accountability and Assurance Framework report should be regularly provided to the D&I Board.	
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 will consider and report on this recommendation.	
Action by:	**Date of expected completion:**
Director Digital & Information	**30 September 2024**

Key Performance Indicators

Planning	Target	2022/23	2023/24
Strategic/Annual Plan presented to Audit & Risk Committee by June.		Draft presented June 2023	Draft presented June 2024
Internal Audit Annual Report presented to Audit & Risk Committee by June	Yes	Presented Audit & Risk Committee – June 2023	Presented Audit & Risk Committee – June 2024
Audit assignment plans for planned audits issued to the responsible Director at least 2 weeks before commencement of audit	75%	100%	78%
Efficiency			
Draft reports issued by target date	75%	57%	46%
Responses received from client within timescale defined in reporting protocol	75%	80%	100%
Final reports presented to target Audit & Risk Committee	75%	57%	80%
Number of days delivered against plan	100% at year-end	90%	102%
Number of audits delivered to planned number of days (within 10%)	75%	79%	80%
Skill mix	50%	88%	84%
Staff provision by category	As per SSA/Spec	Pie chart	
Effectiveness			
Client satisfaction surveys	Average score of 3.5	Bar chart	

Assessment of Risk

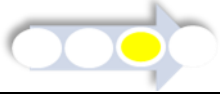
To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

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.**	**None**
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.**	**Two**
Merits attention		There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**	**One**

Section 5 Actions to Address Previous Annual Report/ICE Recommendations

ICE Report 2023/24 (B08/24) - Update of Progress Against Actions		
Agreed Management Actions with Dates	**Progress with agreed Management Actions**	**Assurance Against Progress**
1. Governance Statement Disclosures		
Process to highlight issues that may require to be included as disclosures in the Board's Governance Statement throughout the year. ***Action Owner: Head of Corporate Governance & Board Secretary*** **Original target implementation date N/A.**	Management considered introducing a new process but decided that that the current arrangements to allow members of standing committees to consider which issues warrant disclosure in the Board's Governance statement are sufficient.	 Completed
2. Performance Monitoring		
Report to the Clinical Governance Committee on remedial action to improve performance for - Adverse Events Improvement Actions (70% target) and Complaint Closed- Stage 1 (80% target). This was recommended as these are the only measures included as Quality Performance Indicators in the Clinical Governance Strategic Framework that were not routinely reported on to the Clinical Governance Committee. ***Action Owner: Director of Nursing / Planning & Performance Team*** **Original target implementation date 31 December 2023.**	The IPQR now includes reporting on all of the Quality Performance Indicators included in the Clinical Governance Strategic Framework including evidence of review and remedial action.	 Completed
3. SG Annual Monitoring Return		
Update to SGC on the SG Annual Monitoring Return including an update on action taken to address Scottish Government feedback from previous years. ***Action Owner: Director of Workforce*** **Original target implementation date 31 March 2024.**	Scottish Government feedback related to the 2022/23 Annual Monitoring Return was reported to SGC on 14 May 2024 and a paper reporting on how the feedback has been acted upon is to be presented to SGC by the revised target implementation date of 30 Sep 2024.	 Minor slippage on agreed timelines
4. Assurance Reporting to IG&SSG		
a. All sections of IGS Accountability and Assurance Framework Report (IGSA&AR) to include performance measures and risk summary information. b. Monitoring of timing of distribution of IG&SSG and D&I Board Papers to comply with 5 days ahead of meeting date stipulation included in their Terms of Reference. ***Action Owner: Associate Director of Digital and Information*** **Original target implementation date 30 April 2024.**	a. The IG&S Accountability and Assurance Framework report presented to IG&SSG on 16 April 2024 did not fully address this recommendation and a revised target implementation date of 31 October 2024 has been agreed. b. Monitoring of the timing of issue of papers to of IG&SSG and D&I Board members was not undertaken in 2023/23. A revised target implementation date of 30 April 2025 to allow this to be monitored in	 Minor slippage on agreed timelines

	2024/25 and reported on in the IG&SSG and D&I Board Annual Assurance Statements for 2024/25.	
5. IG&S Incident Management Assurance		
Incident Management reporting to direct IG&SSG members to consider whether any incidents will likely warrant disclosure in the Board's Governance Statement. ***Action Owner: Associate Director of Digital and Information*** **Original target implementation date 30 April 2024.**	Consideration of whether the ICO reprimand related incident warranted disclosure in the Board's Governance statement was included in the IG&SSG Annual Assurance Statement and was discussed at length at the IG&SSG meeting held on 16 April 2024.	 Completed
Annual Report 2022/23 (B06/24) - Update of Progress Against Actions		
Agreed Management Actions with Dates	**Progress with agreed Management Actions**	**Assurance Against Progress**
1. Development of Risk Management		
a. Greater use of risk appetite including greater detail in risk reports presented to standing committees on how the risk appetite will affect strategy, decision-making prioritisation, budget setting and organisational focus. b. Deep Dive Reports to include: • Further assessment as to which key management actions will impact on the target score with success criteria stated. • A focus on key controls only, providing overt assurance and an overt conclusion on the effectiveness of implemented controls. • An assessment of the proportionality of proposed actions and whether they should be sufficient to achieve the target score. c. Revised Risk Management KPIs presented to the Audit and Risk Committee (ARC) that take account of previous internal audit recommendations and allow ARC members to assess the overall effectiveness of the system of Risk Management. d. Revised Risk Management Framework approved by the ARC providing a detailed description of joint Risk Management arrangements with the IJB including responsibility for operational risks, responsibility for sharing of information and responsibility for provision of assurance consistent with the IJB Risk Management Strategy. ***Action Owner: Director of Finance & Strategy*** **Original target implementation date 31 March 2024.**	a. Corporate Risks papers presented to each standing committee state if risks are within or outwith risk appetite. Review of the Board's risk appetite has not taken place yet. Risk reports to standing committees do not yet include greater detail on how the risk appetite will affect strategy, decision making prioritisation, budget setting and organisational focus and the minutes of their meetings do not record discussion on these topics referring to risk appetite. Target implementation date extended to 30 September 2024. b. The Deep Dives continue to evolve but they do not include the 3 components referred to in our recommendation which are derived from the '*Specific questions when analysing a risk delegated to the committee in detail*' section of the Assurance Principles that are appended to the Risk Management papers presented to standing committees. Target implementation date extended to 30 September 2024. c. Revised KPIs which allow the A&RC to oversee performance management of the risk management framework were presented to A&RC on 16 May 2024	 Minor slippage on agreed timelines

	and A&RC were advised that these will continue to evolve (Complete). d. The revised NHS Fife Risk Management Framework, including a description of RM arrangements with the IJB that satisfies our recommendation, was approved by Fife NHS Board on 26 September 2023 (Complete).	
2. Staff Governance Standards		
a. A year-end report to be presented to the Staff Governance Committee providing 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. b. The Staff Governance Committee Annual Report and Statement of Assurance to include a conclusion on compliance with the different strands of the Staff Governance Standards based on the paper referred to in 2a above. ***Action Owner: Director of Workforce*** **Original target implementation date 31 March 2024.**	a. The conclusion in the SGC Annual Report/Assurance Statement presented to SGC on 14 May 2024 combined with the paper presented to the March 2024 SGC on the coverage of the strands at SGC meetings in 2023/24 satisfies our recommendation. b. As per 2a above	 Completed
3. Whistleblowing		
The Staff Governance Committee Annual Report and Statement of Assurance including a statement confirming the Whistleblowing Champion's opinion on the adequacy NHS Fife's whistleblowing arrangements. ***Action Owner: Director of Workforce*** **Original target implementation date 31 March 2024.**	The Whistleblowing Annual Report 2022/2023 was presented to the SGC on 9 November 2023 and subsequently to Fife NHS Board on 28 November 2023. This includes a statement from the Whistleblowing Champion on the adequacy of NHS Fife's Whistleblowing arrangements. The SGC Annual Assurance Report/Statement for 2023/24 presented to SGC on 14 May 2024 includes a statement from the Board's Non-Executive Whistleblowing Champion on the adequacy NHS Fife's whistleblowing arrangements at section 4.13.	 Completed
6. Digital & Information Strategy		
a. Clinical Governance Committee (CGC) to be updated regarding the impact on strategic ambitions & new	a. The D&I Strategy update to CGC on 3 November 2023 included analysis of	

D&I Strategy of elements from previous strategy not yet delivered. b. The new D&I Strategy to include a resource & financial assessment supporting the likelihood of the revised D&I Strategy being delivered within the stated timescale. ***Action Owner: Associate Director of Digital & Information*** **Original target implementation date 31 July 2024.**	the delivery of items from the 2020-24 D&I Strategy and clearly shows items partially or not delivered. The update also identifies themes to be taken forward to the next iteration of the strategy (Complete). b. The D&I Strategy update to CGC on 3 November 2023 confirmed that this will be supported by a financial framework. The development of the revised D&I Strategy has been delayed. Target implementation date extended to 31 January 2025.	Minor slippage on agreed timelines
ICE Report 2022/23 (B08/23) - Update of Progress Against Actions		
Agreed Management Actions with Dates	**Progress with agreed Management Actions**	**Assurance Against Progress**
1. Committee Assurances		
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. b. Risk sections 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. 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. ***Action Owner: Head of Corporate Governance & Board Secretary*** **Original target implementation date 30 June 2023.**	a. The Board's Action List was included on the agenda for its meetings on 31 January and 28 March 2023 and a comparison of the two Action Lists shows that it is being updated between meetings (Complete). b. Improvements to the completion of the Risk Management section of SBARs presented to the Board and its Standing Committees was evident in a sample selected for meetings in December 2023, January 2024, and March 2024. c. Discussion on the policies that have lapsed review dates took place at EDG on 2 November 2023 and a risk-based approach to prioritise the review and update policies was agreed and relevant assurances regarding this were provided by the relevant responsible Executive Directors. FPRC were notified of this on 14 November 2023 (Complete).	 Completed
10. IG&S Incident Reporting to CGC		
The IG&S update report for the Clinical Governance Committee to be updated to include a section for IG Incident Management including: ○ Reasons for any instances of non-compliance with the 72-hour statutory timescale for	IG&SSG Updates to CGC on 1 March 2024 includes assurance regarding compliance with the 72-hour timescale for reporting incidents to the ICO and consideration regarding whether or not any of the	 Completed

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. ***Action Owner: Associate Director of Digital and Information*** **Original target implementation date 31 May 2023.** **Extended to 29 February 2024 (TBC)**	incidents will warrant disclosure in the Board's Governance statement.	

ASSURANCE SUMMARY
NHS FIFE CLINICAL GOVERNANCE OVERSIGHT GROUP
18th JUNE 2024

1. Purpose

To provide the NHS Fife Clinical Governance Committee with an assurance summary from the Clinical Governance Oversight Group (CGOG) held on the 18th June 2024. This assurance statement summarises the key aspects of business covered.

	Summary
1.	**SBAR NHS Fife, MBRRACE Report of Stillbirth & Neonatal Death 2022**
	The Director of Midwifery presented the above report providing assurance that the stabilised mortality rates for neonates in NHS Fife were similar or lower in NHS Fife compared to other Trusts and Health Boards.
2.	**SBAR NHS Fife Adverse Events Trigger List and Improvement Actions**
	From the Adverse Event Improvement plan the group endorsed the following changes: i. Agreement to recognise the review processes for Cardiac Arrest, Drug and Alcohol Related Deaths and Sudden Unexplained Infant Death review in place of a significant adverse event review (SAER). All of these processes trigger major and extreme harm. It was also noted that further work is required to develop the process for suicide reviews. ii. SAERs where the outcome has been coded as 4 will now come back to the SAER Panel (Chaired by the Medical Director) for agreement, oversight and monitoring to improve governance, increase visibility and opportunity for organisational learning. The next stage will be to develop a process in collaboration with triumvirate divisional leadership groups for overseeing improvement plans for SAERs which trigger an outcome 3.
3.	**SBAR Scottish National Audit Programme Annual Governance Process - Outliers Highlighted for 2023 (Orthopaedic)**
	The Deputy Medical Director for the Acute Services Division presented that for the 5th consecutive year, NHS Fife has been identified as an outlier for 'time to theatre' for patients with a hip fracture. More theatre capacity is required to treat these patients in response: • A new Theatre Access Group has been established to maximise and prioritise theatre efficiency • A series of further improvement actions are underway including a new escalation policy for escalation in times of surge in numbers of trauma patients. Progress on this work will be brought back to the group
4.	**NHS Fife Health & Social Care Partnership Clinical Governance Assurance Update SBAR (HH/LB)**
	Nothing escalated to the Clinical Governance Oversight. For assurance the following key updates were provided: • Work underway to respond to the Strang Report within the Complex and Critical Care Directorate

	• Compliance with the Medication Assisted Treatment (MAT) target has improved with patients now being offered engagement on day one thereby achieving the 75% target, sitting at approximately 90% compliance
3.	**NHS Fife Health & Social Care Partnership Children Service's Annual Report 2022-2023**
	The report presented focused on show casing the successes and celebrating the work of staff. Key highlights included: • Children and Young People's Occupational Therapy who have increased access for parents and families and embedded the Institute for Healthcare Improvement's Joy@Work framework. • Children and Young People Community Nursing Service were awarded a Children's Nursing and Midwifery Award at this year's RCN Scotland Nurse of the Year Awards for their incredible support and care for families who have children and young people with complex health conditions. • Health Visiting and Breastfeeding team have been accredited with UNICEF Baby Friendly Status.
4.	**NHS Fife Acute Services Division Clinical Governance Quality Assurance Report May 2024**
	There were no escalations to the Clinical Governance Oversight Group. The increased turnaround time for dictation to GPs was highlighted as a new risk added to the Acute Services Division Risk Register. The risk is being closely monitored with weekly reports provided to the management teams
5.	**NHS Fife Clinical Policy & Procedure Update**
	The group were given assurance that they have a 99% compliance rate for all clinical policies and procedures for NHS Fife.
6.	**NHS Fife Activity Tracker**
	Two new Reports / Publications: • Scottish Patient Safety Programme Mental Health Collaborative Report issued 26 April 2024 • National healthcare standards scoping report publication issued 24 April 2024 **New** standards issued: • Ageing and Frailty Standards issued 16 April 2024
7.	**Annual Review of Terms of Reference for NHS Fife Clinical Governance Oversight Group**
	Group requested to review terms of reference. Associate Director for Quality and Clinical Governance advised that there would be value in management attending the meeting and has approached the Director of Acute Services and Director for Health and Social Care Partnership to take forward.
8.	**NHS Fife Patient Experience Flashcard**
	The target for stage one complaints and stage 2 complaint responses is not being met and targeted work is underway. However there are now no complaints waiting over 200 days and only 1 over 100 days. Success of Care Opinion in Fife was discussed with 1223 stories received on Care Opinion in 23/24 (an increase of 42.7% since 22/23). 82% of stories were completely positive in nature. There was discussion on how we can learn from this feedback.
9	**NHS Fife Quarterly Deteriorating Patient Report (Quarter 4) and Deteriorating Patient Improvement Plan**

	The group was provided with assurance in relation to the work to review and learn from cardiac arrests: • Every cardiac arrest in NHS Fife is reviewed allowing analysis of themes informing improvement areas and feedback of learning to clinical teams • Survival rate of an in hospital cardiac arrest is 22% meaning it is so important to identify to improve where the arrest might have been avoidable • Observations taken on time have improved across both Divisions • Improvement work focuses on the processes included in “Know the Score” • Focused work on Hospital Anticipatory Care Plans (HACPs) **Deteriorating Patient Improvement Work** • The driver diagram which aligns to SIGN 167 was presented to the group • Pilot of electronic observations in ward 43 and 44 is planned for July 24 with a view to building a case for roll out of this innovation • Improvement team have conducted a Know the Score Baseline Assessment Questionnaire and received responses from 41 wards across Fife- this feedback along with the Deteriorating Patient process measures will be used to inform next priority areas and will be the focus of a workshop in August
10.	**NHS Fife Clinical Governance Strategic Framework Annual Delivery Plan 2024/2025**
	The plan was endorsed by the group
11.	**Linked Committee Minutes**
	No escalations from linked groups

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**12 July 2024**
Title:	**Corporate Risks Aligned to the Clinical Governance Committee**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Author:	**Dr Shirley-Anne Savage, Associate Director for Risk and Professional Standards**

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife
- NHS Fife Board Strategic Priorities
    - To Improve Health & Wellbeing
    - To Improve Quality of Health & Care Services
    - To Deliver Value and Sustainability

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper provides an update on the risks aligned to this Committee since the last report on 3 May 2024.

The Committee is invited to:

- note the corporate risks as at end of June at Appendix 1;
- review all information provided against the Assurance Principles at Appendix 2; and the Risk Matrix at Appendix 3;
- conclude and comment on the assurance derived from the report.

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

The Strategic Risk Profile as at end of June is provided at Table 1 below.

Table 1: Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	4	2	2	-	-	◄►	High
To improve the quality of health and care services	6	4	2	-	-	◄►	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◄►	Moderate
To deliver value and sustainability	7	5	2	-	-	◄►	Moderate
Total	**19**	**13**	**6**	**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		Movement Key	
High Risk	15 - 25	▲	Improved - Risk Decreased
Moderate Risk	8 - 12	◄ ►	No Change
Low Risk	4 - 6	▼	Deteriorated - Risk Increased
Very Low Risk	1 - 3		

Details of the risks aligned to the Clinical Governance Committee are summarised in Table 2 below and at Appendix No. 1.

Table 2: Risks Aligned to the Clinical Governance Committee

Strategic Priority	Over view of Risk Level				Risk Move ment	Corporate Risks	Assessment Summary of Key Changes
To improve health and wellbeing	1		-	-	◀▶	• 5 - Optimal Clinical Outcomes	• Target timescale updated.
To improve the quality of health and care services	-	1	-	-	◀▶	• 9 - Quality and Safety	• Mitigations updated for Risk 9.
To deliver value and sustainability	2	1	-	-	◀▶	• 16- Off Site Area Sterilisation and Disinfection Unit Service • 17- Cyber Resilience • 18 - Digital and Information	• Target risk rating updated for Risk 18.

Members are asked to note that since the last report to the Committee:

- Five risks are still aligned to the Committee.
- The risk level breakdown remains - 3 High and 2 Moderate
- No new risks have been identified.

Details of all risks are contained within Appendix 1.

Risk Updates

Risk 4 - Optimal Clinical Outcomes

Following consideration of the updated Deep Dive review at the Committee's meeting on 1 March 2024, it was agreed there should now be further discussion through the Risks and Opportunities Group (ROG) on whether it is appropriate to close the risk and develop a revised risk or risks. Following further discussion, a recommendation will be made to EDG and brought back to CGC in September.

Risk 9 - Quality and Safety

The Associate Director of Quality and Clinical Governance advises that one of the root causes of this risk is that there is a requirement to further develop the approach to organisational learning. A paper setting out a proposed approach to refreshing the work of the Organisational Learning Group was shared with the Clinical Governance Oversight Group in April 2024 with a formal update scheduled to the Executive Directors in July 2024. The paper includes a workplan for 2024/2025 and outlines a number of activities the group will progress. The target timescale has accordingly been adjusted from 31/03/24 to 31/03/25.

Details are provided in Appendix No. 1.

Potential New Corporate Risk: Pandemic Preparedness/Biological Threat
Preparation of the above risk continues, with EDG agreeing a Deep Dive review in preparation for it being included on the Corporate Risk Register. EDG were also asked to support the further development of the Emerging Infectious Disease risk. Given the uncertainty associated with the Emerging Disease Risk, it was agreed to monitor this through the Public Health Assurance Group and bring back for escalation once a new threat becomes apparent.

It has been agreed by Executive Leads that this new risk is better aligned to the PHWB Committee rather than CGC committee and will be reported there moving forward.

Next Steps
The Corporate Risk Register will continue to evolve in response to feedback from this Committee and other stakeholders, including via Internal Audit recommendations. It is recognised that consideration will be required in terms of reviewing the existing corporate risks and any new risks aligned to the CGC, in the context of the current operating landscape including the financial pressures faced and the developing Reform, Transform, Perform Programme. This will also apply to the Corporate Risk Register as a whole.

The Board's Risk appetite is currently under review. The ROG will seek to enhance its contribution to the identification and assessment of emergent risks and opportunities and make appropriate recommendations on the potential impact upon the Board's Risk Appetite position. The Group will also contribute to the development of the process and content of Deep Dive Reviews as part of a broader consideration of the Board's assurance framework.

Further to the sharing of the Deep Dive to the CGC last year for the risk "Access to outpatient, diagnostic and treatment services", it has been agreed that an update comes to CGC secondary to the update to Finance, Performance & Resource (FP&R) Committee for consideration of the impact on quality of care. Merit was also seen in bringing Cancer Waiting Times and the Whole System Capacity risks and it has been suggested that these are added to the workplan and each come to CGC once per year.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		x		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

Effective management of risks to quality and patient care will support delivery of our strategic priorities. It is expected that the application of realistic medicine principles will ensure a more co-ordinated and holistic focus on patients' needs, and the outcomes and experiences that matter to them, and their families and carers.

2.3.2 Workforce

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

2.3.3 Financial

This paper does not raise, directly, financial impacts, but these do present significant elements of risk for NHS Fife to consider and manage in pursuit of our strategic priorities.

2.3.4 Risk Assessment / Management

Management and oversight of the corporate risks aligned to this Committee continue to be maintained, including through close monitoring of agenda, work- plans, and clear governance through appropriate groups and committees. The latter allow for due diligence to occur, contributing to more transparent decision making and good corporate governance.

Risk Appetite

Members are asked to note the improving risk profile, with 60 % (3) of the risks now within risk appetite for their respective domain.40% (2) of the risks remain above risk appetite.

Risk 5 aligns to *Strategic Priority 1: 'To improve health and wellbeing'.*

The Board has a High appetite for risks in this domain.

- The risk has a current high-risk level and is therefore within appetite.

Risk 9 aligns to *Strategic Priority 2: 'To improve the quality of health and care services'.*
The Board has a Moderate appetite for risks in this domain.

- The risk has a current moderate risk level and is therefore within appetite.

Risks 16, 17 and 18 align to *Strategic Priority 4: 'To Deliver Value and Sustainability'.*
The Board has a Moderate appetite for risks in this domain.

- Risk 16 has a current moderate risk level and is therefore within appetite.
- Risks 17 and 18 have a current high-risk level and are therefore above risk appetite.

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 that no further action was 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 with stakeholders.

2.3.8 Route to the Meeting

- Gemma Couser, Associate Director of Quality & Clinical Governance on 26 June 2024
- Alistair Graham, Associate Director of Digital & Information on 26 June 2024
- Neil McCormick, Director of Property & Asset Management on 26 June 2024
- Dr Chris McKenna, Medical Director, on 26 June 2024
- Dr Joy Tomlinson, Director of Public Health on 26 June 2024

2.4 Recommendation

- **Assurance** - Members are asked to take a **"moderate"** level of assurance that, all actions, within the control of the organisation, are being taken to mitigate these risks as far as is possible to do so.

3 List of appendices

The following appendices are included with this report:

Appendix 1, NHS Fife Corporate Risks aligned to the CGC as at end of June 2024
Appendix 2, Assurance Principles

Appendix 3, Risk Matrix

Report Contact
Dr Shirley-Anne Savage
Associate Director for Risk & Professional Standards
Email shirley-anne.savage@nhs.scot

NHS Fife Corporate Risks Aligned to the Clinical Governance Committee as 30 June 2024

To improve health and wellbeing

	Risk	Mitigation	Current Risk Level / Rating	Target Risk Level & Rating by date	Current Risk Level Trend	Appetite (High)	Risk Owner
5	**Optimal Clinical Outcomes** 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.	The Board has agreed a suite of local improvement programmes, as detailed in the diagram below and related activities, to frame and plan our approach to meeting the challenges associated with this risk.	High 15 (L5xC3)	Mod 10 (L5xC2) by 30/09/24	◀▶	Within	Medical Director

		 The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time: Delivery of the Population Health & Well-being Strategy Delivery of the Recovery and Renewal Priorities Plan4Fife 2021-2024 Update Embedding of Anchor Institution Principles Continue the work of the Integrated Planned Care Programme Board (Chaired by the Director of Acute Services). Continue the work of Integrated Unscheduled Care Project Board (chaired by the Medical Director)					

		reporting to the Clinical Governance Committee three times per year. Continue the work of the Acute Cancer Services Delivery Group (chaired by the Director of Acute Services) reporting to the Cancer Governance and Strategy Group (chaired by the Medical Director). Continue to develop and implement Annual Delivery Plans for the Cancer Framework. Continue the work of the Primary Care Strategy Group Continue work on the Mental Health Redesign Programme Continue the work of the Scheduled Care Group Review the Scottish Government (SG) Value Based Health & Care. A Vision for Scotland, December 2022 document against our local plans. Continue escalation of issues through Senior Leadership Teams to Executive Director's Group then through to Clinical Governance Committee and other committees as appropriate Implement the Fife H&SCP Strategic Plan for Fife 2023-26 Implement the Cancer Framework Delivery Plan 2024/25 Ensure the NHS Fife Realistic					

		Medicine/Value Based Health Care Delivery Plan aligns with the Scottish Government (SG) Value Based Health & Care. Action Plan 2023.					

To improve the quality of health and care services

	Risk	Mitigation	Current Risk Level / Rating	Target Risk Level & Rating by Date	Current Risk Level Trend	Appetite (Moderate)	Risk Owner
9	**Quality & Safety** 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.	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). There are also effective systems & processes to ensure oversight and monitoring of national & local strategy / framework / policy /audit implementation and impact. One of the root causes of this risk is that there are “no effective system of supporting effective organisational learning”. A paper setting out a proposed approach to refreshing the work of the Organisational Learning	Moderate 12 (L4 x C3)	Low 6 (L3 x C2) by 31/03/25	◀▶	Within	Medical Director

		Group has been shared with the Clinical Governance Oversight Group in April 24 with a formal update scheduled to the Executive Directors in July 24. The paper includes a workplan for 2024/2025 and outlines a number of activities the group will progress. The Organisation Learning Group meetings have now been reestablished to continue this work.					

To deliver value and sustainability

	Risk	Mitigation	Current Risk Level / Rating	Target Risk Level & Rating by date	Current Risk Level Trend	Appetite (Moderate)	Risk Owner
16	**Off-Site Area Sterilisation and Disinfection Unit Service** There is a risk that by continuing to use a single off-site 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.	Monitoring and review continues through the NHS Fife Decontamination Group. Establishment of local SSD for robotics is progressing with an indicative date of 31/12/23. Health Facilities Scotland (HFS) has agreed the design and the unit at St Andrews Community Hospital (SACH); the timescale to become operational has been revised from December 2023 to possibly June 2024. Work is underway to meet this target. An option appraisal for delivery of the	Mod 12 (L4xC3)	Low 6 (L2xC3) by 01/04/2026 at next SG funding review	◄►	Within	Director of Property & Asset Management

		service is being explored. Ensure that mitigations are in place to ensure that no trays are damaged while they are handled and stored in NHS Fife to include new racking and training Staff have received training in the safe handling of trays. Training is being repeated on a yearly basis. Staff must inspect each tray prior to loading on to storage system. New racking system installed early March 2022 costing £27,000 and prevents the stacking of trays. Tins purchased in early 2022 costing £29,000 in use to protect our heavy trauma and orthopaedic trays A trial of foam corners has been instigated by Tayside. Ensure that contingency stock has been procured to mitigate the effects of any down-time on the service to include: - •At least 3 Days of Trauma trays •At least 3 days of obstetric trays Consideration being given to increasing stock to 7 days for Trauma and Obstetric trays. Manage the SLA appropriately and					

		consider changes to allow quality issues to be identified and treated seriously and in a timely manner. Regular Liaison meetings to discuss issues with the service have been taking place since 2021. Discussions are taking place about changing some of the terms in the SLA to allow defective trays to be identified at point of use rather than at point of delivery (July 2023). Consideration of alternative providers to determine whether value for money is being provided and whether increased resilience can be provided continues. Involvement and influencing the National group looking at capacity and resilience in CDU provision across Scotland. This group, facilitated by National Services Scotland (NSS) will make recommendations to the Scottish Government (SG) about how best to increase capacity and resilience within NHS Scotland. This Group was convened in 2021. The Decontamination Collaborative Programme Board (DCPB) is now chaired by the Director of Property & Asset Management and has been briefing SG through regular meetings. Work with Regional partners to identify synergies in service delivery including the developing business plan for re-					

		provision of CDU capacity within NHS Lothian. Raise the profile of this issue at National Estates and Facilities Fora including National Strategic Facilities Group which includes key representatives from NSS and SG.					
17	**Cyber Resilience** 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.	The Network Information System Directive (NISD) and now Cyber Resilience Framework Audit has concluded. The compliance rate has increased to 87%, up from 76% from the previous year. The action plan for improvement has been presented to the Information Governance and Security Steering Group. The Deep Dive review for this risk was presented to Clinical Governance Committee in January 2024. Management actions detailed continue to be progressed.	High 16 (L4xC4)	Mod12 (L4xC3) by Sept 2024	◄►	Above	Medical Director
18	**Digital & Information (D&I)** 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	Consistent alignment of the D&I Strategy with the NHS Fife Corporate Objectives and the Population Health & Wellbeing Strategy. Active review of the current digital programmes against current strategic objectives is complete and has governed by the Digital and Information Board. The annual delivery plan for 2024/25 will	High 15 (L3xC5)	Mod 12 (L2xC4) by April 2025	◄►	Above	Medical Director

	adversely impact on the availability of systems that support clinical services, in their treatment and management of patients.	demonstrate a reduced level of activity to match the resource availability and limited levels of finance. (Capital and revenue). The revised strategy will include, financial and workforce planning, to support the mitigation of this risk. D&I Board have established new prioritisation and authorisation processes with ongoing review. ongoing review.					

Risk Movement Key

▲ Improved - Risk Decreased

◄► No Change

▼ Deteriorated - Risk Increased

Assurance Principles

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

- Detailed scrutiny
- Providing assurance to Board
- Escalating key issues to the Board

Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

- Consider issues for disclosure
- Emergent risks or → Escalation / Recording
- Scrutiny or risk delegated to Committee

Year End Report

- Highlight change in movement of risks aligned to the Committee, including areas where there is no change
- Conclude on assurance of mitigation of risks
- Consider relevant reports for the workplan in the year ahead related to risks and concerns

General Questions:

- Does the risk description fully explain the nature and impact of the risk?
- Do the current controls match the stated risk?
- How weak or strong are the controls? Ae they both well-designed and effective i.e., implemented properly?
- Will further actions bring the risk down to the planned/target level?
- Does the assurance you receive tell you how controls are performing?
- Are we investing in areas of high risk instead of those that are already well-controlled?
- Do Committee papers identify risk clearly and explicitly link the strategic priorities and objectives/corporate risk?

Specific Questions when analysing a risk delegated to the committee in detail:

- History of the risk (when was it opened) – has it moved towards target at any point?
- Is there a valid reason given for the current score?
- Is the target score:
  - In line with the organisation's defined risk appetite?
  - Realistic/achievable or does the risk require to be tolerated at a higher level?
  - Sensible/worthwhile?
- Is there an appropriate split between:
  - Controls – processes already in place which take the score down from its initial/inherent position to where it is now?
  - Actions – planned initiatives which should take it from its current to target?
  - Assurances – which monitor the application of controls/actions?
- Assessing Controls
  - Are the controls "Key" i.e., are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)?
  - Overall, do the controls look as if they are applying the level of risk mitigation stated?
  - Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?
- Assessing Actions – as controls but accepting that there is necessarily more uncertainty
  - Are they on track to be delivered?
  - Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?
  - Are they likely to be sufficient to bring the risk down to the target score?
- Assess Assurances:
  - Do they actually relate to the listed controls and actions (surprisingly often they don't)?
  - Do they provide relevant, reliable and sufficient evidence either individually or in composite?
  - Do the assurance sources listed actually provide a conclusion on whether:
    - the control is working
    - action is being implemented
    - the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level
  - What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk):
    - 1st line – management/performance/data trends?
    - 2nd line – oversight / compliance / audits?
    - 3rd line – internal audit and/or external audit reports/external assessments?

Level of Assurance:

Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
			

Document developed from diagram produced by NHS Lanarkshire based on principles compiled by the Assurance Mapping Group of members of Boards covered by the FTF Internal Audit Service, 2022

Risk Assessment Matrix

A risk is assessed as **Likelihood x Consequence**

Likelihood is assessed as Remote, Unlikely, Possible, Likely or Almost Certain

Figure 1 Likelihood Definitions

Descriptor	Remote	Unlikely	Possible	Likely	Almost Certain
Likelihood	Can't believe this event would happen – will only happen in exceptional circumstances (5-10 years)	Not expected to happen, but definite potential exists – unlikely to occur (2-5 years)	May occur occasionally, has happened before on occasions – reasonable chance of occurring (annually)	Strong possibility that this could occur – likely to occur (quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than not (daily / weekly / monthly)

Consequence is assessed as, Negligible, Minor, Moderate, Major or Extreme.

Risk Level is determined using the 5 x 5 matrix below based on the AUS/NZ Standard. The risk levels are:

- Very Low Risk (VLR)
- Low Risk (LR)
- Moderate Risk (MR)
- High Risk (HR)

Figure 2 Risk Matrix

Likelihood	**Consequence**				
	Negligible 1	**Minor 2**	**Moderate 3**	**Major 4**	**Extreme 5**
Almost certain 5	LR 5	MR 10	HR 15	HR 20	HR 25
Likely 4	LR 4	MR 8	MR 12	HR 16	HR 20
Possible 3	VLR 3	LR 6	MR 9	MR 12	HR 15
Unlikely 2	VLR 2	LR 4	LR 6	MR 8	MR 10
Remote 1	VLR 1	VLR 2	VLR 3	LR 4	LR 5

Risks once identified, must be categorised against the following consequence definitions

Figure 3 Consequence Definitions

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care.	Unsatisfactory patient experience / clinical outcome **directly related to care provision – readily resolvable.**	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk.	Unsatisfactory patient experience / clinical outcome, long term effects – expect recovery - >1wk.	Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects.
Objectives / Project	Barely noticeable reduction in scope / quality / schedule.	Minor reduction in scope / quality / schedule.	Reduction in scope or quality, project objectives or schedule.	Significant project over-run.	Inability to meet project objectives, reputation of the organisation seriously damaged.
Injury (Physical and psychological) to patient / visitor / staff.	Adverse event leading to minor injury not requiring first aid.	Minor injury or illness, first aid treatment required.	Agency reportable, e.g. Police (violent and aggressive acts). Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Complaints / Claims	Locally resolved verbal complaint.	Justified written complaint peripheral to clinical care.	Below excess claim. Justified complaint involving lack of appropriate care.	Claim above excess level. Multiple justified complaints.	Multiple claims or single major claim/. Complex justified complaint
Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service.	Short term disruption to service with minor impact on patient care.	Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service.	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility. Disruption to facility leading to significant "knock on" effect
Staffing and Competence	Short term low staffing level temporarily reduces service quality (less than 1 day. Short term low staffing level (>1 day), where there is no disruption to patient care.	Ongoing low staffing level reduces service quality. **Minor error** due to ineffective training / implementation of training.	Late delivery of key objective / service due to lack of staff. **Moderate error** due to ineffective training / implementation of training. Ongoing problems with staffing levels.	Uncertain delivery of key objective / service due to lack of staff. **Major error** due to ineffective training / implementation of training.	Non-delivery of key objective / service due to lack of staff. Loss of key staff. **Critical error** due to ineffective training / implementation of training.
Financial (including damage / loss / fraud)	Negligible organisational / personal financial loss (£<10k)	Minor organisational / personal financial loss (£10k-100k)	Significant organisational / personal financial loss (£100k-250k)	Major organisational / personal financial loss (£250 k-1m)	Severe organisational / personal financial loss (£>1m)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues.	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating Critical report.	Prosecution. Zero rating Severely critical report.
Adverse Publicity / Reputation	Rumours, no media coverage. Little effect on staff morale.	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation.	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined Use of services affected	National / International media / adverse publicity, more than 3 days. MSP / MP concern (Questions in Parliament). Court Enforcement Public Enquiry, FAI

Based on NHS Quality Improvement Scotland (February 2008) sourced AS/NZS 4360:2004: Making it Work: (2004) and Healthcare Improvement Scotland, Learning from Adverse Events: A national framework (4th Edition) (December 2019)

CLINICAL GOVERNANCE COMMITTEE
DELIVERY OF ANNUAL WORKPLAN 2024 / 2025

Governance - General							
	Lead	**03/05/24**	**12/07/24**	**06/09/24**	**04/11/24**	**06/01/25**	**07/03/25**
Minutes of Previous Meeting	**Chair**	✓	✓	✓	✓	✓	✓
Action list	**Chair**	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	**Chair**	✓	✓	✓	✓	✓	✓
Active or Emerging Issues							
	Lead	**03/05/24**	**12/07/24**	**06/09/24**	**04/11/24**	**06/01/25**	**07/03/25**
Governance Matters							
	Lead	**03/05/24**	**12/07/24**	**06/09/24**	**04/11/24**	**06/01/25**	**07/03/25**
Annual Assurance Statements from Subcommittees (D&I Board, H&S Subcommittee, IG&S Steering Group, IJB Q&C Committee, Resilience Forum, Medical Devices)	**Board Secretary**	✓					
Annual Committee Assurance Statement (inc. best value report)	**Board Secretary**	✓					
Annual Internal Audit Report	**Director of Finance & Strategy**		✓				
CGOG Assurance Summary Report	**Associate Director of Quality & Clinical Governance**	✓	✓	✓	✓	✓	✓
Committee Self-Assessment Report	**Board Secretary**						✓
Corporate Calendar / Committee Dates	**Board Secretary**			✓			
Corporate Risks Aligned to CGC, and Deep Dives	**Medical Director/Associate Director for Risk and Professional Standards**	✓	✓	✓	✓	✓	✓
Review of Terms of Reference	**Board Secretary**						✓ Approval
Review of Annual Workplan	**Associate Director of Quality & Clinical Governance**	✓	✓	✓	✓	✓	✓ Approval

Strategy / Planning							
	Lead	**03/05/24**	**12/07/24**	**06/09/24**	**04/11/24**	**06/01/25**	**07/03/25**
Advanced Practitioners Review Update	**Director of Nursing**			✓			
Annual Delivery Plan 2024/25 Scottish Government Response *(also goes to FP&R, PH&W & SGC)*	**Director of Finance & Strategy / Associate Director of Planning & Performance**	✓	✓				
Annual Delivery Plan Quarterly Reports	**Director of Finance & Strategy / Associate Director of Planning & Performance**		✓ **Q4/2024**	✓ **Q1/2024**	✓ **Q2/2024**		✓ **Q3/2024**
Cancer Strategic Framework & Delivery Plan	**Medical Director/Associate Director for Risk and Professional Standards**				✓		
Clinical Governance & Strategic Framework Delivery Plan 2024/25	**Medical Director / Associate Director of Quality & Clinical Governance**		✓		✓ **Mid-year update**		
Corporate Objectives	**Director of Finance & Strategy / Associate Director of Planning & Performance**	**Deferred to next mtg**	✓				
Value Based Health and Care Delivery Plan	**Medical Director**						✓
Scottish Healthcare Associated Infection (HCAI) Strategy 2023-25	**Director of Nursing**			✓			
Quality / Performance							
	Lead	**03/05/24**	**12/07/24**	**06/09/24**	**04/11/24**	**06/01/25**	**07/03/25**
Integrated Performance and Quality Report	**Medical Director / Director of Nursing**	✓	✓	✓	✓	✓	✓
Healthcare Associated Infection Report (HAIRT)	**Director of Nursing**	✓	✓	✓	✓	✓	✓
IRMER Inspection Report 2024	**Medical Director**		✓				
Nursing & Midwifery Professional Assurance Framework	**Director of Nursing**			✓			

Quality / Performance (Cont.)							
	Lead	**03/05/24**	**12/07/24**	**06/09/24**	**04/11/24**	**06/01/25**	**07/03/25**
Public Protection, Accountability & Assurance Framework	**Director of Nursing**	**Deferred - due to timings**		✓			
Digital / Information							
	Lead	**03/05/24**	**12/07/24**	**06/09/24**	**04/11/24**	**06/01/25**	**07/03/25**
Digital and Information Strategy 2019-24 Update	**Medical Director / Associate Director of Digital & Information**		**Deferred to next mtg**	✓	✓		
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	**03/05/24**	**12/07/24**	**06/09/24**	**04/11/24**	**06/01/25**	**07/03/25**
Equalities Outcome Report *(also goes to PHWC)*	**Director of Nursing**						✓ **2025 report**
Patient Experience & Feedback	**Director of Nursing**	✓	✓	✓	✓	✓	✓
Scottish Public Service Ombudsman Investigation Report	**Director of Nursing**	✓					
Annual Reports / Other Reports							
	Lead	**03/05/24**	**12/07/24**	**06/09/24**	**04/11/24**	**06/01/25**	**07/03/25**
Adult Support & Protection Annual Report 2020-22 *(also goes to PHWC)*	**Director of Nursing**		**Deferred to next mtg**	✓			
Allied Health Professional Assurance Framework	**Director of Nursing**			✓ **Update**			
Care Opinion Annual Report 2023/24	**Director of Nursing**			✓			
Clinical Advisory Panel Annual Report 2023/24	**Medical Director**		✓				

Annual Reports / Other Reports (cont.)							
	Lead	**03/05/24**	**12/07/24**	**06/09/24**	**04/11/24**	**06/01/25**	**07/03/25**
Controlled Drug Accountable Officer Annual Report 2023/24	**Director of Pharmacy & Medicines**			✓			
Director of Public Health Annual Report 2024 *(also goes to PHWC)*	**Director of Public Health**			✓			
Fife Child Protection Annual Report 2023/24 *(also goes to PHWC)*	**Director of Nursing**		✓				
Hospital Standardised Mortality Ratio (HSMR) Update Report 2023/24	**Medical Director**				✓		
Medical Appraisal and Revalidation Annual Report 2023/24	**Medical Director/Associate Director for Risk and Professional Standards**				✓		
Medical Education Annual Report	**Medical Director**			**TBC**			
Medical Safety Review and Improvement Report 2023/24	**Director of Pharmacy & Medicines**				✓		
Occupational Health Annual Report 2023/24	**Director of Workforce**			✓			
Organisational Duty of Candour Annual Report 2023/24	**Medical Director**						✓
Participation & Engagement Report and Quality Framework for Participation & Engagement Self-Evaluation 2023/24	**Director of Nursing**					✓	
Prevention & Control of Infection Annual Report 2023/24	**Director of Nursing**				✓		
Radiation Protection Annual Report 2023/24	**Medical Director**	**Deferred to next mtg**	✓				
Research & Development Progress Report & Strategy Review 2023/24	**Medical Director**					✓	
Research, Innovation and Knowledge Annual Report 2023/24	**Medical Director**					✓	
Review of Deaths of Children & Young People 2023/24	**Director of Nursing**			✓			

Linked Committee Minutes							
	Lead	**03/05/24**	**12/07/24**	**06/09/24**	**04/11/24**	**06/01/25**	**07/03/25**
Area Clinical Forum	**Chair of Forum**	04/04	~~06/06~~ - **cancelled**	01/08	03/10	05/12	06/02
Area Medical Committee	**Medical Director**	13/02	09/04	11/06	13/08	08/10	10/12
Area Radiation Protection Committee	**Medical Director**	TBC					
Cancer Governance & Strategy Group	**Medical Director**		21/03 & 30/05	-	15/08	-	31/10
Clinical Governance Oversight Group	**Medical Director**	16/04	18/06	-	20/08	22/10	10/12
Digital & Information Board	**Medical Director**	-	09/05	23/07	-	15/10	-
Fife Area Drugs & Therapeutic Committee	**Medical Director**	17/04	-	19/06	21/08	23/10	18/12
Fife IJB Quality & Communities Committee	**Associate Medical Director**		08/03 & 10/05	05/07	04/09	08/11	10/01
Health & Safety Subcommittee	**Chair of Subcommittee**	08/03	07/06	-	06/09	06/12	-
Infection Control Committee	**Director of Nursing**	07/02 & 03/04	05/06	07/08	02/10	04/12	-
Ionising Radiation Medical Examination Regulations Board (IRMER)	**Medical Director**	Ad-hoc					
Information Governance & Security Steering Group	**Director of Finance & Strategy**	~~16/04~~ – **deferred (date tbc)**	-	17/07	-	21/10	29/01
Medical Devices Group	**Medical Director**	~~13/03~~ - **cancelled**		12/06	11/09	11/12	-
Medical & Dental Professional Standards Oversight Group *(New group as from June 2024)*	**Medical Director**	~~-~~	11/06	09/07	14/10	-	07/01
Research, Innovation & Knowledge Oversight Group	**Medical Director**	-	14/05	-	-	14/11	-
Resilience Forum	**Director of Public Health**		13/03	13/06	11/09	12/12	-

Ad-hoc Items							
	Lead	**03/05/24**	**12/07/24**	**06/09/24**	**04/11/24**	**06/01/25**	**07/03/25**
Neonatal Mortality Review Response	**Medical Director**		✓				
Medical Devices Update	**Associate Director of Quality & Clinical Governance**		**Deferred to next mtg**	✓			
Re-form, Transform, Perform Programme Update	**Director of Re-form & Transformation**	✓					
Patient Story	**Director of Nursing**	✓	✓				
Organisational Learning Update	**Associate Director of Quality & Clinical Governance**		**Deferred to next mtg**	✓			
IR(ME)R Inspection – Victoria Hospital, Kirkcaldy – 16-17 January 2024 - Final report	**Medical Director**		✓				
Deteriorating Patients	**Medical Director**			✓			
The Patient's Rights	**Director of Nursing**			✓			
Letter from the Scottish Government: Reforming Services and Reforming the Way We Work	**Chief Executive**		✓				
Transport of Medicines Audit Report	**Acting Director of Pharmacy**		✓ **For noting**				
Medicines Assurance Audit Programme Short Life Working Group Audit Report	**Acting Director of Pharmacy**		✓ **For noting**				
Matters Arising							
	Lead	**03/05/24**	**12/07/24**	**06/09/24**	**04/11/24**	**06/01/25**	**07/03/25**
Health & Social Care Partnership Response to Community Associated E. Coli Bacteraemia and Clostridium Difficile Infection	**Director of Nursing**	✓					
Adverse Event Process for Drug Related Deaths	**Medical Director**		✓				
Development Sessions							
	Lead						
Principles of Clinical Governance	**Medical Director**	**07/05/24**					

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**12 July 2024**
Title:	**Corporate Objectives 2024/25**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Author:	**Susan Fraser, Associate Director of Planning and Performance**

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

- NHS Fife Population Health and Wellbeing Strategy
- Annual Delivery Plan
- Government policy/directive
- NHS Board Strategic Priorities
  - To Improve Health & Wellbeing
  - To Improve Quality of Health & Care Services
  - To Improve Staff Experience & Wellbeing
  - To Deliver Value & Sustainability

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The Committee is asked to consider the key corporate objectives for 2024/25. These objectives align with the NHS Fife Population Health and Wellbeing Strategy and the Re-form Transform and Perform Framework and will be taken formally to NHS Fife Board for approval.

2.2 Background

The Corporate Objectives details the priorities for NHS Fife for 2024/25 and beyond and aligns to the key strategic frameworks – the Population Health and Wellbeing Strategy and the Re-from, Transform and Perform Framework.

2.3 Assessment

The proposed Corporate Objectives were developed by the Executive Directors with support from the Associate Director of Culture, Development and Wellbeing. The Corporate Objectives are aligned with the existing strategic priorities within the Population Health and Wellbeing Strategy. They also reflect the focus areas of the Re-form, Transform, Perform Framework and the Annual Delivery Plan for 2024/25.

The Corporate Objectives aligned to the Improving Value and Sustainability Strategic Priority 4 are:

- We will Re-form, Transform and Perform our organisation to deliver a minimum of 3% recurring savings, and design, approve and commence plans to deliver break even for 2024/25, in support of medium to long term financial sustainability.
- We will develop a digital framework to underpin RTP including specific delivery plans: to modernise administration and business enabling functions; to enhance adoption of technologies; to implement Digital Medicines; and to ensure further innovative approaches to support clinical redesign.
- We will continue to implement actions to support the challenge of climate emergency including the reduction of energy, carbon, waste, and unnecessary travel together with improved use of our Greenspace; including the development of the whole system infrastructure plan.

Each Corporate Objective has a Lead Director assigned and the Corporate Objectives form an integral part of Executive Director's performance management. The Chief Executive will have monthly meetings with each director to provide assurance for delegated responsibilities including review of performance metrics and to discuss and monitor personal objectives.

In addition to individual discussions with the Chief Executive, a Corporate Objective Review Group (comprising the Executive Team and the Associate Director of Planning and Performance) will meet every 2 months to report on progress against the delivery of the Corporate Objectives and the lead director will take ownership for a brief written update for their Corporate Objective(s).

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	X			
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

NHS Fife corporate objectives underpin the delivery of high Quality of Health and Care Services.

2.3.2 Workforce

NHS Fife Corporate Objectives link directly to the strategic priority to “Improve Staff Experience and Wellbeing”.

2.3.3 Financial

NHS Fife Corporate Objectives link directly to the strategic priority to “Deliver Value and Sustainability”.

2.3.4 Risk Assessment / Management

Each Corporate Objective will be assessed against the corporate risk management framework.

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

Each corporate objective will complete an EQIA as appropriate.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Developed through discussion with Executive Directors.

2.3.8 Route to the Meeting

This paper has been considered and agreed by the Executive Directors Group on 16 May 2024 and the Corporate Objectives have been approved in draft at the Remuneration Committee on 21 June 2024.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a "Significant" Level of Assurance. The Corporate Objectives 2024/25 capture the priority actions for NHS Fife aligned to the Population Health and Wellbeing Strategy and Reform, Transform and Perform Framework.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Corporate Objectives 2024/25

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

Corporate Objectives 2024/25

		Executive Directors												Committees			
		Medical Director	Director of Nursing	Director of Public Health	Director of Finance & Strat	Director of Acute Services	Director of Health & Social Care	Director of Workforce	Director of Property & Asset Mang	Director of Pharm and Medicines	Director of Reform & Trans	Director of Comms	Director of Digital & Information	Clinical Governance	Staff Governance	Finance, Resource and Performance	Public Health and Wellbeing
Improve health and wellbeing																	
1	We will deliver pathways into employment in support of our Anchor ambitions through the development of innovative approaches to support priority groups to choose careers with NHS Fife.			L		✓	✓	L	✓			L	✓		✓		✓
2	We will finalise the prevention and early intervention strategy and action plan across the life course focusing on child health and working with partners to address the building blocks for health.			✓		✓	L							✓			✓
3	We will provide tiered support for people who are waiting for planned care building on the established 'Well' initiative and embed new learning from pilot work to support people who are waiting for appointments, procedures, and other care.	✓	✓	L		L	L					✓	✓	✓		✓	✓
Improve quality of health and care services																	
4	We will establish a transformative and sustainable model for unscheduled care in Fife and implement sustainable changes that will lay a solid foundation for the reformation and continuous improvement of unscheduled care services, ensuring they are integrated, efficient, and responsive to the needs of our community.	✓	✓		✓	L	L	✓		✓	✓		✓	✓		✓	
5	We will develop an Acute Services Clinical Framework and action plan that will guide the strategic direction and delivery of services throughout the lifespan of the strategy, ensuring a cohesive and integrated approach to healthcare provision that meets the evolving needs of our patient population.	L	L		✓	L	✓		✓	✓	✓		✓	✓		✓	
6	We will develop an approach to clinically underpin Re-form, Perform and Transform initiatives enabling Realistic, Timely and Personalised Care through developing clear methodologies for implementation and measurement, and underlining the intrinsic link between this approach and the sustainability and value of healthcare services in Fife.	L	L		✓	✓	✓		✓	L	✓			✓		✓	
ove staff experience and wellbeing																	
7	We will develop a workforce staffing model for in line with our Re-form, Perform, Transform objectives. This will include full review of establishments across NHS Fife, demand modelling, and a full review of our skills and expertise to maximise our opportunities and continued pursuit of teaching board status.	L	L	✓	✓	✓	✓	L	✓	✓	✓	✓	✓		✓	✓	
8	We will deliver against key staff governance metrics for 24/25. This includes reducing sickness absence levels to at least 6.5% and maintaining 80% compliance with mandatory training and 60% uptake of PDPRs.	✓	✓	✓	✓	✓	✓	L	✓	✓	✓	✓	✓		✓		
9	We will develop and launch a leadership framework focussed on compassionate leadership and an open, transparent, and nurturing culture, underpinned by strong staff engagement.	✓	✓	✓	✓	✓	✓	L	✓	✓	✓	L	✓		✓		
er value and sustainability																	
10	We will Re-form, Transform and Perform our organisation to deliver a minimum of 3% recurring savings, and design, approve and commence plans to deliver break even for 2024/25, in support of medium to long term financial sustainability.	✓	✓	✓	L	✓	✓	✓	✓	✓	L	✓	✓			✓	
11	We will develop a digital framework to underpin RTP including specific delivery plans: to modernise administration and business enabling functions; to enhance adoption of technologies; to implement Digital Medicines; and to ensure further innovative approaches to support clinical redesign.	✓	✓		✓	✓	✓	✓		L	✓	✓	L	✓		✓	
12	We will continue to implement actions to support the challenge of climate emergency including the reduction of energy, carbon, waste, and unnecessary travel together with improved use of our Greenspace; including the development of the whole system infrastructure plan.	✓	✓	✓	✓	✓	✓	✓	L	✓	✓	✓	✓			✓	✓

Director-General for Health & Social Care and
Chief Executive of NHS Scotland
Caroline Lamb

E: dghsc@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

NHS Chief Executives
NHS Chairs
IJB Chief Officers

Date: 5 June 2024

Dear Colleagues

REFORMING SERVICES AND REFORMING THE WAY WE WORK

You are all very aware of the critical need for reform to support improved wellbeing of people across Scotland, improved access to treatment and care and to secure the sustainability of our services, in the short term, and into the future. You will also have heard the parliamentary debate yesterday where the Cabinet Secretary set out the Government's vision for reform of our NHS and social care system. This letter sets out some further information for you, particularly on how we will need to work together to deliver the Vision.

When it was established 76 years ago, NHS Scotland was visionary, bold, and radical. It transformed health services for millions of people and brought certainty and security, it made sure that services reached the same national standards for everyone, everywhere, according to need and not the ability to pay.

Scotland has changed significantly since then: we now live longer, medicine can do much more, technology is transforming the way we live, lifestyles and expectations have changed. We also know that renewed focus on improving the health of our population, addressing inequalities, prevention and early intervention is required to ensure that we can provide services that will be able to meet the forecasted demand.

These are significant challenges and there will be difficult decisions for us to collectively navigate. There are also non-negotiables for this Government. The founding principles of Scotland's NHS will not change and we remain committed to access to healthcare based on clinical need and free at the point of need. It is also critical that our reform delivers improvements in health outcomes, reduction of health inequalities that persist in our communities, and reduction in unwarranted variation across our services.

The programme of reform, as set out by the Cabinet Secretary during the parliamentary debate, seeks to deliver a health service that is fit for the 21st century. In setting out his proposals, the Cabinet Secretary restated our vision for health and social care in Scotland - *A Scotland where people live longer, healthier and fulfilling lives*. This builds on the strategic foundations developed over the past decade or so, including the 2010 Quality Strategy, the 2016 National Clinical Strategy, 2016 Realistic Medicine and the 2022 NHS Scotland climate emergency and sustainability strategy.

The vision that will drive this reform, to enable people to live longer, healthier and more fulfilling lives, is underpinned by the four key areas of place based population health improvement; early intervention and prevention; improved access; and high quality service provision; all with people at the heart of our decision making.

Now is the time to drive forward the reform activity that will ensure that we deliver this vision. It has never been more urgent and requires concentrated action across our system and wider government to maximise efforts across portfolios. It is also vital that this period of reform and improvement proceeds on a national basis and with a strong spirit of collaboration, which builds on existing long standing responsibilities for NHS Boards to work together across boundaries.

I have set out additional context and detail in Annex A. This will be supplemented by further information on the reform programme and development of the National Clinical Framework over the next month or so. We are also working with Board Communication Leads and with HIS Community Engagement to ensure coherence and consistency of messaging across NHS Boards, our workforce and population.

I have no doubt that we will face a number of challenges as we progress on our journey of reform, however, with your support and leadership, I am optimistic that together we can build forward and deliver services and outcomes that meet the needs of our population today and into the future.

Yours sincerely

Caroline Lamb
Director General Health & Social Care, Chief Executive of NHS Scotland

FURTHER DETAIL ON REFORMING SERVICES AND REFORMING THE WAY WE WORK

REFORMING SERVICES

Overview

Our intention to reform health and social care is now well established. The vision that will drive this reform, to enable people to live longer, healthier and more fulfilling lives, is underpinned by the four key areas of place based population health improvement; early intervention and prevention; improved access; and high quality services; always with people at its heart.

The case for change has never been more urgent and it will require concentrated action across government to maximise efforts across portfolios. This will include education, housing and communities, transport, and economic development. It is clear that we need to work not only across government, but across NHS Boards, IJBs, HSCPs, Local Government, community planning, education, and business and industry.

Our vision is focussed on change and improvement within current NHS structures, maximising current assets, and delivering a population-based approach to the planning of acute services that will transcend traditional boundaries. This task will crucially need to harness the potential of proven technological and scientific innovations, whilst also maintaining focus on the outcomes that really matter to people. Rapid national adoption of innovation will be critical to ensure that health services in Scotland are more sustainable, address health inequalities and deliver improved patient outcomes.

Key elements of reform

In this initial update, we focus on the proposals emerging from the development of the *National Clinical Framework*, for population-level planning for acute services, and delivering more in community settings, alongside specialist centres of excellence. We will work with HIS-Community Engagement to determine how we ensure meaningful engagement with communities is undertaken of any changes.

As we have already set out for Board Chairs and Board Chief Executives Groups, there are a number of components to reform of services. These include the development of a Population Health Framework, being led by Public Health Scotland and Directors of Public Health, changes to our primary care and community health sector in the context of wider preventative reform (aligned to the development of the National Care Service) and reform being delivered through the recent Mental Health Strategy, and developing our National Clinical Strategy into a National Clinical Framework to inform the redesign of acute services. In summary, the reform of our acute services will:

- Drive person-centred values through connected care
- Drive further integration with primary care, community health and social care, delivering holistic care in the community
- Improve quality and safety
- Create centres of excellence which will attract and retain the best talent
- Strengthen the ‘NHS Scotland’ planning approach, maximising the collective power of delivering *once for Scotland* whilst increasing agility in responding to local population need

- Feed innovation hubs that will not only serve Scotland but develop economic opportunities for Scottish enterprise
- Drive common approaches to digital technologies and innovation.

Phasing of reform

- In the **immediate term** we must ensure that our services are delivered in a way that optimises our current arrangements, continue to improve standards and make significant headway in waiting times and productivity improvement.

  Engagement with NHS Boards over the last year identified a number of areas in which services are persistently fragile and/or at imminent risk of collapsing as a result of an unsustainable workforce and/or service model. The first phase of work relates to planning and delivery of vascular, oncology, diagnostics and remote, rural and island healthcare. The aim is that they should serve as a catalyst for action at an NHS Scotland level about the way services are delivered now and in the future.

- In the **medium term** we need to reform how acute services are planned, organised, and delivered in order to optimise resources and transform how we work together across services. This will involve more national and cross-boundary provision where specialities can be delivered with greater consistency and an ongoing commitment to quality.

- In the **longer term** we need to fundamentally change how our acute system is structured to respond to the changing needs of the population; concurrently, we must reduce demand and not simply improve services. We will drive further investment in prevention and early intervention, and not just treatment.

In delivering on the reform, we will drive new models of care, and improve productivity through innovation, technological advancements, and workforce models that directly respond to the challenges in our system. In the future this may require structural changes, but the immediate focus must be transformation of services within the existing structure and maximising current assets; delivering a population-based approach to healthcare that crosses traditional boundaries and parameters.

Delivering on the National Clinical Strategy

As highlighted by the Cabinet Secretary, our reform programme is not about development of a new strategy. We already have that in the 2016 *National Clinical Strategy*, which sets out the need to move to plan at a population level, supported by care closer to home, and greater adoption of digital innovation. The focus now has to be on transformation delivery building on the foundations of our current system.

We have been working, over the past few months, with clinical advisers, to review the National Clinical Strategy, and to translate this into an action focussed National Clinical Framework. The National Clinical Framework is at the centre of reforming our services and sets out the clinical direction of travel. Our initial assessment with clinicians outlines that a great deal of acute activity can be undertaken in the community and/or remotely. This increases access, can reduce additional costs, and positions NHS Scotland as a country-wide network of clinicians rather than place-bound care.

The National Clinical Framework will act as an enabling framework against which other core components will be reframed as we consider:

- Volume and safety
- Population based planning
- Clinical operating models

With the core principles of Value Based Healthcare and Healthcare Quality at its core, the National Clinical Framework aims to ensure any service provided by our NHS remains safe, effective and person-centred.

The National Clinical Framework will set out operating models at a service level, rather than the current geographical planning of acute services. In practice, this will build upon the national planning approach that we already undertake successfully for specialist services. We will plan our acute services at a Scotland population level that takes into consideration high volume/low complex procedures through to low volume/high complex procedures. The framework will be responsive to the changing needs of the population; it is not a fixed destination point, rather a framework to guide year-on-year planning of services.

Further information will be provided over the next few weeks in terms of engagement and implementation of the National Clinical Framework.

In parallel to the clinical operating models we will develop an overall 'ecosystem' model for *how and where* services are delivered. This will provide the planning guidance for Boards at local and national levels, e.g. the delivery of diagnostics will show a year-on-year move to community settings.

This transformation of acute services places greater emphasis on a *NHS Scotland* approach; in order to achieve this we will require stronger digital infrastructure to support the revised way of working, alongside harnessing the productivity benefits that streamlining our infrastructure will yield. Reducing lost time from skilled clinicians and staff who are having to navigate analogue systems will be fundamental to our digital approach.

The clinical operating models will be underpinned by data and modelling to ensure continual right sizing of our services, while factoring in local variation to ensure we are targeting health inequalities. Equality impact assessments will be undertaken to ensure the sum total of our revised service model continues to provide equity and fairness.

Alongside the development of the National Clinical Framework, Boards will continue the extensive work being undertaken in improving processes and productivity of acute services. Through the support of the Centre for Sustainable Delivery, work will continue to standardise processes where it is appropriate and redesign processes where required.

These changes are complex and will require consideration of workforce, inter-relationships between specialties, pathways from acute back into community settings, finance and impact on wider systems, such as transport. It will also require careful conversations with our population. Failure, however, to change will limit improvement of outcomes and limit the potential to strengthen world-class standards of care.

Engagement Framework

An important part of taking forward reform will be a robust and meaningful engagement approach. We will engage at an early stage and provide ongoing opportunities with a wide range of stakeholders, community interest groups and the people of Scotland on reform plans. The scope of the national engagement will be our population health, primary and community care reform, and changes to acute services.

This programme of national engagement was launched by the Cabinet Secretary for Health and Social Care during the debate in parliament on NHS reform. A comprehensive engagement plan is now under development, with the support of Board Communications and Engagement Leads, to ensure that our programme of transformation is discussed widely and benefits from a wide range of voices: workforce and service leaders, royal colleges, third sector groups, and people in Scotland more broadly.

The engagement framework will set out the approach we will take across the health social care sector and non-health public services, as well as with the public. We seek to utilise established engagement pathways; this enables reach to a broad range of stakeholders without placing further burden on agencies and bodies that at times struggle to engage with the full range of consultations from Government. We will partner with agencies that have extensive networks to gain insight across different groups. This framework will outline key audiences, outlining how they have been identified and reached.

We are also committed to working *with* our workforce: hearing the voices of experience of those who have been treating and caring for people in Scotland is paramount. This will include the insight from clinicians on responding to health demand, professionals who support how our system operates, through to innovators and digital colleagues. We are currently working through development of staff engagement with Boards.

The engagement strategy will outline the identification and approach for hard to reach and marginalised voices; engagement with Social Justice officials will support the development of engagement plan.

In partnership with Public Sector Reform colleagues, we will also look to work with agencies and bodies outside of the health and social care ecosystem, such as transport, local authorities and education. As an example, a workshop took place earlier this month with Transport Scotland and Regional Transport Partnership (RTP) colleagues to explore how we strengthen our collaboration across transport to health planning. This also supports the Government's intentions on broad public service reform.

A parallel communications strategy will be developed, including the use of social media to start telling the story of the reform work; this will build understanding and confidence with public and the service.

The engagement approach sets out the opportunity for us to be clear about the evidence for change, some of the difficult choices we will have to make, and the improved outcomes we are working toward, whilst at the same time offering hope and renewed enthusiasm to those working within our systems.

The key elements are:

a) Expert reference group
To provide challenge and ensure we benefit from the experience of similar systems outwith Scotland. This will have CMO leadership and draw from CMO's existing Advisory Group.

b) Stakeholder advisory group
Convening a multi-stakeholder advisory group which the Cabinet Secretary will chair. This group will be similar to the Mobilisation Recovery Group used during COVID-19 response, which was welcomed across the system.

c) Professional advisory groups
Confidence with our clinicians and professional groups will be critical to success. We will strengthen our engagement across our advisory groups to engage proactively with clinical experts, including the Royal Colleges, CMO Medical and Public Health advisory forum, and CNO groups.

d) Staff side engagement
Staff side engagement will be essential for insight into strategy, in addition to advise on tactical implementation of change. We will build this based on established engagement through the Scottish Partnership Forum (SPF) and associated Board Area Partnership Forums.

The SPF has been operating for over 20 years and provides a forum to work together on strategic issues affecting Health and Social Care. SPF also provides the strategic link with other Partnership Groups, such as the Scottish Terms and Conditions Committee (STAC), and discussions are shared with Board local Area Partnership Forums (APFs) to improve awareness of National Level discussions.

e) Wider staff engagement
We are working with Board Communications and Engagement Leads to develop a co-ordinated programme of engagement with all levels of staff across all Boards and to ensure the national and local narratives are consistent.

This will also build on the extensive direct engagement with NHS staff most recently through the work of the Listening Project linked to the Nursing and Midwifery Taskforce which I chair. The Listening Project has engaged with nursing and midwifery workforce through survey work and focus groups held in every territorial health board in Scotland and its methodology could be utilised for wider engagement with staff beyond those professions. Findings indicate significant concern felt by staff that the wellbeing of staff and patient outcomes are not considered equally along with organisational and fiscal priorities and a lack of trust that the system is able to improve under current systems. This provides a further sense of urgency to the reform now required.

f) Citizen engagement
Citizen engagement will be in two phases. Early engagement will be focused on the wide themes of NHS reform. In the first instance, we are working with HIS and The ALLIANCE to further analyse the extensive engagement they have already undertaken with the public on their needs for health and care services. We will also draw on other engagement work, such as that undertaken by YoungScot with young

people on delivery of future health and care services. In addition, we have commissioned HIS to undertake a Citizens' Panel on NHS reform. Following this initial work, we will consider what additional public engagement is needed on key questions within the plans for NHS reform.

The second phase of citizen engagement will take place on specific service changes that result from NHS reform. This engagement will be developed and undertaken on a service by service basis, and will comprise both national and local engagement. We will work with HIS and Participation and Engagement teams in NHS Boards to develop engagement activities. This will be in accordance with the recently updated *Planning with People* guidance which provides greater clarity on engagement on nationally determined service change and on ensuring proportionate public engagement on service change.

g) System Leaders' Engagement

Similar to the Winter Planning Summit that was convened in August 2023, we will bring together system leaders to focus on the vision for reform delivery and the changes needed to secure sustainability of services.

h) Ministerial roundtables

Ministerial roundtables on specific topics, with clinicians, professionals, unions and staff representatives and people who use services.

i) Cross-party engagement

In recognition of the need to build cross-party engagement in the development of a future sustainable and person-centred model of health services, quarterly events will take place, starting after summer recess. This will be supported by local engagement already undertaken by Boards with their respective political representatives.

We are already engaging key stakeholders including Public Health Scotland and COSLA on the development of a 10-year population health plan. In doing so, we will look to reset the relationship between the people of Scotland and the state around health, and to promote a discussion about how we collectively take responsibility for a healthier Scotland. This builds upon a renewed focus on improving the physical and mental health of the population, recognising that despite the progress we have made, and the many influences contributing to health harming behaviours, too many of us still smoke, drink too much alcohol, do not exercise enough and are overweight.

Engagement will continue on the development of National Care Service alongside the engagement underway in primary care and community health. An external Steering Group for Primary and Community Health has been established to provide advice into this, and wider health and social care reform programmes.

NHS Boards have a statutory duty to involve people and communities in the planning and development of services, and in decisions that will significantly affect how services are run. Where service change will be occurring at a local level, the Board will be responsible for consultation on how the change will be applied locally.

REFORMING THE WAY WE WORK

Delivering sustainable, resilient, accessible and efficient services for the population of Scotland can only be achieved by a significant change in the way we plan, organise, deliver

and fund services. We have begun over the past few months to reset and reform our ways of working, for example:

- Established the NHS Scotland Planning and Delivery Board and associated Strategic Planning Board and National Programmes Sub Group
- Development of single NHS Scotland plan for fragile services with national, regional and local service and planning teams working collaboratively. The first phase is developing single plans for oncology, vascular, diagnostics services. A Remote, Rural and Islands Task and Finish Group has also been established to determine a sustainable model of care for these communities
- Agreed new construct for our networks, aligned to portfolios of care.

We will also need to consider our ways of working and organisational change in a number of areas. Critically, cross boundary approaches will become a more substantive and important part of what we need to do and will challenge some aspects of the way we currently do business.

In doing so, Boards will be expected to engage closely with this endeavour and establish ways of working which will see significant progress on cross boundary working in the short and medium term, reflecting this work in Annual Delivery and Medium-Term Plans. In support of this, a Directors Letter (DL) setting out a Single Planning Framework will be issued to Boards in July. This will also consider how we move from discrete to more collaborative commissioning between National Board Sponsors, with enhanced co-ordination of commissioning to ensure a coherent set of delivery plans that support the drivers for change across NHS Scotland.

In considering how we plan for our population of Scotland, we will also identify the conditions for success and key enablers as we determine what is best planned and/or delivered collaboratively. As a core component of this, we will look to identify what more we need to do to achieve more coherent working between national, regional and local levels of planning and delivery. This would include the role in reform of regional transport partnerships, regional innovation hubs and community planning partnerships.

<u>Collaboration across partners and wider public services</u>

There are many interdependencies across the health and social care system, therefore many strands of transformation are required to run in parallel. Initial planning is progressing in the following areas, with further detail to follow:

- Renewed cross-government and cross-sector efforts to improve population health
- Population level planning for acute services
- New models of care that support more people to be treated as close to home as possible
- Improvements to planned care, mental health, prevention, primary, community and social care, aligned with the work being taken forward to establish the National Care Service, and wider reform outlined in this paper
- Ongoing work on delayed discharges
- A step change in innovation and the use of digital technologies
- Alignment of other enablers of change such as workforce and finance to support the transformation programme
- A framework for focussed national engagement.

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**12 July 2024**
Title:	**Annual Delivery Plan Scottish Government Response 2024/25**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Susan Fraser, Associate Director of Planning & Performance**

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan 2024/25

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

- Safe
- Effective
- Person Centred
- NHS Board Strategic Priorities
    - To Improve Health & Wellbeing
    - To Improve Quality of Health & Care Services
    - To Improve Staff Experience & Wellbeing
    - To Deliver Value & Sustainability

2 Report summary

2.1 Situation

The guidance for Annual Delivery Plan (ADP) 2024/25 was distributed to territorial NHS Boards on 4 December 2023. The planning priorities set out in the guidance are intended to give clarity on the high-level priorities which Boards should deliver in 2024/25, whilst remaining flexible enough to allow Boards to appropriately plan and prioritise within their own financial context.

This paper presents the final Annual Delivery Plan 2024/25 and accompanying approval letter from the Scottish Government to the NHS Fife Board for final approval.

2.2 Background

The Delivery Plan guidance was issued alongside the NHS Scotland Financial Plan 2024/25 Guidance and the two have been produced in conjunction.

The planning priorities set out in this guidance are intended to give clarity on the high-level priorities which Boards should deliver in 2024/25, whilst remaining flexible enough to allow Boards to appropriately plan and prioritise within their own financial context.

The ten 'Drivers of Recovery', which will be used to frame planning 2024/25, have remained broadly in line with those used in 2023/24. The changes from 2023/24 drivers are:

- Health Inequalities driver has been expanded to cover a wider range of population health planning.
- Digital Services and Technology and Innovation Adoption have now been merged into a combined "Digital Services Innovation Adoption" driver.
- Women and Children's Health driver has been added.

2.3 Assessment

The Annual Delivery Plan 2024/25 was submitted on 21 March 2024. The feedback letter from the Scottish Government was received on 28 May 2024 approving the plan stating that the Scottish Government was satisfied that the ADP broadly meets the requirements and provides appropriate assurance under the current circumstances.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level			X	
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

The main aim of ADP process is to continue to deliver high quality care to patients.

2.3.2 Workforce

Workforce planning is key to the ADP process.

2.3.3 Financial

Financial planning is key to the ADP process.

2.3.4 Risk Assessment / Management

Risk assessment is part of ADP process.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

- Executive Directors Group 11 March 2024 (by email)
- NHS Fife Board 26 March 2024 (in private)
- NHS Fife Board 20 June 2024
- Public Health & Wellbeing Committee 1 July 2024
- EDG 4 July 2024
- Staff Governance Committee 9 July 2024

2.4 Recommendation

This paper is provided to members for:

- Assurance – This report provides a "limited" Level of Assurance.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, NHS Fife Annual Delivery Plan 2024/25
- Appendix No. 2, NHS Fife Delivery Plan 2024/25 Approval Letter

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

RE-FORM • TRANSFORM • PERFORM

NHS Fife

Annual Delivery Plan 2024/25

21 March 2024 nhsfife.org

Published March 2024

www.nhsfife.org

Contents

Planning Context

This Annual Delivery Plan 2024/25 has been developed within the context of the NHS Fife Population Health and Wellbeing Strategy 2023-28, "*Living Well, Working Well, and Flourishing in Fife*", aligned to Scottish Government Recovery Drivers for 2024/25.

We recognise that our plans over the coming year and beyond, will remain subject to change as we adapt to the significant financial context, as set out in the letter from the Scottish Government, Director of Health & Social Care Finance on 19 December 2023: *"the financial pressures across health and social care, are, by far, the most challenging since devolution"*.

At present, many of our ambitions and plans do not fully take into consideration the risks of the evolving financial situation and the difficult decisions that may be required as we engage with the public and staff on a range of emerging cost reduction initiatives. It may be necessary to accept deviations from desired performance metrics in certain areas temporarily and the Board may need to make informed decisions to prioritise certain aspects of care, which might lead to short-term variances in performance metrics. These decisions are essential for achieving longer term balance and sustainability in our health and care system, ultimately leading to improvements in patient care and system efficiency.

Furthermore, it is inevitable that the shape of our workforce may need to evolve to deliver affordable health and care services. This evolution may result in a workforce that must either shrink, or at best, remain static.

Throughout this Delivery Plan, we have sought to highlight the connection to our overarching Reform, Transform, Perform Framework and assumptions set out in our Medium Term Financial Plan. Collectively, these documents describe the Board's Tactical Plan for 2024/25, to deliver our Population Health and Wellbeing Strategy, and seek to maintain a balance across all pillars of governance.

Population Health and Wellbeing Strategy

NHS Fife published its Population and Wellbeing Strategy in March 2023, which outlines the ways in which healthcare services in Fife will evolve to meet the developing needs of the local population over the course of the next five years.

This strategy outlines the vision and ambitions to focus on health inequalities and support improvement in the health and wellbeing of Fife citizens and is based around the 4 strategic priorities. Achieving the vision will require to be supported by several enabling strategies which bring together different strands of the journey into a deliverable and cohesive approach. It remains the foundation for all of our plans and decision-making across NHS Fife, with the key difference for 2024/25 being the significant and unprecedented financial challenges facing the system.

Medium term Financial Plan 2024-27

The Medium Term Financial Plan (MTFP) 2024-2027 is an important enabler to underpin the delivery of the Population Health and Wellbeing Strategy ambitions. There is no doubt that there are challenges not seen since devolution in the NHS in Scotland and the plan acknowledges the compounding pressures that the financial climate will bring. There are likely to be important choices ahead, ensuring that there is a focus on the

areas of service and support which drive the most health benefit to the people of Fife. Delivery of ADP actions are all dependent on the availability of funding and will be prioritised locally by NHS Fife Board.

Re-form, Transform and Perform Framework

The Re-form, Transform and Perform (RTP) Framework has been developed at pace since January 2024, to bring a renewed and strategic approach to empower change, to drive improvement in clinical and corporate services, and to deliver greater efficiency, value and sustainability. Financial recovery will be delivered by our new Re-form, Transform and Perform Framework (RTP).

The first phase of our RTP framework, Re-form, will concentrate on immediate changes to how we work across the organisation with increased grip and control and principles to enable system wide leadership to improve our financial position Our Re-form phase is designed to deliver the 3% savings target set out by Scottish Government. The Transform phase will focus on changes to our services, structures and care delivery.

The RTP framework was supported by NHS Fife Board in January with further development of options and detailed plans in progress and due to be commenced by April 2024. The Annual Delivery Plan will align to the RTP Framework and will be monitored and reported throughout the year.

Regional planning

The three NHS Boards in the East Region are committed to collaborative regional planning and regional delivery of services where this will maintain or improve quality, reduce cost, and deliver excellent outcomes across the region but not at the expense of one Board over another.

In the context of individual NHS Board governance and responsibilities to both financially plan to break even and deliver the highest quality care to those in greatest need, we will develop a joint process for 2024/25 to assist in the identification and assessment of service areas and functions that may be delivered regionally to support greater efficiency and service sustainability. In developing this process, we will also link to the emerging national policy and approaches which aim to develop single national plans for identified fragile services. Through our East Region Programme Board, we will support the development of business cases for service redesign and change in areas of mutual benefit.

Risk Management

The Corporate Risk Register contains the key risks for NHS Fife that have the potential to affect the whole organisation, or operational risks which have been escalated. The Board considered the level of risk it is prepared to tolerate under each of the four strategic priorities and agreed the risk appetite to aide strategic and operational decision-making. Recognising the current climate, the Board intends to review all aspects of risk appetite in early April. A deep dive of each risk takes place annually to consider the appropriateness of the mitigation and controls for each risk.

Recovery Drivers

1 Primary and Community Care

Improved access to primary and community care to enable earlier intervention and more care to be delivered in the community.

Recovery Driver	Indicator	National Standard		Latest		2025/26
Primary & Community Care 	GP Access	GPs to provide 48 hour access or advance booking to an appropriate member of the GP team for at least 90 per cent of patients	Positive responses for 48 hour access to an appropriate healthcare professional	2021/22	89%	Increase in positive response
			Positive response for booking an appointment with a GP >48 hours in advance	2021/22	48%	Increase in positive response

1.1 Delivery of core primary care services

Fife Health and Social Care Partnership (HSCP) have recently launched their Primary Care Strategy 2023 – 2026, which provides the strategic framework for improving delivery of and access to Primary Care Services with the key strategic priorities of the strategy being recovery, quality, and sustainability. This is one of 9 key enabling strategies which underpin delivery of Fife HSCP's strategic plan through to 2026 and the Population Health and Wellbeing Strategy.

Focused work has been undertaken to improve the sustainability of General Practice, which includes taking forward proposals to transition the 4 Board Managed 2C practices to independent 17j status and to continue targeted and proportionate support to GP Practices, which includes the continuation of our Multi-disciplinary Resilience Team who support practices under the greatest sustainability pressures.

1.2 Ongoing development of Community Treatment and Care (CTAC) services, supporting more local access to a wider range of services

In line with MOU2 (Memorandum of Understanding) as a key directive for delivery of the Primary Care Improvement Plan, there is a focused piece of work being carried out to develop our CTAC services to both create a level of consistency and continuity in service provision across all GP 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 a joint Ear Care Strategy.
- Delivery of leg ulcer specialist clinics
- Development of an integrated workforce with our Community Immunisation Service, along with closer working across a wider Primary Care nursing team
- Understanding, planning, and implementing a co-ordinated approach to delivery of nationally directed Learning Disability Annual Health Checks in an integrated approach with Complex Care Services within the HSCP

Key focuses for 2024/25 are to continue the development of an integrated Primary Care nursing team, setting the foundations for the ongoing roll-out of CTAC hubs across Fife, to create increased resilience to service provision to support General Practice, whilst create the conditions for CTAC hubs which provide services which spans the whole of Health and Social Care. The focus remains to release capacity for GPs to work within the role of expert medical generalist, ensuring quality and continuity in care delivery of CTAC services and ensuring improved and equitable access to services both within CTAC and General Practice.

1.3 Ensuring there is a sustainable Out of Hours service, utilising multidisciplinary teams (MDT)

Urgent Care Services Fife (UCSF) has a whole systems approach to support effective care delivery, in close collaboration with partners such as NHS24, Scottish Ambulance Service and across health and care services in Fife to ensure comprehensive and integrated care.

For 2024/25, the focus will be on the continued development of the MDT and a focus on dual nursing posts to develop and deliver a 24-hour approach to Urgent Care, which includes further enhancements to the capacity and accessibility to HSCP-led Minor Injury Units (MIU) and Urgent Care Centres. This will help pave the way for testing an Urgent Care Hub within Fife functioning over a 24-hour period to accept a high referral rate of urgent care referrals, with the aim of reducing same day urgent illness presentation within primary and emergency care.

Opportunities are being explored for further redesign across urgent care services, at pace, to drive efficiency whilst maintaining a focus on safety and quality. We are committed to further releasing capacity within General Practice and supporting access to care in line with the ambition of the Primary Care Strategy.

1.4 Early detection and improved management of the key cardiovascular risk factor conditions, primarily diabetes, high blood pressure and high cholesterol.

Fife HSCP will implement a Prevention and Early Intervention Strategy during 2024. The strategic priorities are to prevent, reduce and improve to enable people to live longer healthier lives. The strategic vision of the plan as a key enabling strategy of the HSCP Strategic Plan 2023 – 2026. Conditions and culture across Fife for Prevention and Early Intervention will be created so that people can remain well or limit the impact of health and social care problems.

Through the 7 locality plans testing approaches will continue to develop and contribute to increase opportunities for local communities to participate in activities to improve health and wellbeing and which support prevention and early intervention ensuring these are targeted to the needs of the localities and communities. This will prevent, reduce, and improve long term conditions and promote healthy lifestyles.

Within Primary and Preventative Care Services, a programme of work will be completed in 2024/25 to ensure a sustainable model of care which is outcomes focused and measurable for Type 2 diabetes prevention and reduction. which is delivered by the Nutrition and Dietetics Service.

1.5 Delivery of sustained and improved equitable national access to NHS dentistry, setting out how they will assess and articulate local oral health needs, and engage with independent dental contractors and bodies corporates to ensure that patients receive the NHS oral health care they are entitled to

Currently, there are no Dental Practices across Fife taking on new registrations for NHS patients, however, this situation does fluctuate.

Locally, in line with the priorities and deliverables of Fife's Primary Care Strategy 2023 – 2026, options are being explored to increase, improve, and sustain access to dental services despite the expected continued pressures on workforce going forward. Continued challenges in access to General Dental Practices for NHS patients has created sustained additional demand on HSCP-managed Public Dental Service and the Fife Dental Advice line hosted within the service for both registered and unregistered patients. Despite these challenges the Public Dental Service are ensuring that patients who are unregistered can still receive urgent dental care when they are experiencing dental pain.

Exception reporting arrangements are currently in place, particularly in relation to Dental Bodies Corporates (DBCs) with a focus on key areas regarding provision of NHS Dental Care including progress with National initiatives and alignment to the key deliverables of the Primary Care Strategy.

1.6 Increasing delivery of hospital-based eyecare into a primary care setting where appropriate

The Glaucoma Shared Care scheme is well established in Fife, with approximately 950 patients across Fife under Shared Care arrangements, which sees Optometry supporting secondary care eye care. The national service will result in a more streamlined and seamless model of care to reduce pressure on the hospital eye service through the implementation of digital solution, OpenEyes, facilitating this model.

The service continues to operate effectively reducing the pressure of emergency eye patients needing to be seen within a hospital setting. In 2024/25, work will be ongoing to refine eye conditions and triage process to align better with the prospective national emergency eyecare service with a proposal to improve reporting/ clinical governance and auditing of the service.

An improvement plan is being progressed from the Primary Care Strategy aims at maintaining care within the community and prevention of attendance at secondary care supporting care in the right place at the right time.

1.7 Provision of non-emergency patient transport services, working with bodies which provide community transport services in the Board area

A strategic ‘health & transport’ plan is being scoped out in Fife describing with potential next steps at a strategic and operational level. Health Promotion Service has worked with NHS Facilities to continue the promotion of NHS Fife Travel reimbursement entitlement across the public and third sector and to identify and promote the range of community patient transport opportunities available.

A concessionary bus fare scheme for North East Fife residents following identification of the cost of transport acting as a key barrier to accessing services is in place in its third year. The number of healthcare services holding vouchers has been expanded and will be monitored.

2 Urgent & Unscheduled Care

Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.

Recovery Driver	Indicator	National Standard		Latest		By Mar-25
Urgent & Unscheduled Care 	SAS Handover Times	100% patients turnaround within 60 minutes		Feb-24	88.8%	100%
	Emergency Department Waiting Times	95% of patients to wait no longer than four hours from arrival to admission, discharge or transfer for treatment, to work towards 98%		Feb-24	63.9%	75%
		Patients wait less than 12 hours to admission, discharge or transfer		Feb-24	115	0
	Unplanned Care	Ensure that acute receiving occupancy is 95% or less		Feb-24	110%	95%
		Reduce estimated average length of stay for emergency admissions to acute hospitals		Feb-24	4.1	4.0
	Delayed Discharge	Reduce average number of beds occupied per day due to people delayed in Acute/Community hospital	Standard Delays	Feb-24	49	39
			AWI Delays		13	19

Ensuring patients receive the right care at the right place is a priority target for NHS Fife. Programmes of work are in place to ensure whole system planning, which is overseen by the Unscheduled Care Programme Board and had identified the following priorities:

- Consolidate and stabilise the ED medical and nursing workforce dependent on the availability financial resources.
- Continuation the integration of Flow Navigation Centre (FNC) into Emergency Care.
- Further develop and enhance the Care Home advice line
- Develop the Rapid Triage Unit (RTU) using existing resources
- Develop robust ambulatory pathways and models of care

2.1 Improve urgent care pathways in the community and links across primary and secondary care.

There is an ambition to test an urgent care hub during in-hours, from 8 am to 6 pm, Mondays to Friday to create a community-based hub to support Primary and Secondary Care with access and care navigation to a multi-disciplinary team. These hubs would augment already established Urgent Care infrastructure, whilst providing a mixture of remote and face to face support to patients with an Urgent Care need.

The Urgent Care Services Fife (USCF) and Care Home Assurance Teams have initiated a test of change that allows Fife care homes direct access to UCSF through a single point of access. During 2024/25, UCSF will continue to onboard as many care homes as possible, with the goal of achieving 100% coverage by summer 2024 in collaboration with our care home partners.

2.2 Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need. Ensuring patients receive the right care in the right place by optimising Flow Navigation Centres, signposting and scheduling of appointments to A&E where possible and increasing the routes for professional-to-professional advice and guidance with a specific focus on frailty pathways and care home support.

This continues to be a priority target for NHS Fife and the whole system programme of work is overseen by the Unscheduled Care Programme Board.

2.2.1 Optimising Flow Navigation Centre

The Flow Navigation Centre transitioned to Acute Services from the Health and Social Care Partnership in December 2023. In 2024/25, the integration of Flow Navigation Centre (FNC) into Emergency Care will continue.

The projected impact will be to support an increased redirection from 5% to 10%, to enable a joint review and development of new pathways to alternative teams including mental health & addictions, discharge HUB / community hospital & social care, homelessness, Pharmacy First, community respiratory and surgical / planned care GP referrals; thus, reducing demand for inpatient admission.

2.2.2 Signposting and scheduling of appointments to A&E

In 2024/25, scheduling of appointments will be maintained with redirection rates to Minor Injuries currently at 75%. Work will continue to improve the 4-hour access standard performance in line with agreed improvement trajectory.

