NHS Fife Clinical Governance Committee

Fri 03 May 2024, 10:00 - 12:45

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 1 March 2024

Enclosed *Arlene Wood*

Approval

Item 03 - Clinical Governance Committee Minutes (unconfirmed) 20240301.pdf (10 pages)

10:00 - 10:10
10 min

4. Matters Arising / Action List

Enclosed *Arlene Wood*

Assurance

Item 04 - Clinical Governance Committee Action List - 20240503.pdf (2 pages)

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

Enclosed *Janette Keenan*

Assurance

Item 04.1 - SBAR Urinary Catheter Improvement Group Update.pdf (4 pages)

10:10 - 10:15
5 min

5. ACTIVE OR EMERGING ISSUES

10:15 - 11:00
45 min

6. GOVERNANCE MATTERS

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

Enclosed *Dr Gillian MacIntosh*

Assurance

Item 06.1 - SBAR CGC Sub Groups Assurance Statements 2023-24 v3.pdf (52 pages)

6.2. Draft Clinical Governance Committee Annual Statement of Assurance 2023/24

Enclosed *Dr Gillian MacIntosh*

Assurance

- Item 06.2 - SBAR Draft Clinical Governance Committee Annual Statement of Assurance 2023-24.pdf (3 pages)
- Item 06.2 - Appendix 1 Draft Clinical Governance Committee Annual Statement of Assurance 2023-24.pdf (25 pages)

6.3. Area Clinical Forum Annual Statement of Assurance 2023/24

Enclosed *Aileen Lawrie*

Assurance

- Item 06.3 - SBAR Area Clinical Forum Annual Statement of Assurance 2023-24.pdf (2 pages)
- Item 06.3 - Appendix 1 Area Clinical Forum Annual Statement of Assurance 2023-24.pdf (6 pages)

6.4. Clinical Governance Oversight Group Assurance Summary from April 2024 Meeting

Enclosed *Gemma Couser*

Assurance

- Item 06.4 - Clinical Governance Oversight Group Assurance Summary from April 2024 Meeting.pdf (5 pages)

6.5. Corporate Risks Aligned to Clinical Governance Committee

Enclosed *Dr Chris McKenna / Janette Keenan*

Assurance

- Item 06.5 - SBAR Corporate Risks Aligned to Clinical Governance Committee.pdf (6 pages)
- Item 06.5 - Appendix 1 NHS Fife Corporate Risks aligned to the CGC as at 25 04 24.pdf (9 pages)
- Item 06.5 - Appendix 2 Assurance Principles.pdf (1 pages)
- Item 06.5 - Appendix 3 Risk Matrix.pdf (2 pages)

6.6. Delivery of Annual Workplan 2024/25

Enclosed *Gemma Couser*

Assurance

- Item 06.6 - Delivery of Annual Workplan 2024-25 .pdf (6 pages)

11:00 - 11:20
20 min

7. STRATEGY / PLANNING

7.1. Draft Annual Delivery Plan 2024/25

Enclosed *Susan Fraser*

Assurance

- Item 07.1 - SBAR Draft Annual Delivery Plan 2024-25.pdf (5 pages)
- Item 07.1 - Appendix 1 Draft Annual Delivery Plan NHS Fife 2024-25 v4.0.pdf (58 pages)

11:20 - 11:50
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 (4 pages)
- Item 08.1 - Appendix 1 Integrated Performance & Quality Report.pdf (18 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)

11:50 - 12:30
40 min

9. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

9.1. Patient Story Presentation

Presentation *Janette Keenan*

Assurance

9.2. Patient Experience & Feedback Quarter 4 Report

Enclosed *Janette Keenan*

Assurance

- Item 09.2 - SBAR Patient Experience & Feedback Quarter 4 Report + Appendix 1.pdf (6 pages)
- Item 09.2 - Appendix 2 Patient Experience & Feedback Quarter 4 Report.pdf (16 pages)

9.3. Scottish Public Service Ombudsman Investigation Report & Action Plan

Enclosed *Janette Keenan*

- Item 09.3 - SBAR Scottish Public Service Ombudsman Investigation Report & Action Plan.pdf (4 pages)

12:30 - 12:30
0 min

10. LINKED COMMITTEE MINUTES

10.1. Area Clinical Forum held on 4 April 2024 (unconfirmed)

- Item 10.1 - Minute Cover Paper.pdf (1 pages)
- Item 10.1 - Area Clinical Forum Minutes (unconfirmed) 20240404.pdf (3 pages)

10.2. Area Medical Committee held on 13 February 2024 (confirmed)

- Item 10.2 - Minute Cover Paper.pdf (1 pages)
- Item 10.2 - Area Medical Committee (confirmed) 20240213.pdf (4 pages)

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

- Item 10.3 - Minute Cover Paper.pdf (1 pages)
- Item 10.3 - Clinical Governance Oversight Group (unconfirmed) 20240416.pdf (10 pages)

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

- Item 10.4 - Minute Cover Paper.pdf (1 pages)
- Item 10.4 - Fife Area Drugs & Therapeutic Committee (unconfirmed) 20240417.pdf (7 pages)

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

- Item 10.5 - Minute Cover Paper.pdf (1 pages)
- Item 10.5 - Health & Safety Subcommittee (unconfirmed) 20240308.pdf (6 pages)

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

(unconfirmed)

- Item 10.6i - Minute Cover Paper.pdf (1 pages)
- Item 10.6i - Infection Control Committee (confirmed) 20240207.pdf (6 pages)
- Item 10.6ii - Minute Cover Paper.pdf (1 pages)
- Item 10.6ii - Infection Control Committee (unconfirmed) 20240403.pdf (6 pages)

12:30 - 12:35
5 min

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1. To the Board in the IPQR Summary

Verbal *Arlene Wood*

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

Verbal *Arlene Wood*

12:35 - 12:40
5 min

12. ANY OTHER BUSINESS

12:40 - 12:45
5 min

13. DATE OF NEXT MEETING - FRIDAY 12 JULY 2024 FROM 10AM - 1PM VIA MS TEAMS

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 1 MARCH 2024 AT 10AM VIA MS TEAMS

Present:
Arlene Wood, Non-Executive Member (Chair)
Sinead Braiden, Non-Executive Member
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
Dr Chris McKenna, Medical Director
Carol Potter, Chief Executive
Joy Tomlinson, Director of Public Health

In Attendance:
Gemma Couser, Associate Director of Quality & Clinical Governance
Claire Dobson, Director of Acute Services
Jamie Doyle, Head of Nursing *(deputising for Norma Beveridge)*
Alistair Graham, Associate Director of Digital & Information
Ben Hannan, Director of Pharmacy & Medicines
Helen Hellewell, Deputy Medical Director, Health & Social Care Partnership (HSCP)
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Dr Iain MacLeod, Deputy Medical Director, Acute Services Division
Neil McCormick, Director of Property & Asset Management
Elizabeth Muir, Clinical Effectiveness Manager
Nicola Robertson, Associate Director of Nursing
Dr Shirley-Anne Savage, Associate Director for Risk & Professional Standards
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

A warm welcome was extended to Gemma Couser, who has returned as the Associate Director of Quality & Clinical Governance, following her period of maternity leave.

Dr Shirley-Anne Savage was congratulated on her appointment to the new role of Associate Director for Risk & Professional Standards.

The Chair advised that Liam Mackie, Charge Nurse, has been elected as the new Area Partnership Forum Representative for the Committee, replacing Lynne Parsons. Liam, however, was not able to join the meeting today.

The Chair also extended a welcome to Jamie Doyle, Head of Nursing, who is deputising for Norma Beveridge.

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 routine attendees Lynn Barker (Associate Director of Nursing), Norma Beveridge (Associate Director of Nursing), Nicky Connor (Director of Health & Social Care), Liam Mackie (Area Partnership Forum Representative) and Margo McGurk (Director of Finance & Strategy).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 12 January 2024

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

4. Matters Arising / Action List

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

5. ACTIVE OR EMERGING ISSUES

5.1 Research & Development Progress Report & Strategy Review 2023-25; and
5.2 Research, Innovation and Knowledge Annual Report 2022/23

The Chair advised that discussion on these items was deferred from the previous meeting.

The Medical Director advised that the Annual Reports provide a significant level of assurance on the quality of work that is being undertaken within the Research, Innovation & Knowledge team, detailing the research and increasing amount of innovation activities. An overview was provided on the innovation activity.

A significant opportunity was reported on, and it was advised that NHS Fife and the University of St Andrews, as joint partners, have recently been awarded a grant from the Chief Scientist's Office, to deliver a research project in relation to improving pathways for unscheduled care in the last year of life.

A comment was made on the benefits of undergraduate training in relation to fostering the culture that research and innovation forms part of the clinical practice.

It was explained that the Research, Innovation & Knowledge team campaign to attract individuals to work in the Board who have an interest in research and innovation. It was also noted that the majority of consultants have an interest in research, as this increasingly forms part of their academic training.

The Medical Director praised Frances Quirk, Assistant Director of Research, Innovation & Knowledge, for leading the work in this area and advised the Committee

that Frances holds a joint appointment with the University of St Andrews as a Professor of Healthcare Science.

The Chair thanked Frances Quirk for the papers, and the Committee took **assurance** from the reports.

6. GOVERNANCE MATTERS

6.1 Clinical Governance Committee Self-Assessment Report 2023/24

The Board Secretary advised that a self-assessment is carried out for all the Board's Standing Governance Committees on an annual basis. This paper provides the feedback given by members and attendees for the Clinical Governance Committee.

An overview on the themes of the self-assessment was provided, and it was noted that there were some common themes identified across all the Board's Standing Governance Committees self-assessment outcomes. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise. An action plan will be developed to support improvements.

A comment was made in relation to the usefulness of Development Sessions in relation to the role of the Standing Governance Committees. The Chair confirmed that a future Committee Development Session would be held on the Principles of Clinical Governance, which would address members' feedback given in the survey responses.

6.2 Annual Review of Clinical Governance Committee Terms of Reference

The Board Secretary advised that a review of the Terms of Reference is carried out for all the Board's Standing Governance Committees on an annual basis, and any updates are taken forward through the Audit & Risk Committee, followed by the Board, and are reflected in the annual publication of the Code of Corporate Governance. An overview of the main changes was provided, which were around general updates to enhance clarity of text, or to address outstanding internal audit recommendations.

It was questioned how the actions will be captured from the Reform, Transform, Perform (RTP) programme, in terms of the clinical elements. It was advised that change transformation actions will not be specific to the RTP programme, and that the actions will come through the Standing Governance Committees from May 2024 onwards. An amendment would be made to the current text to refer explicitly to transformation programmes.

Clarification was provided on the received minutes to the Committee, and it was advised that the 'Area Radiation Protection Committee' should be corrected to the 'Radiation Protection Committee', and that the IRMER Board also reports into the Committee and should be included within.

After discussion on these points, the Board Secretary agreed to circulate a final draft to the Committee, and the Committee **approved** a final version for further consideration by the Board, subject to these amendments being actioned.

6.3 Corporate Risks Aligned to Clinical Governance Committee, including Deep Dives: Optimal Clinical Outcomes

The Associate Director of Risk & Professional Standards provided an update on the optimal clinical outcomes risk, advising that this risk was updated following the Committee Development Session in October 2023. An overview was provided on the updates to the optimal clinical outcomes risk, cyber resilience risk and digital & information risk. It was noted that the target risk score for the quality & safety risk has been reduced until the work of the Organisational Learning Group is complete. It was also advised that the Covid-19 risk has been closed and a potential new corporate risk around pandemic preparedness and biological threats is being explored and that work is underway.

The actions to mitigate the optimal clinical outcomes risk was expanded on. In terms of the Anchor Institution element, it was advised that a staged approach has been taken.

It was highlighted that consideration will be required in terms of reviewing the risks and any new risks in the context of the financial pressures faced and the developing Reform, Transform, Perform programme. It was also noted that the financial environment will impact the Corporate Risk Register as a whole, and that the Board's risk appetite will be refreshed at a forthcoming Board Development Session in April.

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.

6.4 Clinical Governance Oversight Group Assurance Summary from February 2024 Meeting

The Associate Director of Risk and Professional Standards reported that the assurance summaries from the Clinical Governance Oversight Group are being provided to the Committee following an internal audit recommendation. It was noted that further work on improving assurances is being undertaken.

Following a question in relation to unwanted behaviours against staff, it was advised that the information and data on instances of this is shared with the Health & Safety Committee and the Staff Governance Committee. An example was provided on how clinical governance is working well across the organisation with good oversight through the Clinical Governance Oversight Group and the Health & Social Care Partnership.

The implications around the significant increase in critical incidents for Emergency Care Directorate was questioned, and it was advised that this was in relation to the busier winter period and a notable uptake in the number of critical incidents and adverse events that were reported within the Emergency Care Directorate.

The Chair requested that any actions that have been initiated from the Clinical Governance Oversight Group be added to the summaries going forward to strengthen assurance.

Action: Associate Director of Risk and Professional Standards

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

6.5 Final Annual Workplan 2024/25

The Associate Director of Quality & Clinical Governance advised that the workplan outlines the work that will come forward to Committee in 2024/25 to ensure that the Committee's role and remit is fulfilled, and that the document will be iterative with new and emerging items of business added on as appropriate.

The Committee considered and **approved** the proposed workplan for 2024/25; and approved the approach to ensure that the workplan remains current.

6.6 Delivery of Annual Workplan 2023/24

The Associate Director of Risk and Professional Standards reported that the delivery of the workplan for 2023/24 is complete, with the exception of the Review of Deaths of Children & Young People, which has been deferred to May 2024, due to a change to the reporting period.

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

7. QUALITY/PERFORMANCE

7.1 Integrated Performance and Quality Report (IPQR)

The Director of Nursing provided an update on the clinical governance aspects of the IPQR and advised that the target for the closure of adverse events has been achieved for the first time since July 2023. An overview was provided on the work being undertaken for in-patient falls. It was advised that grading for pressure ulcers has been added to the report, and pressure ulcers are being closely monitored both within Acute and the Health & Social Care Partnership.

In terms of healthcare associated infections, it was reported that this had dramatically decreased in December 2023 and is on target. The target for the CDI rate slightly increased and is expected to achieve the target by the end of March 2024. It was highlighted that the history of antibiotics for C Diff remains the most frequently seen risk factor amongst cases.

It was reported that improvement work is being undertaken for catheter care through the Catheter Improvement Group, who have been nominated for the Innovation Award by the Royal College of Nursing this year.

Assurance was provided on the processes in place for tissue viability pressure ulcers, and it was advised that there has been a large amount of work carried out in terms of awareness of tissue viability to improve compliance. It was noted that the position is similar to other NHS Scotland Health Boards in terms of pressure damage.

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

7.2 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing provided detail on the norovirus outbreaks and advised that there had been four ward closures during the reporting period. It was advised that ward closures are typical for this time of year, and assurance was provided that there

are no concerns about any trend, and that if there were any future concerns, then they would be raised to the Clinical Governance Oversight Group and would be included in the summary report to the Committee.

The Deputy Medical Director, HSCP, agreed to request further information on how the HSCP are responding to the community-associated CDIs and ECBs, as the Committee has a responsibility to provide assurance to the Board that there are effective systems and process in place within the partnership.

Action: Deputy Medical Director, HSCP

It was advised that there are challenges for the reporting of hand hygiene, and assurance was provided that work is ongoing to capture the information electronically using Microsoft Forms, until a solution for an electronic system is put in place. Assurance was provided, that despite absence of system level data capture, there were processes in place across each department where concerns would be addressed.

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

7.3 Alignment of NHS Fife Realistic Medicines / Value-Based Health and Care Delivery Plan and the Scottish Government Value-Based Health and Care Action Plan

The Medical Director provided an overview on some of the work that has been carried out during the previous year in relation to embedding realistic medicine and creating resource, including a workshop and developing a workplan in line with the Chief Medical Officer's action plan. It was advised that the papers being presented describe the intended progress this year for Fife.

Discussion took place on evidencing the impact of realistic medicine, which is a work in progress. It was advised that work is being undertaken in relation to key areas of focus in terms of variation, including benchmarking against other NHS Scotland Boards.

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

7.4 Safe Delivery of Care Inspection and Learning Review - Victoria Hospital from 31 July 2023 to 2 August 2023

The Director of Nursing advised that an initial update on the inspection was presented to the Committee at an earlier meeting. The report presented today was published in October 2023 and details the areas that were inspected. It was advised that a considerable amount of work has since been undertaken with a comprehensive action plan agreed and accepted by the Health Improvement Scotland inspection team. An overview was provided on the improvement actions, and it was advised that progress on the action plan will be brought back to the Committee.

Assurance was provided that the majority of actions in place to address the nine requirements are on track, and that Health Improvement Scotland have been advised of any areas of issue or slippage.

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

8. DIGITAL / INFORMATION

8.1 Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme Update

The Medical Director introduced this item and advised that since the last report to the Committee, significant contractual negotiations have been undertaken and the contract was signed in December 2023. It was noted that the clinical portal is being worked through and that testing of the product and its integration into our systems is currently underway. The pharmacy stock control system, which is the first part of programme, was described.

It was reported that roll out of the programme will commence in 2025 and will be carried out in stages. An update will be brought back to the Committee.

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

8.2 Information Governance & Security Steering Group Update

The Associate Director of Digital & Information reported that the Information Governance & Security Steering Group are overseeing on a quarterly basis the activities of the two improvement activities around the Infection Control Unit audit. It was advised that both action plans are complete and are being progressed through the Information Governance & Security Steering Group.

An overview was provided on the priority areas. It was advised that the Information Governance & Security Steering Group will take a view on including the publicity around the Information Commissioner's Office (ICO) reprimand in the annual assurance statement and annual accounts governance statement. Further detail was provided on the ICO reprimand, which has been responded to appropriately.

The Committee **noted** the progress being made across the Information Governance and Security domains and took **assurance** from the governance, controls and measures in place.

9. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

9.1 Patient Story

The Director of Nursing presented on a particular patient incident in relation to bereavement care that occurred in January 2024, and highlighted the lessons learned for improvements. It was confirmed that lessons learned will be discussed in relation to practice at other hospital sites. The impact on staff in relation to the story was also highlighted.

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

9.2 Patient Experience & Feedback Quarter 3 Report

The Director of Nursing presented the report and highlighted that 44 stage one complaints were received in December 2023, and 42 are now closed, however only

45% were within the target timeframes. It was also highlighted that 14 stage two complaints were received in December 2023, and 25 stage two complaints were closed. It was noted that the team are working hard with services to improve the timeframe and to address the backlog of complaints. The complaints dashboard that launched in November 2023 provides screenshots on the position of complaints, which are shared with managers and senior leaders.

It was reported that additional information in relation to the Scottish Public Services Ombudsman (SPSO) has been added to the report, and members were welcomed to request any further information to be added. It was advised that further detail on the SPSO investigation report will be brought back to the next Committee meeting.

Action: Director of Nursing

Following comments, it was advised that only particular areas are recorded in Datix in relation to compliments. A request was made to have more detail around the barriers referred to within the flashcard. Acknowledgment was also given to the Patient Experience Team, in terms of their wider remit and supporting work in areas in addition to complaints handling.

Comments were made in relation to the closure rates, and the challenges with meeting the 20-day target for complex complaints was highlighted as being unrealistic. The Director of Nursing agreed to link in with the Planning & Performance Team around capturing more detail within the Integrated Performance & Quality Report.

Action: Director of Nursing

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

10. ANNUAL REPORTS / OTHER REPORTS

10.1 Medical Education Annual Report 2022/23

The Medical Director provided an overview on the contents of the report, noting that it contains detail on developments, for both undergraduate and postgraduate students. It was also advised that the report details the results of the postgraduate surveys, which received variable feedback and some areas of significant challenge. Further detail was provided in relation to the challenges within Acute and General Medicine areas, both of which are exceptionally pressurised areas across the system. It was agreed to investigate the feedback in relation to a lack of IT equipment and access to software.

Action: Associate Director of Quality & Clinical Governance

It was reported that governance for medical education will be improved this year, through the creation of a Professional Standards Oversight Group, with the first meeting scheduled for April 2024. It was noted that the Committee will receive regular updates. Assurance was provided that any emergent risks or concerns around potential General Medical Council/Deanery actions, were not anticipated.

The Committee took **assurance** in relation the approach taken to ensure the delivery of high-quality medical education in NHS Fife.

10.2 Organisational Duty of Candour Annual Report 2022/23

The Medical Director provided an overview on the contents of the review and advised that the number of incidents that activate the legislative part of Duty of Candour is a similar position to the previous year. It was reported that a requirement from Internal Audit was to add in incidents for 2023/24, given that the 2022/23 data is now in arrears.

It was explained that the learnings from the review are captured from individual incidents, and that recommendations and an action plan then follows. The approach to organisational learning was described and it was advised that an Organisational Learning Framework is being developed and will be brought to the Committee in early 2025.

The Committee took **assurance** and **agreed** to present to the Board. Any incidents that conclude after submission of the 2022/23 report will then be included in the 2023/24 report.

11. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes and that there were no escalations to the Committee other than Health and Safety Subcommittee covered on the agenda today.

11.1 Area Clinical Forum held on 8 February 2024 (unconfirmed)

11.2 Area Medical Committee held on 12 December 2023 (confirmed)

11.3 Cancer Governance & Strategy Group held on 11 January 2024 (unconfirmed)

11.4 Clinical Governance Oversight Group held on 13 February 2024 (unconfirmed)

11.5 Fife Area Drugs & Therapeutic Committee held on 20 December 2023 (confirmed) & 7 February 2024 (unconfirmed)

11.6 Fife IJB Quality & Communities Committee held on 17 January 2024 (unconfirmed)

11.7 Resilience Forum held on 7 December 2023 (unconfirmed)

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

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

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

There were no matters to escalate to the Board.

13. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 3 May 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 3 May 2024

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	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 July 2024 meeting.	July 2024
2.	12/01/24	**Medical Appraisal and Revalidation Annual Report 2022/23**	To provide narrative around performance for revalidation, in the next report.	**CM**	Deadline not reached.	November 2024
3.	01/03/24	**Medical Education Annual Report 2022/23**	To investigate the feedback, from the surveys undertaken, in relation to a lack of IT equipment and access to software.	**GC**	The majority of feedback in relation to IT access was provided by ScotGEM students. These students attend for half day teaching sessions and as such do not have requirement or time to access IT. Conversely Dundee and Edinburgh students who attend for a prolonged period of teaching (min of 2 week) are provided with IT access.	May 2024
4.	01/03/24	**Clinical Governance Oversight Group Assurance Summary from February 2024 Meeting**	To add to the summaries going forward to strengthen assurance, any actions that have been initiated from the Clinical Governance Oversight Group.	**SAS**	Closed.	Future summaries
5.	01/03/24	**Healthcare Associated Infection Report (HAIRT)**	To request further information on how the HSCP are responding to the community-associated CDIs and ECBs, as the Committee has a responsibility to provide assurance to the Board that there are effective systems and process in place within the partnership.	**JK/ L Barker**	On agenda, under matters arising.	May 2024

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
6.	01/03/24	**Patient Experience & Feedback Quarter 3 Report**	Further detail on the SPSO investigation report to be brought back to the next Committee meeting.	**JK**	On agenda.	May 2024
7.	01/03/24		To link in with the Planning & Performance Team around capturing more detail within the Integrated Performance & Quality Report, in relation to the closure rates, and the challenges with meeting the 20-day target for complex complaints.	**JK**	On agenda.	May 2024

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**3 May 2024**
Title:	**Health & Social Care Partnership Response to Community Associated E. Coli Bacteraemia (ECB) and Clostridium Difficile Infection (CDI)**
Responsible Executive:	**Janette Keenan, Executive Director of Nursing**
Report Author:	**Lynn Barker, Director of Nursing HSCP**

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Local Policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The report is in response to a request from the Clinical Governance Committee on how the HSCP are responding to the community-associated CDIs and ECBs, as the Committee has a responsibility to provide assurance to the Board that there are effective systems and process in place within the HSCP

2.2 Background

Definition of community associated CDI (Scottish Health Protection Network)
This is a CDI patient with onset of symptoms while outside a hospital and without discharge from a hospital within the previous 12 weeks – or with onset of symptoms within 48 hours following admission to a hospital without stay in a hospital within the previous 12 weeks.

Community-associated E. coli bacteraemia refers to a bloodstream infection caused by Escherichia coli (E. coli) bacteria that is acquired outside of a hospital or other healthcare settings. This condition occurs when E. coli bacteria, often originating from the patient's own gut flora or less commonly from other environmental sources, enter the bloodstream. This can happen through various means, such as during a severe urinary tract infection, from gastrointestinal tract issues, or through wounds.

2.3 Assessment

CDI

A number of actions are taking place to reduce **CDI**, including community associated CDI:

- 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.

There were **0** community associated CDIs reported in Q4 (September – December 2023)

ECB

The main focus of work to reduce **ECBs** lies with reduction in urinary catheter associated infections.

The Urinary Catheter Improvement Group (UCIG) work was commissioned in 2018 to address the issues associated with ECB CAUTI incidence and reduce the CAUTI incidence. 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.

The UCIG's work includes reviewing catheter-associated infection data, developing management pathways, promoting joint working across healthcare sectors, and ensuring standardised catheter insertion and management approaches.

ECB:

	2022	**2023**
HAI	42	42
HCAI	81	71
Community	**154**	**122**
Total	**280**	**235**

The total number of ECB has fallen in 2023 compared to 2022 and proportionally the drop is largest in the number from the community. There has been a drop in the number of CAUTI related ECB which is the main focus of intervention.

Complex care reviews: Each time a catheter related ECB is identified the IPSAN informs the district nursing team who undertake a complex care review (CCR). From these reviews a number of learning points have been identified.

2.3.1 Quality, Patient and Value-Based Health & Care

The UCIG's efforts positively impact quality of care by reducing catheter-associated infections, improving patient outcomes, and supporting value-based health and care delivery.

2.3.2 Workforce

The UCIG's initiatives may positively affect staff by improving resources and staff health and wellbeing through evidence-based practices.

2.3.3 Financial

The UCIG's activities may have financial implications related to efficiencies and resource management, prioritizing the best use of health and care resources.

2.3.4 Risk Assessment / Management

The UCIG addresses risks associated with catheter use and infection prevention, ensuring appropriate risk controls are in place to mitigate potential harm.

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

Equality and Diversity, including health inequalities and Anchor Institution ambitions. The UCIG's work supports equality, diversity, and health equity objectives, promoting fairer healthcare outcomes.

2.3.6 Climate Emergency & Sustainability Impact

The UCIG considers sustainability impacts related to healthcare practices, aiming to minimize environmental footprints.

2.3.7 Communication, involvement, engagement and consultation

Stakeholder involvement and engagement are integral to the UCIG's activities, ensuring collaboration and shared learning.

2.3.8 Route to the Meeting

This report has been developed based on information from previous Dr Keith Morris and UCIG meetings and stakeholder consultations.

2.4 Recommendation

- Assurance – For Members' information

3 List of appendices

No appendices included with this report.

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

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**3 May 2024**
Title:	**Annual Assurance Statements & Reports from Clinical Governance Sub-Committees & Groups**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Author:	**Gillian MacIntosh, Board Secretary**

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy

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

- Effective

2 Report summary

2.1 Situation

All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board, which is consider initially by the Audit & Risk Committee. The requirement for these statements is set out in the Code of Corporate Governance. In order for the Clinical Governance Committee to finalise its own report, it first requires to consider the annual statements of assurance from its formal sub-groups, including the Quality & Communities Committee of the IJB.

2.2 Background

The Clinical Governance Committee's sub-groups are: the Clinical Governance Oversight Group; the Digital & Information Board; the Health & Safety Sub-Committee; the Information Governance & Security Steering Group and the NHS Fife Resilience Forum. For assurance purposes, the minutes and an annual report of the Quality & Communities Committee of the IJB are also part of the Committee's workplan of business. The sub-groups each provide these assurance reports formally to the Committee to evidence the fact that each has fulfilled their remit outlined in their Terms of Reference over the course of the reporting year, given the fact that they have delegated authority from the Committee

to undertake operational scrutiny of activities and improvement actions in their respective areas.

2.3 Assessment

The six separate reports are given as annexes to this paper. Each report should indicate the span of business considered by each group over the course of the last financial year and draw out any areas of concern to be highlighted to the Committee. These are then covered within the Clinical Governance Committee's own annual report (given in full in a following agenda item).

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

N/A.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

The identification and management of risk is an important factor in providing appropriate assurance to the NHS Board.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Climate Emergency & Sustainability Impact

No direct impact from this paper, but a number of the assurance statements detail how the respective groups are working to achieve this in their areas of work.

2.3.7 Communication, involvement, engagement and consultation

Each of the Committee's sub-groups have considered and commented on their annual statements of assurance at recent meetings.

2.3.8 Route to the Meeting

Each of the Committee's sub-groups have considered their annual statements of assurance at recent meetings and each are formally approved by the respective Chair.

2.4 Recommendation

The paper is provided for:

- **Assurance** – For Members' awareness and information

3 List of appendices

The following appendices are included with this report:

- Clinical Governance Oversight Group Assurance Statement
- Digital & Information Board Assurance Statement
- Health & Safety Sub-Committee Assurance Statement
- Information Governance & Security Steering Group Assurance Statement
- Resilience Forum Assurance Statement
- IJB Quality & Communities Committee Assurance Statement (still in draft, prior to consideration at the Committee later in May)

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

ANNUAL STATEMENT OF ASSURANCE FOR
NHS FIFE CLINICAL GOVERNANCE OVERSIGHT GROUP
2023-2024

1. Purpose

1.1 To provide the NHS Fife Clinical Governance Committee with the assurance that the Clinical Governance Oversight Group (CGOG) has fulfilled its remit during 2023/2024 to:

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

1.2 This assurance statement summarises the key aspects of business covered which evidence delivery of the CGOG's remit. Please note that this assurance statement does not cover all aspects of business covered during 2023/2024.

2. Membership

2.1 During the financial year to 31 March 2024, membership of the CGOG comprised of:

Name	Roles / Designations
Dr Chris McKenna	Medical Director (Chair)
Janette Keenan	Director of Nursing (Deputy Chair)
Lynn Barker	Associate Director of Nursing HSCP
Dr Sue Blair	Consultant in Occupational Medicine
Prof Morwenna Wood	Associate Medical Director for Emergency and Planned Care (until October 2022)
Dr Iain MacLeod	Deputy Medical Director (from November 2022)
Gemma Couser	Associate Director of Quality and Clinical Governance (From January 2024)
Shirley-Anne Savage	Associate Director of Quality and Clinical Governance
Pauline Cumming	Risk Manager
Fiona Forrest	Deputy Director of Pharmacy
Claire Fulton	Lead for Adverse Events

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

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

3. Meetings

3.1 The Group met on 6 occasions during the financial year to 31 March 2024, on the undernoted dates:

- 14th February 2023
- 18th April 2023
- 20th June 2023
- 22nd August 2023
- 24th October 2023
- 12th December 2023
- 13th February 2024

The attendance schedule is attached at Appendix 1.

4. Business

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

Standing Agenda Items

4.2 At every meeting the Group considered the Integrated Performance and Quality Report (IPQR). Specifically focusing on the quality and safety metrics. This then focused the group to request more detailed overview of the improvement actions being progressed to address areas identified for improvement.

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

4.3 The Clinical Governance Strategic Framework Delivery Plan for 2023/24 was presented to the July meeting with a mid-year update on progress at the November meeting. Work will continue with the development of a 2024/25 Delivery Plan.

4.4 The group continues to focus on risk with the Corporate Risk Register now a standing agenda item. The Group consider the risks aligned to the Clinical Governance Committee for scrutiny and assurance. The Group recognise their role in the review and continuing development of risk content relating to Clinical Quality and Safety. All

six corporate risks aligned to the CGC have now undergone at least one deep dive (Covid-19, Quality and Safety, Digital and Information, Cyber Resilience, Offsite Sterilisation and Disinfection Unit Service, Optimal Clinical Outcomes). Optimal Clinical Outcomes had a deep dive as well as a dedicated Board Development Session.

4.5 It was reported that the Board approved the updated Risk Management Framework in September 2023. The intention was to also update the related Risk Register / Risk Assessment Policy. In re-drafting the policy, there was considerable duplication with the Framework and following consultation with Internal Audit and the Risk and Opportunities Group, it has been determined that a separate policy is not required as the content will be covered in the Framework.

4.6 The Organisational Learning Group chaired by Dr Iain MacLeod, Deputy Medical Director and Nicola Robertson, Associate Director of Nursing have had discussions in regard to re-examining its purpose and expected outputs and particularly where it fits into the Governance structure of the organisation.

4.7 At each meeting CGOG received an update in relation NHS Fife Policy and Procedures. Assurance was given to the Group in relation to policy and procedures being out of date. Compliance across the year was 99%. In addition, the group received updates of any new policy or procedures in the pipeline.

4.8 Minutes of Linked Groups noted at each meeting and points for escalation to Group raised as appropriate.

4.9 There was a review and update of the Adverse Event Policy and processes in 2023. This has offered the opportunity for a more streamlined and efficient management of major and extreme adverse events.

Delays in the SAER process have been regularly escalated to CGOG for discussion. Discussions last year resulted in the presentation and discussion on a SAER/LAER 5 year synopsis paper which identified some of the key issues. Immediate changes to the Executive sign off process were introduced to alleviate time pressures on the review teams. The SAER process has been further reviewed and developed with the aim of improving its timeliness.

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

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

- Improved recording of Patient Vital Observations using Patientrack e-observations and Early Warning Scores
- Do Not Attempt Cardio Pulmonary Resuscitation
- Hospital Anticipatory Care Plans
- Structured Response reviews for high Early Warning Score
- Comprehensive Cardiac arrest reviews/auditing (Emergency Bleep Meetings)

Project support was provided by the Quality Improvement Project Management Team and there has been significant work taken forward over the last year, with further planned for 24/25.