2.2.3 Increasing the routes for professional-to-professional advice

Plans are in place to further develop and enhance the Care Home advice line with ED/Geriatrician of Day (GOD) optimising redirection to H@H and Care Home ANPs to reduce admission rates for care home residents especially those within their last 100 days, to support realistic medicine outcomes including Anticipatory Care Plans (ACPs) and reduce bed days and costs.

2.2.4 Focus on frailty pathways and care home support

Work to support the reduction of unplanned attendances and admissions of residents from Care Homes will be driven forward by a multi-disciplinary/multi-partner Optimising Care Home Pathways Oversight Group. This work also aligns with the Prevention of Admission & Early Intervention and Anticipatory Care Planning work within Fife.

An integral component will be verification groups which will lead the review of Emergency Department attendances and front door admissions to understand if an alternative pathway would have been more appropriate for the resident to allow them to remain in their Care Home with appropriate care wrapped around them. Introduction of palliative care bundle for end-of-life patients in community to reduce inappropriate admission to hospital and ensure timely management of symptoms will also be progressed.

2.2.5 Develop further ambulatory pathways

Using existing resources in 2024/25, the Rapid Triage Unit (RTU) will be developed through reviewing further the integration of the ambulatory urgent care/same day non-admitted patients into one joint service (ECAS/DVT/OPAT/IV infusions). This will support shorter length of stay for non-admitted and admitted patients, provide timely triage and discharge for non-admitted patients, further improve Hospital avoidance and redirection rates and reduce costs of both units into one integrated unit.

Direct access pathways for GPs, Hospital at Home and front door ward areas are in place with a proposal for additional pathways into inpatient specialty wards and extension of opening hours to include out of hours.

Further work to reduce admissions to acute settings from the community include the inception of a primary care verification group that will review members of the population identified as having multiple attendances at A&E. Pilot work for this is ongoing with a group developed to target the population of the Levenmouth locality as data demonstrates that this area currently has the highest attendance rate at A&E in Fife. Early indicators demonstrate a decrease in both admission to hospital and attendance at A&E for the target population and this will be rolled out all localities in Fife.

2.3 Improving access to Hospital at Home services across a range of pathways including OPAT (Outpatient Antimicrobial Treatment), Respiratory, Older People, Paediatrics and Heart Failure.

2.3.1 Hospital at Home (Older People)

The traditional model of Hospital at Home associated processes and pathways are being scrutinised to determine areas for improvement and to release clinician time. This work will facilitate improved access by increasing virtual capacity and reducing the number of times that maximum capacity closures are reached. A multifactorial review of the service is also being completed which will focus on identifying opportunities to streamline, automate or redirect processes and a full review of service criteria, pathways and documentation focussing on areas to release capacity.

Following the completion of the test of change, the plan is to recruit two permanent in-reach practitioners that will cover a 7-day service, but this will be dependent on funding.

2.3.2 OPAT (Outpatient Antimicrobial Treatment)

Plans are in place to enhance the OPAT service and increase the consultant cover from Infectious Diseases, however, the skill mix and staffing model for the delivery of an increased capacity OPAT model requires further resource.

2.3.3 Respiratory

Commencement of improvement work through the Virtual Capacity Workstream has allowed an Acute Respiratory Team to cover in-reach to admission areas with the development of a weekend team who support a 7-day early supported discharge profile. There are plans to further develop a fully integrated weekend team.

A respiratory HOT clinic model is also being developed with plans to increase further. The key benefit to the inpatient service is a reduction in readmissions.

In addition, the specialist Community Respiratory Service will reduce hospital front-door attendance through co-working with GPs, the Scottish Ambulance Service and Flow Navigation Centre, as well as improve the primary care diagnosis of COPD (Chronic Obstructive Pulmonary Disease) through staff training.

2.3.4 Paediatrics

Work began in November 2023 to develop a Hospital at Home model within the Paediatric Diabetes service. As funding for this initiative was only granted until March 2024, it is not currently possible to plan for continuation or further development of this initiative beyond March 2024.

2.3.5 Heart Failure

If funding can be secured from the Scottish Government Virtual Capacity workstream, the aim is to spread the learning from respiratory and to those with heart failure.

2.3.6 Long Term Conditions and Complex Care

The integration of community service pathways is planned with the objective of increasing the capacity of services utilising a step-up and step-down model of care by reducing reliance on admissions to hospital and increasing the availability of comprehensive clinical care in a homely setting.

By increasing the skill set and staffing in specialist services, there will be an increase in the ability to expand clinical interventions available in the community and prevent admission to acute hospital.

Optimising assessment and care in Emergency Departments by improving access to ‘same day’ services, the use of early and effective triage, rapid decision-making and streaming to assessment areas will improve pathways.

2.3.7 Improving access to 'same day' services

Work will continue to develop robust ambulatory pathways and models of care to include a number of speciality-led HOT Clinics with same day access. This will reduce overnight stays and bed-based care, provide more resilience for services with large inpatient models of care, reduce surge/boarding and reduce financial costs of overnight stays.

2.3.8 The use of early and effective triage

An agreed area for improvement is ED minors' performance with the current average performance is 95% with trajectory performance agreed at 99%. To achieve this the following will be actioned:

- Review of staffing model with focus on skill mix and senior clinical decision-making oversight
- Implement robust redirection criteria and support for patients and staff
- Strong and effective communications to ensure population awareness of how to access alternative same day care including MIUs - QMH and St Andrews
- Internal pathway review to ensure patients who require gynaecology, orthopaedics, OMFS or ENT review can access within agreed KPIs.
- Redirection pathways to Rapid Triage Unit and ECAS/OPAT
- ED advice line to expand to take all care home calls and support SAS/community ANPs with clinical decision making to prevent inappropriate presentations

A revised business case will be the basis for the development of an enhanced ambulatory unit. This will be subject to Board decision making in respect of any financial investment required.

2.3.9 Rapid decision-making

The ongoing work to consolidate and stabilise the ED medical and nursing workforce will be dependent on the availability of financial resources. This action aims to reduce ambulance turnaround times to meet agreed national targets and support clinical decision making to Call Before You Convey (CBYC) including reducing care home demand by taking all care home calls.

Work is also underway to enhance the frailty / ED model to care for the growing cohort of frail patients who require emergency level care, through a plan to roll out frailty practitioners / assessments. This is projected to reduce admission rate to 27% by reducing in patient demand but is also subject to availability of funding.

2.4 Reducing the time people need to spend in hospital, increasing 1–3-day admissions and reducing delays over 14 days, by promoting early and effective discharge planning and robust and responsive operational management.

2.4.1 Increasing 1–3-day admissions

Improvements within secondary care have been identified to reduce length of stay by increasing 1-to-3-day admissions, these include:

- Restructuring of hospital capacity and flow teams to integrate discharge pathways with downstream wards to optimise advance planning including early referral to HSCP discharge hub for community transfers, early identification of transport requirements and complete discharge documentation.
- Optimisation of pre noon discharges and implementation of a sustained continuous flow model to focus on early moves to make the hospital safe and avoid substantial bed moves in the out of hours period.
- Further develop partnership working with discharge hub and front door team(s) to optimise social work input at time of admission to support shorter length of stay.
- Improve timely completion of discharge documentation and work to ensure that patients transferred into surge beds have their IDL (integrated Discharge Letter) completed by the parent team. Explore alternative models of care for our surge beds, exploring AHP consultant led beds for patients who are awaiting onward rehab pathways, this can support change of pathways if therapy input is optimised.
- Optimise rapid access radiology outpatient slots to avoid unnecessary delay and prolonged admission.

2.4.2 Reducing delays over 14 days

A whole system approach has already been adopted to reduce the number of patients in secondary care with length of stay over 14 days, actions include:

- Weekly length of stay verification for all patients over 10 days includes senior oversight and robust action plan
- Daily community verification
- Weekend planning meeting
- Moving On Policy in place to support complex conversations.

To reduce delays over 14 days, patients requiring coordination across Acute and Community are reviewed daily at whole system verification meetings that are chaired by the Head of Service or Service Manager within the Health and Social Care Partnership. This enables system wide discussions of all patients requiring support to return home or to a homely setting. Patients who have exceeded their PDD or for whom any potential barriers to discharge have been identified will be reviewed proactively to ensure the whole team work collectively to resolve.

2.4.3 Supporting Discharges

There are a range of models being implemented to support discharges. Further progression of these models will be dependent on available funding in 2024/25.

Fife Rehabilitation Model – This model has a clear focus on home-based rehabilitation and will aid a reduction in time people spend in hospital by ensuring all patients first pathway for consideration is rehabilitation at home rather than a dependency on community hospital beds.

Right Care for You Model – this model is a person-centred assessment of an individual's moving and handling needs that supports ensuring that the person receives the right amount of care and treatment and that it is provided in the correct environment, reducing the number of people

required to undertake specific tasks, creating additional capacity across the whole system and utilising staff resources and time better. This will increase the availability of POC and reduce the length of time people are in hospital waiting on a double up POC.

Adults with Incapacity - transformational work is in progress to analyse this area of practice and to further reduce those delayed in hospital working with a Solicitor and Mental Health Officers who have a specific role to provide expert advice and support to social work staff undertaking assessments for people in hospital, who are deemed to lack capacity to consent to a support plan to enable their discharge.

2.4.4 Promoting early and effective discharge planning

To improve patient flow and further embed best practice of Planned Day of Discharge (PDD) all Integrated Discharge Teams will ensure discharge pathway planning and discussions begin from the point of admission and this will be achieved by further embedding representation for Social Work and Social Care at multi-disciplinary meetings (based on every hospital site) within planned and unplanned care to ensure timely holistic assessments are determined by the most appropriate professional to avoid unnecessary delay.

An audit will be conducted to track progress of PDD documentation and review completion, identifying areas of good practice or areas for improvement to ensure consistency across our inpatient wards. KPIs will be developed to measure performance and seek new routes for further improvements.

The Discharge to Assess Model will be enhanced and improved to ensure that wherever possible people are assessed for ongoing care within their own homes and not in an unfamiliar environment such as a hospital ward or assessment bed in a care home and when they are at their most vulnerable. This will facilitate an increased use of Discharge without Delay principles and the Planned Date of Discharge (PDD) bundle.

2.4.5 Robust and responsive operational management

A system-wide Operational Escalation Level (OPEL) Framework is embedded within NHS Fife and Fife HSCP with it continuing to support responsive decision making across all services throughout the day as well as facilitate improved patient flow.

2.5 Reduce unscheduled admissions and keep people care for closer to home through reconfiguring existing resource to accelerate rapid assessment and evolve to implement Frailty Units.

2.5.1 Reduce unscheduled admissions

Future care planning is a key area to support the reduction of admissions. A new ACP is in the process of being developed. A small group consisting of a GP, Practice Manager and Medical Consultant have met to develop an information sharing process where the information on the ACP is shared with the linked GP Practice to the care home and this information is transferred onto the Patient Electronic Key Information Summary (EKIS). This information will then be available for secondary care to view on the Patient Portal.

In addition to the evolving frailty model, plans are in place to further develop the frailty ambulatory model, working in partnership with the front door frailty practitioners who complete on average a minimum of 20 frailty assessments per day.

There are various onward pathways for these patients, including hospital admission or discharge home with HSCP services/supports. There is also an option to refer into the Frailty Ambulatory Unit (RADA – Rapid Assessment and Discharge Ambulatory Unit), this unit can administer infusions, transfusions, and hot clinic appointments to avoid hospital admission.

2.5.2 Accelerate rapid assessment

The Integrated Community Teams proposal for community services frailty redesign will facilitate increased access to rapid assessments and follow up care across Fife. This will be achieved by moving from Assessment and Rehabilitation Centres (ARCs) to an Assessment and Rehabilitation Clinic model where Advanced Nurse Practitioners and Advanced Therapy Practitioners complete a comprehensive multidisciplinary assessment in a clinic setting. The clinics would be set up across Fife with the aim of having a clinic operating in each of the 7 localities. This would be achieved by merging the existing ARC and Intermediate Care Team (ICT) services together to become a 'Community Rehabilitation and Frailty Team' which will facilitate a consistent staffing model across Fife, enhance capacity within the overall service and therapy will be undertaken at home or as close to home as possible. This will be delivered with current resources.

2.5.3 Evolve to implement Frailty Units

The Fife Frailty MCCN has just been re-established and refreshed and now includes stakeholders from health, social care, independent and third sector as well as public representation. The MCCN will meet quarterly with subgroups meeting between those times to take forward the priorities of the MCCN which will strive to develop an integrated coordinated approach to supporting people living with frailty across Fife.

The priorities identified at the recent stakeholder event included awareness raising around what frailty is and how professionals and individuals themselves can support those living with frailty, and rapid access to information and services. Examples include developing, knowledge, skills and confidence of staff and citizens. Future and proactive care planning, navigation of effective care pathways and joined up care with all services wrapped around the person living with frailty.

Frailty is a dynamic state and the MCCN recognises the importance of people being able to access responsive services at whatever stage of frailty they are at whether. The MCCN priorities align with ensuring people can live as healthy lives as possible in their own home or as close to home as possible.

Subgroups are being developed to focus on the priorities however there are already groups set up which will link with the MCCN including the ACP group and the Prevention of Admission and Early Intervention subgroups which are part of the Fife Home First and Transformation Strategy. Ageing Well and Community Falls group will be set up as part of this network and further subgroups will be developed as the MCCN matures. These groups will report back through the MCCN and the wider governance structures within the HSCP and Acute Services.

2.5.4 Frailty Skill Mix

A review of the frailty workforce is underway with a focus on skill mix. The projections for Medicine of the Elderly Consultants are on a downward trend therefore there are plans being explored to develop advanced practice nursing and AHP staff/teams to support and integrate with clinical teams.

3 Mental Health

Recovery Driver	Indicator	National Standard		Latest		By Mar-25
Mental Health 	CAMHS	90% of young people to commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral		Jan-24	69.4%	90.0%
	Psychological Therapies Waiting Times	90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral		Jan-24	73.6%	73%
	Delayed Discharge	Reduce average number of beds occupied per day due to people delayed in Mental Health hospital	Standard Delays	Feb-24	19	10
			AWI Delays		8	12

Improving the delivery of mental health support and services, reflecting key priorities set out in the Mental health and wellbeing strategy.

The planned improvement in the delivery of Mental Health services is dependent on the financial allocation and if this is insufficient to achieve the ambitions set out in the programme deliverables within agreed timescales, this could have an effect on service delivery and staff morale. There has been significant engagement with people to coproduce plans and they may feel their voices have not been heard. This could also lead to lack of long-term engagement in this process and the retention of staff.

To mitigate these risks, there will be open and transparent communications regarding priorities and funding to manage expectations.

3.1 Improving Access to Mental Health services and building capacity to sustainably deliver and maintain the CAMHS and PT 18-week referral to treatment standard.

3.1.1 CAMHS (Child & Adolescent Mental Health Services)

Fife CAMHS will continue to prioritise the development of services, to build capacity to achieve and sustain the national Referral to Treatment Target (RTT) as well as delivery of services as set out within the national CAMHS Service Specification.

Fife CAMHS will achieve this through the prioritisation of early intervention, engagement with service users, parents and carers, effective use of resources through the development of clinical pathways for complex mental health issues and ensuring that services are accessible to children and young people when they are most in need.

The demands on the CAMHS service remain high and additionally, national recruitment challenges present local challenges, thus impacting on progress in meeting the RTT target.

There is a risk to future service delivery due to insufficient workforce capacity if the funding provided through national sources (Recovery and Renewal Fund & Community Framework fund) is no longer available or reduced in any way.

There is a risk of not meeting RTT target if the service is unable to recruit or retain appropriately qualified clinicians to deliver complex care and treatment. A risk exists to staff wellbeing and morale if workforce numbers are reduced resulting in higher workloads and increased pressures.

3.1.2 Psychological Therapies

Fife Psychology Service will increase capacity to improve access psychological interventions and evidence-based PTs, eliminate very long waits (over 52 weeks) as well as meet and maintain the 18-week referral to treatment (RTT) waiting times standard.

Demand for psychological therapy remains high, and DCAQ (Demand Capacity Activity Queue) analysis confirms that the service is not currently in balance, meaning that referrals currently exceed the number of treatments started that can be offered, limiting progress toward the RTT standard. The sustainability of service delivery is highly dependent on a resilient and effectively resourced workforce and any changes to the current national funding arrangements will impact on service delivery, and the ability to achieve targets and improvement plans.

There remains a national shortage of qualified clinical and counselling psychologists with the service currently 7.5 WTE short of clinical staff and 6.0 WTE of this are required to work with people with the most complex needs. It is expected that 4.5 WTE will be filled by July 2024. Recruitment difficulties and service pressures affecting other parts of the system may reduce capacity for psychological interventions to be delivered by others.

Funding pressures across the system may reduce alternative options, leading to reduced access to appropriate interventions and increased demand on Fife Psychology.

3.2 Tackling inequalities in relation to accessing Mental Health services, strengthening provision in Community Mental Health teams, and better supporting those with complex needs and delivering service Re-Forms aimed at supporting more people in the community.

3.2.1 Development of Fife Mental Health Strategy

The production of a draft Fife Mental Health Strategy will progress through local governance procedures in April 2024, with a view to receiving endorsement from the IJB (Integration Joint Board) in May 2024 and will be aligned to the national Mental Health Strategy and Fife HSCP Strategic Plan.

Consultation took place on four key priority areas to take forward through the strategy delivery plan, these priorities have received strong local support, and are clearly aligned to the priorities published in the National Mental Health and Wellbeing Strategy.

Local Priority	Linked national Mental Health and Wellbeing Strategy priorities
1. Talking about Mental Health We want to tackle stigma and discrimination and help to create a Fife where we can talk openly about our mental health, without fear or judgement, and where we are supported to seek help when we need it.	1
2. Prevention, early intervention & recovery We want to ensure all people in Fife, including people living with mental health conditions, have the resources they need to look after and nurture their own mental health and wellbeing.	2, 3, 5, 9, 10
3. Effective response to mental health distress & crisis We want to ensure that people experiencing mental health distress and crisis can access timely, compassionate support.	4
4. Recovery-oriented care, treatment, and support We want to ensure that people living with complex mental health conditions can access timely, high-quality support, care and treatment which is as local as possible and as specialist as necessary.	6, 7, 8, 9

The delivery plan will build on the existing Mental Health Services Redesign Programme by delivering projects: Alternatives to Admission and Mental Health in Primary Care and Community Settings and commits to continue to invest in working collaboratively with our third sector partners to achieve better outcomes for people, for example by piloting new models such as peer practitioners being embedded in Community Mental Health Teams (CMHTs).

It is expected that the delivery and implementation of the refreshed Mental Health Strategy will commence in 2025/26.

3.3 Developing and growing Primary Mental Health teams and integration of the primary care mental health workforce into wider primary care multi-disciplinary teams, community, and secondary care.

The Mental Health and Wellbeing in Primary Care and Community Settings (MHWPCCS) project started in late 2022 and is expected to run for five years. There will be a transition in the final year to ensure initiatives and changes are embedded into business-as-usual and will identify where positive changes can happen.

If resources permit, then engagement activities will begin in the remaining four localities.

Core elements supporting coproduction are currently funded from Scottish Government project monies. This includes 3rd Sector partner employing people with lived experience, as well as project management, engagement, and equality roles. If this funding is lost, then coproduction activities will have to be scaled back significantly.

One of the objectives of the project was to deliver multi-disciplinary primary care teams and this is not sustainable in the absence of the planned funding. The immediate focus of the project will need to shift to 'quick wins' achievable within existing resources.

3.4 Delivering a coherent system of forensic mental health services, addressing issues raised by the independent review into such services.

Forensic Mental Health Services (FMHS) will continue to work with partners to review and develop services that support individual's journeys and deliver sustainable services: enabling the right care at the right time.

The plan for 2024/25 will include the delivery of the recommendations including review and improve patient flow and delayed discharges, review of Forensic Community Mental Health Team and Inpatient Service' resources, implement improvement work to reduce health inequalities for individual with a mental health condition and the provision of inpatient General practice for Forensics inpatients

3.5 Improving support and developing the Mental Health workforce.

Actions to support a sustainable workforce for Mental Health services include:

- Development of a recruitment strategy that is aligned to establishment budgets.
- Monitoring workforce demand and professional judgement tools utilising workforce systems and data.
- Transformation of roles by developing new roles including band 4, with defined band 2/3 pipelines.
- Staff health and wellbeing subgroup with a focus on mental health and wellbeing.
- Targeted reduction in use and expenditure on supplementary staffing.

3.6 Improving the mental health-built environment and patient safety.

Fife Mental Health services have an established financial plan for the next 3 years to deliver significant improvements to the inpatient environment. The priority elements of the plan have been informed by multi-disciplinary analysis and application of risk assessment tools.

A refurbishment programme is underway which will deliver refurbished and fit for purpose admission wards for general adult and older adult psychiatric care. In addition, the assessment tool "Mental Health Built Environment" will be applied to the full inpatient estate to identify the next phase of priorities.

The planned refurbishment will address environmental ligature risks identified within the mental health wards. It will also enable the service to address the aesthetics, providing comfortable and well-appointed accommodation, including full consideration and delivery of dementia friendly environments where appropriate.

In 2024/25, 2 wards in the Queen Margaret Hospital site will be refurbished with the remaining 2 admission wards in Queen Margaret Hospital and Stratheden Hospital planned for refurbishment in 2025/26, subject to availability and prioritisation of capital funding.

4 Planned Care

Recovering and improving delivery of planned care

Recovery Driver	Indicator	National Standard	Latest		By Mar-25
Planned Care 	Treatment Time Guarantee	100% of patients to wait no longer than 12 weeks from the patient agreeing treatment with the hospital to treatment	Jan-24	46%	44%
		Patients to wait no longer than 52 weeks from the patient agreeing treatment with the hospital to treatment	Jan-24	600	1900
	New Outpatients	95% of patients to wait no longer than 12 weeks from referral (all sources) to a first outpatient appointment, to work towards 100%	Jan-24	37%	35%
		Patients to wait no longer than 52 weeks from referral (all sources) to a first outpatient appointment	Jan-24	3321	11698
	Diagnostics	100% of patients to wait no longer than 6 weeks from referral (all sources) to a diagnostic appointment	Jan-24	46%	30%
		Patients to wait no longer than 26 weeks from referral (all sources) to a diagnostic appointment	Jan-24	111	1936

4.1 Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.

It is not possible to deliver year on year reductions in waiting times and tackle backlogs within the funding available. Our priorities will be:

- Focus on Urgent Suspicion of Cancer (USC) and the longest waiting patients
- Manage waiting lists effectively
- Arthroplasty waits predicted to rise when capacity for NHS Lothian patients maximised
- Foot & Ankle long waits – recruitment to trauma post to enhance offering for this group. Waiting times will rise in wait times until new Consultant commences early September 2024. Patients referred to Golden Jubilee National Hospital for this sub speciality will cease as at end of March 2024.
- Within existing resources explore opportunities to optimise care for Orthopaedic patients on elective waiting lists and enhance preparation for surgery or other interventions.

- Pre-assessment: ensure service model allows for increased number of patients ready for surgery and short notice scheduling
- Introduction of Specialist Nurse Pathway for diagnosis of prostate cancer. Pathway being introduced concurrent with research funded by Cancer Research UK and ratified by Stirling University.
- Continued work ensuring efficient use of Endoscopy diagnostics aiding rapid diagnosis in USC.
- Within existing resources, introduction of pre-assessment pathway for Endoscopy.
- Consider use of Golden Jubilee National Hospital for Ophthalmology (Cataracts) subject to waiting times funding.

4.2 Enabling a "hospital within a hospital" approach in order to protect the delivery of planned care.

- Protected service delivery is offered at Queen Margaret Hospital for Day Cases and 23-hour stays in the National Treatment Centre (NTC) for planned Orthopaedic Surgery. The development of a multi-professional Orthopaedic Board will support implementation of the Orthopaedic Strategic plan.
- There is a Diagnostic Treatment Centre (DTC) for Urology at both Victoria and Queen Margaret hospital sites. These provide outpatient one stop clinic for patients with Queen Margaret housing the specialist Prostate Centre which provides treatment under local anaesthetic for benign prostate conditions.
- Children requiring inpatient planned care, including surgical interventions, are cared for within the Paediatric Department, thus removing the need for them to be accommodated within the general/adult Planned Care footprint. Capacity for planned procedures is largely protected, although there is some risk that bed capacity for planned care paediatric patients may be impacted at times of high acute and unscheduled activity.

4.3 Maximising capacity to meet local demand trajectories.

NHS Fife will endeavour to maximise capacity through existing funding available by

- Implementing endoscopy pre-assessment using of existing resource to ensure minimal downtime due to cancellation and patients unsuitable for scope on day of procedure.
- Moving appropriate benign prostate procedures to Queen Margaret Hospital Urology DTC. Procedure can be performed under local anaesthetic therefore freeing theatre space.
- Reviewing Day Case activity through NTC theatres and scheduling activity to ensure maximisation of NTC and Queen Margaret Hospital capacity
- Reviewing Hand Service theatre activity at Queen Margaret Hospital and scheduling appropriate activity to procedure room.
- Fully embedding Active Clinical Referral Triage (ACRT) and Patient Initiated Review (PIR) in all specialties.

4.4 Match outstanding demand with available capacity across Scotland through regional and national working including through the National Treatment Centres (NTCs).

NHS Fife will work with Scottish Government to maximise offering to neighbouring NHS boards to maximise capacity in line with the NTC targets for joint replacement as well as investigating repatriation opportunities focussing on waiting times and cost benefit outcome.

NHS Fife will also engage with NECU (National Elective Coordination Unit) programme to manage long waiting times for selected patients.

4.5 Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.

NHS Fife has a well-established Day Surgery programme at Queen Margaret Hospital. In view of funding restrictions, it is unlikely that this will extend but capacity will be optimised in line with available funding.

There is an appetite from staff at Queen Margaret Hospital to cover a 6/7 day working service, but this would require additional funding (for Anaesthetics, Day Surgery Unit (DSU), pre assessment and theatre staff) and review of medical cover across 7 days therefore it is unlikely to proceed.

A new Procedure Room, opened in late 2023, within Queen Margaret Hospital has led to minimal local anaesthetic lists now taking place within the main suite due to a clash with other specialities. Other specialties including ENT, General Surgery and Vascular all looking to expand their local anaesthetic activity with a potential result of releasing theatre time.

There are currently plans to explore moving some IVT (Intravesical Therapy) lists to Procedure Room within Victoria Hospital to increase throughput. This will be delivered within existing resource.

4.6 Implement outcomes of Specialist Delivery Groups including reducing variation.

4.6.1 High Volume

NHS Fife is exploring ways to improve utilisation on high volume lists for cataract surgery and hernia surgery by changing practice for setting up trays in between cases.

4.6.2 Transfer of lists

NHS Fife is actively identifying Day Case procedures which are suitable for transfer to outpatient setting.

4.7 Undertake regular waiting list validation.

Waiting times in NHS Fife are monitored through a structured review process involving monthly meetings of the Scheduled Care Group and weekly Waiting Times Group. Progress against trajectories and data quality are the focus of weekly meetings with review of all waiting lists, focussing on USC cases and long waits.

The Digital Patient Hub allows communication with long waited patients for both outpatient and hospital admission, in which NHS Fife have agreed 3 validation options and responses. The Hub allows patients to report worsening symptoms that will be triaged by clinical teams.

4.8 Wait Well

NHS Fife will seek to optimise the potential of points of communication and contact to support people to Wait Well. This will include working with clinical teams to enhance awareness and optimise communication opportunities: prior to referral; at point of referral and while people are waiting for an appointment/treatment to enable access to holistic support available through Fife HSCP Wells to aid people to 'wait well'.

4.9 Delivery of CfSD / NECU waiting times initiatives and productive opportunities.

4.9.1 ACRT/PIR

ACRT and PIR are being implemented across the 9 national and 1 local prioritised specialty. Each service specific condition is considered for these tools once the methodology is learned locally. An additional 4 out of scope specialties have already been included in the programme plan and work will be undertaken to assess whether the scope of this can be increased further.

Specialty	ACRT	PIR
General Surgery	✓	✓
Urology	✓	✓
ENT	✓ 10 conditions	✓
Orthopaedics	✓ 12 conditions	✓
OMFS	✓ 5 conditions	✓
Breast	✓	✓
Gynaecology	✓	✓
Cardiology	✓	
Dermatology	✓	✓
Gastroenterology	✓	✓
Neurology	✓	✓
Rheumatology	✓	✓
Respiratory	✓	✓

4.9.2 Enhanced Recovery after Surgery

ERAS (Enhanced Recovery after Surgery) is well embedded within NHS Fife with Day Surgery opportunities being reviewed specialty by specialty. Other productive opportunities to be considered are:

- Vascular pathways
- One Stop Clinics (Urology, Breast, Vascular)
- Ophthalmology increased throughput of Cataracts

4.10 Optimise theatre utilisation and implement digital solutions.

NHS Fife have convened four Short Life Working Groups (SLWG) to working towards improving theatre productivity. Regular progress is fed back at national level via the Peri Operative Delivery Group.

- *The Theatre User Group*
- *Pre-Assessment SLWG* - re-prioritisation of the anaesthetic resource to support high risk cohort of patients
- *Theatre Utilisation SLWG* - ensures that any short notice cancellation slot is filled and identifies any unpopulated lists
- *Sustainability SLWG* – reviewing consumables used per speciality, per procedure

Currently evaluating a preoperative (pre op) digital app (Elsie) and whether the local D&I team could support an alternative digital solution that would meet the needs of all users.

5 Cancer Care

Delivering the National Cancer Action Plan (Spring 2023-2026)

Recovery Driver	Indicator	National Standard		Latest		By Mar-25
Cancer Care 	Cancer Waiting Times	95% of all patients diagnosed with cancer to begin treatment within 31 days of decision to treat		Jan-24	94.9%	94.5%
		95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral		Jan-24	64.2%	85.4%
	Cancer Screening	Increase the uptake of cancer screening	Breast	2019-22	72.5%	Increase uptake and reduce inequalities
			Bowel (Female)	2020-22	68.8%	
			Bowel (Male)	2020-22	64.8%	

5.1 Improving cancer waiting times standards through ongoing delivery of the Framework for Effective Cancer Management, specifically highlighting key actions aimed at improving breast, colorectal and urology pathways.

5.1.1 The Framework for Effective Cancer Management

The Framework for Effective Cancer Management is actively embedded in NHS Fife with actions agreed annually.

The NHS Fife wide policy for the management of patients referred with urgent suspected or diagnosed with cancer procedure has just been updated and widely circulated. NHS Fife will review PTL (Patient Tracking List) meetings to ensure consistent senior management participation and review requirements for management of regraded referrals.

5.1.2 Breast Pathways

Within Breast, capacity requirements will be assessed at the start of the pathway in order to manage the 30% increase in referrals. Repatriation of breast screened patients will also be explored, ensuring consideration of nursing support, administrative and MDT Coordinator requirements.

5.1.3 Colorectal Pathways

All USC patients for colorectal pathways are booked within 14 days of referral. Patients with a negative qFIT are managed through the Single Point of Contact Hub. Work is ongoing to determine if the Colorectal MDT Coordinator can support allocation of patients to consultants. There are continued efforts to skill mix roles when there is a vacancy to ensure streamlined pathways.

5.1.4 Urology Pathways

There is a focus to improve the urology pathway, particularly prostate. There will be continued efforts to improve waits from MRI to biopsy and reduce waits from MDT to treatment, particularly where treatment is not surgery.

The prostate pathway will continue to be reviewed to manage the 46% increase in referrals and increasing number of diagnoses (36% converting to cancer) alongside a number of actions planned.

There will be a workforce review of specialist nursing to support pathway improvement and consideration given to new Systemic Anti-Cancer Therapy (SACT) delivery models in Fife to ensure waiting times performance is maintained (taking into consideration workforce, medical, nursing and pharmacy).

5.2 Increasing diagnostic capacity including endoscopy and its new alternatives, alongside assurances of the Board's plan to establish a Rapid Cancer Diagnostic Service (RCDS)

5.2.1 Increasing Diagnostic Capacity

A range of actions are being implemented to maximise diagnostic capacity including skill mix, single point of contact, allocated appointments and appointment reminders.

Actions have been established to support USC (Urgent Suspicion of Cancer) pathways however this is currently supported by non-recurring funding from cancer waiting times funding.

Additional capacity is currently provided by supplementary staffing or current workforce working additional hours, this is not a sustainable or affordable model and will require a review of services provided.

The current Radiology Strategic Plan includes plans for additional CT/MRI and US equipment and workforce requirement to ensure sustainability and ability to meet growth in demand for diagnostic imaging and ability to prioritise USC. Currently there is no identified funding source for this.

5.2.2 Increasing Endoscopy Capacity

The East Region Endoscopy Unit is fully operational at Queen Margaret Hospital with appropriate capacity to meet current demand for USC and bowel screening by regular waiting list validation and management. Any additional capacity for USC will be at the expense of routine work unless additional funding is available.

In terms of new alternatives, Colon Capsule and Cytosponge services are fully embedded within NHS Fife.

5.2.3 Rapid Cancer Diagnostic Service

Funding has been secured from Scottish Government until September 2024 with additional funding to be sourced until March 2025 in order to continue with Test of Change for those with vague symptoms and Upper GI.

Same/next day CT reporting diagnostic pathway has been optimised to 7 days, however, without funding this improvement will be lost and waiting times for acquisition and report will increase.

Colorectal RCDS will cease in March 2024 as no funding is available. Single Point of Contact Hub will continue to support the qFIT negative pathway to provide a single point of contact for patients referred urgent suspected cancer.

The University of Strathclyde has been commissioned to produce as Evaluation Report that will determine the future of RCDS but will have to be considered within the funding available.

5.3 Embedding optimal cancer diagnostic pathways and clinical management pathways

NHS Fife will continue to explore improvements in the optimal lung cancer pathway including feasibility of continuing with same day chest X-ray, additional CT capacity and 24-hour turnaround beyond March 2024. The head and neck optimal pathway will also be reviewed in 2024/25. Any improvements to be considered will be cost neutral.

5.4 Delivering single point of contact services for cancer patients

SPOCH (Single Point of Contact Hub) will continue to be delivered in 2024/25 with further actions identified including exploring whether it can be expanded to support other cancer services and ways to promote SPOCH in the 40% most deprived areas based on SIMD.

There will be further evaluation of the service to ensure efficiency of resources with continued staff training to ensure alignment with the Macmillan Competency Framework.

Other actions identified include improved communication with Primary Care, raising awareness of the service, and working with clinical teams to agree timely results for patients no longer suspected of cancer.

5.5 Configuring services in line with national guidance and frameworks on effective cancer management; Rehabilitation; and psychological therapies and support

5.5.1 Prehabilitation

The universal prehabilitation service in Maggie's Fife, to support all patients diagnosed with cancer, has been successfully implemented. The next step will be to undertake a scoping exercise to understand where the components of prehabilitation (nutrition, physical fitness, psychological support and/or alcohol/tobacco) are offered in NHS Fife.

Work is also ongoing to determine if the NHS Lothian lung prehabilitation model would be suitable in NHS Fife.

NHS Fife has representation on the Regional Prehabilitation Steering Group and will work with the Project Manager to support and facilitate individual projects in each of the Boards to deliver the objectives.

5.5.2 Psychological Therapies

NHS Fife will provide input into the Scotland-wide scoping project with Macmillan to help support individual boards to implement and embed the Psychological Therapies Support Framework (PTSF) into cancer services. An information event about the Framework is to be held.

5.6 Supporting the oncology transformation programme, including through sharing data and advice, and developing services and clinical practice in line with its nationally recommendations.

Locally, Scottish Government funding as part of the Acute Oncology/SACT allocation will be prioritised to ensure continued delivery of services. NHS Fife will participate is the progressing of the priorities for 2024/25 including workforce development, optimal service Model demand management, strategic service review and recruitment.

6 Health Inequalities and Population Health

Enhance planning and delivery of the approach to health inequalities and improved population health

Recovery Driver	Indicator	National Standard		Latest		By Mar-25
Health Inequalities 	Drugs and Alcohol	90% of clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery		QE Sep-23	82.9%	90.0%
	Vaccinations	Delivery of the Winter Vaccination Programme	Covid (75+)	As of 3 Mar-24	84.8%	80.0%
			Flu (65+)		80.1%	75.0%
		Increase vaccination uptake for all groups year on year for RSV		Programme to be implemented		
		Increase vaccination uptake for all groups year on year for shingles		YE Aug-23	8.9%	40% (YE Aug-24)
		Ensure 90% of girls are fully vaccinated with HPV by the age of 15		School Year 2022/23	89.4%	90.0%
		Ensure 95% of children have completed all of the recommended vaccination programmes by 12 months		QE Sep-23	94.2%	95.0%
		Ensure 95% of children have completed all of the recommended vaccination programmes by 24 months	6-in-1	QE Sep-23	95.1%	95.0%
			MMR1, PCVB, MenB		92.5%	93.5%
		Ensure 95% of children have completed all of the recommended vaccination programmes by 5 years		QE Sep-23	88.8%	92.0%
	Smoking	Increase successful quits year on year, including during pregnancy, across Fife	Total	FY to Oct-23	188	500
			40% Most Deprived		111	324
	Weight	Increased referrals for Tier 2 and Tier 3 weight management services year on year	Adults	YE Aug-23	1957	2300
			C&YP	YE Feb-24	134	156

6.1 Tackling local health inequalities (including racialised health inequalities) and reflecting population needs and local joint Strategic Needs Assessment

A Joint Strategic Needs Assessment (SNA) was prepared in 2022 and reviewed population trends, localisation of issues, demographics and identified likely future need to provide key information on health inequalities, including racialised health inequalities.

The refreshed Performance Framework for Fife HSCP identifies the need to further develop performance information to consider place and population demographics. This will require a greater emphasis on using collected demographic information, location of services and users, and population context information such as the Scottish Index of Multiple Deprivation (SIMD), the Population Census and other national datasets.

Focus will initially be placed on identifying the key local indicators of service delivery and demand, before developing the analytics capability to gain further insight into place and population. Projection of demand will become increasingly key to understanding the sustainability and location of services, especially in conjunction with a better understanding of the workforce and financial projections.

In 2024 the HSPC will bring forward a prevention and early intervention strategy which will consider the way forward in addressing inequalities across our localities linked to the Population Health and Wellbeing Strategy in NHS Fife.

6.2 Working with partners to support the National Mission on Drugs to reduce death and improve lives, including the implementation of MAT (Medication Assisted Treatment) Standards, delivery of the treatment target and increasing access to residential rehabilitation.

6.2.1 Implementation of MAT standards

Fife Alcohol and Drugs Partnership (A&DP), during its current strategic and commissioning cycle (2020 – 2023), has used the outcomes as strategic themes in the development of the new Fife A&DP strategy for 2024 – 2027.

6.2.2 Outcome 1 – Fewer people develop problem drug use.

In partnership with Education and third sector, the A&DP will continue with the test of change pilot whereby education on drug and alcohol use delivered in schools is reflective of the community issues and the needs of the children and young people within each school. This individualised programme is developed from Education's Health and Wellbeing survey findings and analysis which provided data on a locality basis about young people's own use, their educational needs and concern about others' use.

The new service delivery model incorporates sustainability for drug and alcohol education into the national curriculum and throughout all ages and stages of school life by provided training and education for school-based staff. If the pilot evaluates well, it is planned this model will be mainstreamed across all schools in Fife over the next three years.

The A&DP will develop targeted adaptions to tackle barriers to access services for individuals and families affected by substance use thus enhancing inclusiveness of this care group. Within the next year, working in partnership with Children Services' Plan, there will be commissioning of a high intensity and early intervention service to support families to prevent crises, escalation of support and transition into community universal support.

6.2.3 Outcome 2 - Risk is reduced for people who take harmful drugs.

The A&DP will refresh and build on the capacity of its harm reduction service in community pharmacy. This will increase the coverage of injecting equipment provision and take-home naloxone (THN) to meet the local target but also increase the percentage of it being held by people at risk. This will be targeting an increase of THN in pharmacies where footfall is highest for opiate replacement therapy and where the most harm occurs.

A needs assessment commissioned by NHS Fife Public Health and Scottish Drugs Forum indicated several improvement recommendations, one of which is review of the reach of the Alcohol Brief Interventions (ABI) Programme and workforce developments needed within A&DP and non-A&DP services to prevent harm and protect people using alcohol.

During the next year, Fife A&DP will redevelop ABI delivery in the area considering priority areas and reaching more people at risk of harm. During the commissioning cycle, a whole system substance use alert and early warning programme will be implemented for both the public and services. This will aim to prevent harm and protect people from risks associated with substance use and will be part of the A&DP's overall communication strategy currently in development with the communication and media team.

6.2.4 Outcomes 3 & 4 – People at most risk have access to treatment and recovery & people receive high quality treatment and recovery services.

A robust performance monitoring framework and surveillance of monthly data from services and from people with lived and living experience will continue and inform improvement work and measure improvements. One-stop-shops will be considered for extension into other localities and provide a bespoke service for women affected by substance use who have indicated through lived and living experience evaluations to require focused discreet support.

In 2024/25, the A&DP and its partners will implement recommendations from the joint Healthcare Improvement Scotland and A&DP audit and assessment of residential rehabilitation access service model. This will focus on increasing opportunities for the number of people accessing services and building pathways to ensure there is equity of access for priority groups identified by the Scottish Government. This will also incorporate improving recovery communities and aftercare for those returning to Fife from rehabilitation units.

6.2.5 Outcome 5 – Quality of life is improved to address multiple disadvantages.

The A&DP Fife Needs Assessment Synthesis 2023 indicates that overlapping needs require an integration of care and support, clearer and robust referral pathways and better coordination between services.

The A&DP will be focusing on these issues through the mechanism of its already established structure and subgroups including its workforce development programme within MAT 6 & 10 (psychological interventions and trauma informed approached) and integration of substance use services with mental health services (MAT 9) and primary care services (MAT 7).

Over 2024/25, the A&DP intends to build on the success of its third sector services commissioned in custody and prison to enhance individuals' early and successful access to health and social care and continuity of care following release from prison and custody. This will be a multi-agency approach focused on improving the sharing of information and partnership-working between relevant partners at the pre-release stage.

6.2.6 Outcome 6 – Children, families and communities affected by substance use are supported.

Over 2024/25, in partnership with Education and Childrens Services, the A&DP intends to recommission its youth friendly services to outreach to young people offering support for those - affected by substance use - either their own use or within their family. This incorporates an 18-month transitional support programme provided to children and families affected by substance use as they move from primary into secondary school-based education. The A&DP is also closely monitoring all data including risk of overdose, substance use related death and other high-risk situations for young people and plans to establish a process for coordinating, improving, and integrating the quality of support and information provided to families, parents, children, and young people.

Through continued investment in its adult support and carer's service for people affected by a family members' use, the A&DP will develop a training programme for family inclusive practice across the A&DP services ensuring the voice of family members is integrated into the system of care. Furthermore, the A&DP will lead on collaboration, shared pathways and communication between this service and general services providing carers' support.

6.3 Supporting improved population health, with particular reference to smoking cessation and weight management.

6.3.1 Develop and maintain Smoking Cessation Services

The Fife Smoking Cessation Service are working to the overarching themes of People, Place and Product with the principles of Transparency, Sustainability and Accountability in planning activities, pathways and increasing opportunities to raise awareness of the service available to anyone living or working in Fife.

Our key target groups are those living in the most deprived areas, smoking in pregnancy, people experiencing mental ill health and inpatients due to a smoking-related illness.

The service has a Development and Communication Plan that includes specialist clinic provision, timetable of Very Brief Advice (VBA) information stands, use of the service mobile unit and maintaining positive connections with Fife Maternity Services.

6.3.2 Weight Management

The Fife Weight Management Service is led by the Dietetic Department with strategic leadership being provided by Health Promotion. Work undertaken includes the development of a 3-day Food Champion training course to increase participants' confidence, knowledge and understanding of how to plan, deliver and evaluate practical food orientated initiatives and cooking workshops, HENRY core training was delivered to build the skills, confidence and knowledge of the early years' workforce to support families to lead healthy lifestyles by providing practical support on healthy eating, physical activity and parenting strategies around food and behaviour and core training, as part of a training for trainers (T4T) model, took place across Fife and was offered to the early years workforce including Third Sector agencies.

To date, there are 173 members of the early years workforce trained in this approach and have six accredited HENRY trainers. Core training will continue to be delivered to the early years' workforce through the Health Promotion training programme with an additional 2 trainers being trained in 2024 to ensure resilience and sustainability of the training.

6.3.3 Cancer Screening

NHS Fife will work with the three national cancer screening programmes for breast, cervical and bowel cancers to promote cancer screening across Fife. There are inequalities in participation across Fife with those living in areas most affected by deprivation being much less likely to participate in screening.

A Screening Inequalities Action Plan has been developed in line with the Scottish Equity in Screening Strategy and will be implemented to address inequalities in the uptake of cancer screening programmes as resource and capacity allows. The action plan sets out our approach to reduce inequalities in screening participation.

NHS Fife will work with groups within Fife to increase awareness of cancer screening, thereby improving uptake whilst maintaining the principle of informed decision making.

6.3.4 Vaccinations

A refreshed 3-year Fife Immunisation Strategic Framework is to be developed; this will include implementation of the new RSV programme. Realistic local delivery aims, based on previous performance as well as taking account of Scotland and UK wide immunisation trends, and will be focused on the most vulnerable groups. Local delivery aims will be set based on deprivation, where data available, and focus on reducing inequalities across all programmes.

As part of our strategic framework refresh, we will review our 2021-2024 strategic framework priority to *'support and empower a sustainable skilled workforce to deliver safe and effective immunisation services' and* the associated action plan in the context of current workforce structures and wider strategic workforce planning within Primary and Preventative Care.

6.4 How they will redirect wealth back into their local community to help address the wider determinants of health inequalities, through actions set out in their "Anchors Strategic Plan".

6.4.1 Anchor Ambitions

NHS Fife will progress with the Anchor ambitions for employability to offer fair meaningful jobs for all by paying the living wage, strengthening links with Opportunities Fife Partnership, influencing refreshed strategic priorities to help identify, understand and meet the needs of those with multiple barriers to employment. Different avenues will be explored to promote employment opportunities though engagement with third sector partners.

Procurement will be used to strengthen organisational and community partnerships through buying and spending locally; supporting other local businesses to do the same; investing locally and encouraging others to do the same. NHS land and assets will be used for the common good of the local community.

Employability

NHS Fife is looking to mitigate the risks of an ageing workforce and staffing / skills shortages by supporting planned Employability, Youth Employment and Apprenticeship activities aimed at achieving a sustainable and capable young workforce which can meet current and future service demands.

From 2024 onwards, the intention is to expand the apprenticeship offering for recruitment, staff development and progression into high-demand roles whilst also working with external partners to identify and create pathways for developing and employing local young people. This will be focussed on those considering careers in healthcare through strengthened links with the Developing the Young Workforce Fife Regional Board, the Fife Schools Co-ordinators and other underrepresented groups.

This will also be focussed on those with barriers to employment such as paid work experience programmes to progress participants into employment, which includes participation in the Fife Council-led recruitment initiative 'Progressive Life Chances'. As part of the Young Person's Guarantee, NHS Fife will seek to create and maximise opportunities for young people, for example, the EMERGE one-year programme with Fife College and Levenmouth Academy designed to offer school leavers a comprehensive experience in the healthcare sector.

NHS Fife will also continue to engage in local events to raise awareness of the range of careers and pathways to help promote the Board as an employer of choice and aligned to the Anchor Institution ambitions. Enhanced links with local educational providers to promote careers will also continue, for example, offering internship placements for Dundee University students across NHS Fife and Fife HSCP and consideration of Graduate Apprenticeship opportunities with Heriot Watt University.

6.5 Commitment and contributions (leadership, funds, staffing and other resources) to Community Planning Partnerships (CPPs) to improve local outcomes agreed in Local Outcome Improvement Plans and Locality Plans

NHS Fife is committed to Community Planning and contributes a significant role to Fife Partnership Board. NHS Fife is represented on all the Fife Partnership Board delivery partnerships.

The Partnership have agreed to present an Annual Locality Report to the seven Fife Council Area Committees (Community Planning) providing an overview of locality priorities/actions and highlighting any joint areas of interest.

The Partnership's Locality Action Plans inform the development of the annual delivery plans for the Strategic Plan 2023 to 2026 and the delivery plans for the transformational and supporting strategies. This ensures a consistent and sustainable approach which is based on local priorities, informed by local population needs, and is financially viable, both now and in future years.

6.6 Improving custody healthcare through participation in the Executive Leads network and ensuring that the deaths in custody toolkit is implemented.

Healthcare Custody in Fife is delivered as part of the South East Region, which is a single service covering Lothian, Borders, Fife and Forth Valley.

The region has a single service, Southeast Scotland Police Custody Healthcare and Forensic Examination. Healthcare is provided by four nurses who cover all custody centres in the Borders, Lothian, Forth Valley and Fife area, and on call Forensic Physicians.

The South East region is made up of three clusters with the Fife cluster consisting of primary custody centres in Dunfermline and Kirkcaldy. It also has an ancillary centre at Levenmouth. Detainees at Levenmouth who require healthcare are sent to either Dunfermline or Kirkcaldy.

6.7 Establishment of a Medicines Safety Programme

A comprehensive medicines safety programme will be further developed, building on existing work in relation to high risk pain medicines. This will enhance safety of care across a range of settings.

6.7.1 High Risk Pain Medicines

The first priority within this, delivery of significant improvement in use of High Risk Pain Medicines, is already and established programme of change and strategic objective for the Board. The programme aims to understand why and ensure that when using them, it is part of a shared decision-making process with the patient and monitored regularly. The medicines safety programme will also deliver a focus and improvement on four further priority areas:

Anticoagulant medicines are effective at preventing and treating clots but can also be harmful if prescribed or administered incorrectly. Reducing errors associated with anticoagulants is important, because some have been reported in prescribing, supply and administrator error incidents that have caused death and serious harm. A detailed programme of improvement will be developed. Importantly, this will span clinical professions and care settings across Fife.

Lithium is an effective medicine, particularly in the maintenance treatment for bipolar disorder, recurrent depression, and with growing evidence of suicide-protective effects. Ultimately, the Board will be assured that patient care is at the appropriate standard for this vulnerable group.

Insulin - a Diabetes Safety Programme commenced in 2023 working with the Diabetes MCN, this work has already extended to considering oral medication in addition to Insulin. Work will be undertaken to quantify the problem, prevent issues where possible, and develop high quality guidance and education for use by staff.

Sodium Valproate is an effective antiepileptic medicine, which carries risks of developmental disorder in babies if the drug was taken by a parent. The existing audit programme will be enhanced alongside processes for regular clinical review, assurance on ongoing understanding from those treated, and pregnancy prevention as appropriate. An MDT group has been established to drive this work at pace.

7 Women and Children's Health

Take forward the actions in the Women's Health Plan and support good child and maternal health, so that all children in Scotland can have the best possible start in life.

7.1 Maternity and neonatal services, and in particular continuing delivery of 'Best Start; policy, with ongoing focus on delivery of continuity of carer and the new model of neonatal care, and that that all eligible families are offered child health reviews at 13-15 months, 27-30 months and 4-5 years.

7.1.1 Best Start

In relation to Best Start, there are two outstanding recommendations within NHS Fife. Recommendation 2 – every woman has a clear birth plan is on track for completion by June 2024 whilst recommendation 14 – Continuity of Carer (CoC) remains a challenge for the Board and has been highlighted to Scottish Government.

The service is undertaking a staffing review to develop a test of change to trial CoC models that would be cost neutral to the service. Although outcomes for Fife patients, in terms of safety outcomes give assurance regarding the robustness of the current models of care that are in place, there are opportunities to improve further the safety outcomes and patients' experience in continuity of carer episodes.

7.1.2 New Model of Neonatal Care

NHS Fife was a pathway finder for Neonatal Care and have been involved with Scottish Government in identifying recommendations to assist other units.

Work is underway to implement the next phase of the model to become fully compliant. This is possible within the current resource and space with some reconfiguration.

Further development of the model for Transitional Care will require some reconfiguration within the footprint of the Neonatal Unit and will be dependent on capital funding availability.

Sustainability within continuity of carer model requires review.

7.1.3 Child Health Reviews

The Fife HSCP Health Visiting Service will continue to deliver all the agreed pathway visits and will prioritise those families who as most vulnerable ensure that the those how need additional support are offered that as part of their ongoing care. To support this, the Service will ensure there is a robust and sustainable staffing model that meets the needs of families.

In partnership with Public Health, improvement plans will be developed and will focus on early intervention and anticipatory care needs of families to ensure that children have the best start. This will involve close working with services who can support young people including Statutory and

3rd Sector, overseen by the multi-agency child health management team, where all services who work with children's and young people are able to scrutinise the data and share in the improvement plans.

The multi-agency Children's services plan also has a range of wellbeing indicators which will be scrutinised by the children in Fife group to look at multiagency response to the challenges children are facing.

7.2 Taking forward the relevant actions set out in the Women's Health Plan

NHS Fife is committed to delivering the principles and aims of the national Woman's Health Plan (WHP). In support of this NHS Fife has agreed the Executive lead for the WHP is the Director of Acute Services, who will lead the work on:

- Utilising local access and outcome data to inform improvement activity
- Continuing to build capacity across services to support timely access to menopause support
- Expanding awareness amongst healthcare professionals of sex-related differences in presentation and management, initially with a focus on heart health

7.2.1 Access to TOP Service

The plan is to provide improved geographical location of the termination of pregnancy (TOP) within the planned new Gynaecology Specialist Outpatient Centre improving privacy and dignity for the woman, taking the service out of a maternity area. Capacity to deliver counselling locally rather than nationally requires investment.

This is dependent on availability of capital funding.

7.2.2 Access to contraception

A business case with option appraisal is required to support post-partum intrauterine contraception. There are risks associated with further pregnancy within 1 year of delivery that can be avoided with good contraceptive options and choice.

This is unlikely to be funded due to current financial forecast.

7.2.3 Access to support speedy diagnosis and best treatment for endometriosis

A review of the gynaecology specialist nurse service is underway to identify possible capacity to support women undergoing surgery and surgically induced menopause.

It is planned to improve the links with Endo Fife, a local third sector support group, to provide resources and support for those still in their diagnostic journey and to ensure readiness to accept pain management advice and support. This would have to be cost neutral.

Sustainability will be managed within the current theatre capacity and skill mix of the surgical team with a risk that there will longer waiting times for endometriosis patients.

7.2.4 Access to specialist menopause services for advice and support on the diagnosis and management of menopause

Plans are in place for 2024/25 to raise awareness of the impact on health of medically and surgically induced menopause, collaboration with Community Pharmacy support to menopause as a whole, develop a Testosterone protocol and GP training and support will increase resilience and sustainability of menopause referrals and collaboration with community pharmacy for prescribing.

7.2.5 Early pregnancy loss, recurrent miscarriage, late foetal loss

There are plans to increase access to early pregnancy scanning out of hours and collaboration with Primary Care to develop a prescribing pathway for progesterone to be delivered within existing resource.

A review of gynaecology nursing workforce will take place utilising workforce tool to identify the workforce required to support increased access to early pregnancy scanning out of hours. Whilst this increase in workforce is unlikely to be funded given the financial constraints, an enhanced counselling service will be provided within existing resource.

7.3 Setting out how they will work with their local authorities to take forward the actions in their Local Child Poverty Action Report

NHS Fife is a key partner for delivery of Best Start Bright Futures, and co-chairs both the Fife Tackling Poverty and Preventing Crisis group and Child Poverty Subgroup. Actions include contributing to publication of the annual Local Child Poverty Action Plan in accordance with the Child Poverty (Scotland) Act 2017. The subgroup reports to both the Children's Service Partnership and Tackling Poverty partnership.

NHS priorities are reviewing and developing income maximisation availability and monitoring within NHS services for children, training for staff and linking Anchor Institution work to child poverty, including priority groups. Actions for 2024/25 include workforce development, exploring and identifying sources of funding to continue the dedicated CARF service beyond 2024-25 and to expand the current referral pathway to a wider range of key healthcare frontline staff. The Public Health Deputy Director and the Health Promotion Service manager are actively involved in this work.

Key actions for 2024/25 include workforce development, exploring and identifying sources of funding to continue the dedicated Citizens Advice and Rights Fife (CARF) service beyond 2024-25 and to expand the current referral pathway to a wider range of key healthcare frontline staff.

7.4 Delivering high quality paediatric audiology services, taking into account the emerging actions arising from the Independent Review of Audiology and associated DG-HSC letter of 23 February 2023.

NHS Fife Audiology will contribute to Newborn Hearing Screening IT procurement process to ensure high quality services and move to the new system as recommended, with oversight from the NHS Fife Pregnancy and Newborn Screening Committee. Work with local services including D&I, and relevant Finance colleagues regarding any funding implications will take place as needed.

7.4.1 Staff Performance against standards

There will continue to be a review of staff performance to ensure sustained adherence to best practice protocols, identified by British Academy of Audiology (BAA) & British Society of Audiology (BSA). The service has established competency review, appraisal and regular training updates.

Training budget allocation has been altered and external accredited training attended over last 12 months. Opportunities for local and national training will continue to be explored to ensure maintenance of skills and staff development.

7.4.2 Engagement with National Implementation Group

The team will engage with the newly appointed National Audiology Programme Manager and National Implementation Group when established and have been active participants in scoping and practice audit during independent review process. The team will continue to be key contributors to help develop policy and implement all recommendations from review.

7.4.3 Embedding of Audiology Quality Standards

Any defined national audit and peer review processes will be embedded when mandated by National Implementation Group. The service will be supported in local audit cycle review by Clinical Effectiveness colleagues in preparation for National Quality Standards Review/Audit.

An external peer review of diagnostic testing of newborns will be piloted by NHS Fife along with colleagues in NHS Tayside and NHS Lothian. If deemed suitable, this model may be adopted by all NHS Scotland services.

A Short Life Working Group (SLWG) around accommodation has been established to identify areas for improvement in reference to likely Audiology Quality Standards (Adults & Paediatrics) review. These will subject to availability of funding.

8 Workforce

Implementation of the Workforce Strategy

Recovery Driver	Indicator	National Standard	Latest		By Mar-25
Workforce 	Sickness Absence	NHS Boards to achieve a reduction in sickness absence	Jan-24	8.3%	6.5%

8.1 Achieve further reductions in agency staffing use and to optimise staff bank arrangements.

A Bank & Agency Programme Board was created in May 2023 with membership from Acute Services, Health & Social Care Partnership and Corporate Directorates as well as Staff Side Colleagues and this work will continue through 2024/25 as part of RTP. The RTP Workforce workstream will develop and deliver enhanced workforce planning across NHS Fife to support workforce redesign, optimal skills mix and reduced supplementary staffing dependency.

Action was taken from the national Task and Finish Group to ensure the cessation of new block bookings for HCSW (Healthcare Support Worker) roles from 1 January 2024 across the Board. From 1 April 2024 there will be no usage of agency HCSW, only in exceptional circumstances will be this be approved by the appropriate Executive Director.

Under the RTP Workforce workstream, the consolidation of all of NHS Fife's individual staff banks into one single staff bank is ongoing. The aim of this workstream is to consolidate and manage all resources under one team to eliminate administrative and service discrepancies, streamline operating procedures and to pool resources into one distinct area for NHS Fife, to optimise bank arrangements and support agency to bank conversion.

Risks have been identified including financial, capacity and engagement risks and are reviewed quarterly regarding the actions being taken to optimise staff bank arrangements.

8.2 Achieve reductions in medical locum spend

Acute Services has established a Strategic Medical Workforce Group that will review locum usage building on the existing scrutiny of every locum monthly in 2024/25. A review of the sustainability of the medical workforce in the Acute Services will be undertaken, as early benchmarking data

obtained from CfSD (Centre for Sustainable Delivery) indicates that the numbers of medical staff in comparison to other Boards in Scotland requires attention.

There is ongoing recruitment within the Planned Care Directorate for medical staffing vacancies therefore it is not anticipated that there will be any further medical locum spend in this area.

The Women, Children's and Clinical Services Directorate are considering a structure redesign in Paediatric and Neonates around a sustainable solution to reduce locum usage, involving substantive Advanced Neonatal and Paediatric Nurse Practitioners, which is intended to significantly reduce the medical locum spend.

Fife HSCP continue to have a high usage of supplementary staffing across complex and critical care areas. A Medical Workforce group is being established with a focus on complex and critical care services to further drive forward the long-term actions needed to further address medical locum usage. There are a total of 21 consultant locums across the 3 portfolios and 19 speciality or junior doctors. Locum doctors are also used in 6 2 c practices and in the GP out of hours service.

In those specialities, where there is a national shortage of qualified medical staff trained in that speciality, it is necessary to use locum staff in order to continue to provide a safe service and to minimise clinical risk. Actions to sustain the Learning Disabilities and Mental Health Workforce and to consider alternative models of service delivery are being led via the Mental Health Workforce Sustainability Group, which has a number of work streams including Medical Workforce, Recruitment, Supplementary Staffing, Transforming Roles and Wellbeing.

8.2.1 Direct Engagement Model

A workstream has been created to implement a Direct Engagement model and will oversee the implementation of this model for financial sustainability purposes. Work on Direct Engagement falls in line with Commitment 5: Sustainable Care of the Value Based Health and Care principles to manage efficient use of financial resources.

The aim is to implement a Direct Engagement model during 2024/25 with a target for a minimum of 80% compliance (£1.1m projected saving) during the lifecycle of this project, with any outliers to be targeted directly with services involved, alongside risk assessment strategies.

8.3 Deliver a clear reduction in sickness absence by end of 24/25

8.3.1 Managing Absence

The Attendance Management Group will stand back up from March 2024 to oversee a multi factorial review on absence issues, to take forward lessons learned, identify priority actions, and seek assurance on actions being implemented. The group will develop an action plan for 2024/25 to support improvement activities across the key themes identified, including best practice, professional development, and training.

The Workforce Directorate is developing absence data analytics, to consider bespoke initiatives and plans to support identified areas who are classified as 'high priority' based on aggregated absence rates in last three months, with a deeper dive of all root causes for absence and what would make a difference in terms of support for staff and managers in those areas.

This work will include targeted in reach support / interventions to areas identified as outliers, working with the relevant Executive leads and their leadership teams in a collaborative manner, along with our staff side colleagues, to agree the right measures to aid improvement in particular areas.

Alongside developing the workforce indicators matrix, in order to support improvement in absence rates generally, a number of managing absence initiatives will continue to be progressed including promotion of Attendance Management training programmes/TURAS Learn module, use of Promoting Attendance Panels and additional promoting attendance test of change initiatives. The OH Team will focus on musculoskeletal (MSK) absence and the support pathway to reduce MSK absence.

Fife HSPC will take forward lessons and learning identified and will develop an action plan to support improvement activities across the key themes identified, including best practice, professional development, and training.

Other support includes implementation of a Neurodiversity passport to support managers and neuro diverse staff in the workplace. To support staff to achieve a healthy work life balance, there will also be promotion and delivery of information sessions to managers and staff on Once for Scotland Supporting Work life balance policies.

8.3.2 Staff Health & Wellbeing

NHS Fife will consolidate staff health and wellbeing actions including promotion and signposting staff to the in-house core support services such as counselling, occupational health, the staff listening service, peer support and psychology staff support service.

In addition, resources such as the Live Positive Tool Kit, the HSE (Health and Safety Executive) Stress Talking Toolkit and resources, Financial Health Support Guidance, Staff Wellbeing Handbook, the Access Therapies Fife, Mood Cafe, Mind to Mind websites and to the Workforce Specialist Services Scotland and PROMiS national hub will be promoted and shared to help support staff resilience and in line with the RTP Workforce workstream. Managers and staff can benefit from the Compassionate, Connected and Effective Teams Workshops, from existing Mindfulness video clips and TURAS Learn online resources on Compassionate Leadership, Resilience and Self Care.

NHS Fife will continue to review the offer of wellbeing support to ensure it can be maximised to make best use of the resources, accessed by and of benefit to the majority of staff, for example the launch in March 2024 of the new Cycle to Work Scheme, to support active travel and low carbon commuting, menopause staff support sessions and scoping how opportunities for staff to access Menopause support can be expanded out with Victoria and Queen Margaret Hospitals

8.4 An implementation plan for eRostering in 2024/25 with a view to implementing across all services and professions by 31st March 2026.

8.4.1 eRostering

eRostering has been implemented in NHS Fife since September 2022. However, the rate of delivery will be significantly impacted as a Business-as-Usual team is unable to be funded due to current financial pressures. By 2024/25, the team will have successfully delivered the system to 4 cohorts with over 2,000 staff onboarded.

There is an additional pressure in that the Digital Delivery team are only funded until November 2024, after which there is no agreed resource to move this programme forward. Alternative governance and escalations arrangements are being made to ensure compliance with the legislation.

8.4.2 Health and Care (Staffing) (Scotland) Act 2019, (HCSA),

NHS Fife must provide information to the Scottish Ministers on the steps taken to comply with the legislation and the first Ministerial reports to Parliament are expected in April 2026. NHS Fife will need to demonstrate how the specific duties of the Act have been met. Preparations are underway to support Act implementation.

8.5 Local Workforce Planning

While the current national workforce planning landscape is lacking clarity, a new three-year Integrated Fife Workforce Plan will be developed and published by April 2025. In the meantime, updates to the Board's 2022 to 2025 Workforce Plan are being provided via the Annual Delivery Planning process.

Work is on-going to generate collective data that includes the third and independent sectors to understand the workforce challenges across the whole integrated system and develop actions that benefit the whole partnership. All of the workforce actions are set through the lens of the 'Five Pillars' of workforce to ensure alignment to the national approach and collaboration on the local priorities in Fife.

9 Digital Services Innovation Adoption

Optimise use of digital & data technologies in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes.

9.1 Adoption and implementation of the national digital programmes

In 2024/25, Digital and Information (D&I) continues to look towards national and regional programmes in which economies of scale can be realised. There is commitment to deliver the following programmes over the medium term: -

- **e-Rostering**
  NHS Fife continues its rollout of the National rostering system which supports staff to deliver services. A key reliance, for the delivery of benefits, is linked to the national delivery of appropriate interfacing. There is a funding risk to this programme after November 2024.

- **Hospital Electronic Prescribing and Medicines Administration (HEPMA)**
  NHS Fife will see significant progress being made with the HEPMA programme that will also include the implementation of a new Immediate Discharge Letter system.

- **GP IT**
  NHS Fife will progress the migration to the new GP IT system and seek to enhance the benefits derived by Primary Care and their multi-disciplinary teams through the local programme.

- **Child Health**
  This programme continues to develop the replacement for Child Health Systems and Phase 1 is due to be concluded in the delivery period. NHS Fife continues to finance and resource the team supporting the local implementation of this national programme.

- **Microsoft 365**
  Maximising benefits and evolving federation are key requirements for the delivery period. The platform continues to be underutilised and delays in resourcing national delivery teams is a risk to local plans.

- **Laboratory Information Management System (LIMS)**
  As one of the accelerated Boards within the programme, D&I will require to continue to support this programme through the delivery period as the national LIMS systems is adopted by other Boards in the consortium.

While these remain the committed programmes, other programmes are seen as key national programmes in support of future financial planning. NHS Fife continues to commit finance to running and operating local systems that provide capability for Digital Front Door and Unified Health and Social Care records, while waiting for the national delivery of this capability.

9.2 Improving cyber resilience and compliance with the Refreshed Public Sector Cyber Resilience Framework

The approach within NHS Fife to improve the cyber resilience and compliance level is linked to one of risk management and mitigation planning. NHS Fife undergoes an annual audit under the NIS (Network & Information Systems) Directive, with the most recent report being made available in August 2023. This is the fourth annual audit report NHS Fife has received.

The assurance and monitoring of progress relating to the Scottish Public Sector Cyber Resilience Framework remains with the Information Governance and Security Steering Group, with many of the operational elements and initiatives reported via the Digital and Information Board. The NIS Audit report becomes the key route to considering the next set of action plans that are then incorporated into the NHS Fife Information Governance Accountability and Assurance Framework.

Progress on the Cyber Resilience Framework action plan is by providing regular updates to the Information Governance and Security Steering Group through reporting progress specific risk mitigation activity relating to manage, protect, detect, respond and deliver and legacy technologies.

9.3 Executive support and commitment to optimising use of digital & data technologies in the delivery of health services, and ongoing commitment to developing and maintaining digital skills across the whole workforce.

9.3.1 Executive Support and Commitment

The governance of digital activities and programmes is aligned to two key leadership groups, chaired by Executives.

The *Digital & Information Board* provides the assurance that D&I mechanisms and controls are in place and effective throughout the whole of Fife NHS Board's responsibilities. The Board is accountable to the Clinical Governance Committee but also provide assurance reporting or escalation to relevant committees or groups as appropriate.

A revised Digital & Information Strategy will be developed in 2024-25 that aligns to the Population Health and Wellbeing Strategy and other local strategies and seeks to leverage opportunities within Scottish Government's refreshed Digital Health and Care Strategy.

The *Information Governance & Security Steering Group* (IG&S) provides whole system leadership, oversight and assurance to the organisation and ensure that all IG&S risks have effective and appropriate mitigations. The Steering Group is accountable to the Clinical Governance Committee but also provide assurance reporting or escalation to relevant committees or groups as appropriate.

9.4 Digital Skills

The plan for delivery includes both service users and those who utilise digital. There will also be focussed internally to 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. There is commitment to undertake training locally and also highlighting to leaders across the board when digital programmes are offered.

9.5 Working collaboratively with other organisations to scale and adopt innovation, with particular reference to the adoption of Innovation Design Authority (IDA) approved innovations as part of the Accelerated National Innovation Adoption (ANIA) pathway.

9.5.1 Working Collaboratively

NHS Fife is well connected to other organisations throughout the Scottish Innovation landscape. The recently established Innovation Project Review Group (IPRG) will provide a 'landing zone' for projects coming from Scotland Innovates and the Accelerated National Innovation Adoption (ANIA) Pathway, as well as reviewing, advising, and where applicable, approving locally led projects, Health Innovation South-East Scotland (HISES) Innovation projects and Scottish Government led innovations. The IPRG will report into the Research, Innovation and Knowledge (RIK) Oversight Group for final project endorsement and monitoring.

9.5.2 ANIA Innovations

To facilitate fast tracking high impact innovations and to develop a sustainable and data driven approach to implementation locally the NHS Fife Innovation team will act as point of contact for the ANIA pipeline.

It is anticipated that the NHS Fife IPRG and local service and clinical leads will make recommendations on the ANIA innovations including if the innovation should be implemented locally, and by which service/directorate. Implementation of ANIA projects will be the responsibility of the identified service and/or directorate with regular updates on ANIA innovations provided to the IPRG.

It is anticipated that this will allow for a clear pathway for any innovations coming to NHS Fife for implementation and ensures that these innovations (a) align to identified local strategic priorities, (b) align to identified regional priorities (HISES) and c) align to NHS Fife 3-year financial plan. The funding of delivery models for Innovation projects will be reviewed by the IPRG to ensure there is adequate funding for implementation of Innovations. If there are insufficient funding options available, this may result in Innovations not being supported locally for adoption and implementation.

NHS Fife Innovation will develop a pathway for locally led innovation projects to be endorsed to be elevated to the ANIA Pathway. Locally led Innovation projects will have been reviewed by the IPRG and endorsed by the RIK Oversight Group. It is anticipated that projects to be elevated to ANIA will have elevation approved by IPRG and RIK oversight, with final approval coming from the Executive Directors Group (EDG).

9.6 Local D&I programmes

9.6.1 Electronic Health Record project

The Electronic Health Record project remains a local priority for NHS Fife at the present time. The programme will focus on maximum utilisation of the 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 the clinical teams to deliver care, with information which is up to date at point of care, therefore improving clinical decision making, patient experience and outcomes.

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

9.6.2 Upgrades and Lifecyle Plans

The requirement for all digital technologies to undergo lifecycle evaluation remains a key priority for the 2024/25 period. A range of technologies are considered legacy and are likely to require upgrading, replacement or decommissioning.

Improved functionality and benefits can also be derived from a series of upgrades to new versions of products. Many of these enhancements include the ability for additional automation of processing and generally better alignment to security and technical compliance. Upgrades to TrakCare, WinVoiceWeb, Morse, Docman 10 and Patientrack will provide this enhanced functionality for users.

Continued efficiency will be identified in 2024/25 through automating the availability of data items through MicroStrategy and Alteryx, and by processes being moved to digital systems. Some testing will be conducted on M365 platform in support of automation.

10 Climate

Climate Emergency & Environment

Recovery Driver	Indicator	National Standard	Latest		Target
Climate 	Greenhouse emissions	Year on year reduction in total greenhouse emissions (including medicines) for those emissions sources which form part of the NHS Scotland 2040 net-zero target	2022/23	29237.7	year-on-year reduction to achieve net-zero by 2040

10.1 Greenhouse gas emissions reductions in line with national targets with particular focus on building energy use, inhaler propellant, transport and travel and nitrous oxide

10.1.1 Building energy

This year, NHS Fife will create a Building Energy Transition Strategy that aligns with the Property and Asset Maintenance Strategy. This will help target the most inefficient buildings and ensure no investment in buildings that will not be part of the NHS Fife portfolio in the long term.

To become a net-zero health service by 2040, the completed road maps will be used to identify the measures to be undertaken that will allow delivery of a 75% reduction by 2030 compared to 1990.

An outline of the funding required to carry out these projects and curate a plan as to how they can be implemented as soon as possible. Funding applications for some of the projects that need to take place will be submitted with the aim to deliver those over the next 6 years between now and 2030. The implementation of these projects will be dependent on availability of funding.

10.1.2 Inhaler propellant

As a member of the East Region Formulary, all applications around respiratory medicines, are expected to include an environmental consideration. The formulary uses dry powder inhalers as first line, which require no propellant, and clinicians are clear on the environmental reasons for this position.

The Fife Respiratory MCN is established and well-placed to drive progress and maintains an active role in reduction of the environmental impact of high-quality care.

10.1.3 Transport and travel

NHS Fife have developed a plan for the decarbonisation of the fleet by 2025 for small vehicles and 2030 for larger industrial vehicles. Furthermore, progress is being made on the active and sustainable travel agenda to reduce greenhouse gas emissions. These efforts include the plans and funding routes detailed in 10.4.

10.1.4 Nitrous oxide

As of October 2023, all nitrous oxide manifolds have been decommissioned in NHS Fife. In the coming year, NHS Fife will undertake a further review of cylinder use with the aim of reducing, where possible, whilst maintaining quality of care. Risk assessments surrounding exposure limits will be reviewed and revised, considering staff welfare across relevant clinical areas.

10.2 Adapting to the impacts of climate change, enhancing the resilience of the healthcare assets and services of NHS Boards

NHS Fife is working with Fife Council to identify shared climate risks and come up with adaptation measures and solutions as part of a place-based approach.

A corporate-level dashboard has been launched and is used to proactively monitor the daily risk profile position of operational business continuity planning. There are further plans to develop the dashboard to allow proactive monitoring of business continuity incidents where thematic trends analysis may provide an indicator to sustainability improvements in recovery measures.

Over the next year, the aim is to make progress with the climate change risk assessment (CCRA) by creating a risk dashboard for climate risk that will align with the work being carried out within the resilience team.

10.3 The achievement of national waste targets, and local targets for clinical waste, and engagement with local procurement to progress Circular Economy programme within NHS Boards

An Action Plan is being produced collaboratively with members of the Waste Management Steering Group to aid innovation and raise awareness of waste reductions.

Target		Progress
Targets already met	Reduce domestic waste by a minimum of 15% compared to 2012/13	NHS Fife had a target of 307 tonnes and achieved 720 tonnes reduction.
	Ensure that no more that 5% and less of all domestic waste is sent to landfill by 2025	Target of no more than 66 tonnes – working in partnership with current contract all domestic waste is sent to energy for waste. The ash from which is being piloted for use in the production of cement.
	Reduce food waste by 33%	NHS Fife introduced dewaterers to all sites and recently renewed all equipment and had a target of 80 tonnes for the 33% reduction but achieved a 181-ton reduction.
Target realised	Ensure that 70% of all domestic waste is recycled or composted	In 2022/23 NHS Fife had only achieved a 40% reduction (mainly as an aftermath to COVID). Already 2023/24 figures have showed an improvement with continual drives to improve recycling and increase awareness. Improvements hoped to be made in glass segregation will reduce contamination of this stream and allow full recycling**.**

Following clinical waste audits and guidelines, there has been a reduction in volume of bagged waste with a target of 10% set for 2023/24 and 2024/25.

Currently plans are in place to communicate with staff at roadshows, a focus waste quarter, and dedicated waste Porter for the Victoria Acute site and this will continue into 2024/25. This will be rolled out to all of NHS Fife premises where practical.

The general waste and recycled tender are to be renewed in April 2024 and NHS Fife is hopeful of reducing haulage charges by introducing more cardboard recycling and compactors across sites. Projects ongoing and yet-to-inform guidelines include the recycling of PPE and paper hand towels. A further installation of a suction system in theatres with a reduction in clinical waste, introducing more sustainable containers and expanding this in conjunction with contractors is planned.

10.4 The decarbonisation of the NHS fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest) and the implementation of the sustainable travel approach for business travel, commuting and patient and visitor travel, linking to other strategy areas such as greenspace and adaptation

10.4.1 Decarbonisation of the NHS Fleet

All NHS small and light commercial vehicles will be powered by renewable alternatives by 2025 and no longer buy or lease large fossil-fuelled vehicles by 2030. However, there is a reliance on larger vehicles, especially tail lift vehicles, becoming more financially viable. To support the transformation of the fleet, installation of electric vehicle charging points throughout the NHS estate will continue as well as collaboration across the public sector on charging infrastructure. All progress is based on funding from Transport Scotland.

As part of the fleet decarbonisation plan, by the end of 2024, there is a plan to replace 12 ICE (Internal Combustion Engine) vehicles to electric. A further 6 ICE vehicles will be reviewed for utilisation with the potential that they will also be removed from the fleet with no replacement. A further 4 ICE vehicles are being reviewed for duty purposes.

Additionally, there has been a submission for a 2024/25 critical infrastructure bid for the 'Switched-on Fleet' grant for £221,500 which will be crucial to making progress with fleet decarbonisation. If successful, this will allow us to increase the number of chargers in Fife by 33 across 4 sites. As this bid was based purely on critical infrastructure, there may be an opportunity to be offered additional funding to increase charging infrastructure however this is not guaranteed.

10.5 Sustainable travel approach for business travel, commuting and patient and visitor travel

In 2024/25, the NHS Fife Active and Sustainable Travel Strategy for 2024 – 2030 is to be published, which has been produced in collaboration with travelknowhow Scotland. The Strategy provides the basis to implement the necessary behaviour change elements (Information, Engagement, Facilities and Policies) associated with supporting and encouraging active and sustainable travel choices which will ultimately lead to reduced emissions. Work will continue with MobilityWays to reduce commuter emissions and promote the NHS Fife LiftShare scheme, though subject to funding, and personalised travel plans for staff.

Funding is being sought through Cycling Scotland through the Cycling Friendly Employer (CFE) grant, to upgrade facilities at some of the main sites to encourage more active travel. In 2024, there are plans to implement a new cycle-to-work scheme which will be open year-round for staff.

10.6 Greenspace and adaptation

This year, there are plans to carry out a landscaping project at Phase 1 of Queen Margaret Hospital. This project will involve creating a wildflower meadow area, a new gravel path, implementing new signage, trees and hedging, perch seating and solar stud lighting. Through this project, the aim is to increase biodiversity and enhance the greenspace whilst linking into adaptation measures such as tree planting. This project will also create active travel corridors which will link into the hospital site.

10.7 Environmental management, including increasing biodiversity and improving greenspace across the NHS Scotland estate.

10.7.1 Environmental Management System

In 2024/25, NHS Fife will continue to make progress in developing an environmental management system which will involve following the stages outlined within the implementation roadmap. A full environmental policy will be developed during 2024/25 that will define the boards environmental commitments and start the process of carrying out an aspects and impact assessment as well as a legal review for all sites. This progress will be facilitated by a full-time EMS lead within estates.

10.7.2 Greenspace and Biodiversity

To improve greenspace and biodiversity across the NHS Fife estate, there is a plan to carry out biodiversity audits for all main sites. For each site, these audits will highlight the total land area, greenspace area, and predominant greenspace types. Following these audits, a Biodiversity Action Plan for NHS Fife will be created.

NHS Fife will continue to implement the 2030 Greenspace Strategy and aim to carry out a range of multi-beneficial greenspace projects across 2024/25. NHS Fife will be hosting a greenspace stakeholder engagement event this year to engage with individuals who have expertise on ways to use the land which directly links to the themes of the 2030 Greenspace Strategy.

NHS Fife with the local Fife community will be hosting an event through Fife Community Climate Action Network (FCCAN). This event will allow community groups to understand how they can carry out their own greenspace projects on NHS Fife estate. These projects will be led by community groups and supported by NHS Fife and all proposed projects must fit into at least one of the themes outlined in the 2030 Greenspace Strategy.

10.8 Reducing the environmental impact of healthcare through adopting the National Green Theatre Programme actions, supporting the implementation of the Quality Prescribing Guides and the adoption of the sustainability in quality improvement approach.

10.8.1 National Green Theatre Programme

In 2024/25, the National Green Theatre Programme will continue to be progressed by actioning the bundles supplied by the Centre for Sustainable Delivery (CfSD). The aim is to continue to progress future bundles and carbon saving actions throughout 2024/25. A ‘sustainability tracker’ for green theatres has been developed and is being used to monitor progress across the areas outlined in the ‘bundles’. A timeline and plans for achieving the remaining targets will also be developed.

It is hoped that the Neptune system will be implemented at the main site, Victoria Hospital in 2024. This relates to fluid removal in theatres which will also greatly reduce waste.

10.8.2 Quality Prescribing guides and sustainability in quality improvement approach

The National Quality Prescribing Guide for respiratory medicines is awaited by the Board, though based on discussion during the consultation period, the understanding is that it will recommend a significant reduction in use of Salbutamol inhalers. NHS Fife is well placed to meet this due to the quality of available data with an experienced and established team in place to support patients and make any technical adjustments.

We provide accessible communication in a variety of formats including for people who are speakers of community languages, who need Easy Read versions, who speak BSL, read Braille or use Audio formats.

Our SMS text service number **07805800005** is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife.EqualityandHumanRights@nhs.scot or phone **01592 729130**

NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

www.nhsfife.org

facebook.com/nhsfife
twitter.com/nhsfife
instagram.com/nhsfife
linkedin.com/company/nhsfife

NHSScotland Deputy Chief Operating Officer
Paula Speirs
T: 0131-244 2480
E: dcoohealthplanning@gov.scot

Scottish Government
Riaghaltas na h-Alba
gov.scot

28 May 2024

Dear Carol

NHS FIFE DELIVERY PLAN 2024/25

Many thanks for submitting your NHS Board Delivery Plan 2024/25. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation of this plan over recent months.

Whilst great progress has been made, our NHS continues to face significant challenges as we recover from the ongoing impacts of the Covid pandemic, coupled with a related period of ongoing financial challenge. We welcome the approach being taken by your Board to develop your service delivery and financial planning in an integrated way and to ensure that patient safety and front line services are appropriately prioritised whilst working within agreed budgets.

We fully recognise the significant and ongoing challenge this represents and acknowledge that planning is currently set within a landscape of uncertainty and risk. Most recently, the letter from the Scottish Government to all Chief Executives on 8 May regarding *NHS Boards Financial Position and Service Delivery* emphasised that the target for 3% recurring savings against baseline funding must be achieved, and the requirement to reach financial balance through further choices and actions.

In support of this, Boards have been asked to complete, by 31 May, a schedule of further Board level choices and decisions you have assessed to reduce financial deficit, but which require further discussion and clearance to move forward with due to the impact on performance or service delivery. This return will also help us understand the impact on your Delivery Plan.

Within this context, we are satisfied that your current Delivery Plan broadly meets our requirements and provides appropriate assurance under the current circumstances, and we are therefore content for you to proceed to seek final approval from your Board. However, even more so than in previous years, whilst these Delivery Plans provide an agreed way forward, they must also remain dynamic and responsive to the fluid situation in which we find ourselves.

To help support this continuous improvement, we have included a range of feedback arising from our review of your plan, which can be found in **Annex A**. This covers a small number of '*Priority Areas*' where, as part of our ongoing engagement with your Board, we will be seeking assurance that actions are being undertaken to address. Alongside these, there are a wider range of *"Development and Improvement Areas"* which you and your colleagues will wish to reflect on in order to drive improvements in your future planning and delivery.

Our approval of the plan as a whole is contingent upon the understanding that your Board will continue to work closely with the Scottish Government around its delivery and implementation over the coming year. In particular, reducing planned care waiting lists remains a key Government priority, and we will continue to work with you to refine and deliver your Planned Care Plans, supported by the additional funding announced last month, to ensure that we can maximise performance within the available resource envelope.

Where elements of your plan may involve reforming the way in which services are delivered, we will wish to work closely with you to understand the nature of any changes and ensure it fits with the priorities of NHS Scotland as a whole.

Once again, many thanks to you and all your colleagues, and we look forward to continuing to work with you as we plan and deliver the highest possible quality of care for patients, improve the experience of our staff and ensure the best possible value for citizens. If you have any questions about this letter, please do not hesitate to get in touch.

Yours sincerely

PAULA SPEIRS
NHS Scotland Deputy Chief Operating Officer

Annex A – Scottish Government Feedback

Recovery Driver	Improved access **to primary and community care** to enable earlier intervention and more care to be delivered in the community

Priority Areas

- None

Development and Improvement Feedback

It is welcome that the Board's plan shows their focus on the continuing development of multidisciplinary teams and dual nursing posts to ensure a sustainable OOHs service. This is encouraging and it will be helpful to hear details on the actions to develop these.

The plan states that the Mental Health and Wellbeing in Primary Care and Community Settings project started in late 2022 and is expected to run for 5 years. It states that core elements supporting coproduction are currently funded from Scottish Government. The plan states that due to the absence of funding the immediate focus will be on "quick wins" and the objective of MDT primary care teams is not sustainable due to funding. Scottish Government Primary Care and Mental Health colleagues have had recent conversations with NHS Fife regarding the pause of Mental Health and Wellbeing in Primary Care Services (MHWPCS) funding, but it would be helpful to ensure that the above is being delivered within existing resources and to confirm again that MHWPCS funding has been paused.

It would be helpful to see more content relating to General Ophthalmic Services, which is the core NHS service provided by optometrists.

The plan briefly references the Board's own locally funded and managed 'Glaucoma Shared Care Scheme' and then references "the national service" - which is the Community Glaucoma Service (CGS) - and the positive aspects this will deliver, including the use of the OpenEyes system to deliver the service. Scottish Government policy officials have been informed about the position that NHS Fife's eHealth team have adopted regarding the OpenEyes system, which is to decline to engage with any discussions about its deployment due to a demand for additional funding.

As Scottish Government policy officials have already advised the Health Board, this is an unacceptable position to adopt given both the current size of the hospital ophthalmology waiting lists and the legal position – Scottish Ministers have directed all Health Boards in Scotland to establish and operate the CGS in their areas, as per Paragraph 3 of The Optometry Enhanced Services (Glaucoma) (Scotland) Directions 2023. These issues will be picked up as the ongoing engagement between the Board and the relevant policy officials.

It would be helpful for the document to set out plan for rolling out the CGS in NHS Fife in 2024/25, including a timescale and an outline of how many patients it envisages being registered under the CGS (and therefore discharged off hospital ophthalmology waiting lists).

Recovery Driver	**Urgent & Unscheduled Care** - Provide the Right Care, in the Right Place, at the right time through early consultation, advice and access to alternative pathways, protecting inpatient capacity for those in greatest need

Priority Areas

- None specific to the plan itself; however the Board should continue to work closely with the Scottish Government *Unscheduled Care Policy and Performance Team* to drive improved performance.

Development and Improvement Feedback

The Board have outlined a clear set of trajectories which appear to be achievable. The plan provides a good level of detail on planned and current service development across the 5 portfolios of the Collaborative Program which will support performance improvement. The plan is also clear on the current financial position and highlights where service development may be affected by these challenges.

The Board describes the plans to deliver a 24-hour approach to Urgent Care, including further enhancements to the capacity and accessibility to HSCP-led Minor Injury Units (MIU) and Urgent Care Centers. It will be good to hear what these enhancements will be, and timescales for these plans, in relation to OOHs, recognising that the Board will be engaging with the relevant Scottish Government teams during 24/25.