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

It has been agreed to move the annual report to align with others and run across a fiscal year. The next report will therefore cover 2023 and January to March 2024 and will be presented at the August meeting.

4.12 Annually there is a requirement for Health Boards to publish an Annual Duty of Candour (DoC) Report. In February 2024 the 2022/23 Duty of Candour report was presented. There were 33 adverse events requiring DoC with the most common outcome, for 24 patients, being an increase in a person's treatment.

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

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

Developments and Emerging Business

4.13 A report was commissioned over a year ago on Mortality in Nosocomial COVID-19 Cases. It was a difficult report to write as it had to be very clear and transparent to the board and ensure that it comprehensively described the learning on hospital acquired COVID-19 that has occurred as a result of the pandemic.

The report goes into the detail in relation to the numbers of patients who died after acquiring Covid in hospital. It is primarily an infection prevention report which relates to our response to outbreaks, the cohorting of patients and our compliance with the guidance available at the time. It also outlines the challenges experienced and the learning taken should this kind of situation ever be faced again in the future.

5. Self-Assessment

5.1 The group has undertaken a self-assessment of its own effectiveness, utilising a questionnaire considered and approved by the Group's Chair. This was completed using Forms (an online portal). The output of this exercise provided the following key feedback that in 2023/2024 the group:

- has sufficient membership, authority and resource to perform its role effectively and independently.
- has appropriate membership and members are clear on their role.
- was provided with papers in sufficient time prior to the meeting to allow members to effectively consider, scrutinise and challenge the assurances or updates provided.
- had appropriate level of scrutiny and is provided with assurance to ensure clinical governance risks are being managed to an acceptable level.
- receives adequate information and provides appropriate oversight of the implementation of relevant strategies, guidelines, policy directions or instructions.
- Sometimes found the data included in the papers to be excessive and sometimes there isn't sufficient time for meaningful discussion of substantive matters. The group has this under review and looking at ways to reduce the content of the meeting while still providing assurance.

6. Conclusion

6.1 As Chair of the Group during financial year 2023-2024, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Group has allowed us to fulfil our remit. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit during the year.

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

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

Signed: Date: 31/03/2024

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

NHS Fife Clinical Governance Oversight Group Attendance Record,
1st April 2023 to 31st March 2024

Member	Designation	18th Apr 2023	20th Jun 2023	22nd Aug 2023	24th Oct 2023	12th Dec 2023	13th Feb 2024
Lynn Barker	Director of Nursing, Health & Social Care Partnership	✓	✓	x	✓	✓	✓
Norma Beveridge	Director of Nursing, Acute Division	✓	✓	✓	✓	✓	✓
Dr Sue Blair	Consultant in Occupational Medicine	x	x	x	x	x	x
Andy Brown	Principal Auditor - Finance	x	x	x	x	x	x
Pauline Cumming	Risk Manager	✓	x	✓	✓	✓	✓
Fiona Forrest	Deputy Director of Pharmacy & Medicines	✓	x	✓	✓	x	✓
Claire Fulton	Adverse Events Lead	✓	✓	✓	✓	✓	✓
Cathy Gilvear	Quality, Clinical & Care Governance Lead, Health & Social Care Partnership	✓	x	✓	✓	✓	✓
Robyn Gunn	Head of Laboratory Services				x	✓	✓
Ben Hannan	Director of Pharmacy and Medicines	x	x	✓	x	x	x
Dr Helen Hellewell	Deputy Medical Director, Health & Social Care Partnership	✓	x	x	x	✓	✓
Janette Keenan	Director of Nursing, Corporate Division	✓	✓	✓	✓	✓	x
Aileen Lawrie	Director of Midwifery	✓	✓	✓	x	✓	✓
Dr Sally McCormack	Associate Medical Director for Emergency Care & Planned Care	✓	x	x	x	✓	x
Dr Chris McKenna (Chair)	Medical Director, NHS Fife	✓	✓	x	✓	✓	✓
Dr Iain MacLeod	Deputy Medical Director, Acute	x	x	✓	✓	✓	✓
Siobhan McIlroy	Head of Patient Experience	✓	✓	✓	✓	x	x
John Morrice	Associate Medical Director for Women and Children's Services	✓	✓	✓	✓	x	x
Elizabeth Muir	NHS Fife Clinical Effectiveness Manager	✓	✓	✓	✓	✓	✓
Victoria Robb	Lead, Pharmacist Medicine Safety				✓	✓	x
Nicola Robertson	Director of Nursing, Corporate Division	✓	x	✓	✓	✓	x
Dr Shirley-Anne Savage	Associate Director of Quality & Clinical Governance	✓	✓	✓	✓	✓	✓
Geraldine Smith	Lead Pharmacist, Medicines Governance & Education Training	x	✓	x			
Prof Morwenna Wood	Associate Medical Director for Emergency and Planned Care	✓	✓	x	x	x	x
Amanda Wong	Director of Allied Health Professionals	✓	✓	x	✓	x	✓
In Attendance	**Designation**						
Dr Gavin Simpson	Consultant Anaesthetics	✓		✓	✓	✓	
Alistair Graham	Associate Director Digital and Information		✓				
Nicola Harkins	Acting Senior Manager, Medical Learning Disabilities, HSCP		✓		x		
Heather Bett	Senior Manager, Children's Services Projects, HSCP		✓		x		
Lee Cowie	Clinical Services Manager, Child/Adolescent Mental Health, HSCP			✓	x	✓	✓
Tom McCarthy	Portfolio Manager			✓	x		
Tanya Lonergan	Head of Nursing, HSCP			✓	x		
Susanna Galea-Singer	Clinical Lead, Addiction Services, HSCP			✓	x		
Claire Berry	Quality Improvement Project Manager				✓		
David Comiskey	Head of Audiology Services – ANT and Audiology				✓		
Nicola Maher	Programme Manager – Digital & Information				✓		
Kate Gaunt	Deteriorating Patient and Resuscitation Lead					✓	

ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE DIGITAL & INFORMATION BOARD

1. Purpose

1.1 To provide the Clinical Governance Committee with an assurance statement, for the financial year 2023-24, that relates to the effectiveness of the Digital & Information Board and its development and monitoring of the Digital & Information Strategy and resulting delivery plan in line with the National Digital Health & Care Strategy, NHS Fife's Population Health and Wellbeing Strategy and to support the delivery of the NHS Fife Annual Delivery Plan.

2. Membership

2.1 During the financial year to 31 March 2024, membership of the Digital & Information Board comprised: -

Members	
Dr Chris McKenna	Medical Director (Chair) (Caldicott Guardian)
Dr John Chalmers	Digital Clinical Lead
Nicky Connor	Director of Health and Social Care
Claire Dobson	Director of Acute Services
Alistair Graham	Associate Director Digital & Information
Benjamin Hannan	Director of Pharmacy and Medicines
Janette Keenan	Director of Nursing
David Miller	Director of Workforce
Sharon Mullan	GP Sub Committee Representative
Margo McGurk	Director of Finance and Strategy (Co-Chair) (SIRO)
Caroline Somerville (till July 2023	Partnership Representative
Matt Valenti (from July 2023)	Partnership Representative
Joy Tomlinson	Director of Public Health
In Attendance	
Charlie Anderson	Head of ICT, Fife Council
Andy Brown	Principal Auditor
Helen Hellewell	Deputy Medical Director for H&SCP
Margaret Guthrie	Head of Information Governance & Security
Torfinn Thorbjornsen	Head of Information Services
Marie Richmond	Head of Digital Strategic Delivery
Amanda Wong	Director of Allied Health Professions
Allan Young	Head of Digital Operations

2.2 The Digital and Information Board may invite individuals to attend meetings for agenda items, but the list of attendees detailed in 2.1 will normally be in attendance at meetings. Other attendees, deputies and guests are recorded in the individual minutes of each meeting and attendance is included in Appendix 1.

2.3 The membership and attendance of the group was sufficient to support the work and oversight necessary. The membership and attendance will be reviewed as part of the group's annual workplan at the April 2024 meeting and remains under annual review.

3. Meetings

3.1 The Digital & Information Board met on four occasions during the financial year to 31 March 2024, on the undernoted dates:

- 19th April 2023
- 19th July 2023
- 18th October 2023
- 25th January 2024

3.2 The attendance schedule is attached at Appendix 1.

4. Business

4.1 The Digital and Information (D&I) Board reviewed and commented on the Health Board's Annual Delivery Plan. The Board recognised their responsibilities to ensure progress is made with delivering the strategic ambition, relating to year five of NHS Fife's Digital and Information Strategy (2019-2024) and the work undertaken to link these priorities with NHS Fife's Population Health and Wellbeing Strategy, ensuring the maintenance and improvement in performance across D&I technical and operational teams.

4.2 Throughout the year, the Board was updated and took assurance from the progress in relation to the Cyber Security Action Plan associated with the improved outcomes from the Cyber Resilience Framework audit. The Group took assurance that the compliance score had risen to 87%, an increase of 11% on the previous year. The Group also noted that a new baseline had been introduced due the increased number of controls, with a revised baseline for the Cyber Resilience Compliance of 77%. The outputs from the Penetration Testing associated with the Action Plan were considered by the Board in October 2023.

4.3 Throughout the year, the Board were advised of moderate incidents that had an adverse effect on system availability and the potential for impact to patient care, if business continuity plans were unable to sustain services. The Board ensured that associated actions from the incidents were progress through the Digital Operations teams or transferred to NHS Fife's Resilience Forum. The incidents reported included Picture Archiving and Communication System (PACS), in January 2023, and Waiting List Validation in January 2024.

4.4 In April 2023, the Board were updated on a clinical safety issue relating to a failure in the GP Back to Referrer letters being effectively processed from the Patient Management System. The Board were updated on the actions required to fix the issue and the associated work to ensure clinical review of the letters that had not been sent successfully was completed. The Board received an update on this work at the July 2023 meeting and took assurance from the actions taken. The item was escalated to the Executive Directors' Group (EDG).

4.5 The Board tracked the progress with two key projects, Hospital Electronic Prescribing and Medicines Administration (HEPMA) and the rapid development of the Laboratory Information Management System (LIMS). Both items required considerable support and discussion to establish a contracted position and, for LIMS, the progress through

to a live implementation in March 2024. The Board noted the challenges of working with system suppliers during this period.

4.6 The Board supported the undertaking of the Scottish Government's Digital Maturity Assessment. On considering the results, further discussion with the digital maturity team was encouraged, to gain further understanding of the results. On completion the Board received a comprehensive report on the outcomes for NHS Fife and took assurance that the consideration would be adopted into lifecycle and programme activities.

4.7 As part of the Board's annual workplan, time was allocated to considering the revised Digital Strategy, for completion into 2024/25. The Board considered an analysis of the existing Digital Strategy, noting that of the 49 original deliverables identified, 50% had been or were being implemented, with a further 37% being implemented in part. This analysis was also presented to the November 2023 meeting of the Clinical Governance Committee. The Board committed to a development workshop and the output was considered at the January 2024 meeting. The Board noted the ongoing work related to the creation of a revised Digital Strategy.

4.8 The Board received papers and presentations relating to the revised approach to extending the capability of the Electronic Health Record (EHR). The Board discussed and agreed to the revised approach and committed to the establishment of the EHR Steering Group to oversee the work. The revised approach was also presented to EDG.

4.9 Supplier Management continued to be a feature of the Board's work as they supported the reprioritisation of the Annual Workplan. Delays in several significant National Programmes (CHI replacement, Child Health Systems and GP IT Re-provisioning) resulted in a reprofiling of plans.

4.10 The Board were regularly updated on financial matters, with presentation on budgetary performance for delegated budgets, capital allocation and Scottish Government Strategic Funding. Assurance was taken by the Board from these reports.

4.11 The Board were updated on Digital and Information Performance through the provision of the performance summary report, with the Board noting the breadth of activities undertaken and the maintenance of operational performance and improvement.

5. Risk Management

5.1 Throughout the year the Board were presented with a consistent summary risk profile by risk rating and information relating to the improvement or deterioration of risk during the period. Visualisation of the risk profile, that averaged 38 in number in the year, supported the critique and assurance the group were able to offer.

5.2 In addition, the report provided a reporting format that presented additional analysis on the highest ranked risks. This summary detailed the root cause analysis, management actions, impact on the risk rating and timeline for delivery. This provided the Board with additional understanding of the risk and allowed them to consider if the management actions would mitigate the risk within a suitable timescale. The risk structure associated with the Corporate Risk 17 (Cyber Resilience) was also reviewed, prior to the Deep Dive being presented to the Clinical Governance Committee. To date the Board has been able to provide that assurance for the highest ranked risks.

5.3 During the period the Board noted that 11 risks improved their rating, 3 moved to the target risk rating and moved to a status of monitoring, and 7 risks were closed.

6. Other Highlights

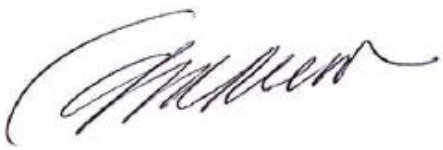
6.1 The Board noted the most recent efforts and prioritisation necessary to contribute to the Re-form, Transform and Perform work and the Digital and Information plans to support achievement of financial resilience.

7. Conclusion

7.1 As Chair of the Digital and Information Board, during financial year 2023-24, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Digital and Information Board has allowed us to fulfil our remit. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit during the year.

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

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

Signed:  Date: 22 April 2024

Dr Chris McKenna, Chair
Executive Medical Director
On behalf of the Digital and Information Board

Appendix 1 – Attendance Schedule

NHS Fife Digital & Information Board Attendance Record
1st April 2023 to 31st March 2024

	19/04/23	19/07/23	18/10/23	25/01/24
Members				
Dr Chris McKenna	√	√	√	√
Dr John Chalmers	√	x	√	√
Nicky Connor	Rachel Heagney Deputising	Audrey Valente Deputising	Audrey Valente Deputising	Audrey Valente Deputising
Claire Dobson	√	√	Miriam Watts Deputising	x
Alistair Graham	√	√	√	√
Benjamin Hannan	Duncan Wilson Deputising	Sally Tyson Deputising	Duncan Wilson Deputising	Duncan Wilson Deputising
Janette Keenan	√	√	√	Nicola Robertson Deputising
David Miller	x	√	x	x
Sharon Mullan	x	x	x	x
Margo McGurk	Maxine Michie Deputising	√	√	√
Caroline Somerville – Only till June 23	x	N/A	N/A	N/A
Joy Tomlinson	x	√	x	x
Matt Valenti – Only from July 23	N/A	√	√	x
In attendance				
Charlie Anderson	√	x	x	x
Andy Brown	√	√	x	√
Lynn Barker	√	x	√	x
Margaret Guthrie	x	x	x	Michelle Campbell Deputising
Helen Hellewell	√	√	x	x
Marie Richmond	√	√	√	√
Torfinn Thorbjornsen	x	x	x	x
Miriam Watts – Only attended till April 23	√	N/A	N/A	N/A

	19/04/23	19/07/23	18/10/23	25/01/24
Members				
Amanda Wong	x	√	√	√
Allan Young	√	√	√	√

ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE HEALTH & SAFETY SUB-COMMITTEE

1. Purpose

1.1 The purpose of the Health & Safety Sub-Committee is to ensure that the NHS Fife Board provides a safe and secure environment for patients, members of the public and its staff whilst meeting all of its statutory obligations in relation to Health & Safety.

2. Membership

2.1 During the financial year to 31 March 2024, membership of the Health & Safety Sub-Committee comprised: -

Name	Title
Neil McCormick (Chair)	Director of Property & Asset Management
David Miller	Director of Workforce
Conn Gillespie	Staff Side Health & Safety Representative
Rona Laskowski	Head of Complex & Clinical Services, HSCP
Dr Christopher McKenna	Medical Director
Janette Keenan	Director of Nursing
Claire Dobson	Director of Acute Services

2.2 The Health & Safety Sub-Committee may invite individuals to attend meetings for particular agenda items, however, the Health & Safety Manager, Manual Handling Team Lead, Head of Estates and acting Head of Spiritual Care will normally attend meetings. Other attendees, deputies and guests are recorded in the individual minutes of each meeting.

3. Meetings

3.1 The Health & Safety Sub-Committee met on four occasions during the financial year to 31 March 2024, on the following dates:

- 9 June 2023
- 8 September 2023
- 8 December 2023
- 8 March 2024

The attendance schedule is attached at Appendix 1.

4. Business

The full Workplan of the Subcommittee is attached as Appendix 2, to give further information on the full range of business considered during the year.

4.1 <u>Attendance at Health & Safety Meetings</u>

It was noted by the Sub-Committee that the Acute Services Directorate & Corporate H&S Committee has been re-established over the course of this financial year and a

new membership is in the process of being established. Attendance thus far has been good.

It was noted by the Sub-Committee that the HSCP has worked hard to achieve engagement and has seen a significant improvement in attendance at Health, Safety & Wellbeing meetings over the past 6 months.

The group agreed that Staff Side representation at Health & Safety meetings is challenging and has been for some time.

4.2 Routine & Reactive Maintenance

In terms of the issues that were raised during a recent HIS Inspection regarding routine and reactive maintenance, assurance was given to the Health & Safety Sub-Committee that the Estate Sector Manager for each site (Central Acute, Glenrothes & NE Fife and Dunfermline & W Fife) have identified and advised that the statutory compliance of the sites is fully up-to-date.

4.3 Upgrade to Phase 1, VHK

In terms of the planned upgrades in Phase 1, VHK following a recent HIS Inspection, Ward 5 was decanted, with ENT being temporarily moved to the Tower Block. Ward 5 works are now complete and Clinical Services will be moving back into Ward 5 imminently.

Remedial works in Ward 9 are complete and Ward 6 will be upgraded at the end of April 2024.

4.4 Reinforced Aerated Autoclaved Concrete (RAAC)

A process for reviewing the Fife estate in terms of reinforced concrete has been agreed across NHS Scotland.

Every build within our estate has been checked to determine the date in which blocks were built, particularly between 1950 and 1989, when we envisaged that this was the period with the most likelihood of a building containing RAAC.

Other aspects of our estate were checked, including flat roofs and the pitch of roofs, along with various other elements, to determine whether the build should be checked in finer detail.

Of the blocks that were checked, we identified twenty-seven and passed these to Currie & Brown, in their capacity as RAAC Survey Partner recently appointed by NHS Scotland Assure.

There are three elements to the survey process:

(i) RAAC Desktop Survey
Currie & Brown has conducted a desktop review, which involved speaking to and co-ordinating with Board contacts to obtain relevant existing building information, including but not limited to drawings, photographs and structural reports. The gathered information has been used to inform the Pilot and Discovery Surveys.

(ii) RAAC Pilot Survey

A pilot survey will be conducted to ensure the proposed methodology is tried and tested prior to the remainder of the properties being surveyed.

(iii) RAAC Discovery Survey

This is the physical survey of the remainder of the properties that are assumed to contain RAAC. The report will detail associated risks, remedial actions, cost and any routine monitoring suggestions for all RAAC buildings identified with a Red or Amber RAG rating. This information will be in the form of a report for each Board.

Of the NHS Fife blocks surveyed, Discovery Surveys have identified that five have RAAC and three of the blocks required further investigation. A full risk assessment has been conducted and mitigations undertaken. For the time being, this has not highlighted any major concerns, and it has been proposed that the condition of the RAAC is checked on an Annual Basis.

To summarise, no evacuations or taking buildings out of use has been required.

Assurance was given to the Health & Safety Sub-Committee that NHS Fife has been fortunate to date in terms of risk - all identified blocks have been small areas which have been locally addressed to mitigate any risks to patients, visitors and staff. There are a total of 5 further low risk blocks, and a further 3 recently identified high risk blocks that are all going to be surveyed in April 2024.

4.5 Radon Monitoring

Radon gas is naturally occurring gas. Throughout NHS Fife there are 46 sites which are monitored. Of these sites:

- 32 do not require any monitoring (no gas present)
- 10 sites have a very low level (re-monitored in 10 years)
- 3 sites had a slightly elevated level (re-monitored in 5 years)
- One had significantly higher levels - Kinghorn Medical Practice

The basement of Kinghorn Medical Practice has a higher amount of Radon Gas than we would expect and it has breached the higher number, where it is then required to be reported to the Health & Safety Executive.

We have radiation protection advisory support (working for NHS Fife and based at Lothian Health Board) who have visited the building in question. They have made recommendations in terms of bringing the ventilation system in the basement up to the required specifications. It appears that, following previous modifications to the building, the ventilation system was not working to best effect. Once the basement had been brought up to the recommended standard, re-monitoring will be conducted by the team.

The Radiation Protection Advisor will disclose the raised levels of Radon to the Health and Safety Executive, as required.

In terms of reporting, the incident has been raised at the Radiation Protection Committee by the Medical Director. If there was a requirement for escalation, then the Radiation Protection Committee would make that decision. Thereafter, reporting to the Clinical Governance Committee has taken place.

4.6 Manual Handling

The Manual Handling team now operate with a full team and as a result are busy with scheduled courses, which have been doubled, as well as the introduction of additional courses. The team are working with the eLearning team to revamp Turas online learning.

It has been identified that there are members of Bank staff working on wards who have not completed Induction Training. To remedy this, the team has added extra courses. Bank staff now receive training alerts on their respective mobile phones. If responses are not received and training is not undertaken within a three-month period, then shifts are no longer offered.

Health & Safety Audits continue alongside Business Managers of the Partnership, with Risk Assessors identified.

The Manual Handling team are now trained on the Lateral Lifting Project which will be rolled out mid-year to coincide with training for second year University of Dundee students on placement.

The Manual Handling team are now trained on Single Handed Care, a project that is being taken forward with the Partnership.

5. Risk Management

5.1 Sharps Strategy Group

Following an Internal Audit, addressing the escalation of any related sharps incidents/concerns was highlighted for action:

- Historically, the Sharps Strategy Group was a Short Life Working Group, pre the Covid-19 pandemic.
- Sharps incidents/concerns are a standing agenda item at ASD&CD H&S Committee meetings.
- Sharps Incident Reports are discussed at Health & Safety Sub-Committee meetings.

The Health & Safety Sub-Committee agreed, therefore, that a separate Sharps Strategy Group was not necessary and Internal Audit were notified accordingly.

The Sharps Review Update will remain a standard agenda item on the Health & Safety Sub-Committee agenda.

6. Other Highlights

6.1 Health & Safety Enforcement Activity

During the period 2023-24, there was no enforcement activity to report.

7. Conclusion

7.1 As Chair of the Health & Safety Sub-Committee during financial year 2023-24, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Health & Safety Sub-Committee has allowed us to fulfil our remit. As a result of the work undertaken

during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit during the year.

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

7.3 I would pay tribute to the dedication and commitment of fellow members of the Health & Safety Sub-Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.

Signed:  Date: 11 April 2024

Director of Property & Asset Management, Chair
On behalf of the Health & Safety Sub-Committee

APPENDIX 1

NHS Fife Health & Safety Sub-Committee Attendance Record
1 April 2023 to 31 March 2024

	9 June 2023	8 Sept 2023	8 Dec 2023	8 Mar 2024
Members				
Neil McCormick	✓	✓	✓	✓
David Miller	✓	✓	x	x
Dr Christopher McKenna	x	x	✓	✓
Rona Laskowski	✓	✓	✓	✓
Conn Gillespie	✓	x	✓	✓
Janette Keenan	✓	✓	✓	x
Claire Dobson			✓	x
In attendance				
Billy Nixon	✓	✓	✓	✓
Ann-Marie Marshall	x	✓	✓	✓
Paul Bishop	✓	✓	✓	✓
Ian Campbell		✓	✓	✓
Lynn Parsons			✓	x
Andrea Barker	✓	x	✓	✓

HEALTH & SAFETY SUB-COMMITTEE
Annual Work Plan 2023-24

Meetings Scheduled: Quarterly

Standing Items	
Business	**Lead**
Welcome and Apologies	Chair
Minute/Matters Arising	Chair
Covid-19 Update	Chair
Governance Arrangements	Chair
Operational Updates	H&S Manager
NHS Fife Enforcement Activity	H&S Manager
Policies & Procedures	H&S Manager
Any Other Business	Committee

20 January 2023 Meeting		
Business	**Lead**	**Purpose**
2022-23 Terms of Reference Update	D of PAM	Approval
2022-23 Annual Statement of Assurance	D of PAM	Update
2023-24 H&S Sub-Committee Annual Work Plan	H&S Mgr	Information

10 March 2023 Meeting		
Business	**Lead**	**Purpose**
2022-23 Annual Statement of Assurance	D of PAM	Approval
Terms of Reference Update & Approval	D of PAM	Approval
2023-24 H&S Sub-Committee Annual Work Plan	H&S Mgr	Update
Noise Policy Review	H&S Mgr	Update
PPE Policy Review	H&S Mgr	Update
Slips Trips Falls & RIDDOR Reporting	H&S Mgr	Update

9 June 2023 Meeting		
Business	**Lead**	**Purpose**
Manual Handling Review	H&S Mgr	Update
Health Surveillance (including Skin Health)	H&S Mgr	Update
Glove Selection Procedure Review	H&S Mgr	Update

8 September 2023 Meeting		
Business	**Lead**	**Purpose**
Sharps Review	H&S Mgr	Update
Face Fit Testing	H&S Mgr	Update
Learning & Development - All H&S / Manual Handling Training Packages	H&S Mgr	Update

8 December 2023 Meeting		
Business	**Lead**	**Purpose**
Ligature Risk Assessment Review	H&S Mgr	Update
V&A Management Review	V&A Adv.	Discussion
Working at Height Review	H&S Mgr	Update

8 March 2024 Meeting		
Business	**Lead**	**Purpose**
2023-24 Annual Statement of Assurance (Draft)	D of PAM	Review
2024-25 Terms of Reference (Draft)	D of PAM	Review
2024-25 H&S Sub-Committee Annual Work Plan (Draft)	D of PAM	Review
Workplace / DSE Review	H&S Mgr	Update
Reduction of Violence & Aggression at Work Policy	V&A Adv.	Update
Control of Contractors Review	H&S Mgr	Update

Billy Nixon
H&S Manager

File Name: H&S Sub-Committee Work Plan 23-24

Last Update: March 2023 (AB) for 10.03.23 meeting

Originator: Neil McCormick, Director of PAM

ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE INFORMANCE GOVERNANCE & SECURITY STEERING GROUP

1. Purpose

1.1 To provide the Clinical Governance Committee with an assurance statement, for the financial year 2023-24, that relates to the effectiveness of the structures, policies and practice in place to ensure the confidentiality, availability and integrity of the information processed by or on behalf of NHS Fife, including patient records and all corporate records which are pertinent to regulations, and to enable the ethical and safe use of them for the benefit of individual patients and the public good.

2. Membership

2.1 During the financial year to 31 March 2024, membership of the Information Governance and Security Steering Group comprised:

Members	
Margo McGurk	**Chair/Senior Information Risk Owner** (SIRO) - Director of Finance and Strategy/Deputy Chief Executive
Nicky Connor	Director of Health & Social Care
Claire Dobson	Director of Acute Services
Susan Fraser	Associate Director of Planning & Performance
Alistair Graham	Associate Director of Digital & Information
Benjamin Hannan	Director of Pharmacy & Medicines
Helen Hellewell	Associate Medical Director, Health & Social Care Partnership
Janette Keenan	Director of Nursing
David Miller	Director of Workforce
Sharon Mullan	General Practitioner
Dr Chris McKenna	**Vice Chair** - Medical Director and Caldicott Guardian
Frances Quirk	Associate Director, Research, Innovation and Knowledge
Dr Joy Tomlinson	Director of Public Health
Margaret Guthrie	Head of Information Governance & Security / Data Protection Officer
In Attendance	
Andy Brown	Principal Auditor, Internal Audit
Brian McKenna	HR Manager
Elizabeth Gray	Patient Experience Team Lead
Gillian MacIntosh	Head of Corporate Governance & Board Secretary
Kirsty MacGregor	Associate Director of Communications
Allan Young	Head of Digital Operations

2.2 The Information Governance & Security (IG&S) Steering Group invited individuals to attend meetings for agenda items and the list of attendees detailed in 2.1 have been in regular attendance at meetings. Other attendees, deputies and guests have been recorded in the individual minutes of each meeting.

2.3 The membership and attendance of the Group was sufficient to support the work and oversight necessary. The membership and attendance will be reviewed as part of the

Group's Terms of Reference review at the April 2024 meeting and remains under annual review.

3. Meetings

3.1 The Information Governance & Security Steering Group met on three occasions during the financial year to 31 March 2024, on the undernoted dates:

- 11th April 2023
- 24th July 2023
- 10th October 2023

The meeting due to be held on 31st January 2024 was postponed.

3.2 The attendance schedule is attached at Appendix 1.

4. Business

4.1 The Information Governance & Security Steering Group reviewed and commented on the annual activity plan that was presented to the Group. The Group recognised the responsibilities across the ten categorise outlined in the Information Governance and Security Accountability and Assurance Framework. These 10 categories are:-

- Leadership and Oversight
- Policies and Procedures
- Training and Awareness
- Individual's Rights
- Transparency
- Records of processing on a lawful basis
- Contracts and data sharing
- Risks and Data Protection Impact Assessments (DPIA)
- Records Management and Security
- Breach Response and monitoring

The Group discussed and considered the priorities outlined and had an informed view, being able to review these alongside associated risks. Priorities were amended where necessary.

4.2 The Group noted the inclusion of Key Performance Indicators and measurements associated with the ten categories, where appropriate, and also discussed and recognised some limitations where reporting or data was not yet available. The key measures made available throughout the year included: monthly Subject Access Request data; point in time Information Asset Register figures; Information Governance training compliance tracked through the year; monthly FOI performance; current policy and procedure review information; Cyber Resilience Framework compliance at time of audit; monthly event reporting; and summary information on reportable incidents to Information Commissioner's Office/Competent Authority. Some key measures are included in Appendix 2 to this report.

4.3 The Group discussed and supported the prioritisation of the action plan following the Information Commissioner's Office (ICO) Audit recommendations. The grouped noted that some items had already been identified with improvement activities already underway. The group supported the recommendations made by the Head of Information Governance and Security to prioritise the ongoing development of the Information Asset Register, the continued review of existing and development of new

policies and procedures, the development of a training and education framework that, in the future, can be aligned to role specific training, the review of written contracts assuring alignment to data protection legislation, and improved incident reporting arrangements.

4.4 Specific updates on the progress with the development of the Information Asset Register (IAR) were considered by the Group. The Group supported the consideration and a practical approach to the development of the IAR, while recognising the operational challenges to provide time and support to the necessary responses at a Directorate level.

4.5 The Information Governance and Security Assurance Framework received frequent comment and feedback on its development throughout the year. The Group noted the inclusion of Key Performance Indicators, the regular updates to the ICO Action Plan items, the inclusion of risk summary and the introduction of an overarching assurance statement as part of the Executive Summary.

4.6 The Group received a presentation on the Cyber Resilience Framework external audit. (Previously NIS Audit). The Group took assurance that the compliance score had risen to 87%, an increase of 11% on the previous year. The Group also noted that a new baseline had been introduced due the increased number of controls with a revised baseline for the Cyber Resilience Compliance of 77%. The presentation also highlighted the key priority action areas, and the Group encouraged these items be included in the Accountability and Assurance Framework to encourage further visibility of progress.

4.7 Throughout the year the Group reviewed and considered significant events and incidents that had been escalated to the group for their attention. Two specific items of note that the Group considered were the e-Financial system consideration (April 2023) and the Data Protection Breach (October 2023) associated with a member of the public posing as a member of staff and the associated theft of data. The latter item resulted in NHS Fife receiving a reprimand from the ICO.

4.8 In October 2023, the Group received an update on the progress being made with the Records Management Plan and the requirement to provide a written update to the Keeper of the National Records of Scotland in February 2024. The Group discussed progress and took assurance from the work underway, recognising the significant effort and work undertaken and which is required to continue to progress this item. The Group also felt the item should be presented to Executive Directors' Group (EDG) to describe the requirement for ongoing support and in recognition of the efforts of teams in progressing the work.

4.9 The Group took further assurance from the completion of the two Assurance Reports, provided, via EDG, to the Clinical Governance Committee (CGC). The reports were considered at the September 2023 and March 2024 meetings of the CGC.

4.10 The Group undertook, as scheduled, its annual review of Terms of Reference and update to the Annual Workplan

5. Risk Management

5.1 Throughout the year the Group were presented with a consistent summary risk profile by risk rating and information relating to the improvement or deterioration of risks during the period. Visualisation of the risk profile, which averaged 28 in number over the year, supported the critique and assurance the Group were able to take.

5.2 During the period, the Group noted that 13 risks improved their rating, 1 risk deteriorated during the period, 5 equalled their target risk rating and moved to a status of monitoring and 7 risks were closed during the year.

5.3 In April 2023, a risk appetite and tolerance matrix were presented to the Group for decision. The Group agreed to adopt the appetite and tolerance statement and these have been adopted into reporting and inclusion in the Risk Management Reports and Information Governance and Security Accountability Framework.

6. Other Highlights

6.1 Through the year, 12 incidents were reported to the ICO, a reduction of 2 from the 14 incidents reported the previous year. Of the 12, 10 (83%) were reported within the 72-hour requirement. Of the 12 incidents, 10 have been confirmed not to require any further follow up and 2 remain to be confirmed.