Recovery Driver	Improve the delivery of **mental health** support and services

Priority Areas

- None immediately specific to the Delivery Plan; however the Board should work with the Scottish Government *Mental Health Team* to drive improved performance.

Development and Improvement Feedback

The plan doesn't raise any new concerns and is reflective to the ongoing engagement between the Scottish Government and NHS Fife on mental health services. Each priority has been clearly outlined within the plan, and links directly to key priorities published in the National Mental Health and Wellbeing Strategy.

The following areas in particular will be the focus on ongoing engagement:

CAMHS - The demands on the CAMHS service remain high and additionally, national recruitment challenges present local challenges, thus impacting on progress in meeting the RTT target.

There is risk to future service delivery due to insufficient workforce capacity if the funding provided through national sources (Recovery and Renewal Fund & Community Framework fund) is no longer available or reduced in any way.

There is risk of not meeting RTT target if the service is unable to recruit or retain appropriately qualified clinicians to deliver complex care and treatment. A risk exists to staff wellbeing and morale if workforce numbers are reduced resulting in higher workloads and increased pressures.

Psychological Therapies - Demand for psychological therapy remains high, analysis confirms that the service is not currently in balance, meaning that referrals currently exceed the number of treatments started that can be offered, limiting progress toward the RTT standard. The sustainability of service delivery is highly dependent on a resilient and effectively resourced workforce and any changes to the current national funding arrangements will impact on service delivery, and the ability to achieve targets and improvement plans.

Recruitment difficulties and service pressures affecting other parts of the system may reduce capacity for psychological interventions to be delivered by others.

Primary Care - The Mental Health and Wellbeing in Primary Care and Community Settings (MHWPCCS) project has a key objective, to deliver multi-disciplinary primary care teams and this is not sustainable in the absence of the planned funding. The immediate focus of the project will need to shift to 'quick wins' achievable within existing resources.

Recovery Driver	Recovering and improving the delivery of **planned care**
Priority Areas	
• None immediately specific to the Delivery Plan; however the Board should work with the Scottish Government *Planned Care Policy and Performance Team* on actions needed on their associated Planned Care Plan.	
Development and Improvement Feedback	
Due to the significant financial pressure that all Boards are facing, there may be a consequent impact on waiting times performance. The Scottish Government will work with Boards to maximise options that bring most return for minimal cost.	

Recovery Driver	Delivering the National **Cancer** Action Plan (Spring 2023-2026)

Priority Areas

- None immediately specific to the Delivery Plan; however the Board should work with the Scottish Government *Cancer Access Team* to drive improved performance.

Development and Improvement Feedback

It is welcome that the plan clearly sets out the plans to improve Cancer Waiting Times for each challenged tumour group. Plan references Optimal Cancer Diagnostic Pathways for Lung and Head & Neck which will be reviewed in 24/25 with any improvements being cost neutral.

A Rapid Cancer Diagnostic Service pilot has been operational since June 2021 but is only funded until September 2024. The service has been running successfully, but NHS Fife will require additional funding to allow this service to continue after September 2024. The plan states that the service is at risk if no additional funding is secured.

The radiology strategic plan is unfunded so a risk it will not deliver the additional imaging capacity required to support cancer pathways.

SPoC, prehabilitation, the psychological therapies and support framework, and the oncology transformation programme are all referenced and assurances provided regarding involvement. This is welcomed, however additional references to CMPs would also be helpful.

Recovery Driver	Enhance planning and delivery of the approach to **health inequalities** and improved population health
Priority Areas	
• None	
Development and Improvement Feedback	
On Drugs and Alcohol Services, the plan makes reference to multiple services that should be delivered by delivery partners out with the Board. Whilst the references to the general ADP Strategic Plan and actions are extensive, they appear to be a straight lift from that plan, rather than an account of the specific actions the Board will pursue under that plan. It would be helpful to have more focus on the specific areas that the Board leads on.	

Recovery Driver	Take forward the actions in the Women's Health Plan and support good **child and maternal health**, so that all children in Scotland can have the best possible start in life.

Priority Areas

- None

Development and Improvement Feedback

Plan expresses some concerns around delivery of continuity of carer, and it would be helpful to include more detail on this.

High level assurance is provided in relation to the delivery of child health reviews.

It is welcome to see plans to increase access to early pregnancy scanning out of hours and collaboration with Primary Care to develop a prescribing pathway for progesterone to be delivered within existing resource.

On the Women's Health Plan, the Board have identified a lead and a series of local priorities, though there are some concerns about whether these will be delivered upon due to financial challenges. It would be if the Women's Health Plan threaded through other areas of this plan such as the cardiovascular health section or health inequalities.

Recovery Driver	Implementation of the **Workforce** Strategy
Priority Areas	
• None immediately specific to the Delivery Plan; however the Board should continue to work with the Scottish Government to drive closer alignment between workforce and delivery planning.	
Development and Improvement Feedback	
Plan and actions laid out by NHS Fife appear achievable and realistic and the Board has appropriate governance and plans in place. NHS Fife's Delivery Plan provides sufficient high level assurance of activity in relation to the implementation of the Workforce Strategy.	

Recovery Driver	Optimise use of **digital & data technologies** in the design and delivery of health and care services for improved patient access and fast track the national adoption of proven **innovations** which could have a transformative impact on efficiency and patient outcomes

Priority Areas

- None

Development and Improvement Feedback

Cyber resilience is a key area where the Board have updated against the cyber resilience framework as expected and remains of upmost importance. There is an on-going need to replace legacy systems across NHS Scotland and it is welcome to see that this is something highlighted as a key priority to ensure security and technical compliance.

It is welcome that the Board has set out clear activity to ensure the workforce and Executive team are skilled and informed regarding digital developments. Aligning a revised Digital and Information Strategy to the existing population health and wellbeing strategy will be a positive step.

It is helpful to see the key updates set out against national programmes including e-Rostering, HEPMA, GP IT, Child Health, Microsoft 365 and LIMS. The plan highlights a funding risk for e-rostering after November 2024. All other programmes appear to be on track and considerations underway for how they prepare for developments including Digital Front Door, which is welcome.

Future iterations of plan should set out how the Board will implement the NHS Scotland Scan for Safety Programme by March 2026 as mandated in the Scottish Government's Directors Letter (2024) 3

Recovery Driver	**Climate** Emergency and Environment

Priority Areas

- None

Development and Improvement Feedback

Overall, the plan is effective at meeting the climate emergency and environment planning priorities.

Comprehensive response in relation to waste and resource management, showing a clear understanding of current performance and actions required. However, no Circular Economy detail is provided and it would be useful to include information on this.

The Board provide and evidence how they are meeting the targets currently, have had gone beyond some of the initial targets set out, which is welcome. There is a system in place via WMSG at local level to be able to progress this work and have put resource into managing waste appropriately on site.

The Board is undertaking a landscaping project at their Queen Margaret Hospital site, which includes both biodiversity and adaptive interventions. The Board has also outlined their intention to undertake biodiversity audits for all main sites which will include; total land area, greenspace area and indicate greenspace types. The finding of this audit will inform the development of a Biodiversity Action Plan. They will continue to undertake works identified in their 2030 Greenspace Strategy. These actions are in alignment with the national agenda for this workstream.

The Board is taking a place-based approach to adaptation by collaborating with Fife Council to identify shared climate risks and adaptation measures. They also will being seeking to progress their CCRA through the creation of a risk dashboard that will align with their corporate level dashboard which has already been launched. They have also mentioned adaptive planting measures.

The Board is adopting a sensible approach to both fleet decarbonisation and sustainable and active travel, the latter having a dedicated strategy to be published in due course. The Board's fleet decarbonisation and replacement plans are well advanced, though as with all boards, it relies on central funding being made available.

NHS Fife will create a Building Energy Transition Strategy that aligns with PAMS to strategy review and invest in buildings that will be in the Board's longer term portfolio. Using the Jacobs Net Zero Routemaps, the Board will review decarbonisation measures outlined and create delivery plan and submit relevant funding applications while there are capital funding constraints.

The Board will need to ensure that they have a pan for Entonox mitigation. . A clear program needs to be articulated Including project lead, occupational exposure monitoring for midwifery teams in conjunction with health and Safety and medical Physics. Improvement planned preventative maintenance by estates teams and stock management between pharmacy and soft facilities.

Supporting Theme	Finance & sustainability
Priority Areas	
• None immediately specific to the Delivery Plan; however, the Board should continue to work with the Scottish Government *Health Finance Team* on their Financial Plan and ensure that this is fully aligned with updates to the Delivery Plan.	
Development and Improvement Feedback	
None.	

Supporting Theme	Value Based Health & Care
Priority Areas	
• None	
Development and Improvement Feedback	
While the Delivery Plan mentions Realistic Medicine, there is no mention of how the Board intends to support delivery of the Value Based Health and Care Action Plan. Practising Realistic Medicine to deliver value based health and care should be viewed by Boards as a key enabler of the ten drivers of recovery and fundamental to achieving a more sustainable healthcare system.	

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**12 July 2024**
Title:	**Annual Delivery Plan 2023/24 Quarter 4 Report**
Responsible Executive:	**Margo McGurk, Director of Finance**
Report Author:	**Susan Fraser, Associate Director of Planning and Performance**

1 Purpose

This is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan
- NHS Board Strategic Priorities:
  - To Improve Health & Wellbeing
  - To Improve Quality of Health & Care Services
  - To Improve Staff Experience & Wellbeing
  - To Deliver Value & Sustainability

This report 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 to the Scottish Government (SG) on 8 June 2023 and resubmitted on 26 June.

Formal sign off of the ADP from Scottish Government was received on 11 August 2023.

This paper is to update the committee on the progress against deliverables within the ADP as of March 2024. This update was submitted to the Scottish Government on 14 June 2024.

2.2 Background

The guidance for Annual Delivery Plan (ADP) 2023/24 and Medium-Term Plan (MTP) 2023/26 was received on 28 February 2023. This guidance was intended to support a more integrated and coherent approach to planning and delivery of health and care services, setting out prioritised high-level deliverables and intended outcomes to guide detailed local, regional and national planning, and inform improvement work.

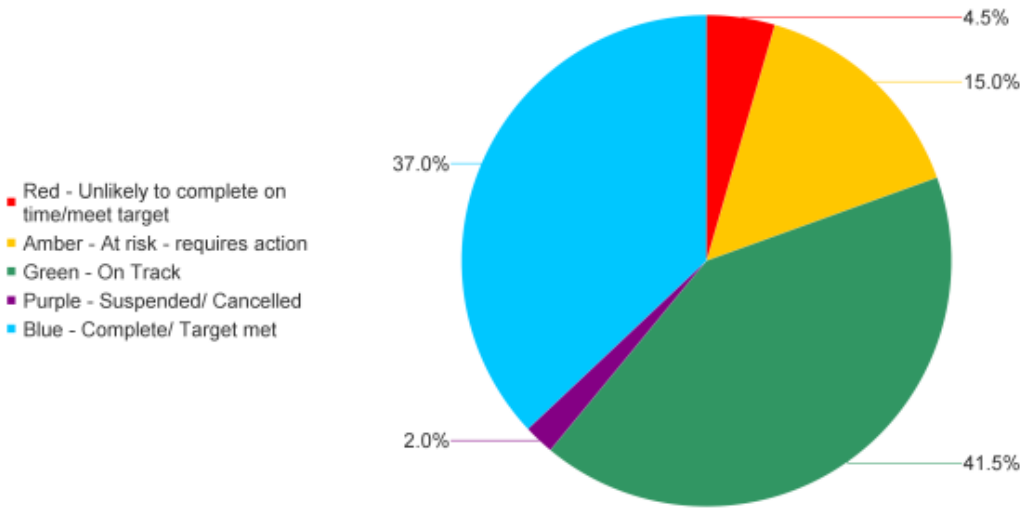
2.3 Assessment

Services have been providing updates to the ADP on a monthly basis with position as of Dec-23 (Q3) and Mar-24 (Q4) submitted to Scottish Government on 14 June. Detailed reports for each Directorate/Division up to Mar-24 (Q4) have also been circulated to Executive Directors.

The status of deliverables is based on progress against milestones as well achievement of stated outcomes. This status is categorised as below:

Purple	**Suspended/Cancelled**
Blue	**Complete/Target met**
Green	**On Track**
Amber	**At risk, requires action**
Red	**Unlikely to complete on time/meet target**

The ADP for Fife contains 200 deliverables with 37.0% (74) **'complete/target met'** and 41.5% (83) **'on track'** as of Mar-24 (Q4).



All deliverables ongoing will continue to be monitored as part of ADP for 2024/25.

Deliverables **suspended/cancelled (4)** at end of Mar-24 (Q4). Latter two are Digital deliverables, seen as duplication as also deliverables for Pharmacy:

- Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/Clinical Research Facility with University of St Andrews
- Kincardine and Lochgelly Health Centres
- Hospital Electronic Prescribing and Medicines Administration (HEPMA)
- Medicines Automation - Multi Phases

Deliverables that are **unlikely to complete on time (9)**:

- Improve flow within the VHK site, reducing length of stay and number of patients boarding. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.
- Improve quality of cancer staging data
- To ensure routine adherence to Scottish Cancer Network Clinical Management Pathways
- Post successful implementation of the SE Payroll Consortium arrangement, work with the senior leadership of the consortium to ensure effective continuity of a payroll service for NHS Fife
- Hospital Pharmacy Redesign; Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores.
- Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets
- Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences
- Implement IPC Workforce Strategy 2022-24
- Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.

Deliverables currently **at risk (30)** of being delivered on time and requiring action:

- Develop and scope ambulatory models of care supporting early supported discharge and admission prevention
- Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach
- Improve Same Day Emergency Care and rapid assessment pathways
- Improved Fife-wide ADHD pathways for children & Young people
- Roll out of Digital Pathology
- Best Start
- To meet the recommendations of the Women's Health Plan by end Dec 2024
- Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.
- National - Child Health Replacement
- National - eRostering
- Enhanced data availability and sharing
- IPQR Digitisation
- Develop and Implement the Corporate Communication Strategy
- Develop and Implement the Public Participation and Community Engagement Strategy
- Digital medicines management programme
- Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners
- Deliver a more effective BCG and TB programme
- Deliver a VAM Covid response in alignment with SG guidance and in collaboration with East of Scotland workforce with full investigatory and outbreak management and community testing functions.
- Work to address poverty, fuel poverty and inequality through ensuring the prioritisation of income, housing, education, and employment programmes as part of the Plan 4 Fife
- Ensure the delivery of an effective resilience function for NHS Fife
- Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation
- PPD Succession Planning
- Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways
- Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard
- Increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%
- Increase capacity for providing in-hours routine and urgent dental care
- Fife will eliminate Hepatitis C as a public health concern. (Pre COVID target by 2024. Extension of date under consideration by SG)
- Implement preventative podiatry service in care homes
- Work with Secondary care to develop shared care initiatives to continue to reduce the requirement for patients to attend ED
- Early intervention: enhancing workforce skillsets to support new models of care ensuring early discharge and prevention of admission and local frameworks for frailty

Summary status as of Mar-24 (Q4) is detailed by Recovery Driver in table below.

Annual Delivery Plan 2023/24 Progress - Summary

Q4 Status	Red - Unlikely to complete on time/ meet target	Amber - At risk - requires action	Green - On Track	Purple - Suspended/ Cancelled	Blue - Complete/ Target met	TOTAL
1. Primary and Community Care	1	6	18	1	4	**30**
2. Urgent and Unscheduled Care	1	3	5		5	**14**
3. Mental Health		3	8		2	**13**
4. Planned Care		1	3		6	**10**
5. Cancer Care	2	1	6		6	**15**
6. Health Inequalities		1	9	1	5	**16**
7. Innovation Adoption					4	**4**
8. Workforce		1	10		7	**18**
9. Digital	1	5	6	2	7	**21**
10. Climate			2		7	**9**
Other	4	9	16		21	**50**
TOTAL	**9**	**30**	**83**	**4**	**74**	**200**

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

Workforce planning is key to the ADP process.

2.3.3 Financial

Financial planning is key to the ADP process.

2.3.4 Risk Assessment/Management

Risk assessment is part of ADP process.

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

ADP Q4 update reports were distributed to Executive Directors on 28 May and subsequently approved for submission by the Chief Executive.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – the ADP Q4 update provides the status of ADP actions for the year 2023/24 and provides a “moderate” Level of Assurance.

3. List of appendices

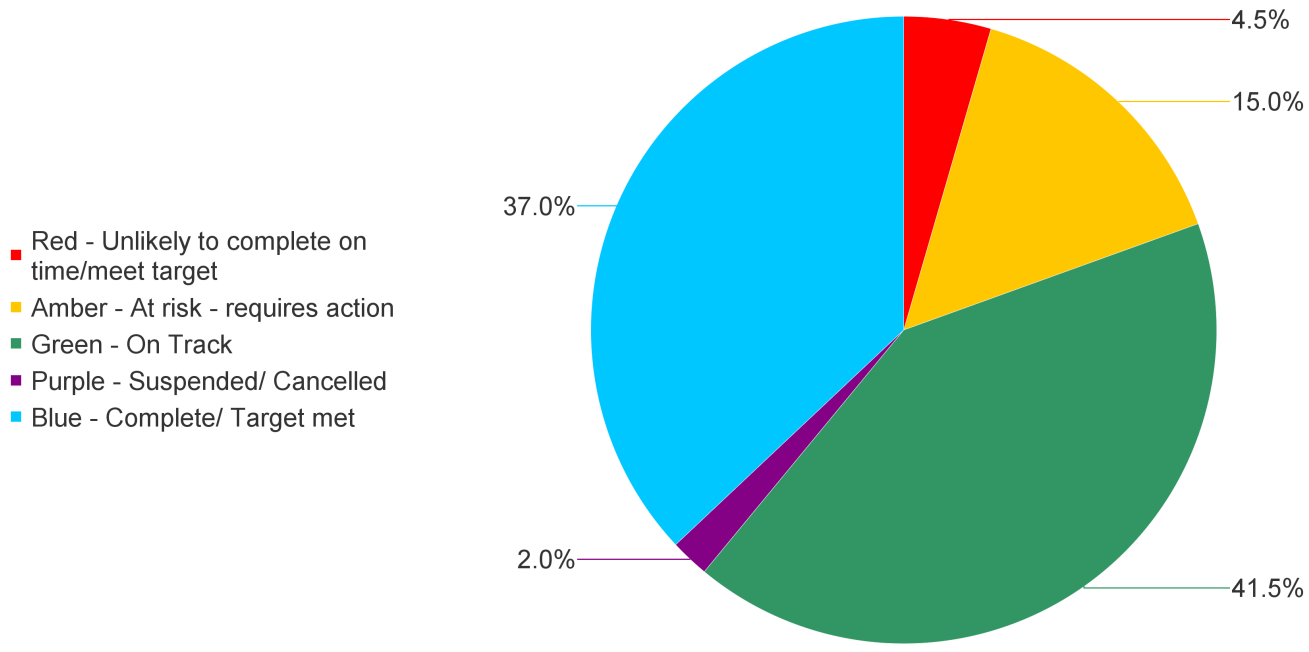
- Appendix No. 1, Annual Delivery Plan 202324 Q4 Update.

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

Bryan Archibald
Planning and Performance Manager
Email: bryan.archibald@nhs.scot

Annual Delivery Plan 2023/24 Progress - Summary

Q4 Status	Red - Unlikely to complete on time/ meet target	Amber - At risk - requires action	Green - On Track	Purple - Suspended/ Cancelled	Blue - Complete/ Target met	TOTAL
1. Primary and Community Care	1	6	18	1	4	**30**
2. Urgent and Unscheduled Care	1	3	5		5	**14**
3. Mental Health		3	8		2	**13**
4. Planned Care		1	3		6	**10**
5. Cancer Care	2	1	6		6	**15**
6. Health Inequalities		1	9	1	5	**16**
7. Innovation Adoption					4	**4**
8. Workforce		1	10		7	**18**
9. Digital	1	5	6	2	7	**21**
10. Climate			2		7	**9**
Other	4	9	16		21	**50**
TOTAL	**9**	**30**	**83**	**4**	**74**	**200**



Annual Delivery Plan 2023/24 Progress - Deliverable Summary - RAG

Red - Unlikely to complete on time/meet target

Deliverable - Q4 Update	NHS Strategic Priority	Recovery Driver	Dir/Div
Implement IPC Workforce Strategy 2022-24 Update: Due to the national deliverables not as yet been delivered, this has impacted local implementation. Resulting in milestones extended by 6 months.	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Nursing Directorate
Improve flow within the VHK site, reducing length of stay and number of patients boarding. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub. Update: Significant work undertaken around reducing Length of Stay and improving flow, looking at MDT approach and rolling out EBR. SLWG established linking to RTP - Surge reduced by 10 beds.	To Deliver Value & Sustainability	2. Urgent and Unscheduled Care	Emergency Care
Improve quality of cancer staging data Update: Improvement seen in staging data in prostate and bladder. Improvement required in Renal and this will be measured through the QPI process.	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
To ensure routine adherence to Scottish Cancer Network Clinical Management Pathways Update: CMGs are still being implemented nationally. NHS Fife (and SCAN) continue to use the regional CMPs.	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores. * note, this is a joint project with capital planning and D&I Update: Due to challenges with capital funding, this work is currently on hold. Consideration and planning around development of the physical space requirements for hospital pharmacy continue.	To Deliver Value & Sustainability	9. Digital	Pharmacy & Medicines
Post successful implementation of the SE Payroll Consortium arrangement, work with the senior leadership of the consortium to ensure effective continuity of a payroll service for NHS Fife Update: Work has continued throughout the quarter, however due to the continued pressure across the payroll teams, the workstreams have not been able to conclude by the year end and will therefore continue into 2024/25 until such times as the milestones are all achieved.	To Deliver Value & Sustainability		Finance
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets Update: SBAR paper taken to QMag meeting March 2024 regarding HSCP monthly meetings to discuss CHP and improvements. QMAG in agreement. Meetings need to be arranged. Complaint Complexity Categorisation Tool shared with Directorates for comment. Tool updated. Needs to be shared with Clinical Governance for final approval. Further work has taken place with Escalation tool and will be shared with PET colleagues for input and review before sharing with Services for comment. Further discussion regarding MDT approach needs to happen with Services and how this process will look. This will be discussed at monthly complaint meetings with Acute and H&SCP.	To Improve the Quality of Health and Care Services		Nursing Directorate
Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings. Update: Dependency on D&I to progress eCatheter insertion & maintenance bundles, has resulted in an extension to the planned milestones	To Improve the Quality of Health and Care Services		Nursing Directorate

Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences Update: Have now received complaint data from other Scottish Health Boards to assist with workforce review.	To Improve the Quality of Health and Care Services		Nursing Directorate

Amber - At risk - requires action

Deliverable - Q4 Update	NHS Strategic Priority	Recovery Driver	Dir/Div
Early intervention: enhancing workforce skillsets to support new models of care ensuring early discharge and prevention of admission and local frameworks for frailty Update: Pharmacy colleagues are determining antibiotic compatibility and drug costs for 24-hour IV antibiotic pumps. This and the established criteria for the pumps may negate the benefit but this is being fully scoped. Respiratory team still building expertise and capacity An SBAR for SLT is being prepared with a slightly different proposal to previous.	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Community Care
Fife will eliminate Hepatitis C as a public health concern. (Pre COVID target by 2024. Extension of date under consideration by SG) Update: Initial target of elimination for Hep C by 2024 set by Scottish Government pre-covid. As local and national BBV services were redeployed to pandemic response, targets for 2022 and 2023 were paused. The national Rest and Rebuild document (2021) set out priorities for regaining momentum towards this target. The current SH & BBV framework was published in November 2023. Locally testing activity has continued. Performance for 2023/24 is below the SG target of 124 set. Financial constraints - HCV drug budget was set on basis of treating 70 patients. Primarily as team of 4 BBV nurses responding to significant rise in HIV pts transferring to Fife and challenges in HCV case finding. Service capacity to develop HCV plans reduced - limited back fill to BBV MCN managers and lead Nurse roles - postholders are seconded/acting up to other roles. Lookback project - re-engage patients who had positive test but no recorded treatment. If successfully implemented - yield over 200 treatment initiations over two years - meet criteria for HCV Elimination by 2025 subject to drug budget set at level to accommodate in 24/25 and 25/26 .This would be in line with the timeline in most other board areas of a similar size to NHS Fife.	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
Implement preventative podiatry service in care homes Update: We had significant recruitment challenges which will impact on the implementation of the model. It is currently very challenging to recruit band 7 and band 6 podiatrists nationally.	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Primary & Preventative Care
Increase capacity for providing in-hours routine and urgent dental care Update: The PDS has continued to be the safety net for un/de registered patients throughout Fife, this has proved extremely challenging to ensure we are meeting the needs of our core service as well as providing emergency and targeted care.	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
Work with Secondary care to develop shared care initiatives to continue to reduce the requirement for patients to attend ED Update: The FICOS scheme is running well with an audit and review currently underway aiming for completion at the end of Summer 2024. Glaucoma shared care scheme is not progressing as funding issues for required EPR (openeyes system). E-health have said no further progress can be made until the funding issue is resolved.	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Primary & Preventative Care

Improved Fife-wide ADHD pathways for children & Young people Improve patient experience and reduce waiting times in Community Paediatrics service. Release capacity through rationalisation of Community Paediatric service and re-modelling service provision relating to children/young people with suspected/diagnosed ADHD Update: Fife-wide review of ADHD services ongoing. Slow progress but some achieved, although no changes to pathways as yet and no impact on reduction of waiting times within Community Paediatrics. Implementation of NHS Fife Neuro-developmental pathway now planned for summer 2024 and this will support improvement in ADHD services.	To Improve Health and Wellbeing	1. Primary and Community Care	Women, Children & Clinical Services
Develop and scope ambulatory models of care supporting early supported discharge and admission prevention Update: Visits to other Boards to review SDEC/front door models, to inform review of our ambulatory services.	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Emergency Care
Improve Same Day Emergency Care and rapid assessment pathways Update: Working towards SDEC model central to discussions. Recognition that significant review and redesign required. Workshop 25th April to progresss SDEC and agree key metrics.	To Deliver Value & Sustainability	2. Urgent and Unscheduled Care	Emergency Care
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach Update: Continuing to promote Right Care Right Place, engaging with key stakeholders. Progress being made, demonstrated by the slight increase in redirection from ED. SLWG established to review triage.	To Deliver Value & Sustainability	2. Urgent and Unscheduled Care	Emergency Care
Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways Update: Delay due to service pressures in roll out of Test of Change regards documentation/standards. Requirement due to financial pressures to pause longer term development to look at immediate service redesign.	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard Update: 11a - Progress made in recruiting to new and replacement posts, however not yet reached the number of staff required to meet the PT target and due to the financial situation it will not be possible to recruit the number originally identified as required by trajectory modelling. Recruitment to date has contributed to progress in reducing the number of long and very long waits. 11b - Service development and redesign implemented on schedule; further redesign will be required in next reporting year due to financial pressures. 11c - Training and CPD activities to increase capacity completed. 11d - Demand-capacity monitoring in place across all services.	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
Increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1% Update: Current provision across all Mental Health services is under review as part of the Fife HSCP financial planning process which requires Mental Health service to achieve £6million reduction in spend.	To Deliver Value & Sustainability	3. Mental Health	Complex & Critical Care
Best Start 1. Full implementation of Continuity of Carer by 2026 2. Minimising separation of late preterm and term babies from birth 3. Recommencement of full Antenatal Education 4. Expand Service User Feedback 5. Expand and embed Psychological services Update: Ongoing work re: continuity of carer with report to be submitted to SG by AL. Community continuity of carer completed and in place.	To Improve the Quality of Health and Care Services	4. Planned Care	Women, Children & Clinical Services

Roll out of Digital Pathology Update: On hold in Q4 due to implementation of new lab information system.	To Deliver Value & Sustainability	5. Cancer Care	Women, Children & Clinical Services
To meet the recommendations of the WHP by end Dec 2024 -Endometriosis nurse specialist to support women through their journey and improve the care and advice they receive -Increased menopause capacity to meet demand, including training delivered to GPs Foetal loss expansion in EPC to provide additional scanning appointments -To increase the access to a bereavement nurse -Provision of post natal contraception post TOP, including post partum intrauterine contraceptive for vaginal deliveries. Update: EPC discussions with team ongoing re: scanning slots. Post TOP contraception is in place with Nexplanon, injection or oral contraception. Midwifery training is ongoing. Sonographer role is not within band 6 remit, therefore further review of options to be considered over time.	To Improve the Quality of Health and Care Services	6. Health Inequalities	Women, Children & Clinical Services
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation Update: Financial challenges have continued to place the bank consolidation project at risk, Due to the current financial constraints there is no funding to support the model for a full bank consolidation at this time. We have undertaken an option appraisal that will be considered by EDG on 21st March for a part consolidation within existing budget / resources in the interim which is approved will commence in May 2024.	To Deliver Value & Sustainability	8. Workforce	Workforce
Enhanced data availability and sharing Update: Delays with enabling GP IT ongoing. Performance of integration the main area of concern	To Improve the Quality of Health and Care Services	9. Digital	Digital & Information
National - Child Health Replacement Update: The national Child Health System Programme is reported as Amber due to delays in delivery being experienced.	To Improve Health and Wellbeing	9. Digital	Digital & Information
National - eRostering Update: No national interfacing delivered between Health Roster and other workforce and finance systems. No establishment of a system ownership model within NHS Fife	To Improve Staff Experience and Wellbeing	9. Digital	Digital & Information
Digital medicines management programme Implementation of Hospital Electronic prescribing system (HEPMA) to all inpatient and outpatient services alongside review and upgrade of stock control system and electronic discharge/ meds rec solution Update: Awaiting schedule of works for both stock control and HEPMA. Collaborative working with NHS Lothian will support drug file for stock control allowing for the build to commence. Orion user acceptance testing raised a number of issues - there is ongoing engagement with the supplier.	To Deliver Value & Sustainability	9. Digital	Pharmacy & Medicines
Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out. Update: Accelerated product live in Feb 24, work continues to resolve issues post go live. Plans for implementation of national product being developed in conjunction with national team.	To Deliver Value & Sustainability	9. Digital	Women, Children & Clinical Services
Develop and Implement the Corporate Communication Strategy Update: Going to EDG in May for approval following revisions to reflect RTP communications			Comms

Develop and Implement the Public Participation and Community Engagement Strategy Update: Going to NHS Fife Board on 26th May 2024 n- resources and funding still to be establish to allow the new strategy to be implemented			Comms
PPD Succession Planning Update: During the last quarter, significant work has been undertaken to redesign the resuscitation training programme resulting in a 56% increase in training capacity with no additional staffing. The addition of a 1.0WTE secondee from ASD has increased capacity further. Further work to secure a B6 WTE within service budget is unlikely due to RTP constraints so alternatives are being considered during the next quarter.	To Improve Staff Experience and Wellbeing		Nursing Directorate
IPQR Digitisation Update: Review of metrics will be ongoing but initial feedback on refreshed presentation has been well received so far. Discussions to take place with Board Chair and Committee Chairs. Advised that local BI tool is not option for dashboard, required to explore PowerBI. Lack of local knowledge might be an issue.	To Deliver Value & Sustainability		Planning & Performance
Deliver a more effective BCG and TB programme Public Health Priority 1 and 2 Update: Transition to ERHPT has required an operational focus. Out of scope work has been at risk during this time. Workplan discussions underway to incorporate out of scope work. Some delays in risk assessing patients with TB due to current workload and capacity. This will be included in the above workplan.	To Improve Health and Wellbeing		Public Health
Deliver a VAM Covid response in alignment with SG guidance and in collaboration with East of Scotland workforce with full investigatory and outbreak management and community testing functions. Update: Future VAM expectations uncertain, and limited capacity to support form existing resources	To Improve the Quality of Health and Care Services		Public Health
Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners Update: A multi-agency meeting was held in January to discuss expansion. Due to no additional capacity of the CARF Money Advisor posts, the programme cannot be expanded beyond MW, HV, FNP, this is funding options to be explored. In the meantime, rollout of the poverty awareness training and Fife Benefit Checkers Toolkit.	To Improve Health and Wellbeing		Public Health
Ensure the delivery of an effective resilience function for NHS Fife Update: FH-PH-16 a: Incident framework documents for NHS Fife are in their final stages of approvals. FIF-PH-16b: Business continuity management systems SOP was ratified 18/1/24 & risk profile in Datix with visual dashboard overview. FIF-PH-16c - Emergency Planning risk profiling has commenced with an initial presentation & consultation at risk and opportunities group 2/4/24 for way forward to emergency planning risks being coordinated across NHS fife with the risk owners - a SLWG is being enabled to further progress where milestone date is changed to March 2025	To Improve the Quality of Health and Care Services		Public Health
Work to address poverty, fuel poverty and inequality through ensuring the prioritisation of income, housing, education, and employment programmes as part of the Plan 4 Fife Update: Housing - declaration of housing emergency in Fife, publication of SG New Housing Bill. There is a need to review and consider a local action plan. A workshop is planned at end of April with Fife Housing Partnership.	To Improve Health and Wellbeing		Public Health

Green - On Track			
Deliverable - Q4 Update	**NHS Strategic Priority**	**Recovery Driver**	**Dir/Div**
Mental Health and Wellbeing in Primary Care and Community Settings - development and delivery of service provision in line with Scottish Government reports and planning guidance relating to the remobilisation and redesign of MH services in the context of the COVID-19 pandemic. Update: FIF-CCCS-13d - A project manager has now been assigned to this project and project planning is underway. FIF-CCCS-13e - Coproduction is in 4 phases. Phases 1 and 2 are complete. Planning for phases 3 and 4 is underway.	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Complex & Critical Care
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population Update: 7a - Immunisation inclusion steering group met 26/03/24. Outreach model now incorporated into delivery plan template for each immunisation programme as it is developed and reviewed by the immunisation operational group. Review of progress against equality objectives and action plan within the Fife 2021-2024 Immunisation Strategic Framework is in progress. Reaching a final version of the EQIA action plan has been delayed but will also feed into strategy development for 2024 - 2027 which is planned for May & June 2024. 7b - This is now part of daily business.	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award Update: An SBAR has been taken to EDG. A member of SEStran will be carrying out a mapping exercise which will involve reviewing the data. A delivery model was developed and agreed by partnership, we are moving towards the implementation stage	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
Children's speech, language and communication development Plan Update: Meeting with colleagues in Public Health, Health Promotion and Children's Services to establish representation on CIF Groups to raise awareness. Meeting held with RESLL Link. Raising awareness of whole systems approach required.	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
Develop and Enhance Children's Services Update: 6a - Guidance implemented, milestone achieved 6b - Ongoing, with no challenges forecast 6c - ongoing, full incorporation of law by 16th July, working group established with action plan in place. 6d - Ongoing work, working group created to drive forward principles of The Promise.	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond an ever evolving immunisation need Update: Workforce forecasting across Immunisation Service and CTAC has taken place, with recruitment ongoing and staffing plans in place for 12 months of the year.	To Improve Staff Experience and Wellbeing	1. Primary and Community Care	Primary & Preventative Care

Developing a system wide Prevention and Early intervention strategy which will underpin delivery of the HSCP strategic plan and the NHS Fife Population Health and Wellbeing Strategy Update: Further consultation on draft strategy to be completed by 24th March. Strategy has been discussed at ELT and SPG in March, feedback will be considered and reflected in next iteration. Draft delivery plan has been discussed at the Strategy Development Group with further discussions and amendments to be made during March and April. Draft Strategy will now be presented to IJB in July.	To Deliver Value & Sustainability	1. Primary and Community Care	Primary & Preventative Care
Develop plans to make sure CIS delivers on key operational priorities Update: 10a - Maternity continues to deliver all pregnancy vaccinations. National maternity working group has commenced to focus on the delivery of RSV to either pregnant mothers or neonates- Likely to be August 2024. 10b - National Timescales have moved with no confirmed change date agreed. 10c - Not for implementation until 2026. 10d - Immunisation Strategy being refreshed this will be considered as part of this focus.	To Deliver Value & Sustainability	1. Primary and Community Care	Primary & Preventative Care
Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models Update: The scope of the Urgent Care Oversight Group with be in line with an SBAR and options appraisal regarding in-hours urgent care hubs, which would incorporate or affect those under PCIP in line with National and Strategic PCIP direction for: *Vaccination Transformation Programme (VTP); *Pharmacotherapy; *Community Treatment and Care Services (CTAC); *Urgent Care; *Musculoskeletal Physiotherapists; *Community Mental Health The aim will be to establish one or more in-hours Urgent Care Hubs in collaboration with well established out of hours urgent care centres to provide the Fife Public with access to 24 hours Urgent Care. PA - Fixed Term contract with Urgent Care until 11.09.24. 24 hour MDT role development is in combination with the development of in-hours Urgent Care Hubs. The 24 hour nursing roles would then be incorporated into the delivery of Urgent Care 24 hours a day. Urgent Care North East Fife Minor Injury Unit Development Group has been established to develop urgent access for minor injury care in the north east of Fife. This includes; current nursing role review to incorporate minor injury and illness examination, extension to radiology access and increased operating hours for Minor Injury Unit access in the NE Urgent Care Strategic Oversight Group will review the workforce model across all Urgent care Centres within Fife to ensure there is appropriate access to Urgent care in the out-of-hours period. There has been significant improved to on the floor senior clinical decision making and visible leadership within the MDT since the development and employment of the Senior ANP role.	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Primary & Preventative Care
Implement new referral management and electronic patient records system (TrakCare/morse) within P&PC Physiotherapy service. Update: Continuing to work with digital services to achieve solutions to current problems which will allow migration across to Trak/MORSE systems by summer 2024.	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Primary & Preventative Care

Improve sustainability of Primary Care Update: The scope of the Urgent Care Oversight Group to be in line with an SBAR and options appraisal regarding in-hours urgent care hubs, which would incorporate or affect those under PCIP in line with National and Strategic PCIP direction for: *Vaccination Transformation Programme (VTP); *Pharmacotherapy; *Community Treatment and Care Services (CTAC); *Urgent Care; *Musculoskeletal Physiotherapists; *Community Mental Health The aim will be to establish one or more in-hours Urgent Care Hubs in collaboration with well established out of hours urgent care centres to provide the Fife Public with access to 24 hours Urgent Care. ANP in-hours Urgent Care workforce continues to be developed with 18 WTE ANPs in post across Primary Care under PCIP. Out-of-hours Urgent Care continues to develop a Salaried GP model aiming for 70% salaried GP cover per annum - currently 55% with permanent salaried GPs employed. Current 2c practice being transferred to 17J - anticipated transfer date of 1st July 2024. Work is progressing but further action is required around the interpretation of the sustainability questionnaire responses.	To Deliver Value & Sustainability	1. Primary and Community Care	Primary & Preventative Care
Local Enhanced Services Review Update: We have established the membership of the review Group, with a Terms of Reference being progressed. Next steps will be to progress with defining the scope of the Enhanced Service review and agree actions to be taken forward. We are in the processes of recruiting a Project Manager to the team for a 12-month period to support the review from the outset to conclusion.	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Primary & Preventative Care
Refresh of the Primary Care Improvement Plan Update: There is a detailed communications plan in place to provide general practice updates on delivery of PCIP, including regular discussions with individual practices and Clusters by service leads.	To Deliver Value & Sustainability	1. Primary and Community Care	Primary & Preventative Care
Remobilise Smoking Cessation services with a view to achieving 473 quits in FY 2023-24 Update: The service has increased from 18 clinics (April 2023) to 39 clinics (March 2024) across Fife weekly. To maximise the reach of the service, these are a mix of GP and community venues. Working in collaboration with Fife Maternity Services, we have developed effective pathways including an on site drop in for all pregnant women at first point of contact. Promotion of the service remains as a cyclical roster into the most deprived areas of Fife. These areas present engagement challenges and require ongoing visibility and accessibility. We endeavour to continue using the mobile unit to provide outreach. Development of the text messaging reminder service has produced a DNA rate of 12.8%. The specialist advisors for the maternity Quit Your Way Service now includes as standard a referral pathway into appropriate income maximisation support services. The advisors have all received training to carry out brief interventions prior to referral on. This will continue as best practice for the client group.	To Improve Health and Wellbeing	1. Primary and Community Care	Primary & Preventative Care
Review existing arrangements which support children with neurodevelopmental differences. Update: New Model developed and in the process of being implemented. Focus groups/questionnaire completed. Using data to support training required.	To Deliver Value & Sustainability	1. Primary and Community Care	Primary & Preventative Care

Rheumatology workforce model redesign Update: The redesign plan is progressing and workforce plans have been approved and are in post or in the recruitment process. I think we need to extend the milestones for next steps due to ongoing discussions re future of service.	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Primary & Preventative Care
Targeted actions to improve the quality of our Immunisation services Update: Restructuring of the CIS Programme Board and the CIS Operational group will set the direction of travel for the QI work in relation to Childrens Immunisations.	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Primary & Preventative Care
Transfer our referral system and EPR from Tiara to Morse and TrakCare within the Podiatry service Update: Involvement of staff in the development of tool was key, we were able to balance service planning demands and clinical demands.	To Deliver Value & Sustainability	1. Primary and Community Care	Primary & Preventative Care
Delivery of Care at Home /Commissioning: Maximise capacity and commission and deliver care at home to meet locality needs Update: Singled Handed Care working group continues. New processes in place for new financial year to monitor going forward	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
Digital / Scheduling: create a centre of excellence for scheduling across community services Update: Scheduling oversight group progressing digital solution. New processes in place for new financial year to monitor going forward.	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care Update: ToC Review concluded Jan 2024 and SBAR submitted to CCS QMAG set new direction of travel. Learning gained from Midlothian LA has enabled a refocus from the group.	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
Discharge without Delay: PPD goals in community hospitals; transforming roles / skill mix Update: Planned Day of Discharge Roadshows are in progress and on target for completion in April. Criteria-led discharge commenced as TOC in Community as part of Transformation workstream.	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
Home First: people of Fife will live long healthier lives at home or in a homely setting Update: Dashboard in progress for Home First reporting.	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
CAMHS will achieve full compliance with CAMHS and Psychological Therapies National data set and enhance systems to achieve compliance. Update: This work is continuing.	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery. Update: Currently the advertisement of vacancies is taking longer and therefore we are unable to reach full capacity.	To Improve Health and Wellbeing	3. Mental Health	Complex & Critical Care
CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard. Update: Caseload Management has been implemented in full. The Early Intervention Service continues to work to ensure children and young people achieve timely access to the right support. Currently advertisement of vacancies is taking longer therefore we are unable to reach full capacity.	To Improve Health and Wellbeing	3. Mental Health	Complex & Critical Care

Improve compliance with CAPTND dataset Update: 12a - Implementation date adjusted due to supplier being unable to deliver new system to meet original target date. Working closely with supplier to monitor progress towards revised date. 12b - EPR implemented.	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
Mental Health Services will have a robust data gathering and analysis system to allow for service planning and development Update: Digital & Improvement project is ongoing. MicroStrategy dashboard established for Inpatient bed usage to demonstrate real time demand and capacity. KPI's being developed across each service area. Work ongoing to identify the source data for the MHQIs, future work on MHQIs will reflect outcomes of national review of these measures. MH Core standards will be incorporated into the D&I programme.	To Deliver Value & Sustainability	3. Mental Health	Complex & Critical Care
Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people Update: This work is ongoing although taking time to embed learning from test of change and further changes throughout the service.	To Improve Health and Wellbeing	3. Mental Health	Complex & Critical Care
Refreshed Mental Health Strategy for Fife for 2023 - 2027 Update: The Mental Health Strategic Implementation Group (MHSIG) concluded the Participation and Engagement Phase of the strategy development plan with the production of the Mental Health Strategy Participation and Engagement Report. This follows an extensive engagement period in which over 1000 people took time to give their views to help us to shape the strategy. The Participation and Engagement Team used a range of methods to remove barriers to engagement and reach as many people as possible, including people from marginalised and often under-represented groups. Analysis has shown strong support for the strategic direction proposed. Minor changes will be made to the vision, mission and value statements to improve readability. The priorities received extremely high levels of support with between 92% and 96% of respondents agreeing with each of the four priorities. Thematic analysis of this feedback has enabled us to understand local challenges and opportunities, and paved the way for further discussion at the MHSIG around the actions we should take to meet local needs. This is now being taken forward by creating a delivery plan to support the strategy.	To Improve Health and Wellbeing	3. Mental Health	Complex & Critical Care
Reprovision of unscheduled care/crisis care provision for patients presenting out of hours with a mental health crisis Update: Benchmarking family engagement in progress; service partner evaluation exercise now launched; patient evaluation tool being formatted for issue to last 100 patients using the service; second phase of KPI development now commencing; service redesign workshops planned.	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
Develop, Enhance and re-invigorate Regional Networks Update: OMFS Weekend cover across network arrangement in place with rota between NHS Tayside and NHS Fife. CANCER Service demands in NHS Lothian have required removing specialty doctor from Fife oncology. This puts our service at risk and discussions continue as to how service can be supported. Likely to be resolved on recruitment in summer. VASCULAR Full regional working in place with NHS Fife consultants supporting Tayside on call rota. Locum post in NHS FIfe - in talks with Tayside to support a job plan for advertising substantive post. In place since January 2024 with no adverse events recorded. BREAST Waiting times continuing to fund regional work to minimise waits for patients - Funding confirmed for 2024/25	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care

Enhance Theatre efficiency Update: ERAS programme continues to be successful within selected specialties, including elective orthopaedics and GI. Cataract waiting times being managed with high volume dedicated lists. Ongoing monitoring of theatre utilisation and flexible use of any early finishes to support CEPOD demand.	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care
Maximising Scheduled Care capacity Update: SURGICAL BACKLOG Being monitored through waiting times and Scheduled Care meetings. Paper to SG highlighting deteriorating list number in 24/25 BADS Increasing utilisation of QMH with successful relocation of some ENT work	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care
Expanding Endoscopy capacity and workforce Update: RCDS Implementing test of change for colorectal	To Improve the Quality of Health and Care Services	5. Cancer Care	Planned Care
Adoption of the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times Update: Review of cancer pathways continues as ongoing BAU. GP audit of referrals carried out on prostate patients. ACRT and PIR continues to be rolled out across NHS Fife where USC referrals are not a suspected cancer. MDT TORs, where appropriate have been updated. Funding requires to be sought for a replacement digital tracking solution.	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
Cancer patients will be signposted to third sector cancer services and embedded in cancer pathways Update: Cancer pateints are signposted to Maggies and Macmillan ICJ. Meetings ongoing with eHNA team. 75% of all referrals into ICJ come from our CNSs and RCDS. This will continue into 2024-25.	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
Implementation of cancer priorities and development of the delivery plan as outlined in the Cancer Framework to support delivery of Recovery and Redesign: An Action Plan for Cancer Services. Update: Progress Report done for 2023-24. To circulate around governance groups. Now reviewing actions for 2024-25 which will be reflected in updated ADP for 2024-25.	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
Scope the Psychological Therapies Support Framework into cancer services Update: The SCAN regional group has been established. A psychological self assessment form is now open - for distribution. Work on this will contnue into 2024-25.	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT&US) Update: Key achievements include: Delivery of additional CT activity to maintain 2 week urgent/USOC waiting time target and to reduce the number of patients waiting longer than 6 weeks for CT imaging. Colloborative work resulting in optimisation of cancer pathways. Focussed work on longest waits for Ultrasound. Focussed work on DNA to avoid waste. Challenges: Increasing demand for in-patient and ED CT imaging resulting in limited additional OP CT activity. Increase in demand for complex CT imaging and CT guided biopsy requiring longer appointmkent times. National approach to CT and MRI equipment development/procurement, await outcomes from national procurement to guide NHS Fiife plan.	To Deliver Value & Sustainability	5. Cancer Care	Women, Children & Clinical Services

Carers will have access to information where and when they want, that helps them to manage their caring role. Update: A dedicated worker has been funded to enhance the awareness raising programme this is currently being advertised. A dedicated carers page has been created within the new H&SCP website and also funding has been allocated to FVA to support a wider dedicated site. The carers experience survey was created and went live in March 2024 and will close for submissions at the end of April 2024. Initial reporting will be made in June 2024.		6. Health Inequalities	Business Enabling
Carers will have support to coordinate their caring role, including help to navigate the health and social care systems as they start their caring role. Update: All elements are either completed or on-track. Several are not due until 2026.		6. Health Inequalities	Business Enabling
Developing the skills of practitioners and professionals to identify and support carers at the earliest possible point in time Update: FIF-BUSE-07a and FIF-BUSE-07g are being reviewed as part of prioritisation across the Partnership and therefore there is a risk that these milestones will be delayed. The skills gaps (FIF-BUSE-07c) have been identified and options to mitigate these have been put in place. Social Work Assistants will be undertaking Good Conversation training during the spring of 2024 and subsequently Adult Carer Support Planning training. Once these skills development opportunities have been completed we expect the team will take a proactive approach to identifying unpaid carers. The review of the eligibility criteria (FIF-BUSE-07h) for carers will be undertake as part of the wider review by the Principal Social Worker.		6. Health Inequalities	Business Enabling
Ensuring young carers in Fife feel they have the right support at the right time in the right place to balance their life as a child/teenager alongside their caring role Update: Outcome FIF-BUSE-08e has been delayed until later in the plan and subject to additional resources being available.		6. Health Inequalities	Business Enabling
We will help carers to take a break from caring when, where and how they want to, so they are rested and able to continue in their caring role Update: The Short Breaks Service Statement will be published later in 2024 and only following engagement of unpaid carers and commissioned carer services providers.		6. Health Inequalities	Business Enabling
Fife Mental Health Service will work alongside partners in acute services, primary care services and third sector agencies to ensure robust and equitable pathways of care are in place for those in police custody and for those transferring into the community from prison. Update: 14c Reviewed - Systems not compatible for integration. 14d Meeting date in planning stage led by Sheriff. 14e Sessions commenced - last session delivery planned for 2 May 2024	To Improve the Quality of Health and Care Services	6. Health Inequalities	Complex & Critical Care
Medicines Efficiency. Design and support delivery of medicines efficiency work to ensure optimal use of medicines budgets Update: Planning for 24/25 delivery in both the board and HSCP is a crucial component of the Reform, Perform, Transform agenda delivering financial balance in the board. Planning is on track and will be closely monitored with significant support and oversight across the organisation	To Deliver Value & Sustainability	6. Health Inequalities	Pharmacy & Medicines

Improve access for patients and carers through improved communication regarding transport options Update: An SBAR has been taken to EDG. A member of SEStran will be carrying out a mapping exercise which will involve reviewing the data.	To Improve Health and Wellbeing	6. Health Inequalities	Primary & Preventative Care
Work with the Chief Executive of NHS Fife to establish NHS Fife as an Anchor Institution in order to use our influence, spend, employment practices to address inequalities. Update: Anchor Institution Strategic Framework was submitted to SG early November in draft form to allow for internal assurance processes. It was approved by NHS Fife Board Jan 2024. Anchor work continues to align with relevant corporate objectives and with NHS Fife Population Health and Wellbeing Strategy. Anchor work has aligned with MTP and recovery drivers, updates have been provided. Baseline Anchor metrics have been requested and submitted to SG 29/03/2024. Anchor Institution Programme Board reviewed the metrics prior to submission. Internal assurance processes will follow. Anchor links continue to be developed and strengthened with partners and third sector agencies.	To Improve Health and Wellbeing	6. Health Inequalities	Public Health
Develop a Nursing and Midwifery Strategic Framework 2023 - 25; establishment of shared governance model Framework based on CNO and NHS Fife priorities, Recover to Rebuild, Courage of Compassion, Three Horizon Model Update: Shared Governance model developed; First meeting of Professional Leadership Council (PLC) on 29/04/24. Paper will be taken to EDG and SLTs after this meeting when PLC will have agreed implementation plan. 4 Councils will feed into PLC: Quality; Patient and Staff Experience; Newly Qualified Practitioner and Advanced and Specialist Practice Councils. Draft of framework being updated to reference Re-Form, Transform, Perform Programme and demand modelling.	To Improve the Quality of Health and Care Services	8. Workforce	Nursing Directorate
7 Day Pharmacy Provision. This will focus on provision of clinical and supply services across hospital care settings, reviewing the current position and additional need Update: Implementation date revised to June 2024. Engagement with staff continues with adjustments made to model reflecting change in working week from Apr 24 and the views expressed by staff during consultation	To Improve the Quality of Health and Care Services	8. Workforce	Pharmacy & Medicines

Education reform for Pharmacy Facilitate local implementation and delivery of revised NES programmes, and more broadly support the development of Pharmacy staff to deliver a modern, patient focussed pharmacy service, across NHS Fife. Pharmacists - this includes foundation training programmes and embedding the advanced practice framework Developing Pharmacy and Support workers through accredited courses and modules. Collaborative working across the East Region to support simulation training for post graduate foundation trainees Support for undergraduate experiential learning is also being developed to enhance the quality of education at that level Work is also ongoing to develop clinical skills and leadership across all roles and increase research capability across the professions Update: E&T team have a draft delivery plan, and awaiting confirmation of links with revised directorate strategic plan before commencing engagement. Board now has sufficient work based assessors to meet educational requirements. Survey of those who have engaged with the core advanced framework - seven known to be collating evidence currently with one to submit. Directors of Pharmacy have released a statement clarifying endorsement of the curriculum - local work will focus on supporting pharmacists to develop in line with the four pillars of practice. DPPs identified for those starting IPs at this time. Plan to grow group will be developed - currently seven in the system	To Improve Staff Experience and Wellbeing	8. Workforce	Pharmacy & Medicines
Pre Registration Trainee Pharmacy Technicians (PTPT) The development of a pipeline of Pharmacy Technicians is crucial to the sustainability of Pharmacy services and in providing optimal care. Scottish Government funding for this pipeline was withdrawn in Autumn 2022, meaning a local solution is required to cover intakes from April 2023 onwards Update: Recruitment plan was agreed, with an exercise undertaken in March 2024. Plans have been amended in light of financial position to ensure pipeline posts are available.	To Improve Staff Experience and Wellbeing	8. Workforce	Pharmacy & Medicines
Delivering Anchor Institution workforce aims - Promoting employability priorities Update: EDG paper in respect of Work-03e has been prepared, probably later in April before finalised and submitted.	To Improve Staff Experience and Wellbeing	8. Workforce	Workforce
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025 Update: Some metrics and evaluation measures in place and sickness absence trajectory for 2024/2025 to achieve 6.5% by 31/03/2025 has been agreed.	To Improve Staff Experience and Wellbeing	8. Workforce	Workforce
Delivery of the eRostering Implementation Programme in conjunction with Digital & Information. Update: Given current status of programme I think this being green is generous.	To Improve Staff Experience and Wellbeing	8. Workforce	Workforce
Development and implementation of the NHS Fife Workforce Plan for 2022-2025 Update: No national update on Workforce Projections for 2024/2025 as yet.	To Improve Staff Experience and Wellbeing	8. Workforce	Workforce
Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Safe Staffing and eRostering Programmes Update: Linked to service transformation activity. Modelling and support being provided for RTP Programme.	To Deliver Value & Sustainability	8. Workforce	Workforce

Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support Update: OH transformation activity will commence after initial Workforce Directorate redesign has been progressed further.	To Improve Health and Wellbeing	8. Workforce	Workforce
Complete NHS Fife's Phase 2 M365 Programme Update: Local Phase 2 now complete. National work continues in securing the tenancy and thus being able to adopt wider M365 products.	To Deliver Value & Sustainability	9. Digital	Digital & Information
Continued development of digital front door for patients Update: Many items complete. NHS Fife has ceased the use of the Pre-Op tool and alternatives being progressed. Limited movement on the Digital Front Door National Programme	To Improve the Quality of Health and Care Services	9. Digital	Digital & Information
Delivery of ICO and NISD Audit Improvement Plans Architecture and Resilience Developments Update: Work continues with the implementation of ICO and NISD audits	To Deliver Value & Sustainability	9. Digital	Digital & Information
Local - Implement Paperlite / Electronic Patient Record Update: E.H.R. being reprofiled as part of RTP consideration.	To Improve the Quality of Health and Care Services	9. Digital	Digital & Information
Local - Records Management Plan Implementation Update: Establishment of plan and approach complete. Implementation will continue throught 2024-25	To Deliver Value & Sustainability	9. Digital	Digital & Information
National - GP IT Reprovisioning - GP Sustainability Update: Completion of the RFP Process is complete. The National Programme is reporting as Red, due to delays in ability to migrate data to new system	To Deliver Value & Sustainability	9. Digital	Digital & Information
Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant Update: Preparatory work is in place including formulary review. Board awaiting publication of Scot Gov guideline	To Improve the Quality of Health and Care Services	10. Climate	Pharmacy & Medicines
Work with partners to increase efforts to reduce the impact of climate change on our population Update: Discussions on place and wellbeing indicators and evidence review to monitor and evaluate LDP progress. To take plans forward a review has been initiated.	To Improve Health and Wellbeing	10. Climate	Public Health
Bed Base: reduce the dependency on inpatient rehabilitation and deliver it at home or in a homely setting Update: Approval has been obtained from IJB to progress with bed base remodel . Project go live commenced .	To Improve the Quality of Health and Care Services		Community Care
Continue to develop focus on Business Partner Model to improve business performance and decision making support Update: Recruitment is currently active and there are plans to recruit to a number of posts in coming months. Financial Reporting continues to develop and evolve particularly in the current financial climate with the need for new and detailed data emerging. This improvement work is ongoing and will respond to the needs of the organisation. Learning and development continues to be encouraged with regular team briefings, opportunities are being provided to staff to become involved in varying pieces of work and take on new responsibilities where appropriate.	To Deliver Value & Sustainability		Finance

Review Opportunities to contribute to the success of the SPRA process and FIS board to secure value and sustainability Update: Medium Term financial plan for 2024/25 complete in Quarter 1. Forecasting techniques continue to be developed although there continues to be work to be taken forward. The RPT framework has superseded a number of the deliverables in this category with finance staff being involved with numerous pieces of work to support the programme.	To Deliver Value & Sustainability		Finance
Delivery of year one of the QI Network Update: Impact report presented to Clinical Governance and Oversight Group. Training review will commence Spring 2024.Plans for QI event may be linked to development of the Organisational Learning Network.	To Improve the Quality of Health and Care Services		Planning & Performance
Supporting implementation of the Population Health & Wellbeing Strategy Update: The annual report is being developed. It is likely that this will be presented to the July Board for sign off (rather than the May Board).	ALL		Planning & Performance
Ensuring the most effective and appropriate use of Medical Devices Update: A lead manager has been identified for medical devices and discussions ongoing with NHS FV about professional support and advice. Milestone extended to reflect programme of work required to deliver equipment maintenance improvements.	To Deliver Value & Sustainability		Property & Asset Management
Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines Update: Continue to support HRPM Patient Safety Programme from PH and evaluation perspective. Programme scope has changed due to organisational financial challenges - awaiting feedback on potential implications for involvement in Programme going forward.	To Improve Health and Wellbeing		Public Health
Deliver an effective health protection function, including in and out of hours duty cover to prevent and respond to communicable disease prevention. Update: Regional HPT service established and working	To Improve the Quality of Health and Care Services		Public Health
Ensure effective coordination and governance for adult screening programmes in Fife Update: 1. Leadership of screening programmes is on track through: chairing of committee and governance meetings where the delivery of screening programmes are reviewed and key performance indicators scrutinised. 2. Work is ongoing on this milestone. 3. All Adult Screening Programmes have recovered from the Covid-19 backlog. 4. This would be integrated into the screening inequalities action plan. 5. NHS Fife Screening Inequalities Action Plan was approved in December 2023 and will be delivered in phases over the next five years. 6. The Public Health Screening Team continues to investigate screening incidents, sometimes alongside the National Screening Team. The National Cervical Exclusion Audit in Fife commenced in April 2023. Almost all general practices have commenced the evidence retrieval and upload. The Board Audit Team is in place and the clinical review of records has commenced.	To Improve Health and Wellbeing		Public Health
Pandemic Preparedness: Critical to major incident levels Update: NHS Fifes Incident Management Frameworks (IMF) planning includes Public Health Incident escalation/incident levels and action cards for incident management (including biohazard) - IMF this was ratified in June 2023. However pandemic planning SLWG in NHS Fife is awaiting revised national pandemic guidance from SG to aid review of existing plans. SLWG & TOR agreed - this is ongoing so will change milestone to March 25.	To Improve the Quality of Health and Care Services		Public Health

Support the implementation of the Food 4 Fife Strategy and associated action plan as part of ambition to make Fife a sustainable food place Update: Food 4 Fife Strategy should be approved by Fife Council in April 2024. Action Plans to be agreed in May 2024. PHP6 event held in September 2023, since then working group to develop action plans for PHP6 meeting regularly.	To Improve Health and Wellbeing		Public Health
Delivery of Clinical Governance Strategic Framework - Risk Management Framework Update: The key achievement between Oct 2023 and end of Mar 2024, has been the implementation of our updated Risk Management Framework, supporting the continuing development of our risk management approach to enable us to deliver on our strategic priorities, and further strengthening our organisational risk maturity. A Board Development Session took place on the 8th April 2024 to review the Risk Appetite.	To Improve the Quality of Health and Care Services		Quality & Care Governance
Development of a delivery plan to embed and deliver the Realistic Medicine Programme in NHS Fife Update: The communications plan has been developed and shared which details activities that include the shared decision-making model on Turas. There is also a Sway version available. Continuing to work closely with the Communications Team to refresh the Communications plan and looking at a desktop campaign to signpost to the intranet site and provide the link to Turas. Also working on a survey for patients to find out what they understand about Realistic Medicine, what more information do they require. This will feed into a focus group discussion with patients. Working with the Health and Social Care Partnership (HSCP) and taking to the SLT, Senior Leadership Team, for their support to roll out Realistic Medicine within the HSCP. Workshops are being planned with the Extended Leadership Team (ELT) of around sixty people. Work being done to embed QR code with BRAN Questions (Questions that matter) to patient letters. Supporting local teams at the Planned Care Programme Board to embed Realistic Medicine in pathways. A Governance workshop was organised with representation from Scottish Government, Health and Social Care Partnership and Senior Leadership at NHS Fife in which benefits of Atlas of Variation was highlighted and discussed.	To Deliver Value & Sustainability		Quality & Care Governance
Development of Medical Education Strategic Framework Update: Key achievement between October 2023 - March 2024 is that the estate work is underway on the Cameron site. This will be an education hub for the current University of St Andrews students on the BSc course and will see the students from the upcoming ScotCOM programme attend. The project should be complete for academic year 2024-2025.	To Improve the Quality of Health and Care Services		Quality & Care Governance
Development of the strategic plan to deliver teaching Health Board Status in partnership with the University of St Andrews Update: This continues to progress with input from NHS Fife's Board Secretary and the School of Medicine Manager.	To Improve Staff Experience and Wellbeing		Quality & Care Governance
Medical Workforce Recruitment and Retention Strategic Framework Update: Scoping work underway.	To Improve Staff Experience and Wellbeing		Quality & Care Governance

Purple - Suspended/ Cancelled			
Deliverable - Q4 Update	**NHS Strategic Priority**	**Recovery Driver**	**Dir/Div**
Kincardine and Lochgelly Health Centres Update: Capital spend suspended .	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Public Health
Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/Clinical Research Facility with University of St Andrews Update: FIF-RIK-03 was still suspended in Q4 although there is movement now. The landscape changed for this deliverable and was dependent on receiving information from other sources, which were rate-limiting.	To Improve the Quality of Health and Care Services	6. Health Inequalities	Research Innovation & Knowledge
Local - Medicines Automation - Multi Phases (Query if contained in Pharmacy SPRA?) Update: Pharmacy Milestone	To Deliver Value & Sustainability	9. Digital	Digital & Information
National & Local Priority - Hospital Electronic Prescribing and Medicines Administration (HEPMA) Update: Pharmacy Milestone	To Improve the Quality of Health and Care Services	9. Digital	Digital & Information

Blue - Complete/ Target met

Deliverable - Q4 Update	NHS Strategic Priority	Recovery Driver	Dir/Div
Implementation of the Pharmacotherapy Service, a component of the GMS Contract and a core part of Pharmacy Service development. Update: Recruitment plans are in place, following close partnership working with colleagues in the HSCP and finance. The team continue to deliver the service to all practices and developmental plans are in place through established BAU structures.	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Pharmacy & Medicines
Serial Prescribing Increasing the level of serial prescribing, as a component of the Medicines Care and Review service Update: The board has made significant progress on serial prescribing uptake and is in a strong position. BAU structures are in place.	To Improve the Quality of Health and Care Services	1. Primary and Community Care	Pharmacy & Medicines
Development of staff working within the orthopaedics NTC Update: Funding to support training and development is key.	To Deliver Value & Sustainability	1. Primary and Community Care	Primary & Preventative Care
Develop Strategic vision across all of Primary Care Update: The Primary Care Strategy has been fully completed and all the work has been signed off by IJB.	To Deliver Value & Sustainability	1. Primary and Community Care	Primary & Preventative Care
Enhance integration and collaboration with Hospital at Home and Community Nursing Services Update: Pathways of referral between H@H, Community Nursing and specialist services have been reviewed to improve timely referrals and remove the requirement for GP referral. This has allowed direct referrals to be made amongst services which has demonstrated improved care for patients in the community and prevented admissions. In addition, weekly huddles involving representation from H@H, Community Nursing, and Specialist Services take place to discuss patients of concern to ensure the relevant services can review quickly and prevent unnecessary or delayed care. Training for Community Nursing has started to be rolled out across all seven Fife localities, utilising a train-the-trainer approach following a successful Test of Change in the South West Locality. This has resulted in Community Nursing staff now taking referrals for IV Abx from H@H to help prevent H@H reaching capacity. This will continue to grow as more staff are trained across Fife.	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Community Care
Develop a workforce and delivery model that is financially sustainable Update: Management of service transitioned to Acute Services Division in January. Following successful transition the team have embedded within the service. Future plans of service improvement to be scoped.	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Urgent & Unscheduled Care
Develop data metrics and KPIs that assure and promote confidence in the effectiveness of the FNC Update: Management of service transitioned to Acute Services Division in January. Following successful transition the team have embedded within the service. Future plans of service improvement to be scoped.	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Urgent & Unscheduled Care
Improve existing pathways and develop new pathways that ensure patients receive the right care at the right time Update: Management of service transitioned to Acute Services Division in January. Following successful transition the team have embedded within the service. Future plans of service improvement to be scoped.	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Urgent & Unscheduled Care
Improve scheduling processes within FNC increasing the use of Near Me where appropriate and further utilise the Rapid Triage Unit (RTU) as a means of scheduling patients. Update: Management of service transitioned to Acute Services Division in January. Following successful transition the team have embedded within the service. Future plans of service improvement to be scoped.	To Improve the Quality of Health and Care Services	2. Urgent and Unscheduled Care	Urgent & Unscheduled Care

Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway. Update: Review of service need / business case completed and escalated via QMAG March/April.	To Improve the Quality of Health and Care Services	3. Mental Health	Complex & Critical Care
Mental Health strategy (Medical Director) Update: Completed during Q3 with update	To Improve Health and Wellbeing	3. Mental Health	Property & Asset Management
Operationalise NTC Update: This has not been discussed and would require input from Radiology services Orthopaedic strategy for 2024-2026 will be reviewing all Orthopaedic pathways. Some aspects of the knee and hip pathways were identified at the recent Orthopaedic peer review	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care
Review and redesign Outpatient capacity to maximise capacity and timely access Update: ENT Access QI project delivered and team from NHS Fife presented to national group as part of the completion.	To Improve the Quality of Health and Care Services	4. Planned Care	Planned Care
Embedding potential alternatives for treatment Update: TOC spread paper to go to IPCB next meeting requesting that all specialities embed learning from Ortho. We will continue to monitor data and explore the potential of proactive outreach with HSCP colleagues in CLS however this is dependent on resource availability.	To Improve the Quality of Health and Care Services	4. Planned Care	Scheduled Care
Implement robust ACRT processes Update: FIF-SCHED-01C original 11 services mapped, 5 additional services now included in scope and process mapping also complete for these. FIF-SCHED-01d review of outcomes and communications undertaken and ACRT rolled out in 7 prioritised specialties with work in final stages for remaining 4. Review of other condition specific pathways being encouraged for all specialties. Engagement with one prioritised specialty still challenged although some consensus has been reached on which conditions to develop.	To Improve the Quality of Health and Care Services	4. Planned Care	Scheduled Care
Implement robust PIR processes Update: FIF-SCHED-02C initial 11 prioritised services mapped. 5 new services included with scoping near completion. FIF-SCHED-02d PIR implemented for condition specific pathways in dermatology, general surgery, rheumatology, ENT, urology and orthopaedics.	To Improve the Quality of Health and Care Services	4. Planned Care	Scheduled Care
Validation of waiting lists for patients waiting over 52 weeks including engagement with the National Elective Co-ordination Unit (NECU) to support validation Update: All Actions complete for this year	To Improve the Quality of Health and Care Services	4. Planned Care	Scheduled Care
Continued roll out of RCDSs Update: Adopted by NHS Fife as Business as Usual.	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
Embed referral, where clinically appropriate, to Maggie's rehabilitation service and use of national prehabilitation website in cancer pathways Update: Completed in Q1	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
Engagement and support in the National Oncology Transformation Programme Update: Associate Director of Risk and Professional Standards attends national meetings and takes forward any actions identified.	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance

Implementation of a Single Point of Contact Service for cancer patients Update: SBAR and report taken to Cancer Governance and Strategy Group on 11/01/14.	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
Implementation of Cancer Framework in NHS Fife to support delivery of Recovery and Redesign: An Action Plan for Cancer Services. Update: Cancer Framework launched.	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
To ensure routine adherence to optimal diagnostic pathways Update: Baseline measures compared to assess improvement in the optimal lung cancer pathway.	To Improve the Quality of Health and Care Services	5. Cancer Care	Quality & Care Governance
A sustained lived/living experience panel (including family members) with coproduction approaches in place for the development of ADP strategy, policy and service development. Representation of those with alcohol and drug lived and living experience in other forums beyond alcohol and drug strategic groups and services Update: The Lived Experience Panel project has completed four of its milestones within the year. The panel continued to meet and has a sustained membership contributing to the MAT Standards Implementation plan and the review of residential rehabilitation. Members of the LEP have also been successful in its application for carers' chest funding. An initial review has been done and the formal review of progress of the panel's supported service SRC is due at the end of April in line with all the contracted and commissioned services.		6. Health Inequalities	Business Enabling
More ‘one stop shop’ drop-ins in the heart of communities where the prevalence/need is high and access to support and treatment is low A visible one stop shops/approach in Cowdenbeath and Kirkcaldy Update: The One Stop Shop (KY Clubs) have been established in Cowdenbeath and Kirkcaldy locality and have regular attendance from people in the community experiencing substance use. The SLWG responsible for the establishments of the groups have continued a support and oversight role and have met regularly to adapt the delivery and the model as required by lived/living experience and/or stakeholders. The one stop shops will be maintained but additional similar models will be explored within these localities and into other localities where there is a clear and supported need from the community and from the evidence.		6. Health Inequalities	Business Enabling
The Medication Assisted Treatment Standards fully implemented in the ADP system of care as measured by processes, numerical and experiential measures. National Treatment in Target Measure met and sustained Update: The MAT Standard Implementation Plan for 2023/24 is now completed with all milestones achieved on time within the year. Fife ADP has submitted all evidence needed by PHS to demonstrate their progress and RAGB scores and assessed progress will be forwarded on 1st May 2024. The MAT Standards Implementation Plan for 2024/25 in now in development using numerical and experiential evidence as its basis.		6. Health Inequalities	Business Enabling
High-Risk Pain Medicines Programme Establish a whole system approach to address the issue of High-Risk Medicines prescribing (as an element of Drug related deaths) across Fife Update: Outputs for year 2 have been completed. Planning for 24/25 approach has been revised and gone through governance groups. The programme will develop its governance into a medicines stewardship group, in a BAU function, reporting via medicines safety and policy routes, linking with work on prevention and early intervention in the HSCP	To Improve Health and Wellbeing	6. Health Inequalities	Pharmacy & Medicines

Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy Update: An action plan has been developed with ADP colleagues to implement changes associated with learning from multi-disciplinary drug death and drug related death report. A needs assessment was completed and shared with ADP colleagues. Information an alcohol related harm and availability was presented to Licensing Board and included in response to Licensing Consultation. The review of alcohol-specific deaths was completed, and findings disseminated. Throughout year public health have supported ADP with expert advice and have continued to advocate for prevention and early intervention.	To Improve Health and Wellbeing	6. Health Inequalities	Public Health
Palliative care redesign More people in Fife will have the choice of where to die and receive specialist care Update: The Director of Heath and Social care issued a Direction to NHS Fife on 26th May 2023 to permanently implement the re-provision of Palliative Care in Fife. The enhanced outreach model has resulted in greatly improved service performance and corresponding improvement in patient and carer experience, particularly in the community. Fife's model is regularly held up as an exemplar of innovative practice across Scotland and beyond.	To Improve the Quality of Health and Care Services	7. Innovation Adoption	Community Care
Approach to work with Accelerated National Innovation Adoption (ANIA) partners (coordinated by Centre for Sustainable Delivery (CfSD)) to adopt and scale all approved innovations coming through the ANIA pipeline. Update: IDA meeting papers and information received from HISES Member, Professor Tim Walsh. Meetings with CfSD about pipeline work have been attended and noted.	To Deliver Value & Sustainability	7. Innovation Adoption	Research Innovation & Knowledge
Collaboration with a range of national organisations aiming to reduce the barriers to national innovation adoption. Update: CSO Innovation meetings have changed frequency to once every 2 months. HISES, CfSD and CSO Innovation meetings have all been attended by members of Fife Innovation.	To Deliver Value & Sustainability	7. Innovation Adoption	Research Innovation & Knowledge
Increase NHS Fife Innovation Test Bed activity Update: Projects for progression to Phase 2 have been evaluated by the Evaluation Panel. A moderation meeting has been held to discuss scoring and determine the best projects to take forward. Phase 2 projects due to commence after contracting in June 2024.	To Improve the Quality of Health and Care Services	7. Innovation Adoption	Research Innovation & Knowledge
Implement Safe Staffing legislation; Preparation of the board to meet requirements of Health Care Staff enactment by April 2024 Update: Funding was secured to support workforce for next financial year which will enable a 0.2 WTE in PPD to underake a reduced programme of joint EiC and Healthcare Staffing Development sessions.	To Improve the Quality of Health and Care Services	8. Workforce	Nursing Directorate
Infection Prevention and Control support for Care Homes Annual Winter Preparedness training sessions SICPS training Referrals for IPC support via the HPT and Care Home Hub. Support have been given specifically with highlighted areas of improvement from recent Care Inspectorate inspections, and where requested by the care home managers. Update: All Actions complete for this year	To Improve the Quality of Health and Care Services	8. Workforce	Nursing Directorate
Support for Doctoral Training Program (DTP) Fellows Update: Completed during Q3 with update	To Improve the Quality of Health and Care Services	8. Workforce	Research Innovation & Knowledge

Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service Update: NHS Fife have recruited 94 nurses and 5 radiographers over the course of two financial years 22 / 23 and 23 / 24 with a further 5 to start on 26th March taking the total to 104 recruits, this has been an extremely successful campaign. There is no external or internal funded expected for any campaign in 2025 / 2026.	To Deliver Value & Sustainability	8. Workforce	Workforce
Create and Nurture a Culture of Person Centred Care Update: The very recent appointment of the Associate Director of Culture, Development & Wellbeing will bring a fresh perspective and the opportunity to review and revise the work to achieve the desired objectives.	To Improve Staff Experience and Wellbeing	8. Workforce	Workforce
Development of improved digital processes i.e. online pre-employment and management referrals programmes Update: This module is working well for all staff groups and gives clear visibility in terms of the candidate's journey on the OH clearance pathway. The exception is volunteers, given service concerns about IT use, so they are still using paper processes at the present.	To Improve Health and Wellbeing	8. Workforce	Workforce
Transformation of HR transactional activity enhancing the HR Operational delivery model through case management and manager support building on manager/employee self service Update: Engagement has taken place with staff side colleagues, key stakeholders and the teams directly affected and their feedback has informed the new structure. Delays have come into play due to the banding of two new posts critical for the new structure which are due to be banded and advertised in April 2024. The teams affected are transitioning into the new model from 1st April 2024 over the 2024 / 2025 financial year.	To Deliver Value & Sustainability	8. Workforce	Workforce
Core Infrastructure Replacements as per Capital Plans revised and submitted to FCIG Update: Completed in Q2	To Deliver Value & Sustainability	9. Digital	Digital & Information
Digital Enablement Workplan for patients and staff ITIL 4 Improvement Update: Items complete allowing ongoing implementation.	To Deliver Value & Sustainability	9. Digital	Digital & Information
Local - Accelerated support to capacity, flow and discharge planning activities Update: Initial Phase 1 actions complete	To Improve Staff Experience and Wellbeing	9. Digital	Digital & Information
National - CHI Update: All items completed, project complete	To Deliver Value & Sustainability	9. Digital	Digital & Information
National - LIMS Implementation Update: Phase 1 complete with remedial actions ongoing.	To Deliver Value & Sustainability	9. Digital	Digital & Information
To secure recurring baseline funding to cover the current additional Pay costs associated with operating the new capabilities and comply with increased levels of regulation and compliance Update: Completed in Q1	To Deliver Value & Sustainability	9. Digital	Digital & Information
To secure recurring baseline funding to cover the current operating Non Pay costs associated with NHS Fife's application support and maintenance funding. Update: Completed in Q2	To Deliver Value & Sustainability	9. Digital	Digital & Information

Set out a plan to reduce medical gas emissions through implementation of national guidance Update: Work to deliver a plan on Nitrous Oxide mitigation was completed in late 2024. This followed previous work to decommission manifolds and return remaining cylinders as part of a national initiative.	To Improve the Quality of Health and Care Services	10. Climate	Pharmacy & Medicines
Achievement of Waste Targets as set out in DL(2021) 38 Update: Completed during Q3 with update	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
Action plan for the National Green Theatres Programme Update: Completed during Q3 with update	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
Decarbonisation of Fleet in line with Targets Update: Completed during Q3 with update	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
Outline plans to implement an approved Environmental Management System. Update: Policy has been created following internal and external consultation. Policy group have had initial sight and review and sent back for amendments.	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
Reduction of Medical Gas Emissions through implementation of national guidance Update: Good progress with Medical gasses with all Nitrous Oxide Minifolds decomissioned, Desflourane removed from regular use and the Board approved the Annual limate Emergency Report in January 2024.	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources. Update: We have started to develop a series of quick wins and a programme of works. As part of the 2024/25 ADP, we will develop this further into a full programme which demonstrates alignment and commitment to 2030 emissions targets. We employed an energy manager who started in Feb 2024 and will be key in shaping this programme and emissions reduction targets.	To Deliver Value & Sustainability	10. Climate	Property & Asset Management
Develop and delivery annual Winter Comms Campaign Update: Winter communication campaign completed using a combition of national toolkits and material personalised for the population of Fife and to respond to localised ask or pressures. Campaign evaluation underway to help inform planning for winter 24/25.			Comms
Increase capacity within the team to deliver service improvement and meet growing service demand Update: The recruitment to a key vacancy was challenging but was ultimately successfully completed. In addition despite the recruitment concluding in Q3, workstreams were all progressed to support improvements within Financial Services processes.	To Deliver Value & Sustainability		Finance
Secure the appropriate capacity and capability across the team Update: The Procurement Department has achieved significant developments in the year, successfully filling all vacancies identified at the start of the year and developing a training programme to support the development across the team. This has then in turn improved the capabilities of the department to support the service needs to a higher level. Whilst effective reporting of the department has continued to be made through the Procurement Governance Board and to the Scottish Government.	To Deliver Value & Sustainability		Finance
Continue to deliver the Medical Certification of the Cause of Death (MCCD) service Update: Completed during Q2	To Improve the Quality of Health and Care Services		Nursing Directorate

Digital Solution for reporting Live Patient Experience (Complaint) data Update: Additional screens have been created f0r PET on the MicroStrategy page for complaints. Further education and training has been provided to Clinical and Nursing staff by HoPE and PET Leads. A training planner has been created to record and plan this training. Drop in sessions have also been planned over the next 3 months to deliver on the spot training to staff. All PET training material is being reviewed and updated. and initial discussion with PPDU have taken place regarding how best to plan and implement regular complaint training sessions.	To Improve the Quality of Health and Care Services		Nursing Directorate
Implement IPC Interim Strategy 2023-25 Update: Completed during Q2	To Improve the Quality of Health and Care Services		Nursing Directorate
Implement national Excellence in Care (EIC) objectives within NHS Fife In line with 3 Year strategy, embed in Fife by 2025. Update: All Actions complete for this year	To Improve the Quality of Health and Care Services		Nursing Directorate
Legal Services Department (LSD) role within the Board is to manage all clinical negligence, employers and public liability claims intimated against NHS Fife; Fatal Accident Inquiries in which NHS Fife is an involved and interested party and all other legal intimations and challenges which involve the organisation Update: All Actions complete for this year	To Improve the Quality of Health and Care Services		Nursing Directorate
Continue to develop and improve the Corporate Programme Management Office (PMO) to support service change across NHS Fife Update: All activities for 23/24 are complete. However there will be ongoing review of templates / documentation particularly as the team transition to support RTP.	To Deliver Value & Sustainability		Planning & Performance
Support delivery of SPRA (Strategic Planning and Resource Allocation) process aligning with the different levels of the strategic planning landscape in Fife Update: ADP was submitted to SG in March. Initial meeting with SG on 25 March but formal sign off has not yet been received. SPRA24/25 did not take place. ADP2 no longer required by SG therefore digital solution no longer required.	To Deliver Value & Sustainability		Planning & Performance
Development of a Minor Works capability Update: A full time Estates Officer is now in place undertaking Minor Works which has been very successful in reducing costs. Resource has been identified to carry out design work internally to improve efficiency.	To Deliver Value & Sustainability		Property & Asset Management
Ensuring a robust Primary Care Premises Strategy is in place Update: Completed during Q2	To Deliver Value & Sustainability		Property & Asset Management
Ensuring the necessary Health & Safety Resources are in place together with robust arrangements for mandatory training Update: Completed during Q2	To Improve Staff Experience and Wellbeing		Property & Asset Management
Reviewing the use of taxi contracts across the organisation Update: Completed during Q2	To Deliver Value & Sustainability		Property & Asset Management
Review of Staffing Profiles and Banding to ensure improved Recruitment & Retention and the creation appropriate Work Placements Update: Successful banding changes for catering staff and craftsmen which are being implemented within existing resources.	To Deliver Value & Sustainability		Property & Asset Management

Deliver an effective public health intelligence function to provide multifaceted high-quality intelligence that supports the portfolios of work within Public Health and supports the strategic development, policymaking, planning, delivery, and evaluation of services within NHS Fife and its partners. Update: Work was completed was in line with the objectives within the PH department workplan. Work was undertaken across all PH Priorities in 23/24 and used to highlight key issues and to inform decisions within NHS Fife and across partnership organisations.	To Deliver Value & Sustainability		Public Health
Ensure effective direction and governance for the delivery of immunisation programmes in Fife and provide assurance that the Fife population is protected from vaccine preventable disease Update: Area Immunisation Steering Group (AISG) met in December 2023 with focus on annual uptake data for teenage vaccination programmes (MenACWY, DTP, HPV), and in February 2024 with focus on selective vaccination programmes as per AISG workplan. Public Health led strategic review of childhood immunisation delivery in Fife was completed and presented to the Community Immunisation Service programme board in October 23. Ongoing public health support for the Immunisation Quality Matters Assurance Group chaired by HSCP. Public health led lessons learned event held in February 24 regarding implementation of the Winter 23 Flu & COVID vaccination programme.	To Improve Health and Wellbeing		Public Health
Joint work with NHS Lothian, Forth Valley and Borders to implement an East Regional Health Protection service. Update: East Region Health Protection Team went live December 2023, with all leadership roles in place. This follows development of service models, and with ongoing tabletop exercises/CPD to ensure all aspects are working well. Systems are in place for ongoing service evaluation and development now the regional service is live.	To Improve the Quality of Health and Care Services		Public Health
Updating of Business Continuity plans since the COVID response, with staffing playing a key role and incorporating a scenario planning exercise. Update: FIF-PH-17a : BC plan testing is now agreed as a rolling programme across NHS Fife & quality improvement actions are recorded into datix with plan owners. Every plan will be tested as set out in BCMS SOP which was ratified 18/1/24 by EDG. Further work is being undertaken following internal audit b13/23 feedback to embed new BC assurance systems & proactive systems reports are being send to general /service managers monthly and plan owners to give advanced notice & time needed for BC plans to be updated.	To Improve the Quality of Health and Care Services		Public Health
Delivery of Clinical Governance Strategic Framework - Adverse Events Update: Review of action module will resume on completion of improvement work on aspects of review process.	To Improve the Quality of Health and Care Services		Quality & Care Governance
Delivery of Clinical Governance Strategic Framework Update: 2023/24 workplan complete.	To Improve the Quality of Health and Care Services		Quality & Care Governance

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**12 July 2024**
Title:	**Clinical Governance Strategic Framework Delivery Plan 2024/25**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Author:	**Gemma Couser, 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
- NHS Fife Board Strategic Priorities
    - To Improve Health & Wellbeing
    - To improve Staff Experience and Wellbeing
    - To Improve Quality of Health & Care Services
    - To Deliver Value and Sustainability

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 2024/25

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 develop a workplan to sit alongside the Framework.

2.3 Assessment

Annual Delivery Plan

Appendix 1 sets out the Annual Delivery Plan for 2024/2025. The Clinical Governance Oversight Group provide oversight of this delivery plan. The delivery plan will be refreshed for 2025/26.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		x		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & 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 workplan has been developed through:

- Discussion with Executive Leads
- Feedback from key stakeholders

2.3.8 Route to the Meeting

Clinical Governance Oversight Group, 18 June 2024

2.4 Recommendation

- Members are asked to take a **"moderate"** level of **assurance**

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Clinical Governance Strategic Framework Delivery Plan 2024/25

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

Clinical Governance Strategic Framework Annual Delivery Plan 2024/2025

- 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 2024/2025 is set out below:

		Workstream	Description/ Objectives	Lead(s)	Timescale	Update/Status
Our Values: Care and Compassion Dignity and Respect Quality and Teamwork Openness, Honesty and Responsibility	1.1	Organisational Learning	Establish an approach for the complex and adaptive challenge of organisational learning including sharing of learning and quality improvement activities	Associate Director for Quality and Clinical Governance (Q&CG) and Director of Nursing (Corporate) and Deputy Medical Director	Mar 25	Leadership group to meet monthly until September Delivery plan in draft
	1.2	Safety and Just Culture	Develop a programme of work to ensure that staff are supported to engage in a safe, open and transparent way with clinical governance activities	Lead for Adverse Events	Jun 24	Staff support following an Adverse Event pathway was piloted in 3 areas across the organisation in late 2023. The feedback from the pilot is now being collated and considered by the SLWG with a view to the roll out of the pathway across the organisation by June 2024
Clinical Governance Activities	2.1	Deteriorating Patient Improvement Programme	Programme of work to reduce cardiac arrests by improved identification, communication and escalation of deteriorating patients in line with SIGN 167. : • Education and Training • Digital and Information Systems to improve patient	Deteriorating Patient Clinical Lead, Associate Director of Q&CG and Clinical Effectiveness Manager – with leadership from across operational division and Resuscitation lead	Mar 25	Project group established with review of governance structure underway. Programme supported by the Portfolio Manager with the lead for Quality Improvement

			care • Supporting improvements in practice			
	2.2	Adverse Events Policy and Procedure	Review of the Adverse Events Trigger List and associated level of incident review	Lead for Adverse Events	Jun 24	Project plan developed to be presented to CGOG June 24
	2.3	A focus on human factors	Implementation of a human factors approach to incident investigation	Lead for Adverse Events	Mar 25	
	2.4	Duty of Candour Process Review	Review of Duty of Candour process to ensure consistency in application and appropriate alignment to Adverse Event process	Associate Director for Q&CG and Lead for Adverse Events	Jul 24	Draft process presented to CGOG in 2023
	2.4	Policy and Procedures	Full review of the management and governance of policy and procedures across the organisation (with links to Inphase in view of the quality management system functionality for document control) Development of framework setting out the organisational policy and process for oversight and governance of policy/procedure	Clinical Effectiveness Manager	Dec 24	
	2.5	Medicines Safety Programmes	Ensure NHS Fife has a programme of continued improvement with medicines safety, including learning from incidents, quality improvement for high risk medicines and education improvements, ensuring safe and effective prescribing.	Director of Pharmacy Deputy Director of Pharmacy Lead Pharmacist Medicines Safety	Oct 24	The Safe Use of Medicines Group has evolved into the Medicines Safety and Policy Group, with a revised ToR and membership. A Medicines Safety Programme is underway, initial areas of priority are Diabetes medicines, Sodium Valproate, Lithium, Anticoagulants and High Risk Pain Medicines.
Enablers	3.1	Datix Replacement	A national tender has identified Inphase as the preferred system to replace Datix. It is likely that this	Associate Director for Risk and Professional Standards	Mar 25	Work has not yet commenced

			system will be progressed and will provide wider benefits due to the quality management system functionality available			
	3.2	NEWS2	NEWS2 rollout is being led by D&I supported by Deteriorating Patient Clinical Lead, Deteriorating Patient Resuscitation Lead, to be implemented within the next 12 months. There is a requirement to support this work through a clinical Reference Group	Associate Director Q&CG, Head of Programmes for D&I and Deteriorating Patient Clinical Lead	Mar 25	Project structure currently being developed
	3.3	Planning for Clinical Governance Strategic Framework Refresh	Engaging with the organisation to refresh the framework Explore with key leaders the scope for development of a Quality Framework, building on the Quality Network, to complement the framework	Associate Director Q&CG	Mar 25	

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**12 July 2024**
Title:	**Integrated Performance & Quality Report**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Susan Fraser, Associate Director of Planning and Performance**

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred
- NHS Board Strategic Priorities:
  - To Improve Health & Wellbeing
  - To Improve Quality of Health & Care Services
  - To Improve Staff Experience & Wellbeing
  - To Deliver Value & Sustainability

2 Report summary

2.1 Situation

This report informs the Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key health and wellbeing 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 2024, although there are some measures with a significant time lag and two which are available up to the end of May 2024.