6.2 One incident, within the remit of the Group, was considered to be significant and resulted in NHS Fife receiving a reprimand from the ICO. The item has been subject to a significant adverse event review that was undertaken between 7 August 2023 and 21 September 2023. This review provided some evidence to the ICO investigation and also committed to an action plan. The ICO has requested they receive a progress update, which is due on 6 June 2024. Given the significance of this incident, and the complexity of issues identified that contributed to the event, the Group believe this issue warrants disclosure in NHS Fife Board's Governance Statement within the Annual Accounts & Report for 2023/24.

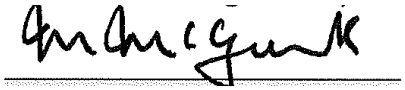
6.3 The Group continues to monitor progress with the recommendations contained in the Internal Audit Internal Control Evaluation 2023/24 and the three assigned actions.

7. Conclusion

7.1 As Chair of the Information Governance & Security Steering Group during Financial Year 2023-24, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Information Governance & Security Steering Group has allowed us to fulfil our remit. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit during the year.

7.2 I can confirm that one incident should be disclosed in the Governance Statement, as a formal reprimand was received from the ICO, which was reported in the press, and this has raised the potential for reputational damage to NHS Fife. The incident related to a data security breach at a Community Hospital. An action plan to address the ICO recommendations is currently being completed.

7.3 I would pay tribute to the dedication and commitment of fellow members of the Information Governance & Security Steering Group and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.

Signed:  Date: 22 April 2024

Margo McGurk, Chair
SIRO/Director of Finance and Strategy/Deputy Chief Executive
On behalf of the Information Governance & Security Steering Group

Appendix 1 – Attendance Schedule

Appendix 2 – IG&S Performance Summary

NHS Fife Information Governance & Security Steering Group Attendance Record
1st April 2023 to 31st March 2024

	11/04/23	24/07/23	10/10/23
Members			
Margo McGurk	x	√	√
Nicky Connor	Audrey Valente Deputising	Audrey Valente Deputising	x
Claire Dobson	x	x	x
Susan Fraser	√	√	x
Alistair Graham	√	√	√
Benjamin Hannan	Sally Tyson Deputising	Duncan Wilson Deputising	Duncan Wilson Deputising
Helen Hellewell	x	√	√
Janette Keenan	x	√	√
David Miller	Brian McKenna Deputising	x	√
Sharon Mullan	x	x	x
Dr Chris McKenna	x	x	√
Frances Quirk	√	√	√
Dr Joy Tomlinson	√	x	√
In attendance			
Andy Brown	√	√	√
Margaret Guthrie	√	Michelle Campbell Deputising	√
Elizabeth Gray	x	x	x
Brian McKenna	√	x	x
Kirsty MacGregor	√	x	√
Gillian MacIntosh	x	√	√
Allan Young	√	√	√

	Information Governance & Security Performance Summary	Target	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Operational Performance	Cyber Security - Exposure Score*	< 25	23	22	25	63	32	45	33	33	29	31	32	34
	FOI's - Responses within target	85%	85.0%	84.8%	88.0%	84.9%	78%	86.50%	89%	97.1%	84.4%	91.6%	85.0%	77.9%
	Number of SARs Received							204	218	226	146	228	247	221
	SARs Received (% responded to timeously)	100%	100% *	100% *	95.0%	?	?	100%	95.1%	97.3%	87.6%	94.5%	92.7%	
	Information Governance Incidents	Avg 109	102	145	117	113	120	109	89	96	82	105	135	89
	Incidents Reported to ICO or CA		0	1	0	2	4	2	0	1	0	0	0	2
	Incidents Reported within 72 Hours		0	0	0	2	3	2	0	1	0	0	0	2
	Follow up required by ICO		0	1	0	0	4	2	0	1	0	0	0	1
	Mandatory Training Renewal **	80%	49%	50%			54%	54%		59%			61%	
	Annual Measures		2020	2021	2022	2023								
	NISD Compliance Status		53%	69%	76%	87%								
	NISD Risk Exposure		13%	8%	3%									
	NISD Controls Completed		53%	58%	64%									
	Public Sector Cyber Resileince Compliance					77%								

		NIS / GDPR Reportable	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Technical Incidents	1. Negligible Incidents	N	3119	3383	3753	2934	3865	3622	3919	3865	2633	3476	3364	3199
	2. Minor Incidents	N	1	3	2		3			2	3	5	3	3
	3. Moderate Incidents	Y					1				1			2
	4. Major Incidents	Y												
	5. Extreme Incidents	Y												

* - Scored out of 100; Low 0-29, Med 30-69, High 70-100

** - Only partial information available from SAR teams

*** - Source EDG Training Compliance Report

ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE RESILIENCE FORUM

1. Purpose

1.1 To provide the Clinical Governance Committee with an assurance statement for the financial year 2023-24, that relates to the effectiveness of NHS Fife in meeting its statutory emergency planning duties & planning in preparedness as outlined within the Civil Contingencies Act 2004 and the NHS Scotland Standards for Resilience. NHS Scotland Standards require NHS Fife to ensure it can respond to any emergency situation while maintaining operational service delivery.

1.2 NHS Fife has statutory duties with partners to provide Category 1 response under the Civil Contingencies Act 2004. This places additional duties on our organisation to support the assessment of risks (of different types of emergency and their impacts) including;

- Maintaining emergency plans.
- Business continuity plans & promotion of business continuity planning ensuring organisational preparedness.
- Co-operation with other category 1 multiagency responders.
- Communicating with the public.
- The provision of information, instruction & training support for employees in relation to civil contingencies planning & preparedness.
- NHS Fife (as a public service organisation) being able to evidence resilience assurance to its statutory & moral obligations.

1.3 The Civil Contingencies Act and supporting regulations require NHS Fife to have an established and clear set of roles and responsibilities for those involved in emergency preparation and response at the local level.

2. Membership

2.1 During the financial year to 31 March 2024, membership of the NHS Resilience Forum comprised: -

Names	*Roles / Designations*
Dr Joy Tomlinson	Director of Public Health (Chair)
Margo McGurk	Director of Finance and Strategy/Deputy Chief Executive (Vice Chair)
Susan Cameron	Head of Resilience
Susan Fraser	Associate Director of Planning and Performance
Claire Dobson	Director of Acute Services
David Miller	Director of Workforce
Nicky Connor	Director of Health and Social Care
Neil McCormick	Director of Property and Asset Management
Janette Keenan	Director of Nursing
Hazel Close	Head of Pharmacy
Dr Christopher McKenna	Medical Director

Paula Lee	Head of Procurement
Nicola Taylor	Primary Care Representative
Alistair Graham	Associate Director, Digital and Information
Kirsty Macgregor	Associate Director of Communications
Lynne Parsons	Employee Director
Craig Burns	Emergency Planning Officer
Samantha McLaughlin	Scottish Ambulance Service Resilience
Steven Rutherford	Personal Assistant to Head of Resilience

2.2 The Resilience Forum may invite individuals to attend meetings for particular agenda items, but the list of routine members in 2.1 will normally be in attendance at meetings. Other attendees, deputies and guests are recorded in the individual minutes of each meeting.

2.3 The Resilience Forum is the group responsible for strategic oversight of the resilience function for NHS Fife in line with the Civil Contingencies Act 2004 and relevant national guidance; it is chaired by the Director of Public Health and its membership is drawn from key NHS Fife stakeholders. The group is quorate when 50% of the membership are present, one of which should be an NHS Fife senior executive (i.e. the Director of Public Health or the Vice Chair, the Director of Acute Services, Director of Nursing or the Director of Property and Asset Management).

2.4 The Assurance of Resilience Capabilities requires directorates and operational areas of NHS Fife to annually report on their ability to prevent disruption to services, manage disruptive incidents and respond to internal & external emergencies (including major incidents).

3. Meetings

3.1 The NHS Fife Resilience Forum met on four occasions during the financial year to 31 March 2024, on the undernoted dates: The attendance schedule is attached at Appendix 1.

Date	Month	Year
8	June	2023
10	October	2023
7	December	2023
14	March	2024

Emergency Preparedness Resilience & Response (EPRR) reporting across 2023/24 was themed as follows;

Quarter 1: EPRR Risk Profile.
Quarter 2: EPRR Education, Training & Exercising.
Quarter 3: Emergency Planning.
Quarter 4: Business Continuity.

Reports are created in partnership with H&SCP and Digital resilience colleagues to provide a whole systems overview.

3.2 **Communication, involvement, engagement and consultation**

Internally NHS Fife's quarterly resilience workforce briefing newsletter supports service area awareness to framework documents for workforce awareness.

- The Resilience team ensure key stakeholder consultation with planning to senior leadership team meetings Acute and H&SCP.

Executive Directors' Group

Date	Consultation
08/06/2023	2022/2023 Quarter 4 - EPRR Report
08/06/2023	2023/2024 Quarter 1 - EPRR Report
10/08/2023	Incident Management Framework
02/11/2023	Mid Year Assurance Report (EDG)
07/12/2023	National Strategic Guidance For Health boards Business Continuity
18/01/2024	2023/2024 Quarter 2 - EPRR Report

Acute Senior Leadership Group

Date	Consultation
27/06/2023	SBAR – Business Continuity Management Systems
25/07/2023	SBAR – Incident Management Framework
25/07/2023	SBAR – Business Continuity Management Systems
24/10/2023	SBAR – Loggist
14/11/2023	SBAR – Lockdown Framework
27/02/2024	SBAR – Suspect Package Bomb Threat

Health & Social Care Partnership Senior Leadership Group

Date	Consultation
11/12/2023	SBAR – Lockdown Framework
11/12/2023	SBAR – EPRR Loggist
18/03/2024	SBAR – Suspect Package Bomb Threat

Health and Social Care Partnership Resilience Assurance Group

Date	Consultation
27/04/2023	H&SCP Resilience Assurance Group
29/06/2023	H&SCP Resilience Assurance Group
21/09/2023	H&SCP Resilience Assurance Group
24/01/2024	H&SCP Resilience Assurance Group

Clinical Governance Committee

Date	Consultation
02/11/2023	Mid Year Assurance Report (CGC)
04/09/2023	Resilience Forum Minutes 08th June 2023
18/12/2023	Resilience Forum Minutes 10th October 2023
12/02/2024	Resilience Forum Minutes 07th December 2023

Additional Meetings Supported:

28/6/23 Winter Sports Committee Feedback.

- NHS Fife System & Flow meeting attended weekly (52/12).

- Externally NHS Fife Resilience function supports partner agencies' response planning in collaboration with the East Region Local Resilience Partnership and East of Scotland Resilience Response Partners.

National Resilience Leads Group

Meeting Date
15th November 2023

East Region Local Resilience Partnership Group (LRP)

Meeting Date
26th January 2023
15th June 2023
19th October 2023
18th January 2023

East Region NHS Resilience Forum

Meeting Date
27th April 2023
01st August 2023
04th December 2023

Mass Fatalities (LRP) Group: capacity triggers

Meeting Date
16th February 2023 – Additional Deaths Group
11th September 2023 – Additional Deaths Group

Health Protection Business Meetings

Meeting Date
13th March 2023
25th September 2023
20th November 2023
15th January 2024
12th February 2024

4. Business

4.1 An assurance process is established by means of a quarterly report, reviewed and commented on by the Resilience Forum and considered by the Executive Directors' Group. The report provides overview of internal and external resilience activities supported by the resilience team and assurance metrics for Business Continuity Management Systems planning.

The Resilience Forum provides a key link regionally with membership including partner agencies covering Category 1 joint emergency response planning, testing & exercising. The Forum provides an opportunity for joint learning and awareness. During 2023, NHS 24 provided an overview of their Major Incident Support, describing the capacity that NHS Fife could access in the event of a major incident. Scottish Ambulance Service presented their Communication Plan, the process enabling the plan involves an initial notification to each Health Board. The notification process is tested quarterly and results reported to all Boards. The process has been satisfactorily tested for NHS Fife throughout the year.

Emergency Planning

4.2 Incident Management Frameworks

NHS Fife's Incident Management Framework was endorsed on the 10 August 2023 with 12month review timescale. The revised Incident Management Framework describes escalation Levels 1, 2, 3 & 4 and takes a comprehensive approach to incident management and escalation.

Development of the new Incident Management Framework has been informed by discussion with Executive Directors alongside Acute and H&SCP leads. It reflects the reporting structure of NHS Fife, and provides a common approach for internal escalation with any disruptive events that can evolve into a critical or Major Incident being declared. As part of this, NHS Fife's Operational Pressures Escalation Level (OPEL) triggers have been incorporated into the incident escalation strategy. OPEL capacity and flow metrics & actions assist Cat 1 receiving hospitals in any event of Major Incident Mass Casualties surge demand where rapid discharge is required to create capacity.

The resilience team have working with key stakeholders to further develop associated guidance's across 2023 aligned to the incident management framework covering;

Guidance	Progress
NHS Fife: Incident Management Framework	Approved 27 June 2023: 12 month next review
Business Continuity Management Systems (BCMS)	Datix risk profile enabled & dashboard visual launched 14 November 2023. BCMS standard operating procedure ratified 18 January 2024.
Buildings Lockdown Framework	"Official Sensitive" document – Standard lockdown operating procedure ratified 18 January 2024.
Severe Weather Framework	Stakeholder consultation ended 14 January 2024. Document in formal stages for final approval
CBRN/HAZMAT	Document in formal stages for final approval
Bomb Threat /Suspicious Packages	Document in formal stages for final approval
East of Scotland Regional Resilience Scientific & Technical Advice Cell (STAC)	STAC guidance regionally approved and is published for East Region in Resilience Direct

The agreed consultation period is 4 weeks for document review and an editorial checklist is presented to support the final document ratification records.

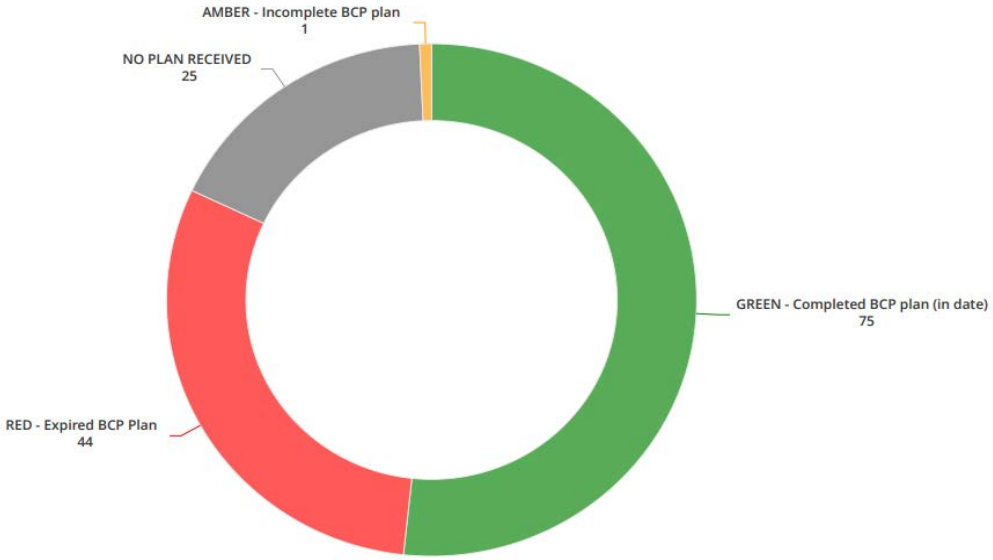
4.3 Business Continuity Management Systems

Following senior management consultation it was agreed that a Business Continuity Management System (BCMS) approach to provide governance and assurance would be established by resilience team for NHS Fife.

A corporate dashboard system (pulling from Datix risk profile data) launched on the 14 November providing a new systems based approach to internal risk profiling that gives ability for managers on all levels in monitoring and forecasting their position with Business Impact Analysis (BIA) and Business Continuity planning.

Summary reports from Datix systems are provided monthly to plan owners and quarterly to the Resilience Forum & EDG for their leadership oversight.

Number of active BC plans 145. Current status in chart below: to note plan expiry daily is a fluid position. Supportive contact is ongoing where business continuity plans have not been received by resilience.



4.4 Business Continuity Plan Testing, Training and Exercise

Planning for business continuity emergencies cannot be considered reliable until it is exercised and proven to be workable, especially since false confidence may undermine effectiveness of any written plans. A rolling program of departmental plan testing to support planning quality commenced early 2023.

BCP Test/Exercise 2023-24			
Service Area	**Date**	**Exercise Test**	**Attendees**
		Q1	
Ward 52	10 May	Power Outage	2
Public Health Dept	23 May	Power Outage	1
Ward 54	30 May	Power Outage	2
Ortho Outpatients	31 May	Power Outage	1
Colorectal Cancer	6 June	Power Outage	1
Ward 32	13 June	Power Outage	1
Breast Oncology	16 June	Power Outage	1
Comms Team	21 June	Loss of IT/Cyber attack	8
		Q2	
Plastic Surgery Nursing	06 July	Power Outage	4
Digital & Information	11 July	Power Outage	1

Corp. Governance & Board Admin.	11 July	Power Outage	6
Community Midwifery	19 July	Power Outage	2
CCU	25 July	Power Outage	3
Ward 23 (Cardiology)	25 July	Power Outage	2
Acute Midwifery	08 August	Power Outage	2
Head & Neck Cancer Nursing	10 August	Power Outage	3
Q3			
Orthotics	25 October	Infrastructure Failure	7
Mortuary	26 October	Flooding	5
Community Nursing	01 November	Infrastructure Failure	13
Vascular Nursing	20 November	General Plan discussion	1
ED & Clinical Coordinators	22 November	Surge and Capacity Planning	9
Pharmacy	01 December	General Plan discussion	1
Colorectal Nursing	11 December	Infrastructure Failure	1
Ward 51	18 December	Infrastructure Failure	2
6 Exercising sessions cancelled due to staff shortage in service areas.			

In the absence of national NHS Scotland business continuity training for managers, to promote confidence in business continuity planning locally the resilience team continue to facilitate support with local update sessions this is detailed in the table below.

Business Continuity Bitesize Training 2023-24	**Number Attended**
Q1 - No sessions provided	
Q2	
03 August	**3**
06 September	**9**
Q3	
4 October 2023	**1** (+1 cancelled)
2 November 2023	**2** (+ 2 DNA)
7 December 2023	**3** (+ 1 cancelled, 5 DNA)

5. PREVENT

5.1 Reporting to the Forum is incorporated within the established quarterly updates and the summary of training completed is set out in the table below.

PREVENT	
Q1	
Number of staff undertaking other Prevent-related training/awareness raising activities	**0**
Number of staff completing Prevent e-learning module TURAS	**147** (Acute 54, HSCP 93)
Q2	
Number of staff undertaking other Prevent-related training/awareness raising activities	Total of **30** attended (1 session) (From 31 online registrations, with 1 cancelled prior to event and 1 DNA)
Number of staff completing Prevent e-learning module TURAS	**435** (Acute 202, HSCP 233)
Q3	

Number of staff undertaking other Prevent-related training/awareness raising activities	Total of **35** attended (3 sessions) (From 62 online registrations, with 7 cancelled prior to event and 19 DNA)
Number of staff completing Prevent e-learning module TURAS	Paused

Scottish Government Health EPRR Division paused NHS metrics in Quarter 3. New UK cabinet office PREVENT training is now advised. Health boards in Scotland do not currently have an agreed mechanism to gain thematic from UK cabinet office training links Prevent duty training - GOV.UK (www.gov.uk). NHS Scotland Health boards await further guidance.

The Fife PREVENT resilience leads & local partners tailored a face to face support package to protect the vulnerable person. Initiatives to support workforce referrals awareness across 2023-24 has involved group presentations provided by Police Scotland (attendance is detailed in the chart above as other related training).

6. Risk Management

6.1 The Resilience Forum is responsible for strategic oversight of the resilience function for NHS Fife. The Forum receives assurance on local planning and arrangements through regular review and exercising of plans and consideration of any escalated issues from NHS Fife Acute Services Division and NHS Fife Health and Social Care Partnership Resilience Group. The Forum reports directly to the Executive Directors' Group and minutes from the Forum are presented to both the NHS Fife Board's Clinical Governance Committee and the Health & Social Care Partnership Resilience Group of the Integration Joint Board.

6.2 The Public Health Assurance Committee reviews overarching strategic resilience risks to ensure that appropriate management actions are in place. The Public Health Assurance Committee meets four times annually, where a review of Public Health risks (including resilience) is undertaken. The minutes are submitted to the NHS Fife Board's Public Health and Wellbeing Committee. The Public Health risk register is discussed and updated and frequency of the review period is in line with organisational requirements.

6.3 Datix Risk 518 currently reflects a moderate operational risk level with Emergency planning this is monitored in alignment to NHS Fifes risk management arrangements.

6.4 **Internal Audit Interim Report**

NHS Fife's internal audit team confirmed on the 23/8/2023 receipt of evidence from resilience team that the actions noted within their Interim report B23/22 have been completed. Details in this table:

Requested Actions	**Status Evidence**
Evidence of Business Continuity (BC) Plans having been reviewed in accordance with relevant guidance	• Master BC Ledger centrally held • Testing and Exercising programme • Quarterly EPRR Whole systems Assurance Reporting to Resilience Forum & EDG

	• Supportive Site visits • Resilience team huddles • Datix Business impact assessment risk profile status & Dashboard
Finalised Major Incident Operational Plan with scheduled review date	• Major Incident Framework guidance & action cards ratified 10/8/2023 review in 12 months (10/8/2024) • Action Cards implemented for BC planning • 21 Emergency Department action cards reviewed & updated • HAZMAT Scenario Test to planning undertaken 25/8/22
Resilience Assurance Reporting mechanisms	• Quarterly EPRR Whole Systems Assurance Reporting to Resilience Forum & EDG • Annual Statement of Assurance • Business Continuity Management Systems datix risk profiling • Stakeholder consultation via SBARs to SLT & H&SCP SLT meeting groups

Assurance evidence is supported & provided in partnership, providing whole systems assurance across Acute, H&SCP and Digital partners.

A second internal audit (B13/23) specific to business continuity planning assurance was progressed by NHS Fife internal audit services November 2023. This audit reviewed 5% of existing business continuity plans and makes recommendations to plan quality improvement.

Support continues to be offered via the resilience team to managers across NHS Fife with the lunch of a Business Continuity Management Systems (BCMS) approach. The procedural document for BCMS was ratified in January 2023. Visuals & advanced forecasting of the dashboard requires time to bed in.

New Strategic Guidance for Health Boards was issued in October 2023. The revised guidance, linked here: Business Continuity: Strategic Guidance for NHS Health Boards in Scotland (www.gov.scot), takes account of key issues and themes such as changes to the Civil Contingencies Act (CCA) Responder legislation, lessons identified (including Covid-19), and changes in roles and responsibilities of those involved in emergency planning at all levels.

The guidance has been streamlined to focus on the strategic elements of business continuity as opposed to the granular operational details which were included in the previous document. This business continuity guidance has been produced to link with the refreshed *'Preparing for Emergencies 2023'* document.

7. Other Highlights

7.1 Police Incident Officer Training: NHS Fife Cat 1 Multiagency Support

NHS Fife resilience officers provide a presentation on behalf of NHS Scotland which supports national Police Incident Officer scenario based training & education in multiagency category 1 response at Tulliallen Police College Kincardine.

Dates Supported By NHS Fife

30th June 2023
20th October 2023
3rd November 2023

7.2 **UCI World Cycling Championships**

The resilience team participate in major events Safety Assurance Group planning locally and nationally to provide Category 1 multiagency response preparedness. Across the past 12 months NHS Fife was involved in national planning for the UCI World Cycling Championships for the Men's Elite Race event that crossed Fife on the 6 August 2023. NHS Fife provided a statement of assurance to Health EPRR. Scottish Government following an impact assessment for NHS services and workforce during planned road closures.

7.3 **Maritime Major Incident scenario**

The Head of Resilience has been involved with planning & preparations for a maritime Major Incident workshop at Forth Ports, Rosyth on the 23 November 2023. Operation WAYPOINT is HM Coastguard's declaration of a Major Maritime Incident requiring rescue of significant numbers of people. Mass Rescue Operations may occur as a consequence of nationally assessed risks and threats being realised. The most likely of these are Transport Accidents (collision, grounding and fire), Severe Weather (foundering), and Marine Traffic Accidents (onboard passenger carrying vessels). Other risks and threats such and Cyber and Space Weather can affect navigational capabilities and lead to an accident.

7.4 **East of Scotland Regional Resilience Partnership - Mighty Oak**

NHS Fife LRP took part in testing aspects of the 'Mighty Oak' national power outage & resilience exercise. This was attended by NHS Fife representatives and the LRP intend to circulate lessons learned from the national exercise once available. Regional power outage planning is underway to ensure that if this were to occur we maintain multiagency communications and mutual aid capabilities are known. Power outage has wider impacts to the NHS. Fuel availability will be reduced as a result of station pumps being electrically dependant. Electric fleet vehicles will be unable to charge. Fuel supplies are essential as contingency to power generators. Digital Networks resilience/Communications have been a topical discussion point, where telephony systems are fully digitalised, business continuity planning for power outage

incidents which may impact on telephony is being strengthened through local training.

8. Conclusion

8.1 As Chair of the Resilience Forum during financial year 2023-24, I am satisfied that the developing internal reporting & monitoring systems provides an integrated partnership approach.

8.2 The frequency of Resilience Forum meetings and the range of attendees at meetings of the NHS Resilience Forum provide a platform for partnership consultation to facilitate policy and frameworks planning to fulfil our civil contingencies remit.

8.3 This report provides an annual overview of Key work areas undertaken across 2023. I can confirm that governance procedures and assurance metrics are further developing across Emergency planning, Business Continuity and PREVENT portfolios, so that NHS Fife can evidence assurance that we operationally have civil contingencies arrangements.

8.4 The Head of Resilience has worked throughout the year to support the Forum and has progressed the key areas highlighted within the Interim Internal Audit Interim report B23/22. While significant progress is evident the resilience team will continue to ensure ongoing support.

The Forum should note that moderate assurances can be reported to the Clinical Governance Committee for the reporting year 2023/24, reflecting the work-in-progress underway to strengthen arrangements for resilience planning across NHS Fife and with its contracted partners.

8.5 Planning arrangements would not be possible without support and ongoing commitment of the workforce in NHS Fife. I would thank all those members of staff (internal & external multiagency partners) who have prepared reports and attended the Resilience Forum meetings.

Signed:

Joy Tomlinson, Chair
Director of Public Health
On behalf of the Resilience Forum

Susan Cameron
Head of Resilience

Date: 01st March 2024

APPENDIX 1

NHS Fife Resilience Forum Attendance Record
1st April 2023 to 31st March 2024

Meeting Date	08/06/23	10/10/23	07/12/23	14/03/24
Members				
Joy Tomlinson	✓	✓	✓	✓
Margo McGurk	✓	✓	X	Kevin Booth Deputising
Susan Cameron	✓	✓	✓	✓
Craig Burns	✓	✓	✓	✓
Susan Fraser	✓	X	✓	X
Claire Dobson	Donna Galloway Deputising	Donna Galloway Deputising	X	X
David Miller	X	X	X	X
Nicky Connor	X	X	Lynne Garvey Deputising	X
Neil McCormick	X	X	X	X
Janette Keenan	X	✓	X	X
Hazel Close	X	X	✓	X
Christopher McKenna	X	X	X	X
Paula Lee	X	X	X	X
Nicola Taylor	X	X	X	X
Alistair Graham	Allan Young Deputising	Allan Young Deputising	Allan Young Deputising	Allan Young Deputising
Kirsty MacGregor	X	✓	✓	X
Lynne Parsons	X	✓	✓	X
Samantha McLaughlin (SAS)	X	Malcolm Landells Deputising	Malcolm Landells Deputising	Malcolm Landells Deputising
Steven Rutherford	✓	✓	✓	✓
Other Meeting Representatives In Attendance				
Jimmy Ramsay	X	✓	✓	X
Lorraine King	✓	✓	X	✓
Paul Bishop	✓	X	X	X
Maggie Currer	✓	✓	X	✓
Kevin McMahon	✓	X	X	X
Ian Campbell	✓	✓	X	✓
Aileen Boags	X	✓	X	✓
Morag Shaw (SAS)	X	X	✓	X
Sharon Docherty	X	X	✓	✓

Fife Health & Social Care Partnership

Supporting the people of Fife together

ANNUAL STATEMENT OF ASSURANCE FOR FIFE INTEGRATION JOINT BOARD QUALITY & COMMUNITIES COMMITTEE 2023-24

1. Purpose

1.1 To provide assurance that clinical and care governance is being discharged within the Health & Social Care Partnership in relation to the statutory duty for quality of care and that this is being led professionally and clinically, with oversight provided by the Quality & Communities.

1.2 The Quality & Communities Committee supports the IJB to deliver its statutory functions in line with the Health and Wellbeing Outcomes, National and Local policy directions, statutory principles of Integration and the vision, mission and values within Fife's Strategic Plan and NHS Fife Public Health and Wellbeing Strategy.

2. Membership

2.1 During the financial year to 31 March 2024, membership of the Quality & Communities Committee comprised of membership with a diverse range of skills, knowledge and attributes across the whole system of health and social care including NHS Fife, Fife Council, Third and Independent Sectors and Patients and Carers Representatives. Committee membership for the financial year 2023-24 is detailed below:

Name	Role / Designation
Sinead Braiden	Chair
Cllr Rosemary Liewald	Vice Chair
Cllr Graeme Downie	Member (until Oct 2023)
Cllr Margaret Kennedy	Member
Cllr Lynn Mowatt	Member
Cllr Sam Steele	Member
Amanda Wong	Member
Colin Grieve	Member (from Sep 2023)
Alistair Grant	Member (from Jan 2024)
Ian Dall	Member
Kenny Murphy	Member
Morna Fleming	Member
Paul Dundas	Member

2.2 The Quality & Communities Committee may invite individuals to attend meetings for particular agenda items, but the Deputy Medical Director (Lead Officer), Director of Fife Health & Social Care Partnership, Director of Nursing HSCP, Principal Social Work Officer, Director of Allied Health Professionals, Director of Pharmacy & Medicines, Head of Strategic Planning, Performance & Commissioning, Head of Community Care Services, Head of Complex and

Critical Care Services, Head of Community Care Services, Head of Primary & Preventative Care Services, Staff Side Representative and Quality Clinical & Care Governance Lead will normally be in attendance at meetings. Other attendees, deputies and guests are recorded in the individual minutes of each meeting.

3. Meetings

3.1 The Quality & Communities Committee met on six occasions during the financial year to 31 March 2024, on the undernoted dates:

- Monday 3 May 2023
- Friday 30 June 2023
- Thursday 7 September 2023
- Thursday 2 November 2023
- Wednesday 17 January 2024
- Friday 8 March 2024

3.2 The attendance schedule is attached at Appendix 1.

3.3 The first meeting of the Quality & Communities Committee for the reporting year 2023-24 took place in May 2023.

4. Business

4.1 **Terms of Reference:** The Quality & Communities Committee Terms of Reference were reviewed and agreed at the March 2024. The terms of reference confirms that the key purpose of this Committee is to provide assurance to the IJB in relation to its statutory duty, policy requirement and strategic approach to:-

- Safe, effective, person-centred care in accordance with the scope of services as defined in the Integration Scheme.
- Locality capacity building, locality planning, community development, participation and engagement and support to carers.
- Help the people of Fife to live independent and healthier lives by transforming health and care, supporting early intervention and prevention and working closely with delegated, third and independent services to reduce health inequality.
- Clinical and care governance and that quality of care is being led professionally and clinically.
- Health and Wellbeing Outcomes, the Clinical and Care Governance Framework, the Governance for Quality Social Care in Scotland Report, National and Local policy directions, and statutory principles of Integration and the vision, mission and values within Fife's Strategic Plan and NHS Fife Public Health and Wellbeing Strategy.

4.2 **Committee Remit:** In 2023-24 the Committee covered business that represented a range of services in the Health and Social Care Partnership for example: palliative care, primary care, pharmaceutical care services, children's services and mental health. The Committee has also received reports on key matters of governance for example duty of candour, risk management, external inspection and public protection.

4.3 **Forward Workplan:** A forward workplan incorporating agenda items and reports which continue to support the full scope and remit of the Committee in 2024-25 will be presented within the first quarter. To allow active oversight by the Committee and understand and monitor any variances, the workplan will be reviewed on a more regular basis.

5. Setting the Direction

5.1 The Strategic Plan sets out the vision for health and social care services within Fife over the next 3 years. A report on the first year of the Strategic Plan was presented to Committee in March 2024 providing assurance that the Partnership is progressing implementation of the Strategic Plan 2023 to 2026 and effectively monitoring performance of the actions in the Year One Delivery Plan (2023).

5.2 The Strategic Plan is underpinned by 9 supporting strategies. The Committee was given an opportunity to input, scrutinise and endorse 4 of these supporting strategies throughout 2023-24 in terms of quality of care; Advocacy Strategy, Carers Strategy, Home First and Primary Care Strategy as well as the Commissiong Strategy. The Committee supported all of these strategies to be formally approved by the IJB.

5.3 During 2024-25, the Committee was instrumental in the scrutiny of 5 key areas of transformation; Palliative Care, Care at Home, Community Rehabilitation and Care, Transforming Overnight Care and Reimagining the Third Sector. The Committee played an active role in the governance of these proposals through an iterative process of scrutiny where members analysed information and sought feedback on a number of areas including quality of care, communication and impacts on carers, patients and families. Following this iterative process the Committee provided support for these transformation projects to be forwarded to the IJB for formal approval.

6. Accountability

6.1 The Committee has delegated accountability through a range of sources including health & social care partnership quality assurance mechanisms, external inspection and reports and assurance reports from partners.

6.2 There is strong clinical and professional leadership in place to support the Committee with the Deputy Medical Director being the named Senior Leadership Team Lead supported by Director of Nursing, HSCP and Principal Social Work Officer.