The purpose of the IPQR is to support the overall assurance information system of the Board (reference section C of the Blueprint for Good Governance) in respect of

performance management against targets and statutory measures. Data for improvement will not be considered within the IPQR and will form part of the emerging transformation portfolio in support of RTP and reported accordingly.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly. This is the first report in approved new format with content to be reviewed continually throughout 2024/25.

Production of different extracts of the IPQR for each Governance Committee will continue. The split enables more efficient scrutiny of the performance areas relevant to each committee and service commentary will continue to be collated bi-monthly during 2024/25, to align with report produced for Committees. Services will be asked to highlight achievements and ongoing actions relating to RTP/ADP, evaluating impact on stated outcomes, as well as any associated risks and challenges.

Reports which are not prepared for Governance Committees are data only and contain neither data analysis nor service commentary. This report is distributed to NHS Board following approval from EDG.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities with risk level incorporated into the Assessment section.

Statistical Process Control (SPC) charts continue to be used for applicable indicators.

A separate report on ADP progress will therefore be produced at the end of each quarter and will include progress against trajectories submitted as part of the Plan. At the end of Q1 and Q3, PPT will request an update to RAG progress status as well as reviewing milestones for previous and forthcoming quarter. At the end of Q2 and Q4, in addition to RAG progress status and review of milestones, an additional progress statement will be required.

2.3 Assessment

The IPQR provides a full description of the performance, achievements and challenges relating to key measures in the report. In addition, there has been a further review of the IPQR metrics contained within the IPQR.

Review of IPQR metrics

There has been an ask to include additional metrics for the following areas:

- Mental Health
- Public Health
- Primary Care
- Productive Opportunities

Mental Health
New measures have been included this month and onwards are related to Mental Health and are included across the sections of the IPQR.

Quality and Safety

- Ligature incidents
- Incidents of Restraint
- Incidents of Physical Violence
- Incident of Self Harm

Operational Performance

- Delay Discharges for Mental Health/Learning Disability (usually presented as one metric with acute and community delayed discharges)

Public Health and Wellbeing

- Alcohol Brief Interventions (added back in after COVID)
- Mental Health Readmissions within 28 days

Work will continue throughout 2024/25 in relation to inclusion of Primary Care and Public Health (including Climate Emergency) metrics. These are in development and it is anticipated these will begin to be included in the IPQR for September Governance Committees.

It is proposed that Public Health metrics will be framed around the 6 Public Health priorities denoted below:

1. Live in flourishing, healthy and safe places and communities.
2. Thrive in our early years
3. Have good mental wellbeing.
4. Reduce the use of and harm from alcohol, tobacco, and other drugs.
5. Have a sustainable, inclusive economy with equality of outcomes for all
6. Eat well, have a healthy weight and are physically active

Productive Opportunities including Theatre Utilisation, DNAs and Day Surgery have been discussed and sits within the remit of the Integrated Planned Care Board (IPCB) chaired by the Director of Acute Services. It is proposed to develop a detailed report that includes productive opportunities and this will be presented to the governance committees and NHS Fife Board.

Highlights of June 2024 IPQR
A summary of the status of the Clinical Governance metrics is shown in the table below.

Measure	Update	Target	Current Trajectory	Current Performance	Current Status
Adverse Events [1]	Jan-24	50%	-	29.6%	Not Achieving Trajectory
HSMR	Dec-23	-	-	0.96	-
Falls [2]	Apr-24	6.95	-	7.35	Not Achieving Target
Falls with Harm [2]	Apr-24	1.44	-	1.48	Not Achieved Target
Pressure Ulcers [2]	Apr-24	0.89	-	1.08	Not Achieving Target
Ligature Incidents (MH)	Mar-24	-	-	0.00	-
Incidents of Restraint (MH)	Mar-24	-	-	12.59	-
Incidents of Physical Violence (MH)	Mar-24	-	-	11.10	-
Incidents of Self Harm (MH)	Mar-24	-	-	0.83	-
SAB (HAI/HCAI)	Apr-24	18.8	-	20.5	Not Achieved Target
C Diff (HAI/HCAI)	Apr-24	6.5	-	13.7	Not Achieving Target
ECB (HAI/HCAI)	Apr-24	33.0	-	47.9	Not Achieving Target
Complaints (S1)	May-24	80%	-	50.0%	Not Achieving Target
Complaints (S2) [3]	May-24	60%	50%	26.7%	Not Achieving Target

[1] Reporting on the closure rate of actions from Major & Extreme Adverse Events started in December 2022.

Performance reporting for Actions Closed aspect of Adverse Events (in respect to SAER/LAER) is paused; was previously a 1-month lag but moving to 3-month lag; reporting will recommence in Position at April IPQR.

[2] As part of ongoing improvement work, revised targets for Falls and Pressure Ulcers have been set for FY 2023/24. These are a 15% reduction on the FY 2021/22 target for Falls, and a 20% reduction on the actual achievement in FY 2022/23 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 report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		x		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

Financial reporting is covered in the specific 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.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 19 June 2024 and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

This paper is provided to the committee for:

- **Assurance** – This report provides a “Moderate” Level of Assurance.
- **Discussion** – Examine and consider the NHS Fife performance as summarised in the IPQR

3 List of appendices

The following appendices are included with this report:

- IPQR Position at May 2024 CG

Report Contact
Bryan Archibald
Planning and Performance Manager
Email bryan.archibald@nhs.scot




Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at May 2024
Produced in June 2024

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). At each meeting, the Governance 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. Indicator Summary
Summarising performance against full list of National Standards and local KPIs. These are listed showing current performance against target/trajectories with comparison with 'previous' performance.

C. Assessment & Performance Exception Reports
More detailed Indicator Summary for each area of Governance including (where appropriate) benchmarking, 'sparkline' trend and comparison with 'previous year' performance. There is also a column indicating 'special cause variation' based on SPC methodology. Also incorporated into this section is an assessment for indicators of continual focus or concern. Content includes data analysis, service narrative and additional data presented in charts, incorporating SPC methodology, where applicable. All charts with SPC applied will be formatted consistently based on the following;

C1. Quality & Care	C2. Operational Performance Finance	C3. Workforce	C4. Public Health & Wellbeing

MARGO MCGURK
Director of Finance & Strategy
17 June 2024

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	4	2	2	-	-	◀ ▶	High
To improve the quality of health and care services	6	4	2	-	-	◀ ▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀ ▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀ ▶	Moderate
Total	**18**	**12**	**6**	**0**	**0**		

Risk Key

High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3

Movement Key

▲ Improved - Risk Decreas

◀ ▶ No Change

▼ Deteriorated - Risk Incre

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 elements of some risks requiring daily assessment.

Assessment of corporate risk performance and improvement trajectory remains in place.

B. Indicator Summary

Quality & Care

	Current	Previous	Change
LAER/SAER - % Actions Closed on Time	29.6%	56.9%	▼
Ligature Incidents (Mental Health)	0.00	3.44	▲
Incidents of Self Harm (Mental Health)	0.83	1.72	▲
ECB HAI	47.9	22.8	▼
Inpatient Falls	7.35	6.92	▼
Incidents of Restraint (Mental Health)	12.6	15.6	▲
SAB HAI	20.5	13.1	▼
S1 Complaints Closed in Month on Time	50.0%	34.0%	▲
Pressure Ulcers	1.08	0.92	▼
Incidents of Physical Violence (Mental Health)	11.10	9.46	▼
C Diff HAI	13.7	0.0	▼
S2 Complaints Closed in Month on Time	26.7%	19.4%	▲

Operational Performance

		Current	Previous	Change
Emergency Access	A&E	75.6%	73.6%	▲
	ED	67.6%	66.2%	▲
Patient TTG	% <=12weeks	49.7%	47.3%	▲
	>52 weeks	622	623	◆
Delayed Discharges (Standard)	Acute/Comm	56	59	▲
	MH/LD	6	8	▲
New Outpatients	% <=12weeks	39.7%	39.5%	◆
	>52 weeks	4602	4174	▼
Cancer	31-day DTT	96.1%	96.0%	▲
	62-Day RTT	73.6%	72.9%	▲
Diagnostics	% <=6weeks	51.8%	51.2%	▲
	>26 weeks	81	127	▲

Finance

	Current	Previous	Change
Revenue Resource Limit Performance	£7.1m O/S	1st Report In-year	-
Revenue Resource Limit Performance	£3.7m O/S	1st Report In-year	-
Capital Resource Limit Performance	£0.2m	1st Report In-year	
N/A			

Financial Improvement & Sustainability Plans Reported through RTP/Finance Report & HSCP

Workforce

		Current	Previous	Change
Sickness Absence		7.35%	6.61%	▼
Personal Development Plan & Review		43.7%	44.1%	◆
Vacancies	Medical & Dental	7.5%	9.4%	▲
	Nursing & Midwifery	4.6%	6.5%	▲
	AHPs	4.7%	8.0%	▲

Public Health & Wellbeing

		Current	Previous	Change
Smoking Cessation	40% Most Deprived	218	192	◆
CAMHS		78.0%	76.8%	▲
Childhood Immunisation	6-in-1 @ 12 months	95.1%	94.9%	◆
Alcohol Brief Interventions		119.7%	120.0%	◆
Psychological Therapies		67.9%	74.3%	▼
Childhood Immunisation	6-in-1 @ 24 months	93.8%	96.4%	▼
Mental Health Readmissions within 28 days		6.2%	1.7%	▼
Drugs & Alcohol		84.5%	80.9%	▲
Childhood Immunisation	MMR2 @ 5 years	85.7%	89.6%	▼

meeting trajectory/target

within 5% of trajectory/target

out with 5% of trajectory/target

▲ Improved performance from previous month

◆ No significant change from previous month

▼ Reduction in performance from previous month

C1. Quality & Care

To improve the quality of health and care services	6	4	2	-	-	◀ ▶	Moderate

Indicator		Target National/Local	Current Trajectory	Reporting Period		Value	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking	
Major/Extreme Adverse Events		-	-	Month	Apr-24	50	○	▼	▼		●	
LAER/SAER - % Actions Closed on Time	L	50%		Month	Jan-24	29.6%	●	▼	▲		●	
HSMR		-	-	Year to	Dec-23	0.96	●	—	—		●	
Inpatient Falls	L	6.95		Month	Apr-24	7.35	○	▼	▲		●	
Inpatient Falls with Harm	L	1.44		Month	Apr-24	1.48	○	▼	▼		●	
Pressure Ulcers	L	0.89		Month	Apr-24	1.08	○	▼	▼		●	
Ligature Incidents (Mental Health)				Month	Mar-24	0.00	○	▲	▲		●	
Incidents of Restraint (Mental Health)				Month	Mar-24	12.59	○	▲	▼		●	
Incidents of Physical Violence (Mental Health)				Month	Mar-24	11.10	○	▼	▼		●	
Incidents of Self Harm (Mental Health)				Month	Mar-24	0.83	○	▲	▼		●	
SAB - Healthcare associated infection	N	18.8		Month	Apr-24	13.1	○	▼	▼		●	QE Dec-23
C Diff - Healthcare associated infection	N	6.5		Month	Apr-24	13.7	○	▼	▲		●	QE Dec-23
ECB - Healthcare associated infection	N	33.0		Month	Apr-24	47.9	○	▼	▼		●	QE Dec-23
S1 Complaints Closed in Month on Time	L	80%		Month	May-24	50.0%	●	▲	▲		●	2021/22
S2 Complaints Closed in Month on Time	L	60%	50%	Month	May-24	26.7%	○	▲	▲		●	2021/22

Performance Key

- meeting trajectory/target
- within 5% of trajectory/target
- out with 5% of trajectory/target

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

Benchmarking Key

- ● Upper Quartile
- ● Mid Range
- ● Lower Quartile

LAER/SAER Actions Closed on Time

50% of LAER/SAER actions from Major and Extreme Adverse Events to be closed on time

29.6%

6 ↑ actions to be closed on time to achieve target

C1. Quality & Care

Data Analysis

Actions Closed (Reported to Jan-24)

There were 8 actions relating to LAER/SAER closed on time in Jan-24, from a total of 27, which equates to a performance of 29.6%: a decrease on the 56.9% the previous month (Dec-23) and a small improvement on the 24.4% the previous year (Jan-23).

There were 335 actions open at the end of Jan-24, with 69 (20.6%) being within time. On average, 54 actions have been closed per month in year to Jan-24 compared to 36 per month in the 12 months prior.

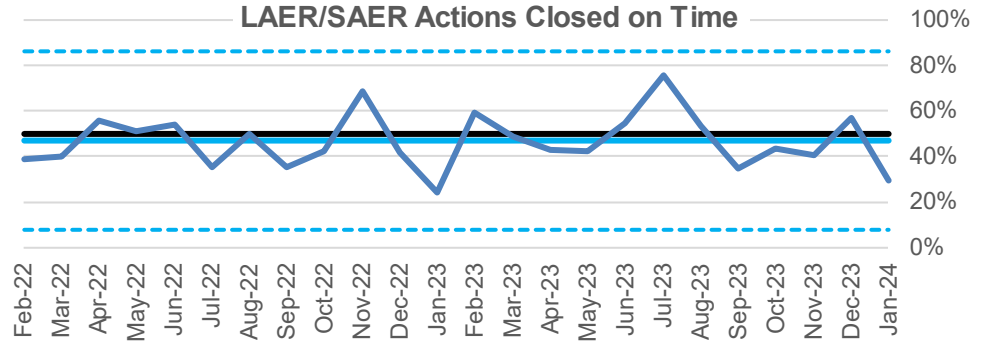
Adverse Events (Reported to Apr-24)

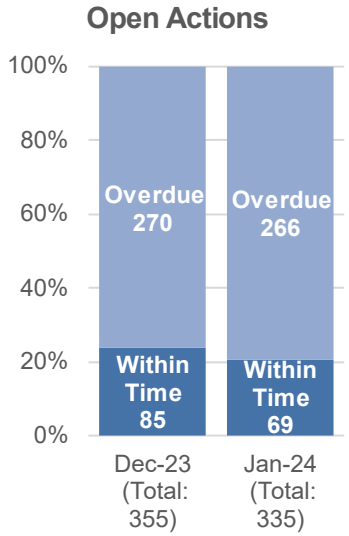
There were 50 Major/Extreme adverse events reported in Apr-24 out of a total of 1,501 incidents.

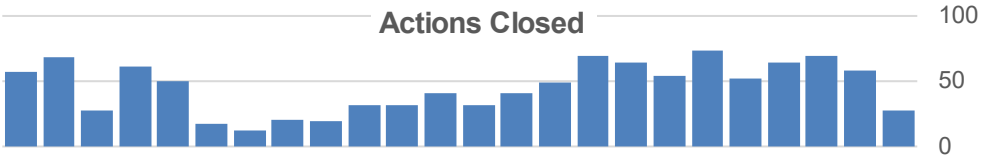
69% of all incidents were reported as 'no harm'. Over the past 12 months, 'Pressure Ulcer developing on ward' has been the most reported Major/Extreme incident (207) followed by 'Cardiac Arrest' (67 incidents), and then 'Patient Fall' (53 incidents).

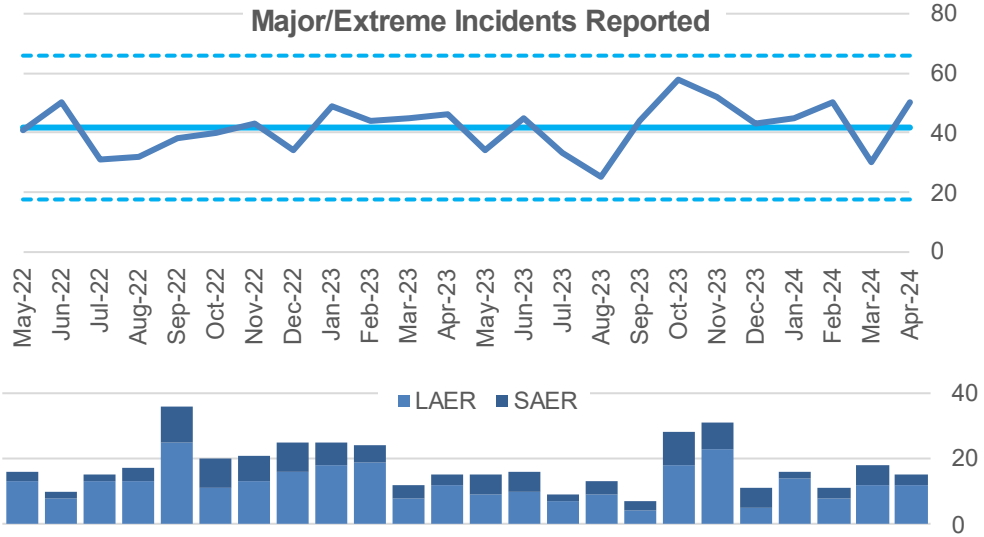
Achievements & Challenges

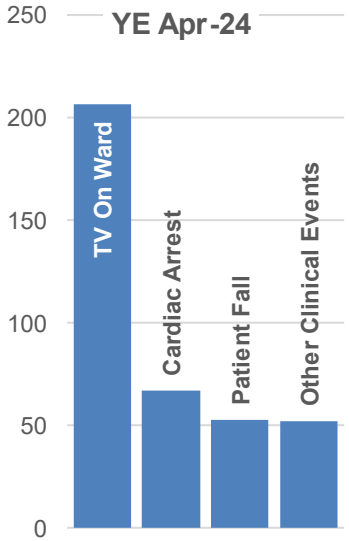
Work on the refined trigger list continues and will be presented back to Clinical Governance Oversight Group in June along with a process flowchart which maps out the implications of the change on each step of the major/extreme harm management process. In addition to the trigger list, the management process details a proposed action as the first step in reinvigorating the paused improvement work on actions closed on time. Previous work identified that data extracted from the system to monitor compliance with action closure on time was unreliable and provided a low level of assurance that there had been learning from SAERs/LAERs. This is due to a number of factors, but mainly the ability to move completion dates in the Datix action record without any governance surrounding this or functionally within the Datix system to capture it.











Inpatient Falls

Reduce Inpatient Falls rate by 15% to 6.95 per 1,000 Occupied Bed Days compared to baseline (YE Sep-21)

7.35

12 falls to achieve target

Reduce Inpatient Falls with Harm rate by 10% to 1.44 per 1,000 Occupied Bed Days compared to baseline (YE Sep-21)

1.48

2 falls with harm to achieve target

C1. Quality & Care

Data Analysis

The number of inpatient falls in total was 204 in Apr-24, almost equal to the month prior. This equates to a rate of 7.35 falls per 1,000 Occupied Bed Days (OBD). Performance therefore exceeds the target of < 6.95 but remains within control limits and is on par with the 24-month average.

Average rate was 7.39 for YE Mar-24 compared to 7.81 for YE Mar-23.

The number of inpatient Falls 'with Harm' was 41 in Apr-24, 1 less than the month prior. This equates to a rate of 1.48 falls per 1,000 OBD: thus, performance was just outwith the target of < 1.44 and is below the 24-month average.

Average total rate was 1.63 for YE Mar-24 compared to 1.62 for YE Mar-23.

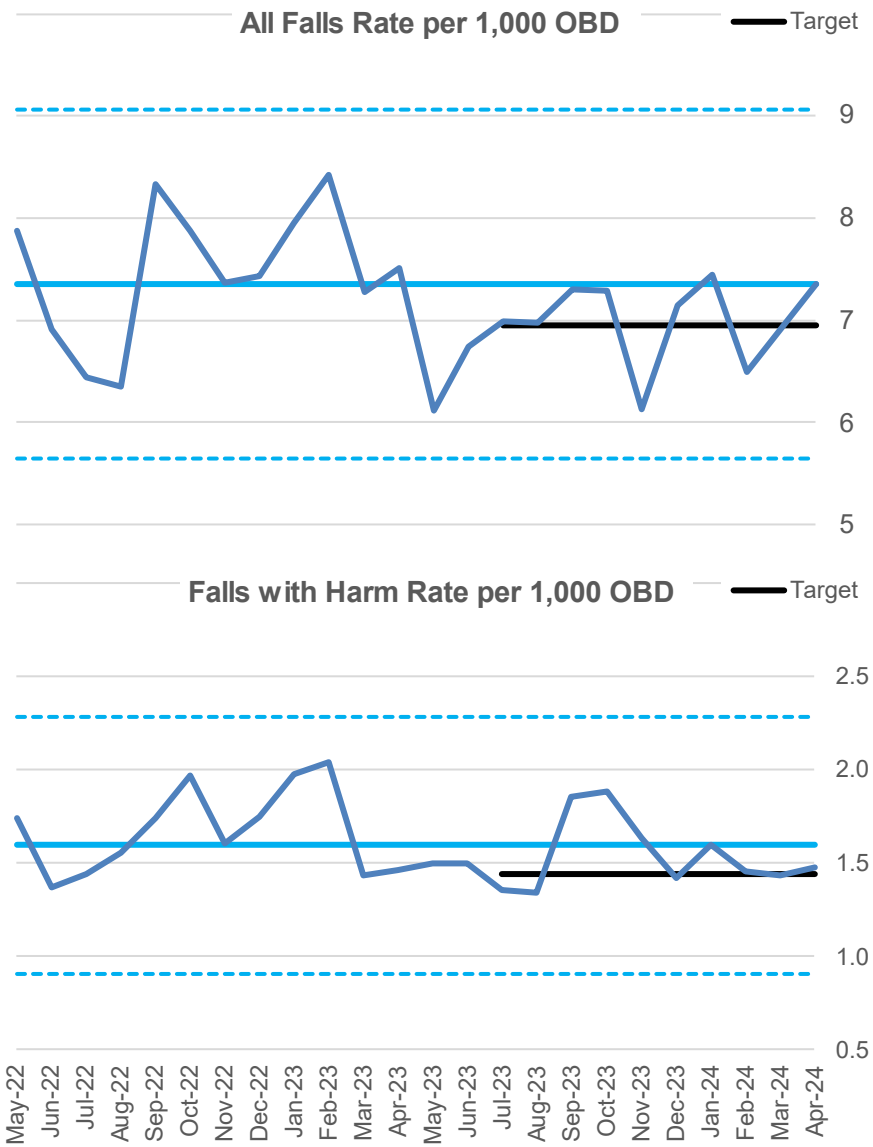
In Apr-24, Acute Services saw an increase in All Falls rate (18 more falls, rate of 8.61); whereas HSCP saw a decrease in All Falls rate (17 fewer falls, rate of 6.20).

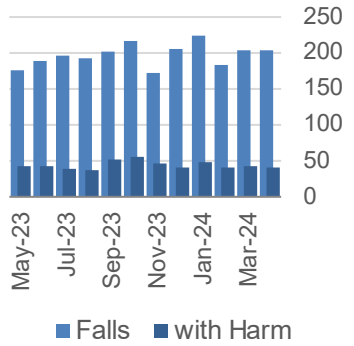
In the last 3 months - looking only at Falls with Harm - Falls classified as 'Minor Harm' accounted for 82%; 'Moderate Harm' accounted for 11%; and 'Major/Extreme Harm' accounted for 7%.

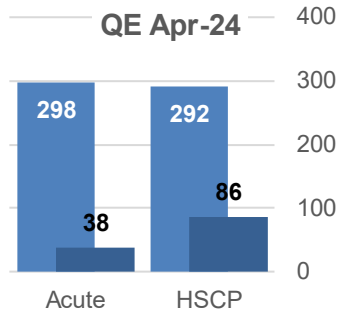
Achievements & Challenges

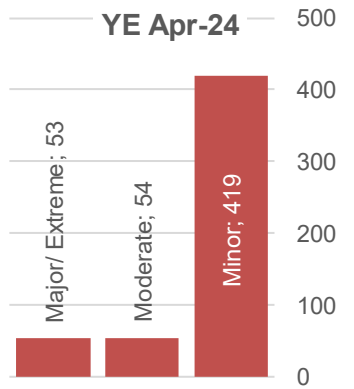
Acute Services are still on target to reduce all inpatient falls by 15% this year (currently at 6.92 - target is 6.95) but our performance to reduce falls with harm by 10% is still above target at 1.60 (target 1.44). Overall falls are slightly above trajectory at 7.03 (target 6.95).

NHS Fife Safer Mobility & Falls Oversight Group meets quarterly to review performance and improvement initiatives. These are being taken forward by the two delivery groups. The revised Falls toolkit documentation has been issued and launched at the event held on 6th March 2024 where both Acute Services and HSCP teams shared good practice and celebrated success.









Pressure Ulcers

Reduce Pressure Ulcer rate by 20% to 0.89 per 1,000 Occupied Bed Days, compared to baseline rate (FY 2022/23)

1.08

6 pressure ulcers to achieve target

C1. Quality & Care

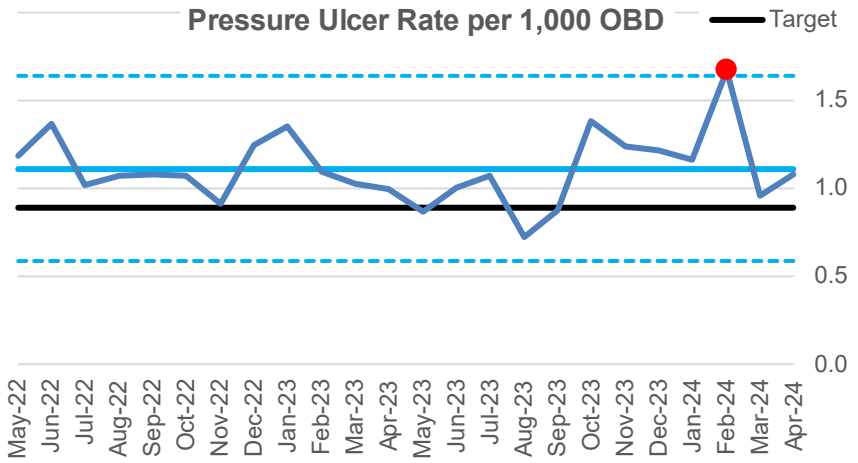
Data Analysis

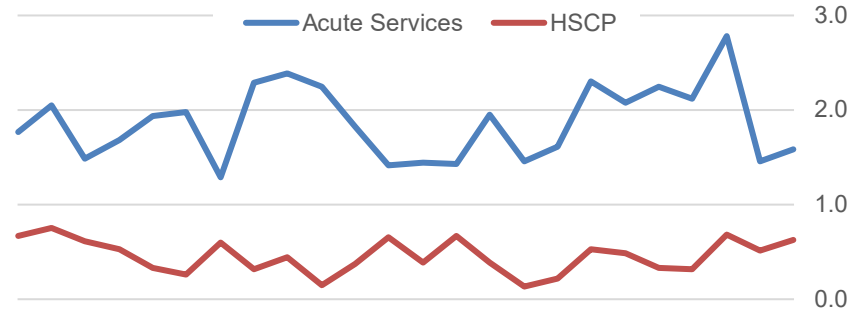
The total number of pressure ulcers (PU) in Apr-24 was 30, which was 2 more than the month previous. This equates to a rate of 1.08 per 1,000 Occupied Bed Days (OBD). Performance therefore remains outwith the target of <0.89 per OBD though remains within control limits and below the 24-month average. The total average rate for YE Mar-24 was 1.10 (slightly less than the 1.11 for YE Mar-23). The number of pressure ulcers in Acute Services in Apr-24 was 21, one more than in Mar-24 (rate increased from 1.45 to 1.59). For YE Mar-24, the average number of pressure ulcers was 25 (rate 1.86), the same as the average number for YE Mar-23 (rate also 1.86). In HSCP, the average number of pressure ulcers for YE Mar-24 was 7 (rate 0.44), the same as the average number for YE Mar-23 (rate 0.45).

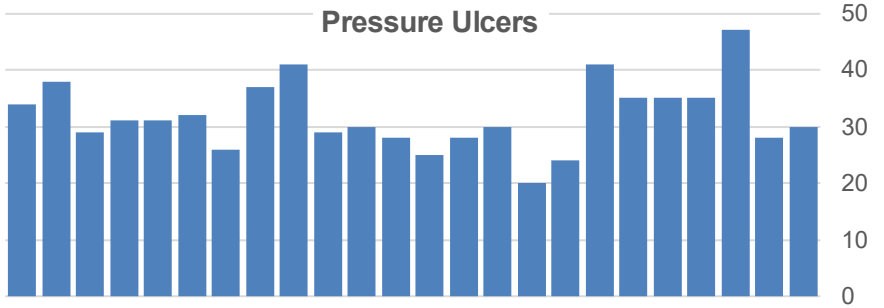
Most pressure ulcers continue to be in Acute Services with 78 recorded in QE Apr-24 compared with 27 in HSCP. Of all Pressure Ulcers recorded in QE Apr-24, Grade 2 accounted for 38% of the total; with Grades 3 & 4 accounting for 23%.

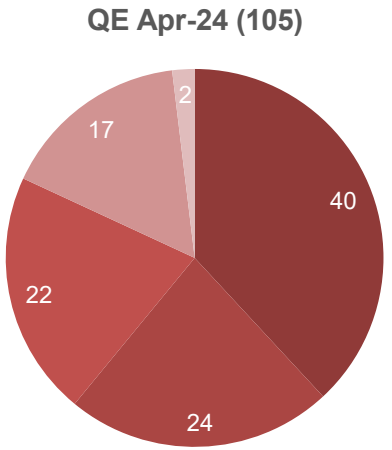
Achievements & Challenges

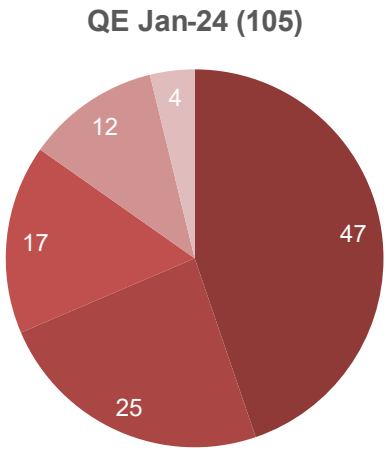
Ongoing initiatives within our Acute Services include the continued focus on the Ward of the Week programmes, significant improvements across orthopaedic wards, enhanced education, dedicated review time, and the trial of new pressure-reducing equipment. Allied Health Professionals are actively supporting the completion of the SSKIN bundle, particularly the 'keep moving' section, which is showing positive outcomes. We have also made workforce improvements, embraced new education opportunities, and remain committed to ongoing quality improvement initiatives and continued effective collaboration with our HCSP TVN colleagues. Within the HSCP we are looking to develop our operational tissue viability group into an improvement group and we continue to work with our District Nursing colleagues in a number of quality improvement projects to encourage prompt completion of skin assessment tools and a whole person approach to assessments. Acute are piloting the 'Quality of Care Review' and 'Care Assurance Visits' - a national tool designed to enhance patient safety and care outcomes. This initiative involves thorough assessments to ensure high standards in patient care, focusing on critical areas such as PU. The reviews aim to identify best practices and areas for improvement, promoting preventive measures and timely interventions to reduce PU incidence. Ongoing testing of these principles continues, refining care strategies and ensuring consistent, high-quality care. The impact of these reviews emphasises and supports identification what is required to improve patient safety and care quality.











Mental Health Quality Indicators

Reduce **Ligature** Incidents (rate per 1,000 Occupied Bed Days)	**0.00**
Reduce incidents of **Self Harm** (rate per 1,000 Occupied Bed Days)	**1.72**
Reduce Incidents of **Restraint** (rate per 1,000 Occupied Bed Days)	**12.59**
Reduce Incidents of **Physical Violence** (rate per 1,000 Occupied Bed Days)	**11.10**

C1. Quality & Care

Data Analysis

There was 268 incidents reported in relation to Mental Health wards in Mar-24, a slight decrease from 274 previous month but above 24-month average of 233 per month. There were no Ligature incidents reported in Mar-24, for first time since Dec-22. Previous 7 months were above average, outwith control limits in Feb-24. The number of incidents of self-harm reduced to 5 in Mar-24, double figures were reported each month from Aug-23 to Feb-24.

Rate of Restraint reduced from 24-month high of 15.6 per 1,000 Occupied Bed Days in Feb-24 to 12.6 in Mar-24, a reduction in incidents from 91 to 76. 67 incidents of Physical Violence were reported in Mar-24, an increase from 55 the month prior, this equates to a rate of 11.1 per 1,000 Occupied Bed Days, which is highest since 10.1 was reported in Nov-23.

Achievements & Challenges

Ongoing programme of work to the environment including the preparation of W3 QMH and the decant of 4 wards in rotation to upgrade the environment in each of them. Work within W3 QMH, has started but is not yet ready for wards to decant into. This has been paused to allow for further consideration on clinical service design. Completion date for the whole project is expected to be at least 2 years.

The Ligature in patient mental health oversight group is a partnership between NHS Fife Health and Safety, Mental Health Management Team and NHS Fife Estates. The group exists to ensure that all H&S Environmental Ligature risk assessments are up to date with associated action plans to mitigate identified risk, as far as is reasonably practicable, and for the delivery of these action plans to be monitored and, where necessary escalated.

There has been a Ligature Policy developed for NHS Fife and Fife HSCP with the final draft policy being shared widely for consultation. This policy and EQIA will be discussed at the Fife Policy and Procedure Coordination and Authorisation Group on 24 Jun.

Within the ward areas, staff continue to be vigilant for any ligature concerns and manage patients individually according to their risk assessments and changes in their behaviours, management of patient risks would be through their care plans.

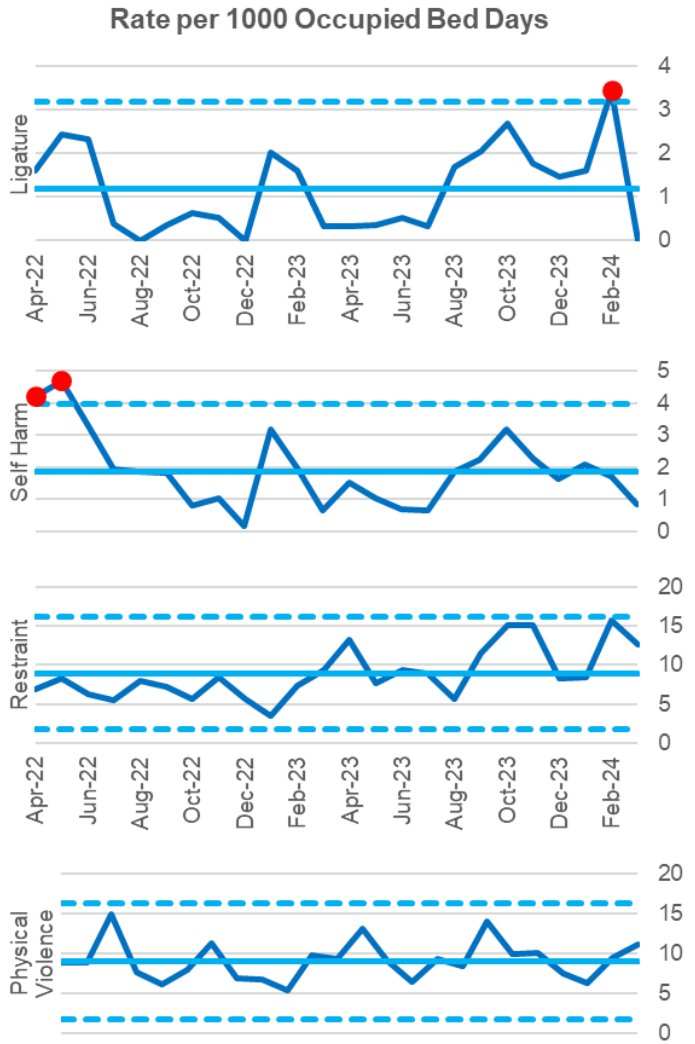
The number of self-harm except for tying ligatures is low, and there is currently no concentrated work on reducing self-harm. The ward staff continue to be vigilant for self-harm, awareness of patient's histories and behaviours with risks managed through their own individual care plans.

Work continues to reduce restrictive practice with monthly meetings of the Reducing Restrictive Practice Group (RRPG) to review progress. The initial stage of this work has concentrated on best practice for restraint, training and IM medication. With the creation of RAG status reports for SCN's, review of the training delivery and team capacity, there has been the development of IM posters and aide memoires for staff alongside skills training and competency assessment taken place on injection techniques across all sites.

The next stage, the group are moving on to is to implement Scottish Patient Safety Programme (SPSP) work including the creation of a driver diagram and consideration for small PDSA's and improvement work. This will involve work on Leadership and Culture, Safe Clinical Care, Safe Communications and Person-Centred care.

There is discussion around improvements with therapeutic activity which is reduced currently due to heightened pressures in the wards and the need for concentrated work around distraction and de-escalation of incidents. The Seclusion policy is currently being reviewed by a multi-disciplinary group.

Work with HIS Improving Observation Practice has not continued and therefore there is a need to re-establish this workstream and align improvements to the policies. This has been acknowledged by the service, but work is yet to begin in this area.



Healthcare Associated Infections

CDI: Achieve and maintain rate of 6.5 per 100,000 Total Occupied Bed Days	13.7	3 ↓	infections to achieve target
ECB: Achieve and maintain rate of 33.0 per 100,000 Total Occupied Bed Days	47.9	5 ↓	infections to achieve target
SAB: Achieve and maintain rate of 18.8 per 100,000 Total Occupied Bed Days	20.5	1 ↓	infections to achieve target

The **CDI HAI/HCAI** rate increased to 13.7 in Apr-24. The cumulative total of HCAI infections for past 12 months (n=24) is significantly lower than the same period previous year (n=40), The number of recurring infections has also decreased.

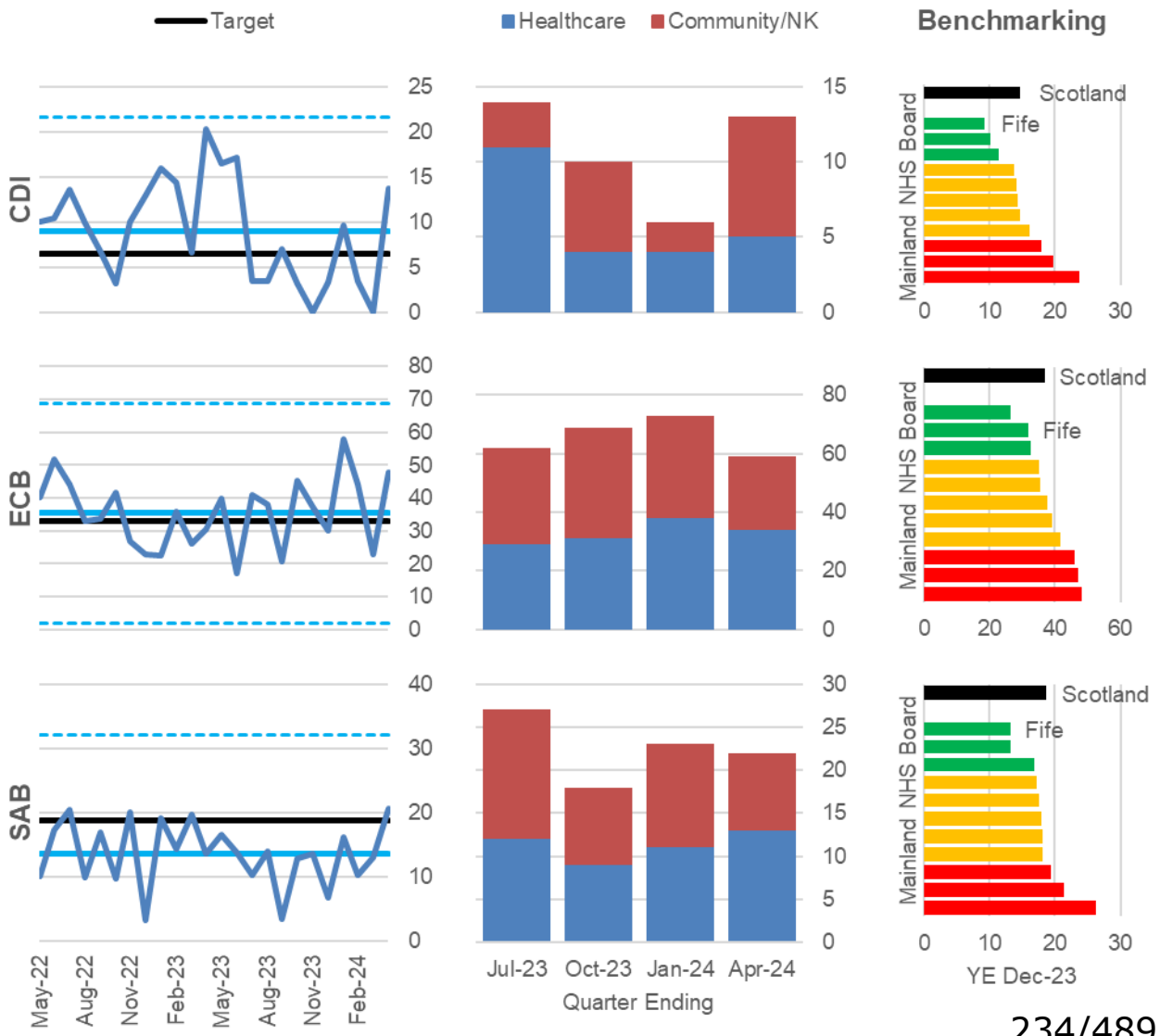
All CDI cases are assessed for risk factors leading up to the CDI infection. Previous antibiotic usage (in the 12 weeks leading up to the infection) and PPIs (Protein Pump Inhibitors) remain the most commonly seen risk factors amongst cases. A new hospital onset CDI root cause analysis form has recently been developed to assist IPCT Nurses to review each CDI patient with a more holistic approach.

The **ECB HAI/HCAI** rate increased to 47.9 in Apr-24 with number of healthcare infections increasing from 7 in Mar-24 to 14 in Apr-24. The cumulative number of HCAI infections over last 12 months (n=131) is higher than the same period previous year (n=122) and this increase is also seen in the number of CAUTI related ECBs. Urinary Catheter related infections have been responsible for 32 of the 131 infections in the last year (24.4%) the 'Not Known' category accounts for 22.1% of reported HCAI infections. In the last 12 months, infections have occurred equally as community acquired and healthcare associated.

Regular Urinary Catheter Improvement Group (UCIG) meetings continue to take place. The aim of the group is to establish CAUTI reduction improvement work. A Urinary Catheter insertion/maintenance electronic tool continues to be developed for Patientrak, with the hope of near future rollout. Each CAUTI related ECB is reported on Datix and undergoes a CCR to ascertain any learning. Monthly meetings continue to take place to explore and discuss recent cases.

The **SAB HAI/HCAI** rate was 20.5 in Apr-24, with the rate rising above the target of 18.8 for the first time since Mar-23. Of the 45 HCAI cases reported in the last 12 months, 9 have been categorised as 'Vascular Access Devices (VAD)' with 11 'Other' or 'Not Known' and 6 as 'Device Other Than VAD'. The cumulative number of HCAI cases in last 12 months (n=45) was lower than during the same timeframe the previous year (n=52).

VADs remain a challenge for hospital acquired SABs and ongoing work continues. There was a dialysis line related SAB in April, which will undergo a Complex Care Review (CCR) to ascertain learning. Unfortunately, there was also a CVC related SAB in March. However, prior to this case, 590 days had been achieved since last CVC related SAB infection.



Complaints

At least 80% of Stage 1 complaints will be completed within 5 working days by March 2025

50.0%

14 closed on time to achieve target

At least 60% of Stage 2 complaints will be completed within 20 working days by March 2025

26.7%

4 closed on time to achieve trajectory

Data Analysis

There were 56 Stage 1 complaints received in May-24, with 46 closed. Of those closed 23 (50.0%) were within timescales. 40.7% of 54 complaints that were due in the month, were closed on time.

There were 34 Stage 2 complaints received in May-24, all acknowledged within timescales, with 15 closed. 17.4% of 23 complaints that were due in the month, were closed on time.

Four Stage 1 complaints were escalated to Stage 2 either because the complainants were not satisfied with the initial response and the delay in receiving the Stage 1 response.

At the beginning of Apr-24, there were 11 complaints over 100 days, with 4 between 150-199 days and 2 over 200 days. There are now only 4 complaints over 100 days with none over 200 days. Out of those 4, 3 will be closed imminently, leaving only 1 requiring PET action, showing significant progress in reducing delayed complaints.

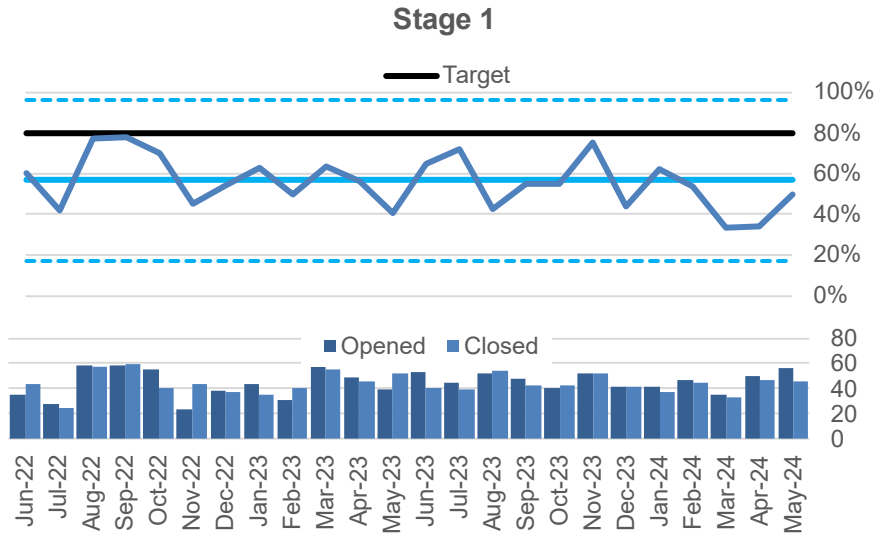
Achievements & Challenges

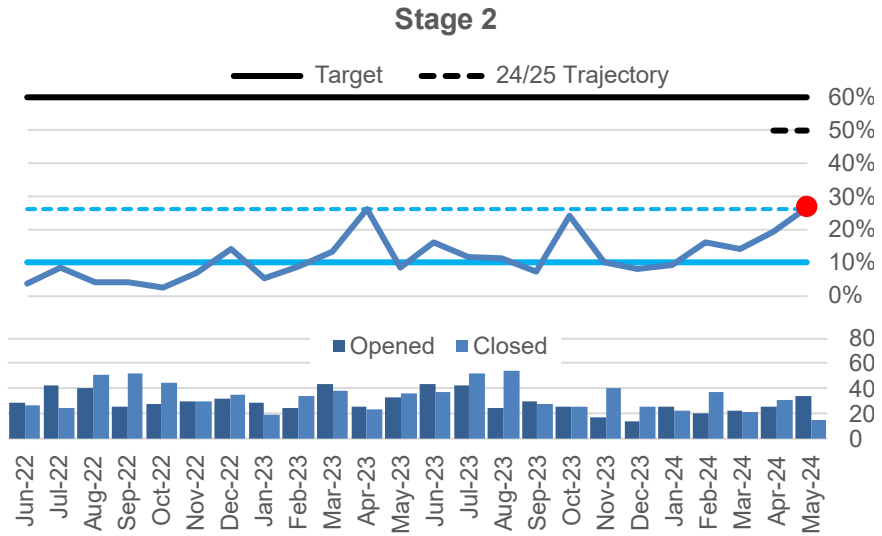
Changes within the Patient Experience Team (PET) include further realignment roles and responsibilities. New mail is now managed by the Administration Team to free up Officers and Support Officers to focus on Stage 1 and Stage 2 Complaints. There has been significant challenges with implementing these changes, mainly due to absences within the Support Officer team. This impacts the ability to provide an efficient service for Concerns, Enquiries, and Complaints. This leads to delays in closing and promptly resolving Stage 1 issues as well as managing and processing Stage 2's. There is however, a continued focus within PET to prioritise Stage 2 complaints under 20 days for drafting by the PET Officers.

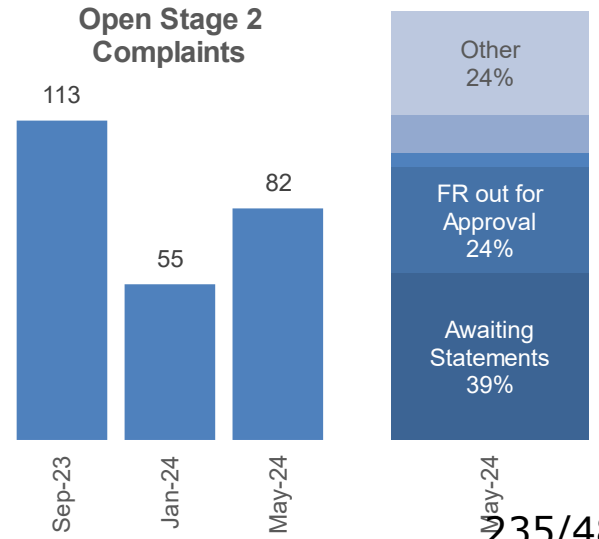
There are ongoing challenges within Acute Services and HSCP, including non-compliance with the Stage 1 Model Complaints Handling Procedure in which services are encouraged to make verbal contact with the complainant to help resolve these complaints locally. This process aims to avoid delays in responding to and closing complaints within the target timeframe. PET works with Services to encourage local resolution when the process is not followed. Stage 1 Concerns and Enquiry training is planned with Acute Services in Jun-24, with further roll out to HSCP over the summer.

A new Stage 2 Investigation Template was tested in Acute Services Medical Directorate with positive initial feedback regarding its ease of completion. It helps capture identified learning and focuses more on the quality of the investigation with a guide on what should be included.

Staffing absences in some Acute Services have caused delays in processing Stage 2 complaints. PET Lead now also has access to the WCCS Complaint inbox to assist with monitoring and processing of emails for Stage 1 and Stage 2 complaints. Stage 2 Complaint training continues with recent training delivered in Acute Services for those attending Flying Start.







NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**12 July 2024**
Title:	**Healthcare Associated Infection Report**
Responsible Executive:	**Janette Owens, Director of Nursing**
Report Author:	**Julia Cook, Infection Control Manager**

1 Purpose

Update for Infection Prevention and Control for June 2024 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 2024 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 Prevention and Control Committee June 2024.

2.2 Background

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

Standards on Reduction of Healthcare Associated Infections:
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. For awareness there has been no further HCAI targets set for 2024/25, therefore NHS Fife shall continue with current targets as an interim measure whilst national review continues. Please see below for LDP Standards.

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

- 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**

- 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 2023/234 is 18.8 per 100,000 total bed days.

***Escherichia coli* Bacteraemias (ECB)**

- 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 2023 (October -December), NHS Fife was below the national rate for healthcare associated infection (HCAI).
- The total number of HCAI SABs (n=45), during the time-period May 23 to April 24, was lower than during the same timeframe the previous year, when there were 52 HCAI SABs.
- There were 1 CVC related SAB in March 2024.
- There were 1 dialysis line related SABs in April 2024.
- There was 3 PWID related SAB case in March and April 2024.

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.

CDI

- During Q4 2023 (October -December), NHS Fife was below the national rate for HCAI and CAI.
- From May 2023 -end of April 2024, there was a reduction in the total number of CDI cases (n=43), when compared to the same timeframe the previous year (n=51). This improvement is also reflected in the number of HCAI cases (May 2023-April 2024, n=24 cases, compared to year ending April 2023, n= 40 cases).
- The total of Community acquired (CAI) CDIs during Jan-Apr 2024 (n=10) was higher than during the same time period from the previous 2 years.

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.

ECB

- During Q4 2023 (October -December), NHS Fife was above the national rate for HCAI and CAI..
- There has been an increase in the number of ECBs, when comparing May 2022-April 2023 (n=251 cases) to May 2023-April 2024 (n=262). There was also an increase seen in the number of HCAIs and CAUTIs during the same time-periods.

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
- CAUTI bundles have now been installed onto Patientrack and have been trailed on V54 ward. Amendments to the tool are awaited by Patientrack, prior to this being rolled out across the board.

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 2024)

Norovirus

- There have been 9 new ward or bay closures due to a Norovirus or suspected Norovirus outbreak during this time period.

Seasonal Influenza

- There have been no new closures due to confirmed Influenza outbreak during this time period.

COVID-19

- 1 new ARHAI Scotland reportable outbreaks/incidents of COVID-19 which are detailed in the HAIRT.

Hospital Inspection Team

There have been no new inspections during this reporting period (March – April 2024)

Hand Hygiene

- There is currently no robust electronic recording system for reporting HH compliance from clinical areas across Fife. eHealth have recommended that LanQIP can be utilised 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 (January - March 2024) was **96%**.

National Cleaning Services Specification

The National Cleaning Services Specification – quarterly compliance report result for Quarter 4 (January - March 2024) shows NHS Fife achieving **Green** status.

Estates Monitoring

The National Cleaning Services Specification – quarterly compliance report result for shows Quarter 4 (January - March 2024) NHS Fife achieving **Green** status.

2.3.1 Quality/ Patient and Value-Based Health & 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 Human Rights, including children's rights, 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 is a summary of the HAIRT submitted to the Infection Prevention and Control Committee June 2024.

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Healthcare Associated Infection Report

Report Contact
Julia Cook
Infection Control Manager
Email: Julia.Cook@nhs.scot

Infection Prevention
and Control Team

Fife Health & Social Care Partnership

NHS Fife

HAIRT Report

HAIRT Report for Infection Prevention & Control Committee on 5th June 2024

(Validated Data up to end of April 2024)

June 2024

Contents

Board Wide Issues

Key Healthcare Associated Infection Headlines

1.1 Achievements:

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

During Q4 2023 (October -December), NHS Fife was below the national rate for healthcare associated infection (HCAI).

The total number of SABs (n=89), during the time-period May 2023 to April 2024, was lower than during the same timeframe the previous year, when there were 95 SABs. This improvement is also reflected in the number of HCAI when comparing year end April 2024 (n=45) to year end April 2023 (n=52).

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

During Q4 2023 (October-December), NHS Fife was below national rate for HCAI & CAI.

The total number of CDIs (n=43), during the time-period May 2023 to April 2024, was lower than during the same timeframe the previous year, when there were 51 CDIs. This improvement is also reflected in the number of HCAI cases when comparing year ending April 2024, (n=24) to year ending April 23 (n= 40).

1.2 Challenges:

SABs

During Q4 2023 (October -December), NHS Fife was above the national rate for community acquired infection (CAI).

Vascular access devices (VAD) remain the greatest challenge for hospital acquired SABs:

- 1 CVC related SAB in March 2024. Prior to this case, 590 days had been achieved since last CVC related SAB infection.
- 1 dialysis line related SAB in April 2024.

PWID related SAB cases; 1 case identified in March and 2 identified in April 2024.

CDI

The total of Community acquired (CAI) CDIs during Jan-Apr 2024 (n=10) was higher than during the same time period the previous 2 years (Jan-Apr 2023, n=5 and Jan-Apr 2022, n=4)). PPI was the most common risk factor seen amongst the CAI cases (80% of cases), closely followed by antibiotic use in the 12 weeks prior to CDI infection (60% of cases). For noting all of the cases with previous antibiotics use, were also on PPIs.

***Escherichia coli* bacteraemia (ECB)**

During Q4 2023 (October - December), NHS Fife was above the national rate for HCAI & CAI.

There has been an increase in the number of ECBs, when comparing year ending April 2023 (n=251 cases) to year ending April 2024 (n=262). This increase is also reflected in the number of HCAI cases during the 2 time periods (year ending April 2023, n=122, compared to year ending April 2024, n=131). The number of CAUTIs has also gone up during these time-periods (year ending April 2023, n= 30 and year ending April 2024, n= 32 CAUTIs).

HCAI targets for 2024/25

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. We are awaiting further information regarding 2024/25 target.

Caesarean Section SSI/ Large Bowel Surgery SSI/ Orthopedics Surgery SSI

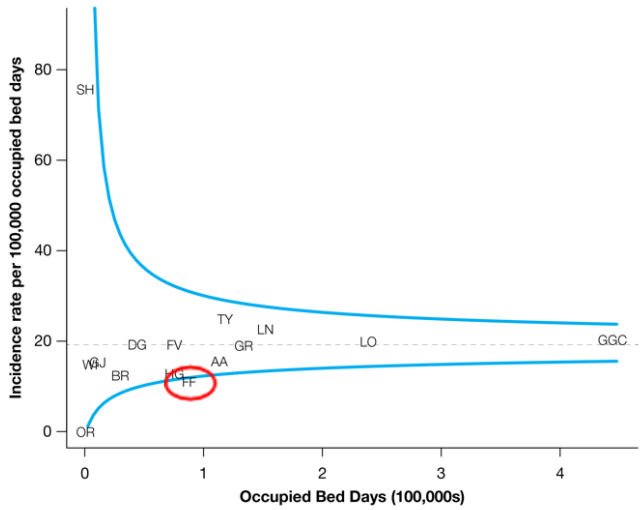
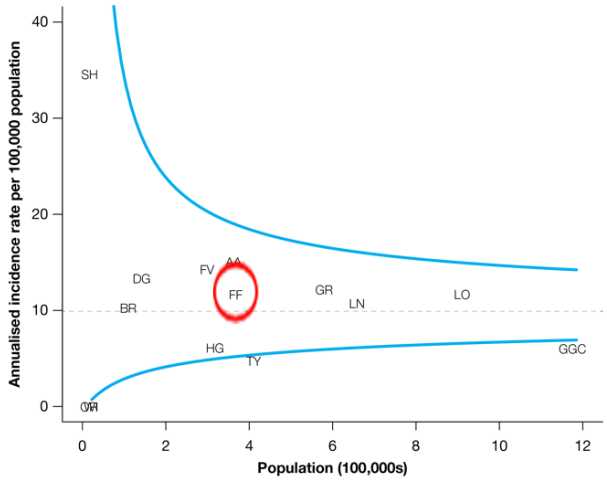
National surveillance programme for SSI has been paused due to the COVID-19 pandemic. DL (2023) 06 published February 2023 advises surgical site infection (SSI) and enhanced surveillance reporting remains paused for the time being.

Surveillance

2. Staphylococcus aureus incorporating MRSA/CPE screening compliance

2.1 Trends – Quarterly

Staphylococcus aureus Bacteraemias (SABs)				
Local Data: Q1 2024 (Jan-Mar) **(Q1 2024 National comparison awaited)**				
In Q1 2024 NHS Fife had:	23 SABs	12 HCAI/HAI 11 CAI	This is **UP** from:	21 Cases in Q4 2023

Q4 2023 (Oct-Dec) - ARHAI Validated data with commentary			
Healthcare associated SABs		**Community associated SABs infection**	
HCAI SAB rate: **11.1**	Per 100,000 bed days	CAI SABs rate: **11.6**	Per 100,000 Pop
No of HCAI SABs: 10		No of CAI SABs: 11	
This is **BELOW** National rate of 19.2		This is **ABOVE** National rate of 9.9	
			
NHS Fife was not an outlier for SABs in Q4 2023.			

New standards for reducing all Healthcare Associated SAB by 10% by 2024 (from 2018/2019 baseline). This standard will be locally extended for a further year to 2025		
Standards application for Fife:	**SAB Rate Baseline 2018/2019**	**SAB 10% reduction target by 2025**
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 December 2023 (HPS)		
SAB by rate 100,000 Total bed days	**13.2** per 100,000 TBDs	
SAB by Number of HCAI cases	**47**	

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 3 dialysis line (tunnelled) related SABs during the time period January to April 2024. The cases will undergo a Complex Care Review, to ascertain learning

As of **01/05/2024** the number of days since the last confirmed SAB is as follows:	
CVC SABs	56 Days
PWID (IVDU)	9 Days
Renal Services Dialysis Line SABs	6 Days
Acute services PVC (Peripheral venous cannula) SABs	49 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	⬇ **Low Risk 6**	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.

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 **95%** compliance with the **MRSA** CRA in Q1 2024 (Jan-Mar)

This was **BELOW** Q4 2023 (100%), BUT **ABOVE** the compliance target of 90%.

Awaiting national comparison for Q1 2024

MRSA Critical risk assessment (CRA) screening KPI compliance summary:

Quarter	Q4 2021 Oct-Dec	Q1 2022 Jan-Mar	Q2 2022 Apr- Jun	Q3 2022 Jul-Sep	Q4 2022 Oct-Dec	Q1 2023 Jan-Mar	Q2 2023 Apr- Jun	Q3 2023 Jul-Sep	Q4 2023 Oct-Dec	Q1 2024 Jan-Mar
Fife	93%	98%	98%	98%	100%	100%	98%	93%	100%	95%
Scotland	82%	81%	80%	78%	74%	78%	81%	80%	74%	N/K

CPE (Carbapenemase Producing Enterobacteriaceae)										
From April 2018, CRA has also included screening for CPE.										
NHS Fife achieved **98%** compliance with the **CPE** CRA for Q1 2024 (Jan-Mar)										
This was **BELOW** the compliance rate in Q4 2023 (100%)										
Awaiting national comparison for Q1 2024										
CPE Critical risk assessment (CRA) screening KPI compliance summary:										
Quarter	**Q4 2021 Oct-Dec**	**Q1 2022 Jan-Mar**	**Q2 2022 Apr- Jun**	**Q3 2022 Jul-Sep**	**Q4 2022 Oct-Dec**	**Q1 2023 Jan-Mar**	**Q2 2023 Apr-Jun**	**Q3 2023 Jul-Sep**	**Q4 2023 Oct-Dec**	**Q1 2024 Jan-Mar**
Fife	98%	100%	98%	100%	100%	100%	100%	100%	100%	98%
Scotland	80%	80%	79%	78%	76%	77%	80%	81%	76%	N/K

3 Clostridioides difficile Infection (CDI)

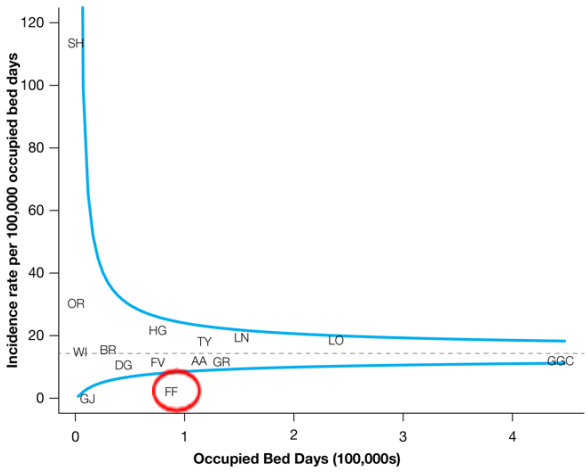
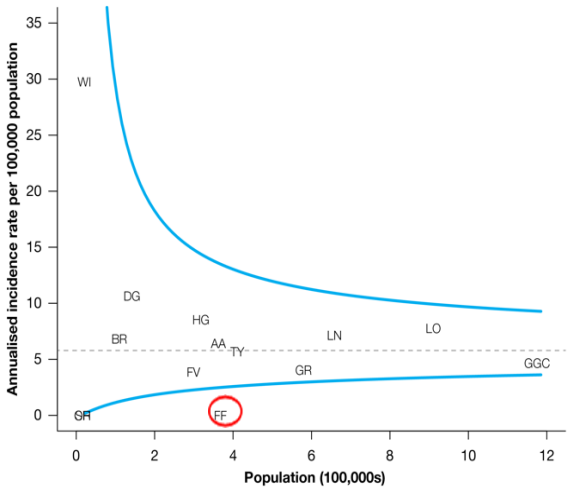
3.1 Trends

<table>
<tr><th colspan="5">Clostridioides difficile Infection (CDI)</th></tr>
<tr><th colspan="5">Local Data: Q1 Jan-Mar 2024

(Q1 2024 HPS National comparison awaited)</th></tr>
<tr><td rowspan="2">In Q1 2024
NHS Fife had:</td><td rowspan="2">8 CDIs</td><td>4 HCAI/HAI/Unknown</td><td rowspan="2">This is UP from</td><td rowspan="2">2 Cases in

Q4 2023</td></tr>
<tr><td>4 CAI</td></tr>
<tr><td colspan="5"></td></tr>
<tr><th colspan="5">Q4 (Oct-Dec) 2023 ARHAI validated data with commentary</th></tr>
<tr><td colspan="5">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.</td></tr>
<tr><th colspan="3">Healthcare associated CDIs</th><th colspan="2">Community associated CDIs infection</th></tr>
<tr><td>HCAI CDI rate: 2.2</td><td rowspan="2">Per 100,000 bed days</td><td rowspan="2"></td><td>CAI CDIs rate: 0</td><td rowspan="2">Per 100,000 Pop</td></tr>
<tr><td>No of HCAI CDIs: 2</td><td>No of CAI CDIs: 0</td></tr>
<tr><td colspan="3">This is BELOW National rate of 14.3</td><td colspan="2">This is BELOW National rate of 5.8</td></tr>
<tr><td colspan="3"> 
</td><td colspan="2"> 
</td></tr>
<tr><td colspan="5">NHS Fife was not an outlier for CDIs in Q4 2023.</td></tr>
</table>

New standards for reducing all Healthcare Associated CDI by 10% by 2024 (from 2018/2019 baseline). This standard will be locally extended for a further year to 2025		
Standards application for Fife:	**CDI Rate Baseline 2018/2019**	**CDI 10% reduction target by 2025**
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 2023 (HPS)		
CDI by rate 100,000 Total bed days	**9.3** per 100,000 TBDs	
CDI by Number of HCAI cases	**33**	

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 12**	Low Risk 6

3.3 Current CDI initiatives

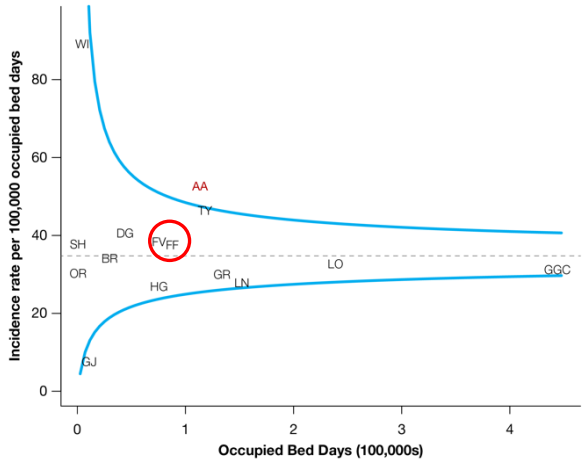
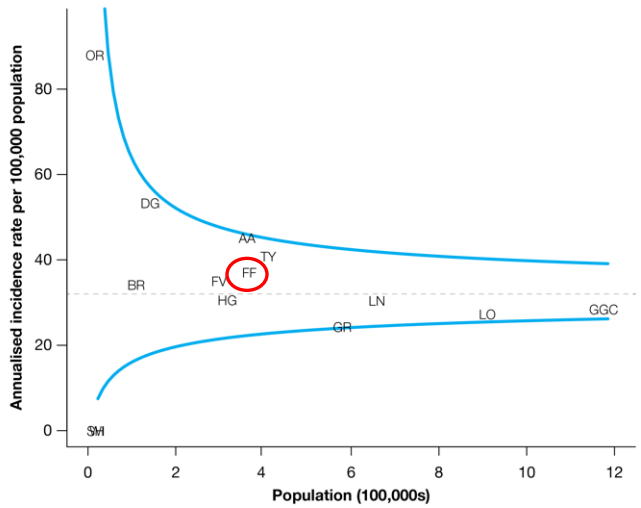
Follow up of all hospital and community cases continues to establish risk factors for CDI

- 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.
- Commercial faecal transplant (FMT) is now available and NHS Fife will use this for recurrences that have failed first and second line treatments
- Bezlotoxumab is available, only when FMT is contra-indicated, or if the patient is unable to tolerate the procedure.

4.0 Escherichia coli Bacteraemias (ECB)

4.1 Trends:

Escherichia coli Bacteraemias (ECB)				
Local Data: Q1 (Jan-Mar) 2024 **(Q1 2024) ARHAI National comparison awaited)**				
In Q1 2024 NHS Fife had:	68 ECBs	38 HAI/HCAIs 30 CAIs	This is **DOWN** from	69 Cases in Q4 2023
Q1 2024 There were **5** Urinary catheter associated ECBs, which was lower than during Q4 2023, when there were 11 CAUTIs.				

Q4 (Oct-Dec) 2023			
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: **37.6**	Per 100,000 bed days	CAI ECBs rate: **37.1**	Per 100,000 Pop
No of HCAI ECBs: 34		No of CAI ECBs: 35	
This is **ABOVE** National rate of 34.7		This is **ABOVE** National rate of 32.0	
			
For HCAI & CAI ECBs: NHS Fife was **WITHIN** the 95% confidence interval in the funnel plot analysis			

New standards for reducing all Healthcare Associated ECBs by 25% by 2024 (from 2018/2019 baseline). This standard will be extended locally for a further year to 2025		
New standards for reducing all Healthcare Associated ECB by 25% by 2025 (from 2018/2019 baseline).		
Standards application for Fife:	**ECB Rate Baseline 2018/2019**	**ECB 25% reduction target by 2025**
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 2023 (HPS)		
ECB by rate 100,000 Total bed days	**31.8** per 100,000 TBDs	
ECB by Number of HCAI cases	**113**	

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 *E.coli* Bacteraemia Count of Device- Catheter over Total Fife **HAI** ECBs			
	NHS Scotland	**NHS Fife**	Rate calculation
2024 Q1	TBC	*** 6.3%**	
2023 Q4	21.2%	**35.7%**	
2023 Q3	18.5%	**27.3%**	
2023 Q2	18.1%	**12.5%**	
2023 Q1	18.9%	**22.2%**	
2022 TOTAL	17.0%	**21.4%**	
2021 TOTAL	16.0%	**15.4%**	* Locally calculated data- TBC by ARHAI when Q1 2024 data published on Discovery
2020 TOTAL	16.4 %	**27.5 %**	
2019 TOTAL	16.1 %	**24.5 %**	
Data from NSS Discovery ARHAI Indicators			

Healthcare Associated Infections (HCAI) CATHETER Device related *E.coli* Bacteraemia Count of Device- Catheter over Total Fife **HCAI** ECBs			
	NHS Scotland	**NHS Fife**	Rate calculation
2024 Q1	TBC	***18.2%**	
2023 Q4	27.1%	**30.0%**	
2023 Q3	21.3%	**35.3%**	
2023 Q2	22.6%	**22.2%**	
2023 Q1	26.5%	**12.5%**	
2022 TOTAL	22.7%	**30.9 %**	* Locally calculated data- TBC by ARHAI when Q1 2024 data published on Discovery
2021 TOTAL	27.0%	**36%**	
2020 TOTAL	24.1 %	**23.0 %**	
2019 TOTAL	22.8 %	**28.0 %**	
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 9**	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 IPCT continue to attend and contribute towards the UCIG last held on 15th February 2024. This group aims to minimise 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. During Jan-April 2024, there were 9 CAUTI ECBs, of which one case was 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 were trailed on V54 ward. Amendments to the tool are now awaited by Patientrack before this can then be rolled out across the board.
A new group has been formed, chaired by Dr Morris, to push forward the eCatheter bundles onto Patientrack. This last met on 6.3.24 to quality assure the insertion & maintenance bundles and are working with D&I to install onto Patientrack, which will then be utilised across the acute & HSCP inpatient wards to optimise urinary and suprapubic catheter care.

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 its dashboard.
- There is currently no robust electronic recording system for reporting HH compliance from clinical areas across Fife. eHealth has recommended that LanQIP can be utilised 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-Apr 24) was **96.0%**.
- 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 24	Q3 Oct-Dec 23
Fife	96.0%	96.0%
Scotland	Awaiting	95.2%

- The National Cleaning Services Specification – quarterly compliance report result for Quarter 4 (Jan-Mar) 24 shows NHS Fife achieving **GREEN** status.

- **Estates Monitoring**

Estates Location	Q4 Jan-Mar 24	Q3 Oct-Dec 23
Fife	96.6↑	95.9%
Scotland	Awaiting	96.1%

- The Estates Monitoring – quarterly compliance report result for Quarter 4 (Jan-Mar) 24 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).

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 are reported to ARHAI Scotland weekly, all closures due to an Acute Respiratory Illness (ARI) via the ORT.

March – end of April 2024

Norovirus

There have been 9 ward closures due to GI outbreaks, 8 of these were confirmed Norovirus.

Seasonal Influenza

There has been no outbreaks due to confirmed Influenza since the last reporting period.

COVID-19

March- April 2024, there has been 1 new COVID-19 outbreak/incident reportable to ARHAI Scotland during this reporting period.

3_Hospital	5_Ward	Ist Case	Total no. deaths	Total no. patients	Total no. staff
VHK	Ward 32	April 2024	1	4	3

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 and a subsequent DL (2024) 01 advises surgical site infection (SSI) 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

8 e) Large Bowel SSI

All large bowel surveillance has been postponed due to the COVID19 pandemic until further notice

9. Hospital Inspection Team

There have been no new inspections during this reporting period (March – end of April 2024)

10. Assessment

- **CDIs**: There has been a reduction in the number of *Clostridioides difficile* cases so far during 2024 (Jan-Apr), compared to Jan-Apr 2023, and this improvement is also reflected in the number of HCAI cases. CAI cases have increased during this time period and the most common risk factors seen amongst the CAI cases were PPI usage and antibiotics in the 12 weeks preceding the CDI infection. IPCT will continue to monitor and assess cases throughout the year.
- 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		
Month	HAI & HCAI	Community / Not Known	SAB Total	HAI/HCAI / UnKnown	Community	CD Total	HAI & HCAI	Community / Not Known	ECB Total
Apr-23	4	3	7	6	1	7	9	5	14
May-23	5	4	9	5	0	5	12	9	21
Jun-23	4	6	10	5	1	6	5	9	14
Jul-23	3	4	7	1	2	3	12	15	27
Aug-23	4	1	5	1	1	2	11	18	29
Sep-23	1	4	5	2	5	7	5	7	12
Oct-23	4	4	8	1	0	1	14	13	27
Nov-23	4	2	6	0	0	0	11	13	24
Dec-23	2	5	7	1	0	1	9	9	18
Jan-24	5	5	10	3	2	5	18	13	31
Feb-24	3	4	7	1	1	2	13	8	21
Mar-24	4	2	6	0	1	1	7	9	16
Apr-24	6	3	9	4	6	10	14	8	22

Cleaning Compliance (%) TOTAL FIFE												
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Overall	95.9	95.9	95.9	95.6	95.6	95.7	96.0	96.2	95.8	95.8	95.9	96.3

Estates Monitoring Compliance (%) TOTAL FIFE												
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Overall	96.5	96.5	96.0	96.1	95.7	96.2	95.7	96.2	95.9	96.8	96.6	96.3

Victoria Hospital

	VHK		
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
Month	HAI	**HAI**	HAI
Apr-23	4	4	2
May-23	2	3	3
Jun-23	1	3	1
Jul-23	1	0	2
Aug-23	3	0	6
Sep-23	1	0	3
Oct-23	3	1	7
Nov-23	4	0	2
Dec-23	0	0	3
Jan-24	4	0	7
Feb-24	2	1	3
Mar-24	3	0	2
Apr-24	3	3	5

Cleaning Compliance (%) Victoria Hospital												
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Overall	96.1	95.6	96.1	95.4	95.4	95.8	96.4	96.0	95.9	95.1	94.9	95.9

Estates Monitoring Compliance (%) Victoria Hospital												
	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24
Overall	97.5	97.3	97.0	97.3	96.2	97.6	97.1	97.3	96.5	97.7	97.3	97.2

Queen Margaret Hospital

	QMH		
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
	HAI	**HAI**	**HAI**
Month			
Apr-23	0	1	1
May-23	1	1	0
Jun-23	0	0	0
Jul-23	0	0	0
Aug-23	1	0	0
Sep-23	0	0	0
Oct-23	0	0	1
Nov-23	0	0	1
Dec-23	1	0	0
Jan-24	1	0	2
Feb-24	0	0	1
Mar-24	0	0	0
Apr-24	1	0	0

Cleaning Compliance (%) Queen Margaret's hospital												
	Apr 23	**May 23**	**Jun 23**	**Jul 23**	**Aug 23**	**Sep 23**	**Oct 23**	**Nov 23**	**Dec 23**	**Jan 24**	**Feb 24**	**Mar 24**
Overall	96.5	96.7	96.6	95.8	96.6	96.4	96.8	97.4	96.6	97.0	97.5	96.7

		Estates Monitoring Compliance (%)Queen Margaret's hospital										
	Apr 23	**May 23**	**Jun 23**	**Jul 23**	**Aug 23**	**Sep 23**	**Oct 23**	**Nov 23**	**Dec 23**	**Jan 24**	**Feb 24**	**Mar 24**
Overall	94.9	95.5	94.1	94.6	95.0	94.4	95.5	95.3	96.4	96.2	95.6	95.7

Community Hospitals

	COMMUNITY HOSPITALS		
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
Month	HAI	HAI	HAI
Apr-23	0	1	1
May-23	0	0	0
Jun-23	0	0	0
Jul-23	0	0	0
Aug-23	0	0	0
Sep-23	0	0	0
Oct-23	0	0	0
Nov-23	0	0	0
Dec-23	0	0	0
Jan-24	0	0	0
Feb-24	0	0	0
Mar-24	0	0	1
Apr-24	0	0	1

Out of Hospital

	OUT OF HOSPITAL					
	SAB <48hrs admx		CDI <48hrs admx		ECB <48hrs admx	
Month	HCAI	Community / Not Known	HCAI / UnKnown	Community	HCAI	Community / Not Known
Apr-23	0	3	0	1	5	5
May-23	2	4	1	0	9	9
Jun-23	3	6	2	1	4	9
Jul-23	2	4	1	2	10	15
Aug-23	0	1	1	1	5	18
Sep-23	0	4	2	5	2	7
Oct-23	1	4	0	0	6	13
Nov-23	0	2	0	0	8	13
Dec-23	1	5	1	0	6	9
Jan-24	0	5	3	2	9	13
Feb-24	1	4	0	1	9	8
Mar-24	1	2	0	1	4	9
Apr-24	2	3	1	6	8	8

Appendix 1 References and Links

References & Links
Understanding the Report Cards – Infection Case Numbers *Clostridioides difficile infections (CDI)* and *Staphylococcus aureus* bacteraemia *(SAB)* cases are presented for each hospital, broken down by month by Healthcare Associated (HCAI & HAI) & Community (Community/Unknown) onset. More information on these organisms can be found on the NHS24 website: *Clostridioides difficile*: https://www.hps.scot.nhs.uk/a-to-z-of-topics/clostridioides-difficile-infection/ *Staphylococcus aureus* : https://www.hps.scot.nhs.uk/a-to-z-of-topics/staphylococcus-aureus-bacteraemia-surveillance/ For each hospital, the total number of cases for each month are those, which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered confirmation that the infection was contracted prior to hospital admission and will be shown in the "out of hospital" report card. **Targets** There are national targets associated with reductions in C.diff and SABs and from 2019 for e.coli bacteraemias (ECBs). More information on these can be found on the Scotland Performs website: http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance **Understanding the Report Cards – Hand Hygiene Compliance** Hospitals carry out regular audits of how well their staff are complying with hand hygiene. Each hospital report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used. **Understanding the Report Cards – Cleaning Compliance** Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website: http://www.hfs.scot.nhs.uk/online-services/publications/hai/ **Understanding the Report Cards – *'Out of Hospital Infections'*** *Clostridium difficile infections* and *Staphylococcus aureus bacteraemia* cases can be associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infections from community sources. The final Report Card report in this section covers '*Out of Hospital Infections*' and reports on SAB and CDI cases reported to NHS Fife which are not attributable to a hospital.
For HPS categories for Healthcare Associated Infections: **https://www.hps.scot.nhs.uk/web-resources-container/quarterly-epidemiological-commentary-for-the-surveillance-of-healthcare-associated-infections-in-scotland-methods-caveats/**

Appendix 2 Categories of Healthcare & Community Infections

Categories of Healthcare & community Infections

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

HPS **ECB** & **SAB** definitions for Hospital Acquired, Healthcare Associated, Community or Not known

Hospital Acquired Infection (HAI):
Positive Blood culture obtained from patient who has been
-Hospitalised for >48 hours
If the patient was transferred from another hospital the duration of the in-patient stay is calculated from the date of the first hospital admission
OR
-The patient was discharged from hospital in the 48 hours prior to the positive blood culture being obtained
OR
-A patient receives regular haemodialysis as an outpatient

Community Infection
-Positive Blood culture obtained from a patient with 48 hours of admission to hospital who does not fulfil any of the criteria for the healthcare associated blood stream infections

Not known:
-Only to be used if the ECB is not a HAI and unable to determine if community or HCAI

Healthcare Associated Infection (HCAI):-
Positive blood culture obtained within 48 hours of admission to hospital and fulfils one or more of the following criteria:
-Was hospitalised overnight in the 30 days prior to the +ve blood culture being obtained.
OR
-Resides in a Nursing home, long term facility or residential home
OR
-IV,IM, Intra-articular or sub cut medication in the 30 days prior to the positive blood culture,
but EXCLUDING IV illicit drug use.
OR
-Underwent venepuncture in the 30 days before +ve BC
OR
-Underwent medical procedure which broke mucous or skin barrier i.e. biopsies or dental extraction in the 30 days before +ve BC
OR
-Underwent any care for chronic medical condition or manipulation of medical device by a healthcare worker in the community in the 30 days prior to the +ve BC being obtained i.e. podiatry or dressing of chronic ulcers, catheter change or insertion
OR
-Has a long term indwelling device (i.e. catheter, central line, drain (excluding a haemodialysis line)

HPS **CDI** Definition for Hospital Acquired, Healthcare Associated, Unknown or Community onset

HPS Linkage Origin Definitions

CDI Origin	Origin sub category : definitions
Healthcare	**HAI :** Specimen taken after more than 2 days in hospital (day three or later following admission on day one)
	HCAI : Specimen taken within 2 or less days in hospital and a discharge from hospital 4 weeks prior to specimen date; or specimen taken in the community and a discharge from hospital within 4 weeks of the specimen date **Unknown** : Specimen taken 2 or less days in hospital and a previous discharge from hospital 4-12 weeks prior to specimen date; or specimen taken in the community and a discharge from hospital in 4-12 weeks prior to the specimen date
Community	**CAI :** Specimen taken 2 or less days in hospital and no hospital discharges in the 12 weeks prior to specimen date; or not in hospital when specimen taken and no hospital discharges in the 12 weeks prior to specimen date.

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

NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife-UHB.EqualityandHumanRights@nhs.net or phone 01592 729130

NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

www.nhsfife.org

facebook.com/nhsfife
@nhsfife
youtube.com/nhsfife
@nhsfife

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**12 July 2024**
Title:	**Ionising Radiation (Medical Exposure) Regulations Inspection Report**
Responsible Executive:	**Dr Chris McKenna, Medical Director NHS Fife**
Report Author:	**Jane Anderson, Interim General Manager, Women, Children and Clinical Services Directorate**

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

HIS carried out an announced IR(ME)R inspection within NHS Fife on Wednesday 27 and Thursday 28 February 2024, to review Nuclear Medicine and activities using radioisotopes.

2.2 Background

Healthcare Improvement Scotland has a statutory responsibility to provide public assurance about the quality and safety of healthcare through its inspection activity. The quality assurance system and the quality assurance framework allows HIS to provide external assurance of the quality of healthcare provided in Scotland. HIS have aligned the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017 to the framework.

The focus of the HIS inspection was to ensure each service is implementing IR(ME)R 2017 and the inspectorate evaluated the service against quality indicators that align to the regulations. HIS require reassurance that the service complies with its legal

obligations under IR(ME)R 2017 and review how well services are led, managed and delivered.

2.3 Assessment

The inspection team was made up of two inspectors, who spoke with the Radiology management team, Administration of Radioactive Substances Advisory Committee (ARSAC) licence holder, a surgeon, IR(ME)R Policy Lead, radiography staff and the medical physics experts.

This inspection resulted in no requirements and 2 recommendations. Requirements are linked to compliance with IR(ME)R.

Direction	
Recommendations	
a	NHS Fife should ensure that the audit of activity levels in MAG3 imaging is commenced immediately.

Implementation and delivery	
Recommendations	
b	NHS Fife should ensure that all relevant staff are informed of clinical audits undertaking and the results of these, including the IR(ME)R board.

The actions are as follows:-

1. An audit of activity levels in MAG3 imaging is in progress, with completion planned October 2024
2. Clinical Audit has been added to the standing agenda of the IRMER Board meeting which takes place twice a year. Responsible Managers from all areas will be present and will feed back at these meetings.

In addition to the recommendations, the Inspectors highlighted many service strengths; for example, the training and entitlement records, procedures in place that prioritised patient safety and the inspectors were reassured by the knowledge and skills of our frontline staff.

The inspectors were impressed by the governance, assurance, and accountability that they described as 'strengthened by the good culture'. They witnessed strong working relationships within the department, which leads to no concerns about the Fife-Lothian connections regarding the Nuclear Medicine service.

The action plan was returned to the Inspectorate on 24 March 2024.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	X			
Descriptor	There is robust assurance that the system of control achieves, or will achieve,	There is sufficient assurance that controls upon which the	There is some assurance from the systems of control in place to manage the	No assurance can be taken from the information that has been

	the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

This report provides significant evidence for the safe quality of care provided within Xray facilities in Fife.

2.3.2 Workforce

This report provides a significant safe working environment for radiology staff.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

N/A

2.3.5 Equality and Human Rights, including children's rights, 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

This paper is being presented directly to the Clinical Governance Committee.

2.4 Recommendation

The Committee is asked to take a **"significant" level of assurance** from the contents of the HIS IR(ME)R inspection report as reassurance that appropriate governance is in place for managing the use of Radioisotopes in NHS Fife.

3 List of appendices

The following appendices are included with this report:

- Appendix No1, HIS IR(ME)R Nuclear Medicine Inspection February 2024

Report Contact
Jane Anderson
Interim General Manager, Women, Children and Clinical Services
Jane.Anderson2@nhs.scot

NHS Fife
SBAR

TITLE OF REPORT:	HIS IR(ME)R Nuclear Medicine Inspection February 2024
EXECUTIVE LEAD:	Dr Chris McKenna
REPORTING OFFICER:	Jane Anderson

Purpose of the Report (delete as appropriate)

For Information

SBAR REPORT

Situation

HIS carried out an announced IR(ME)R inspection within NHS Fife on Wednesday 27 and Thursday 28 February 2024, to review Nuclear Medicine and activities using radioisotopes.

Background

Healthcare Improvement Scotland has a statutory responsibility to provide public assurance about the quality and safety of healthcare through its inspection activity. The quality assurance system and the quality assurance framework allows HIS to provide external assurance of the quality of healthcare provided in Scotland. HIS have aligned the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) 2017 to the framework.