7. Risk Management

7.1 As per the agreed IJB Risk Management Policy and Strategy, a Quality & Communities Committee Risk Register Report was presented to Committee in November 2023 and January 2024 with a Deep Dive Risk Review on Primary Care Services presented to September Committee and a Deep Dive Risk Review on Demographics/Changing Landscape Impacts considered by Committee in January 2024. These deep dives allowed for greater scrutiny of root causes and

identification and effectiveness of mitigating actions. Committee agreed with the level of assurance provided in both these reports.

8. Governance

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8.1 **Quality Matters Assurance:** At each meeting, Committee are provided with a report for assurance with an overview of current clinical and care governance arrangements, systems and processes which are in place across the Partnership, outlined and discussed at Fife HSCP Quality Matters Assurance Group (QMAG). Topic covered include; patient safety, inspections, complaints, peoples experience and adverse events.

8.2 **Duty of Candour:** The Duty of Candour Reports for the NHS and Fife Council were reported at the September 2023 Committee. The Committee were advised of a number of instances where Duty of Candour has been identified and the learning obtained from it. Committee noted this report with no follow-up actions required and were assured by the integrated approach and statutory reporting requirements through out partners.

8.3 **Locality Planning:** A Locality Planning progress report was considered by Committee in May 2023, the report providing an overview of locality planning and community led support for 2022-23. Committee discussed the report and commended the significant progress being made and were assured that the HSCP are applying the Scottish Government Localities Guidance to build upon insights, experience, and resources in localities. The Committee recommended the report be presented to IJB.

8.4 **Community Occupation Therapy (OT):** A report was brought to the Committee on the Community OT waiting times as this had been identified by the Senior Leadership Team as an emerging issue. The report was brought to provide assurance, however after in-depth discussion, the Committee felt the report provided limited assurance to the IJB that the waiting times could be met. It was agreed that a comprehensive review of this work was required and a follow up-report on this was requested.

8.5 **Corporate Parenting:** An update was provided on Corporate Parenting in June 2023 where Committee were provided assurance that 4 priority areas previously identified for improvement have been developed during the past 6 months. The Committee supported this multi-agency approach and noted an annual report will be progressed to Committee in future.

8.6 **Mental Health:** Committee were provided assurance at their January 2024 meeting of the positive outcomes following 13 scrutiny visits by the Mental Welfare Commission which took place between January-November 2023. All reports acknowledged significant improvement seen from leadership through to care arrangements and the efforts made to address environmental conditions. Particular acknowledgement was given regarding dementia friendly and dementia friendly environments being very advanced. An ongoing programme of refurbishment will take place over 2024-2025.

8.7 **Winter Planning:** The Winter Planning 2023-24 report was reported at the September 2023 meeting. The Committee recognised that pressures have not subsided since 2022-23, however new actions have been introduced to help

meet demand, including Predicted Day of Discharge and Front Door Teams. The Committee confirmed that they had taken assurance of the plans outlined within the report and this will be monitored through performance reports that are presented to the IJB.

8.8 **Armed Forces Covenant Duty:** Following implementation of the Armed Forces Act 2021 in November 2022, a report was presented to Committee in November 2023 providing assurance of the work ongoing to ensure that the requirements of the Covenant are fully embedded across policies and practices with H&SCP.

8.9 **Performance Report**: The HSCP Annual Performance Report 2022-23 was reported at the June 2023 Committee. The report provided a balanced assessment of the Partnership's performance, highlighting areas of best practice, celebrating achievement and performance appraisal in accordance with national indicators. The Committee noted and discussed in detail the areas pertaining to quality and recommended this report for approval to the Integration Joint Board.

8.10 **Data Breach:** A data breach incident at a Community Hospital was reported to Committee at their September Committee, whereby a member of the public impersonated a member of Bank Staff. Committee were updated on the steps taken to investigate and to ensure there will be no re-occurrence, including significant policies which have been put into place. The incident was reported to the Information Commissioner.

8.11 **Workforce Delivery Plan:** The first annual report was presented to Committee in November 2023 which provided an update on progress and a further action plan to progress for Year 2. The Committee commended and approved the action plan.

8.12 **Child Protection:** The Fife Child Protection Committee Annual Reports were presented by the Independent Chair of the Fife Child Protection Committee who noted that the reports covered the period 2021-22 and 2022-23. Over the past two years there has been a steady decline in the number of children involved in the Child Protection process, this is reflected across Scotland however the cause is unclear and reflects the preventative services which have been developed over the past few years. Priority areas for development during 2024-25 are to include major procedural requirements. The Committee noted and discussed in detail the potential root causes within Fife. The Committee supported the report to progress to the Integration Joint Board.

8.13 **Primary Care:** The Committee were involved in the development of the Primary Care Strategy, which along with the Delivery Plan, was presented at their June 2023. Following discussion Committee agreed to support this Strategy and Delivery Plan to progress to the Integration Joint Board for formal approval noting a performance monitoring framework was being developed jointly with NHS Fife.

8.14 **Pharmaceutical Care:** The Committee were presented a report on Pharmaceutical Services provided by Community Pharmacy across 86 sites in Fife at their November meeting. The report describes all the core services and additional services provided by Community Pharmacy and the positive impact they have on customer care. The report also assesses any unmet need across the Board in terms of Pharmaceutical services. Committee commented the

report as comprehensive am in particular noted the locality focus within the report and supported progression to the Integration Joint Board.

8.15 **AHP Professional Assurance:** A report was brought to Committee providing assurance that operational and professional services have worked together to bring forward an assurance framework to meet professional and regulatory requirements, as well as meeting service delivery. The majority of AHP Colleagues are managed within the Partnership. The Committee noted annual performance reports on delivery will be included within the forward workplan.

8.16 **Palliative Care:** A final report outlining the case for change to Palliative Care Services in Fife was presented to Committee in May 2023 following an iterative process and in-depth dialogue with Committee, providing scrutiny from a quality of care perspective. The Committee took assurance that the proposed delivery model would be reviewed from a performance and financial perspective through the Finance, Performance and Scrutiny Committee. The Committee confirmed their support to implement the 7-day enhanced community service model and agreed to recommend their support to the Integration Joint Board.

8.17 **Care Inspectorate Grades:** The annual Care Inspectorate Grades for Social Services report was reported at the January 2024 Committee which outlined the care and support services which the HSCP provide or commission. The Committee welcomed this report and confirmed this will be added to the Committee annual workplan.

8.18 **Drugs and Alcohol:** The 2023-24 Fife Alcohol and Drug Partnership Annual Report was reported at the November 2023 Committee. The Committee was noted that the report is submitted to the Government on an annual basis outlining the work taken forward around the MAT Standards. Committee noted the work undertaken and the strengthening focus on performance reporting and the correlation to the refreshed ADP Strategy. Following discussion it was agreed that the report will be added to the annual workplan of this Committee to allow scrutiny and oversight from and a quality and safety perspective.

8.19 **Children and Young People:** The report Director of Public Health Annual Report 2023 - Children and Young People in Fife: the Building Blocks for Health was presented by Deputy Director of Public Health, Child Health Commissioner, NHS Fife. The report explored the data around Children and Young People. The key themes of the report are UNCRC Children's Rights Bill, ensuring children/young people's voices are being heard in decisions made directly or indirectly involving them. Also, The Promise which requires a fundamental rethink in how public services are delivered to Care Experienced children and Looked After children to improve outcomes. Committee were advised and provided with assurance that the Partnership's Children Services Plan, captures a lot of the content of this report 2023-26 for progression.

8.20 **Adult Services Inspection:** The Joint Inspection of Adult Services (JIAS) Inspection Improvement Plan was initiated in January 2023 with 24 total Improvement Actions identified. Since this date services have been working to implement improvement actions for integrated services, with some initial timescales requiring revision to meet the scope of the activities intended. These improvement areas align to the Inspection recommendations made by the Joint Inspection Team. To date all of the activities have been completed, or moved to

existing monitoring arrangements as they progress through to completion. There have been regular JIAS Improvement Group meetings to monitor progress. The Committee noted the detail of activity being undertaken by services to implement improvements and recommendations made and were assured that while some actions remain ongoing, there are robust arrangements in place for monitoring progress to ensure meaningful oversight of developments.

8.21 **Equality Duties:** Minutes of the Equalities and Human Rights strategy group as a standing agenda item for noting by Committee at each meeting. No items require escalation were recorded during 2023-24.

8.22 **Social Work and Social Care:** The Chief Social Work Officer's Report 2022-22 was reported at the January 2024 meeting which focussed on children and families work, children, adult and older people's health and social work and social care services. There was discussion on the report and its contents.

8.23 **Committee Self-Assessment:** The Committee conducted a thematic based self-assessment via an electronic questionnaire in October 2023. Following analysis of results an action plan was formulated and agreed by Committee in March 2024.

8.24 **Development Sessions:** The Committee held a Development Session in February 2024 which included a number of topics and helped aid members understanding of Risk Management, Clinical and Care Governance Framework and Committee Self-Assessment.

9. Progression Since Last Statement

9.1 Throughout the period of this annual assurance report there were no issues taken to the Committee which required escalation to the IJB. The Committee did however have a very active role in scrutinising reports and strategies ahead of submission to the Integration Joint Board.

9.2 During 2023-24 there has been strengthened reporting with the Committee Chair providing an update at the Integration Joint Board on all reports that have been previously considered by Committee. In addition, the Committee Chair also provides a verbal update to the Integration Joint Board on the minutes of the Quality & Communities Committee meeting.

9.3 The review of the workplan will further support the development of this Committee and recognises the statutory responsibilities also held by NHS Fife and Fife Council and that there are also reports presented to the Clinical Governance Oversight Board in NHS Fife and Scrutiny Committees of Fife Council

10. Conclusion

10.1 As Chair of the Quality & Communities Committee during financial year 2023-24, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Quality & Communities Committee has allowed us to fulfil our remit. As a

result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit.

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

10.3 I would pay tribute to the dedication and commitment of fellow members of the Quality & Communities Committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.

Signed:  Date: 30th April 2024

Sinead Braiden
On behalf of the Quality & Communities Committee

QUALITY & COMMUNITIES COMMITTEE – ATTENDANCE RECORD 1st April 2023 to 31st March 2024

Members	3 May 2023	30 June 2023	7 September 2023	2 November 2023	17 January 2024	8 March 2024
Sinead Braiden	√	√	√	√	x	√
Rosemary Liewald	√	√	√	√	√	√
Colin Grieve (wef Sept 2023)			√	√	√	x
Graham Downie (ceased Oct 2023)	√	x	x			
Margaret Kennedy	x	x	x	x	√	√
Lynn Mowatt	√	√	√	√	x	x
Sam Steele	x	x	√	√	√	√
Amanda Wong	x	x	√	x	√	x
Kenny Murphy	√	√	√	x	x	√
Morna Fleming	√	√	√	√	√	√
Paul Dundas	√	√	x	√	√	√
Ian Dall	√	√	√	√	x	x
Alistair Grant (wef Jan 2024)					√	x
In Attendance						
Name						
Dr Helen Hellewell (Lead Officer)	√	√	√	√	√	x

Members	3 May 2023	30 June 2023	7 September 2023	2 November 2023	17 January 2024	8 March 2024
Lynn Barker	√	√	√	√	x	√
Nicky Connor	√	√	√	√	√	√
Chris McKenna	x	x	x	x	x	x
Ben Hannan	x	x	x	x	x	x
Chris Moir	x	x	x	x	x	x
Rona Laskowski	x	√	√	√	√	√
Fiona McKay	√	x	x	√	√	√
Lynne Garvey	√	√	√	√	x	√
Jennifer Rezendes	x	√	√	√	√	x
Lisa Cooper	√	√	√	√	√	√
Catherine Gilvear	√	x	√	√	√	√
Simon Fevre	√	√	√	√	x	x

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**3 May 2024**
Title:	**Draft Clinical Governance Committee Annual Statement of Assurance 2023/24**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Author:	**Gillian MacIntosh, Board Secretary**

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy

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

- Effective

2 Report summary

2.1 Situation

All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance for the NHS Board, which is consider initially by the Audit & Risk Committee. The requirement for these statements is set out in the Code of Corporate Governance. The Clinical Governance Committee is invited to review the draft of the enclosed report for 2023/24 and comment on its content, with a view to approving a final paper for onward submission.

2.2 Background

Each Committee must consider its proposed Annual Statement at the first Committee meeting of the new financial year, as per the Committee's workplan. The current draft takes account of initial comments received from the Committee Chair, Executive Lead (Medical Director) and colleagues from the Clinical Governance team.

2.3 Assessment

In addition to recording practical details such as membership and rates of attendance, the format of the report includes a more reflective and detailed section (Section 4) on agenda business covered in the course of 2023/24, with a view to improving the level of assurance given to the NHS Board.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

N/A.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

The identification and management of risk is an important factor in providing appropriate assurance to the NHS Board.

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

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently, an EQIA is not required. Details on the Committee's review of business concerning health inequalities and Anchor Institution related work is captured within the report.

2.3.6 Climate Emergency & Sustainability Impact

This is covered in a limited way within the assurance report, as per the Committee's reflections on related business during the year covered.

2.3.7 Communication, involvement, engagement and consultation

N/A.

2.3.8 Route to the Meeting

This paper has been considered in draft by the Committee Chair, Executive Lead (Medical Director) and colleagues from the Clinical Governance team.

2.4 Recommendation

The paper is provided for:

- **Assurance and approval** – subject to members' comments regarding any amendments necessary, for final sign-off by the Chair and submission to the Audit & Risk Committee.

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

ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE CLINICAL GOVERNANCE COMMITTEE 2023/24

1. Purpose

1.1 To provide the Board with the assurance that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board's responsibilities, includes related activities around planning, maintaining and improving quality.

2. Membership

2.1 During the financial year to 31 March 2024, membership of the Clinical Governance Committee comprised: -

Arlene Wood	Chair / Non-Executive Member
Sinead Braiden	Non-Executive Member
Simon Fevre	Area Partnership Forum Representative (to September 2023)
Colin Grieve	Non-Executive Member
Anne Haston	Non-Executive Member
Janette Keenan	Director of Nursing
Aileen Lawrie	Area Clinical Forum Representative
Kirstie MacDonald	Non-Executive Member & Whistleblowing Champion
Dr Christopher McKenna	Medical Director
Liam Mackie	Area Partnership Forum Representative (from February 2023)
Lynne Parsons	Area Partnership Forum Representative (from November 2023 to January 2023)
Carol Potter	Chief Executive
Dr Joy Tomlinson	Director of Public Health

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

3. Meetings

3.1 The Committee met on ten occasions during the financial year to 31 March 2024, on the undernoted dates:

- Wednesday 12 April 2023 (Development Session)
- Friday 5 May 2023
- Friday 7 July 2023
- Friday 8 September 2023
- Wednesday 18 October 2023 (Development Session)
- Monday 23 October 2023 (Development Session)

- Friday 3 November 2023
- Friday 12 January 2024
- Friday 1 March 2024
- Tuesday 12 March 2024 (Development Session)

3.2 The meeting attendance schedule is attached at Appendix 1.

4. Business

4.1 The Clinical Governance Committee's first meeting of the 2023/24 reporting year took place in April 2023, in the form of a dedicated Development Session for members, with the topics of Addiction Services and Medical Education being covered in depth by the operational teams in attendance. This was the first of a series of dedicated Development Sessions throughout the year, allowing members to gain a greater understanding of key topics within the Committee's remit and to receive detailed briefings from clinicians and service leads from a variety of teams. Two further Development Sessions were held in October 2023, the first exploring the strategic and educational possibilities from strengthening the relationship between NHS Fife and the University of St Andrews, and the second taking the form of a deep dive into the Optimal Clinical Outcome risk that is monitored by the Committee. In March 2024, the topic for discussion at the Committee's last Development Session of the year was the Care Assurance programme, building upon a presentation given to the Committee's May 2023 meeting on Excellence in Care. Each of these sessions picked up on common themes or areas covered more broadly within the Committee's overall remit and workplan and allowed for greater scrutiny and discussion by members than normal agenda-driven committee meetings can permit in the time allowed.

4.2 In May 2023, the Committee held its first scheduled meeting of the year, reviewing the annual reports from each of the Clinical Governance Committee sub-groups, to gain assurance that each body had delivered on its delegated business, and approving the Committee's own assurance statement to the Board for 2022/23. The assurance statement for the Clinical Governance Oversight Group was considered at the Committee's July meeting, noting both the range of activities of the group and the intention to bring the timing of this into line with the other annual assurance statements presented in the 2023/24 reporting year. The Clinical Governance Oversight Group, from November 2023, has begun bringing a regular assurance summary to the Committee on the conclusion of each of its meetings, to give confidence that the group is fulfilling its remit, scrutinising in depth proposals and reports prior to their consideration at the Board-level Committee, and dealing with emerging issues as appropriate. In January 2024, it was agreed with members to strengthen this report, to provide detail on improved assurances around actions instigated by the Group, planned improvements therefrom, and timescales for completion. In March 2024, consideration was given to the increase in the number of adverse events within the Emergency Care Directorate, noting this could possibly be attributed to winter pressures and the general busy nature of the service, which was being closely monitored by the local Acute Services Clinical Governance Committee and the Oversight Group. The Committee can, however, take assurance from the scrutiny being undertaken of each incident via the established Adverse Events review process, which will seek to identify any areas of learning.