The focus of the HIS inspection was to ensure each service is implementing IR(ME)R 2017 and the inspectorate evaluated the service against quality indicators that align to the regulations. HIS require reassurance that the service complies with its legal obligations under IR(ME)R 2017 and review how well services are led, managed and delivered.

Assessment

The inspection team was made up of two inspectors, who spoke with the Radiology management team, Administration of Radioactive Substances Advisory Committee (ARSAC) licence holder, a surgeon, IR(ME)R Policy Lead, radiography staff and the medical physics experts.

This inspection resulted in no requirements and 2 recommendations. Requirements are linked to compliance with IR(ME)R.

Direction	
Recommendations	
a	NHS Fife should ensure that the audit of activity levels in MAG3 imaging is commenced immediately.

Implementation and delivery	
Recommendations	
b	NHS Fife should ensure that all relevant staff are informed of clinical audits undertaking and the results of these, including the IR(ME)R board.

The actions are as follows:-

1. An audit of activity levels in MAG3 imaging is in progress, with completion planned October 2024
2. Clinical Audit has been added to the standing agenda of the IRMER Board meeting which takes place twice a year. Responsible Managers from all areas will be present and will feed back at these meetings.

In addition to the recommendations, the Inspectors highlighted many service strengths; for example, the training and entitlement records, procedures in place that prioritised patient safety and the inspectors were reassured by the knowledge and skills of our frontline staff .

The inspectors were impressed by the governance, assurance, and accountability that they described as 'strengthened by the good culture'. They witnessed strong working relationships within the department, which leads to no concerns about the Fife-Lothian connections regarding the Nuclear Medicine service.

The action plan was returned to the Inspectorate on 24 March 2024.

Recommendation

The Committee is asked to **note** the contents of the HIS IR(ME)R inspection report as reassurance that appropriate governance is in place for managing the use of Radioisotopes in NHS Fife.

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**12 July 2024**
Title:	**Neonatal Mortality Review Response**
Responsible Executive:	**Janette Keenan/Director of Nursing**
Report Author:	**Aileen Lawrie/Director of Midwifery**

1 Purpose

- Assurance

This report relates to:

- National Health & Wellbeing Outcomes

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

- Safe
- Effective
- Person Centred

2 Report summary

Classifications

Late fetal loss: A baby born between 22 and 23 completed week's gestational age showing no signs of life, irrespective of when the death occurred.

Stillbirth: A baby born at or after 24 completed weeks's gestational age showing no signs of life, irrespective of when the death occurred.

Neonatal death: A live born baby who died up to 28 completed days after birth.

Extended perinatal death: A stillbirth or neonatal death

2.1 Situation

This report concerns stillbirths and neonatal deaths among the 2,725 babies born within NHS Fife in 2022. Births before 24 completed week's gestational age and all terminations of pregnancy are excluded. Neonatal deaths are reported by place of birth, irrespective of where the death occurred, as denominator data on the place of care is not available for all births.

2.2 Key Messages

The stabilised & adjusted stillbirth rate is 3.57 per 1,000 total births. This is around the average for similar Trusts & Health Boards. The stabilised & adjusted neonatal mortality rate is 1.58 per 1,000 live births; this is lower than the average for similar Trusts & Health Boards. The stabilised & adjusted extended perinatal mortality rate is 5.20 per 1,000 total births; this is around the average for similar Trusts & Health Boards.

Excluding deaths due to congenital anomalies the stabilised & adjusted stillbirth rate is 3.26 per 1,000 total births; this is around the average for similar Trusts & Health Boards UK wide. The stabilised & adjusted neonatal mortality rate excluding deaths due to congenital anomalies is 1.19 per 1,000 live births; this is lower than the average for similar Trusts & Health Boards. The stabilised & adjusted extended perinatal mortality rate excluding deaths due to congenital anomalies is 4.47 per 1,000 total births; this is around the average for similar Trusts & Health Boards. The stabilised & adjusted mortality rates for NHS Fife were similar to, or lower than, those seen across similar Trusts and Health Boards UK wide.

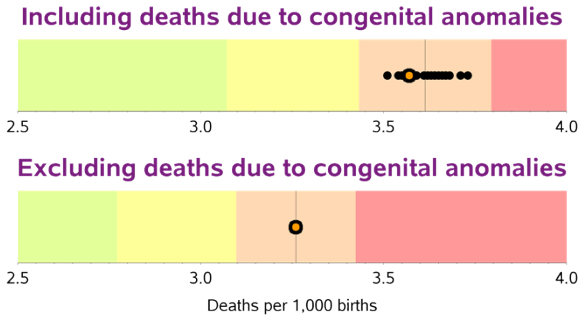
2.3 Assessment

The mortality rates are reported for babies born at 24 completed week's gestational age or later, excluding terminations of pregnancy. The crude mortality rate is the number of deaths for every 1,000 births (or 1,000 live births for neonatal mortality) and is a snapshot of mortality for births in 2022. This can be misleading as a measure of the underlying (or long-term) mortality rate due to chance variation and differences between Trusts and Health Boards in the proportion of high risk pregnancies. The stabilised & adjusted mortality rate provides a more reliable estimate of the underlying mortality rate, accounting for mother's age, socio-economic deprivation, baby's sex and ethnicity, multiplicity, and (for neonatal deaths only) gestational age at birth. While it is not possible to adjust for all potential risk factors, these measures do provide an important insight into the perinatal mortality for births within Fife in 2022. To account for the wide variation in case-mix, all Trusts and Health Boards have been classified hierarchically into five comparator groups: (i) Level 3 Neonatal Intensive Care Unit (NICU) and surgical provision; (ii) Level 3 NICU; (iii) 4,000 or more births per annum at 22 weeks or later; (iv) 2,000-3,999 births per annum at 22 weeks or later; (v) under 2,000 births per annum at 22 weeks or later. In 2022 Fife was included in the comparator group with a Level 3 NICU.

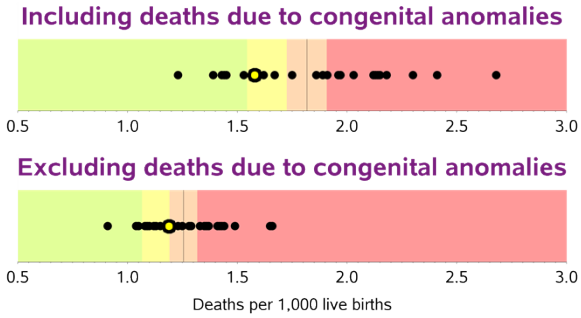
The estimated stabilised & adjusted mortality rate for each type of death has been compared with the average mortality rate for Trusts and Health Boards in the same comparator group and is shown below as a coloured circle:

- more than 15% lower than the average for the group
- more than 5% and up to 15% lower than the average for the group
- up to 5% higher or up to 5% lower than the average for the group
- more than 5% higher than the average for the group

Stabilised & adjusted stillbirth rates for babies born at 24 weeks gestational age or later

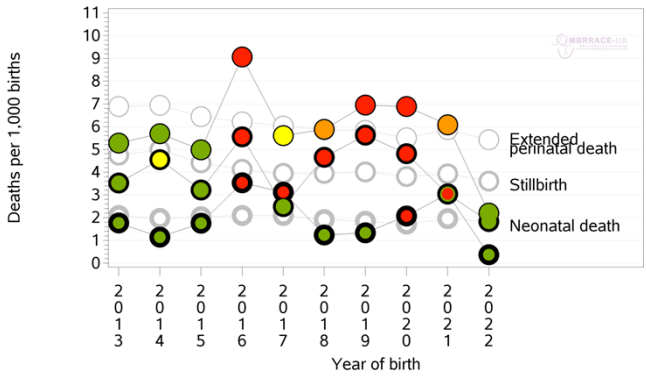


Stabilised & adjusted neonatal death rates for babies born at 24 weeks gestational age or later

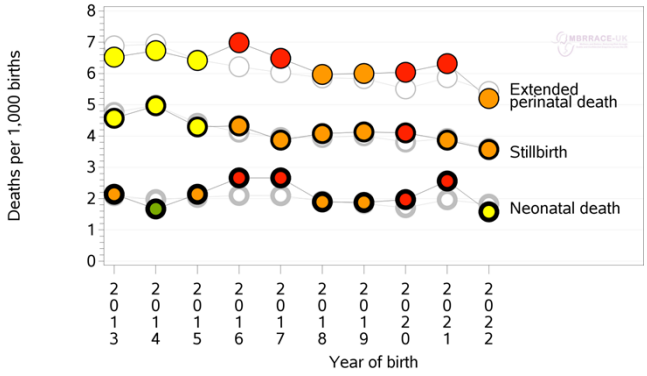


The crude mortality rates reported below are for babies born within NHS Fife, excluding births before 24 weeks gestational age and all terminations of pregnancy, together with the equivalent UK-wide rates. These rates are subject to random variation, especially when the number of deaths is small. Stabilised & adjusted mortality rates are presented also which provide more reliable estimates of the underlying (long-term) mortality rates.

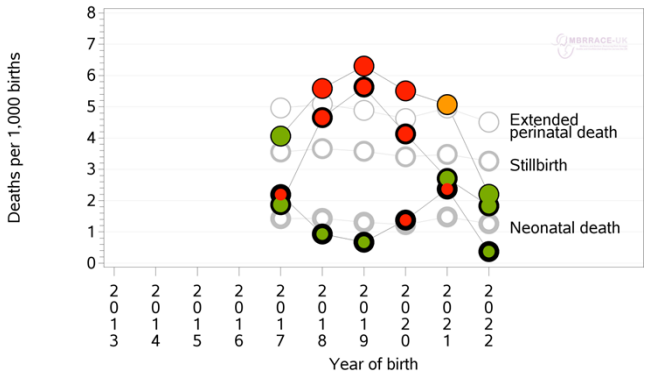
Crude mortality rates for babies born at 24 weeks gestational age or later by year of birth



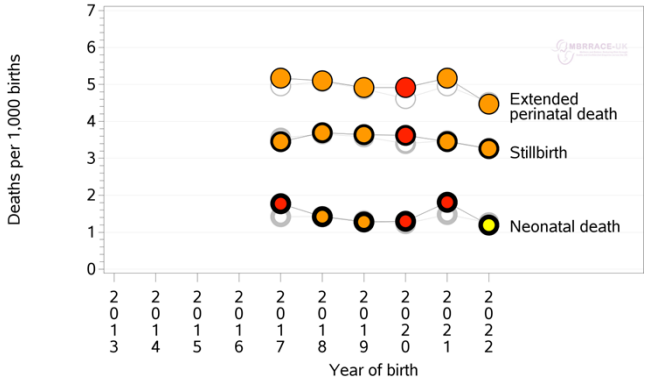
Stabilised & adjusted mortality rates for babies born at 24 weeks gestational age or later by year of birth



Crude mortality rates for babies born at 24 weeks gestational age or later by year of birth: excluding deaths due to congenital anomalies



Stabilised & adjusted mortality rates for babies born at 24 weeks gestational age or later by year of birth: excluding deaths due to congenital anomalies



Rates per 1,000 births: Equivalent UK-wide rates are also shown for comparison.

Stillbirths: Antepartum 1.5 (4) UK rate 2.9, Intrapartum: 0.4 (1) UK rate 0.3

Neonatal Deaths: Early 0.4 (1) UK rate 1.1 Late: 0 (0) UK rate 0.6

The rates of extended perinatal death by gestational age at delivery:

24+0 – 27+6: 0(0) UK rate 325.5

28+0 – 31+6: 43.5 (1) UK rate 101.7

32+0 – 36+6: 7 (1) UK rate 19.2

37+0 – 41+6:1.7 (4) UK rate 1.7

2.3.1 Quality / Patient Care

Age Profile: the proportion of mothers under 25 years of age was higher than that of the UK as a whole: 18.4% versus 14.5%. In the national MBRRACE-UK Perinatal Mortality Surveillance Report it was shown that mortality rates were higher for babies born to mothers under 25 and over 34 years of age compared to mothers aged from 25 to 34 years old

Socio-economic deprivation: the distribution of births by level of deprivation, based on the postcode of the mother's residence and using the Children in Low-Income Families Local Measure shows that the women giving birth in Fife lived in areas of similar deprivation to those giving birth across the UK as a whole

Ethnicity: The proportion of babies of non-White ethnicity was considerably lower than that of the UK as a whole: 3.2% versus 26.2%. However, for 25.0% of births the baby's ethnicity was reported as not known. This information is dependent on the accurate coding of babies' ethnicity within the routine reporting of all births and is an area of challenge seen nationally due to SMRO2 coding and the use of EPR. It is an area of improvement that we have already undertaken

Gestational age: 2 babies (0.1%) were born at 24 to 27 weeks gestational age, lower than the 0.4% seen in the UK as a whole. However, the percentage of babies born at 28 to 31 weeks was similar to the national average: 0.9% versus 0.8%. In addition, 8 babies (0.3%) were born post-term (42 weeks or greater), a lower percentage than the UK average of 1.5%.

2.3.4 Risk Assessment / Management

The stabilised & adjusted mortality rates for NHS Fife were similar to, or lower than, those seen across similar Trusts and Health Boards. However the aspiration is to seek rates comparable with the best performing countries. To assist with assessment of care, identify and implement service improvements and to prevent future similar deaths, we undertake reviews which include the use of the perinatal mortality tool alongside local clinical risk processes.

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

We are currently taking forward work to identify racial bias in our clinical care pathways

2.3.6 Climate Emergency & Sustainability Impact

n/a

2.3.7 Communication, involvement, engagement and consultation

Information regarding maternal and neonatal deaths is available to the public via Public Health Scotland

First Draft of this paper submitted to WCCS Clinical Governance Committee for review and onward escalation to ASDCG.

2.3.8 Route to the Meeting

This paper was provided to the Clinical Governance Oversight Group for assurance (June 24 meeting).

2.4 Recommendation

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

Report Contact
Aileen Lawrie
Director of Midwifery
Email Aileen.Lawrie@nhs.scot

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**12 July 2024**
Title:	**Patient Experience and Feedback Report**
Responsible Executive:	**Janette Keenan, Executive 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 report is presented for:

- Assurance
- Discussion

This report relates to:

- Emerging issue
- Government policy / directive
- Local policy

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

- Person Centred

2 Report summary

2.1 Situation

Patient complaints are reported monthly through the Fife Integrated Performance and Quality Report (IPQR). The indicators are identified as:

- Stage 1 Closure rate (target 80%)
- Stage 2 Closure rate (local target 33% by 30 September 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 timeframe 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.

2.3 Assessment

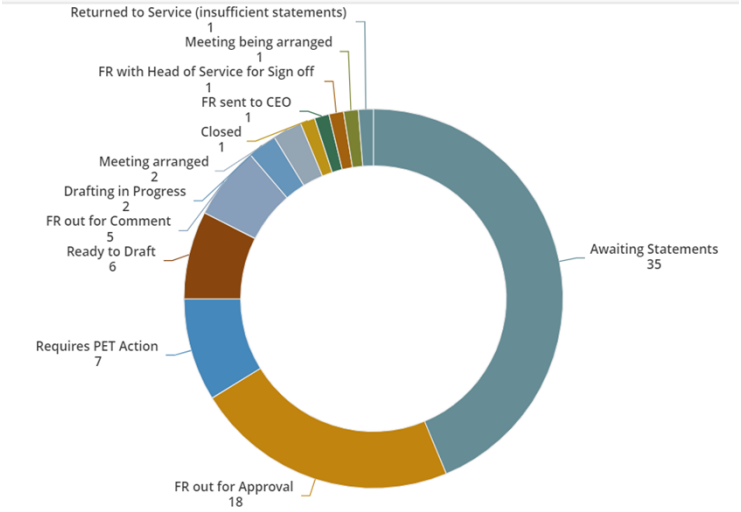
The complaint "complexity scoring" tool, which triages complaints and categorises them as low, moderate, or high complexity, is now fully embedded within the Patient Experience Team. The complexity categorisation score provides insight into the volume of complex complaints that NHS Fife receives and handles. All major or extreme complaints are appropriately escalated within the organisation, with several triggering an adverse event review.

The Patient Experience Dashboard and new weekly report format now provide a level of detail that clarifies where each complaint is in the process. Further work on the Dashboard is ongoing to capture multidirectorate complaint data and Scottish Public Services Ombudsmen (SPSO) complaints. An additional page has been created to help analyse and monitor PET departmental performance and workload, highlighting complaints linked to adverse events.

At the beginning of Q1, there were 60 stage 2 open complaints, dropping to 55 in May 2024, the lowest in several years. This increased to 79 open stage 2 complaints in June 2024, which is a 44% increase. All services now have a single point of contact for receiving and processing complaints. However, a couple of Services have experienced absences, and this has caused delays in the Model Complaint Handling Procedure (MCHP). In line with the MCHP, some stage 1's have escalated to Stage 2's as the complainant has been unhappy or there have been delays in providing a response. Absence within the Patient Experience team has also had an impact in providing a response to Stage 1 complaints and the Services are being encouraged to ensure all stage 1's are closed through local resolution, thus reducing unnecessary delays with PET providing written responses.

Data taken from the second week in June 2024 shows delays in the process remain.:

- Awaiting statements – 45% (previous 21% at the end of January 2024)
- Final response with Service for comment or approval – 30% (previously 57%, at the end of January 2024)
- Ready to draft, drafting or requires PET action – 19% (previously 18% at the end of January 2024)



At the beginning of April 2024, there were 11 complaints over 100 days, 4 between 150 and 199 days, and 2 greater than 200 days. There are now only 3 complaints over 100 days and zero over 200 days. Of those 3, 2 will be closed imminently as they are out for final approval, leaving only 1 for which a meeting is being arranged. The reduction in stage 2 complaints over 100 days shows the significant progress undertaken to reduce the number of delayed complaints.

Twenty-nine are within the 20-day target, with 2 at the drafting stage, 1 requiring further PET action, 1 arranging a meeting, and 3 with the final draft out for approval. Twenty-two of these complaints are “awaiting statements”. PET is prioritising its workload and focusing on drafting the complaints within 20 days.

Out of the 29 stage 2 complaints that are within the 20-day target, we have zero negligible, 4 minor, 19 moderate, 3 major, and 1 extreme complaints. It is worth noting that the 23 moderate, major, and extreme stage 2 complaints are likely to be answered after the 20-day standard timeframe target. As a result, we anticipate that the figures for compliance with responding to a complaint within the national 20-day standard timeframe target will remain low in the next quarter. To address this, PET and Acute have initiated discussions to trial drafting negligible and minor complaints from the Health & Social Care Portal, if PET deems that staff statements are not necessary. The draft will then be sent to the Service for review. This trial is set to begin in June as a test of change, which is a part of our ongoing efforts to improve our response times.

Work with Services continues to review new ways of working and understand challenges. All Services engage in a weekly meeting with PET to review open complaints. A monthly complaint meeting with Acute continues to review delayed complaints and a quality improvement initiative within the Services and PET.

Initial work started with a Senior Project Manager within the Corporate Project Management Office (PMO) to assist with streamlining and implementing changes in complaint handling-processes. An action plan was created, and support given to implement change. Due to the ongoing RTP work, support from PMO has now ceased but PET will continue to work through the action plan.

The 'complaints escalation' standard operating procedure (SOP) is currently in its third draft and is set to be finalised over the next quarter. This SOP will serve as a guide to

process complaints within the agreed national timescales, aligning with our model of handling complaint procedures. To ensure its effective implementation, a weekly escalation meeting is held between the HoPE and PET Leads, following the weekly PET/Service meetings and the Senior PET Administrator. This platform allows us to discuss all complaint delays, including SPSO updates and the Supported Intervention Policy (SIPS).

We currently have 17 live SPSO cases: 9 with the SPSO for review, 1 response drafted by Service/PET and ready for submission to the SPSO, 2 being reviewed by the Service, 1 to be closed, 1 for local resolution, 1 with the SPSO awaiting independent advice, 1 awaiting evidence to be sent to the SPSO, 1 PET lead to review.

The Patient Experience Team (PET) has been facing significant challenges, mainly due to the absence of key personnel in the Patient Experience Support Officer team. This has directly impacted the team's ability to provide efficient service cover for Concerns, Enquiries, and Stage 1's, leading to delays in closing and promptly resolving Stage 1 issues. Additionally, absences within Services have also resulted in delays in processing complaints at a Service level.

Services across Acute and H&SCP face ongoing challenges, including non-compliance with the Stage 1 Model Complaints Handling Procedure. Services are encouraged to make verbal contact with the complainant to help resolve these complaints locally. This process aims to avoid delays in responding to and closing complaints within the target timeframe. The Patient Experience Team continues to work with Services to encourage local resolution when the process is not followed.

Stage 1 target compliance remains under 80% and is variable. April 2024 saw an overall performance of 34% and May 2024 of 50%. The highest overall compliance for NHS Fife was in June 2022, at 71.9%. The last time Acute Services reached the target was August 2022, and H&SCP was September 2022, both achieving 80%. The Patient Experience Team is supporting Women & Children's Services with the monitoring of the Single Point of Contact generic email due to internal absences.

The absence of the additional 0.26WTE Bank Patient Experience Support Officer, who joined the Patient Experience Team to gather patient feedback in the form of Care Opinion, Lived Experiences, and Participation and Engagement, has significantly impacted our data collection. This underscores the crucial role of this position and the need for continuous support. However, we have initiated discussions to recruit 2 Volunteers who are interested in supporting patients to tell their stories on Care Opinion. We aim to fill these Volunteering posts over the summer. The HoPE and Senior Administrator perform weekly walkabouts to discuss Care Opinion opportunities and to promote Care Opinion within the Services.

2.3.1 Quality, Patient and Value-Based Health & Care

Analysing data will lay the foundation for quality improvement work. The Organisational Learning Group / Network will review themes, trends and lessons learned from complaints and adverse events, which can be triangulated with activity and staffing resources.

2.3.2 Workforce

Workforce planning

The Patient Experience Team establishment continues to be reviewed, and workload and workforce planning are continuously examined. Understanding the complexity of complaints and the time required to draft a response, for example, will support workforce planning and the complaints management model.

The team establishment 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, and 2.07 WTE Band 3 Patient Experience Administrators. The 1.0 WTE Band 4 Administrator (Navigator) post ended the fixed term post in May 2024.

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 and Anchor Institution ambitions

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 Climate Emergency & Sustainability 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.
- EDG on 4 July 2024.

2.4 Recommendation

The Committee is asked to take **assurance** from the report.

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Flashcard

Report Contact
Siobhan McIlroy
Head of Patient Experience
Email: Siobhan.mcilroy@nhs.scot

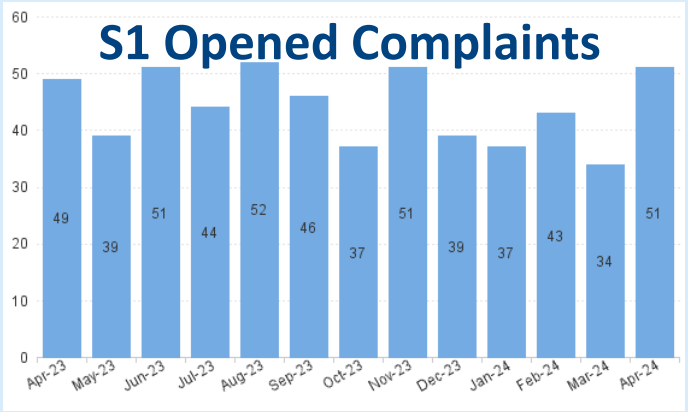
Patient Experience Flashcard

May 2024

S1 Complaints Performance

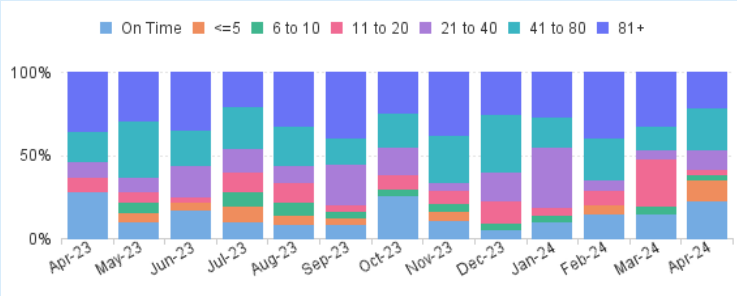
Target Compliance – 80%

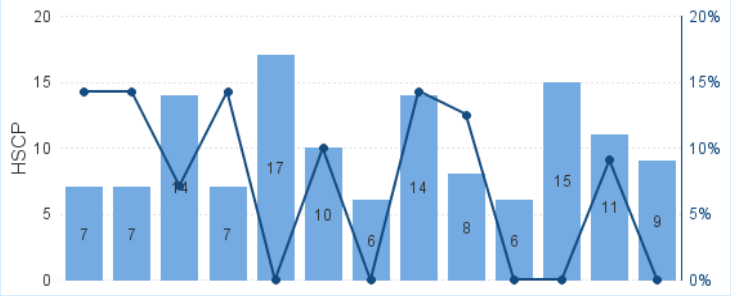
Records logged in Datix Complaints module – 01/07/2022 - 31/06/2023	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Total
Stage 1 Complaint	151	139	131	113	534
Stage 2 Complaint	102	87	55	65	309
Concern	124	131	120	241	616
Enquiry	189	210	163	131	693
Total	566	567	469	550	2152



OPENED COMPLAINTS	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Total	49	39	51	44	52	46	37	51	39	37	43	34	51
Corporate	2	3	6	3	1	3			3	3	1		
Acute	32	21	32	25	31	28	25	36	20	22	32	23	35
HSCP	15	14	11	14	20	13	12	15	16	12	9	9	13
Others		1	2	2		2					1	2	3

Closed Complaints - % Closed within Timescales





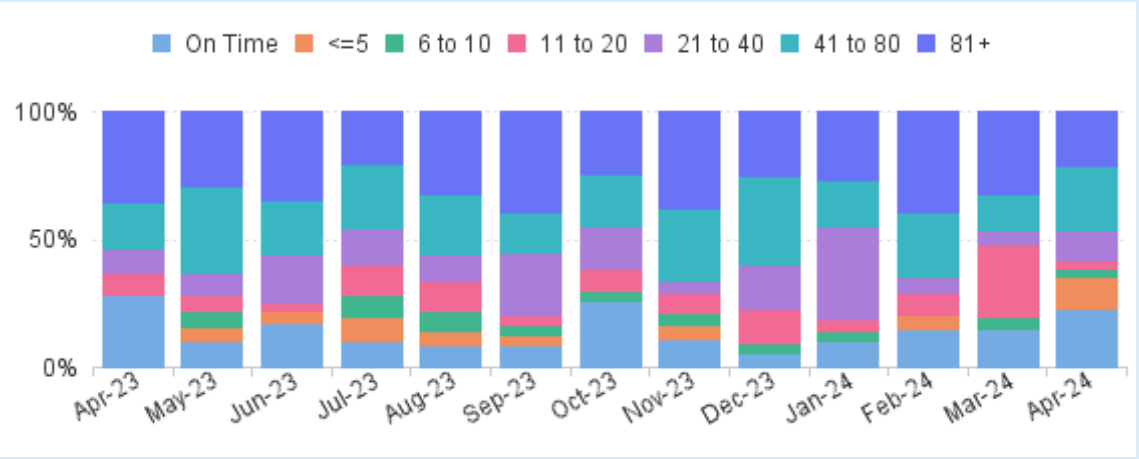
CLOSED COMPLAINTS		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Acute	Closed Complaints	30	32	20	24	31	25	31	34	26	17	28	25	28
	Closed within timescales	15	13	18	18	13	13	19	25	13	9	16	11	10
	% Closed within timescales	50.0%	40.6%	90.0%	75.0%	41.9%	52.0%	61.3%	73.5%	50.0%	52.9%	57.1%	44.0%	35.7%
H&SCP	Closed Complaints	12	17	11	12	22	12	9	15	13	13	12	8	15
	Closed within timescales	9	7	3	9	11	7	3	13	4	9	6	1	6
	% Closed within timescales	75.0%	41.2%	27.3%	75.0%	50.0%	58.3%	33.3%	86.7%	30.8%	69.2%	50.0%	12.5%	40.0%

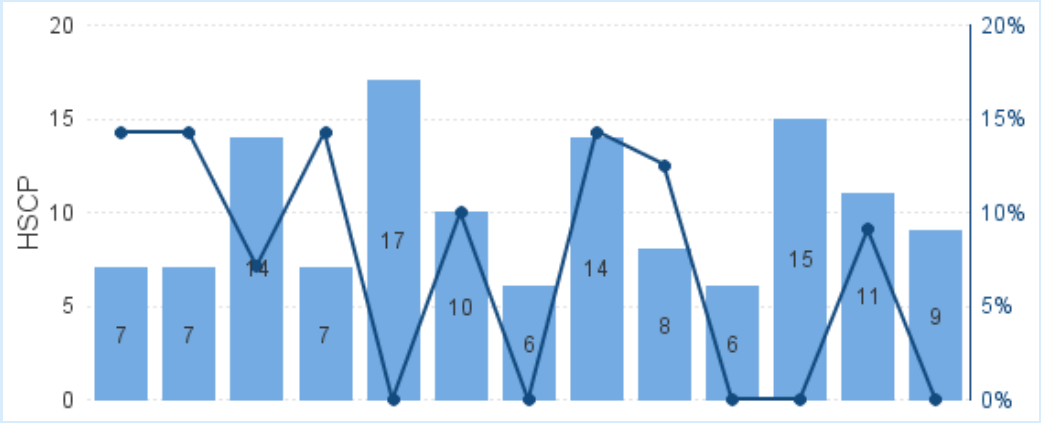
OPENED COMPLAINTS	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Total	25	29	39	38	23	30	25	15	15	22	20	22	25
Escalated from Stage 1	2	5	7	7	6	2	2	4	1	5	4	4	9
% Escalated from Stage 1	8.0%	17.2%	17.9%	18.4%	26.1%	6.7%	8.0%	26.7%	6.7%	22.7%	20.0%	18.2%	36.0%
Corporate		1	1				1						
Acute	17	17	31	26	15	16	19	13	6	13	13	16	17
HSCP	8	11	7	12	8	14	5	2	9	9	7	6	7
Others													1

S2 Complaints Performance - Target Compliance – 50%

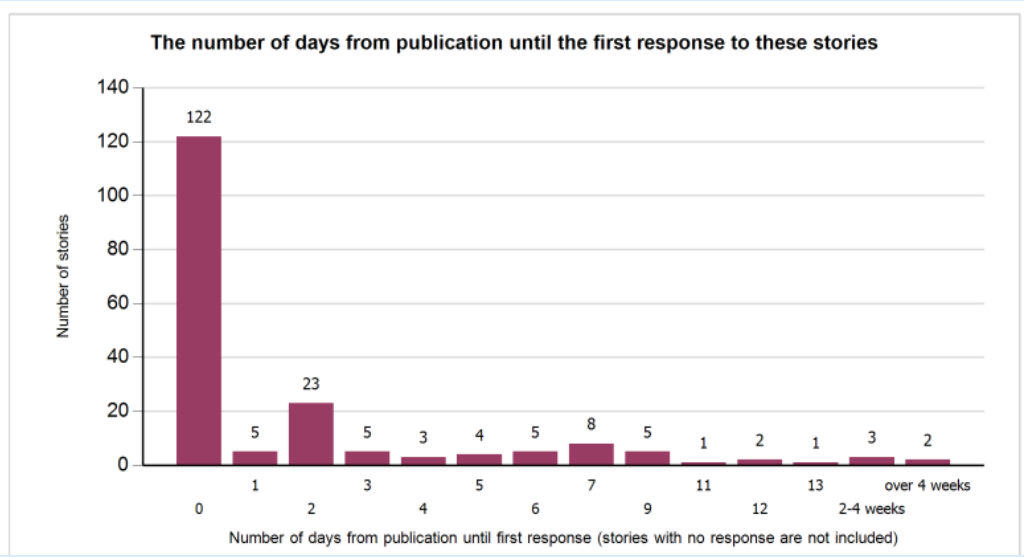
S2 Closed Complaints % Closed within Timescales

CLOSED COMPLAINTS		Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24
Total		22	33	37	43	51	25	24	39	23	22	35	21	32
Closed within timescales		6	3	6	4	4	2	6	4	1	2	5	3	7
% Closed within timescales		27.3%	9.1%	16.2%	9.3%	7.8%	8.0%	25.0%	10.3%	4.3%	9.1%	14.3%	14.3%	21.9%
Acute	Closed Complaints	15	26	23	34	34	15	17	24	15	16	20	10	23
	Closed within timescales	5	2	5	3	4	1	5	2	0	2	5	2	7
	% Closed within timescales	33.3%	7.7%	21.7%	8.8%	11.8%	6.7%	29.4%	8.3%	0.0%	12.5%	25.0%	20.0%	30.4%
H&SCP	Closed Complaints	7	7	14	7	17	10	6	14	8	6	15	11	9
	Closed within timescales	1	1	1	1	0	1	0	2	1	0	0	1	0
	% Closed within timescales	14.3%	14.3%	7.1%	14.3%	0.0%	10.0%	0.0%	14.3%	12.5%	0.0%	0.0%	9.1%	0.0%





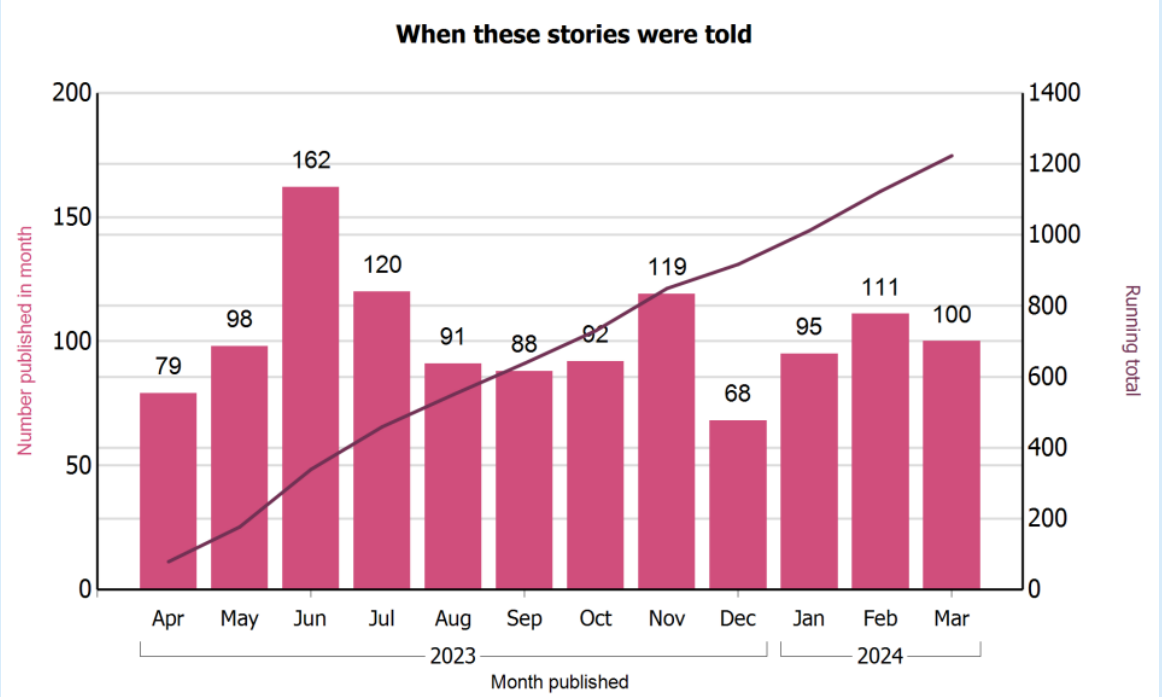
Compliments	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Total
Acute Services Division - Planned Care & Surgery	126	138	127	76	467
Acute Services Division - Emergency Care & Medicine	30	36	37	32	135
Acute Services Division - Women, Children and Clinical Services	23	5	10	40	78
Community Care Services	70	43	59	37	209
Primary and Preventative Care Services	22	29	27	27	105
Complex and Critical Care Services	9	13	7	6	35
Corporate Directorates	1	0	1	0	2
No value - Miscellaneous	15	56	9	45	125
Total	296	320	277	263	1156



Care Opinion
What's your story?

In **2023/24**, NHS Fife received **1,223** stories on Care Opinion from Patients, Relatives, Carers, Friends and staff posting on behalf of patients about acute/ secondary services, which is an increase of **42.7%** from the previous year (**857** in **2022/23**).

82% of the stories told were completely positive with the remaining **18%** having some level of criticality. Staff and services responded to these stories **1,756 times**, more than **82%** were responded to within **7** days or less and these stories have been read more than **121,449** times so far.



PET updates

SENIOR PROJECT TEAM

- Supporting PET with Quality Improvements for Complaints
- Escalation SOP
- Feedback Questionnaires to be analysed
- Testing of New Investigation Template
- Testing New Targets linked to Complaint Complexity

MONTHLY PET MEETINGS WITH SERVICES

- Monthly Meeting for Collaborative Working, improvement work, highlight and escalate delays
- Meeting agreed with H&SCP dates and attendance to be confirmed

EDUCATION AND TRAINING

- Refresh of training material

GATHERING PATIENT STORIES / FEEDBACK

- PET to meet with DoN/HoN to discuss further

SAER AND COMPLAINT PROCESS

- Draft Flow Chart developed and to be shared for comment

CONSENT

- Draft Flow Chart developed and to be shared for comment

EARLY RESOLUTION

- Stage 1 – Services to resolve which is improving
- No written response unless last resort
- Need to improve Stage 1 compliance

CHALLENGES

- Gathering patient stories
- Gathering the learning from complaints

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**12 July 2024**
Title:	**Clinical Advisory Panel Annual Report 2023/24**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Author:	**Dr Shirley-Anne Savage, Associate Director for Risk and Professional Standards**

1 Purpose

This is presented for:
- Assurance

This report relates to a:
- Local policy
- NHS Fife Board Strategic Priorities
  - To Improve Health & Wellbeing
  - To Improve Quality of Health & Care Services
  - To Deliver Value and Sustainability

This aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Clinical Advisory Panel (CAP) 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 Panel provides a clinical review process to balance the needs of individual patients and the best use of available resources. The attached report summarises the activity of the Panel for year 2023/2024 and it also gives details of the independent sector expenditure incurred as a result of the decisions.

In 2023/2024 there were nine regular CAP meetings held via MS Teams and a total of 53 new requests were considered for out-of-area and exceptional referrals.

The total cost of referrals to the independent sector was £2,032,050, a significant increase from 2022/23 when the cost was £1,496,037. These increased costs were seen particularly within Mental Health Services with an increase from £909,289 in 2022/23 to £1,401,404 in 2023/24.

During the period, 2023/2024 there were no Appeals made to the Chief Executive.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	x			
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

Quality, Safety, Effectiveness, Efficiency and Realistic Medicine are part of the values used by the panel members in considering cases referred.

2.3.2 Workforce

No issues

2.3.3 Financial

For 2023/24, £2,032,050 was spent on out of area referrals to the independent sector. There was a significant increase from 2022/23 particularly within Mental Health Services.

2.3.4 Risk Assessment/Management

There can be appeals to the Chief Executive if patients do not agree with the decision. During the period, 2023/2024 there were no Appeals made to the Chief Executive.

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

Fairness and equity are part of the values used by the panel members in considering cases referred.

The Panel see all requests anonymously.

2.3.6 Climate Emergency & Sustainability Impact
N/A

2.3.7 Communication, involvement, engagement and consultation
CAP is responsible for ensuring that the panel and its activities are publicised as necessary to local clinicians and patients and their representatives.

2.3.8 Route to the Meeting
Dr Chris McKenna, Medical Director, 28 June 2024

2.4 Recommendation

- **Assurance** –Members are asked to take a **"significant"** level of assurance that a fair and transparent process is adopted across NHS Fife to consider requests for exceptional, high cost and very specialist referrals for individual patients and out of area referrals.

3 List of appendices

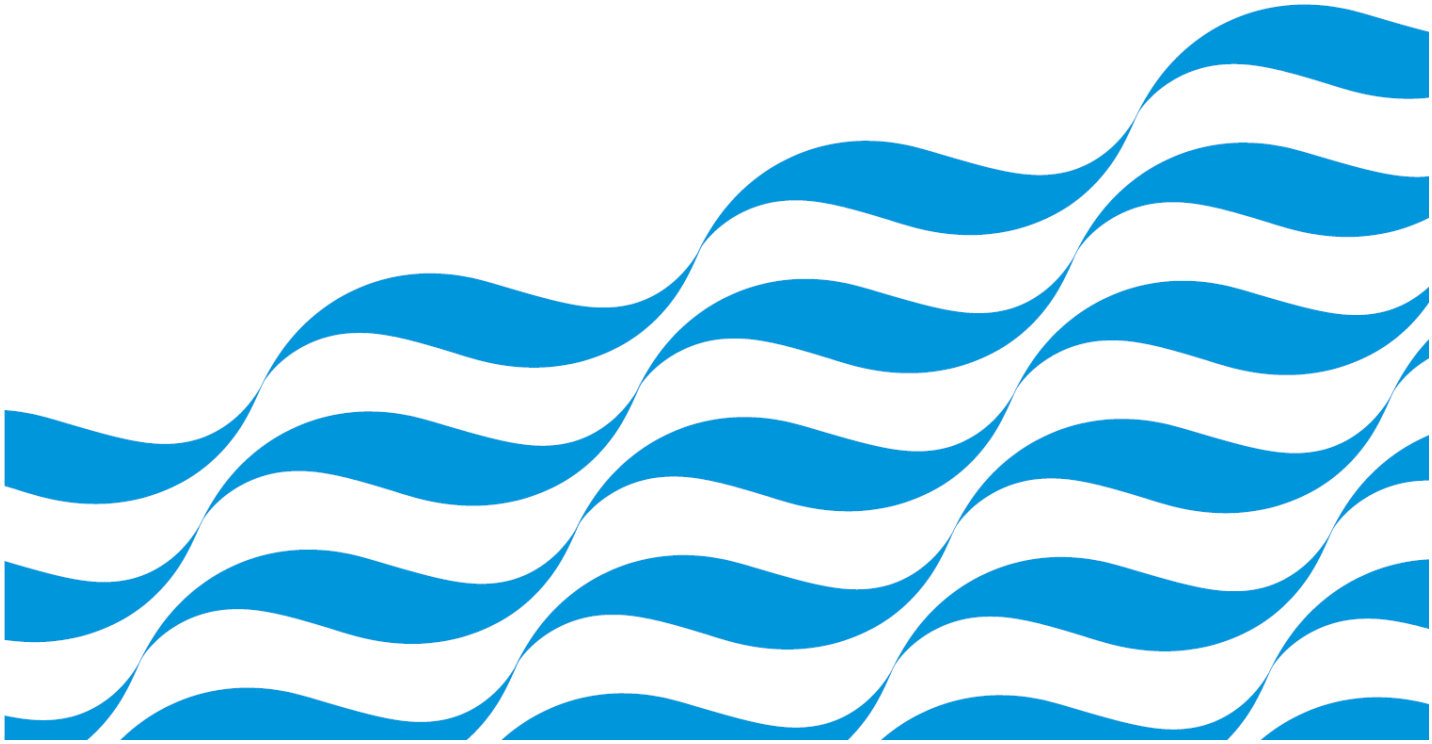
The following appendices are included with this report:

Appendix 1: NHS Fife Clinical Advisory Panel Annual Report 2023/24

Report Contact
Dr Shirley-Anne Savage
Associate Director for Risk & Professional Standards
Email shirley-anne.savage@nhs.scot

NHS Fife Clinical Advisory Panel Annual Report

2023-2024



Contents

1. Purpose

1.1 As the work of the Clinical Advisory Panel (CAP) is subject to annual review, the purpose of this Annual Report is to provide assurance that a clinical review process is in place within NHS Fife that oversees all exceptional referrals which is effective in balancing the needs of individual patients and making the best use of available resources.

1.2 The Annual Report is presented to NHS Fife's Clinical Governance Committee on an annual basis in order to provide this assurance.

2. Background

2.1 The NHS Fife Clinical Advisory Panel has been in existence since around 2002. Over this time, it has reviewed its function and the processes by which it makes decisions.

It was established to ensure, as far as possible, that a fair and transparent process is adopted across NHS Fife to consider requests for exceptional, high cost and very specialist referrals for individual patients and out of area referrals.

Where appropriate the Clinical Advisory Panel (CAP) take responsibility for the development of policies and processes which will guide decision making for the approval, funding and provision of NHS and non-NHS services that come before the Panel.

2.2 The Remit of the panel is as follows:

- To ensure patients for whose treatment NHS Fife has responsibility have fair and equitable access to clinical services which are safe, clinically effective, cost-effective and person centred.
- To consider and make decisions on submissions in relation to NHS Fife residents for referral to access services not provided or funded by NHS Fife
- To take a view of the clinical appropriateness of requests on the basis of submitted evidence.
- The panel has the right to acquire such additional evidence or expert advice as it considers necessary to inform its decision making.
- Submissions will in the main be accepted from NHS Fife clinicians but in certain circumstances other clinicians treating NHS Fife residents and patients themselves or their families may submit requests to CAP.
- To produce an annual report of CAP activity
- To make recommendations to the Executive Directors Group (EDG) on potential service developments
- The Chair of the Panel has delegated authority from the Chief Executive of NHS Fife to take the final decisions on the recommendations made by the Panel members.

2.3 The Chair of the Panel has delegated authority from the Chief Executive of NHS Fife to take the final decisions on the recommendations made by the Panel members.

3. Processes

3.1 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 Service Level Agreements (SLAs).

For a request from a GP, the advice and endorsement of any secondary care clinician(s) involved in the patient's care may be sought. Likewise, for a request from a clinician in secondary care, advice and endorsement may be sought from the patient's GP.

3.2 On occasion patients may be considered to display exceptionality, to be highly complex or to have exhausted conventional options. Cases for exceptionality may also be made when it is felt that standard referral or access criteria do not apply in individual circumstances.

3.3 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. For these requests the support and endorsement of the GP and any relevant secondary care clinician in Fife may be sought.

3.4 CAP shouldn't 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.

3.5 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.

3.6 CAP's decision making is driven by consideration of clinical and cost effectiveness.

3.7 The following values are used by Panel members when considering cases referred to make recommendations on approval or funding of requests:

- Accountability
- Engagement
- Fairness/Equity
- Quality
- Realistic Medicine
- Safety
- Effectiveness
- Efficiency
- Evidence of clinical effectiveness e.g. SIGN / NICE Guidelines and SMC recommendations

3.8 CAP deliberations will result in one of three outcomes:

- Submission supported ·
- Submission rejected ·
- Decision deferred as further information required

CAP decisions will be notified to submitting clinicians within 7-10 working days of the meeting of the Panel at which the request was considered.

3.9 Appeals can be lodged against CAP decisions if it is felt that due process as detailed above has not been followed or that the process is in some way flawed. Appeals cannot be lodged solely on the basis that the appellant does not agree with the decision.

CAP may be asked to reconsider submissions if it is felt that all the available information was not considered or if further information or evidence subsequently comes to light.

Appeals are submitted to the Chief Executive who together with the Chair of the Clinical Governance Committee, advised by the Director of Public Health and a Medical Director from another health board area will hear appeals against the decisions of the Panel.

There is one level of appeal and the decision of the Appeals Panel is final and binding.

4. Revised Terms of Reference and Membership

4.1 The Membership now includes a representative from the Division of Psychiatry, Associate Medical Directors for Medical, Surgical and Women and Children's Directorates. Deputies are not considered appropriate as a consistent approach is required.

4.2 Clinical Directors are not required to attend the meetings. However, should additional expert information or opinion be required the professional opinion will be sought from the appropriate Clinical Director responsible for that service.

4.3 The Office of the Medical Director has recently appointed a new Associate Director for Risk and Professional Standards and it was agreed that the membership of the group should include this post holder.

4.4 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, Medical Directorate
- Associate Medical Director, Women & Children

- Director of Nursing, Acute Services Division
- Associate Director for Risk & Professional Standards
- Representative from GP Sub-Committee (General Practitioner)
- Representative from Division of Psychiatry
- Finance Business Partner
- Other Clinicians as necessary to provide expert input.

5. Activity

5.1 The CAP currently meets every six weeks. In 2023/2024 there were nine regular meetings held via MS Teams and a total of 53 new requests were considered for out-of-area and exceptional referrals.

5.2 The cases considered by CAP in 2023/2024 can be broken down as shown in Table 1 below.

Table 1 Number of Cases Considered by CAP

Total Number of Cases Considered	No	Percentage
Total No of Cases Considered	**53**	
Number of cases considered in formal meetings	44	83%
Direct Referrals brought to CAP for ratification	9	17%
Number of cases approved	32	60%
Number of cases ratified (approval)	8	16%
Number of cases declined	12	23%
Number of cases ratified (declined)	1	1%

5.3 The clinical areas considered by CAP vary considerably. The breakdown by clinical area is shown in Table 2 below.

Table 2 Breakdown of Clinical Area

Diagnostic Grouping	No of Cases
Child Health	<5
Medical – General	<5
Medical – Cardiology	5
Medical – Epilepsy	<5
Medical – Neurology Other	5
Surgical – General	6
Surgical – Orthopaedic	<5
Surgical – Plastic Surgery	<5
Treatment of Cancer	<5
Reproductive Health	<5
Gynaecology	<5

Psychiatry – Eating Disorder	<5
Psychiatry – Other	<5
Rehab & Support	<5
Immunology	<5
Any Other Treatment	7
Total	**53**

5.4 In the course of 2023/24 ten cases which had been considered by CAP in previous years came back to CAP for consideration of additional treatment.

5.5 There were no appeals during 2023/24.

6. Financial Costs

6.1 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.

6.2 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.

6.3 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.

6.4 Table 3 below provides the financial details for referrals to the Independent Sector for 2023/2024 and as a comparator 2022/23. There has been a significant increase in cost to the independent sector between 2022/23 particularly within Mental Health Services.

Table 3 Financial Costs of Referrals to the Independent Sector

Grouping	2022/23	2023/24
Mental Health	£909,289	£1,401,404
Learning Disability	£399,931	£399,932
Neuro-Rehab	£77,209	£79,047
Neurophysiology	£97,520	£97,520
Other acute	£12,088	£54,148
Total	£1,496,037	£2,032,050

If you would like more information about this report, please contact:

Office of the Medical Director
NHS Fife
Queen Margaret Hospital
Whitefield Road
Dunfermline
Telephone: 01592 648077

NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
Fife.EqualityandHumanRights@nhs.scot or phone 01592 729130

NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

www.nhsfife.org

facebook.com/nhsfife
@nhsfife
youtube.com/nhsfife
@nhsfife

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**12 July 2024**
Title:	**Fife Child Protection Annual Report 2023/24**
Responsible Executive:	**Janette Keenan, Director of Nursing**
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 builds upon last year's report, which provided an introduction to the Child Protection nursing and medical teams within NHS Fife / Fife Health & Social Care Partnership and the child protection activity. The report outlines the core functions, staff support, innovation and improvement, and future plans and provides information on child protection activity for the period 1 April 2023 to 31 March 2024. 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, updated 2023).

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 Child Protection Team has a Fife-wide remit to support and provide expertise, support, strategic leadership, quality assurance and improvement in relation to child

protection. The team work collaboratively with key partners and agencies in a truly integrated way to protect all children in Fife from harm.

This is the second annual report with a renewed health lens focus on the commitment of health services within NHS Fife / Fife Health & Social Care Partnership to strengthen child protection processes in Fife to safeguard and protect children and young people from harm.

The report builds upon the foundations set out in last year's report, where we outlined our service user demographics, key drivers and their link to the Partnership and Children's Services priorities, considered Fife's position within the National Child Protection landscape, governance, and accountability. Last year's report introduced the Child Protection team, the core functions, and the wider links within health to support the safeguarding of unborn babies, children and young people in the antenatal period, pre-school and school-age period.

Previous calendar year reporting periods resulted in difficulties aligning other child protection data reported within health. In 2022/2023 we therefore moved to financial year reporting. There is acknowledgment that due to changes to reporting periods there will be an initial impact to direct data comparison with previous Child Protection governance reports.

2.3 Assessment

2023–2024 has been an extremely busy year for the Child Protection service as we began to plan and implement the National Guidance for Child Protection in Scotland, 2021 (updated 2023). The annual report outlines the performance this year, reflecting on the continued work and innovative thinking to improve services within the changing child protection landscape of the past 12 months. The commitment and positive progress the Child Protection service has made to deliver new child protection roles, develop staff, improve governance, adaptation of the delivery of core business and working in new ways to continue to prioritise Child Protection activities.

The report aims to provide assurance to the organisation that we have a heath workforce who feel confident, knowledgeable and competent in their role to protect and promote the wellbeing of children and young people and that any concerns about their welfare are identified and addressed in a timely manner.

The report provides

- the current context and challenges for Child Protection in Scotland
- data for the 4 core functions of the Child Protection team
- the 'so what?' – informing learning for practice
- the Child Protection team's work and future priorities

2.3.1 Quality / Patient Care

The report outlines the positive improvements made on governance, data capture, adverse events and user feedback, evidencing the Child Protection team's key role to support our workforce to deliver high quality, safe, effective and child centred care.

2.3.2 Workforce

The implications of restricted staffing resource led to 16 months of critical function for the team. This resulted in reduced Child Protection training, supervision and quality improvement work being progressed throughout the organisation in 2022 and parts of 2023. The impact the pandemic, and the implementation of the revised guidance, has placed significant pressure on the Child Protection staff. The impact of vicarious trauma and compassion fatigue due to the nature of the subject matter also has a negative impact on staff wellbeing.

This has resulted in less visibility of the Child Protection team. Which has impacted on the wider organisation's knowledge of the role of the team, the support available and when it is appropriate to access, in order to safeguard the children and young people.

Last year's report set the foundations on which to build upon, to increase awareness of the team and their core functions. The data in this year's report highlights an improvement in the uptake by the wider workforce in seeking out Child Protection support, providing assurance, celebrating achievements and acknowledging challenges.

2.3.3 Financial

A phased approach with service redesign within the Child Protection team and wider Children's Services have supported the resource required to implement the new Child Protection guidance to date, with no additional financial implication thus far. Until the guidance is implemented in full, the full financial and resource implications are difficult to ascertain.

2.3.4 Risk Assessment / Management

Risk remains due to the significant period of critical function the Child Protection team experienced throughout 2022 into 2023 resulting in a reduction in the number of child protection supervision sessions, aligned portfolio work progression and child protection training. This risk was partially mitigated with the accessibility of the team on an "on request" basis and a quick and robust response to adverse events ensuring areas of learning are identified and addressed in a timely manner.

The significant work required to progress the implementation of the guidance in 2023/2024 and the vacant Learning & Development post, due to promotion, has further impacted the risk in relation to the provision of training, engagement with the Interagency Referral Discussion review process and the provision of Child Protection supervision in line with policy/guidance.

Mitigations in place include the provision of "on request" Child Protection supervision, regular supervision for priority groups, including Family Nurses, VIP tripartite supervision and new graduate Health Visitors.

The complex multiagency service redesign, combined with the specialist operational and strategic resource limitations within the partner organisations, has resulted in challenges in implementing the National Guidance for Child Protection in Scotland (2021, Updated 2023) within the desired timescales.

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 Nurse Child Protection, Lead Paediatrician Child Protection, Child Protection Clinical Effectiveness Coordinator, Child Protection Learning & Development Coordinator, Child Protection Administration Team, Vulnerable in Pregnancy Midwifery Service, Multi Agency Improvement Team, communication team.

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.

- Children's Services Clinical Governance & Assurance Group on 2 May 2024.
- Child Protection Health Steering group on 22 May 2024.
- PPC QMAG 22 May 2024.
- SLT Assurance 27 May 2024.
- HSCP QMAG 12 June 2024.
- EDG 4 July 2024

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix No.1, Child Protection Report 2023/2024.

Report Contact
Lindsay Douglas
Lead Nurse, Child Protection, Children's Services
Email lindsay.douglas4@nhs.scot

Annual Report 2023-2024

Child Protection

This report outlines our core functions, staff support, innovation and improvement, and future plans.

Fife Health & Social Care Partnership

NHS Fife

Published May 2024

www.fifehealthandsocialcare.org

Contents

Foreword

It is with pleasure that we present the joint NHS Fife and Fife Health and Social Care Partnership Child Protection Annual Report 2023–2024.

This report provides an opportunity to consider the breadth of change within the Child Protection team and reflect on the collaborative working and achievements between health services and partner agencies to progress the implementation of the National Guidance for Child Protection, 2021 (updated 2023) over the past 12 months.

Thank you to all those who contributed to and produced this report. Child protection is the responsibility of all NHS Fife and FHSCP staff, and 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 and
Social Care Partnership

Introduction

This child protection annual report covers the period 1st April 2023 – 31st March 2024.

The report builds upon the foundations set out in last year's report, where we outlined our service user demographics, key drivers and their link to our Partnership and Children's Services priorities, considered Fife's position within the National Child Protection landscape, our governance and accountability. Last year's report introduced our Child Protection team, our core functions, and our close wider links within health to support the safeguarding of unborn babies, children and young people in the antenatal period, pre-school and school-age period.

2023–2024 has been an extremely busy year for our service as we began to plan and implement the National Guidance for Child Protection in Scotland, 2021 (updated 2023). Our performance this year reflects our continued work and innovative thinking to improve services within the changing child protection landscape of the past 12 months. The commitment and positive progress the Child Protection service has made to new child protection roles, developing our staff, improved governance, adaptation of the delivery of our core business and working in new ways to continue to prioritise Child Protection activities.

We would like to thank our NHS Fife and Fife Health and Social Care Partnership (FHSCP) staff and multi-agency partners for their collaborative work, dedication, and support in safeguarding and protecting children and young people in Fife from harm at what has been a busy and challenging time of change for our Child Protection team.

Sonya Hiremath, Lead Paediatrician Child Protection and
Lindsay Douglas, Lead Nurse Child Protection

Core Function Delivery & Outcomes 2023–2024

The Child Protection Team have a Fife-wide remit to support and provide expertise, strategic leadership and quality assurance and improvement in relation to child protection. The team work collaboratively with key partners and agencies in a truly integrated way to protect all children in Fife from harm. Our team support information sharing, decision making, medical care and investigations where there are concerns of significant harm, and provide Fife health staff with support and advice, appropriate training and supervision. The team are supported by Child Protection paediatricians, an administrative team, the health representatives of the Multi-Agency Improvement Team (MAIT), Child Wellbeing Liaison Nurses (CWLN), a Safeguarding Specialist Midwife, and Leads within health services throughout our acute and community sectors.

The Child Protection Service strives to support and empower our NHS Fife/FHSCP workforce in relation to their responsibilities to identify and share concerns, contribute to assessments, decision making and planning to protect children and young people. The team work collaboratively with a vast range of health services as well as our multiagency partners to achieve national standards to improve outcomes for children, young people and their families/carers. Our performance in 2023–2024 demonstrates the work undertaken in the past 12 months to strengthen Child Protection Services in Fife.

Children in Need of Care and Protection

Interagency Referral Discussion (IRD)

Child protection procedures are initiated when police, social work or health determine that a child may have been significantly harmed or may be at risk of significant harm. All concerns which may indicate risk of significant harm must lead to an Inter-agency Referral Discussion (IRD) (Scottish Government, 2021 (updated 2023)).

An IRD is the start of the formal process of information sharing, assessment, analysis and decision-making following reported concern about abuse or neglect of a child or young person up to the age of 18 years, in relation to familial and non-familial concerns, and of siblings or other children within the same context. This includes an unborn baby that may be exposed to current or future risk. The National Guidance for child Protection in Scotland, 2021 (updated 2023) changes the parameters of an IRD to include;

- Health equally contributing to the IRD process, including the ability to raise IRDs.
- Inclusion of pre-birth IRD pathway, Age of Criminal Responsibility (Scotland) Act 2019 (ACRA) IRDs, Care And Risk Management (CARM) IRDs, 16 and 17 year olds as well as individual IRDs for siblings.
- IRD as the route to progress to a Child Protection Planning Meeting (CPPM).
- The IRD is a process to the point of CPPM rather than a single event.
- If identified as part of the IRD decision, a CPPM being held 28 calendar days from the risk of significant harm being identified.

- Interim Safety Plans (ISP) to the point of CPPM.

Following a period of scoping and planning, Fife partners began the implementation of the IRD changes outlined in the National Guidance for Child Protection in Scotland throughout 2023–2024;

- ISPs introduced to the IRD process
- 4 new IRD forms devised to support the different categories of IRD – Pre-Birth, child, ACRA, CARM and improve data capture in line with national data sets
- Our first ACRA IRD progressed on 11th August 2023
- A Pre-Birth IRD pathway was implemented on the 25th September 2023
- CPPM changes in terminology and language came into effect on 2nd October 2023
- Fife became the first of two areas in Scotland to participate and feedback in the multiagency IRD training pilot delivered by the Scottish Government
- The referral mechanism to CARM via IRD was implemented on 11th December
- IRD scheduling was implemented 6th February 2024
- IRD being the route to CPPM progressed on the 4th March 2024
- Health IRD pilot commenced 18th March 2024

Development of a Pre-Birth IRD Pathway

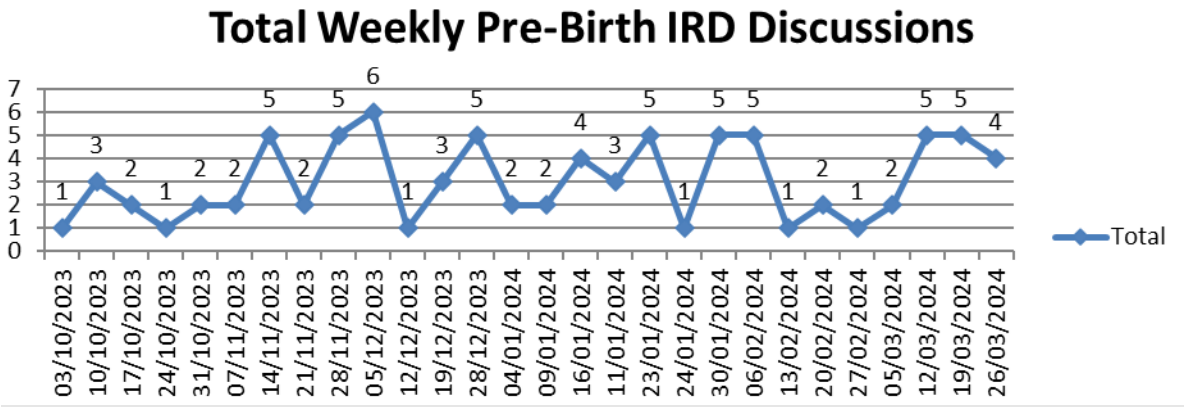
In March 2023, a multiagency and health Pre-Birth IRD working group were established and lead by the Lead Nurse Child Protection to progress the implementation of a Pre-Birth pathway in Fife to meet the expectations of the National Guidance.
An action plan progressed to include;

- Participation and engagement of parents
- New policy and guidance
- New Pre-Birth IRD form
- Communication strategy
- Health child protection administrative support to support the process
- Shadowing, support and training
- Pre-birth IRD forums
- Improved data collection systems within health

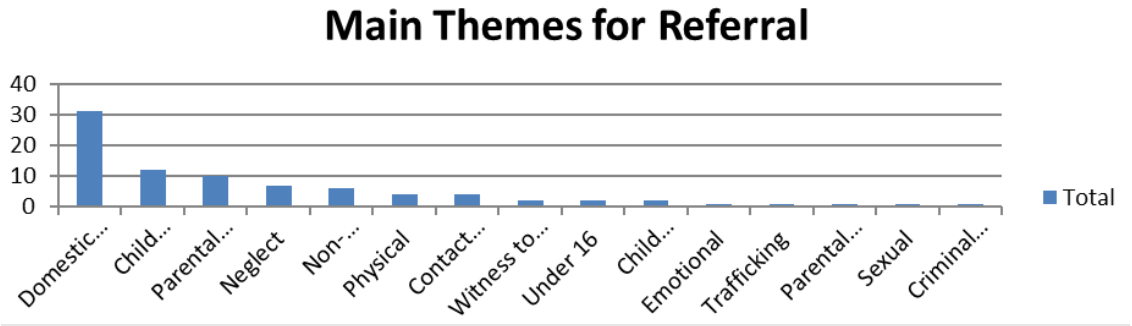
The Pre-Birth IRD pathway successfully launched within Fife on the target date of 25th September 2023 with administration support provided by additional health Child protection administrative resource. Initial predictions of the projected number of pre-birth IRDs proved to be an underestimate presenting an ongoing challenge due to the impact on existing infrastructure and the resource available across agencies for this process and the subsequent IRD review.

This increase may be due to several factors such as spike in birth rates, less silo working, increased awareness of thresholds of significant harm and/or cases previously managed

at wellbeing level within the wellbeing pathway now progressing via a distinct Child Protection pathway.



From October 2023 – March 2024 there were a total of 85 Pre-Birth IRD discussions. The standout common theme of referral was '*witness to domestic abuse incident/s'.* This was followed by '*child affected by parent/carer mental ill health', 'parental drug misuse' and 'neglect'* respectively.



As this is a new process across the partnership, to mitigate risk and support quality improvement, agencies have met weekly to review all Pre-Birth IRDs. Each agency representative at IRD review discusses identified areas of improvement within their own agency and collectively discuss areas such as processing, recording and decision making. 6 monthly multiagency reporting is progressing via the Child Protection Committee Data and Quality Improvement group. Alongside child IRD review processes, this continues to provide a resource challenge for all partners.

The 'so what?'

The new pathway has supported;

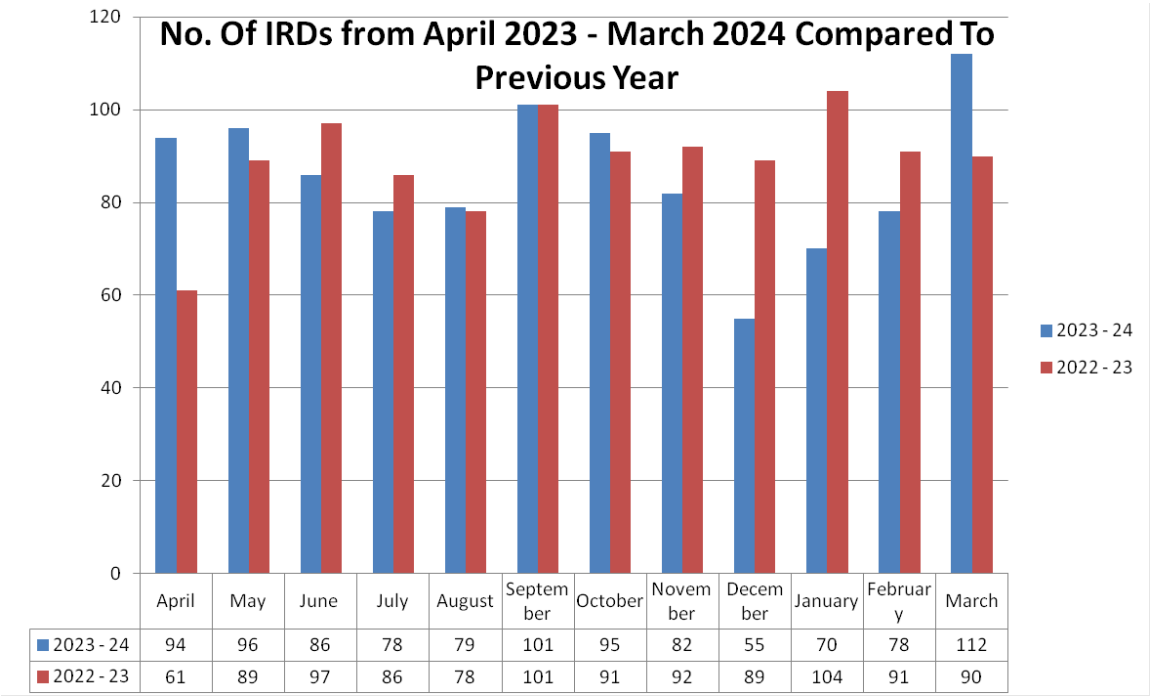
- The Vulnerable in Pregnancy (VIP) team to raise and lead 84% of Pre-Birth IRDs for unborn babies at risk of significant harm reducing health practitioners working in silo
- The sharing of adult health checks and police information improving information sharing and supporting early identification of risk
- The inclusion of police to the multiagency decision-making process for unborn babies
- Timely assessment and planning to reduce significant harm and support immediate safeguarding measures for women and their unborn babies;
  - The majority of Pre-Birth IRDs occurring between 20-24 weeks.
  - IRD outcomes included 45% of cases progressing to CPPM, with 85% of those cases progressing to unborn babies being placed on the Child Protection Register registration. 41% progressing to Joint Multiagency assessment and 13% to single agency response.
- Additional health Child Protection administrative support to schedule Pre-Birth IRD meetings and circulate checks prior to the meeting enabling participants from all agencies to come adequately prepared and for meetings to be timeous. 98% of agency checks were submitted prior to IRD discussion. The target duration of 20 mins was met in 53% of cases, with further 32% completed within 20-30minutes, and duration improving as the process became embedded into practice. 99% of completed IRDs were circulated within the targeted 1 working day.
- A robust Pre-Birth data capture and scrutiny of the Pre-Birth IRD activity has identified trends and common themes to support improvement work.
  - Identification of themes have supported services who work with mothers in the antenatal period with targeted areas of improvement work, such as reinstating HV antenatal contacts and MW antenatal groups, continued work regarding Graded Care Profile 2 (GCP2) to identify neglect, review of the GCP2A (antenatal) national pilot in due course, improving links with NHS Fife Gender Based Violence (GBV) team and third sector services, scoping of an under 4's locality project supporting mothers with addictions.
- It was anticipated that the process would be more trauma informed for parents due to early intervention to support babies remaining in the care of their parents and to support planning should the decision be made to remove children at birth however, this cannot be analysed or concluded due to the incomplete participation and engagement process attempted prior to implementation.
- The learning from the process is contributing to the implementation of further areas of guidance in relation to child IRDs.
- Positive progressive collaborative working between partners, the VIP team, the health Child Protection team and the health Child Protection administrative team sharing their views, discuss strengths and to highlight any areas of improvement.

The Vulnerable in Pregnancy (VIP) midwives report;

- 'The pre-birth IRD process has led to timely and robust multiagency intervention where significant risks to unborn babies are identified'
- 'Where professional's assessment differ, there is always a professional conversation. This allows a balanced and critical analysis of concerns noted by police, health and social work'
- 'If cases proceed to child protection planning meetings, families have earlier intervention and supports put in place. This is because of the child protection guidance stipulations.'
- ' Families have also taken the new process well and most families appreciate the reasons for the need for pre birth IRD. As long as they are informed on the same day, we have not encountered too many families feeling alienated by the process.'
- 'There are fresh eyes on the cases, which reduces the likelihood of silo working, making for safer and robust decision making for the unborn baby.'
- 'We have noted that police reports in IRDS share a perspective that highlight risk which was perhaps missing before. All staff have noted the value of the police information.'
- 'Professional working relationships have improved and communication /information sharing is cohesive.'

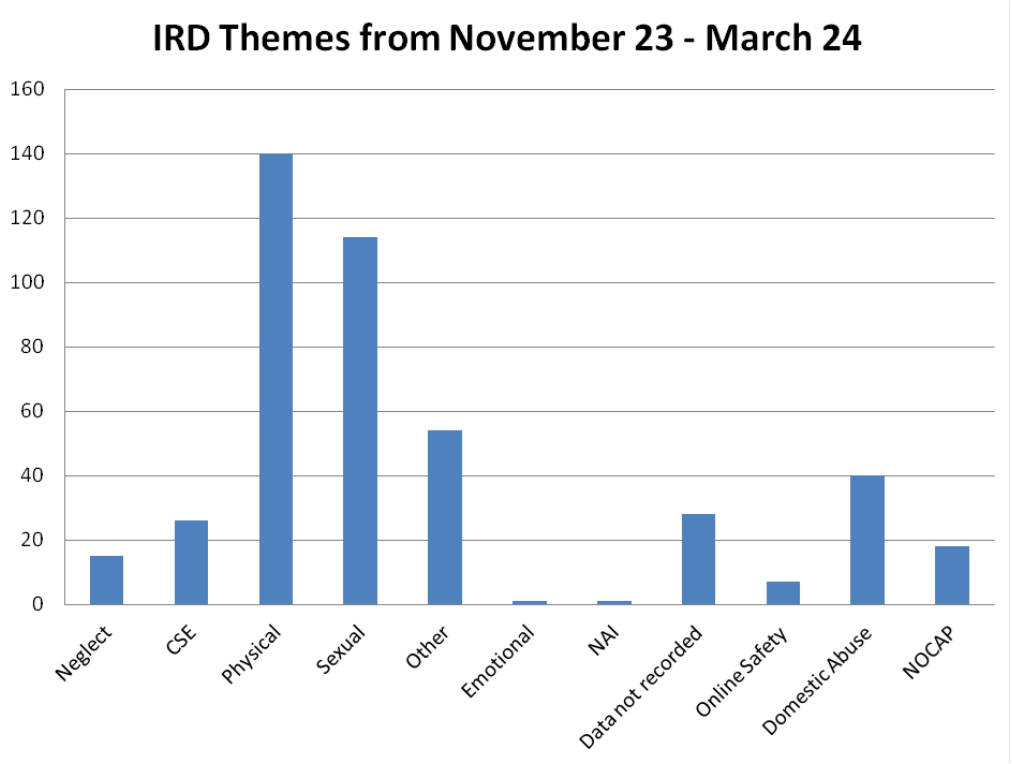
Child IRD

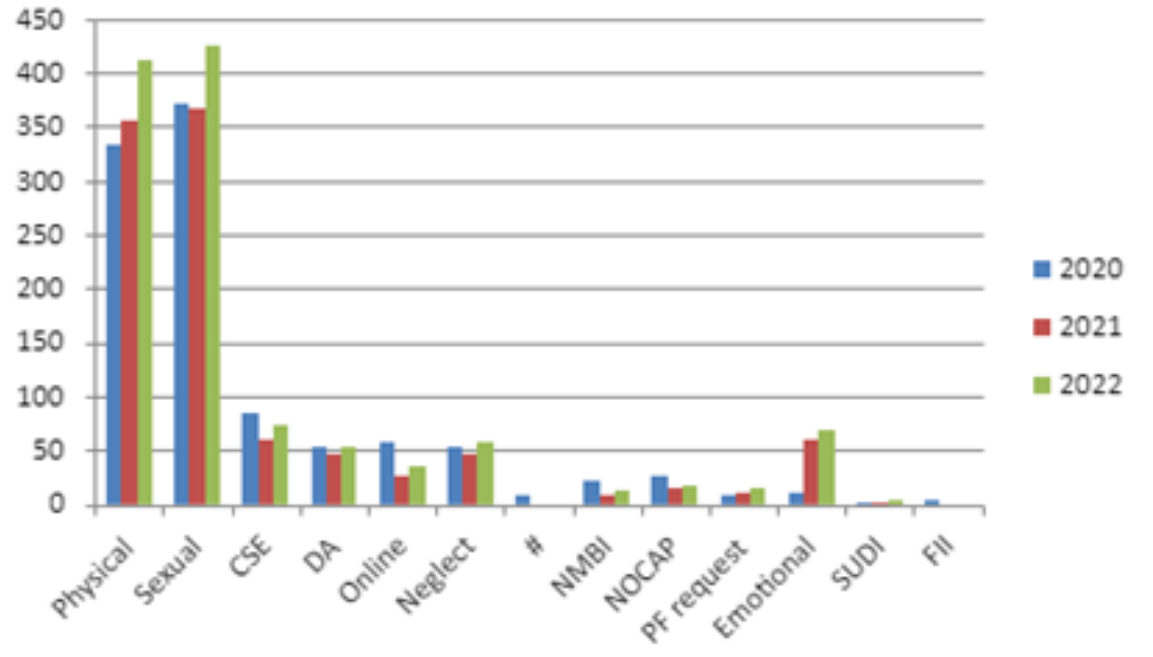
Last years reported IRD data (1388) captured re-discussions and we have now improved reporting and have shifted our data to capture the child's IRD journey as a single event. From November 2023 we also now include Fife Senior Child Protection Nurse Advisors (SCPNA) attendance at out of area IRDs. Health representation at IRDs has been 100%, this is a priority area within our Business Continuity Plan to meet the expectations of the National Guidance. IRD numbers have remained consistent, from April 23 – March 24, with **1026** (M = 85.5 per month) child IRDs discussed compared to **1069** (M=89 per month) IRDs from April 22 – March 23. The most notable fluctuation in the data being in the last months of 2023–2024 when cases were slightly lower during December, January and February, then with a notable increase of 31% on the mean in March. This may be due to IRD being the route to CPPM being implemented on the 4th March 2024 and/or due to the knock-on effect of scheduling from the 6th February 2024 resulting in non-urgent case discussions no longer progressing on the same day, rather scheduling can progress up to 5 days following the IRD being raised. Any initial implications from scheduling would be expected to even out as the scheduling process becomes embedded. The next data report should provide more comparative data to identify any patterns and trends.

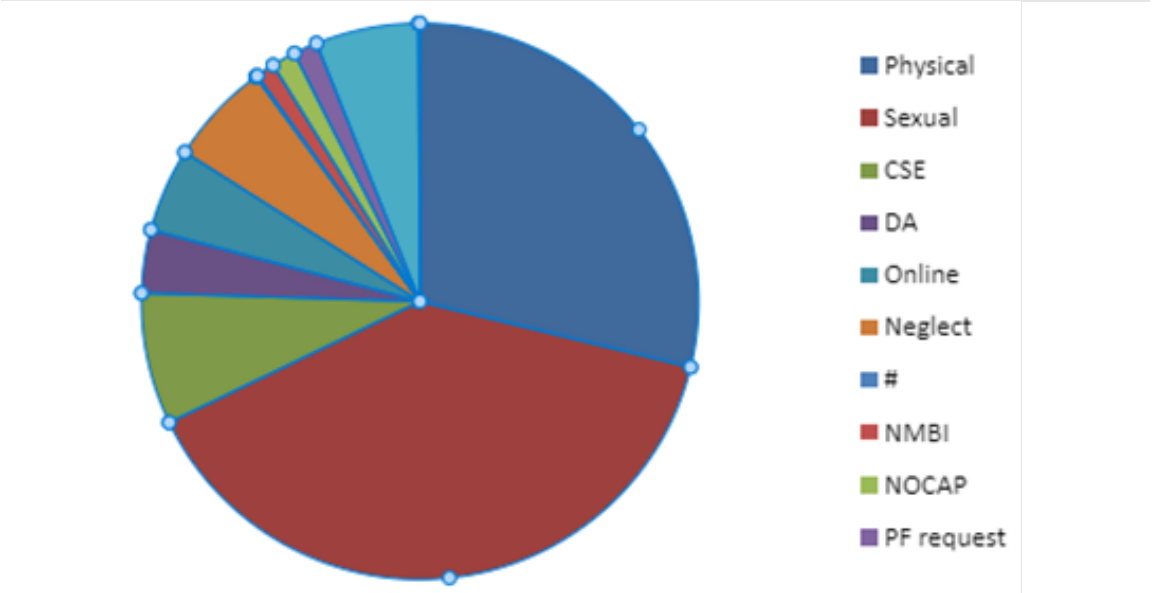


	April	May	June	July	August	September	October	November	December	January	February	March
2023 - 24	94	96	86	78	79	101	95	82	55	70	78	112
2022 - 23	61	89	97	86	78	101	91	92	89	104	91	90

The graph below captures IRD themes over a 5-month period since our databases inception in November 2023. Although data from previous years prior to 2022–2023 was based on a different reporting period, the data is comparable to the common themes of previous years.

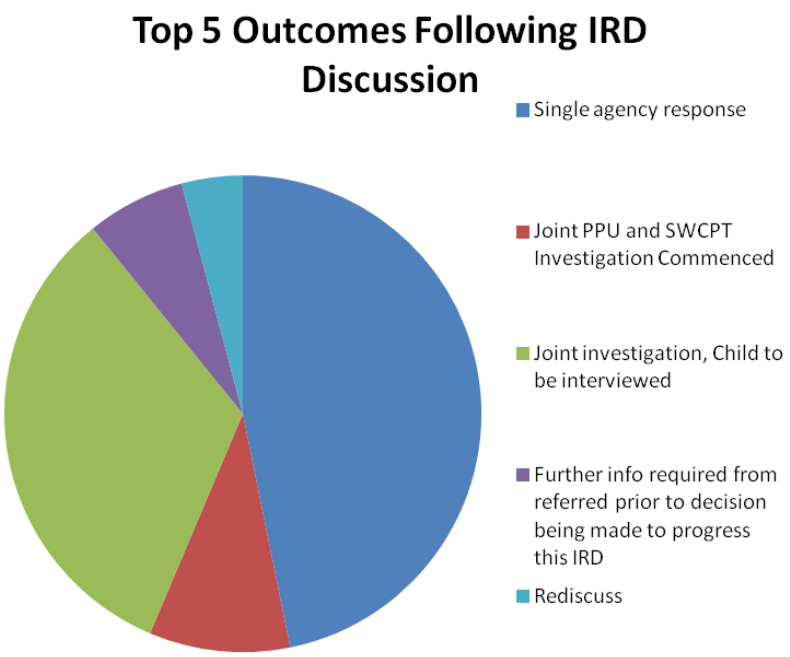






IRD themes 2022–2023

Mid 2021, mid 2022 and overall, 2022–2023 data indicated that whilst physical concerns remained a significant proportion of cases being raised to IRD, sexual concerns superseded for the first time. Anecdotally, there was a sense that concerns of an online / sexual / Child Sexual Exploitation (CSE) nature had risen particularly during the pandemic, and this may have been anticipated with both adults and children / young people spending more time within the home environment, having increased access and activity online. Our sexual concern data does not determine between online abuse, sharing of images or sexual assault which is an area we can look to breaking down to make more meaningful moving forward. The 5-month period of November 2023 – March 2024, indicates that Physical and sexual concerns respectively remain the standout themes from child IRD, with physical again slightly superseding sexual concerns in that 5 month period.



Medical Examinations

We have a rota for Child Protection (CP) medicals (non-Child Sexual Abuse (CSA)) which the Acute and Community Paediatricians contribute to. This comprises of 15 Paediatricians. There is a Paediatrician on call 24 hours a day therefore out of hours there is access to a Paediatric Consultant for urgent Child Protection medical advice.

A separate CSA rota is in place to cover both acute and non-acute CSA medicals. In hours this is fully staffed by a rota of 5 Fife Paediatricians with training in CSA examinations. Out of hours (OOH) CSA cover is provided via the Managed Clinical Network (MCN) for Child Prpotection. This covers physical abuse in Lothian and CSA in Fife and Borders. 3 Paediatricians in Fife contribute to this OOH rota, however with the recent employment of a new Community Paediatrician, there will soon be 4 contributing to this rota.

In the period between April 1st 2023 and March 31st 2024, we carried out a total of 110 Child Protection Medicals. We conducted 67 Joint Paediatric Forensic Medical Examinations (JPFMEs) for physical abuse concerns and 22 single doctor medical examinations generally done for concerns around neglect or medicals for siblings of children who had a JPFME. We conducted 12 JPFMEs for acute sexual abuse concerns and 9 specialist single doctor 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).

Of all non-CSA medicals, 46 of these children were male and 43 were female. Ages in non-CSA medicals ranged from 0-<16. 19 medicals for ages 0-1, 26 medicals for ages 1-4, 31 medicals aged 5-11 and 21 medicals for ages 12-16.

Of the CSA medicals, 4 were male and 16 were female. Ages in non-CSA medical ranged from 1-<16. 6 medicals age 1-4, 9 aged 5-11 and 6 aged 12-16.

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, and
- consistent documentation and data collection

The standards ensure we are meeting the clinical criteria as set out by the Faculty of Forensic and Legal Medicine.

Health IRD operating model

To enable implementation of the new National Guidance, and streamline our multiagency and single agency processes, our child IRD operating models have undergone significant changes over the reporting period as previously outlined.

We are taking a planned approach to the management of the IRD process within health that ensures the expectations of the revised Child Protection Guidance are met and gives assurance to NHS Fife / Health and Social Care Partnership that the process is being delivered by skilled and competent health staff at the right time. To facilitate health representation at all Child Protection IRDs, support the anticipated increased workload of full implementation of the guidance and create capacity in the system, a pilot utilising the Plan, Do, Study, Act (PDSA) improvement model in relation to a redesigned health IRD operating model progressed on 18th March. A phased approach will be taken which will progress a pilot of the named person (preschool) as the IRD health representative, progressing to the School Nurse for school age children in a subsequent phase. SCPNA's will continue to attend IRDs which meet the criteria requiring their additional specialist experience and knowledge of complex child protection cases.

The 'so what?'

- The introduction of ISPs at IRD ensures children are kept safe from immediate harm.
- The introduction of scheduling and new IRD forms has streamlined processes, facilitated practitioners to come prepared and made the IRD meeting more timeously.
- Our IRD pilot seeks to increase capacity to enable the practitioner who knows the child best to be supported to be the health representative at the IRD meeting for children on their caseload and for the SCPNA's to attend IRDs which meet the criteria requiring their additional specialist experience and knowledge of complex child protection cases. A locality based roll out, with workforce engagement, planning and development will support a confident and competent workforce. It will result in the health representative working with the family providing rich, up to date and accurate information to support information sharing and decision making at the IRD and support the

professional development of this cohort of staff. This new approach can improve communication with the team around the child. It may also support opportunity to progress with an increased contribution of health actions directly from health practitioners working with the family.

- Participating and providing feedback to the first multiagency IRD training pilot delivered by the Scottish Government has supported our staff with their knowledge, skills and confidence at IRDs
- Building relationships and multiagency training with our partners allow respectful, professional challenge to keep the child's best interests at the centre of decision making.
- It is hoped that improved data collection from a health specific lens will support us identify any areas for service learning and development.
  - Our new health data collection allowed us to improve our collation of themes from IRD. Identification of themes allows services to consider what their service can do to support children, young people and the families they work with to improve outcomes.
  - Our data collection improvements will support the identification of health specific actions from IRD moving forward, allowing us to consider the implications of our new health IRD operating model on the number of health tasks for Health Visitor, Family Nurses and School Nurses and consider the impact, if any to children and young people.
- In 2023, stakeholders met quarterly to review forensic standards to ensure forensic these are being met. Self-assessment has been completed and evidenced. Review of the forensic facilities highlighted a need for change to ensure we can keep the facilities forensically clean. Changes were implemented such as removing unnecessary equipment, reduction in toys with a wipeable toy box, limiting access to the examination room with regular deep cleans after every medical, hands free taps and replaceable curtains. We have a new child friendly wall mural for interest and distraction in our examination room. We have continued to pass on regular inspection by the Scottish government on DNA contamination detection and a process is in place for continual monitoring.
- Recent improvements in 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. This includes health follow up with the GBV Nursing team and CAMHS urgent parent/carer support within 2 weeks of a child having undergone a CSA medical.

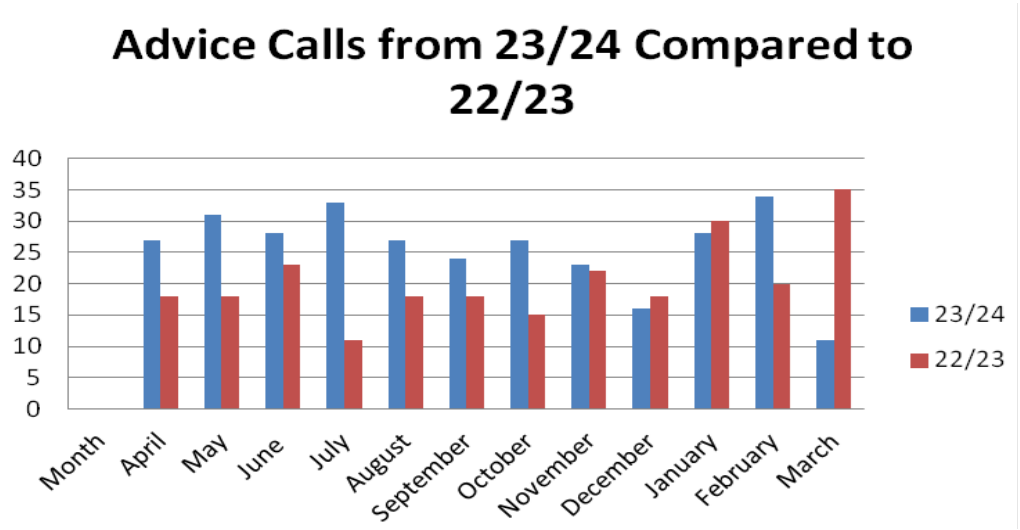
Supporting Our Staff to Protect Children and Young People

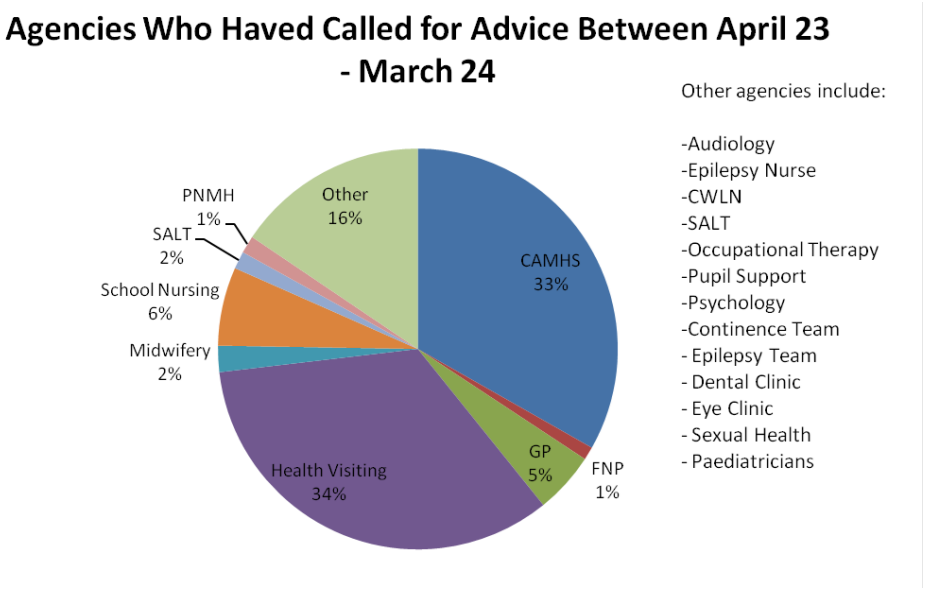
Advice Calls

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. Following improvements in our data collection, we have identified that only 3 calls were received between the hours of 16.30 and 17.00 during a 5-month period. A deeper dive demonstrated those calls were not urgent and none resulted in progression to IRD, however, they did result in staff working beyond their contracted hours, to the detriment of wellbeing and work/life balance, impacted on lone working arrangements and placed a disproportionate demand on our administration staff cover. Therefore, from the 1st of April 2024, advice calls will be available between the new hours of 08.30hrs and 16.30hrs.

An allocated SCPNA) prioritises responses for advice as soon as practically possible, usually within a 2-hour window whilst also carrying out additional IRD hub supportive office duties. Practitioners are sent a written summary of the call by the SCPNA for review and attachment to the child's record and are invited to provide feedback. The response rate to feedback has historically been extremely variable therefore, as outlined in last year's report, improvements progressed from November 2023, with a move to an electronic survey response. Despite this change, response rate remains poor at 18% with 30% of those responses from Health Visiting and 45% from Child & Adolescent Mental Health Services (CAMHS). This may be recognising the wider workforce pressures which may impact on the workforce's ability to prioritise a response and the possibility that previous feedback may negate a further feedback response. SCPNAs can discuss and reflect on specific calls with their peers, the Child Protection Team Leader, the Lead Nurse Child Protection and/or the designated daily Child Protection Paediatrician.

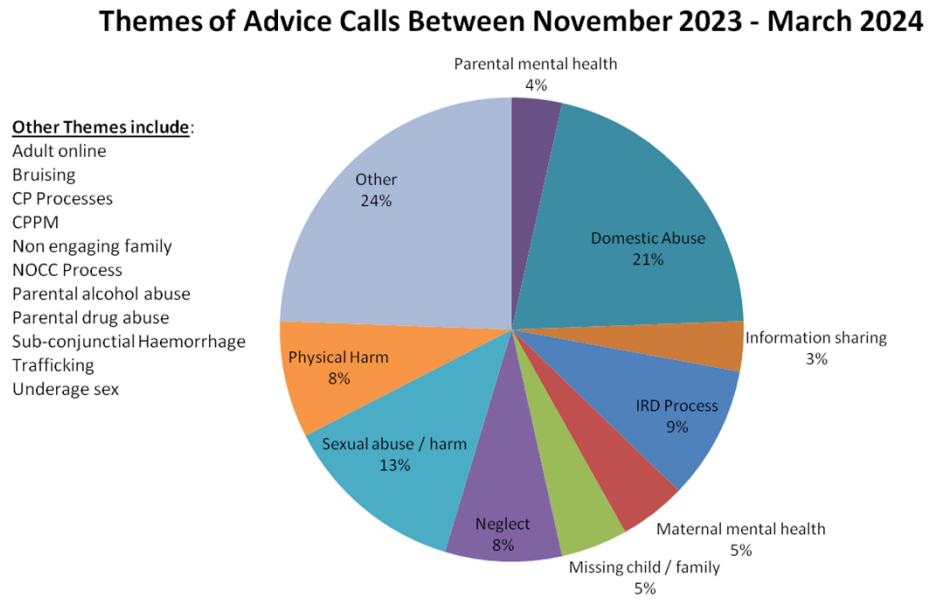
From April 2023 – March 2024, there was a total of **309** advice calls responded to by the team. An increase of 20% (246) from the previous year (reporting periods prior to April 22 were calendar years and not comparable). This may be due to several contributing factors, such as increased awareness of this function of the team at the reinstated Child Protection training, new allocations of SCPNA portfolios and Quality Improvement work with services, improving visibility and links, the anecdotal feeling of the increasing complexity of Child Protection cases, the inability of the team to support 1 to 1 and at times group supervision with the highest service users – Health Visitors and CAMHS. Lack of feedback from service users does not support robust analysis of this increase. There does not appear to be patterns of any peaks, with calls spread fairly equally throughout the year with some dips noted at popular holiday times.





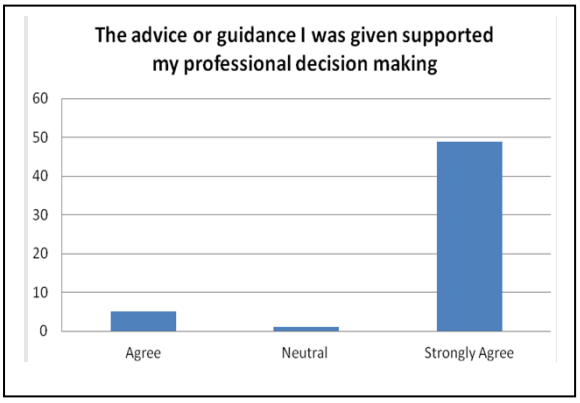
Users of the service are widespread but remain predominantly from Health Visiting and Children's mental health services.

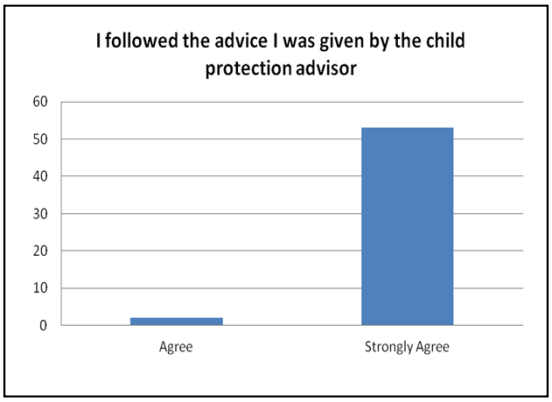
Calls continue to be from an array of child protection issues, with consistent themes from previous years evident. There is a noted addition regarding the IRD process, which is perhaps unsurprising with the changes in our IRD processes during 2023–2024. In a comparison of previous reporting years, domestic abuse appears to be an emerging theme and is in keeping with pre-birth data.



The 'so what?'

Feedback from users on the support received has historically always consistently been positive.





In keeping with qualitive data capture from the previous year, there is evidence that the availability of child protection advice results in practitioners feeling reassured, empowered, having increased confidence and knowledge to progress next steps supporting them in their role to safeguard unborn babies and children.

- 'The SCPNA I spoke too was great. Felt very reassured and confident with what to do next. Thank you. '
- 'It was helpful to share my concerns and be told that I was doing all the correct steps. '
- 'The SCPNA reinforced the concerns I had. I was already confident that this needed escalated via Social Work, I just needed to know which route to take. Many thanks for her approachable and professional manner. '
- 'I am so grateful for the timely call back and for the advice provided. '
- 'The SCPNA was lovely, helpful and professional as always. I really appreciate all the help from the team this year. '

- ‘The SCPNA was very professional, supportive and knowledgeable. I was very grateful for the support. By the end of the phone call, I had very clear actions and felt very supported. ‘
- ‘The SCPNA was fantastic, particularly as this was my 1st time calling the service as someone new to CAMHS with a difficult situation. The SCPNA helped me feel reassured and secure in my professional decision making, and I feel increased confidence in how to handle the situation moving forward.‘
- ‘The SCPNA was very supportive in providing reassurance to reaffirm my plan that I wanted to proceed with but was feeling conflicted due to oppositions to my plan from peer supervision.‘
- ‘The SCPNA was very helpful and acknowledged the significance of clinical impressions. She offered useful advice that felt appropriate.‘
- ‘I cannot speak more highly of this service. This is the 3rd time I have used the service and again I was very happy with the support and advice provided. Mandy was very informative and provided me with excellent advice. Following the call, I had a clear plan and felt support and confident with the advice provided.’
- ‘I called the service at 16:20pm on a Friday but regardless of the time, I received a call back shortly after and was provided the time to discuss my concern fully. Great advice and support as always.’

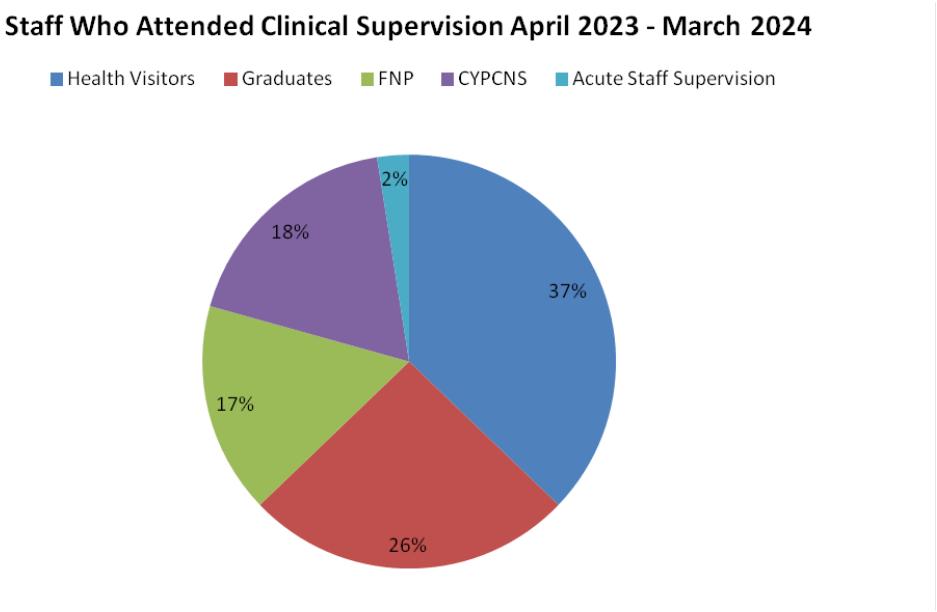
Child Protection Supervision

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).

Following on from 22/23 reporting period and the challenges with staffing, delivery of a robust and regular Child Protection supervision model has continued to be extremely challenging due to the resource implications of the National Guidance. This is reflected in our recent workload staffing tool which identifies an uplift is required to fully meet the desired outcome of a mandatory regular Child Protection Supervision Policy. This is an area we would like to progress improvements when capacity and workload allows.

Individual/service group supervision

From April 2023 – March 2024, 144 people received Clinical Supervision over 47 sessions.



Multidisciplinary

The CP team have carried out multi-disciplinary supervision sessions including targeted training to the Immunisation Team, a complex session amongst Paediatricians, Child Protection Team and Allied Health Professionals in Fabricated and Induced Illness and a Child Protection update and complex case discussion with the Sexual Health Team. Similar sessions will be incorporated within the Learning and Development plan for targeted sessions within NHS Fife with feedback informing future sessions.

Monthly Physical Peer Review

In October 2023, the Child Protection Team assumed the responsibility for co-ordinating the Monthly Physical Peer Review meetings which were previously managed by the East of Scotland Child Protection Managed Clinical Network (MCN). Meetings are well attended by Consultants, GPs, Health Visitors, Child Protection Nurse Advisors and other disciplines within Children's Services averaging around 40 attendees per month. The meetings play an important role in supporting ongoing learning and collaborative working between Fife, Lothian and Borders NHS Boards.

Multiagency

In 2023–2024, we have re-instigated our multiagency peer review sessions amongst partners. These are hosted by NHS Fife to help us come together as partners and understand our job roles and how communicate better on a multiagency basis.

The ‘so what?’

In the second half of 2022, the Child Protection team began collating feedback from supervision sessions, although last year's report identified response rates were particular low in this area. In light of this, we have reviewed and collated our feedback to date and plan to review what improvement methods we can use to increase feedback response as we carry out a wider scoping into supervision in 2024–2025. Findings from 2023–2024 indicated an agreed or strongly agreed response to the sessions being positive with quantitative data indicating the importance of support for staff working with extremely challenging cases, the need for time to support reflection, learning from others to grow and develop in practice. The majority of staff indicated they would recommend the service to colleagues, with 1 reporting a neutral rating.

Question	Agree	Strongly Agree	Neutral	N/A
The Child Protection Advisor supported reflection on my professional decision making and analysis of strengths and risks	3	8	0	2
During supervision we explored planning of support, the need for multiagency and contingency planning	2	10	1	0
During supervision I was supported to keep the child at the centre during assessment and planning	1	10	0	2
Supervision supported me to challenge my beliefs and consider different actions in the case.	4	7	2	0
I was given the opportunity to discuss and reflect on my learning, discuss relevant legislation and explore appropriate assessment tools as required	6	6	0	1
I felt the child protection advisor supported reflection on my wellbeing and managing stress or trauma	5	8	0	0

Multidisciplinary session feedback

> *“Very helpful session. Our staff found it really useful to meet the CP team and have the opportunity to discuss cases.”*

> *“Good to gain insight and share how we each process/ work towards ensuring we keep the C/YP at the centre, protect confidentiality and also exchange relevant/ proportionate information. I hope the team feel they can contact us directly more to help guide/ support or discuss tricky situations.”*

Individual/service group session feedback

- “Great opportunity to discuss tricky cases. Facilitator was competent and it was good to get some updated in child protection also.”
- “Great to have child protection perspectives and this supervision has guided me in future planning and proposed practice with the family discussed. Great to have some discussion around my own practice and refection of this. Great to have some ideas and questions offered to me that I can utilise in an upcoming professionals meeting. This supervision has left me feeling positive about my own practice and the support in place for this family currently.”
- “.. very approachable and I know that our whole team feel supported in the knowledge that we can contact someone to discuss any child protection concerns as and when they arise. ..is a great support to us all, we always feel empowered and well supported after our discussions with her. Thanks to the team for all your support, it is very much appreciated. “

Child Protection Education and Training

There are several training highlights from the year 2023–2024 for the Child Protection Team:

- The appointment of a Child Protection Learning & Development Coordinator
- The successful implementation of a comprehensive new training program
- The move to centralised training booking system
- Participation in multiagency training

Learning and Development Coordinator

Since June 2023, the Child Protection Learning and Development role has been instrumental in securing NHS Fife's commitment to supporting the workforce to safeguard children. The full-time role within the Child Protection team supports the current SCPNAs to deliver the Child Protection training requirements as part of the core functions of the team and to meet the demands of the workforce.

A training needs analysis carried out in early 2023 identified gaps in Child Protection learning and a lack of clarity around training requirements so the role has played a key part in aiming to improve the core function of the team and bring clarity to the training expectations of staff.

Mandatory Child Protection Training for all

In February 2023, child protection mandatory training in Fife moved over to the national NHS Education Scotland (NES) Child Protection modules (level 1 and 2). The availability of these modules on TURAS has offered an opportunity for clarification to the workforce on the training requirements. Both modules are easily accessible on the training platform. Guidance to staff was circulated in August 2023 based on the 'Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff' (Fourth edition: January 2019) document which supports the health workforce when identifying their Child Protection training needs dependant of job role and responsibility. Five levels of staff are identified within this national guidance which aligns with the new 'National Framework for Child Protection Learning and Development in Scotland 2024' published in March 2024. Training requirements for staff was circulated in August 2023 and reflects the guidance in both documents.

Core Induction Training – All Staff

All new NHS Fife staff are required to complete their Core Induction Training on TURAS which includes a Protection for All module that covers key Fife Child Protection information; a strong emphasis on "Child Protection is everyone job!" remains the key message. Due to some new changes being implemented from the National Guidance for Child Protection 2021 impacting on local process this Core Induction training was updated at the end of 2023 to reflect these changes.

Mandatory Training for Named Persons

In 2019 Chronology and Risk Assessment & Analysis Training was made mandatory for Health Visiting and Family Nurse Practitioners; to be repeated 3-yearly. No NHS Fife Risk assessment and Analysis training was offered to staff in 2022 and 2023 (due to staffing capacity) therefore key efforts have been made in 2024 with the introduction of the new CP training programme to ensure Health Visitors get priority for these sessions.

The CP Learning and Development coordinator; alongside the CP Lead Nurse identified an initial requirement to commence Chronology training before a formal training programme had been created due to the mandatory training requirements of Named person staff within the service and the fact that very little Chronology training had been carried out in 2022 and 2023.

A series of five face to face Chronology training sessions were run between September and December 2023 and named person staff were encouraged to attend. Capacity for these sessions was capped at 90 with priority booking for health visiting staff.

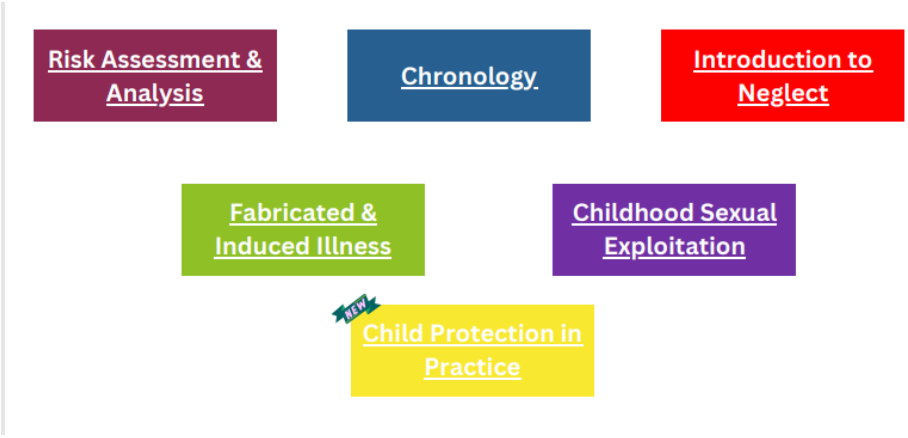
Improving staff accessibility to training

To streamline the booking, attendance, and reporting process we worked alongside our Practice and Professional development team to move our training booking over on the TURAS platform. Using TURAS supports Child Protection team admin staff to manage bookings more centrally and allows greater transparency of attendance and cancellations. All Child Protection Training programme sessions are now available to book via the TURAS platform which ensures centralised booking management and facilitates monitoring of staff training compliance.

Child Protection Training Programme 2024

Commencing on January 1st, 2024, a comprehensive training program aimed at enhancing staff competencies in child protection was introduced.

This program encompassed vital topics including Chronology, Risk Assessment & Analysis, Introduction to Neglect, Childhood Sexual Exploitation, Fabricated and Induced Illness as well as a new offering of Child Protection in Practice (an opportunity for the workforce to identify their own Child Protection learning needs and suggest topics that they would like covered by the team).



- **Chronology:** Participants are trained in how to create, use and analyse chronologies for children and young people a skill that is crucial for assessing risk, identifying patterns of behaviour and supports practitioner supervision.
- **Risk Assessment & Analysis:** Staff members explore the wider use of the GIRFEC National Practice model and the National Risk Framework to gain hands-on experience using risk assessment and analysis tools for comprehensive risk assessment, risk analysis and risk management.
- **Introduction to Neglect:** Participants explore the subject of neglect, recognising possible signs of neglect, understanding its impact and how they might assess and manage.
- **Childhood Sexual Exploitation (CSE)*:** Participants are educated on recognising signs, vulnerabilities, and protocols for reporting and responding to suspected cases of CSE.
- **Fabricated and Induced Illness**: Training covers identifying signs, understanding risk factors and causes and exploring how cases might be managed.

Data on Training Attendance and Compliance

The compliance number on our mandatory training remain lower that our target due to the break in training in 2022 and 2023 and we aim to increase staff compliance to over 80% by the end of 2024.

Chronology Training

Family Nurses compliance = 16 (89%)
Health Visitors compliance = 72 (59%)

Risk Assessment & Analysis Training

Health Visitors compliance = 36 (40%)

	Chronology (6 sessions)	Risk Assessment & Analysis (2 sessions)	Fabricated & Induced illness (1 session)	Neglect (1 session)
Health Visitors	10	12	13	0
CYPCNS	10	2	0	1
School Nursing	7	1	1	2
CAMHS	6	0	0	0
ANPs	3	2	1	3
AHPs	13	0	1	4
GPs	0	2	0	0
Dentist	0	1	0	1
Nursing Staff	4	3	1	0
HCSW	2	1	0	2

Due to the unavailability of Risk Assessment and Analysis training within NHS Fife in 2023 Family Nurses remained up to date by accessing their national Risk Assessment training "*Assessment, Analysis and Articulating Risk in FNP Practice*". 65% of Family Nurses have completed either one day Family Nurse Partnership (FNP) Assessment, Analysis and Articulating (AAA) Risk in FNP or the CP Risk assessment within last 3 years. 29.4% have completed the Fife CP Risk Assessment course - and 2 are already booked on to training for this (others have completed but not within last 3 years). The remaining nurses who haven't completed either are in post less than 18 months and therefore in learning phase of FNP.

Due to the lack of training provision last year attendance data this year shows improved participation rates, especially among Health Visiting staff and staff across the partnership. Training numbers have increased across a broader range of health disciplines with including GPs, Dentists and the Allied Health Workforce. Despite this encouraging increase the challenge for next year will be to ensure CP training continues to be accessed by a broad range of staff groups as we seek to share learning and develop the scope of the training programme.

**Our CSE course begins in April 2024 and therefore isn't included in the 2023–2024 figures*

Medical 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. Fife contributes in chairing these sessions to ensure there is a spread of cases from Fife Paediatricians that are Peer reviewed. The Lead Paediatrician attends a National Complex Case forum to share learning from around Scotland and obtain expertise from other Child Protection leads into Complex Child Protection cases.

Paediatric trainees receive a Child Protection induction to ensure awareness of policies. Child Protection training is delivered by Paediatricians to medical students, Foundation doctors and GP trainees. Training is tailored to the needs of the trainees and incorporates learning from local and national Learning Review outcomes. There is also periodic specialist training for Paediatricians for example Radiology training and delivery of the National Trauma Training Programme, updates in Child Protection processes for Neonatologists.

GP training- This has been paused regionally after the 2022 MCN session. Fife has since performed a training needs analysis for GPs in Fife including how they would like Child Protection training to be disseminated. This training will be carried out later in 2024 to meet the needs of GPs and GP Advanced Nurse Practitioners.

CPC Multi- Agency training 2023–2024

As well as our in-house training we now support a programme of multi-agency training through our Child Protection Committee (CPC) which commenced with the recruitment of a CPC Learning and Development Lead Officer. CPC training supports multi agency learning; the importance of which is often a key theme identified in learning reviews. Throughout the year the following courses are provided:

- CPC Multi Agency Child Protection Procedures (two-day course)
- CPC Child Protection and Families Affected by Disability
- CPC Multi Agency – Substance Use – Impact on Children and Families
- CPC Multi Agency Return Home Welfare Interviews
- CPC Multi Agency Child Protection and Parental Mental Health

Dates run throughout the year and key members of health staff support each these sessions to ensure the multiagency learning space has a key focus on the impact of health needs on children and young people and to ensure a shared learning about policy and process.

The 'so what?'

Training Feedback

> *'Chronology Training made me evaluate how I use the chronologies in my daily practice. I now think about chronology when note taking and it reminded me of the content we should be adding to chronologies'.*

> *'I've gained a lot more knowledge around fabricated and induced illness as this isn't something I've come across in my role'.*

> *'I feel much better informed as to what child neglect means, types and signs of it and what I can do to deal with it'.*

> *'Attending Risk Assessment and Analysis Training as a new qualified HV I found the training very beneficial. The combination of slides and groupwork worked well, allowing the opportunity to unpick cases.'*

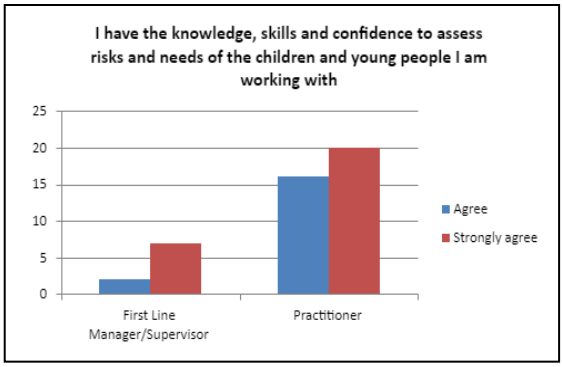
The successful implementation of the new training program and the transition to the TURAS platform signify significant strides in our commitment to child protection training. By equipping our workforce with essential knowledge and skills and centralising training data. We aim to equip the workforce to be able to identify and manage child protection cases and escalate appropriately to ensure the children of Fife are safe and protected from harm and abuse.

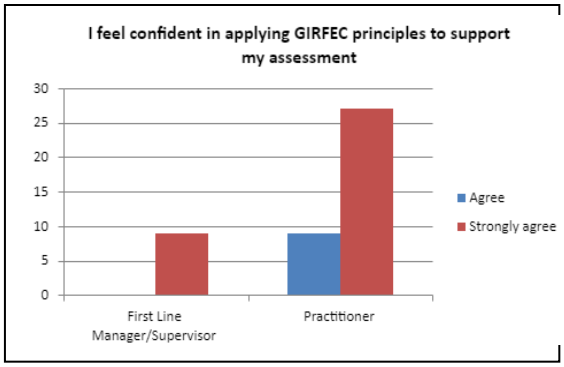
Contributing To a Confident & Competent Workforce

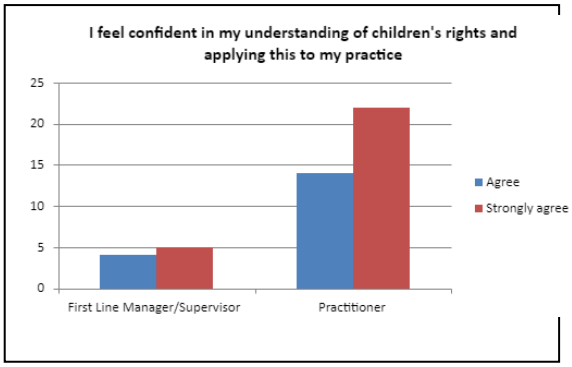
The ‘so what?’

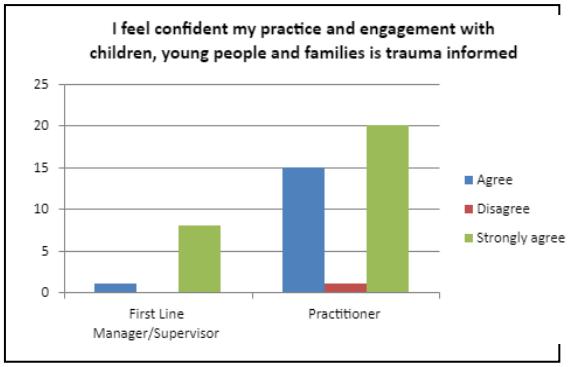
Ensuring we have a heath workforce that feels confident and competent in their role to protect and promote the wellbeing of children and young people is our priority.

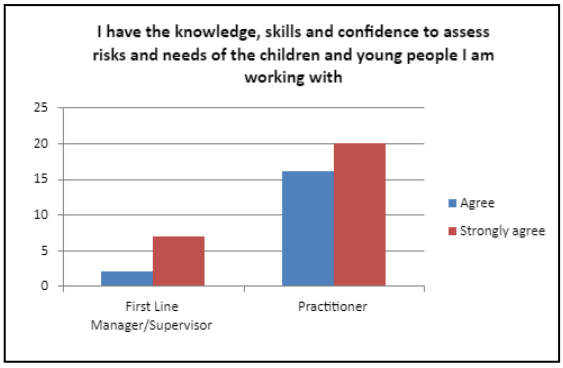
The 2023–2024 Child protection Committee (CPC) workforce survey was circulated to all health practitioners within Health Visiting, Family Nursing, Vulnerable in Pregnancy (VIP) Midwives, Child Protection Paediatricians and a sample of GPs. Results from the 45 practitioners who completed the survey, (9 of those first line managers) demonstrates a self-evaluated skilled, knowledgeable, and confident workforce where there is visible leadership within services to protect children and improve outcomes with a focused culture on learning and reflection.

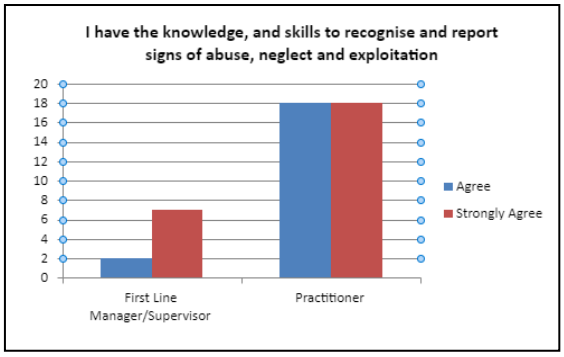


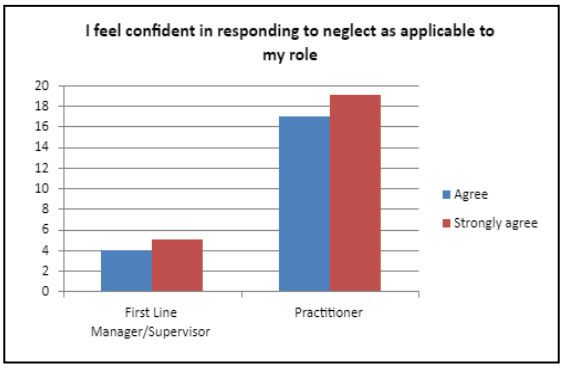


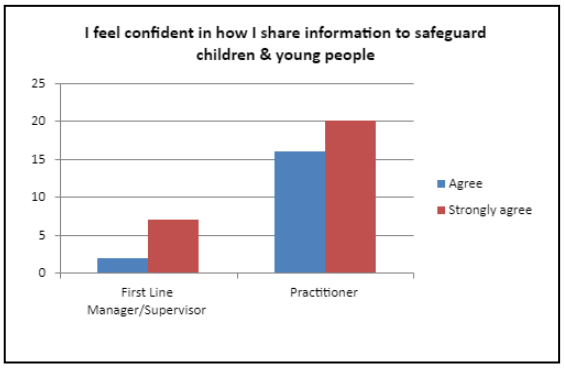


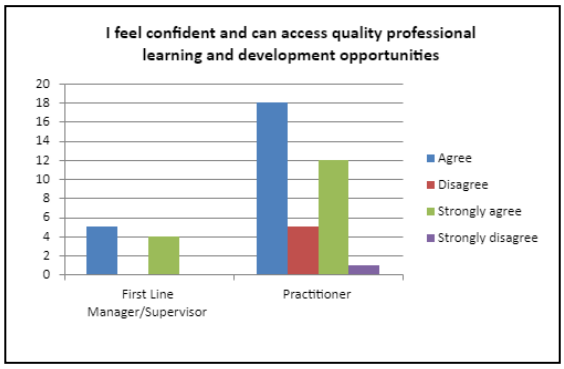


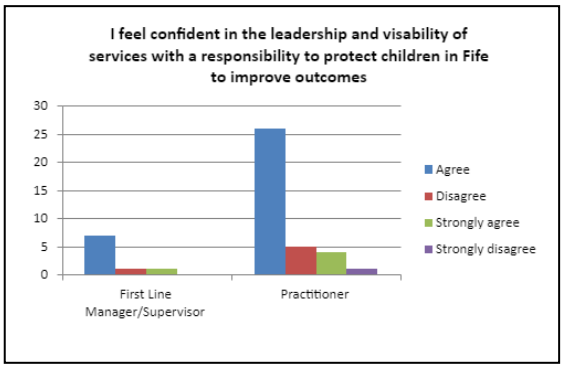


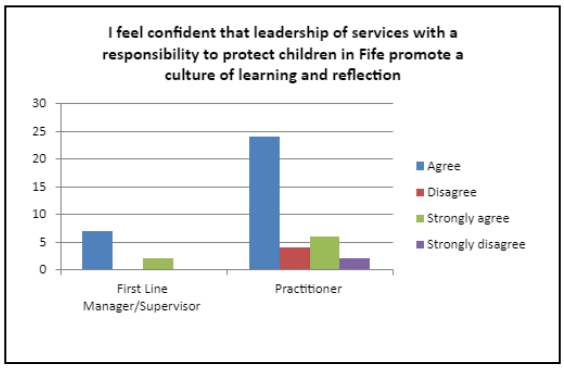



I feel confident in responding to neglect as applicable to my role
20
18
16
14
12
10
8
6
4
2
0
First Line Manager/Supervisor
Practitioner
Agree
Strongly agree


I feel confident in how I share information to safeguard children & young people
25
20
15
10
5
0
First Line Manager/Supervisor
Practitioner
Agree
Strongly agree


I feel confident and can access quality professional learning and development opportunities
20
18
16
14
12
10
8
6
4
2
0
First Line Manager/Supervisor
Practitioner
Agree
Disagree
Strongly agree
Strongly disagree


I feel confident in the leadership and visability of services with a responsibility to protect children in Fife to improve outcomes
30
25
20
15
10
5
0
First Line Manager/Supervisor
Practitioner
Agree
Disagree
Strongly agree
Strongly disagree


I feel confident that leadership of services with a responsibility to protect children in Fife promote a culture of learning and reflection
30
25
20
15
10
5
0
First Line Manager/Supervisor
Practitioner
Agree
Disagree
Strongly agree
Strongly disagree

Innovation and Improvement

To shape and support a culture of learning and continuous improvement in child protection across Children's Service, our achievements of the past year include the progression and introduction of new posts within the service to support our workplan and new Children's Services vision and mission statement.

Vision

Children and Young People in Fife will be safe, healthy and will reach their full potential.

Mission Statement

Our Children's Service Vision will be delivered through a skilled, competent and valued, workforce who are committed to working with Children, Young People and their families to improve health and wellbeing.

Collette Milne
Child Protection Team Lead

The Child Protection team is currently undergoing significant structural changes in line with the vision for children across Scotland. The Team Leader Role supports the Lead Nurse in delivering the strategic priorities operationally. The Team Leader role supports the Senior Child Protection Nurse Advisors, the wider NHS work force and multi agencies working in mapping out and delivering the key priorities operationally. Another focus of the Team Leader role is to support the Senior Child Protection Nurse Advisors in delivering all core functions of the Child Protection team with a focus of delivering high quality practice to empower all NHS Fife employees in relation to all aspects of Child Protection, through opening up links, communication and resource to aid safe, child focused practice.

Laura Cuthell
Child Protection Clinical Effectiveness Co-ordinator

Laura joined the Child Protection Team in August 2023 as our Child Protection Clinical Effectiveness Co-ordinator. Having worked for the previous 5 years within the East of Scotland Regional Planning Team providing Project Support to the Managed Clinical Network for Child Protection, Laura brings a broad range of experience and knowledge at both regional and national level to this new role.

Since commencing her secondment, Laura has been working on improving governance and data collection around the teams 4 Core Functions; developing and supporting data collection for pre-birth IRDs; National reporting on child sexual abuse; data collection and submission for the HIS Indicators for People Who Have Experienced Rape and Sexual Assault or Child Sexual Abuse (Healthcare and forensic medical services standards – Healthcare Improvement Scotland); contributing to the development of a child protection Training Needs Analysis; supporting the Learning and Development Co-ordinator with the roll out, evaluation and planning of child protection training; supporting the ongoing implementation of the National Guidance and has recently project managed the

roll out of our Pre-School IRD Implementation project.

Laura is currently undertaking an Audit and Improvement Course via Dundee University and looks forward to continuing to develop her new skills around Quality Improvement in 2024–2025.

Multi Agency Improvement Team (MAIT)

Debbie Wilson and Lisa Bertram - MAIT health representatives

The initial work of the Multi Agency Improvement Team (MAIT) was to reduce the number of inappropriate Notification of Child Concerns (NOCCs) being submitted to social work.

The health representatives for the (MAIT) have been in post since 29th May 2023. The initial focus of their work was to identify any gaps in health personnel knowledge or training and aim to reduce the number of inappropriate NOCCs that are submitted to the Social Work Contact Centre from health professionals. It was envisaged, this would have a subsequent positive impact of the effectiveness and efficiency of services.

An initial 6-week scoping exercise of NOCCS submitted from health practitioners was completed. This highlighted 30% of NOCCs submitted from health professionals were inappropriate with a high number of NOCCs submitted by CAMHS staff. A pilot was commenced, in December 2023, to include training for CAMHS staff and subsequent data collection from social work colleagues to determine if the training had reduced the percentage of inappropriate referrals from CAMHS. The training to CAMHS was received very positively. The plan thereafter was to rollout the training to all services who submit NOCCs. However, the Child Wellbeing Pathway Working Group is currently developing a single referral form to social work that aims to replace the NOCC form. The work of the MAIT will shift slightly to scope and progress this work, alongside health raising IRDs.

Despite the change in direction from a multi-agency perspective, the health representatives have supported improvement work from a health perspective. One of the health representatives has also been involved in the health project work in relation to the new Interagency Referral Discussion process including training and supporting health professionals.

Rebecca Saunders
Child Protection Learning & Development Co-ordinator

Rebecca joined the Child Protection team in June 2023 from Maternity services where she led their child protection training and development so the move to the Child Protection team felt like a very natural one as she already had close ties with the team. She was only in the Child Protection team from June 2023 to December 2023 due to service redesign when her role was realigned to become a wider children's services role but continuing to support and deliver the Child Protection learning and development function. During her short six months in the team, she developed the Child Protection learning and development workforce guidance/requirements, re-wrote and delivered chronology training alongside various member of the Child Protection team, produced a new training programme for 2024 and developed new training presentations for Risk Assessment and Analysis, Fabricated and Induced Illness and Neglect training.

Child Protection administrative support

In 2023 and 2024 we welcomed Donna Comrie and Danni Newlands to temporary positions within our Child Protection administration team. These additional posts support the new health administration role we have undertaken in respect of pre-birth IRDs, Bairnshoose and IRD scheduling on behalf of the partner agencies.

Donna Comrie
Child Protection Administration Support

I am still in my first year as part of the Child Protection Team, having joined in August 2023. I'm responsible for the training administration of courses provided by the team, working with the Training and Development Team Lead.

Another part of my job is to undertake the admin duties required for the weekly pre-birth IRD process as well as the evolving, daily IRDs. This includes: requesting information from GPs, named person and other health professionals who have involvement with the children/young person. We also ensure health professionals are updated on the multi-agency decisions made at the IRD meetings. Health have taken on the administrative responsibility for the pre-birth IRD process which means the requesting, collation, and distribution of multi-agency information within a short timescale. In the case of Pre-Birth IRDs I also attend the MS Teams meeting to complete the IRD form whilst discussions take place. The whole IRD process has been subject to recent changes and there is now the element of scheduling included for a more robust process.

The Admin Team also provide the administrative duties for all emails received through the generic inboxes. This work includes National Missing Family Alerts both national and local and NHS 24 Alerts.

The job I perform is very varied and interesting with no two days the same. Admin are the first point of contact for anyone phoning or emailing the Team. Other duties include taking minutes of meetings including internal, Multi Agency Improvement Team and project meetings.

The work undertaken by the team requires being measurable and as such, databases are an important tool for the team to measure the service they provide and the targets to reach and these require accurate, regular updating by admin. These include IRDs, Pre-birth IRDs and Advice calls. The Advice call feedback is now a quicker process as I compiled an MS Forms document which allows me to update the information automatically on the database.

Danni Newlands
Child Protection Administrator

I joined the Child Protection admin team at the end of January 2024 having worked within children's services since 2018. I provide admin for the Child Protection team on a part time basis 3 days a week. It was evident very quickly the workload, at times can be heavy and fast paced and no two days will be the same. It was obvious that this was not a job you could just walk into and know what you're doing, very much a role where continuous learning is required.

Day to day I have been mainly focussing on the IRD process as there are so many elements from start to finish. I feel I am now confident with the IRD process, scheduling and all other background work. However there are always new situations which arise but help is never too far away. I also pick up NHS 24 emails and Missing person alerts as well as child protection message requests. I am supporting the Child Protection winscribe typing for consultants which, in comparison so the short clinic letters of my previous post are very lengthy and detailed.

My previous roles have helped as I can lend a hand when it comes to general admin tasks and annual leave sheets/flexi sheets for the team as well as orders and roster systems if need be. Answering Incoming calls and prioritising workloads as appropriate.

Since joining the team I have been supported by the other two admin staff, bringing me up to speed on their processes as well as being welcomed by the wider team. The team is very small in comparison to the workflow, complexity and essential service they provide, however it was evident early on that they are dedicated and passionate about the service they provide. Very happy to now be a part of the Child Protection team.

Child Protection Team Staff Development

SCPNAs, Adele Stuart & Anne Taylor

Professional development is supported and actively encouraged within the Child Protection team to foster a culture of learning and continuous improvement in Child Protection and Leadership. Despite such a busy and challenging time for our service, our staff have showed tremendous commitment to their professional development and in turn the development of the service in the past 12 months;

- Senior Child Protection Nurse Advisors Adele Stuart and Anne Taylor successfully completed the Professional Supervision Course at the University of Stirling
- Senior Child Protection Nurse Advisor, Mandy Stevenson commenced the Child Welfare & Protection Modules at the University of Stirling
- Child Protection Learning & Development Coordinator, Rebecca Saunders commenced the MSc Leadership in Healthcare at Dundee University
- Child Protection Clinical Effectiveness Coordinator, Laura Cuthell commenced an Audit and Improvement course at Dundee University
- Child Protection Team Leader, Colette Milne commenced the NHS Fife Clinical Leadership Programme
- Child Protection Lead Nurse, Lindsay Douglas commenced the NES Managing Quality in Complex Systems programme

Bairnshoose

Fife were successful in our bid to become a Bairnshoose Pathfinder. Bairnshoose is based on the Icelandic model of Barnahus (children's house.) A key aspect of Barnahus is the 4 rooms approach to bring together child protection, health, justice and recovery services in one child friendly setting. The Bairnshoose standards were published by Health Improvement Scotland and the Care Inspectorate in May 2023. As successful pathfinders, we have the opportunity to design and implement new ways of working to deliver meaningful trauma-informed outcomes, with benefits to both community and workforce. We have the opportunity to engage with Scottish Government and influence policy development. We have national Peer support with other Pathfinders to share learning and to work with pathfinders together as a community of practice. As pathfinders, we have been able to access an amount of funding from the Pathfinder fund.

We have formed a project team with a clear governance structure. We have a project support officer in place and a participation and engagement officer who will enable us to include Children and Young People in our design model. Our next stages are working with partners on structuring our 4 rooms in a way that works for Children and Young People and those who will be working within Bairnshoose.

Learning Reviews

The Lead Nurse Child Protection and Child Protection Clinical Effectiveness Coordinator have been reviewing Child Protection adverse event reporting to support robust data capture and ensure timely and effective learning from events and near misses. In 2023–2024 complex case reviews and multiagency Learning Reviews have evidenced many areas of good practice in health, supported targeted development plans for individual practitioners and where a need has been identified, identified common thematic learning for renewed emphasis in Child Protection training and education. They have also supported the development of new or updated health guidance and standard operating procedures, devised in partnership with Child Protection, Children's Services and Emergency Department Leads and the Child Protection Specialist Midwife. Action plan trackers and governance has improved and is now progressed via the new Child Protection Team's Children's Services Governance reporting and the established Child Protection Health Steering Group.

Child Protection Scottish National Clinical Guidelines Group

The Child Protection Scottish National Clinical Guidelines Group is a multidisciplinary network which works to develop national guidance to support consistency across health boards. Our Child Protection Clinical Effectiveness Co-ordinator represents NHS Fife at this group. The group have developed guidance on Bruising in Pre-Mobile Infants, Genital Bleeding in Pre-Pubertal Girls, Out of Area Guidance and Fractures Raising Child Protection Concerns (www.cpscottishclinicalguidelines.scot.nhs.uk)

Moving Forward

As we move into 2024–2025 we will work towards our developing workplan with a focus on our new Children's Services vision and mission statement and supporting our co-produced Children's Services priority areas of improving shared learning, improving communication and improving relationships. We look forward to building upon the Children's Service Development Days which took place throughout 2023 as we move forward with a more cohesive way of working.

In the final quarter of 2023–2024, we have been planning for progressing the final stages of the Child Protection Guidance Implementation plan to include;

- Continued review of our health IRD operating model with progression of our IRD pilot
- Review of health Information Sharing Guidance
- Scoping and improvements in cross Border Working
- Progression of an Electronic IRD system (EIRD)
- Progress the wider definition of a child to include 16-17 years olds
- Siblings having an IRD in their own right
- Gatekeeping and supporting wider health services requests for an IRD to be raised when health professionals have concerns of significant harm

Additional areas of focus planned for 2024–2025;

Self-evaluation and improvement

- Continual review of our new data collection systems and performance reporting
- Scoping and progressing a Child Protection supervision model
- A 2024 Training Needs Analysis which will help to inform our plan of training going forward and identify gaps in training requirements in order to continue to provide relevant and suitable training to our workforce. We hope to achieve over 80% compliance for our named person training by this time next year.
- Building on our work from 2023, with multiagency partners in obtaining feedback from families, children and young people undergoing Scottish Child Interview Model (SCIM) interviews to include feedback on CP medicals to guide our service upholding the United Nations Conventions on Rights of the Child on including the voice of the child in shaping our service. We have had limited feedback on medicals however we are confident with the recruitment of our new participation and engagement officer as part of our Bairnshoose pathfinder work we will harness the voice of the child around the medicals process.
- We have been working alongside our mental health and sexual health colleagues to improve pathways for vulnerable Children & Young People who have experienced trauma. Ongoing work will take place within the Bairnshoose project.
- Progressing a new co-produced Children's Services record keeping audit tool.

- Continued work in relation to Child Protection adverse event reporting in NHS Fife and robust processes for when allegations/concerns are identified against NHS and private sector health care staff. This will also now correlate to work progressing nationally.
- We will continue to be robust in our response to Learning Reviews, embedding learning in line with 6 for safety and highlighting good practice alongside identified areas for learning and supporting staff throughout this difficult and emotive process.
- Improved visibility and communication including 7-minute briefings on key themes, review and restructure of our Child Protection Blink pages, contribution to the new Children's Services SWAY to promote and update on the Child Protection service, progression of allocated SCPNA portfolios.
- Implement the requirements of the NHS Public Protection Accountability and Assurance Framework (2022) into practice in Fife assessing the adequacy and effectiveness of our Public Protection arrangements at strategic and operational levels with the support of the national toolkit approved by Scottish Executive Nurse Directors (SEND) in March 2024.

The Child Protection Learning & Development post, the Child Protection Clinical Effectiveness Coordinator and MAIT posts have recently transferred to the new Children's Services Quality Improvement team where they will broaden their remit within Children's Services, and we look forward to continuing to maintain our close working relationships as part of our wider Child Protection Team. Building on the wealth of work that has been commenced these past 12 months in relation to training, quality improvement, data capture, governance and audit to protect unborn babies, children and young people.

This year's annual report demonstrates the huge amount of work that the team have progressed this past 12 months both within our own service, wider health services and with our partners. Whilst it is amazing to reflect on the achievements and successes of this past year, it has not been without significant challenge. We would like to therefore take this opportunity to thank the members of the Child Protection team, our Child Protection Administrative Team and our wider Child protection team for their direct or indirect role in enabling us to progress not only our core work, but this huge volume of progressive improvement work in such a short period of time. They have shown dedication and commitment to protecting and promoting the safety and wellbeing of children and young people in Fife and improving their outcomes.

Appendix 1

Glossary of terms

ACRA	Age of Criminal Responsibility (Scotland) Act 2019
AHP	Allied Health Professionals
ANP	Advanced Nurse Practitioners
CAMHS	Child & Adolescent Mental Health Services
CARM	Care And Risk Management
CP	Child Protection
CPC	Child Protection Committee
CPPM	Child Protection Planning Meeting
CSA	Child Sexual Abuse
CSE	Child Sexual Exploitation
CWLN	Child Wellbeing Liaison Nurses
CYPCNS	Children & Young People Community Nursing Service
DA	Domestic Abuse
EIRD	Electronic IRD system
FII	Fabricated Induced Illness
FNP	Family Nurse Partnership
FHSCP	Fife Health & Social Care Partnership
GBV	Gender Based Violence
GCP2	Graded Care Profile 2
HCSW	Health Care Support Workers
ISP	Inter-Agency Referral Discussion
IRD	Interim Safety Plan
JPFME	Joint Paediatric Forensic Medical Examinations
MAIT	Multi Agency Improvement Team
MCN	Managed Clinical Network

NES	NHS Education for Scotland
NOCAP	National Child Abuse Investigations Unit
NOCC	Notification of Child Concerns
OOH	Our Of Hours
PDSA	Plan, Do, Study, Act
PF	Procurator Fiscal
PPU	Public Protection Unit
SALT	Speech & Language Therapy
SCPNA	Senior Child Protection Nurse Advisor
SEND	Scottish Executive Nurse Directors
SCIM	Scottish Child Interview Model
SUDI	Sudden Unexplained Death of an Infant
SWCPT	Social Work Child Protection Team
VIP team	Vulnerable in Pregnancy team

Appendix 2

Summary of the NHS Fife/FHSCP Child Protection Annual Report 2023/24

Publication date May 2024

The NHS Fife/Fife Health & Social Care Partnership's second annual report[1] covers the Child Protection team's work from April 2023 to March 2024. This report outlines our core functions, staff support, innovation and improvement, and future plans.

Our annual report summarises our findings, including:

- the current context and challenges for Child Protection in Scotland
- data for the 4 core functions of the Child Protection team
- the 'so what?' – informing learning for practice
- the Child Protection team's work and future priorities

References

1. NHS Fife/Fife Health & Social Care Partnership (2023) Child Protection Annual Report 2022/2023. Fife: Child Protection Team.

We provide accessible communication in a variety of formats including for people who are speakers of community languages, who need Easy Read versions, who speak BSL, read Braille or use Audio formats.

Our SMS text service number **07805800005** is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife.EqualityandHumanRights@nhs.scot or phone **01592 729130**

www.fifehealthandsocialcare.org

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**12 July 2024**
Title:	**Radiation Protection Annual Report**
Responsible Executive:	**Dr Chris McKenna, Medical Director NHS Fife**
Report Author:	**Jane Anderson, Interim General Manager, Women, Children and Clinical Services Directorate**

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

The Ionising Radiation (Medical Exposure) Reulgations IR(ME)R Board covering IR(ME)R 2017 compliance and the Radiation Protection Committee covering all other aspects of radiation safety are both chaired by the Medical Director for NHS Fife and have met in line with its agreed role and remit. IR(ME)R Board was held on 07/11/2023 & 20/03/2024 and the Radiation Protection Committee on 14/11/2023.

2.2 Background

NHS Fife needs to be both assured of compliance and informed of any deficiencies that require action.

The Radiation Protection Adviser (RPA) and Medical Physics Expert (MPE) reviews arrangements for radiation protection regularly. Matters to be reviewed include: radiation protection documentation including Local Rules and risk assessments, staff doses, QA arrangements, personal protective equipment. In addition, for x-rays, equipment performance reports and records of the protection system are checked. For radioactive materials contamination monitoring records, radioactive waste records, Administration of Radioactive Substances Advisory Committee (ARSAC) certificates and compliance with the Environment Authorisations (Scotland Regulations) EASR 2018 are reviewed.

Reports are issued to the Clinical Director and the appropriate manager. Any significant findings are included in the RPA's report to NHS Fife RPC.

The Radiation Protection Committee meets twice annually and receives reports from responsible managers, radiation protection advisers and experts. Requests for reports will ask for specific information to provide assurances of compliance and for any areas where action is required.

A verbal report, accompanied with the minutes of the NHSF RPC are tabled at the Board Clinical Governance Committee.

Reports will give an assessment of the level of compliance with regulations and highlight any areas of non-compliance or other issues that need to be brought to the attention of the Board.

The Board can then take such measures as it sees fit to rectify any deficiencies in compliance that cannot be dealt with within the committee and line management structure.

2.3 Assessment

Reports were received at IR(ME)R board and RPC from departmental managers, radiation protection advisers and other experts. Reports detailed specific information to provide assurances of compliance and updates/action planning for any areas where action is/was required.

No areas of non-compliance were identified, and the medical director was assured that appropriate governance is in place to manage all risk associated with use of ionising radiation.

There were no concerns regarding staff training/development and good practice was noted in terms of succession planning for RPS roles.

An annual review of radiation incidents was presented which demonstrates a good reporting culture, with a robust framework in place to support learning, share learning and measure improvement in NHS Fife. The incident report was consistent with the previous year's findings, with no concerns and no action required.

<u>POINTS FOR HIGHLIGHTING</u>

- Radon monitoring carried out across NHS Fife
- 46 sites were reviewed in total.
- 32 did not require Radon monitoring.
- 10 sites had Radon levels <100Bq/m^3 and re monitoring is required in 10 years:
- 3 sites had Radon levels 100 – 200Bq/m^3 and re monitoring is required in 5 years: Remedial Actions Agreed

- Level 1 IR(ME)R procedure update
- The employer's procedure was updated to detail changes in scope of referral for GP access to CT imaging.
- The employers' procedures will be updated to reflect inclusive pregnancy check.
- Most recent Clinical Audit show compliance to the regulations. Image Optimisation team continue to meet.

- HIS IR(ME)R Inspection in Nuclear Medicine services NHS Fife

- See attached Report
- Nuclear medicine physics were closely involved in preparing the department for the recent HIS inspection visit. The inspection was a great success with the inspectors impressed by the good team working between NHS Fife and NHS Lothian and the professionalism of the staff. Two recommendations were made by the inspection team: -
- Feedback the results of the good clinical audit that is being done through the organisation and particularly to the IRMER Board
- Justify the use of different activities to those detailed in the ARSAC Notes for Guidance
- Future work will focus on implementing the two recommendations and continuing the work on audit and optimisation.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	X			
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

This report provides significant evidence for the safe quality of care provided within Xray facilities in Fife.

2.3.2 Workforce

This report provides a significant safe working environment for radiology staff.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

N/A

2.3.5 Equality and Human Rights, including children's rights, 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

This paper is being presented directly to the Clinical Governance Committee.

2.4 Recommendation

The Committee is asked to take a **"significant"** level of **assurance** from the contents of the Radiation Annual report as reassurance that appropriate governance is in place for managing the use of ionising radiation in NHS Fife.

3 List of appendices

The following appendices are included with this report:

Appendix No1, Radiation Protection Annual Report April 2024

Report Contact
Jane Anderson
Interim General Manager, Women, Children and Clinical Services
Email (Jane.Anderson2@nhs.scot))

RADIATION PROTECTION ANNUAL REPORT
APRIL 2024

1 INTRODUCTION

The IR(ME)R Board covering IR(ME)R 2017 compliance and the Radiation Protection Committee covering all other aspects of radiation safety are both chaired by the Medical Director for NHS Fife and have met in line with its agreed role and remit. IR(ME)R Board was held on 07/11/2023 & 20/03/2024 and the Radiation Protection Committee on 14/11/2023.

2 RADIATION PROTECTION ADVISERS (RPA) REPORTS

The Committee has received reports from the nominated Radiation Protection Advisers.

The highlights from these reports are as follows.

STAFF DOSE REPORTS

The main change in staff dosimetry has been the change to quarterly monitoring for the majority of staff who wear whole body badges without additional collar or finger monitors. An administrative error led to all staff moving to quarterly monitors, however monthly monitoring has been reinstated from December for Nuclear Medicine and Interventional.

The investigation into a new dosimetry supplier is in progress. There is no clear direction of travel yet, an assessment of the options continues. Issues with Landauer continue, so this project will carry on.

RISK ASSESSMENTS

There are no concerns regarding provision of Risk Assessments. The RP section continue to work to produce area specific risk assessments. Where these are not currently available, generic modality Risk Assessments exist. X-ray Local Rules are regularly reviewed and there are no issues with these.

RADON

Radon monitoring was carried out by Earth Environmental and Geotechnical Ltd, on behalf of NHS Fife from June to September 2023. All sites were compared to the map of Radon affected areas; no sites were

within Radon affected areas; however a number of sites had occupied (>50 hours annually) basements, which therefore required monitoring.

46 sites were reviewed in total.

32 did not require Radon monitoring

10 sites had Radon levels <100Bq/m^3 and re monitoring is required in 10 years:

1. Fife College of Nursing & Midwifery
2. Cameron Hospital
3. Victoria Hospital
4. Kennoway Health Centre
5. Adamson Hospital
6. Randolph Wemyss Memorial Hospital
7. Whytemans Brae Hospital
8. Stratheden Hospital
9. Lochgelly Health Centre
10. Lynebank Hospital

3 sites had Radon levels 100 – 200Bq/m^3 and re monitoring is required in 5 years:

1. Dalgety Bay Health Centre
2. Queen Margaret Hospital
3. Rosewell Clinic

1 site had Radon levels > 300Bq/m^3 and remedial action is required:

KINGHORN HEALTH CENTRE

3 monitors were in place at the Kinghorn Health Centre site, in the staff room, IT room and kitchen. The annual average Radon level calculated from each monitor was just above the action level of 300Bq/ m^3: results were 331, 304 and 322 Bq/ m^3, respectively.

The RPA will visit Kinghorn Health Centre with Michael McAdams in the coming weeks, to look at the most appropriate options for remedial action e.g., ventilation to outside if not already in place, Radon sump or positive ventilation. The RPA will also complete the required HSE Notification for work in areas with Radon concentration >300Bq/m^3

ENVIRONMENTAL MONITORING

The three yearly program of passive monitoring continues to be carried out across all controlled areas as discussed in the annual summary report. No areas of concern have been identified in x-ray areas in the last 12months.

PPE
All personal protective equipment is properly maintained and tested at regular intervals.

TRAINING
EMERGENCY PLANNING
Members of the RP team have created a training video for the Emergency Departments around the use of the Ram-Gene monitor should contaminated casualties present themselves at the department. This is currently out for wider review and will be made available to the departments later in the year following final tweaks.

Three members of the team are involved in national working groups looking at the provision of Radiation Monitoring Units should there be a large-scale adverse event involving radioactive materials which lead to the requirement for monitoring of members of the public. The national groups are intending to ensure there is a plan in place with sufficient detail to allow an RMU to be deployed anywhere in Scotland with an understanding of the resources available and the responsibilities of the different agencies involved e.g., SAS, SEPA, NHS, SG, LAHSCP, LA.

CPD
Talks were arranged over several months between summer and autumn 2022 on a number of topics: Radiation Incidents, Environmental Monitoring, PPE, Personal Dose Monitoring, Dose Audits and DRLs. These were delivered over Teams and recorded and made available for staff unable to attend the live training.

There is a requirement under IRR17 for regular update training to be carried out which covers the following:

- IRR17
- Basic Radiation Physics
- Biological Effects and Radiation Risk

RPS TRAINING
A well-attended RPS training course took place in October for x-rays users. We still intend on offering RPS training for theatre staff and this has been discussed with Cath Jack. Hopefully more training will be delivered early in 2024. An RPS Update session is going to be held before the end of the year. This will be available for all RPSs both in person, and hybrid for those not able to attend.

All areas have appointed RPSs. RPA/RPS reviews have been carried out with most RPSs over the last 12months. More reviews are planned for the coming months. Common issues found relate to testing of contingency

arrangements. Work is on-going to produce short videos that can be used for staff to review their contingency arrangements. These will be shared when available. Reviews this year have been carried out using a new the Qpulse Audit module. This allows for faster issuing of reports and better management of the actions generated by these reviews.

A number of staff have retired or moved in on recent months so there are new staff in post who have now attended RPS training and can be appointed. Staff who can't make planned courses have access to pre-recorded training sessions.

IR(ME)R UPDATES

Nuclear medicine physics were closely involved in preparing the department for the recent HIS inspection visit. The inspection was a great success with the inspectors impressed by the good team working between NHS Fife and NHS Lothian and the professionalism of the staff. Two recommendations were made by the inspection team: -

- Feed the results of the good clinical audit that is being done through the organisation and particularly to the IRMER Board
- Justify the use of different activities to those detailed in the ARSAC Notes for Guidance
- Future work will focus on implementing the two recommendations and continuing the work on audit and optimisation.
- SBAR attached.

- The employer's procedure was updated to detail changes in scope of referral for GP access to CT imaging.
- The employers' procedures will be updated to reflect inclusive pregnancy check.
- Most recent Clinical Audit show compliance to the regulations. Image Optimisation team continue to meet.

3 RADIATION INCIDENTS 2022

RADIATION INCIDENTS AND NEAR MISSES

There were 129 radiation incidents reported in NHS Fife in 2023, with 14 Notifiable incidents. This is comparable with previous records.

The notifiable radiation incidents in Radiology fell into 3 categories. These are shown below and discussed in further detail later in this report:

- Unnecessary Examination
- Wrong Patient (Referrer Error)
- Equipment fault (Radiation Equipment)

- The detailed RPA report demonstrates a positive reporting culture in NHS Fife, with shared learning outcomes to direct improvement.

EXTRAVASATION

There were 13 incidents categorised as 'Extravasation' during CT examinations where the scan had to be repeated. This level is in keeping with previous years. In all cases the cannula appeared to flush satisfactorily, however once imaging began it was apparent in the images that there was extravasation of the contrast and thus the scan had to be repeated.

A spotlight report will be submitted to the next ASDCGC to give assurance around extravasation audit and management.

4 STAFFING

All staff competencies are up to date.

There remains a national shortage of Radiologists which is compounded by an increasing workload.

5 NUCLEAR MEDICINE

The ARSAC license was renewed in January 2024 and expires January 2029. A NM MPE band 8a was appointed in Feb 2024.

6 SEPA

Single permit issued by SEPA would need to be amended if the service is extended to include DAT scanning. This will be considered within the business case for service development.

7 RADIATION EQUIPMENT

Inventory of equipment up to date and all equipment requiring replacement has been escalated through the capital equipment replacement programme with supporting SBARs.

All faults/downtime is recorded on datix.

Radiology Equipment Replacement 2022/23

No equipment has been replaced / purchased since the last report:

All equipment is under service contract and maintained by the respective manufacturers or alternative under contract with NSS to their specification. There are end of life/end of service notices from Phillips for the Fluoroscopy (Interventional Radiology) rooms and a SBAR has been submitted to CEMG/SLT to articulate the risks.

8 X-RAY LOCAL RULES

A review of the local rules in in progress.

Radiation protection have been completing RPS reviews across all areas to review the status and the documentation will be updated in due course.

9 MRI SAFETY

Overall, the sites show excellent compliance with the MHRA guidelines and best safety practice, and the MR Lead Radiographer and the team should be commended.

10 LASER SAFETY

In March 2023 we established the LPS committee, and the first meeting took place in June. The committee is chaired by the LPA and membership is LPSs from across NHS Lothian and NHS Fife. The aim of the committee is to provide a forum in which we can discuss and share general laser safety queries, concerns, good practice, and useful information. It was felt that there is a great amount of learning and experience which can be shared across the different specialities and health boards to help us promote good laser safety practice within the different areas. The Terms of Reference has been shared with the committee members for comment. The next meeting will be early in the new year.

The NHS Fife basic Laser Safety module is live on Turas. This module is less in-depth than the CoK course and should be completed by all other staff who work in areas where lasers are used. This course should be completed every 2 years.

There have been no laser incidents reported to the LPA in the last year.

The Optical Radiation Safety is now in place in NHS Lothian. There has been progress in the development of the equivalent policy in NHS Fife, this is drafted and out for consultation prior to submission to policy review group.

11 RECOMMENDATION

The Committee is asked to **note** the contents of the Radiation Annual report.

FTF Internal Audit Service

Follow-up of B21/20 – Transport of Medicines

Report No. B20A/24

Issued To: **Carol Potter, Chief Executive**
Margo McGurk, Director of Finance and Strategy

Fiona Forrest, Acting Director of Pharmacy and Medicines
Victoria Robb, Lead Pharmacist - Medicines Safety
Claire Steele, Head of Pharmacy Medicines Supply & Quality
Graeme Smith, Medicines Supply Chain Manager
Joanne Bellesini, Medicines Management Nurse
Suzanne MacCrimmon, Pharmacy Technician Team Manager - Pharmacy Governance

Gillian Ogden, Head of Nursing, Planned Care Directorate
Gillian Malone, Head of Nursing – Emergency Care Directorate
Lynnette Marshall, Head of Nursing – Integrated Preventative & Primary Care Services
Tanya Lonergan, Head of Nursing – Integrated Complex & Critical Care Services

Gillian MacIntosh, Head of Corporate Governance/Board Secretary
Hazel Thomson, Board Committee Support Officer

Follow-Up Co-ordinator

Medicines Safety and Policy Group
Clinical Governance Committee
Quality and Communities Committee

Audit and Risk Committee
External Audit

Contents

Draft Report Issued	18 April 2024
Management Responses Received	25 April 2024
Target Audit & Risk Committee Date	16 May 2024
Final Report Issued	**07 May 2024**

CONTEXT AND SCOPE

1. Internal Audit Report B21/20 Transport of Medicines focussed on medicines deliveries to community hospitals by hospital transport and taxis. The audit evaluated how the controls, related to the transportation of medicines included in the Safe and Secure Use of Medicines Policy and Procedures (SSUMPP), were operating to mitigate risks for the delivery of medicines to these locations by checking a sample of Medicines Uplift and Delivery Forms and collating responses to questionnaires completed by staff involved in the preparation, delivery and receipt of medicines. The final report was issued on 2 December 2019 with an audit opinion of 'Limited Assurance' and 8 findings (4 rated as 'Significant' and 4 as merits attention').

2. The following risks were considered as more likely to materialise due to the issues identified in our review:

    - Non-efficient use of resources. For example, waste because medicines need to be discarded due to not being stored correctly whilst in transit and inappropriate use of taxis for medicine delivery.
    - Diversion of controlled drugs and other desirable medicines, and associated risks of patient harm, harm to the wider public, negative publicity, financial loss and civil and regulatory liability.
    - Medicines stored outwith temperature tolerance for unknown periods of time, potentially compromising their effectiveness and thus impacting on patient care (Cold chain risks).

3. In this audit we assessed whether the actions to address the significant findings from our previous review have been implemented as agreed. We visited pharmacy stores at Victoria and Queen Margaret hospitals and a sample of clinical areas at these hospitals and Stratheden, Adamson and St Andrews hospitals to determine whether the following issues have been addressed:

    - Medicines Uplift and Delivery Forms not being signed by pharmacy staff to acknowledge responsibility for releasing the medicines and not being signed by clinical staff to acknowledge responsibility for receipt of the medicines
    - Medicines Uplift and Delivery Forms recording the stages of the uplift and delivery of medicines not being returned to Pharmacy as they should be
    - Issues related to preserving the cold chain for medicines that require refrigeration.

AUDIT OPINION

4. The Audit Opinion of the level of assurance is as follows:

Level of Assurance		System Adequacy	Controls
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.

5. A description of all definitions of assurance and assessment of risks are given in Section 3 of this report.

6. Overall we found that there has been significant improvement in the recording of acknowledgement of responsibility for medicines when releasing and receiving medicines and in the understanding of these controls and the controls related to preserving the cold chain by pharmacy and clinical staff.

7. We did find the following issues that should be addressed:

    - Supervisory checks of the completion of Medicines Uplift and Delivery Forms are not currently being undertaken.
    - Pharmacy staff were acknowledging responsibility for releasing medicines but a significant number were not printing their name and recording their job title along with their initials or signature.
    - Similarly Clinical staff were acknowledging responsibility for receiving medicines but a significant number were not printing their name and recording their job title and recording the date and time the medicines were received along with their signature.
    - In the two months tested, 14% and 23% of the master white copies of the Medicines Uplift and Delivery Forms were not filed beside the pink copies of the forms in QMH Pharmacy Stores. The white copies of the form are the masters and record each stage of the medicines journey (release, transportation, and receipt). The pink copies of the form are carbon copies of the white form held in pharmacy stores upon release of the medicines pending return of the white forms and therefore only record this stage of the process. If white forms are not returned there is a risk that should medicines go missing it would not be possible to determine accountability for this.
    - Pharmacy and Clinical staff demonstrated a good understanding of controls to preserve the cold chain. There have been some changes to processes that may warrant changes or further details to be added to the SSUMPP, for example Helapet mini porter carriers with cool packs are used rather than cool boxes with freezer packs and temperature monitoring devices are only used for vaccines or medicines involved in clinical trials.

8. More detailed findings regarding our testing of Medicines Uplift & Delivery Forms and preservation of the cold chain controls are provided below.

Medicines Uplift & Delivery Forms

9. Medicines Uplift & Delivery Forms are used to record responsibility for medicines at each stage of their journey.

10. Our testing included a sample of forms held at Victoria Hospital Pharmacy Stores which related to medicines deliveries within Victoria Hospital, to Whyteman's Brae and to the Hospice on the Victoria Hospital site and a sample of forms held at Queen Margaret Hospital Pharmacy Stores related to deliveries to the hospitals where most issues were identified in our previous review (St Andrews Community Hospital, Adamson Hospital and Stratheden Hospital).

11. The table below shows the issues found in our previous audit and the findings from this follow-up (our previous audit was limited to community/mental health hospitals whereas our follow-up also considered deliveries to Acute locations):

Previous Audit	Follow-up Audit Findings
Neither the signature nor the printed name of the member of pharmacy staff releasing the medicines for transportation to a community hospital was present on 49% of the forms sampled. [B21/20 Pt 2]	92% of the forms sampled were signed by a member of pharmacy staff to acknowledge releasing the medicine. Of the 8% not signed 44% included the printed name or initials of the person releasing the medicine. This is a substantial improvement but we did find significant non-compliance with officers not printing their name and recording their job title.
32% of the forms recorded neither the signature nor the printed name of the person receiving the medicines. The date and time the medicine was received by the member of staff at the community hospital was only recorded on 1% of the forms sampled. The job title of the member of staff at the community hospital receiving the medicines was not recorded on any of the forms sampled. [B21/20 Pt 1]	98% of the forms were signed by a clinical member of staff to acknowledge receiving the medicine (the 2% not signed did include the printed name of the clinical member of staff). 49% included the printed name of the clinical member of staff acknowledging receiving the medicine. 25% included the date, and 23% included the time, that the clinical member of staff acknowledged receiving the medicine. 44% included the job title of the clinical member of staff acknowledging receiving the medicine. The printing of name and inclusion of job title and date and time was noticeably better at the hospitals included in the original audit.
The questionnaire responses from 21% of clinical staff indicated that, in relation to section 5.1.1 of the SSUMPP, they do not sign a Medicines Uplift and Delivery Form to acknowledge receipt of medicines. [B21/20 Pt 1]	100% of the clinical staff interviewed were aware of the need for a registered nurse/health professional to sign a Medicines Uplift and Delivery Form to acknowledge receipt of medicines. Many staff interviewed did not know that printed name, job title and date & time of receipt were required as well as their signature. It was noticeable that this lack of understanding was most evident in hospitals not included in the original audit.
The responses from 23% of clinical staff indicated that, in relation to section 5.1.8 of the SSUMPP, medicines are delivered without staff being present to sign the Medicines Uplift and Delivery Form.	100% of the clinical staff interviewed indicated that medicines are never left on the ward without a registered nurse/health professional signing to acknowledge receipt of the medicines on a

Previous Audit	Follow-up Audit Findings
[B21/20 Pt 1]	Medicines Uplift and Delivery Form.
In relation to section 5.1.8 of the SSUMPP, one of the NHS Drivers and one Taxi Driver indicated that they had left medicines at a delivery location without having the Medicines Uplift and Delivery Form signed by the person receiving the medicines. [B21/20 Pt 1]	The process has changed with two van runs per day vastly reducing the use of Taxis. The van drivers and taxi drivers are instructed to deliver medicines directly to the ward and to obtain a signature from a registered nurse acknowledging receipt of the medicines and that if this proves to be impossible the medicines should be returned to the pharmacy store. The relevant SOP is being updated to include this control. The results of the audit testing of the Medicines Uplift and Delivery Forms and the interviews with Clinical Staff indicate that Medicines are never left by NHS Drivers or Taxi Drivers without obtaining acknowledgement of receipt from a registered nurse or health professional.
The system in place for Medicines Uplift and Delivery Forms is that the top white copy of the form is completed and sent with the medicines with a blue carbon copy (now pink) retained by the Pharmacy Store. The white copy is expected to be completed by the receiving hospital, indicating that the medicines have been received, and then returned to the Pharmacy Store. We found that the white copy had not been received from the community hospital by the Pharmacy Store for a significant proportion of the Medicines Uplift and Delivery Forms filed in the Pharmacy Store (blue copies are retained for these). [B21/20 Pt 3]	Forms for June 2023 and October 2023 held at QMH Pharmacy Store were checked with the following results: • June 2023 – 14% of the forms held were pinks only with no white copy beside them • October 2023 – 29% of the forms held were pinks only with no white copy beside them.
In response to the findings of our previous audit we were advised that supervisory spot checks of Medicines Uplift and Delivery Forms had been introduced to confirm that responsibility for medicines had been acknowledged at each stage of their journey and that white copies of the forms had been returned to Pharmacy stores.	We were advised by the Medicines Supply Chain Manager that the spot checks were ceased due to workload.

Previous Audit	Follow-up Audit Findings
As part of the audit follow-up system we were provided with a copy of the template used for recording these spot checks. [B21/20 Pt 1d]	

Controls for Preserving the Cold Chain

12. Medicines that require to be refrigerated to maintain their viability need to be transported at the correct temperature so that their effectiveness is not compromised.

13. The table below shows the issues found in our previous audit and the findings of this follow-up:

Previous Audit	Follow-up Audit Findings
In relation to section 5.2.3 of the SSUMPP, one member of Pharmacy Staff indicated that a continuous temperature monitoring device would not be used for the duration of the transportation time for medicines that are particularly sensitive to temperature changes. [B21/20 Pt 4]	All pharmacy staff interviewed demonstrated a good understanding of the requirements. Helapet mini porter carriers with cool packs are used rather than cool boxes with freezer packs and temperature monitoring devices are only used for vaccines or medicines involved in clinical trials.
In relation to section 5.2.3 of the SSUMPP, half of the Pharmacy Staff indicated that a maximum/minimum thermometer is not inserted into the container when medicines are removed from a department fridge for transport or use out with the department. [B21/20 Pt 4]	All pharmacy staff interviewed demonstrated a good understanding of the requirements. As above temperature monitoring devices are only used for vaccines or medicines involved in clinical trials.
In relation to section 5.2.4 of the SSUMPP, one member of Pharmacy Staff indicated that cool boxes and cool packs issued by the pharmacy are not returned to the pharmacy as soon as possible with a medicines return form. [B21/20 Pt 4]	All pharmacy staff interviewed demonstrated a good understanding of the requirements and stated that Helapets and cool packs are returned on the next van run.
In relation to section 5.2.3 of the SSUMPP, 18% of clinical staff indicated that that they do not confirm that layers of paper or cardboard have been used to separate the medicines and the cool packs used for medicines requiring refrigeration. [B21/20 Pt 4]	All pharmacy and clinical staff interviewed demonstrated a good understanding of the requirements. Paper or cardboard isn't routinely used in Helapets as the cool packs do not present the same risk to medicines as freezer packs that were used previously. The medicine is normally in a bag that separates the medicine from the cool packs. The medicines' packaging also forms a barrier.
In relation to section 5.2.2 of the SSUMPP,	All pharmacy and clinical staff interviewed

Previous Audit	Follow-up Audit Findings
48% of clinical staff indicated that the period of time medicines are held out with the recommended storage temperature following receipt is not recorded. However 82% did say that a DATIX incident would be recorded if following receipt a medicine was held out with its recommended storage temperature for longer than the maximum time allowed for that medicine. [B21/20 Pt 4]	demonstrated a good understanding of the requirements. This included pharmacy staff contacting the manufacturer in certain circumstances to get advice on the viability of the medicine if it had been left out of the fridge for a period of time.

14. In addition to the potential changes/additions to the SSUMPP regarding cold chain preservation referred to above the following controls in operation should also be considered when updating the SSUMPP:

    - guidance regarding when medicines requiring refrigeration are accidentally left out of the fridge (ie consult with the Pharmacy Governance Team regarding whether the medicine remains useable or need to be discarded) and for DATIX incident to be recorded and for medicines to be quarantined in the meantime
    - Rotation of cool packs in fridge to ensure the cool packs that have been refrigerated for the longest time are used first
    - Differentiate between medicines that need to be between 2 and 8 C and those that need to be below 0C (eg some vaccines)
    - Not sending medicines requiring refrigeration on the last van run, unless in an emergency, to avoid risk of them not being stored in fridge until the following morning
    - Fridge temperatures are monitored and are requested if a refrigerated medicine is being returned to pharmacy.

ACTION

15. The action plan at Section 2 of this report has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.

ACKNOWLEDGEMENT

16. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

Barry Hudson BAcc CA
Regional Audit Manager

Action Point Reference 1	
Finding:	
The SSUMPP does not refer to the need for the management/supervisory spot checks of Medicines Uplift and Delivery Forms introduced in response to the recommendation made in B21/20 (point 1d) and the spot checks are no longer being undertaken. While there has been improvement in completion of the relevant parts of the Medicines Uplift & Delivery form since our last audit, this is a key control to mitigate the risk identified at paragraph 2 above regarding the potential diversion of medicines and ability to trace accountability for this.	
Audit Recommendation:	
The requirement for management/supervisory spot checks of Medicines Uplift and Delivery Forms should be added to the SSUMPP and the spot checks should be undertaken on a monthly basis and be recorded on the template developed in response to B21/20. The use of the spot checks on a monthly basis should promptly identify if the issues raised in the findings in action points 2, 3 & 4 of this report continue to occur and allow swift remedial action to be taken.	
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:	
Finding accepted Recommendation accepted – note there is an SOP that underpins this and negates the need for SSUMPP change Action – spot checks will be re-instated to the monthly task list for stores staff	
Action by:	**Date of expected completion:**
Graeme Smith Medicines Supply Chain Manager (re-instating spot checks)	30 November 2024

Action Point Reference 2	
Finding:	
Whist acknowledgement of release was evidenced by pharmacy staff on 92% of the forms sampled, compared to 49% in the previous audit, there was significant non-compliance with printing name and job title. The Medicines Uplift and Delivery Form is a key control in recording accountability for medicines on each stage of their journey and records the information that clearly identifies the members of staff taking responsibility for the medicines at each stage.	
Audit Recommendation:	
Pharmacy staff responsible for releasing medicines for delivery should be reminded of the need for them to print their name and record their job title as well as signing the form to acknowledge their responsibility for releasing the medicines.	
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:	
Finding accepted/Recommendation accepted Action: email to be sent to all pharmacy staff responsible for releasing medicines for delivery reminding them to print their name and record their job title as well as signing the form to acknowledge their responsibility for releasing medicines. Monthly spot checks will be undertaken to confirm ongoing compliance.	
Action by:	**Date of expected completion:**
Graeme Smith Medicines Supply Chain Manager	30 June 2024

Action Point Reference 3

Finding:

Whist acknowledgement of receipt was evidenced by clinical staff on 100% of the forms sampled, compared to 32% in the previous audit, there was significant non-compliance with printing their name, recording their job title and the date and time the medicines were received.

Also although all clinical staff interviewed demonstrated an understanding of the need for medicines deliveries to be signed for by a registered clinical member of staff, many did not know that printed name, job title and date & time of receipt were required as well as their signature. It was noticeable that this lack of understanding was most evident in hospitals not included in the original audit.

Audit Recommendation:

Clinical staff responsible for receiving medicines should be reminded of the need for them to print their name, record their job title and the date and time the medicines were received as well as signing the form to acknowledge their responsibility for receiving the medicines.

Porters delivering medicines should be reminded to ask for this when presenting the Medicines Uplift & Delivery form to clinical staff for acknowledgement of receipt of medicines.

The SSUMPP should also be updated to specifically refer to the requirement for signature, printed name, job title and date & time of receipt to be recorded by clinical staff to acknowledge receipt.

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:

Finding accepted/Recommendation accepted

Action:

a. Communication to be sent to clinical staff responsible for receiving medicines and porters delivering medicines via Stafflink, Medicines Safety Bulletin and ongoing SSUMPP training sessions.

b. SSUMPP changes made to specifically refer to the requirement for signature, printed name, job title and date & time of receipt to be recorded by clinical staff to acknowledge receipt.

Action by:	Date of expected completion:
Joanne Bellesini	30 November 2024

Medicines Management Nurse (communications)	
Victoria Robb, Lead Pharmacist Medicines Safety (SSUMPP changes)	30 November 2024

Action Point Reference 4	
Finding:	
Our testing of Medicines Uplift and Delivery forms for June and October 2023 held at QMH Pharmacy stores found that there is still an issue regarding white copies of the forms (evidencing all stages of the medicines journey) not being returned to pharmacy stores with 14% in June 2023 and 23% in October 2023 not having white copies of the forms stored beside the pink copies. The white copies of the form are the masters and record each stage of the medicines journey (release, transportation, and receipt). The pink copies of the form are carbon copies of the white form held in pharmacy stores upon release of the medicines pending return of the white forms and therefore only record this stage of the process. If white forms are not returned there is a risk that should medicines go missing it would not be possible to determine accountability for this.	
Audit Recommendation:	
The reasons for the white copies of the forms identified as missing from the filing of Medicines Uplift & Delivery Forms at QMH Pharmacy stores should be investigated and action taken to make sure all white copies are returned and filed.	
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:	
Findings accepted Recommendation accepted Actions – QMH pharmacy stores to investigate reasons for missing white forms and take action to make sure all white copies are returned and filed. Monthly spot checks will be undertaken to ensure compliance.	
Action by:	**Date of expected completion:**
Graeme Smith Medicines Supply Chain Manager	30 November 2024

Action Point Reference 5

Finding:

Pharmacy and clinical staff demonstrated a good understanding of controls to preserve the cold chain. There have been some changes to processes, for example Helapets are now used rather than cool boxes and cool packs (fridge temperature) are used rather than freezer blocks. Discussion with pharmacy and clinical staff during the audit suggests that some changes or additions to the controls laid out in the SSUMPP may be warranted to reflect these and to explain the circumstances where different controls are appropriate to preserve the cold chain.

Audit Recommendation:

The following suggested changes and additions to the SSUMPP should be considered:

- Paper/cardboard is referred to in the SSUMPP as being used to keep cool packs away from direct contact with medicines but in practice Medicines Bags are often used in Helapets rather than paper/cardboard but the SSUMPP does not reflect this
- Clarity regarding whether separators are necessary for cool packs rather than freezer blocks
- Temperature monitoring devices are not routinely used in Helapets - only for vaccines and medicines involved in clinical trials
- Guidance regarding when medicines requiring refrigeration are accidentally left out of fridge and for DATIX incident to be recorded. Medicines to be quarantined in the meantime
- Rotation of cool packs in fridge to ensure the cool packs that have been refrigerated for the longest time are used first
- Differentiate in the SSUMPP the processes for medicines that need to be between 2 and 8 C and those that need to be below 0C (eg some vaccines)
- Not sending medicines requiring refrigeration on last van run unless emergency to avoid risk of them not being stored in fridge until the following morning
- Fridge temperatures are monitored and are requested if a refrigerated medicine is being returned to pharmacy.

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:

Findings accepted

Recommendations accepted

Actions – consider the suggested changes and additions to SSUMPP and submit a SSUMPP change form. Communication to clinical and pharmacy staff regarding refrigeration of medicines via Medicines Safety bulletin and Stafflink.

Action by:	Date of expected completion:
Suzanne MacCrimmon Pharmacy Technician Team Manager Pharmacy Governance	30 September 2024

Section 3 Definition of Assurance and Recommendation Priorities

Definition of Assurance

To assist management in assessing the overall opinion of the area under review, we have assessed the system adequacy and control application, and categorised the opinion based on the following criteria:

Level of Assurance		System Adequacy	Controls
Substantial Assurance		A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Controls are applied continuously or with only minor lapses.
Reasonable Assurance		There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.
No Assurance		Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

Section 3 Definition of Assurance and Recommendation Priorities

Assessment of Risk

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

Risk Assessment		Definition	Total
Fundamental		Non Compliance with key controls or evidence of material loss or error. **Action is imperative to ensure that the objectives for the area under review are met.**	**None**
Significant		Weaknesses in 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.**	**None**
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.**	**One** **(Ref 1)**
Merits attention		There are generally areas of good practice. **Action may be advised to enhance control or improve operational efficiency.**	**Four** **(Ref 2, 3, 4 & 5)**

FTF Internal Audit Service

Medicines Assurance Audit Programme Short Life Working Group

Report No. B20B/24

Issued To: **Carol Potter, Chief Executive**
Margo McGurk, Director of Finance and Strategy

Fiona Forrest, Acting Director of Pharmacy and Medicines
Victoria Robb, Lead Pharmacist - Medicines Safety
Andrea Smith, Head of Pharmacy - Governance & Therapeutics

Gillian MacIntosh, Head of Corporate Governance/Board Secretary
Hazel Thomson, Board Committee Support Officer

Follow-Up Co-ordinator

Medicines Safety and Policy Group
Clinical Governance Committee
Quality and Communities Committee

Audit and Risk Committee
External Audit

Contents

Draft Report Issued	17 April 2024
Management Responses Received	N/A
Target Audit & Risk Committee Date	16 May 2024
Final Report Issued	**07 May 2024**

CONTEXT AND SCOPE

1. In response to a number of high profile incidents related to the management of medicines in 2018 the NHS Fife Chief Executive asked the Director of Pharmacy and Medicines to develop a programme of audit to provide assurance that the processes for managing medicines were operating effectively and to identify areas for improvement.
2. Internal Audit facilitated the development of the Medicines Assurance Audit Programme (MAAP) using the Internal Audit planning methodology, to determine the subjects to be included in the plan and the frequency with which these should be audited. The audits in the programme have been undertaken by the Pharmacy Governance Team in the main with some audits also having been undertaken by Internal Audit.
3. In October 2023 the Safe Use of Medicines Group (now known as the Medicines Safety and Policy Group) approved the establishment of a Short Life Working Group (SLWG) to review and revise the Medicines Assurance Audit Programme to reflect the current risk environment and the current iteration of the Safe and Secure Use of Medicines Policy and Procedures (SSUMPP). Internal Audit facilitated three meetings of the SLWG to undertake this work.

FACILITATION WORK UNDERTAKEN

4. The MAAP SLWG met three times with the following activity taking place at each meeting:

13 November 2023

- Agreed MAAP SLWG Terms of Reference
- Considered whether the universe of topics included in the MAAP needed updating, taking into account SSUMPP changes, changes to legislation, board objectives, medicines safety updates and the number of incidents reported on DATIX.One new topic 'Prescription Stationery Security' was added.
- Agreed the factors to be considered in the risk scoring mechanism for ranking the MAAP Universe Topics.

18 January 2024

- Reviewed and risk assessed each of the 12 topics included in the MAAP Universe. Two topics were scored as high risk, five as medium risk and five as low risk.
- A decision was also taken at the January meeting to create a Standard Operating Procedure (SOP) for the MAAP, detailing its purpose and the processes involved in maintaining and reviewing it. The SOP is currently being developed by the Pharmacy Technician Team Manager in conjunction with the Lead Pharmacist – Medicines Safety.

11 March 2024

- Agreed the frequency of audit of each topic in the MAAP Universe based on the risk scores, the resources available (staff and audit tools) and any legislative requirements.

5. The outcome from the MAAP SLWG was the proposed revised Medicines Assurance Audit Programme at Appendix 1 which was presented to the Medicines Safety and Policy Group along with an SBAR describing the work of the MAAP SLWG.

6. During the latter stages of the SLWG review of the MAAP it became apparent that it would be beneficial to review the audits currently being undertaken, the five-year audit plan maintained by the Pharmacy Governance Team and the topic descriptions of the attached MAAP. This would ensure there is a common understanding of how the audits undertaken relate to the MAAP topics and would also potentially inform changes to topic descriptions on the MAAP and/or additions to the topic list. Including cross references to the relevant sections of the SSUMPP in the MAAP would also be beneficial. A potential gap in audit activity was also identified in that the Movement of Medicines topic does not currently include an audit of the transfer of medicines between wards.
7. The work of the MAAP SLWG was discussed at the Medicines Safety and Policy Group on 1 May 2024 and it was agreed that the Medicines Safety and Policy Group should further review the proposed MAAP to ensure that audits are focussed on the areas that will result in most value in terms of improvement activity being identified and to provide assurance to the organisation in relation to compliance with the SSUMPP.

ACKNOWLEDGEMENT

8. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

Barry Hudson BAcc CA
Regional Audit Manager

Proposed Revised Medicines Assurance Audit Programme (MAAP)

MAAP Topic	2018 Overall Risk Score	2024 Overall Risk Score	2018 Ranking	2024 Ranking	Ranking Up or Down	Current Frequency	Suggested Frequency From Methodology	Statutory Requirements	Suggested Revised Frequency of Audit	More or Less Frequent than Recommended by the Methodology	Rationale
Provision of Discharge Medicines and Medication to Take Home	43	51	4	1	↑	Twice in 5 Years	Annually	N/A	Once every two years	Less	The audit requires waiting on a hospital discharge and observing the process involved with the providion of medication for patients to take home with them and is time consuming therefore the capacity isn't available to undertake this annually.
Systemic AntiCancer Therapy	50	50	1	2	↓	Once every 3 years.	Annually	N/A	Annually	Same	As per methodology.
CD Observational audit	34	48	5	3	↑	Twice in 5 Years	Twice in 5 Years	Yes	Once every two years	More	An increase in incidents regarding processes involved relevant to this audit - every two years feels beetter than twice every 5 years.
Prescription Stationery Security	-	42	-	4	-	Twice in 5 Years	Twice in 5 Years	N/A	Twice in 5 Years	Same	This audit will likely be followed up by FTF Internal Audit in 2025/26 which fits in with twice in five years timescale recommended by the methodology.
Medicines Administration Observational Audit	34	41	6	5	↑	Twice in 5 Years	Twice in 5 Years	N/A	Twice in 5 Years	Same	As per methodology.
CD Ward Stock Checks and Storage	44	38	3	6	↓	Twice per Year	Twice in 5 Years	Yes	Twice per Year	More	The audits undertaken are finding issues and are a preventative control. The timing of the audits allows issues to be identified when the reason for them can be more easily ascertained than if the frequency was reduced.
Safe Handling and Security of Medicines	18	38	11	7	↑	Twice in 5 Years	Twice in 5 Years	N/A	Twice in 5 Years	Same	As per methodology other than the Medicines Storage element which will be done more frequently (annually) as it is combined with the Medicines Requiring Refrigeration and Medical Gases audits.
Movement of Medicines	28	37	8	8	-	Once every 5 Years	Once in 5 Years	N/A	Once in 5 Years	Same	As per methodology.
Return and Destruction of Medicines	32	34	7	9	↓	Twice in 5 Years	Once in 5 Years	N/A	Once in 5 Years	Same	Can be reconsidered at next review of MAAP taking into account the results of the Internal Audit.
Prescribing Observational Audit (Medical and Non-Medical Prescribing)	45	30	2	10	↓	Not yet undertaken	Once in 5 Years	N/A	Once every two years	More	This is a time consuming audit but issues are identified from it.
Medicines Requiring Refrigeration	25	22	9	11	↓	Annually	Once in 5 Years	N/A	Annually	More	Reducing from annual audits to once every 5 years feels like too much of a change given that these are well established audits and issues continue to be identified from them. Therefore the audit process will be streamlined to allow the audits to focus on the key controls and continue to be undertaken annually.
Medical Gases	24	21	10	12	↓	Annually	Once in 5 Years	N/A	Annually	More	

AREA MEDICAL COMMITTEE

(Meeting on 9 April 2024)

No issues were raised for escalation to the Clinical Governance Committee.

CONFIRMED NOTES OF THE AREA MEDICAL COMMITTEE (AMC) HELD ON 09 APRIL 2024 VIA MS TEAMS

Present:

Chris McKenna (Chair)	Medical Director
Fiona Henderson	Fife LMC Honorary Secretary
Helen Hellewell	Deputy Medical Director, H&SCP
Iain MacLeod	Deputy Medical Director, ASD
John Morrice	AMD, Women & Children & Clinical Services
Joy Tomlinson	Director of Public Health
Morwenna Wood	AMD, Medical Education
Robert Thompson	CD, Surgical Directorate

In Attendance:

Catriona Dziech (Notes)	Executive Assistant to Medical Director

1 APOLOGIES FOR ABSENCE

Apologies were received from Caroline Bates, Claire McIntosh, Glynn McCrickard, Ian Fairbairn, Jackie Drummond, Sally McCormack, Satheesh Yalamarthi, Susanna Galea-Singer, Susie Mitchell

2 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of interest.

3 MINUTES OF PREVIOUS MEETING HELD ON 13 FEBRUARY 2024

The notes of the meeting held on 13 February 2024 were approved.

4 MATTERS ARISING

i) **Stand up Secondary Care Medical Staff Committee**

Chris McKenna and Iain MacLeod to liaise and consider standing up a Secondary Care Staff Committee under the banner of RTP.

ii) Interface in Planned Care Group

Chris McKenna advised he has handed this over to Sally McCormack who would consider expanding the membership of the current group to ensure better participation and engagement with secondary and primary care rather than creating a new group.

5 STANDING ITEMS

i) Financial Position – Including *(IPQR)*

Chris McKenna advised the financial position had improved slightly with the SGHD providing some extra finance they had received from Westminster. The £50m deficit remains which will need to be addressed going into the next financial year. There is a role for doctors in trying to achieve these

savings and Chris McKenna said he would be happy to hear views from others on how they think they can start to influence savings.

ii) Adverse Events Update

It was noted a lot of complex investigations are coming to a conclusion which has highlighted 2022 was a challenging year for adverse events.

iii) Medical Staff Committee

No update. Considered at 4i above.

iv) Update from GP Sub Committee

The latest concerns are that SGHD have recently confirmed that the sustainability loans practices are allowed to apply for have been paused. This is disappointing because this helped with sustainability in general practice. Combined with the increase in employers pension contribution, which is reimbursed in England, there is no confirmation to GPs this will apply in Scotland which is another financial blow.

It was noted the Scottish General Practice Committee and BMA are aware of these issues and have highlighted them to the SGHD and their advisors. It is expected there will be an update in May regarding the employer contribution issue.

It was noted LIMS remains an issue but there is a feedback route to the Project Team who will address the issues identified. It was recognised there would be issues when LIMS went live, and issues would be addressed as they arose. Dr McKenna confirmed he has feedback from Information Governance that the information in relation to microbiology advice would all need to be recovered as it deemed to the part of the patient's clinical record.

v) Realistic Medicine

No formal update. Chris McKenna explained that he is keen to undertake work with Realistic Medicine Team this year, but it is uncertain how it would dovetail in to the RTP work.

vi) Medical Workforce

Dr McKenna advised in terms of the current financial situation one area of saving would be to bring junior doctor rotas back into compliance. This will take a great deal of effort and welcomed comments from the Committee.

Following discussion, it was noted this was a clear priority for junior doctors' health and wellbeing and they should be given access to breaks. There is an issue within acute in four of the rotas within medicine and surgery. There are a vast majority of other rotas that are compliant, but these are within specialised areas. It is acknowledged this is a historical problem and steps

have been put in place and work is being undertaken with support from the PMO to try and resolve the issues within the RTP agenda.

In terms of recruitment, it was noted the number of Locums within Acute is at the lowest it has been for the past few years.

Three consultants have been recruited within Radiology. There are currently nine vacancies but as Lothian are not recruiting there is potential to fill these posts with Radiologists who may wish to come and work in Fife. It was noted there is a good culture with Radiology which makes it more attractive for recruitment.

A new Neonatology Consultant has been appointed and is settling in well.

Following a successful round of interviews for Associate Directors of Medical Education candidates have been appointed to align with the programmes we support. These will be announced in due course.

vii) Education & Training

It was noted ScotCom has been approved provisionally by the GMC. St Andrews are currently liaising with students currently in year one BSC programme and are confident there will be enough students on the course to make it a viable option. The outcome will be known by mid-June 2024. This will mean students will do two and half years of BSc and then two and half years of clinical, largely in Fife, but Forth Valley and borders will be helping with GP Practices in year four and Foundation preparation in year 5 with up to fifty-five students per annum.

viii) Update from Division of Psychiatry

There was no update as no representative from the Division was in attendance.

Dr McKenna advised he had attended the recent Division of Psychiatry meeting and gave them an update on the SG instruction to pause all estates programmes where construction has not already commenced. This was a disappointment for the MH team as Fife have outdated in-patient psychiatric facilities and old buildings which are not fit for purpose. This is also likely to be a barrier for recruitment to Psychiatry. A short to medium term plan will need to be found until a move to a long term new in-patient mental health hospital solution can be found.

There was discussion around the difficult financial challenges being faced by the organisation and the disconnect and pushback being felt by leaders and clinicians and what could be done collectively to move this forward and adopt processes to do things differently and keep the service safe. It was agreed there should also be clear consistent messaging. Drs McKenna,

Hellewell and MacLeod agreed to discuss further and propose a way forward.

6 STRATEGIC ITEMS

i) GMS Implementation

There is no significant change to note.

Fiona Henderson advised there seems to be some new ideas around urgent care provision, which could be quite interesting if they come off. Not becoming a demonstrator site and having money invested in other Health Boards has made things trickier for Fife.

7 DUTY OF CANDOUR ANNUAL REPORT

Noted.

7 ITEMS FOR INFORMATION

i) Notes of the GP Sub Committee: 16 January & 20 February 2024

Noted.

ii) Notes of the Clinical Governance Oversight Group: 13 February 2024

Noted.

iii) **Notes of NHS Fife Area Drugs & Therapeutics Committee: 07 February 2024**

Noted.

8 AOCB

There was no other competent business.

9 DATE OF NEXT MEETING

Tuesday 11 June 2024 at 2pm via MS Teams

AREA RADIATION PROTECTION COMMITTEE

(Meeting on 9 May 2024)

No issues were raised for escalation to the Clinical Governance Committee.

RADIATION PROTECTON COMMITTEE MEETING
Via Teams
Wednesday, 9th May 2024
10.30am – 11:30am

Present:
Dr Chris McKenna (Chair)
Nicola MacDonald, RPA, Head of Radiation Protection
Debbie Slidders, RPS, Public Dental Service
Emma Hall, Quality and Education Lead for NHSF, RPS
Joanne Hogarth, X-ray Clinical Service Manager, RPS
Andy Ballantyne, Clinical Director for Orthopaedics
Lesley Henderson, X-ray Clinical Service Manager, RPS
Kate Sexton, Clinical Scientist
Richard Scharff, Radiology Manager, Deputy RPS for NM
Jane Anderson, General Manager for Women and Children's Clinical Services
Clare Parry, Clinical Scientist
Gill MacNaught, Lead MRI Physicist

1. Apologies:
Nick Weir, Consultant Physicist
Simon Willis, RPA, RWA
Tom Hartley, Clinical Lead for Radiology
Cath Jack, Theatres Manager
Louise Kroegler, Clinical Director for PDS
Michelle Rooney, Clinical Scientist in NM

2. Minutes of previous meeting
- These were unavailable.

3. REVIEW OF ACTION PLAN:

MRI Scanning / Pacemakers
JA noted that there is a business case that outlines the requirements to fulfil this service but it needs some financial investment. It has been on the annual delivery plan for two years and hasn't been a priority. There are other boards in Scotland which do not deliver that service either. A couple of the bigger boards provide the service, but they don't offer access to other boards. Only one complaint has been received from a patient who thought he should have had an MRI. It would be a great service improvement for the population of Fife but in terms of the other priorities just now, there is no finance to support it.

Radon Assessment for underground workers
Remediation work has taken place at Kinghorn and a second round of monitoring is currently taking place. Results are expected by July.

Two sealed disks, sources for dose calibrator QC at QMH
After reviewing the QC procedures it was agreed disc sources were no longer required.

Review of Supply of Dose Monitoring Badges

There is a plan of action for NHS Lothian which is to move the non-classified workers with low doses (those being monitored quarterly) to a new supplier: UKHSA. This will be trialled in Lothian first, and if the service and reporting is of a good standard then Fife staff would also be moved to this supplier at the start of next year. There will be no additional cost to the organisation as a result of this change.

Classification of NM Workers
There was a member of the occupational health team in NHS Fife who was training to be the appointed doctor. However, they are no longer with the organisation, therefore the plan is for NHS Fife to engage the NHS Lothian appointed doctor to carry out the medical exams to allow this staff group to be classified. This will affect around 6 members of staff and the expectation is for the process to begin in July.

AGENDA ITEMS:

4. Annual Compliance Reports

Radiology

- 7 responses from Radiology covering general x-ray, fluoroscopy, nuclear medicine, CT and mammography.
- No issues were raised.
- The consensus was that management take an active role in promoting radiation safety culture across NHSF and there is an excellent partnership with NHS Lothian and the medical physics team.
- There was a request to have more regular on-site contact with medical physics so this will be followed up.
- There was good knowledge and application of the local rules.
- There is an RPS training date scheduled for 23rd May to train more staff to help manage radiation protection across the service.

Dentistry

- The responses to the audit form didn't highlight any issues.
- Two OPG units have recently been replaced and staff are in the process of getting trained so the units can be used clinically.
- Big project this year is moving from film to digital imaging.

Theatres

- No representative from theatres at the meeting but the online audit form had been completed.
- No issues were raised in the form.
- It was noted that much stronger relationships with medical physics are now evident with training, support and advice.

Dermatology

- No representative from dermatology at the meeting but the online audit form had been completed.
- No issues were raised in the form.

Staff Dose Report

- Staff doses are very well controlled in NHS Fife with 87% of staff receiving whole body doses below the annual investigation level and 100% receiving extremity and collar doses below the respective annual investigation levels.
- The 13% of staff above the whole body annual investigation level comprised 24 members of staff. 23 of these were due to either transit irradiation exposures or the use of an inappropriate control by Landauer and are not true occupational doses. The last member of staff is from Nuclear Medicine and their dose is the sum of several smaller doses accrued through out the year and is due to the fact that this person works in the department 3 or 4 days a week compared to the one day a week that the other staff members work.
- PDS doses are covered in the environmental report but are also well controlled.
- The report recommends that when doses exceed a monthly investigation level, that the RPS submits a Datix report at the time so it can be investigated promptly, and this will be covered in the RPS training.

Radiation Incident Report

- 129 ionising radiation incidents in 2023, which is 0.05% of the total exams performed.
- 14 of these were notifiable, which is 0.005% of the total exams performed.
- Only 3 of these involved members of staff:
    - A student practitioner who received a whole body dose of 1.99mSv which could not be accounted for by the badge being misplaced or scanned at the airport so had to remain on the record.
    - One where a member of staff wore their badge outside their lead apron instead of on the inside and is not representative of a true occupational exposure.
    - One where staff were setting up the interventional suite for the next procedure without any PPE on and someone accidentally stood on the exposure pedal irradiating the staff inside the theatre.

- 13 MRI incidents in 2023
    - All near misses to do with inappropriate referrals
        - 11 pacemakers
        - 1 programmable shunt
        - 1 aneurysm clip
    - Well done to staff for catching the incidents.
    - SCIN group have been looking at referral questions nationally to determine if repeat questions can help. Gill will review this work and feedback.
    - MRI physics team have developed an MRI safety page with they are sharing with the clinical departments and this includes training material for referrers.

Environmental Dose Monitoring

- Environmental monitoring took place in 5 rooms across NHS Fife and there were no areas noted to exceed the annual radiation dose constraint.
- There were a further 5 shielding assessments completed to confirm the level of shielding present in the existing walls and no issues were highlighted.
- There has been a review of the records of shielding in NHS Fife and there are 6-8 rooms which require confirmation and will be assessed.
- C-arm doses are monitored to give an indication of staff doses in theatre. The maximum dose recorded was 2mSv but because staff in theatre will not be present for every case, will be around 1m from the badge location and wear full PPE then staff doses are estimated to be around 5% of this number which provides reassurance that doses are low and well controlled.

- Public Dental Service staff are also monitored via environmental badges and none of these exceeded any dose investigation levels which indicates these staff are subject to very low levels of exposure.
- No passive monitoring was performed in nuclear medicine in 2023 but there is a wider plan that will include passive monitoring, dose rate monitoring and wipe testing around the controlled area and this will be initiated in 2024.
- Overall, there is no cause for concern.
- It should be noted that if any member of staff notes any damage or changes to any of the barriers, e.g. estates doing work to the walls, then please let medical physics know so the integrity of the shielding can be verified.

5. Orthopaedic surgeons and PPE (AB/NMD)

- There has been a journal article that highlights the possibility of female surgeons having a higher prevalence of breast cancer and this has caused concern among staff.
- The concern is that certain types of axillary breast tissue are not being adequately protected by the PPE available.
- There have been suggestions to remove the tabard style lead aprons in favour of wrap around aprons, as well as purchasing additional PPE.
- NMD noted that the key thing is for NHS Fife to have adequate PPE available – this means a range of sizes for staff to choose from so they can select an apron which has a close fit around the arm holes.
- NMD also noted that in terms of radiation protection, there are 3 main principles – time, distance and shielding and shielding is the last step to reduce dose. The first 2 are the easier options and there should be a focus also on training: ensuring x-rays are only taken when they are required; if staff can, then they should be encouraged to take a step back during the exposures and on the proper fitting of PPE.
- It was agreed that an audit of existing PPE and the number of female surgeons affected would be undertaken lead by AB/RS/CL.
- KS is performing live dose monitoring in theatres in NHSL and can feedback the results to help with the PPE review - there is no need to replicate the work in NHSF.

6. Optical Radiations Policy (KS)

- NHS Fife optical radiation safety policy has been drafted.
- It will be circulated to the LPSs, dermatology and the laser team and comments are required by mid June.
- It will be presented at the next policy committee which takes place at the end of June.

7. Escalations from expert advisers

- RPA - none
- RWA - none
- LPA
    i. Any move of the lasers to a different location should be notified to the medical physics team.
- MRSE
    i. The MRI safety policy is being developed for NHS Fife.

8. Any other Business

- NMD noted the risk to the phototherapy service if medical physics support was not agreed. CM noted that it had been escalated to the director of acute services.

9. Date of next meeting

7th of November 2024 2-3.30pm

CANCER GOVERNANCE & STRATEGY GROUP (Meeting on 21 March 2024)
No issues were raised for escalation to the Clinical Governance Committee.

Cancer Governance & Strategy Group

NHS FIFE CANCER GOVERNANCE & STRATEGY GROUP (CGSG)

Confirmed Note of the Meeting Held at 14:00 on Thursday 21st March 2024 via Microsoft Teams

Present:	**Designation:**
David Astill (DA)	Patient Representative
Paul Bishop (PB)	Head of Estates
Izzy Corbain (IC)	Patient Representative
Susan Fraser (SF)	Associate Director of Planning & Performance
Nick Haldane (NH)	Lead Cancer GP
Alistair Graham (AG)	Associate Director Digital and Information
Murdina MacDonald (MM)	Lead Cancer Nurse
Rishma Maini (RM)	Consultant - Public Health
Chris McKenna (CM) Chair	Medical Director
Kathy Nicoll (KN)	Cancer Transformation Manager
John Robertson (JR)	Lead Cancer Clinician - Surgery
Shirley-Anne Savage (SAS)	Associate Director for Risk and Professional Standards
Sarah Scobie (SS)	Consultant – Clinical Oncologist
Fiona Towns (FT)	Patient Representative
Amanda Wong (AW)	Associate Director of Allied Health Professions
Apologies:	**Designation:**
Nicky Connor (NC)	Director Health and Social Care
Claire Dobson (CD)	Director of Acute Services
Fiona Forrest (FF)	Deputy Director of Pharmacy
Ben Hannan (BH)	Director of Pharmacy & Medicines
Janette Keenan (JK)	Director of Nursing
Linda McGourty (LMcG)	GP
Neil McCormick (NM)	Director of Property and Asset Management
Margo McGurk (MMcG)	Director of Finance and Strategy
Emma O'Keefe (EO'K)	Consultant – Dental Public Health
Frances Quirk (FQ)	Assistant Director Research, Development & Innovation
Nicola Robertson (NR)	Director of Nursing, Corporate
In Attendance:	**Designation**
Kerri Davidson (KD)	Consultant - Haematology
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 11 January 2024 via Microsoft Teams**	
	The Unconfirmed Note of 11 January 2024 was **accepted** as an accurate record.	

		Action
3.	**Action Log**	
	110124#1 – MM will provide a paper on this at the next meeting.	
4.	**GOVERNANCE**	
4.1	**Acute Cancer Services Delivery Group Update**	
	KN provided an update on behalf of BH: • The ACSDG has not met yet in 2024 due to RTP activity in the acute service. • Performance management continues via the Directorate monthly performance reviews. • The next meeting is planned for April.	
4.2	**Cancer Risks**	
	Papers were shared with the group on cancer risks. SAS noted that since the last report to the group, the overall number of agreed risks on the Cancer Risk Register has increased from 11 to 13. SAS advised in summary: • **Closed Risks:** 3 risks have been closed. – 43 - Vascular access for haematology/oncology – 90 - National Shortage of Radiologists – 2264 - Availability of registered nurses trained to administer Chemotherapy • **New Risks:** 5 risks to delivery of the Cancer Framework have been opened in Datix. – 2895 - Cancer Workforce Issues - High level – 2899 - Expansion of ECC - High level – 2897 - Financial Delivery of Cancer Framework- Moderate level – 2898 - D&I Challenges - Moderate level – 2896 - Cancer Services Property & Infrastructure - Moderate level **Risk Level breakdown:** 5 High and 8 Moderate **Risk Rating and Level:** Unchanged from the previous report **Risk Target:** No risk has achieved its target. SAS advised in terms of Corporate risk 2297 - Cancer Waiting Times, this risk has a current level of High, thus it remains above appetite; this reflects the continuing challenges across the delivery of cancer services. SAS advised there are currently 2 High risks for cancer framework:	

		Action

	• 2895 Cancer Workforce Issues:
	  – The recruitment of a consultant radiologist to support breast is underway.
	  – The SACT Unit has a full nursing establishment, however, training is still to be undertaken therefore there a capacity gap remains.
	• 2899 Expansion of ECC:
	  – All major projects are currently on hold.
	
	CM advised that the word issue should be taken out of risk 2895 and should be changed to read Cancer Workforce.
	
	CM advised in terms of the risk 2899 for the expansion of ECC, this has been put on at least a 2 year hold by the Scottish Government. SAS advised this was written before they had this information. SAS asked if this should then be removed at this current time. CM advised all the staff who were working on that project have been redeployed to other posts within the organisation. CM advised it is important to understand what risk that poses. CM advised SAS to reframe this risk. SAS and KN to have a look at this risk to see whether it needs rewritten or removed.
		SAS
		
		SAS/KN

5.	**STRATEGY/PLANNING**	
5.1	**Cancer Framework Annual Delivery Plan Year 2 Update**	
	KN advised the group that there were 60 actions identified for 2023-24: • 25 have been achieved • 19 are on track to be achieved by 31 March 2024 • 8 are at risk • 6 not started • 2 no update has been provided KN noted that for the 8 actions that are at risk, work continues on these, however, delays can be attributed to delays in strategic publication of the prevention and early intervention strategy. There is national discussion around the Clinical Management Pathways (CMPs), however, it's worth noting the regional Clinical Management Guidelines (CMGs) are still in use. There is currently work ongoing with the Just in Case box policy. The Cancer Tracking System business case has been completed but funding is required, and this is currently with Digital and Information. A recording issue with the Renal QPI TNM staging is currently being addressed. The activities not started are due to national work streams around PowerApps for MDT and AI assisted projects. Work to relocate the SACT Unit has been delayed due to another specialty requiring the space. A scoping exercise is underway to develop a business case for an additional mammography unit.	

		Action
	The Cancer Framework will be updated to reflect work carried out against our commitments once KN has reconciled them. The aim is to start to update actions for 2024-25 using the ADP and through attendance of services at the Cancer Leadership Team. FT asked who monitors patients on cancer pathways and the management of long waiters. KN advised they have a team of MDT coordinators and Trackers who make the appointments within a certain amount of time, escalate them if they can't be made within that time for the first appointment, and then they follow them through each step of the pathway until they are treated. They have weekly meetings with senior attendance to escalate the patients that they are having problems getting appointed. CM noted that we need to recognise that administrative jobs are just as important as other jobs.	
5.2	**Projects Update**	
5.2.1	**Community Pharmacy**	
	KN provided an update on behalf of BH: • Enzalutamide delivery via community pharmacy is now underway and is being well received by patients. • An early diagnosis resource for primary care professionals is being released via NES in April – GatewayC. Once this is released, training will be adapted for delivery in the Fife context. • Utilisation of the SCI gateway in Community Pharmacy is being investigated to understand the next steps with any referral pathways.	
5.2.2	**RCDS Update**	
	MM noted a project status report was shared with the group. There has been: • Referrals received - 2,368 • Accepted referrals - 1,643 • Completed pathway - 1,463 • Redirections - 725 In regard to the UGI/HPB test of change referrals. There has been: • Referrals received - 838 • Referrals sent Straight to Test - 443 • Completed pathway - 532 MM advised the group that they are finalising an evaluation of the	

		Action
	UGI/HPB test of change which should be complete in April. It will be shared with the group once finalised. The colorectal pathway is being wound down due to complexity of the pathway. A plan is being developed to reintroduce colorectal USC referrals into General Surgery. An update will be given on the next steps. MM advised we currently have funding to support RCDS until March 2025. MM advised the group that the University of Strathclyde summary document and full evaluation report has been published. CM advised that the Chief Executive wants this report to go to the Clinical Governance Committee. SAS and MM to prepare a paper to go alongside this in regard to the Fife narrative in relation to the report.	**SAS/ MM**
5.2.3	**RADC Update**	
	MM provided an update on RADC: • RADC continues to be held twice a week on Mondays (all day) and Thursdays (PM, all day when required). Patient numbers/referrals are consistent. • The clinic has seen the 200th patient this month. • A nursing resource returned to the team on 5th February 2024. It is the intention of the ACNS in the team that the nurse is trained in the RADC in February/March. • Regular meetings are being held with Researcher from Stirling University. • Short life working group being set up to determine necessary actions from MDT survey. Good representation from all clinical disciplines, clinical lead for Urology is willing to give time to this project but cannot attend meetings, way forward to be clarified with the service manager at a meeting in March. • PM attended NHS Fife Prostate Improvement Pathway monthly group and provided a project update. • PM attended the CRUK (TET) Scotland Projects - Stakeholder Group Meeting to give an update on the progress of the Fife project. • A delay to the Occupational Health clearance for the University Researcher is ongoing, interviews continue to be held on-line, it is hoped the Researcher will be back on site from April 2024. • PM and members of the team are working on a standard operating procedure and patient information bundle, to be given to post-proctectomy patients. • Patient Navigators are continuing to contact patients from the RADC: prostate pathway for permission to share the patient survey link or offer a survey telephone call from the University if preferred.	

		Action
	CM asked if we are seeing the benefit in performance in relation to the prostate pathway with the introduction of RADC. MM advised we are seeing the benefit. KN and MM to bring a paper to one of the meetings on the differences between referral to diagnosis.	**KN/MM**
5.2.4	**GP Cluster – Cancer Intelligence Report**	
	A SBAR and mock report was shared with the group. RM advised they are seeking approval from this group to undertake an analysis of cancer data linked to GP practices and clusters in Fife. This work would be led by the Local Intelligence Support Team (LIST) . The main objective of the work would be to provide data at a local level to stimulate discussion, peer support and learning and potentially further quality improvement or educational activity for clusters, practices, and clinicians to improve cancer care for the people of Fife. The resources required to undertake the report are available within NHS Fife. Input files can be sourced from PHS cancer team by the LIST analysts. This can be linked to local data on USC referrals. Some set up work will then be required to determine population data for the rates, using practice list sizes and accounting for mergers/closures. Cluster reports could then be generated and requested by the Cluster Quality Lead. The analysis will provide us for the first time with a baseline understanding of primary care cancer data in NHS Fife. Trends are based over a five-year period to increase the sample size and reduce the impact of small numbers and random variation. Therefore, there would be value in repeating the analysis in another five years to identify any significant changes in our practice and health outcomes. The report has already shown utility in Glasgow and Lothian. For example, it helped to uncover some of the reasons behind differences in referral rates by practices, stimulated internal audits of USC referrals, and led to a review of national and local referral guidance by some clusters. Our local LIST analysts also currently have little engagement with GP clusters across Fife. This work could provide an example of the “added value” of their role. AG advised that the requirements of information governance and use of the data should be a part of the governance route. The group were in support of this.	
6.	**FUNDING**	
6.1	**Funding Update**	
	KN advised the CWT funding is being allocated on a recurring basis from the 1st of April 2024. Bids are being put integrated as part of the planned care planning	

		Action
	spreadsheet. KN noted she is doing the final updates before it goes for submission. KN advised she will share this with CM and CD before it is submitted.	
7.	**QUALITY/PERFORMANCE**	
7.1	**Cancer Waiting Times Q4 2023 (draft)**	
	KN advised the publication release date is the 25th of March 2024. • Draft performance: ➢ 62 day – 73.3% (Q3 2023 74.3%) ➢ 64 breaches: 5 breast, 3 colorectal, 9 lung, 1 melanoma, 2 ovarian, 2 UGI, 42 urology ➢ 31 day – 92.8% (Q3 2023 93.3%) ➢ 26 breaches: 2 breast, 1 colorectal, 1 ovarian, 22 urology CM asked if graphs can be brought to a meeting to show to the patient representatives the challenges around the 62 day target. CM advised we should start to prepare some more detail around this so it can be shared with Board members.	**KN** **KN**
7.2	**Quality Performance Indicators**	
7.2.1	**Oesophago-Gastric 2022**	
	This will be carried forward to an alternative meeting.	
7.2.2	**Lymphoma 2021-22**	
	KD went through the papers that were shared with the group. Case Ascertainment for Fife was: **100%** for Hodgkin Lymphoma and **115%** for Non-Hodgkin Lymphoma. NHS Fife met **8** of the **9** (including sub QPIs) QPIs for Lymphoma. **QPI Not Met:** • **QPI 2: Proportion of patients with DLBCL treated with curative intent given end of treatment CT/PET**: Fife showed a shortfall of 11.1% (4 patients) 2 were within 5 days of the 42day SACT target and 2 were within 14 days of radiotherapy end date. None of the delays were considered clinically significant or had clinical consequences. There was one action identified for NHS Fife: • Lead Clinician emailed the Consultant Team and Lymphoma ANP with target times for post treatment imaging. Scans post chemo should be booked at 3-4 weeks after last chemo and 10 weeks post RT to ensure QPI is met.	

		Action
7.2.3	**Colorectal 2022-23**	
	JR went through the papers that were shared with the group. Case ascertainment for NHS Fife is **105.7%**. NHS Fife met **17** of the **23** QPIs (including sub QPIs) for Colorectal cancer. **QPIs Not Met:** • **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 0.2% (7 cases) – 4 patients had neoadjuvant treatment - time to surgery all over 180 days; 2 patients had incomplete colonoscopies due to patient discomfort. Both patients discussed at MDT and decision was to proceed to surgery (1 had resection and 1 had defunctioning stoma prior to neoadjuvant long course chemorads). 1 patient had EUA instead of colonoscopy. There was discussion around the QPI measurability being updated to pre-operative imaging taking place <180 days from commencing definitive treatment. This would ensure patients undertaking neo-adjuvant treatment meet the target. • **QPI 5: Lymph Node Yield** – Hospital of Surgery. QPI target was not met showing a shortfall of 11.2% (32 cases) of the 26 cases. 3 patients had neoadjuvant treatment (2 had SCRT and 1 had SCRT followed by chemotherapy); with the remaining 29 patients there is no clear reason for the decrease in number of nodes examined. This will be discussed locally with the pathology team at the next Colorectal Business Meeting. • **QPI 7 (i): Surgical Margins – Hospital of Surgery -** The QPI target was not met showing a shortfall of 5.7% (3 cases): The QPI target was not met showing a shortfall of 5.7% (3 cases) 1 patient tumour extends to the CRM, 1 patient the surface fat is rather ragged making accurate assessment of CRM clearance rather difficult; however tumour is seen in the region of 1 mm from inked margin. Discussion at MDT is advised to clarify CRM clearance. Consultant reviewed video of robotic resection which was quite difficult and could not clearly see an area where it seems close to tumour. Oncology documents CRM as involved. 1 patient, invasive adenocarcinoma extends into diathermy artefact at the inked CRM (microscopic R1 excision). • **QPI 15 (i): Colorectal Liver Metastasis (Synchronous) -** The QPI target was not met showing a shortfall of 2.7% (1 case): Patient died 8 days post op following resection for primary. • **QPI 16 (i): Assessment of Mismatch Repair (MMR)/Microsatellite Instability (MSI) Status -** The QPI target	

		Action
	was not met showing a shortfall of 5.9% (24 cases). 12 patients had no MMR requested. 9 patients had MMR requested but no further reports were found. 3 patients had no MMR requested by Pathology. There were no actions identified for NHS Fife. QPI no longer reported by the Regional Cancer Networks: • **QPI 14 30 day Mortality following SACT**: The regional cancer networks no longer report 30 Day mortality following SACT. This has recently been undertaken by Public Health Scotland (PHS) which published its first annual report in July 2023, using data collected on ChemoCare: the national chemotherapy electronic prescribing and administration system. The report presents the number and percentage of patients treated in 2022 that died within 30 days of starting their last cycle of SACT, reported for NHS Scotland and the three regional cancer networks. The data has been made available in a dashboard on the PHS website.	
8.	**CANCER RESEARCH**	
8.1	**Cancer Research Update**	
	This will be carried forward to the next meeting.	
9.	**REALISTIC MEDICINE**	
9.1	**Realistic Medicine Update**	
	This will be carried forward to the next meeting.	
10.	**LINKED COMMITTEE MINUTES**	
10.1	**Cancer Managers' Forum (02/02/2024)**	
	This was noted by the group.	
10.2	**Cancer Leadership Team (19/12/2023, 30/01/2024 & 20/02/2024)**	
	This was noted by the group.	
10.3	**SCAN Regional Data Reporting Group (28/11/2023)**	
	This was noted by the group.	
10.4	**SCAN Regional Cancer Planning Group (07/11/2023)**	
	This was noted by the group.	
10.5	**SCAN Regional SACT Advisory Group (31/01/2024)**	
	This was noted by the group.	
11.	**ITEMS TO NOTE**	
	No items to note	
12.	**ISSUES TO BE ESCALATED TO EDG/CLINICAL GOVERNANCE COMMITTEE**	

		Action
	RCDS National Evaluation Report along with a paper to go through EDG then onto the Clinical Governance Committee.	
13.	**ANY OTHER BUSINESS**	
	CM asked in relation to the HIS evaluation and the actions that exist for Boards in relation to SACT service review, who is that sitting with. KN to chase this up. CM asked if they can think about those actions at the next meeting. SAS to reach out to the CEL 30 lead to see what the response is as HIS require updates back by the 16th of April.	**KN** **SAS**
14.	**Date of Next Meeting**	
	The next meeting will be on Thursday 30 May 2024, 14:00-16:00 via MS Teams	

CANCER GOVERNANCE & STRATEGY GROUP

(Meeting on 30 May 2024)

RCDS Evaluation SBAR along with the evaluation report to go the Clinical Governance Committee.

NHS FIFE CANCER GOVERNANCE & STRATEGY GROUP (CGSG)

Unconfirmed Note of the Meeting Held at 14:00 on Thursday 30th May 2024 via Microsoft Teams

Present:	**Designation:**
David Astill (DA)	Patient Representative
Susan Fraser (SF)	Associate Director of Planning & Performance
Nick Haldane (NH)	Lead Cancer GP
Janette Keenan (JK)	Director of Nursing
Murdina MacDonald (MM)	Lead Cancer Nurse
Kathy Nicoll (KN)	Cancer Transformation Manager
Frances Quirk (FQ)	Assistant Director Research, Development & Innovation
Shirley-Anne Savage (SAS)	Associate Director for Risk and Professional Standards
Apologies:	**Designation:**
Paul Bishop (PB)	Head of Estates
Nicky Connor (NC)	Director Health and Social Care
Izzy Corbin (IC)	Patient Representative
Claire Dobson (CD)	Director of Acute Services
Fiona Forrest (FF)	Deputy Director of Pharmacy
Alistair Graham (AG)	Associate Director Digital and Information
Ben Hannan (BH)	Director of Pharmacy & Medicines
Rishma Maini (RM)	Consultant - Public Health
Linda McGourty (LMcG)	GP
Neil McCormick (NM)	Director of Property and Asset Management
Margo McGurk (MMcG)	Director of Finance and Strategy
Chris McKenna (CM) Chair	Medical Director
Emma O'Keefe (EO'K)	Consultant – Dental Public Health
John Robertson (JR)	Lead Cancer Clinician - Surgery
Nicola Robertson (NR)	Director of Nursing, Corporate
Sarah Scobie (SS)	Consultant – Clinical Oncologist
Fiona Towns (FT)	Patient Representative
Amanda Wong (AW)	Associate Director of Allied Health Professions
In Attendance:	**Designation**
Rebecca Hands (RH)	Clinical Governance Administrator (minute taker)

		Action
	Welcome	
	SAS 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 21 March 2024 via Microsoft Teams**	
	The Unconfirmed Note of 21 March 2024 was **accepted** as an accurate record.	

		Action
3.	**Action Log**	
	110124#1 – MM has provided a paper on this. It will be discussed under the appropriate agenda item. 210324#1 – The word issue from the work force risk. This action can be closed. 210324#2 – Risk 2899 has been temporarily removed. This action can be closed. 210324#3 – MM has provided a paper on this. It will be discussed under the appropriate agenda item. 210324#4 – MM has provided a paper on this. It will be discussed under the appropriate agenda item. 210324#5 – KN has prepared a presentation. It will be discussed under the appropriate agenda item.	
4.	**GOVERNANCE**	
4.1	**Acute Cancer Services Delivery Group Update**	
	SAS provided an update on behalf of CD: The group has been working remotely recently. The main focus has been around bids for the additional monies to support cancer performance as well as confirming the Cancer Waiting Times funding that is now recurring (£776k). For the awareness of the group, we were invited to bid for SG non-recurring monies for cancer to improve waiting times performance. We received a letter confirming that we will receive £323K to support Respiratory, Gynaecology, Urology, Colorectal and Breast cancer pathways through specific activities as well as additional monies for Radiology. This is in addition to the recurring funding. We are awaiting feedback on a request for RCDS financial support in addition to the 6 months already received.	
4.2	**Cancer Risks**	
	Papers were shared with the group on cancer risks. SAS noted that since the last report to the group, the overall number of agreed risks on the Cancer Risk Register has decreased from 13 to 12. SAS advised in summary: • **Closed Risks:** 1 risk has been closed. ○ 2899 - Cancer Framework - Expansion of ECC • **New Risks:** No risks to delivery of the Cancer Framework have been opened in Datix.	

		Action
	Risk Level breakdown: 4 High and 8 Moderate **Risk Rating and Level:** Unchanged from the previous report **Risk Target:** No risk has achieved its target. SAS advised in terms of Corporate risk 2297 - Cancer Waiting Times, this risk has a current level of High, thus it remains above appetite; this reflects the continuing challenges across the delivery of cancer services. The 62 day performance has not been met since 2012, and remains variable, as referrals continue to be stubbornly high and pathways increasingly complex. Urology is our biggest challenge. 31 day performance is largely met with occasional breach in the monthly target.	
5.	**STRATEGY/PLANNING**	
5.1	**Cancer Framework Report**	
	KN provided an update to the group: • The report shared provides an overview of how we are progressing against our commitments in the Cancer Framework over the last couple of years. • 8 commitments were identified which are supported by key priorities. • The report shared shows that we are making good progress against all commitments and sub actions. • The Cancer Framework is very much a working document with a rolling workplan; actions and improvements are part of an iterative process and whilst there are actions identified year on year, these are under review annually and new actions will be added or refined. • The framework also captures other strategic work, particularly in Public Health, for example, eating well and having a healthy weight, that is not cancer specific, however, can impact on cancer diagnosis and treatment. • We are in the process of identifying the actions for 2024-25 and will ensure the framework itself remains relevant and up to date.	
5.2	**Projects Update**	
5.2.1	**Community Pharmacy**	
	This item will be carried forward to the next meeting.	
5.2.2	**RCDS Evaluation Paper for Clinical Governance**	
	MM advised this paper has been shared with the group. The aim of the RCDS service was to develop a person-centred diagnostic pathway and provide primary care with a new route through which to refer patients with non-specific symptoms, such as unexplained weight loss, pain or fatigue that may be suspicious of cancer. The pilot programme was planned to run from June 2021 – March 2024. MM advised there is now funding secured until March 2025.	

		Action
	MM advised the key points from the evaluation are: • Cancer incidence 12.1% • Mean duration of pathway was 13 days (IQR 9-17 days) • Patient centred care with high satisfaction levels with single point of contact. • Rapid turnover of referrals – vetting and CT scanning • 30% redirection (66% redirected to alternative cancer pathway) • Socioeconomic deprivation – SIMD move towards SIMD1&2 (Mean 2.1) • Broad range of Cancers detected (n=17 types) (lung, HPB and Urology) • Presentation - unexplained weight loss, GP gut feeling, fatigue, unexplained pain, new unexplained laboratory results. • Steady increase in service numbers over initial 12-month period. • High levels staff satisfaction in service provided. • Low DNA rate. The cost of the service in NHS Fife is £252,670 (2024-5) with additional £60,258 in radiology support. The comparator models indicated additional costs of £125,716 to £186,236 would be incurred to re-provide the service with consultant cover and without the levels of service provided by the RCDS (no single point of contact). A decision was taken to continue to provide the service in 2024-25 and await the final Strathclyde report and the evaluation of The GI RCDS service. CfSD funding was extended to all pilot boards up to September 2024 (awaiting Secretary of State decision on RCDS funding and roll out). The group agreed that this is a great piece of work and are in support of this going forward. Concerns were raised around the risk of the discontinuation of RCDS. There is currently ongoing work around this.	
5.2.3	**RCDS Project Status Report**	
	MM advised this paper has been shared with the group. MM shared with the group that to date we have: • Referrals received – 2,581 • Accepted referrals – 1,781 (69%) • Completed pathway – 1,603 (90%) • Redirections – 800 (31%) Regarding the UGI/HPB test of change which started in January 2023, there has been: • Referrals received – 995	

		Action
	• Referrals sent Straight to Test – 522 • Completed pathway – 604 Regarding the pilot of the Lifestyle Medicine Interventions that started at the end of May 2023, there has been: • Number of referrals – 37 • Number declined – 17 • Number accepted – 19 (+awaiting dates for 1 new) • Number of 1st app – 19 • Number of 2nd app – 7 (+5 awaiting second apps) • Number of 3rd app – 1 (+1 booked) • Number of completed – 13 An evaluation report for this is still in progress. MM noted some key actions are: • RCDS clinical leads have been invited to NHS Scotland Event (June 2024) in Glasgow to share benefits, learning and experience in developing the RCDS in Fife. • University of Strathclyde summary document and full evaluation report going through governance process accompanied by SBAR on NHS Fife response. • Colorectal pathway is being wound down due to complexity of pathway. Evaluation report being developed and will be shared when complete.	
5.2.4	**General Surgery GI USC Test of Change Report**	
	MM advised this paper has been shared with the group. The test of change was implemented to improve the patient diagnostic pathway. It involved a multidisciplinary approach, including the introduction of a nurse-led vetting and training program, to streamline processes and enhance patient care. Key metrics and outcomes were tracked throughout the year to assess the effectiveness and scalability of the model. The Rapid Cancer Diagnostic Service (RCDS) conducted a test of change aimed at expanding their current RCDS principles and nurse-led model into two gastrointestinal (GI) cancer pathways. The objective was to implement a nurse-led model for vetting, triage, and assessments, providing patients with a single point of contact within the service. This approach was designed to promote timelier and more person-centred care for patients on these urgent suspicion of cancer (USC) diagnostic pathways. Data was collected from patients referred for GI USC investigations from January 9, 2023, to January 31, 2024. Both qualitative and quantitative data	

		Action
	were analysed, including age, gender, SIMD (Scottish Index of Multiple Deprivation), symptoms, and patient experiences. During this period, 796 referrals were redirected from consultant vetting time. 157 patients were assessed by the Advanced Clinical Nurse Specialist (A(CNS)) via telephone or face-to-face clinic appointments. 41 cancers were diagnosed during this period, alongside a variety of pre-cancerous conditions such as Barrett's Oesophagus and intraductal papillary mucinous neoplasms (IPMNs). There was a 0% Did Not Attend (DNA) rate for nurse-led clinics and radiology appointments. Radiology departments confirmed the added value and sustainability of the nurse-led model. SIMD data indicated that the model effectively targeted health inequalities and met diagnostic needs across all quintiles.	
5.2.5	**RADC Update**	
	MM advised this paper has been shared with the group. Cancer Research UK (CRUK) have funded an 18-month project with NHS Fife and Stirling University, to implement and evaluate a rapid access service for prostate cancer patients in Fife. This is a nurse-led model, for suspected prostate cancer referrals, to improve the flow from triage to diagnostics and decision to treat. The high-level objectives of the project were set to: • Evaluate if the proposed intervention to deliver a Urology Clinical Nurse Specialist-led model for the assessment and management of suspected prostate cancer referrals, was efficacious on a small scale. • Evaluate whether a nurse-led model delivers the same (or improved) quality of care compared to a traditional consultant-led model. • Determine what lessons can be learned that can inform improved outcomes nationally (scalability). • Determine what impact the intervention is likely to have, with a focus on reducing health inequalities. The Rapid Access Diagnostic Clinic (RADC) service began in August 2023, with three clinics per week treating twelve patients. The service has now seen more than 282 patients; this report focuses on the first 100 patients who have accessed the service along with their patient pathways and experiences. The first 100 patients who have accessed the RADC service have had their outcomes recorded as: • 38 patients had a confirmed cancer and were discussed at the weekly multidisciplinary team meeting. • 39 patients have not had a cancer confirmed to be followed up with a routine outpatient appointment.	

		Action
	• 6 patients have not had a confirmed cancer; however, their cases were discussed at the weekly multidisciplinary team meeting. • 17 patients have been returned to their GP for monitoring or re referral if further symptoms develop.	
5.2.6	**HIS/SACT Update**	

	KN provided an update to the group:
	
	• There were 16 all board actions and 6 Fife specific actions.
	• The SBAR shared with the group highlights where recommendations have been met or are progressing and where there are challenges.
	• Good progress has been made against many of the recommendations highlighting:
	  ○ Good engagement both locally and regionally.
	  ○ Re-establishment of the SACT incident review meetings.
	  ○ Use of standardised documentation and systems across the region.
	• The main challenges identified were around recruitment and retention issues, particularly SACT trained nursing staff and protected time for the pharmacy and nursing SACT leads.
	• Despite the challenges patients still receive a very high quality of care mainly due to the dedication of the staff.
	• HIS will be undertaking a formal review of the submitted reports which is expected to be produced by September 2024 where the main themes will be published. This will be followed by a national SACT stakeholders shared learning event.
	• Acute Oncology/SACT funding has been confirmed for 2024-25 and will be allocated to the following posts:
	  ○ Specialty doctor sessions
	  ○ Chemocare Scheduler
	  ○ SACT Advanced Nurse Practitioners
	  ○ Additional support to the Acute oncology service by way of an advance nurse specialist role
	  ○ Additional nursing support for the SACT Unit
	  ○ Patient Navigator to support CUP/Sarcoma Advanced Nurse Practitioner
	  ○ Some temporary roles will allow review and development of SACT delivery.
	
	MM gave acknowledgment to all the work that Gillian Wilson and the team have been doing. MM advised it would be good to support Gillian to ensure she gets the protected time to focus in on the work she has been doing.	

6.	**FUNDING**	
6.1	**Funding Update**	
	KN provided an update to the group and advised of the following funding allocation for 2024-25:	

		Action
	• CWT Funding (recurring) - £776,00 • CWT Funding (non-recurring) - £474,524 • AO/SACT (recurring) - £317,565 • RCDS/RCDS Expansion (non-recurring) - £399,581 • SPOCH (recurring) - £107,354 • CRUK TET funding to support Prostate Pathway (non-recurring) - £213,00 • Macmillan Project Manager (non-recurring) - £60,481	
7.	**QUALITY/PERFORMANCE**	
7.1	**Cancer Waiting Times Overview**	
	KN shared a presentation with the group to provide an overview of cancer waiting times to provide more information to the patient representatives.	
7.2	**Cancer Waiting Times Q4 2023**	
	This has been shared with the group for information.	
7.3	**Quality Performance Indicators**	
7.3.1	**Haematology and Urology Report Update**	

	KN provided an update on Haematology and Urology.
	• Vacancy
	  ○ There is currently a vacancy in the Cancer Audit & Performance Team
	  ○ This has resulted in us being unable to submit data for lymphoma, prostate and renal cancers for 2023.
	  ○ This will mean that Fife data will be omitted from the next regional SCAN QPI publications.
	• Resource
	  ○ The NHS Fife Cancer Audit Facilitators have raised a concern regarding resources.
	  ○ Patient numbers have increased over time impacting on their workload.
	  ○ Furthermore, QPIs continue to be reviewed and added requiring additional data fields to be collected and additional analysis, e.g. recurrence data.
	  ○ Other Boards have noted this impact on resource as well.	

8.	**CANCER RESEARCH**	
8.1	**Cancer Research Update**	
	FQ noted since the last meeting they have had 123 new patients recruited to cancer related research studies. 101 of those are for the prostate cancer referral pathway. FQ advised they have 23 studies currently open. 11 are in recruitment and 12 in follow up. There have been 3 new studies open since the beginning of the year.	

		Action
	The Scottish Cancer Research Network who provide us with funding support for Cancer Research Nurses and Clinical Research Nurses are pressed as all funding streams are. FQ advised the group we have had a 50% reduction in the funding we receive. This means the portfolio will need to be reviewed, however, we are in a fortunate position on having a fairly flexible budget so this will not have an immediate impact on current studies but may have an impact on future studies.	
9.	**REALISTIC MEDICINE**	
9.1	**Realistic Medicine Update**	
	SAS provided an update on behalf of EO'K and LMcG: • RM and Comms team are working on a communications plan which will include both raising awareness with staff and the public and patients. • Recently delivered presentations and had discussions with HSCP Extended leadership team, PMOs and date in diary for cancer leadership team and pharmacy too. • Very much wanting to embed RM in everything everyone does. • RM Community of practice meetings established which is a good way of sharing good practice and more importantly learning about what isn't working. • Really keen to hear ideas and gather stories to help build RM pages on Blink etc. • They have reached out to Primary Care Cluster Leads and hoping to get date soon with them.	
10.	**LINKED COMMITTEE MINUTES**	
10.1	**Cancer Managers' Forum (26/04/2024)**	
	This was noted by the group.	
10.2	**Cancer Leadership Team (12/03/2024 & 23/04/2024)**	
	This was noted by the group.	
10.3	**Cancer Performance Delivery Board (19/04/2024)**	
	This was noted by the group.	
10.4	**SCAN Regional Cancer Planning Group (10/05/2024)**	
	This was noted by the group.	
10.5	**SCAN Prehabilitation Steering Group (01/05/2024)**	
	This was noted by the group.	
11.	**ITEMS TO NOTE**	
	No items to note	
12.	**ISSUES TO BE ESCALATED TO EDG/CLINICAL GOVERNANCE COMMITTEE**	

		Action
	RCDS Evaluation SBAR along with the evaluation report to go the Clinical Governance Committee.	
13.	**ANY OTHER BUSINESS**	
	MM advised a paper on staffing challenges should be brought to the August meeting. FQ suggested that in relation to the RCDS and RADC that these could benefit wider promotion. For example, a grand round to cover that activity and the benefits. SAS agreed that this is a good suggestion. MM advised it was done a while ago and agrees this is a good idea, however, in regard to RADC they were going to wait until they had more of the data so that they could really demonstrate the test evidence transition element of that project.	**MM**
14.	**Date of Next Meeting**	
	The next meeting will be on Wednesday 14 August 2024, 09:00-11:00 via MS Teams	

CLINICAL GOVERNANCE OVERSIGHT GROUP

(Meeting on 18 June 2024)

No issues were raised for escalation to the Clinical Governance Committee.

Clinical Governance Oversight Group

Date: 18/06/2024
Enquiries to: April Robertson
Telephone Ext: Microsoft Teams

UNCONFIRMED MEETING NOTE OF THE NHS FIFE CLINICAL GOVERNANCE OVERSIGHT GROUP HELD ON TUESDAY 18th JUNE 2024 via MICROSOFT TEAMS

Attendees

Lynn Barker (LB)	Director of Nursing, HSCP
Gemma Couser (GC)	Associate Director of Quality & Clinical Governance
Fiona Forrest (FF)	Deputy Director of Pharmacy & Medicines
Catherine Gilvear (CG)	Fife HSCP Quality, Clinical Care & Governance Lead
Robyn Gunn (RG)	Head of Laboratory Services
Janette Keenan (JK) (Chair)	Director of Nursing, NHS Fife
Aileen Lawrie (AL)	Director of Midwifery
Dr Sally McCormack (SMcC)	Associate Medical Director for Medical & Surgical Directorate
Dr Iain MacLeod (IM)	Deputy Medical Director, Acute Services Division
Dr Chris McKenna (CMcK)	Medical Director, NHS Fife
Dr John Morrice (JM)	Associate Medical Director of Women & Children
Elizabeth Muir (EM)	Clinical Effectiveness Manager
Shirley-Anne Savage (SAS)	Associate Director for Risk & Professional Standards
Gavin Simpson (GS)	Consultant Anaesthetics
Amanda Wong (AW)	Director of Allied Health Professions

In Attendance

April Robertson (AR)	Clinical Governance Administrator (Minute Taker)
Rebecca Saunders (RS)	Lead Nurse, Children's Services

Apologies

Norma Beveridge (NB)	Director of Nursing, Acute Services Division
Dr Sue Blair (SB)	Consultant in Occupational Medicine
Dr Stephen Fenning (SF)	Associate Director of Medical Education
Claire Fulton (CF)	Lead for Adverse Events
Elizabeth Gray (EG)	Patient Experience Team Lead
Benjamin Hannan (BH)	Executive Director of Pharmacy and Medicines
Helen Hellewell (HH)	Deputy Medical Director, Health & Social Care Partnership
Siobhan Mcilroy (SM)	Head of Patient Experience
Nicola Robertson (NR)	Director of Nursing, Corporate
Prof Morwenna Wood (MW)	Director of Medical Education

	Items	Action
1	**Apologies for Absence (JK)**	
	Apologies for absence were noted from the above members.	
2	**Minutes of the last meeting held on 16th April 2024 (JK)**	
	The Group confirmed that the note from the meeting held on the 16th April 2024 was an accurate record.	
3	**Matters Arising/Action List (CMcK)**	
3.1	SBAR NHS Fife, MBRRACE Report of Stillbirth & Neonatal Death 2022 (MBRRACE - Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries) **(JM/AL)**	

	AL spoke to the paper, pointing out for clarity that all neonatal deaths reported were from place of birth, irrespective of where the death occurred. The stabilised mortality rates are similar or lower than other trusts and health boards across the UK. This report was noted by the group and no questions were raised.	
3.2	SBAR NHS Fife Adverse Events Trigger List and Improvement Actions **(GC)**	
	GC shared the paper, asking the group to look at the flow chart which explained the process we are planning to move to for major and extreme events. There is a suite of reviews that we recognise as akin to a Serious Adverse Event Reviews (SAER's) The updated trigger list for major/extreme harm events as agreed at the last meeting, is now supported by a process flowchart. Within the flowchart for discussion and agreement are 3 categories of events which trigger major or extreme harm where there is a specific local process of review in place that would be conducted in place of a SAER. The categories (with opportunity for additions if required) are cardiac arrest, drug and alcohol deaths and sudden unexplained death of an infant (SUDI). In addition work is required to develop the process for suicide reviews. If agreed a standard operating procedure (SOP) will be developed to support decision making with each review type having its own terms of reference and process map with built in mechanism for escalating to SAER by exception. An additional feature of the process flowchart, is that it will be fully interactive, hosted on BLINK, and with clickable links to key guidance and tools to assist review teams with a SAER. The second improvement, which is also captured on the flowchart, for agreement, is the suggested change to the process for managing and monitoring improvement plans from SAER's where the review outcome has been coded as level 4. The proposed change to bring improvement plans from SAER's with review outcome 4 back to SAER panel, for agreement, oversight and monitoring. With a view to improving governance, increasing visibility and creating opportunity for identifying and managing organisational learning with opportunity to link to the work of the Organisational Learning Group. It is anticipated that learning from this change in process for review outcome level 4's will be able to be replicated in time to ensure greater governance around all improvement actions generated from SAER's regardless of level of outcome. GC concluded that this would identify areas of priority which may need targeted quality improvement. She asked for any feedback from members. LB was very supportive of the outlined plan, she felt it was robust around governance and happy to pick up an offline discussion. FF was also thoughtful around who holds the responsibility for the co-ordination where there are multiple teams across multiple services of the action plan. IM added that while he was also very supportive of this plan, he wondered how the backlog of incidents could be cleared to allow the really important ones be given more of people's time. GC responded, the trigger list being reviewed will mean SAER's being more focused based on the outcome in terms of harm, we should in theory have less SAERs so that we are starting to focus on important improvement actions. JK agreed that there needed to be a meeting of key people to tackle the backlog. CG asked, if we were to try and clear the backlog, how we could ensure duty of candour and what would happen local adverse event reviews? GC assured CG that she would be bringing a revised Duty of Candour Process to the next meeting. For local adverse event reviews, there would be a proposal that Complex Care Reviews (CCR's) are undertaken. The next phase would be to look at the governance and	**JK** **GC**

	oversight of these reviews, working with directorates to manage this within divisional and directorate governance structures. CG asked about the low or no harm reviews, she felt there were no processes to look at the quality of reports coming through the system if they are not major or extreme. There is a plan to look at that within HSCP but hopefully this will be looked at, by the organisation. GC agreed with GC and pointed out that only c3% of adverse events are major or extreme, we have the biggest opportunity to mitigate risks within the other 99%. GC and CF will connect with CG around the LAER's and CCR's going forward.	
4	**GOVERNANCE**	
4.1	SBAR Scottish National Audit Programme Annual Governance Process - Outliers Highlighted for 2023 (Orthopaedic) **(IM)**	
	IM pointed out that for the 5th year in a row, NHS Fife has been identified as a significant outlier for 'time to theatre' for patients with a hip fracture. The team have gone through the cases and looked for common themes, this has been very complex. The recommendations are still to be published; however, the bottom line is there is probably not enough theatre capacity for some of these cases. In order to manage access to theatre, a new Theatre Access Group has been established to maximise and prioritise theatre efficiency across NHS Fife. This group meets fortnightly and is chaired by the General Manager for Surgery. A series of further improvement actions are underway including a new escalation policy for escalation in times of surge in numbers of trauma patients. IM concluded that although not within the SBAR report, it was worth pointing out; NHS Fife was identified as a positive outlier for comprehensive geriatric assessment, this is the work done in the ward by the Medicines for the Elderly Team.	
4.2	NHS Fife Health & Social Care Partnership Clinical Governance Assurance Update SBAR **(HH/LB)**	
	LB informed the group that this SBAR relates to The Fife HSCP Quality Matters Assurance Group Clinical Quality (QMAG) meeting on 22nd March and the interim Quality Matters Assurance Safety Huddles (QMASH). There were no escalations but for noting; Update from Complex and Critical Care colleagues around the Strang report; **As part of the review, the service and Senior Management Team w**ere asked to consider 40 recommendations clustered into subsections: • Management • Crisis & Community Mental Health Services • Inpatient Services • Child & Adolescent Mental Health Services • Staff The recommendations and action plan from the previous version of the report was reviewed by the Senior Manager, Head of Nursing and Clinical Director; some of the actions were thought to be obsolete; and a further meeting is planned to ensure that revised recommendations feed into existing topic specific existing groups and other recommendations monitored through a separate working group as appropriate. An update paper will be provided to QMAG in due course.	

	A paper was submitted to provide an update following January's QMAG meeting and to provide an overview on the performance of NHS Fife Addiction Services to address and reduce harm caused by alcohol & drug addiction / use thereby reducing morbidity and mortality in Fife. It was advised that compliance with the Medication Assisted Treatment (MAT) target reported at January's meeting had subsequently improved with patients now being offered engagement on day one thereby achieving the 75% target, sitting at approximately 90% compliance.	
4.2.1	NHS Fife Health & Social Care Partnership Children Service's Annual Report 2022-2023 **(RS)**	
	RS began by explaining to members that this annual report had been done differently, giving the services an opportunity to capture their own development. Children's Services teams wanted to highlight that despite the challenges in the current climate, they still have much to celebrate and with that in mind, this report showcases our successes and celebrate the staff who are our biggest asset. Key highlights • **Children and Young People's Occupational Therapy (CYPOT)** – the team developed a Professional's Enquiry Line (PEL) and the Parent Advice Line (PAL) in response to service user feedback and in collaboration with other services. This service has improved access for parents and families to expertise upstream and has provided direct access to experienced occupational therapists for families. The team has also embedded the Institute for Healthcare Improvement 's 'Joy@Work' framework into their service and this has supported staff wellbeing and encouraged a healthy workplace culture. • **Children and Young People Community Nursing Service (CYPCNS**) – CYPCNS covers eight different services. Our annual report showcased the Community Children's Nursing team being awarded a Children's Nursing and Midwifery Award at this year's RCN Scotland Nurse of the Year Awards for their incredible support and care for families who have children and young people with complex health conditions. Our annual report also gives readers a behind the scenes look, into our Development Centres. • **Family Nurse Partnership (FNP)** - initially the service was open to mothers aged 19 years and under, however in December 2022 the eligibility criteria was extended and now also includes women aged 20 and pregnant with their first child, with possible expansion to 25 years for care experienced young women in the future. FNP launched a Facebook page in 2023 in response to their client's feedback, which provides them with a social media platform that they can use to share important information and key health messages with their clients. • **Health Visiting & Breastfeeding –** we have continued to welcome Health Visitor Trainees into our workforce throughout the year all 19 trainees are key to supporting us to deliver support and advice to parents and carers of children pre-birth to pre-school. The Health Visiting, Family Nurse and Breastfeeding Support services have been accredited with UNICEF Baby friendly status in Fife.	

	JK thanked RS for such an interesting person-centred report.	
4.3	NHS Fife Acute Services Division Clinical Governance Quality Assurance Report May 2024 (**IM/NB)**	
	IM spoke to the assurance update which relates to the NHS Fife Acute Services Division held 22nd May 2024, he highlighted the following points. **<u>Risk Register</u>** There is a new risk which has been added to the risk register in relation to significant increase turnaround time for dictation going out to patients and GP's. Over the past 6 months due to an increase in long-term absence and restrictions around recruitment with the new vacancy management approval process in place, we have seen a gradually deteriorating picture with respect to our outstanding dictation position. Despite asking secretaries working across the Medical Directorate to pick up typing for other specialties, we find ourselves in a position where our oldest dictation remains at almost 8 weeks. The risk position is being monitored daily and weekly reports are produced for the senior management team. **<u>Point of Care Testing Committee</u>** The NHS Fife Point of Care Testing Committee (POCT) is seeking a new chair as the current chair is stepping down after holding this role for more than 5 years. The committee is also in desperate need for new active committee members. Without an active and effective POCT committee NHS Fife will be unable to implement its POCT Policy or be reassured that POCT services are operating safely and effectively. NHS Fife needs to consider what we can do to reinvigorate this important committee to allow us to provide the Quality Assured POCT services that we all want for Fife. IM asked for any questions on the report. GC asked if the vacancy panel were aware of the governance issue that is beginning to emerge regarding the secretarial staffing issue. IM responded that this was a complex issue which was not solely due to staffing however NB had escalated this to the vacancy panel, but he was unaware of a response. FF wondered if as part of Reform Transform Perform (RTP) there was a digital solution which could help the situation. IM responded that there probably is a digital solution which will be cost and time effective however this is not currently in place, so something must be done in the meantime to bridge that gap. The ultimate solution will be to use technology to free up people's time. RG spoke around the POCTC, she feels people think this is a laboratory group, which it isn't. Where the laboratory can help is with the oversight and governance of the quality of the result of what is being produced. This group needs to be reinvigorated and the membership must be right. These tests need to be accredited so that there can be overall assurance of the quality of the results. Results are being	

	acted on in clinical pathways so the POCTC could ensure these were being acted on appropriately.	
4.4	NHS Fife Clinical Policy & Procedure Update 29th April 2024 **(EM)**	
	GC advised at the 29th April 2024 meeting, the NHS Fife Clinical Policy & Procedure Co-ordination & Authorisation Group that; There is **one** Fife wide procedure past its review date. **Fife Wide Procedure** FWP-BBMHB-01 Fife Wide Procedure for Babies Born to Mothers with Hepatitis B Infection and/or Babies Born into a household where a member (other than the mother) is known to be infected with Hepatitis B (01/04/2023) The notification procedure via Badgernet is being worked up at the moment and it is hoped it will be in place within a month. We expect to have the final reviewed procedure presented at the June meeting of the group. The group were given assurance that they have a 99% compliance rate for all clinical policies and procedures for NHS Fife.	
4.5	NHS Fife Activity Tracker **(GC)**	
	GC shared the following with the group; **Two** new Reports / Publications; • Scottish Patient Safety Programme Mental Health Collaborative Report issued 26 April 2024 • National healthcare standards scoping report publication issued 24 April 2024 **New** standards issued; • Ageing and Frailty Standards issued 16 April 2024	
4.6	Annual Review of Terms of Reference for NHS Fife Clinical Governance Oversight Group **(GC)**	
	This was circulated with the papers and all feedback / comments to be sent to GC by 28th June 2024. She pointed out to members that there is no management representation on this group, this would be valuable in strengthening the leadership around the group.	
5	ADVERSE EVENTS UPDATE	
6	**PATIENT EXPERIENCE**	
6.1	NHS Fife Patient Experience Flashcard **(EG)**	
	JK presented the flashcard as EG was unable to attend, she highlighted the following points. The target compliance for stage one complaints is 80%, unfortunately this target is not being met currently, partially due to staffing issues. SM is working closely with teams to address this.	

	The target for stage 2 complaints is 50%, we are sitting at 21.9%, interestingly the Acute Division have closed 30% within the timescales, for this time period the Health & Social Care Partnership (HSCP) have closed none. There had been a number of complaints both over 200 days and between 100 - 200 days, however, this his significantly reduced and there are no longer any complaints over 200 days and only 1 over 100 days. There has been a huge amount of work to clear the backlog. JK shared that NHS Fife does very well with Care Opinion and the Care Opinion Chief Executive has been in touch to ask if he can bring visitors from Canada to Fife after they meet with the Scottish Government, as they hope to implement Care Opinion there. In **2023/24**, NHS Fife received **1,223** stories on Care Opinion from Patients, Relatives, Carers, Friends and staff posting on behalf of patients about acute/ secondary services, which is an increase of **42.7%** from the previous year (**857** in **2022/23**). **82%** of the stories told were completely positive with the remaining **18%** having some level of criticality. Staff and services responded to these stories **1,756 times**, more than **82%** were responded to within **7** days or less and these stories have been read more than **121,449** times so far LB picked up on the point around HSCP's timescales in closing complaints and took an action to investigate this and report back to the next meeting. JM asked around the point of staff sickness / absence if this was just the Patient Experience Team (PET), however, JK responded that this was not just PET but was across the organisation. A conversation followed where it was reiterated how well NHS Fife utilise Care Opinion, and what a positive tool it was. AW added that she felt staff engaged with it so well as they could directly communicate with the opinions. They could reply timeously and thank the individuals when they gave positive feedback.	**LB**
7	**QUALITY / PERFORMANCE**	
7.1	NHS Fife Quarterly Deteriorating Patient Report (Quarter 4) **(GS)**	
	GS shared the report with the Group, thanking the Clinical Governance team, especially Cheryl Waters and EM. He explained it analyses all our cardiac arrests and all the work around process measures for mitigating against that risk for potential patients who are deteriorating in our hospital. The report details all the cardiac arrest that have been reviewed throughout the year. The reviews are done for every single cardiac arrest. This allows us to gather themes, analyse and feedback into the governance process. This means in NHS Fife all unexpected deaths are investigated. • GS highlighted, the survival rate of an in hospital cardiac arrest is 22%, that's why it is so important to identify themes which can be intervened on making the arrest avoidable. • The processes put in place to mitigate against patients drifting unseen into a cardiac arrest include the 'Know the score' campaign that the document alludes to.	

	• There are improvements and a lot of work being done around Hospital Anticipatory Care Plans (HACP) which is hopefully translating into better care for all patients. • Observations on time have improved within the Acute Division as well as within HSCP, this is proving beneficial for both patients and staff. IM thanked GS for the power of work that has been done. He wondered if everyone appreciated how "leading" this work is, other boards across Scotland are asking NHS Fife how to adopt this for their own board. He feels it is important to see what the improvements are and the continued effectiveness, which only time can tell. LB added there was a lot of work going on in HSCP but there was still much to be done particularly around mental health patients. FF commented that there had been a huge amount of work looking at all aspects and wondered what learning could be taken across other areas. GS concluded that the benefit within this group is the efficiency, giving hard data of what the themes are and deploying resource where it's needed.	
7.2	NHS Fife Deteriorating Patient Driver Diagram **(GS/GC)**	
	GC explained that this diagram summarises all the improvement work that has been generated to realign NHS Fife with SIGN167. The approach that has been taken is organic, instead of "one size fits all". Olivia Robertson (Head of Nursing, HSCP) is designing and approach which will be fir for purpose in HSCP using this driver diagram. There's also some great work coming up in wards 43 and 44 using Welch Allyn observation monitors. There was a Know the Score Baseline Assessment Questionnaire on Microsoft forms 6 weeks ago which gave a baseline to look at where we are at ward level with SIGN167 Guideline. This will enable us to look at which clinical areas we should approach next. GS concluded that the diagram was a strategy you can take from the beginning principles through to the specific projects currently being undertaken including NEWS2 and sepsis identification and management. FF welcomed the content of the driver diagram and thought it could be used within the Medicines Safety program. A discussion followed around the procurement of the Welch Allyn devices which are key to the deteriorating patient program. CMcK wondered if we should explore the possibility of consulting Neil Mitchell Innovation Manager for advice / help on streamlining the implementation of the devices. There was also a discussion on the possibility of a Board Development Session for non-executives around implementing 'The Deteriorating Patient' which would require "buy in" to attend by our non-executives before organising.	
8	**STRATEGY & PLANNING**	

8.1	NHS Fife Clinical Governance Strategic Framework Annual Delivery Plan 2024/2025 **(GC)**	
	GC informed the group the framework was here for endorsement as a summary of the key priority areas of focus for the forthcoming year.	
9	**LINKED COMMITTEE MINUTES**	
9.1	NHS Fife Clinical Policy & Procedure Co-ordination & Authorisation Group, unconfirmed - 29th April 2024 **(EM)**	
	The minutes of the meeting were noted by the group and no escalation is needed.	
9.2	NHS Fife Acute Services Division Clinical Governance Committee, unconfirmed - 22nd May 2024 **(IM)**	
	The minutes of the meeting were noted by the group and no escalation is needed.	
9.3	NHS Fife Health & Social Care Partnership Quality Matters Assurance Group - 22nd March 2024 & 17th May 2024 **(LB)**	
	The minutes of the meeting were noted by the group and no escalation is needed.	
9.4	NHS Fife Safer Mobility and Falls Reduction Oversight Group unconfirmed - 8th May 2024 **(NR)**	
	The minutes of the meeting were noted by the group and no escalation is needed.	
9.5	NHS Fife Health & Social Care Partnership Falls Oversight Group, unconfirmed - 29th January 2024 **(LB)**	
	This was carried forward to August meeting.	
9.6	NHS Fife Resuscitation Committee - 17th April 2024 **(NR) - cancelled**	
	This was noted by the Group	
9.7	NHS Fife Tissue Viability Steering Group - 28th March 2024 **(LB) - cancelled**	
	This was noted by the Group	
9.8	NHS Fife Deteriorating Patient Group - unconfirmed,12th March 2024 **(IM)**	
	The minutes of the meeting were noted by the group and no escalation is needed.	
9.9	Fife Partnership Reviews of Children & Young People Deaths' Governance Group - 25th April 2024 **(CF)**	
	The minutes of the meeting were noted by the group and no escalation is needed.	
10	**ITEMS TO NOTE / INFORMATION**	
10.1	Clinical Governance Oversight Group Assurance Summary 16th April 2024 **(GC)**	
	This was noted by the Group.	
10.2	NHS Fife Deteriorating Patient April 2024 Highlight Report **(GS)**	

	This was noted by the Group.	
10.3	NHS Fife Deteriorating Patient May 2024 Highlight Report **(GS)**	
	This was noted by the Group.	
10.4	NHS Fife Clinical Governance Oversight Group Annual Workplan 2024/25 **(GC)**	
	This was noted by the Group.	
11	**ISSUES TO BE ESCALATED**	
	No issues for escalation.	
12	**ANY OTHER BUSINESS**	
	Date of Next Meeting 20th August 2024 10:00 via Microsoft Teams	

DIGITAL & INFORMATION BOARD

(Meeting on 9 May 2024)

Within the Digital and Information Board, it was agreed to provide a briefing on the NHS Dumfries and Galloway Cyber Incident.

Digital & Information Board

Fife NHS Board
UNCONFIRMED

MINUTE OF THE DIGITAL AND INFORMATION BOARD HELD ON THURSDAY 9TH MAY 2024, VIA MS TEAMS

Present:

Chair - Dr Chris McKenna	Medical Director
Alistair Graham	Director, Digital & Information
John Chalmers	Clinical Lead, Digital & Information
Claire Dobson	Director of Acute Services
David Miller	Director of Workforce
Matt Valenti	Information Governance & Security Lead, Partnership Representative
Duncan Wilson	Lead Pharmacist on behalf of Acting Director of Pharmacy & Medicines

In Attendance:

Andy Brown	Principal Auditor
Margaret Guthrie	Head of Information Governance & Security
Marie Richmond	Head of Digital Strategic Delivery, Digital & Information
Amanda Wong	Director, Allied Health Professions
Allan Young	Head of Digital Operations, Digital & Information
Claire Neal	(Minute) PA to Director, Digital & Information

Apologies:

Charlie Anderson	Head of ICT, Fife Council
Helen Hellewell	Deputy Medical Director
Janette Keean	Director of Nursing
Sharon Mullan	General Practitioner
Margo McGurk	Director of Finance & Strategy
Torfinn Thorbjornsen	Head of Information Services, Digital & Information
Joy Tomlinson	Director of Public Health
Audrey Valente	Chief Finance Officer on behalf of Director Health & Social Care

1 Welcome and Apologies

Dr McKenna welcomed everyone to the meeting and apologies were noted to the Board.

2 Minute and Actions of Meeting Held – 25/01/24

Minutes were reviewed and agreed. Updates were provided for completed action.

3 Matters Arising

3.1 NHS Dumfries & Galloway Cyber Incident

A Young shared a presentation to Board and provided a brief background to the Dumfries & Galloway, (D&G) Cyber incident.

A Young advised further information was published this week within the press and it is confirmed that patient data was released.

A Young provided feedback to an infographic on the process of which an attack can be undertaken.

- The attacks are human led, this is where someone will try to gain access to the network, possibly by email, phishing attempt or gaining access / information from a member of staff unknowingly.
- The attacker manages to break in, where the information will be targeted and then a data theft.
- Corrupting of backups, deploy encryptions and then make their demands.

D&G are unaware how the attacker managed to infiltrate and access the network, but it is believed this maybe have been via credentials from an unknowingly action from a member of staff.

A Young provided a background to the sequence of the events once the breach was detected:

- National Crime Agency (NCA) provided Intelligence of terrorist attack (TA) activity.
- NSS, Cyber Centre and NCA were all working together to review the TA.
- Confirmation was received there was a compromise, and threat to the networks. It was discovered this occurred 2 days prior to the detection.
- Networks were shut down so no more potential damage could be done, but there already had been a compromise and a data theft by this time.
- Communication was received that a second attempt was tried but this was blocked by Microsoft Defender, so this was unsuccessful.
- Mid-March a brief was released from NHS Scotland and then a press release.

A Young raised concerns that it took 4 weeks from the initial compromise to a briefing to all NHS Boards.

A Young advised it was a misconfiguration on D&G VPN and NHS Fife have a different set up on our VPN so this vulnerability did not exist within NHS Fife.

Cyber Security Operation Centre (CSOC) provided recommendations and some key takeaways from the D&G Ransomware attack are:

- Consideration given to more robust auditing and monitoring of security posture. National are reviewing tools that can be used to review logs for abnormal activity, but these are costly.
- Deploy MS Defender. NHS Fife is already doing this, and we were one of the first boards to undertake.
- Formal arrangements in place to provide out of hours cover, 24/7 service for the national Cyber Centre of Execellence. They currently only operate during office hours.

A Young provided some examples within presentation of:

"How vulnerable we are".

- Threat Actors deliberately target healthcare.
- Vast and complex estate, with vast supply chain.
- Carrying legacy servers.
- Suppliers don't upgrade their lifecycle, and we fallout of latest versions.

"What are doing about".

- We have a heightened awareness due to the cyber attacks with HSE and have taken lessons from this.
- Undertake Cyber exercises. Within the last year we carried out with EDG.
- We undertook a technical cyber-attack exercise with red / blue team.

- Take opportunities from learning with other NHS Boards. We adapt and maintain this.
- BCDR planning and NISD audit action plans.

A Graham noted concerns have been raised with NSS and the Scottish Government regarding the four-week delay before Boards were briefed on the activity. Communications were also received to advise that some NHS Fife Patients Data has been compromised, DPO has been advised and continues to be monitored.

Dr McKenna provided an overview of discussion noting this is a very serious issue and it would be worth a report going to Clinical Governance Committee. A summary to provide assurance and the response to what has happened. A Graham agreed and confirmed he will evidence through necessary groups. We need to continue to speak and highlight through communications the awareness of cyber security. It is the responsibility of the whole organisation.

AG

Action – AG to prepare a report for CGC to provide a summary and assurance on actions taken.

Paper for **information** only

No further comments were raised.

3.2 M365 Unmanaged Device Controls

A Young noted this paper has been brought to Board for discussion and a decision to support the continued implementation of this policy.
A Young provided a background to paper noting this is quite timely with the discussions in previous item.

Discussions have been ongoing for the last year, and we have been testing the use of MFA, multifactorial tool, which will ask a user to reauthenticate their credentials. This was initially deployed to Digital and Information staff but has now been enrolled to other depts. There are around 700 users using this service. Other Boards just enrolled to all staff, but there have been issues with them doing this. We are now looking for agreement for this to be enrolled throughout the Board.

A Young provided further information to tools used for security and limiting the use and information that can be obtained on personal devices. An MS Sway was created for staff to read to advise on the use of personal devices for work purposes. D Millar noted that he had read the sway and it seemed sensible and was very helpful in terms of what you can and cannot do on personal devices. Also, it is very timely considering the earlier discussions.

C McKenna raised that the decision cannot be made within the D&I Board and should go through to EDG. We can support the decision but not decide.

Discussions were undertaken on the impact this will have on staff, ensuring the right messaging and communications are delivered. There have been a lot of changes with technology and continued pressure on staff. D Wilson noted that he is within this pilot and has found some difficulty. M Valenti advised he has been part of the National discussions and the intention is to provide central comms options from a “Once for Scotland” approach to ensure consistency. He offered to share the national communications when made available.

Action – M Valenti to forward the national communications. **MV**

Action – A Graham to present to EDG. **AG**

No further comments were raised.
Paper is **supported** but was noted this should go to EDG for decision.

4 Risk Management

4.1 Risk Management Report

A Graham introduced item to the Board. The paper had been circulated in advance, sharing the overview of the risks within the last quarter.

A Graham delivered a presentation and provided a brief update to risk report noting some of the below points:

- There are currently 37 risks.
- Risks have been closed, added, and configured since the last reporting period.
- 9 high risks, with 3 closed, risk 546, 1576, and 1996.
- 3 moderate risks. 3 are sitting as acceptable and we continue to monitor.
- 7 low risks, with no change within the qtr.

A Graham explained the risk profile, if a risk has improved this is defined by a + and if deteriorated defined by a -. A risk that is marked with a * this has been included in the Corporate Risk Register.

We currently have 2 risks on the Corporate Risk Register, 885 and 1500. Risk 1393 has improved its status but risk 2322 (protecting against cyber-attack) has deteriorated, but this continues to be monitored. This risk will always be current with the political landscape.

Measures for risk tolerance continue to be measured and mitigations are in place. All risks are reported via Information Governance & Security Steering Group (IG&S) and Digital and Information Board (D&I)

Dr McKenna thanked for the update and noted how well the presentation is explained and laid out.
No further comments were raised.
Paper for **information** and **assurance** only.

5 Performance

5.1 D&I Performance Summary

A Young presented D&I Performance Summary from the last quarter, noting the below:

- We continue to be challenged by the support cycle, we currently have 3 versions of end-of-life servers, 2003, 2008, and 2012. 2003 is proving to be difficult. 2008 servers are decreasing, and we continue to work on these. It can always be challenging to remove legacy due to the financial constraints.
- Ongoing performance overall going well. A few issues with service delivery but we are working to bring this back to SLA of 85%.
- Cyber Security Scores continues to be consistent. It is currently orange but compared to other NHS Boards we are managing well. 0-25 is green which is good and continue to be mid 30's.

Dr McKenna queried the following items:

- Cyber security scores and how they can be improved and why we are orange and not green. A Young explained the score is dependent on

timing of patches and the vulnerability. If patches are released, we are unable remedy and update patches till the cycle. We run a 4-week period patch cycle, any critical patches that are received from Microsoft.

- End of Life Servers and the issue with the cyber incident in D&G, does this increase the risk. A Young replied, it does increase the risk, the older the servers and the less patches that become available for them.

- Cancelled appointments, there are around 5000 being cancelled, this per month and is this combined for all services. It was noted this information is held with another team, but will take offline, check, and report back. A brief discussion was undertaken on the resources to cancel then rebook and this can be reviewed within the RTP work.

A Young noted that work will be undertaken to review the information contained within performance summary, formatting and updating of colour coding.

AY

Action – A Young to clarify the cancelled appointments and update summary for next meeting.

No further comments were raised.

Paper for **information.**

6 Strategy and Programmes / Project

6.1 Strategic Delivery Update

M Richmond introduced item and provided an update to a few of the items within the Strategic Delivery update. A brief update is noted below:

Executive Summary:

We are currently experiencing challenges with suppliers across a number of projects. Lack of support is an issue as they are not moving as fast as we need them to. We continue to engage and challenge suppliers to meeting these deadlines.

National Programmes:

eRostering – We currently have no Project Manager, as they have moved to another role within NHS Fife. We are currently in the recruitment process to replace. A Business-as-Usual team has now been agreed, so recruitment is also underway. Once established we look to review and move at pace. M Richmond noted the huge benefits to the organisation once implemented. This is currently at red status due to challenges with resource but hopeful this will improve. A query was raised regarding how eRostering will affect payroll. There had been conversation this will impact. M Richmond confirmed she has not heard of this. Currently eRostering is not linked to our payroll system as there is no interface at present. ACTION – MR to check with National to confirm this query.
CHI – now complete and closed. Will be removed from summary for next meeting.
Digital Pathology - We are continuing but this has been delayed due to the LIMS Project.
New CHI – Subject to replanning, currently waiting on dates from National.
PACS – In early planning stage, but from a national perspective, very clear and organised.
Smartpage – A demo has been organised for today with Clinical Teams.

Morse - Migration 3 delayed till end of May, will then proceed with mig 4.
Results Reconciliation - Project plan is now being drafted and hope to release to organisation soon.
HEPMA - We are still waiting on final plan. Feedback provided on challenges with supplier. System C are visiting NHS Fife. A brief discussion was held on delays and comment was noted that suppliers need to realise that delays cost money.

M Richmond noted the team continue to work hard on other projects currently being undertaken.

The training facility is currently under review with Estates which might prove a challenge in the future due to amount of training that will need to be provided over the coming years.

Dr McKenna raised a query regarding Scan for Safety and couldn't see on project plan. M Richmond noted this will be added, meetings have only been recently held.

A discussion was undertaken regarding Taylor Talks. M Richmond advised she believed this was reviewed some time ago but was deemed too complicated and unsure if being implemented. There are other systems available to use. Brief talk was held on concerns on the route of systems being requested, implemented, and could there already be equivalent in current systems.

Paper for **noting** only.

7 Escalation to Clinical Governance Committee (via EDG)

It was agreed item 3.2 Unmanaged Devices should escalated to EDG and a briefing on the NHS Dumfries and Galloway Cyber Incident should go to CGC.

8 Documents for Approval / Comment

8.1 Annual Workplan 24-25

A Graham noted workplan was presented at previous meeting in January and here for approval.

A Graham noted slight amendments.

Approved

8.2 Review of ToR 24-25

A Graham advised ToR was presented at previous meeting in January and here for approval.

A Graham noted slight amendments to ToR with updates to some items and personnel update.

Approved

8.3 Statement of Assurance

A Graham noted assurance brought to Board for awareness and noting. This has already been presented at CGC.

For **assurance** and **noting** only.

9 AOCB

M Richmond advised S Wishart is retiring from NHS Fife, within her Facilitator role and thanked for all her hard work, over the years, the amount of knowledge we will lose is huge.

Dr McKenna also thanked for all her efforts.

No more comments were raised.

Dr McKenna thanked all for their continuing excellent work and thanked all for attending.

10 Date of next meeting

Tuesday 23rd July, 0900 via MS Teams

FIFE IJB QUALITY & COMMUNITIES COMMITTEE MEETING

(Meeting on 8 March 2024)

No issues were raised for escalation to the Clinical Governance Committee.

Fife IJB Quality & Communities Committee

Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE
FRIDAY 8TH MARCH 2024, 1000hrs - MS TEAMS

Present:	Sinead Braiden, NHS Board Member (Chair) (SB) Councillor Rosemary Liewald Councillor Margaret Kennedy Councillor Sam Steele Paul Dundas, Independent Sector Lead (PD) Kenny Murphy, Third Sector Representative (KM) Morna Fleming, Carer's Representative (MF)
Attending:	Nicky Connor, Director of Health & Social Care (NC) Lynn Barker, Director of Nursing (LB) Lynne Garvey, Head of Community Care Services (LG) Lisa Cooper, Head of Primary Care and Preventative Care Services (LC) Fiona McKay, Head of Strategic Planning, Performance and Commissioning (FMcK) Rona Laskowski, Head of Complex and Critical Care Services (RL) Audrey Valente, Chief Finance Officer, HSCP (AV) Dr Aylene Kelman, Associate Medical Director (AK) Catherine Gilvear, Quality Clinical & Care Governance Lead (CG) Elizabeth Butters, Fife Alcohol and Drug Partnership Service Manager (EB)
In Attendance:	Jennifer Cushnie, PA to Deputy Medical Director (Minutes)
Apologies for Absence:	Councillor Lynn Mowatt Colin Grieve, Non-Executive Board Member (CG) Alistair Grant, Non-Executive Board Member (AG) Dr Helen Hellewell, Deputy Medical Director (HH) Ben Hannan, Executive Director - Pharmacy and Medicines (BH) Roy Lawrence, Principal Lead for Organisational Development & Culture (RLaw) Vanessa Salmond, Head of Corporate Services (VS)

No	Item	Action
1	**CHAIRPERSON'S WELCOME AND OPENING REMARKS** SB welcomed everyone to the March HSCP Quality & Communities Committee meeting.	

2	**ACTIVE OR EMERGING ISSUES**	
	In Dr Hellewell's absence, Lynn Barker acknowledged HSCP financial challenges presently being faced. She wanted to give assurance to the Committee, the quality of care and how business is delivered, regardless of setting, will continue to be in a safe and effective, person-centred manner. SB wished to thank staff for their good work in very difficult circumstances.	
3	**DECLARATION OF MEMBERS' INTEREST** No declarations of interest were received.	
4	**APOLOGIES FOR ABSENCE** Apologies were noted as above.	
5	**MINUTES OF PREVIOUS MEETINGS HELD ON 17 JANUARY 2024** The previous minutes from the Q&CC meeting on **17 January 2024** were reviewed and no alterations or corrections were requested. The minutes were taken as an accurate record of the meeting.	
6	**ACTION LOG**	
	The Action Log from the meeting held on **17 January 2024** was approved as accurate and updates provided were noted.	
7	**GOVERNANCE & OUTCOMES**	
7.1	**Quality Matters Assurance** This report was brought to Committee by Lynn Barker for Assurance**.** LB advised the report was reflective of the 1st December meeting, incorp 3 Quality Matter Huddles and had been to SLT Assurance. LB reported good progress embedding the meetings and the portfolio of QMAGs across HSCP. Questions were invited. Cllr Kennedy queried Inspections - End of Year Review Plan for December, Multi-agency Event took place. RL advised there is an action plan which has come from the themes emerging from the event. she stated there will be continued visits to inpatient facilities with a report going to the Clinical Governance Oversight Group. She stated the service also regularly reports to QMAG and she gave assurance this is a core element of monitoring of business. The Committee took assurance from the report.	
7.2	**Terms of Reference** This report is brought to Committee by Lynn Barker and comes for Discussion and Assurance. LB outlined the amendments which have	

	been made (previously discussed at 06 March Development Session). Amendments were highlighted in red, which LB read through. It was asked if the Committee were content to approve the Terms of Reference. The Committee agreed to give approval.	
7.3	**Committee Self-Assessment and Draft Action Plan** This report was brought to Committee by Audrey Valente and was presented by Lynn Barker. The report came for Decision. LB introduced the SBAR and Action Plan which had been previously discussed at the Development Session. It was asked if the Committee were content with the report. SB queried if this was the first time a Self-Assessment of this type has been used. LB advised it was. MF was disappointed to note only 5 questionnaires were completed by members of the Committee. She queried if this was because all questionnaires for every committee were circulated at the same time. She asked this did not happen again. MF also urged for papers to be circulated much earlier and she had been complaining about this for a long time but there was no change. Cllr Liewald, agreed, and felt there was a lot of duplication of information. NC gave thanks for the feedback, she advised timings can be challenging and felt through development work, which is taking place to strengthen workplans, timetabling and planning of papers will improve and be less reactive with less duplication too. A development session will take place with IJB to ensure governance is correct and to manage expectations and enable members to discharge their responsibilities effectively. LB took feedback on board and will discuss with Dr Hellewell upon her return. FMcK suggested flash reports be used to summarise large reports and described how these are used in other meetings.	**LB HH**
8	**STRATEGIC PLANNING & DELIVERY**	
8.1	**Children Services Plan 2023-2026** This report is brought to Committee by Lisa Cooper for Assurance. LC advised the report is brought following recommendations from the Director of Public Health's report, which was presented at the Q&CC 17 January '24 meeting. The paper sets out the Children Services Plan for 23-26 which is a statutory requirement with a multi-agency approach. The Join Strategic Needs Assessment is built into the plan, with the Children in Fife Group having strategic oversight and responsibility of the Plan. The Group is	

	chaired by Lisa Cooper. Governance, which underpins delivery of the Plan, sits with the Fife Partnership Board. Assurance of delivery comes through an Annual Report. LC advised Strategic themes focus on health and wellbeing of children and young people, supporting families, engagement of young people and families, equity and equality and the needs of the most vulnerable ensuring the Promise is threaded through the Plan. LC gave further detail relating to the themes and spoke of actions being taken. Cllr Liewald was encouraged to see the progress which has been made, particularly, with regard to looked-after children and was delighted to hear a Lead Officer has now been appointed within Corporate Parenting. Cllr Kennedy made the observation, the Children's Services Plan will link in with other Strategies/Plans which are not necessarily within our 'jurisdiction'. LC agreed and spoke of the strong working relationships which are built within the groups, with memberships across agencies. This also ensures, work which may not be taking place within the Children Services Plan, is taking place elsewhere. MF queried if there is a risk to the Partnership, with the incorporation of the United Nations Children's Rights Charter, children who have a right under the Charter to gain access to MH support, specifically CAMHS. Rona described the work of 'Our Minds Matter' Steering Group, which is a Sub-Group under Health & Wellbeing, focussing explicitly on CAMHS and Children & Families SW. A Mental Health Practitioner has been placed in the Looked-After Care Service/Care/After Care and she gave assurance around integrated working. She advised statistics relating to access to CAMHS with 99% of referrals being supported within the 18 weeks, complying with the Nationally required target. An Action Response Team is in place for children/young people in crisis as well as regular appointments for those not quite so urgently in need. The new improvements which have been introduced into the Plan were discussed and SB was very encouraged to hear the advancements made in the services provided to children/young people with mental health problems in recent years. The Committee took assurance from the report.	
8.2	**Community Rehab and Care Model** This report is brought to Committee by Lynne Garvey for Discussion. LG reminded Committee, the Model has been discussed and has evolved over a long period of time and is the final transformation project of four, going to IJB in March. She gave background to the Model and explained the main reasons transformation is required. LG outlined the benefits of the model and the further work which has taken place. This included audits, looking at 40 patients within Community Hospitals, where it was identified through the verified tool that	

	54% of patients could have had their rehabilitation needs met at home. Also, of 12 patients in Acute, the tool identified 58% (7) could be rehabilitated at home and did not need to go into community hospital for rehabilitation. Auditing is continuing. LG advised, specialised care in Neurological Rehabilitation and Frailty was also considered, for which there is a high demand. Preventing long-term admission to hospital has been focused on, including processes to try to prevent conditions such as heart failure with chronic obstructive and chronic diabetes. An Anticipatory Care Plan model has been introduced through the PC Verification Group. LG outlined evidence which indicates this is the correct model to use and gave good detail. She advised the British Red Cross has been commissioned, who will specialise in delivery of 24hrs wrap-around care. Also, the Premises Dept is involved in examining the use of Community Hospitals to optimal effect. LG committed to providing 6-monthly updates to Q&C Committee. PD queried if there was an EqIA to support the work. LG advised this is included under the Home First banner. MF commended the work and welcomed the reference to a trial period for the Red Cross involvement, giving the family choice. MF encouraged care be given to communication to the public. She felt this will be vital and thoughtful consideration should be given to avoid the Transformation being portrayed as cost cutting of beds by the press / political bodies. LG agreed, particularly communication to the public. LB / HH and staff have been working closely with LG and assurance was given to Committee all teams are on board. Cllr Liewald felt the Transformation will be well received by the public, to enable family members to be at home. She queried supply of technology to enable patients to stay at home safely. LG told of plans and mitigations in place. She also referred to the model working successfully in Tayside. Cllr Kennedy thanked LG for the report and voiced her support for the Transformation. She queried the audit tool and asked if it took into consideration environmental issues and complex care issues, possibility of equipment being brought home, the use of utilities and subsequently increased bills. LG gave assurance with involvement from FC Housing and through the risk assessment process, appropriate housing is an important consideration. This situation is picked up very early on as part of the initial assessment with a patient. Updated equipment has been invested in and environmental changes/adaptations may be required, which FC Housing Dept will be heavily involved in. LG added support will be provided to those with concerns relating to use of utilities. The Committee was content to approve for progression to IJB.	**LG**

8.3 **Alcohol and Drug Partnership 2024-27 Strategy**

This report is brought to Committee by Fiona McKay for **Discussion and Decision**.

FMcK introduced Elizabeth Butters who presented the Paper. The Strategy is a delivery commitment for the next 3 years. It details the culmination of development work which has taken place over the past 7 months. The Strategy is compliant of local and national strategic development. The previous strategy has been reviewed with engagement from service providers, who are on the Project Board, Lived Experience Panel and Living Experience Group, focused sessions with family members and is supported by a full Public Health Needs Assessment.

EB spoke of a Wider Stakeholder Event which was held in August '23 with good attendance, also a Participation and Engagement Process, with 138 responses, a 5th of who are affected by substance use. Also based on the Sub Group Leads work, in particular review of alcohol and drug related deaths over the last few years. EB spoke of prevention and early intervention work taking place. Further details were expanded upon.

MF thanked EB for the report, she queried if there was an explanation for the number of drug related deaths in the younger age group within Fife, compared to the rest of Scotland. EB advised, this is an unusual situation and felt it was due to a number of reasons. Learning is taking place through urgent work within Education regarding the dangers of substance abuse, awareness of inconsistency in the market, looking at a treatment model for young people where substance use is a regular feature in their lives. EB elaborated in some detail.

LC gave assurance the Teams are aware of the subjects MF has raised. There is no specific theme and the impact is spread across Fife. A rapid action Group has been established by FMcK and LC, looking at what action is currently taking place, what in addition can be done and where the gaps are.

Cllr Liewald spoke of concerns in her area and actions the Police are taking in an attempt to combat these problems. The causes and reasons were discussed. She was appreciative of the work taking place.

FMcK gave assurance, although there has been a spike in young people's drug-related deaths in Fife recently, the Rapid Response Group and 'Clued Up', who have good engagement with young people, will be working together to improve the work taking place. This is out of the ordinary for Fife, and it is hoped the situation hugely improves in the months ahead.

SB spoke of the upcoming visit to Whyteman's Brae, Addiction Service, for IJB Members which will be interesting and provide good insight.

	The Committee were content to recommend approval to the IJB.	
8.4	**Strategic Plan First Year Annual Report** This report is brought to Committee by Fiona McKay for **Assurance**. FMcK advised a year has passed since the Strategic Plan was signed off and it was agreed an update would be brought to Committee after the first year. She highlighted the main themes from the report and gave an update of the work which has taken place. Cllr Liewald commented the report was one of the most concise, particularly considering the Strategy is only into its first year. She felt the data was very useful and gave a clear understanding of where the Partnership is at. MF thanked FMcK for a comprehensive report and acknowledged there was little point in the Fife Dementia Strategy being implemented before the Government's is released. She felt from discussions she has had recently with people who have had a dementia diagnosis, and their carers, a reference to timely diagnosis in 2026. Post diagnostic support is not required until the patient is ready to accept the support, not immediately after diagnosis. Timing of support is vital and asked for this to be borne in mind. She also asked if the treatments which can slow down or halt the disease, can be made available from immediately after diagnosis is made. FMcK stated, although the Dementia Strategy is not currently available, there has been work taking place in the background. RL advised, there has been work going on to form the Dementia Strategic Implementation Group which will take forward Fife's interpretation of the National Dementia Strategy and give Fife an Implementation Plan. Post diagnostic support will be informed from the Implementation Plan. She spoke of possible venues and financial challenges, however, gave assurance progress is taking place. JR gave assurance to MF, post diagnostic support and the timing of it is on the radar of Scottish Government and told of a recent meeting she attended with the Lead in Scottish Government for Dementia to learn the approaches being taken. MF suggested advertising of services/facilities available on bin lorries. FMcK will investigate this and advised 'meals on wheels' vans have been used previously. She added comms and planning are to be considered. ID asked RL when the first meeting of the Dementia Strategic Implementation Group will be. RL advised a meeting is pencilled in for early April, however, there has been problems securing a venue. FMcK offered to help with a venue and will tie in with RL.	**FMcK / RL**

	The Committee were Assured by the report.
8.5	**The Promise Update** This report is brought to Committee by Lisa Cooper for **Assurance**. LG gave an update of the work which has taken place within the first 3 years of The Promise. Ultimately to satisfy the key priorities of The Promise Scotland which is the Governments commitment to Care Experienced Children and Young People that they will grow up loved, safe and respected and the plan for 2021-24 has now drawn to a close and there is a national review to look at the Plan and what was delivered. A report has been submitted to support the review, attached as App 1, which gives a detailed summary of the actions which have been taken to deliver on The Promise. LC drew the Committee's attention to the HR Policies which have been updated, ie. Kinship Carers have equal rights to parental leave, staff are being supported to increase their workforce awareness in their role to support care experienced young people and children in those who have experienced childhood trauma. A Lead Officer has been appointed for The Promise, who will work across agencies. The Plan for 2024-30 will be published building on the work which is already being undertaken. Feedback from all organisations is being encouraged. LC advised there has been strong Partnership working and the Lead Officer will collate the information together and will lead on work moving forward. A clear workplan is being developed to evidence progress and impact which is being seen with care experienced children, young people and families. Development of a Turas e-learning module for the whole workforce, providing the key priorities of the Promise and support roles across the whole organisation to embed practices. Cllr Liewald was supportive of the work which has taken place and felt the report was detailed and precise. She is looking forward to the Lead Officer joining the workforce and felt the work within schools is encouraging care experienced children and young people showing willing to come forward as such, proving confidence is building and their voice is being heard. MF acknowledged the challenges being faced, LC felt through the Turas model, information being made available, and the briefings coming to staff as a summary outlining what it means to them is very helpful. She spoke of threading this work through everything the Partnership is involved in. SB felt reassured by the Paper and was glad to see the work further embedded and reaching out to children and young people. Cllr Liewald told of the 'Keep the Promise' award received by Benarty Primary School, in recognition to their achievement – the first in Scotland.

	The Committee took assurance from the report.	
9	**LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS**	
9.1	**Health and Care (Staffing)(Scotland) Act 2019 Update** The reports are brought to Committee by Jennifer Rezendes for **Assurance.** JR gave assurance the Services in Fife are prepared for the Act coming into force from 01 April 2024, with frameworks in place. JR explained the main areas within the Act - Care Services Appropriate Staffing, Training of Staff and Developing Staffing Methods. She described the frameworks which have been developed and advised these have gained approval from the Care Inspectorate. JR spoke of two active areas of work which are ongoing - Commissioned Services – relationships with external service providers need have some commonality, and an agreed approach will be agreed to enable HSCP external commissioned service providers to be safe. This is hoped to be Scotland wide. Also, Occupational Therapy Services, which are employed by both NHS and FC. JR told of special guidance which is being prepared to ensure Occupational Therapist staff can balance duties under the Act as both NHS and FC employers. Several other items highlighted were workforce challenges, training and financial challenges. JR gave assurance HSCP if fully prepared for the Act coming into effect from 01 April 2024. PD thanked JR for the report and felt it was a challenging time to implement the Act considering current financial restraints. He was confident everything possible has been done to prepare for the Act coming into force and described some of the activities ongoing. Cllr Liewald voiced concern regarding joint working and queried inconsistencies across the training of private sector Care at Home staff. JR gave assurance all aspects of training are being considered and there was good discussion around the subject. A Fife Training Passport is being developed and the National Core Induction Framework for Social Care has been developed and Fife is expected to be the first in Scotland to bring this to fruition. The Committee agreed to take assurance from the update.	
9.2	**Progressing Children's Rights UNCRC** The report is brought to Committee by Lisa Cooper for **Assurance**. LC introduced the report and commented on the breadth of the work and the synergy which comes through strongly within the paper. She	

	wanted to give an update/information on the implementation of the United Nations Convention on the Rights of the Child. She spoke of work which has progressed at a National level and from December 2023, it has been supported as a duty and has come into Scottish Law to ensure the Partnership is delivering and respecting the rights of children and young people. The Royal Ascent was received earlier this year, and from that time 6 months are allowed for implementation of the duties of the Act. LC described what this will mean to HSCP as detailed in the report and spoke of the work involved with multiple agencies. Evidence will be provided through the Childrens Services Plan. LC stated the report was brought for information as well as assurance the voice of the child or young person is considered throughout all processes. MF referred to the Risk, Legal Management, and asked if this was built into future planning around implementation of duties. LC gave assurance through planning, everything will be done to manage this risk. The Committee were satisfied to take assurance from the paper.	
9.3	**Joint Inspection of Adult Services – Progress Update Report** The report is brought to Committee by Jennifer Rezendes for **Assurance**. JR brought a completed action plan for review and consideration. She gave background to the report and outlined the improvement actions which were taken forward. To date all the activities have been completed or reverted back to other quality assurance groups. The report gives the conclusion of all efforts to support the improvements and changes. Next steps will be sharing the Plan with the Care Inspectorate. The Committee was content to take Assurance from the Update Report.	
9.4	**Ministerial Strategic Group (MSG) – Integration of Health and Social Care: Self-Evaluation 2024** The report is brought to Committee by Fiona McKay for **Assurance.** FMcK reminded the Committee MSG indicators were brought to Committee before when there was much discussion. All comments and suggestions were taken on board and she gave an update on the scoring and evidence where improvements/progress have been made. She felt the spreadsheet shows clearly where there is work to progress and brings into focus the substantial work which has been taken forward against the MSG Indicators.	

	MF was happy to see her objection was noted under 3.3 Assessment. She advised her main frustration was, despite the Ministerial Steering Group's recommendation the entire IJB take part in the self-assessment, this had not happened. Next time should be done in a Development Session where the entire IJB can look at it. FMcK explained she has a different view and felt there has been a huge amount of involvement with many people providing feedback on many areas. This is shown in the comments provided. She referred to a Development Session which took place, acknowledging it did not go ahead as planned, however, there had been a lot of feedback from IJB Members. She stated the report will also go to Finance, Performance & Scrutiny Committee, giving further opportunity for comment. She clarified the members are asked to take assurance from the reports that the work is being taken forward in a joined-up and listened-to manner with evidence provided. FMcK advised, for next year feedback will be sought in a more comprehensive manner.	
10	**EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES**	
	10.1 Quality Matters Assurance Group Unconfirmed Minute from 26.01.24 **10.2 Clinical Governance Oversight Group** Confirmed Minute from 12.01.24 **10.3 Fife Drugs and Therapeutics Committee** Confirmed Minute from 07.02.24 **10.4 Equality & Human Rights Strategy Group** Confirmed Minute from 01.02.24 **10.5 Strategic Planning Group** Unconfirmed Minute from 13.11.23	
11	**ITEMS FOR ESCALATION** No items for escalation.	
12	**AOCB**	
13	**DATE OF NEXT MEETING**	
	Friday 5th July 2024, 1000hrs, MS Teams	

FIFE IJB QUALITY & COMMUNITIES COMMITTEE MEETING

(Meeting on 10 May 2024)

No issues were raised for escalation to the Clinical Governance Committee.

Fife IJB Quality & Communities Committee

Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE QUALITY & COMMUNITIES COMMITTEE
FRIDAY 10th MAY 2024, 1000hrs - MS TEAMS

Present:	Sinead Braiden, NHS Board Member (Chair) (SB) Councillor Rosemary Liewald Councillor Margaret Kennedy Councillor Sam Steele Paul Dundas, Independent Sector Lead (PD) Morna Fleming, Carer's Representative (MF) Amanda Wong, Director of Allied Health Professionals (AW) Ian Dall, Service User Rep, Chair of the PEN (ID)
Attending:	Dr Helen Hellewell, Deputy Medical Director (HH) Lynn Barker, Director of Nursing (LB) Lynne Garvey, Head of Community Care Services (LG) Lisa Cooper, Head of Primary Care and Preventative Care Services (LC) Fiona McKay, Head of Strategic Planning, Performance and Commissioning (FMcK) Jennifer Rezendes, Principal Social Work Officer (JR) Vanessa Salmond, Head of Corporate Services (VS) Rachel Heagney, Head of Improvement, Transformation & PMO (RH) Catherine Gilvear, Quality Clinical & Care Governance Lead (CG) Avril Sweeney, Risk Compliance Manager (AS)
In Attendance:	Jennifer Cushnie, PA to Deputy Medical Director (Minutes)
Apologies for Absence:	Councillor Lynn Mowatt Colin Grieve, Non-Executive Board Member (CG) Alistair Grant, Non-Executive Board Member (AG) Kenny Murphy, Third Sector Representative (KM) Nicky Connor, Director of Health & Social Care (NC) Ben Hannan, Executive Director - Pharmacy and Medicines (BH) Roy Lawrence, Principal Lead for Organisational Development & Culture (RLaw) Rona Laskowski, Head of Complex and Critical Care Services (RL) Audrey Valente, Chief Finance Officer, HSCP (AV)

No	Item	Action
1	**CHAIRPERSON'S WELCOME AND OPENING REMARKS** SB welcomed everyone to the May HSCP Quality & Communities Committee meeting.	
2	**ACTIVE OR EMERGING ISSUES**	
	No emerging issues were reported. (Asked if can be added to chair's brief in future if there are no issues).	
3	**DECLARATION OF MEMBERS' INTEREST** No declarations of interest were received.	
4	**APOLOGIES FOR ABSENCE** Apologies were noted as above. FMcK advised she was attending on behalf of Audrey Valente who had several papers on the Agenda. Supporting staff were also in attendance.	
5	**MINUTES OF PREVIOUS MEETINGS HELD ON 08 MARCH 2024** The previous minutes from the Q&CC meeting on **08 March 2024** were reviewed and no alterations or corrections were requested. The minutes were taken as an accurate record of the meeting.	
6	**ACTION LOG**	
	The Action Log from the meeting held on **08 March 2024** was reviewed. SB asked all completed actions be removed from the log for ease of reading. SB asked LG when the Community O/T paper, will come back to Committee. LG advised the paper is currently being written and she will advise JC when it will be ready. The Action Log was approved as accurate and updates provided were noted.	**J Cushnie** **L Garvey**
7	**GOVERNANCE & OUTCOMES**	
7.1	**Quality Matters Assurance** This report was brought to Committee by Lynn Barker for Assurance**.** LB advised the report was reflective of the January and March meetings. LB highlighted several areas from the report, including sustained improvement in falls, a slight increase in pressure ulcers - a deep dive is being carried out to understand the reasons. Care Homes have seen a bit of a spike and work is being carried out to roll out method of QI improvement. LB described a medication incident which took place early in the year and she gave assurance it was fully investigated with a multi-factorial review carried out.	

	SB queried if there have been any major incidents. LB stated there had been an increase in incidents, however, full system support has been actioned and she commented on good use of the Datix system. LB stated a multi-faceted model is used to report and raise awareness of trends and gave details. She outlined good examples of teams working collaboratively. MF queried if difficulties in Jan '24 were experienced for reasons other than normal winter pressures. LB felt the level of clinical activity, lack of staffing and patient numbers all accumulated to add to difficulties. Cllr Liewald voiced concern regarding fire setting and security incidents which have taken place. LB advised there was an individual attributed to several incidents, as well as the difficulties mentioned above. SB was supportive of the report coming to Committee, however, felt a higher level, shortened version would be more valuable. HH was keen for the Committee to be aware of the work which is taking place and that areas of concern are highlighted. MF wished to raise the issue of recruitment of Activity Co-ordinators being paused. She felt these are vital roles within Care Homes. LB agreed and explained initial reasons around the delivery model delaying recruitment, and now the financial position. HH agreed and added detail around the delivery model. LG wished to give assurance, the Medicine of the Elderly wards, all have Activity Co-ordinators giving invaluable therapeutic intervention. The Committee took assurance from the report.	
7.2	**Quality and Communities Committee Strategic Risk Register** The report was brought to Committee by Fiona McKay on behalf of Audrey Valente. The report came for **Assurance** and **Discussion**. FMcK introduced Avril Sweeney, Risk Compliance Manager, to present the paper. AS stated, the report sets out the IJB Strategic Risks which may pose a threat to the Partnership in achieving its objectives in relation to clinical and care governance and quality of care. The report comes bi-annually to Committee with deep dive risk reviews undertaken on individual risks quarterly. AS advised the risks continue to be managed by the risk owners, with the most recent review being March 2024. AS advised, there is two risks with a high residual risk score, Primary Care Services and Demographic Changing Landscapes. AS explained how risks are monitored. SB noted the Transformation Change Risk is rated at 'medium', she suggested this should be a 'high' risk and asked for feedback. LG felt the risks are being closely managed and are high on the Agenda at SLT. HH agreed there is robust management of risks through various workstreams. FMcK stated a Transformation Programme paper is going to the Finance, Performance and Scrutiny Committee, w/c 13.05.24. She felt, due to the position of	

	the budget, the risk score should be re-evaluated. This will take place at the FP&S Committee meeting. Cllr Liewald agreed with SB, however, felt as long as Committee are kept continually updated on the Transformation work, she felt assured every safeguard is being implemented. ID queried if Financial Risk will be highlighted in reports for individual projects. FMcK confirmed AV will be matching across through a RAG status. The Committee were Assured by the report.	**FMcKay**
7. 3	**IJB Risk 27 Deep Dive Review Report - Whole System Capacity** This report is brought to Committee by Lynne Garvey and comes for **Discussion and Assurance**. LG outlined points from Appendix 1 which illustrates how the risk is being managed in detail and how mitigations are having an impact. LG explained, assessment against the questions set out in Appendix 2, demonstrates compliance and she was confident of a reasonable level of assurance. Questions were invited. SB spoke of assurance grading and principals. She questioned if it was appropriate to give limited assurance. This was discussed at some length. LG agreed with SB, it is acceptable to acknowledge if a risk cannot be mitigated, given current pressures, however, she was confident reasonable assurance for whole system capacity is appropriate in this case. HH built on LG's comment and felt confident the system is working together to ensure, as far as possible, there is quality, with no particular concerns being raised. HH committed to bring back to the Committee if quality is being impacted or there are any concerns within Localities. PD supported comments around the whole system working together. Cllr Liewald was confident any problems are mitigated quickly and effectively. She felt the situation did not warrant 'limited' assurance and was happy to support LG's recommendation that 'reasonable assurance' could be taken from the report. The Committee agreed, they were reasonably assured by the report.	
7.4	**United Nations Convention on the Rights of the Child (Implementation) (Scotland) Act 2024** This report was brought to Committee by Lisa Cooper for **Assurance**. LC introduced the report which gave an update around implementation of the Act and the planning in place. The background of the UNCRC was outlined along with the Act, which comes into effect this year. LC told of a working group which is established to implement the UNCRC, chaired by the Child Health Commissioner and reports via the Child Health Steering Group within HSCP. LC advised the ToR and Action	

	Plan are currently being reviewed, looking at organisational responsibilities. She added, for Assurance, the paper fundamentally focuses on the delegated services within the Partnership and promoting the rights of children and young adults. Changes to ways of working through comms and training plans were outlined, including the update of the SBAR template to include ref to UNCRC, also reviewing policies which reflect implementation of the Partnership's duties and looking at child-friendly information and a child-friendly complaints processes. Cllr Liewald was delighted to see the progress which has taken place and commended the high level of work which has taken place and the impact which is being seen. MF welcomed the report, she was cautious careful communication will be required to ensure individuals do not demand services which cannot be provided, for various reasons. She also queried the EqIA and if questions relating to sex/sexual orientation / gender reassignment were being dictated by the legislation or if the Partnership has brought in these questions. LC will take the question relating to the EqIA away and get back to MF. JR felt it was likely the questions are controlled by legislation. She was supportive of the report and referred to children moving into adult services, describing various safeguards which are in place to facilitate the transition. LC thanked Cllr Liewald for her comments and wished to give assurance a Strategic Group around the Rights of the Child has been convened which fully incorporates Looked After Children and The Promise, through correct membership of the group. FMcK advised the HSCP EqIA, has been updated, also incorporating Veterans and Carers.	**LC**
8	**STRATEGIC PLANNING & DELIVERY**	
8.1	**Draft Digital Strategy** This report is brought to Committee by Fiona McKay on behalf of Audrey Valente. She advised the report comes for **Discussion**, **Decision** and **Direction** and had been presented to the Strategic Planning Group the previous week. FMcK introduced Rachel Heagney who ran through key highlights from the report. RH shared on-screen a table showing objectives and outcomes, documenting progress to date. She summarised positive feedback which was received from the SPG meeting on 02.05.24. Questions were invited. MF felt the biggest issue is the problem of NHS and FC systems not 'talking' to one another. RH agreed and advised there is national pathfinder work underway, however, funding is inconsistent and advice is to continue to strive for digital integration within HSCPs. She added, once Fife's HSCP's Digital Strategy is published, services will be asked what	

	digital integration will be of most benefit and improvements will be implemented where possible. Data Protection was discussed with RH describing how the landscape is changing around this and HH gave an update relating to General Practice appointment systems and GP migration to the new system. FMcK outlined some of the successfully integrated systems, eg Liquid Logic, Pin Point and Sky Gateway. She was supportive of Fife progressing digital integration independently and learning from neighbouring Partnerships. The Committee was content for the Digital Strategy to progress to IJB.	
8.2	**Mental Health Estates Initial Agreement – Update SBAR** The Mental Health Estates Initial Agreement Update was presented to Committee by Dr Helen Hellewell on behalf of Rona Laskowski. It came for **Information** and **Assurance**. HH stated, work has been paused by Scottish Government, due to financial constraints, therefore, it was felt appropriate to update the Committee. The SBAR sets out what work will be carried out in the meantime to ensure patient safety. HH gave assurance work will be carried out with full consultation with Staff-side colleagues and patients will be given sufficient notice of work to be carried out. The Estate, which is very old, is to be made safe for patients and staff to continue to work there. Overall responsibility sits with NHS Fife, however, HH wanted to ensure Committee have full assurance around the quality and safety expected for patients and staff. Questions were invited. SB commented how disappointing it was the capital spend has been paused. She asked to confirm if funding was available to implement the smaller changes. HH advised, there was some funding available and explained the various routes funding could be sourced. She confirmed wear and tear issues are to be resolved and updating of the ward environment to make it more person-centred, aiding recovery of patients.	
8.3	**Spring Booster Campaign** This report was brought to Committee by Lisa Cooper for **Assurance**. LC introduced the report and advised it was brought to give both information and assurance around the plan for delivery of the spring 2024 Covid Vaccination Programme. The cohorts identified within the paper were outlined, LC stated there is a reduced amount of people who will be eligible this year, compared to autumn/winter last year. There are no targets or aspirations set nationally, however, Fife HSCP continue to encourage uptake to protect public health.	

	LC stated the Care Home Programme commenced 2nd April '24, Clinics commenced on 15th April, with Clinics across all localities, incl some of the harder to reach areas. LC advised there has been no steer received for Autumn/Winter, however, this will be brought back to Committee once available. The Committee was happy to be Assured by the paper.	
9	**LEGISLATIVE REQUIREMENTS & ANNUAL REPORTS**	
9.1	**Fife Council and NHS Fife Duty of Candour Reports 2022-23** The reports were brought to Committee by Jennifer Rezendes (Fife Council) and Dr Helen Hellewell (NHS Fife) for **Assurance.** JR explained the reason why the reports were out of sync with the timeline and why there were separate reports from FC and NHS, although this may change moving forward. JR gave assurance April 2022-March 2023, Duty of Candour reporting was robust, accurate and learning has been identified. JR spoke of the obligations of the Duty of Candour Working Group and the planned work to improve training and understanding. HH introduced the NHS Duty of Candour report, she reminded Committee members the organisational Duty of Candour sits with Dr McKenna as Executive Medical Director. She stated, the report is for the entirety of NHS Fife, which she felt was useful to see and explained the reasons. Within the report the two categories which are reported most frequently are tissue viability and patient falls. She referred to the work LB described earlier through QMAG which links in. HH also drew attention to the good connection across the Secondary and Primary Care, with much closer learning improving and spoke of work to strengthen this. She added, 2C Practices only are reported upon, other independent Practices have their own Duty of Candour and explained the reasons. Both JR and HH invited questions. SB was heartened by the learning which has followed reporting. The Committee were Assured by the reports.	
9.2	**Quality & Communities Committee Annual Assurance Statement** The report is brought to Committee by Sinead Braiden for **Assurance**. The report was written by VS, in her role as Head of Corporate Governance. She brought to Committee Member's attention the Governance process, providing assurance to the IJB, the Q&CC are discharging their duties with regards to their remit of safety and quality of care.	

	The structure of the report was agreed and signed by SB as Chair of the Committee. VS explained the structure of the report follows the blueprint for good governance suggested principles, hence the headers within the report. She advised moving forward, it has been agreed with IJB, a recommendation made by Internal Audit will be followed to implement committee assurance principles, which VS explained. This involves the introduction of a Chair's Assurance report after each Committee meeting. VS stated workplans are to come to Committee for agreement and attendance at meetings is to be reviewed. The Audit and Assurance Committee review the Assurance Statement before progressing to the IJB. HH added, the report also goes to Clinical Governance, NHS Fife as part of the process. Cllr Liewald was supportive of the added detail in the report and felt it to be very informative. SB was also supportive and it was agreed the Committee took Assurance from the report.	
10	**EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES**	
	10.1 Clinical Governance Oversight Group Confirmed Minute from 12.01.24 **10.2 Equality & Human Rights Strategy Group** Confirmed Minute from 01.02.24 It was agreed, only minutes which are available will be noted on the Agenda.	**JCushnie**
	ITEMS FOR ESCALATION No items for escalation.	
12	**AOCB**	
	No other business requested.	
13	**DATE OF NEXT MEETING**	
	Friday 5th July 2024, 1000hrs, MS Teams	

HEALTH & SAFETY SUBCOMMITTEE

(Meeting on 7 June 2024)

No issues were raised for escalation to the Clinical Governance Committee.

Health & Safety Subcommittee

Minute of the H&S Sub-Committee Meeting
Friday 7 June 2024 at 1 pm on Teams

Present
Neil McCormick, Director of Property & Asset Management (Chair) (NMcC)
Janette Keenan, Director of Nursing (JK)
David Miller, Director of Workforce (DM) (joined at 1340 hr)

In Attendance
Billy Nixon, H&S Manager (BN)
Anne-Marie Marshall (Manual Handling Team Lead (A-MM)
Paul Bishop, Head of Estates (PB)

Andrea Barker, Executive Assistant to the Director of Property & Asset Mgmt (Minute)

The order of the minute may not reflect that of the discussion
The meeting was recorded on Teams

No.		Action
1	**Welcome & Apologies** NMcC welcomed members of the Sub-Committee to the meeting. Apologies were received from Chris McKenna, Nicola Robertson, Conn Gillespie, Jillian Torrens and Ian Campbell.	
2	**Minute/Matters Arising**: The Minute of 8 March 2024 was **approved** as an accurate record. Action Item 8.1 Radon Monitoring PB advised the Sub-Committee that re-sampling will take place once all of the required preliminary works are complete. Update for next meeting. Action Item 4.1 Self-Harm Ligature Risks In terms of patient self-harm incidents, it would be helpful to identify the cause of incidents ie personal items including headphones, a belt etc or fixed environmental points. Can personal items be recorded on Datix?	**PB** **BN**
3	**Governance Arrangements**: 3.1 2024-25 'draft' H&S Sub-Committee Annual Workplan A copy of the 2024-25 H&S Sub-Committee Annual Workplan was distributed to the group in advance of the meeting.	

	NMcC added that when the H&S Sub-Committee Annual Statement of Assurance 2023-24 was discussed at the Clinical Governance Committee it was accompanied by the Annual Workplan 2023-24 which highlighted standard items throughout the year. BN presented the Workplan to the group adding that topics may change depending on issues arising as the year progresses. The group **approved** the 2024-25 H&S Sub-Committee Annual Workplan.	
4	**Operational Updates** 4.1 H&S Incident Report (March - May 2024) The H&S Incident Report for the period March 2024 to May 2024 was distributed and noted by the Sub-Committee. **Sharps** (staff) 36 reported incidents in the quarter, of which: 8 incidents - no harm 25 incidents - minor harm 3 incident - moderate harm **Slips, Trips & Falls** (staff) 16 reported incidents in the quarter, of which: 3 incidents - no harm 12 incidents - minor harm 1 incident - moderate harm **Violence & Aggression** (staff) 413 reported incidents in the quarter, of which: 311 incidents - no harm 89 incidents - minor harm 13 incidents - moderate harm 0 incidents major harm 0 incidents extreme harm Other unwanted behaviour = 331 Physical assault = 906 Verbal assault = 300 **Musculoskeletal** (staff) 13 reported incidents in the quarter, of which: 2 incidents - no harm 9 incidents - minor harm 2 incidents - moderate harm 0 incidents - major harm • 9 load handing • 4 patient handling **Self-Harm** (patients) 53 reported incidents in the quarter, of which:	

30 incidents - no harm
19 incidents - minor harm
2 incidents - moderate harm
1 incident - major harm
1 incident - extreme harm

Riddor (all)
6 reported incidents in the quarter, of which:

0 incidents - no harm
2 incidents - minor harm
4 incidents - moderate harm
0 incidents - major harm

4.2 Transfer of Fire Advisors to Health & Safety Services

The transfer of the Fire Advisors to H&S went ahead and they have settled into the team, with BN as Team Lead.

4.3 Manual Handling Single-Handed Care Project

Information on the Manual Handling (MH) Single Handed Care Project was distributed to the Sub-Committee in advance of the meeting.

- MH team are now trained in single-handed care.
- Ward six at Queen Margaret Hospital will be used as the training test of change area as well as the OT gym which is located on the same corridor.
- The programme is due to start in September 2024.
- Peer-to-peer support has been requested so for example, if the nurses in Ward six were able to help train the nurses in Ward Five, Ward Seven, Ward 8 and the same idea for Glenrothes, Cameron and the HSCP.
- Work continues in partnership with Fife Council colleagues and funding has been provided.
- Oxford equipment for the single-handed care training will come as a cost to the organisation and an agreement with the Fife Equipment Loan store has been arranged.
- Lisa Radcliffe is managing loan equipment for training purposes.
- A joint training package is being formulated and will include:
    - how it will look
    - names
    - objectives
    - what the lesson plan will consist of
    - how long it will take to train staff

4.4 Lateral Lifting

- Lateral lifting training continues for the Acute side and the HSCP.
- Training is offered to new staff on induction.
- Late cancellation due to wards not being able to release staff is frustrating at the moment, however, staff in the highest risk areas are being trained in the first instance.

	• Training is slow but is moving in the right direction - noted by JK. JK extended her thanks to the Manual Handling team for their efforts and hard work around the Single-Handed Care Project and Lateral Lifting training. 4.5 Reinforced Autoclaved Aerated Concrete (RAAC) Update NMcC advised the Sub-Committee that all surveys are now complete. An additional two blocks were found to contain RAAC, albeit minimal: • The extension adjacent to Tarvit Ward, Adamson Hospital • The Plant Room at Glenrothes Hospital PB added that there is no imminent danger to anyone as a result of the findings with the recommendation that inspections are conducted every two or three years with NHS Fife has taken the decision to inspect all RAAC identifiable buildings on a yearly basis. This will ensure that the risk is minimised. The Plant Room at Glenrothes Hospital will only be used by Estates staff, therefore, it is important to ensure that if anyone is going up on the roof, they understand the risks. NMcC advised that he is in the process of updating the SBAR that was taken to the Clinical Governance Committee and to the Staff Governance Committee. Following this, an update to National Guidance is likely to be published and the possibility of support around the National Framework. 4.6 Sharps Review Update BN advised that Sharps Audits continue on the VHK site. A-MM gave assurance to the Sub-Committee that Sharps Audits continue in Acute and through the HSCP. The team is also helping staff with education around the reporting system and completion of the correct paperwork. The Communications Team have agreed to promote health and safety on Blink with sharps being the next item. Sharps information and policy guidance is available to access on Blink.	
5	**NHS Fife Enforcement Activity** There was no enforcement activity to report within NHS Fife. Enforcement activity continues in several Boards throughout Scotland.	
6	**Policies & Procedures** 6.1 Ligature Policy (draft) v3	

	The Ligature Policy (draft) v3 was circulated to the Sub-Committee in advance of today's meeting for comment. A-MM thanked those who had responded with comments on the policy which is now on v5. The next step will be completion of the EQIA form then out to policy groups for the approval process. The policy will cover Acute Mental Health & Learning Disabilities and the HSCP, following the request from Rona Laskowski to make it more of an NHS Fife wide policy. For noting - A-MM added that a generic Ligature Risk Assessment is being considered for other areas by the Health & Safety team. A-MM gave assurance to the Sub-Committee that when risk assessments are undertaken, the windows, the window restrictors and the frame are all noted in the Ligature Risk Assessment and any concerns are fed back to the Clinicians and Estates. 6.2 Violence & Aggression Policy Review The V&A Policy document (draft) was sent out to the Sub-Committee for review on 20 May 2024 and minor comments were received. A slight change was made to the definition of violence and aggression with the addition of staff-on-staff incidents to bring this into a clear focus. The policy was submitted to the General Policies Group pending approval.	
7	**Performance** 7.1 ASD&CD H&S Committee Update • The ASD&CD H&S Committee Minute of 18 March 2024 was circulated to the Sub-Committee for noting. 7.2 HSCP H&S Assurance Group Update • The HSCP H&S Assurance Group minute of 30 April 2024 was circulated to the group for noting.	
8. **8.1**	**Any Other Business** Introduction of InPhase InPhase, a comprehensive software platform that integrates performance management, governance, risk, and compliance solutions is in the process of being introduced to NHS Fife. This system will replace Datix. Benefits include: *Time Savings* - streamlined processes, reducing duplication. *User Engagement* - enhances reporting and incident management. *Compliance* - helps remain compliant with regulations.	

	Assurance - Provides better oversight for patient safety and quality improvement.	
8.2	Micro-Aggression Incident Recording JK raised a concern around racist and transphobic comments and the best way of recording these. NMcC added that it may be helpful when we move to a new system to know if there is a better way of recording micro-aggression incidents in order for statistics to be generated ie as a sub-section of violence and aggression. JK added that incidents of this nature will continue to be mentioned in the Equality & Human Rights Group who report to the Public Health & Wellbeing Committee. If there is anything of particular interest this will be brought to the H&S Sub-Committee.	
8.3	Arjo Equipment Contract PB advised the Sub-Committee that the contract to replace Arjo is in-hand. Further updates will follow.	
8.4	Joint Violence & Aggression Training & Advice Service Consideration is being given to a joint Violence and aggression training and advice service offering advice and training covering NHS Fife and the HSCP with Bill Coyne, V&A Advisor taking the lead alongside BN. Initial discussions have taken place and the HSCP are receptive towards the idea of a single point of contact offering a more sustainable robust service.	
8.5	Rona Laskowski Retiral Thanks were noted to Rona for all her support over the years and best wishes for a long and healthy retirement.	
8.6	Welcome to Jillian Torrens A welcome was noted to Jillian who will be replacing Rona at the Sub-Committee meetings.	
8.7	Assurance around Improved & Safe Working Environment DM advised that as the Improved & Safe Working Environment is a named topic and part of Governance Standards it will form part of the agenda for Staff Governance Committee (SGC). Consideration is being given to the creation of a Performance Dashboard with Workforce Planning topics while we move into the wider space of how we report and how we give assurance. This will map out Estates and Facilities governance arrangements for health and safety issues including electrical, ventilation, water, and fire safety. NMcC added that this will require a little bit of work in terms of charting this out in a way that is accessible for all. This can be used internally	

	giving assurance around behind the scenes daily, weekly, and monthly Estates and Facilities related subjects and how these fit into the overall structure. The Sub-Committee agreed that this would be interesting and beneficial to bring to future H&S Sub-Committee meetings.	
9	**<u>Date & Time of Next Meeting</u>** Friday 6 September 2024 at 1 pm on Teams.	

INFECTION PREVENTION AND CONTROL COMMITTEE (Meeting on 5 June 2024)
No issues were raised for escalation to the Clinical Governance Committee.

Fife Health & Social Care Partnership | NHS Fife

Infection Prevention and Control Team

Infection Control Committee Minutes (unconfirmed)

5th June 2024 at 1400 via Teams

Item No	Subject	Actions
1	**Attendees** Janette Keenan, HAI Executive, Director of Nursing (chair) **JK** Claire Connor, Dental Practice Co-Ordinator **CC** Amy Mbuli, Lead IPCN **AMb** William Nixon, Health & Safety Manager **WN** Mirka Barclay, Senior IPCN Built Environment **MB** Julia Cook, IPC Manager **JC** Catherine Gilvear, Head of Quality, Clinical & Care Governance **CG** Jamie Doyle, Head of Nursing **JD** David Griffith, Consultant Microbiologist **DG** Keith Morris, Consultant Microbiologist **KM** Stephen Wilson, Consultant Microbiologist & Lead for Decontamination & Builds **StW** Suzanne Watson, Senior IPCN Care Homes **SuW** Paul Bishop, Assoc. Director of Estates **PB** Lynn Barker, Director of Nursing HSCP **LB** Fiona Bellamy, Senior Health Protection Nurse Specialist **FB** Priya Venkatesh, Consultant Microbiologist **PV**	
	Apologies Norma Beveridge, Midge Rotherham, Neil McCormick, Aileen Lawrie, Nicola Robertson	
2	**Minute of Previous Meeting** Minutes of previous meeting were approved.	
3	**Action List** JK to follow-up re access to Morse. Public representation at IPCC discussions– JK and JC have been exploring way forward, reviewing other Boards and in early discussions with Patient Experience team and Facilities how best we can bring public feedback to the committee possibly by bi-annual report to IPCC.	**JK**
4	**Standing Items**	
4.1	**Risk Register** No CG representation at meeting. JK comfortable with current risks. JC reported full review to be completed in July once Q1 2024 has been published. SAB – risk can be closed CDI – risk increased from 9 to 12 ICNet & LIMs – new risk added 2994 MEG / InPhase – was discussed. Report more at next meeting. **Deep Dive Risk Review** Overview from paper was given by JC. ARHAI Scotland Water Safety Literature review and the potential impact on Boards, to be raised at Scottish Government. Increased testing requirements will result in a cost pressure and workload pressure for Estates and IPC Teams.	
4.2	**HAIRT Board Report**	

	JC gave overview of report. Up to end April 2024 • SAB – reduction in year ending totals • CDI – reduction in year ending totals • CAI CDI – challenges with PPI and antibiotics • ECB – slight increase in HCAI and CAI • Surgical site surveillance – paused **SAB** • Below national average rates for HCAI • Above national average rates for CAI **MRSA & CPE** • NHS Fife achieving well above national average **CDI** • Q4 2023 (October -December), NHS Fife was below the national rate for HCAI and CAI. • CAI) CDIs during Jan-Apr 2024 (n=10) was higher than during the same time period from the previous 2 years. • Risk rating increased **ECB** During Q4 2023 (October -December), NHS Fife was above the national rate for HCAI and CAI **Hand Hygiene** • To be reported at next ICC once we have a system in place. **Estates and Domestic Monitoring** • Both remain consistently green status. **Outbreaks** March & April 2024 • 9 GI – 8 confirmed Noro • No flu outbreaks • 1 COVID – 4 patients, 3 staff affected, 1 patient death recorded on part 2b of death certificate. **Urinary Catheter Group** LB gave update – LB and Sally O`Brien are in discussion regarding what needs done to take forward this group. KM alerted committee most recent SAB figures being higher than same time last year. Up tick seen in other Scottish Boards also.	
4.3	**Care Home Update AM** • SIPCS training ongoing in Care Homes. • Link Practitioner training to commence in 10 Care Homes. • Walkabouts – 52 out of 74 Care Homes this year. • Scabies – local and national protocols working groups ongoing. Next National Scabies meeting 17th July. Local training is being arranged, led by IPC and Dermatology. JK will take paper to next Clinical Governance Committee.	
4.4	**NHSS National Cleaning Services Specification** Report was discussed. Decrease was noted in areas scoring below 90% in last Quarter compared to the same time the previous year.	
4.5	**Learning Summary** Report was discussed. CVC dialysis line associated SAB Learning around dressings of invasive lines, SOP/guidelines to be updated, annual competencies and sufficient staffing.	
4.6	**National Guidance** AM – highlighted COVID testing for discharge of asymptomatic patients to care homes and hospices is no longer required. World Hand Hygiene day –covered later in meeting Appendix 13 – update has been made.	

	National Consultation – TBPs literature review, significant input from Board IPCTs required with national SLWGs. Expected to include new terminology.	
4.7	**Isolation & Risk Assessment** JC – ED working with Digital & Information. No timeframe yet for go live.	**JK**
4.8	**Quality Improvement Programmes** **PWID** MB – SOP and PGD for prescription of antibiotics for patients present with skin and soft tissue infection has been passed on 29th May 2024. Treatment Room in Cameron is complete, awaiting ventilation reports. Launch date to be confirmed. LB reported KY2 and 191 Club – weekly open afternoons for substance misuse drop-in to support difficult to reach patient demographic. **UCIG** CG reported key issues from learning exercise – identifying infections, education, adherence to policies, non-consistency with catheter passport and catheter removal. Learning to be shared with governance groups (acute and partnership) and IPCC.	
4.9	**Education** AM reported: SICP of the Month – May hand hygiene and glove awareness. - June patient placement General update provided on the IPC Education Programme	
4.10	**Infection Prevention & Control Audit Programme Update** AM reported: Vernacare audit was discussed. Training being focussed on outcome of audits. Sharps Link Practitioner to be worked into Link Practitioner training in September.	
4.11	**HAI-SCRIBE** MB reported: Ward 6, VHK – well underway, scope of work extended. Training Suite within Surgical Short Stay, VHK – work starting soon. Project HYDRA, VHK – well underway. Spring 2025 completion Ward 3,QMH – temp on hold awaiting strategic decisions Generic HAI-SCRIBE documents in development Annual HFS HAI-SCRIBE training –DTBC later in 2024.	
4.12	**Capital Planning** JC gave highlights of B Johnson's paper. • NTC handover is almost complete. • New student accommodation in Willow House. • New audiology rooms are commissioned. • SG have asked for a paper on a do minimum approach for the next year. Then a more elaborate paper for 20- 30 year option. • Almost finalised all statutory and backlog works.	
4.13	**Infection Prevention and Control Annual Work Programme Update** JC noted this paper will be updated bimonthly so any further comments to be sent to her.	
5	**New Business**	
5.1	**Incidents/Outbreaks/Triggers** A higher incidence of norovirus recently, which has been very impactful. Legionella Phase 2, VHK – latest samples were negative in ward 10. Once we have 3 negatives, ARHAI Scotland case will close. SW reported more environmental testing will be done today. Pseudomonas trigger ICU– ongoing.	
5.2	**The IPC Workforce Strategy 2022-24** JK – will feedback at the next ICC, following NHS Fife meeting with ScotGov and CNOD HCAI/AMR Policy Unit planned for 06/06/2024. JC reported the core team and role descriptors have been published. To be discussed at next LIDSP meeting in June.	

5.3	**ICNET AND LIMS** Still not fully functioning. Awaiting meeting to discuss issues in the next 1-2 weeks. LIMS and ICNET been added to risk register.	
5.4	**ICNET CONTRACT** AM – Contract has been verbally renewed until end of December 2026 (contract still being finalized with national team). AM is part of the working group for National eSurveillance Solution.	
5.5	**SAB Annual Report** KM reported: Slight increase compared to previous year. HCAI SABs down slightly. Maintaining situation re MRSA bacteremia. Problems continue to be vascular access device and skin and soft tissue in hospital and intravenous drug users in community. Noted skin and soft tissue infections in people with diabetes.	
6	**Infection Control Committee's Sub Groups – Minutes/notes of meetings**	
6.1	**Infection Prevention & Control Team** AM raised that the agenda and what is fed into it via other meetings, is being looked at.	
6.2	**NHS Fife Decontamination Steering Group** PB noted new planning notes and guidance for building of a CDU to include robotic surgery.	
6.3	**NHS Fife Antimicrobial Management Team** DG noted this group is being recommencing and members are being looked at.	
6.4	**NHS Fife Water Safety Management Group** Closure of Hayfield House is complete and water system drained.	
6.5	**NHS Fife Ventilation Group** Nil to raise. Next meeting later in June. Awaiting appointment of AP.	
6.6	**NHS Fife HAI Scribe Planning Group** As presented earlier.	
6.7	**Quality Reports** For noting.	
7	**Any Other Business**	
	KM reported a cluster of MSSA in patients in neonatal unit. JC confirmed there have been PAGs and support is in place. JC – Confronting AMR 2024-2029 – work will be picked up through the AMT. PHS: • have issued Ecoli O157 alert • Advice travelers undertaking Hajj (14 June 2024) are vaccinated appropriately. • HCW to consider patients, who have recently been to Hajj, of measles, flu, COVID-19, MERS-CoV, meningitis and legionella. IPC will offer further support around this. CMO re Pertussis – encouraging eligible staff to have vaccine. KM added staff should be offered boosters every 5 years, to be looked at by OH. No one at OH to comment, to be picked up separately. **Screening** Funding to take forward programmes. KM discussed screening in NNU which is being looked at separately. JC – candida auris – funding issue to test for this in Fife. To be picked up separately. **Terms of Reference** Due for renewal. To be reviewed and circulate in next couple of weeks for presentation at next IPCC. SW discussed QMH renal audit. This picked up number of issues re: fixtures and fittings, excess clutter in the area and potential issues around drainage being used for dialysate. Estates to perform a survey to determine what work will take place. Short term fixes will be put in place. Potential, temporary, relocation of unit in near future.	JC JC
8	**Date of Next Meeting**	
	7th August at 2pm, via Teams.	

MEDICAL & DENTAL PROFESSIONAL STANDARDS OVERSIGHT GROUP

(Meeting on 11 April 2024)

No issues were raised for escalation to the Clinical Governance Committee.

Medical & Dental Professional Standards Oversight Group

Medical and Dental Professional Standards Oversight Group
Note of Meeting Held at 3.00 pm on Thursday, 11 April 2024
on Microsoft Teams

Present:	**Designation:**
Dr C McKenna	Executive Medical Director/Responsible Officer, NHS Fife (Chair)
Dr H Hellewell	Deputy Medical Director, Fife Health & Social Care Partnership
Dr M Philp	GP Appraisal Lead
Mr E Dunstan	Secondary Care Appraisal Lead
Prof Morwenna Wood	Director of Medical Education
Dr J Pickles	LNC Representative
Dr S Savage	Associate Director for Risk and Professional Standards
Ms G Couser	Associate Director of Quality and Clinical Governance
Ms J Anderson	Interim General Manager, Women Children and Clinical Services
Ms L Cooper	Head of Primary and Preventative Care Services
Mrs A Gracey	Medical Appraisal & Revalidation Coordinator
Ms S Ali	Medical Education Manager

Apologies:

Dr I MacLeod	Deputy Medical Director – NHS Fife
Dr J Morrice	Associate Medical Director, Women and Children
Dr A Kelman	Associate Medical Director Fife Health & Social Care Partnership
Dr J Tomlinson	Director of Public Health
Mrs M Watts	General Manager, Surgical Directorate
Dr E O'Keefe	Director of Denistry
Dr M Clark	Associate Director of Medical Education
Dr K Steel	Associate Director of Medical Education
Dr S McCormack	Associate Medical Director – Medical and Surgical Directorate
Mrs R Waugh	Head of Workforce Planning and Staff Wellbeing

ACTION

1 Welcome/Apologies for absence

Apologies noted as above.

2 Terms of Reference.

Overall the terms of reference were accepted and will be adapted as the meetings mature. EO'K will be added as Director of Dentistry. **SAS/AG**

There was discussion in regards to the terms of reference stating the Medical Education SLT minutes were to be fed into this group and SA stated they have an action tracker not a formal minute and queried if one should be taken in future. SA and GC agreed to discuss further and agree what should come to this group from a Medical Education Committee perspective. **SA/GC**

3 GMC Good Medical Practice – Professional Standards

The GMC Good Medical Practice – The revised Professional Standards document was shared within the group. It is the basis by which professional standards for doctors, are measured.

CM alluded to the importance of having this here so it can be referred to as a basis of our principles by which this group will operate and those standards we hold our doctors accountable to.

4. **Medical Appraisal and Revalidation.**

AG shared that there were 123 doctors due for revalidation between 1 April 2023 – 31 March 2024. There were 112 positive recommendations and 12 deferrals, one of which revalidated during the same period. Deferrals were due to insufficient evidence.

There are 208 doctors due to revalidate in 2024/25.

Secondary Care continues to require additional appraisers. There are currently 42 appraisers of which 5 are on the NHS Fife bank. Fourappraisers only cover Clinical Fellow appraisals.

The expectation is that an appraiser will cover 10 appraisals per year for 0.5 SPA however, we have a number who are part time and cover just 5-6.

63 appraisees are currently unallocated in Secondary Care.

ED stated that they have been quite successful with recruitment this year but unfortunately due to retirements there is still a requirement for further appraisers.He suggested we carry out a risk assessment by looking at the ages of appraisers and pre-planfor upcoming retirements..

MP updated the group that Primary Care have recruited 2 new appraisers and with one undergoing training in April they will be up to full complement.

5. **Consultant and SAS Doctor Job Planning.**

The document shared with the group is a reflection on the current status of job plans published from 1st April 2024. The process of jobplan meetings and conversations with GM's to discuss and agree job plans for this coming year is underway. Any issues or barriers can be discussed and rectified within this group and we can track the progress of sign offs and completions throughout the year. ED requested that last years 'end of year' progress be shared so each Directorate/Speciality can review. AG was asked to share this at next meeting. **AG**

LC noticed that the portfolio structure from a Partnership perspective - East/West/Fife Wide is still the old structure and would need to be updated. LC will provide AG with the correct structure to allow Allocate to update. **AG/LC**

6. Medical Education.

The ScotCOM paper, Medical Education Annual Report and RAG reports were shared with the group for information. It should known by the middle of June whether we have recruited enough BSc St Andrew students to commence the ScotCOM programme in January 2026. Should there not be

enough students UCASS recruitment will start next year for entry into the BSc programme with a ScotCOM arm and therefore come into Fife in 2028. There were no further comments on the other reports shared (annual report and RAG reports). CM highlighted that reports would be brought to this group for oversight and any improvements and issues can be discussed or successes celebrated

7. Dental Education.

Emma O'Keefe, Director of Dentistry was unable to attend the meeting but sent in an update for the meeting to consider.

EO'K queried whether the dental report could be wider than 'dental education' and include:

a. General Dental Practice- vocational trainees (newly qualified dentists) (NES employees)- currently 10 Vocational Dental Training Practices in Fife.
b. Core trainees (NES employees)- hospital orthodontics and OMFS
c. Specialty trainees- I have one in Dental Public Health and orthodontics have 2 ST4s
d. Currently as Director of Dentistry complete a report for NES in November each year

In terms of developments/improvements she thought it would be good to have a regular meeting with the GDC and NHS Fife- and suggested Chris McKenna as Exec lead for dental and EO'K as DOD (Similar to GMC). NHSGGC has quarterly meetings with Gordon Mathieson (GDC head of Scottish Affairs) & Toby Ganley ((Head of right touch regulation). Quarterly meetings wouldn't be required but 3 per year or 2 per year re current GDC cases.

Dental education – EO'K has honorary contracts with University of Dundee and Glasgow and is involved in undergraduate and postgraduate teaching. She also delivers sessions for NES for core trainees and specialty trainees.

The Public Dental Service has outreach clinics for dental students and dental therapist students.

Agreed that there would be further discussion at the next meeting.

8. Medical Workforce Planning – Acute Services.

This will need to be updated at the next meeting as the group has not yet met. Minutes and Terms of Reference to be shared with this group..

9. Medical Workforce Planning – HSCP.

This will need to be updated at next meeting as the group has not met yet. Minutes and terms of reference to be shared with this group.. **HH**

10. Any Other Competent Business.

Trainee doctor rotas and compliance was not included on this agenda but CM thought it should be a future item. The group debated whether this group should be advising on this subject asthere are separate groups doing the work in this area.NES, GMC feedback, training experience and wellbeing should come through this group.

MW updated the group on the progress of the medical registrars.Surgical specialties tend to get their fair share of senior trainees but medical specialties do not. Paediatrics are currently experiencing issues and anaesthetics tend to get more junior trainees. She has had a conversation with Clive Goddard who wrote a paper which included registrar levels and was presented at the NES senior manager meeting. The paper indicates that Fife, if distributed fairly, would have an increase in medical registrars. There is be a little progress in medicine with a renal registrar for 6 months, a GI registrar or 2 for 6 months each one in MoE for a year and one in cardiologybut for half a year no commitment to increase respiratory. This is probably a doubling of our numbers but still well under what we require. MW and CM will continue to work on this.

SAS/AG to circulate the framework for Medical Appraisal and Revalidation to the group.. **SAS/AG**

11.

Date, Time and Venue of Next Meeting. – To be confirmed
Tuesday, 9 July 2024 at 3.00pm via Microsoft Teams

Distribution List:
Dr C McKenna, Medical Director – NHS Fife
Dr I MacLeod, Deputy Medical Director – NHS Fife
Dr H Hellewell, Deputy Medical Director – Fife Health & Social Care Partnership
Dr J Tomlinson, Director of Public Health
Dr E O'Keefe, Director of Dentistry
Dr S Savage, Associate Director for Risk and Professional Standards
Ms G Couser, Associate Director of Quality and Clinical Governance
Dr S McCormack, Associate Medical Director – Surical and Medical Directorate
Dr J Morrice, Associate Medical Director, Women & Children
Dr A Kelman, Associate Medical Director, Fife Health & Social Care Partnership
Ms J Anderson, General Manager, Women, Children & Clinical Services
Ms L Cooper, Head of Primary and Preventative Care Services
Mrs A Gracey, Medical Appraisal and Revalidation Co-ordinator
Dr M Philp, GP Appraisal Lead
Mr E Dunstan, SC Appraisal Lead
Prof Morwenna Wood, Director of Medical Education
Dr M Clark, Associate Director of Medical Education
Dr K Steel, Associate Director of Medical Education
Ms S Ali, Medical Education Manager
Mrs R Waugh, Head of Workforce Planning and Staff Wellbeing
Dr J Pickles, LNC Representative

RESEARCH, INNOVATION & KNOWLEDGE GROUP

(Meeting on 14 May 2024)

No issues were raised for escalation to the Clinical Governance Committee.

NHS Fife

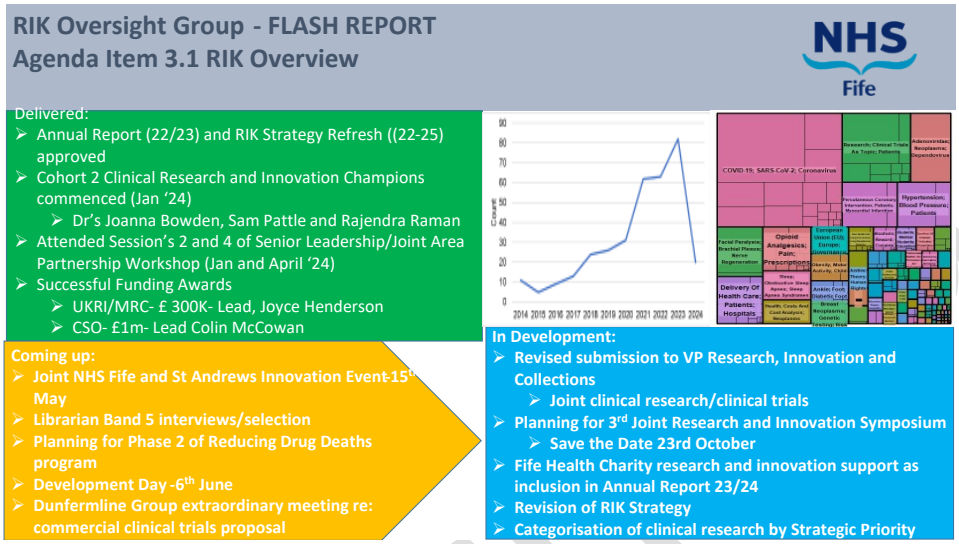
NHS Fife Research, Innovation and Knowledge

RESEARCH, INNOVATION & KNOWLEDGE OVERSIGHT GROUP MEETING
MINUTES
Microsoft TEAMS,

14 MAY (14.30 – 16.00)

		ACTION
	Present: Dr Chris McKenna, Medical Director, Executive Lead for Research, Innovation & Knowledge (CMcK) Prof. Frances Quirk, RIK Associate Director (FQ) Neil McNair, Lay Advisor (NMcN) Dr Grant Syme, Physiotherapist Consultant (GS) Alistair Graham, Associate Director, Digital & Information (AG) Karen Gray, Lead Nurse (KG) Neil Mitchell, Innovation Manager (NM) Nicola Robertson, Director of Nursing (NR) Prof. Colin McCowan, Head of Population Health and Behavioural Science Division, University of St. Andrews (CMcC) Grant McDonald, Capital Accountant (GM) Ramsay Khadeir, Senior Project Manager, Reducing Drugs Death programme (RK) Peter Donnelly, Chair in Public Health, University of St. Andrews (PD) Prof. Morwenna Wood, Director of Medical Education (MW) In Attendance: Roy Halliday, R&D Support Officer – minutes (RH)	
1.0	**CHAIRPERSON'S WELCOME/APOLOGIES AND OPENING REMARKS** **Apologies;** Prof Frank Sullivan, Director of Research, University of St. Andrews Anne Haddow, Lay Advisor, Fife Community Advisory Council Mairi McKinley, Head of Practice & Professional Development Gemma Couser, Associate Director of Quality and Clinical Governance	
2.0	**STANDING ITEMS**	
2.1	**OVERSIGHT OF R, I K OVERSIGHT GROUP MINUTE** CMcK welcomed all to the meeting and noted the apologies. The RIK Oversight Group Minutes were accepted with no amendments. **Actions:** Action.5.2 Innovation Scout proposal – NM advised that this is currently on hold due to other work priorities.	

2.2	**OVERSIGHT OF RIK OPERATIONAL GROUP MINUTE AND ACTION LIST** For noting - Nothing from this meeting required escalation.	
3.0	**STRATEGIC PRIORITIES/INITIATIVES**	
3.1	**RIK OVERVIEW**	



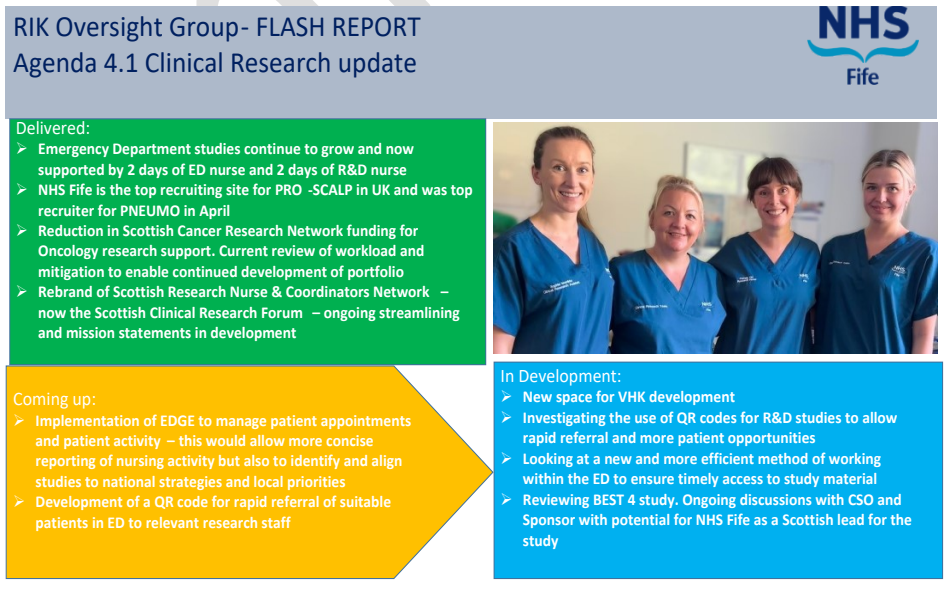
FQ advised the group that this meeting will now take place twice yearly as a cost and time efficiency measure.

FQ noted that the 2022-23 RIK Annual Report and the 2022-25 RIK strategy had been approved at the last meeting in December and had had gone the Clinical Governance Committee and Executive Director's Group.

FQ advised that the second cohort of the Clinical Research and Innovation Champions were awarded in January, Dr Joanna Bowden, Dr Rajendra Raman and Dr Sam Pattle have now commenced in their roles and will be delivering a Grand Round on 12th June describing what they are doing, what they have achieved to date and their plans going forward. CMcC asked if the TEAMS link for the Grand Round can be sent to him for sharing with his colleagues at St. Andrews. **RH**

FQ highlighted that there have been successful grant funding applications with NHS Fife and St. Andrews in conjunction with the CSO Applied Health Research programme totalling £1M over the next five years. Joyce Henderson, Advance Physiotherapy Practitioners has been successful with a UKRI/MRC award which could total £300K.

FQ noted that an offer has been made to an applicant for the Band 5 Librarian post that has been vacant since March.

	The RIK Development Day will take place on 06th June, and the team are currently in the process of planning. FQ advised that the ABPI and the UK Government have agreed that £400m will be committed to supporting commercial clinical trials infrastructure in the UK, Discussions are ongoing with the CSO as to Scotland's share and how the monies will be split between the Boards. Each of the Dunfermline Group Boards have collated all of there commercial activity over the last five years to use in the discussions. FQ also advised that planning is underway for the 3rd NHS Fife / St. Andrews joint research and innovation symposium which will take place on 23rd October and this year will take place at the University of St. Andrews. CMcC added that other funding awards recently granted went to Dr Sarah Mills from Marie Curie, Dr Rajendra Raman and Dr Jane Grassie received an award from the Royal College of Emergency Medicine, to look at patients attending ED with mental health issues and Dr Joanna Bowden, looking at quality of access to Palliative Care services.	
3.2	**EAST OF SCOTLAND RESEARCH ETHICS SERVICE ANNUAL REPORT**	
	FQ advised that this report is now coming to NHS Fife for information as we are one of the Boards that contribute to the service with regards to governance and processes. NHS Fife indemnifies REC2	
4.0	**RESEARCH AND DEVELOPMENT**	
4.1	**CLINICAL RESEARCH UPDATE**  	

KG advised that research studies continue to grow in the Emergency Department, the RIK department supports them two days per week, and this has been matched with one of their Charge Nurses also supporting two days per week.

KG added that NHS Fife was the top recruiter in the UK for the PRO-SCALP study and was also the top recruiter in April for the PNEUMO study.

KG noted that due to a drop in funding from the Scottish Cancer Network for Oncology research support she is currently reviewing the workload looking at ways in which to develop the portfolio, discussions are ongoing with the network to ascertain if we can participate in studies that will generate more income.

KG advised that the team are currently reviewing the use of the EDGE system to manage patient appointments and patient activity, and to identify and align studies to national strategies and priorities.

KG also noted that she is in discussions with Information Governance regarding the creation of a QR code for the rapid referral of suitable patient in the Emergency Department to suitable research teams.

KG is also still in the process of looking for additional office space at VHK as the team has outgrown the space we have currently, and it would help free up the clinical rooms for patient appointments.

KG advised that she is currently in discussion with the CSO regarding Fife's participation in the BEST4 study, this is a study looking at the use of the cytosponge, which is a diagnostic test used to identify important oesophageal conditions. The sponsor has asked that Fife be the Scottish lead for this study, there are some cost issues that need to be addressed. PD advised that Rebecca Fitzgerald from the University of Cambridge and an expert in cytosponge will be visiting the University of St. Andrews 29th – 31st May at the Evidence Based Early Diagnostic Conference and she would be happy to have a conversation with KG regarding the study.

5.0	**INNOVATION**	
5.1	**INNOVATION UPDATE**	

NM advised that a new Innovation Project Manager has recently been recruited to support the local work on the Reducing Drugs Deaths as well as projects coming vis HISES.

NM also advised that the CAELUS drones project, looking at how drones can be used in a healthcare setting are about to start testing live flights between Borders General Hospital and the Royal Infirmary in Edinburgh.

NM noted that a meeting took place in January between NHS Fife and the University of St. Andrews looking at how to move forward with collaboration in innovation projects as well as research projects, the outcome will be a joint innovation event taking place on 15th May and will be discussing topics that have been raised from the Reform, Transform and Perform initiative.

NM noted that as discussed in 3.1 regarding an award to Joyce Henderson, he is currently collaborating with her in the production of research documents.

NM advised that he has been approached by two separate clinicians with regards to potential projects and he is working with them to explore and develop further.

NM noted that he has been in discussion with the CSO and the Office for Life Science regarding a Reducing Drug Deaths follow up challenge.

5.2	**REDUCING DRUG DEATHS CHALLENGE** Small Business Research Initiative (SBRI) funded by CHIEF SCIENTIST OFFICE / Office for Life Sciences  RK also noted that the 11 phase 1 feasibility projects were completed in January, 3 of these feasibilities are working with NHS Fife as their test bed innovation hub. National news coverage has also taken place with a few of the projects. RK advised that so far, a total of £1.1M has been paid out for successful milestones that have been achieved, this is following the monthly reports from the companies advising that they have met their contractual agreements. RK advised that all 11 companies that took part in phase 1 had been invited to take part in phase 2, 6 companies have been chosen to progress to phase 2. RK also noted that he is in the process of recruiting an Administration Assistant as the previous one has moved to a new position within NHS Fife.	
6.0	**LIBRARY & KNOWLEDGE SERVICES**	
6.1	**LIBRARY STAFFING REVIEW** This had been discussed in 3.1. The Library Manager post is currently being evaluated by HR and we still await the outcome.	
7.0	**PARTNERSHIP UPDATES**	
7.1	**DOCTORAL TRAINING PROGRAMME** CMcC advised that there are 4 students on the DTP, cohort 1 students are 18 months into the programme, cohort 2 students are 8 months into the programme and cohort 3 student will commence in August 2024.	

	CMcC also added that cohort 4 will be advertised this summer, recruited in Autumn and have a start date of August 2025. CMcC added that he is waiting to hear from The Wellcome Trust to see if the scheme will run again thus allowing St. Andrews to re-apply for a further 5 years funding.	
7.2	**JOINT RESEARCH OFFICE** FQ noted that regular meetings take place with Prof. Frank Sullivan and Richard Malham from the Research Integrity Office at St. Andrews. FQ added that discussions have been taking regarding what sponsorship will look like foe clinical research/clinical trials and the processes that need to be put in place. FQ added that Prof. Frank Sullivan, Director of Research will be stepping down after completing the two full terms in office as permitted, Prof. Nick Feasey will commence as the Director of Research from 01st September. PD updated the position of SCOTCOM students who will now have the opportunity to do an Honours BSc and a full medical degree within the five-year period, this cannot be done anywhere else in less than six years.	
7.3	**NHS FIFE & UNIVERSITY OF ST. ANDREWS PARTNERSHIP** GC's report advised that meetings with key leaders from NHS Fife will take place to explore and identify next steps to maximise the potential of the partnership agreement with the University of St. Andrews. There will be a requirement to development Memorandums of Agreement to outline key activities and strategic plans.	
7.4	**R&D/FIFE COMMUNITY ADVISORY GROUP**. NMcN advised that he attended the first "patient and public involvement "event in Dundee, this was the first event to be held in Scotland. On the 23rd of April some members attended the seminar delivered by Dr Aidan Fowler, on patient safety	
8.0	**AOCB** CMcK congratulated the team on all the hard work that is going on with the amazing results, noting that this meeting has been uplifting and thanked all for their commitment. CMcK also asked if the next meeting could be organised as a face-to-face meeting.	
9.0	**DATE AND TIME OF NEXT MEETING** Thursday 14th November 2024, 14.00 – 15.30	

Resilience Forum

RESILIENCE FORUM

(Meeting on 13 March 2024)

At the Resilience Forum, EPRR Training & Exercise plan for 2024-2025 shared with representatives.

Department of Public Health
Cameron House, Cameron Bridge, Leven, KY8 5RG

Minutes of Resilience Forum held on Wednesday 13th March 2024 at 1430hrs via Microsoft TEAMS

Chair:
Joy Tomlinson, Director of Public Health, NHS Fife **(JT)**

Present:
Kevin Booth, (Deputising) Head of Financial Services & Procurement, NHS Fife **(KB)**
Craig Burns, Emergency Planning Officer, NHS Fife **(CB)**
Susan Cameron, Head of Resilience, NHS Fife **(SC)**
Allan Young, Head of Digital Operation, NHS Fife **(AY)**
Malcolm Landells, Resilience Advisor (East), Scottish Ambulance Service **(ML)**
Lorraine King, Business Manager, NHS Fife **(LK)**
Maggie Currer, Consultant, Emergency Department, NHS Fife **(MC)**
Ian Campbell, Healthcare Chaplain, NHS Fife **(IC)**
Aileen Boags, Lead Pharmacist, Public Health/Community, NHS Fife **(AB)**
Sharon Docherty, Consultant Psychologist, NHS Fife **(SD)**

In attendance:
Steven Rutherford, Personal Assistant, Public Health, NHS Fife **(SRR)**

Agenda Item **Action**

1. Welcome and Introductions

JT opened the forum

2. Apologies

Alastair Graham, Donna Galloway, Jimmy Ramsay, Kevin Reith, Kirsty MacGregor, Lynne Parsons, Margo McGurk, Neil McCormick, Nicola Robertson, Nicola Taylor, Paul Bishop, Kirsty McRae

3. Minutes of previous meeting (07th December 2023)

JT accepted the minutes as accurate after consulting the forum for feedback.

3.1 Action Tracker from 07th December 2024

SC provided an overview of work within the tracker

- Severe Weather Framework
  SC advised in progress, and is due to go to the Senior Leadership Team in draft format, thereafter it will come back to the resilience forum.

- Vulnerable Person's – Patient at Risk Database
  SC advised no update at present, however LK confirmed this is being progressed within Fife Council. LK informed the forum that Lynn Garvey has been in contact with Emma Palmer from Fife Council. LK will forward this to SC advising of the narrative within.

  ACTION – LK to contact Emma and Shona at Fife Council to attain target completion date and will provide update to **fife.resilience@nhs.scot** **LK**

- Bomb Threat & Suspicious Package Framework Document
  SC advised this is in its final approval stage, and will go to Acute Senior Leadership Team (SLT) meeting in March 2024, thereafter coming back to the forum, possibly Q1.

- Lockdown Framework
  Formally approved by Executive Directors Group (EDG) on the 18th January, 2024 and has been handed over to NHS Fife Security Manager. SC advised she would like completion of this today. JT agreed completion.

- CBRN/HAZMAT
  This item is on the agenda for feedback today, and is currently in progress.

4. Matters Arising

4.1 Training and exercise plan 23-24 feedback

SRR advised no further changes since papers were circulated.

5. Resilience Governance & Assurance

5.1 Qu 3 EPRR Report

SC provided an overview of the Quarter 3 report, and advised the report includes contributions from Fife Health and Social Care Partnership (H&SCP) and Digital Resilience alongside the resilience team.

SC advised the forum that within the report, emergency planning was a substantial theme. One of the main items detailed was a national update from Scottish Government, a link has been provided in the report for colleagues to view. Guidance was released in November, 2023.

The report describes work underway, including reviewing and accessing the framework documents in order to make sure any changes are threaded through, some implemented after Covid-19. A digital platform has been created, and is available on our web page centrally.

A progress update was made on the framework documents which underpin the Incident Management Framework. The full suite of documents is nearing completion. This is positive as the training and exercising plan will be informed by those guidance documents moving forward in 2024 – 2025. This will be much more focused on our testing and exercising for emergency response on the back of these documents.

Updates around the Fife LRP and power outages, national risk register information is linked onto the document, and if anyone has any queries SC advised to get in touch with her directly.

Moving forward into the New Year resilience team are to look at their risk profiling for NHS Fife in relation to emergency planning. There is an update around patient procedures for NHS Fife and this will be tabled at a future meeting.
SC advised on the Fife Executive Virtual Control Room and progress has been made, current guidance is upto date relating to incident command and control. SC encouraged the forum members to familiarise themselves with the documents if they would be involved in any part of this.

SC highlighted the training and exercising within the report and the Diageo Leven/Cluny multi agency testing and exercising event which took place in November 2023, and the Fuel Resilience workshop which took place on 14 December 2023.

SC advised the forum of changes to the reporting required for Prevent. NHS Boards are no longer required to send training numbers to Scottish Government, and new modules have been added and recommended colleagues undertake and complete.

5.2 2024-2025 EPRR Training Plan

SC advised we have a 2024-2025 training plan but noted 2023-2024 feedback would be welcome. The aim is to schedule all our testing and exercising training as much as possible in advance.

SC would be very happy to take feedback from partners.

ACTION – Members to feedback on EPRR Training Plan 10 April **ALL**

SD advised there are ongoing conversations around psychological first aid training and psychosocial and mental health training to determine which training is applicable for which staff, and who would deliver the training.

SD had a conversation with SC around an E-module and SC advised she would like to see this on the training plan, however, there are two modules available on Turas. SC felt there is a wider conversation needed and raised the question, should we take this to our Chief Nursing Officers and Chief Medical Officers to ask for their advice on this.

SC further commented she feels this is a clinical decision, and from a nursing / midwifery and allied health professional perspective. JT felt this could be a 2 tier approach because of all staff roles. CB to help SC compile a distribution list.

ML advised Scottish Ambulance Service (SAS) have the use of Trim and Trim practitioners, this had very limited scope previously, and initially was hosted by the National Risk and Resilience department, but it is now a service wide programme. 12 members of staff trained initially to offer Trim advice, but the service has grown into around 30 or 40 members. ML offered to acquire more details on the expansion of the service for the next forum.

ACTION – ML to acquire details of expansion of the service for June **ML**

SD advised first level is every contact, every communication and the importance of this. Trim and peer supporters are there for people who may need that little bit extra. SD suggested a psychosocial mental health cell be formed to consider other dimensions.

ACTION – SC,SD,IC will scope out ToR for subgroup to progress this work **SC**

IC advised a number of staff Trim trained in the organisation, but no training for a Trim manager had been implemented as there was no funding for this.

During the discussion, it was highlighted that the Incident management framework will be reviewed in June for 2024-2025 and the review process will provide an opportunity to develop the approach.

ACTION – Embedding Welfare Support and Psychological Safety Preventative Training will be tabled item for the next agenda. **SD**

ACTION- add IMF review and consideration of psychological support to be added to action tracker **SR**

5.3 C3 B13-23 Internal Audit: BC Dashboard - Overview

SC advised a recent internal audit report had been received from internal colleagues, this included a sample of business continuity plans which was taken in December 2023. The audit contained recommendations, and feedback for improvement.

SC further advised the findings from the audit have been circulated to managers and business plan owners. An action plan will be presented at the next forum meeting in June 2024.

ACTION – Internal Audit Report / Improvement Plan – tabled next meeting **SC**

SC advised that an overarching/collective business continuity report will be presented to future meetings of the resilience forum. Monthly reports are sent to general managers/plan owners to proactively check their plan. Managers will also be notified when a plan needs to be updated. SC provided an overview of the current position:

- 50% of plans have been completed (75 plans)
- 48 plans have expired
- 22 areas to action a business continuity plan
- 1 area with a plan in progress.

The resilience team provide monthly business continuity planning sessions and access to links and templates for assistance.

SC advised the forum that new areas have been identified which will require individual business continuity plans. The number of areas has increased from 75 original areas identified to 146 areas.

The current dashboard focuses on the risk profile from business impact analysis and business continuity plan compliance. There are however other resilience risks such as climate risks, digital risks, emergency response risks. Resilience team have a requirement to monitor these, and by doing so are able to inform our work planning moving forward. There may be an opportunity to develop a new dashboard in the future.

6.0 **Whole System Overview**

6.1 H&SCP

LK gave an overview, work is continuing with the assurance reviews, some plans may appear on the central repository as being out of date, but this may be because they have not yet been assured. LK advised that work is underway to raise awareness around business continuity within the services. A slide deck has been created to allow teams to try this out in meetings. LK and AS are planning to launch information pack around business continuity/framework and a forms evaluation.

6.2 Scottish Ambulance Service (SAS)

ML provided an overview of recent successful joint working, especially with NHS Fife members SC and CB. , participating in recent exercises at Diageo, Operation Waypoint, Fuel Disruption.

CB and ML had attended a tabletop exercise together (Exercise Signess remembered) in Methil at the turn of the year. Work progressing on post exercise work streams including care for people. Susan Todd who represents coastguard will pick this up with SC.

This focuses at intricacies around prescription medication provision for people evacuated from a cruise ship.

In terms of Scottish Ambulance Service (SAS) and Special Operations Response Team (SORT), visits have been carried out in Rosyth to raise awareness on a number of topics including hazardous materials, safe working at heights and confined space rescues.

Hospital turnaround times are still elevated and this is defined as a national issue.
SC advised on additional work locally in Fife around ambulance escalation and cohort responses feedback from HALO.

Escalation processes mapped out by MC and JS who are the key contacts in relation to ambulances backed up at Emergency Department.

6.3 Acute Services

No one available to attend the forum.

6.4 CCRA Team

JR was unable to attend the forum meeting. A written update was circulated with the meeting papers.

6.5 Digital & Information

AY provided an overview on digital issues. The national cyber security centre threat status remains high, ongoing incidents especially in commercial sector. On average there are around 19 cyber incidents and new vulnerabilities detected every month, and we are assessing these with a dedicated team of 4 staff members. Cyber security operations centre and cyber resilience early warning alerts are at normal levels.

Dates received for the NIS audit, this is an interim audit, and looking to present red actions. AY has set a target date of 01st July, 2024, final report on 26th August, 2024. AY advised he was looking to have an uplift of score from last term of 86%.

AY advised there are a number of contingency mobile phones (137 handsets) in the organisation which are looked after by the switchboard. It is unclear whether these are all in use and there is a financial cost associated with these.

SC agreed to provide support to review of the mobile phones. There is a total cost of £38,000 for all handsets combined (137 handsets)

It is proposed that in future individual services pay for their own mobile phone bills. Small group to be actioned including SC and H&SCP.

ACTION – SC to support deepdive review with the resilience team & LK – review phones **SC/AY/LK**

6.6 Public Health & corporate risk register new risk Biological Threats & Pandemic response

JT advised the forum that this new risk will be tabled with Executive Directors Group (EDG) at the end of the month/start of next following closure of the Covid-19 corporate risk.

The wider drivers from the pandemic have not resolved and we still have the same mixture of threats.

Public Health are bringing forward a new risk proposal, describing preparedness for future biological threats and pandemic response. Recommendations were made from the standing committee within Scottish government looking at pandemic preparedness, that a virtual pandemic centre should be established. Workshops were held at the end of last year to explore this further. This work has paused due to a combination of national issues. The output of both the national and Scottish enquiries is awaited and it is expected they will make specific recommendations for action. UKHSA has been tasked with refreshing the UK 2011 pandemic flu plan at pace (pandemic X plan).

7.0 **Emergency Plans**

7.1 CBRN/HAZMAT Draft – Commence Stakeholder Consultation

CB advised the forum he is looking for stakeholder feedback from members the consultation. Does it give the correct information if a plan was needed to be put into action if a chemical, biological, radiological of nuclear events take place.

SC advised a formulised distribution list for wider feedback to be agreed, SC and CB to take offline.

CB advised training has been handed over to the trainers in Emergency Department and will be rolled out to cohorts dealing with immediate response.
JT advised in the action log there is a related point around the manufacture issue with wet decontamination tents, CB advised he is awaiting feedback and JT feels it is useful to bring back to forum in June.

ACTION – establish formal consultation approach CBRN Framework **CB/SC**

ACTION - Forum members asked to provide feedback to CB within 4 weeks **CB**

7.2 Video Presentation – Incident Levels Framework Launch

CB noted that the incident management framework will provide the starting point for training. Training will be provided to managers on how to use the framework and the terminology. Stafflink likely to house this. The video breaks down incidents, where and how to escalate and who to.

8.0 **Training & Exercising**

8.1 Winter Vaccine Table Top Exercise

CB advised this paper has been deferred to next forum meeting.

9.0 **Regional Resilience Events Brief**

CB advised the events brief covering major events is live. Big events this coming year include the Woman's Open Golf tournament.

Knockhill Racing Circuit have provided the next 12 months of events.

All multi agency meeting and exercises listed on the monthly iteration.

JT advised the north of Scotland have setup a regional briefing for the RRP's looking at heat and have invited the east of Scotland to join this. A briefing will be held by the Met Office in April, an update may be ready for next forum meeting.

10. **Any other business**

SC advised the severe weather framework and climate change draft will be going out to the Senior Leadership Team meetings and thereafter coming back to the forum. SC anticipates we will have something ready for Quarter 1 covering heat, cold, extremes.

ACTION – Regional Resilience Workshop - Heat Related Threats, update at next forum **JT**

ACTION – Feedback for Severe Weather Framework at next forum **SC**

11. **Date of next meeting:**
13th June 2024

11.1 Schedule of meetings for 2024

11th September, 12th December