4.3 During the year, the Committee has received a number of updates concerning the clinical workforce and initiatives underway to enhance recruitment and role development opportunities for staff, thereby ensuring NHS Fife remains able to deliver safe and high quality treatment to the Kingdom's patients whilst minimising unfilled staff vacancies. In May 2023, the development of Advanced Practitioner roles was discussed, with members noting the requirement for protected non-clinical time being set aside for staff to progress their skills and

knowledge and for adequate clinical supervision to be in place. The Four Pillars of Advanced Practice initiative within Pharmacy was warmly commended. At the same meeting, a report on the role of Assistant Practitioners was delivered, noting the positive interest from staff in taking on the training opportunities afforded by this initiative and the benefit for particular clinical areas of the increased skill-set of staff. Members were assured that the clinical-governance related aspects of these two workstreams had been fully addressed, noting that the enhanced training of staff supports the delivery of high-quality, person-centred care alongside registrant staff, whilst in the long term helping with addressing the sustainability of the nursing workforce.

4.4 At their meeting held in January 2024, the new Medical Appraisal and Revalidation Framework covering the period 2024 to 2027 was considered by the Committee. The Framework details the plans to deliver high-level appraisal annually to permanently employed staff, helping support the re-validation process for doctors, and the Committee's report outlined the training for appraisers, the number of which remained challenging to increase, particularly in secondary care. Via the implementation of the Framework, the Committee was able to take assurance that processes were in place to ensure doctors remained professionally up-to-date on skills and were fit to practise medicine, supporting the Board's delivery of high quality and safe patient care. The importance of the Board being active in the fields of medical research and innovation was considered at the Committee's January and March 2024 meetings, not least because of the attractiveness this makes Fife as a place to work for medical consultants and staff. Members commended the important work done via the Research, Innovation & Knowledge service, detailed both within their Annual Report and Strategy Progress Update and Review document. Members also warmly welcomed the news of agreement of a formal partnership with the University of St Andrews to help deliver the new ScotCOM medical degree, which cements our existing links and helps support NHS Fife in its own ambitions to become a formal teaching Board. The Medical Education Annual Report, tabled to the March 2024 Committee, detailed the current arrangements in place to support medical students and doctors-in-training, noting the positive feedback received from hosted undergraduate students and a more mixed assessment from those undertaking postgraduate studies, with local action plans in address to address any common system issues from the latter. The establishment of a new Professional Standards Oversight Group will help drive forward in a co-ordinated manner work to improve the student experience within Fife.

4.5 In July 2023, the Committee took assurance from contingency plans then in place to manage the planned Junior Doctors' industrial action, scheduled for later that month (this did not subsequently go ahead). In September 2023, members received a briefing on the circumstances behind the simultaneous breakdown of two CT scanners at the Victoria Hospital in Kirkcaldy, which impacted for a short period upon patient care and resulted in mutual aid being sought from neighbouring health boards for the most urgent diagnostics. The Committee took assurance from the measures put in place to address the background cause, to avoid a repeat occurrence, and the business continuity plans within Radiology and Acute Services that were swiftly implemented to allow recovery of services. A further update to members in November 2023 gave further assurance that the supplier of the CT scanners had put in place robust mitigating actions to prevent a repeat of this incident, including improvements around communications, fault diagnosis, and availability of engineers and replacement parts.

4.6 In support of the dedicated Cancer Framework launched last year, a review of progress against the Year 2 delivery plan was considered at the November 2023 Committee meeting, for assurance on the effectiveness of actions and milestone targets. Enhancements to subsequent reporting was agreed, to ensure that more detail on the underlying work to achieve the ambitions of the plan was included. At the same November 2023 meeting, the Committee received a briefing on the alignment of NHS Fife's existing Cancer Framework with the National Cancer Strategy for Scotland 2023-33 and the Scottish Cancer Action Plan 2023-26. Members noted that the ambitions and priorities are broadly similar, with no specific gaps when

measured against our existing Framework. It was highlighted that the possibilities of improving care via genomic advancements were adequately covered by the local Framework's ambitions to utilise new and emerging technologies. Further details around workforce numbers and achievement dates, however, was required to address the National Delivery Plan, and this will be taken account of in future updates to the Committee.

4.7 The Committee has had input into the Board's Annual Delivery Plan for 2023/24, which has been aligned to the strategic priorities within the Board's own Population Health & Wellbeing Strategy, whilst also addressing the specific requirements of the Scottish Government guidance. Members were pleased to endorse the plan to the Board at their meeting in July 2023. In September 2023, the Committee took assurance from the fact that the Scottish Government's review process had concluded and the Plan had been formally approved. A performance report on the delivery of the various improvement actions was considered at the Committee's November 2023 meeting, utilising the Red Amber Green (RAG) status of reporting methodology prescribed by the Scottish Government template, noting the linkages to the regular IPQR performance metrics and the Population Health & Wellbeing Strategy delivery reporting. Members were pleased to note that, at September 2023, 69% of actions were marked as being on track for delivery by their stated deadline. Scrutiny took place on those actions which had either fallen behind schedule or were at risk of non-delivery. Following thereon, at their meeting in January 2024, the Committee received a mid-year report on the delivery of the Population Health & Wellbeing Strategy, noting the work that had been completed during the first six months of the Strategy's implementation period and the priorities for the year ahead. Following formal Board approval of the new Population Health & Wellbeing Strategy in March 2023, the Committee has had a role in helping shape the delivery actions and gaining assurance on progress with the various implementation actions detailed within. The linkages between reporting progress against the Board's organisational strategy and the Annual Delivery Plan was highlighted, to avoid duplication of effort.

4.8 As part of the organisational strategy development, a Clinical Governance Strategic Framework and Delivery Plan was approved in January 2023, which is fundamental to the Board's aim to be an organisation that listens, learns and improves on a continuous basis. The Framework outlines the key clinical governance activities linked to the attainment of the Board's strategic ambitions and the enablers put in place to ensure effective delivery. The supporting governance structures underneath the Clinical Governance Committee, to ensure operationally effective scrutiny of performance with meaningful measures in place to assess quality and safety of services, is detailed fully in the new Framework, and the Committee has had input to ensure that routes of escalation to itself as the key governance body are clear and unambiguous. In July 2023, the Delivery Plan for 2023/24 activities in support of implementation of the Framework was reviewed by the Committee, detailing the timings of each strand of work. The Clinical Governance Oversight Group has supported the regular review and scrutiny of these actions, supported by mid- and year-end reporting to the Clinical Governance Committee. In November 2023, the mid-year report detailed the two successful workshops held on the topics of deteriorating patients and realistic medicine, and outlined a number of activities held to address the implementation of the Framework.

4.9 The draft Corporate Objectives 2023/24 were presented to the Committee in May 2023, after initial consideration in March 2023. The objectives as a whole describe what NHS Fife aims to achieve in-year, and are linked also to the Chief Executive's own objectives and those of each Executive Director. Assurance was provided that there was appropriate linkage to the Board's Population Health & Wellbeing Strategy and to the Health & Social Care Partnership's strategic priorities. The objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the strategy delivery work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objective from their own

specific perspective. Following review, the Committee were pleased to endorse the Corporative Objectives for onward submission to the Board for formal approval.

4.10 The Committee carefully scrutinises at each meeting key indicators in areas such as performance in relation to falls, pressure ulcers, complaints responses and the number of Adverse Events, via the Integrated Performance & Quality Report (IPQR). A dedicated report on Healthcare Associated Infection (HAIs) is also provided on a quarterly basis, to give assurance around the effectiveness of infection prevention, control and surveillance. Following a Board-wide review of the IPQR, reflecting the establishment of the Public Health & Wellbeing Committee and a stand-alone IPRQ review, a set of performance-related metrics specific to the Committee has been refined, to allow for appropriate, regular scrutiny of these at each meeting. Further enhancements have also been made to provide information on corporate risks within the IPQR, aligned to the various improvement outcomes.

4.11 In addition to the IPQR, a number of stand-alone updates on areas of operational performance have been given to the Committee, to provide further context to the cyclical data given in the regular performance reporting. In May 2023, the Committee reviewed a report on the Unscheduled Care Programme, including details on the enhancement to the Flow & Navigation Centre, Redesign of Urgent Care programme and other initiatives to manage demand at the front door and to meet the four-hour access target. Providing detail on initiatives in place since the launch of the Urgent & Unscheduled Care Collaborative in June 2022, the Committee noted the commitment and coordination across NHS Fife and Fife Health & Social Care Partnership to continue progress and delivery of the programme in line with both local and national strategic objectives. Despite an extremely challenging 2022-23 Winter period, the Committee was able to take a strong level of assurance from the range of actions underway to help manage demand and increase performance, whilst delivering high-quality care.

4.12 In September 2023, the Committee undertook a deep dive into performance on pressure ulcers, particularly the quality improvement initiatives underway to prevent and reduce instances, both in the Acute and also the community settings. Members were able to take robust assurance from the performance improvements and the multitude of workstreams underway to help drive forward further reductions in this avoidable harm to patients. A further update was given in January 2024, via the IPQR, it was noted that the position as regards to performance had improved and, in March 2024, further detail on pressure ulcer grading was added to the IPQR data, to improve understanding. A deep dive into In-Patient falls was delivered in November 2023, focused on the local work underway to publicise the Falls Toolkit and share prevention measures and learning across a wide range of clinical areas. In September 2023, members received a detailed update on the Deteriorating Patient Improvement Project, which aims to address an increase since 2020 in the number of patients experiencing cardiac arrest (which is one of the measures used to track deteriorating patients). The project brief detailed the work underway locally to enhance the observation of patients, linkages to realistic medicine and conversations with patients about their end-of-life care, and alignment with the recommendations of the Scottish Patient Safety Programme. Members welcomed this important piece of work and look forward to updates on the project being provided to future meetings.

4.13 During the pandemic, and in the recovery period following thereon, strategic decisions were made in relation to both the configuration of services and on which services could reasonably be provided. Changes to service provision were risk assessed and the Committee has recognised that some patients were affected by these decisions. In particular, a backlog in treatment and delays for patients in accessing diagnostic tests and care continues to be felt by patients within the Board area. In July 2023, the Committee considered the deep dive report on the corporate risk linked to Access to Outpatient, Diagnostic and Treatment Services, which had been considered in depth by the Finance, Performance & Resources Committee in March

2023. Members took assurance from the mitigation actions in place to manage the risk, noting the majority were on track to deliver. Ongoing monitoring was underway through the Planned Care Programme Board. In March 2024, in Private Session, members considered a report detailing known instances of Hospital Acquired Covid Infection during the height of the pandemic, from March 2020 to June 2022. The Committee noted the steep learning curve experienced during that time, across Health Boards in the UK, as services faced challenges never experienced in the lifetime of the NHS. Noting the data for Fife (which was not out-of-step for Scotland as a whole), the Committee reflected on the whole-system learning from that period and the importance of taking that into future pandemic preparedness planning. Both the UK and Scottish Covid Inquiries are likely to make recommendations in this regard in due course, which the Board will aim to implement in full, to ensure both patient and staff safety.

4.14 Stand-alone updates on complaints performance / patient experience and feedback have also been discussed at the Committee, noting that the backdrop of a backlog of cases built up during the pandemic and a related increase in complaints as treatment delays have increased continue to influence recovery performance. Enhancements in reporting to the Committee have been introduced, to provide more meaningful data around patient feedback, including further levels of details to indicate where complaints are in the process and thereby what stages are proving most complex to deliver against timescale. Operational pressures on clinical staff continue to impact heavily on the investigation and sign-off of individual complaint responses. In May 2023, the Committee heard detail on the introduction of a Complaints Escalation Standard Operating Procedure, to support the achievement of agreed national timescales. A complexity scoring matric for complaints has also been trialled, to triage submissions and ensure that patients are given realistic information on likely response times. An update of the effectiveness of this was given in July and November 2023 and in January 2024, noting that performance had improved to the best level seen for the past two years. The report in September 2023 gave helpful information on learning from complaints and the complaints process experience from patients, including also feedback received via Care Opinion, with members taking helpful assurance from the high number of positive patient experiences detailed via the portal.

4.15 The patient voice has been captured in regular presentation to the Committee of patient stories, allowing members to reflect on individual patient experience as part of the Committee's overall schedule of business. In November 2023, members heard the details of an incident in which an inpatient suffered a fall, which impacted greatly on their overall clinical outcome, and the learning from this. At the following meeting, in January 2024, members considered the complexities of the cancer care journey and the impact on individuals receiving treatment, noting also the emotional effects on staff and the support in place to help counter that. In March 2024, the Committee heard about the learning from processes in place to support the recently bereaved. Each of these stories have highlighted examples of good practice or helped identify areas where we need to improve the quality of services and transform patient and carer experience, through listening and learning from the patient voice.

4.16 In relation to the Organisational Duty of Candour 2022/23 report, there were similar delays to its publication as had occurred the previous year (related to the pandemic impacting upon timeliness of completion of the adverse events process). This has previously been highlighted by Internal Audit as being an unsatisfactory position. The final report, outlining the Board's compliance with the relevant legislation and detailing the number of cases that had triggered Duty of Candour processes for the period ending March 2023, was tabled to the Committee at its March 2024 meeting, prior to its formal approval by the Board at their meeting on 26 March 2024. There were 33 adverse events detailed within the report, with the most common outcome (for 24 patients) being an increase in their treatment. It has been agreed that Boards should seek to report on Duty of Candour each January, capturing the data from the previous financial year. In addition to the historic data, the Committee heard that currently for 2023/24

there are 8 confirmed adverse events (including 3 falls, 1 case each for paediatrics, patient records, personal accident, surgical complication and tissue viability), with 8 outcomes recorded (4 being an increase in treatment). It has again been agreed that the full report for 2023/24 should be presented to the Committee and Board in January 2025. Noting the intention to bring the report in a timelier manner in the current reporting year, the Committee took assurance from the learning processes in place to reflect on each adverse event and endorsed the intention to create an Organisational Learning Framework to strengthen the governance around this.

4.17 The Committee receives detailed reports and action plans arising from any regulatory inspection or external investigation, to ensure that learning take places. A report on the Board's response to a recent Fatal Accident Inquiry was considered by the Committee in May 2023, relating to the discharge of a patient to a care home, who sadly died thereafter. It was recognised that a response to a complaint from the patient's family and an internal adverse event review and had earlier taken place and a number of actions were recommended from that process, with assurance given that these were being completed. The Inquiry itself made no recommendations, and the Committee took assurance that the Board had formally responded to the publication of the Inquiry's findings. In July 2023, a separate report into the circumstances surrounding the rapid deterioration of a patient after surgery, and the missed opportunities to take action to prevent the patient's further decline and subsequent death, was considered by the Committee, particularly with regard to operational learning from this tragic event. Noting that a dedicated action plan to address the Sheriff's findings has been created and is overseen by the Acute Services Clinical Governance Committee, the Committee took assurance that the lessons learned would be disseminated and applied across a wide range of clinical teams.

4.18 The report of an unannounced Healthcare Improvement Scotland (HIS) inspection of Mental Health Services at Queen Margaret and Whyteman's Brae hospitals, focused on infection prevention and control, was considered by the Committee at its July 2023 meeting. Members took assurance from the positive feedback on the good practice identified therein and the robust action plan to address any outstanding requirements, detailing improvement actions necessary. Members were also pleased to note the positive feedback from the Mental Welfare Commission visit to Queen Margaret in September 2023, noting the impact of staff efforts to improve the environment for patients, as detailed within their report.

4.19 A Safe Delivery of Care Inspection was undertaken by HIS in the Victoria Hospital between 31 July and 2 August 2023. At their September 2023 meeting, the Committee considered the issues raised by the inspectors in their report, particularly in relation to concerns around adequate estate environment and backlog maintenance in Ward 5, resulting in the decant of services and the priority refurbishment of the ward area. The Committee's consideration of the issue was also informed by a site visit to the ward by a number of the Board's Non-Executive members. The Committee took assurance from the remedial work underway to address the areas of risk highlighted in the inspection, noting, however, some concern that internal controls had not operated to the required levels of efficiency to pick up the various estate-related issues outwith the inspection process. It was noted that the inspection had also highlighted issues about the oversight, communication and escalation processes in relation to the condition of the environment. An update on progress in meeting the action plan created to address the inspector's findings was considered at the Committee's March 2024 meeting, with members taking assurance from the fact that the action plan had been fully accepted by HIS and the remedial refurbishment works to Ward 5 were on track for completion in March.

4.20 The Committee considers new and emergent issues at each meeting, seeking assurance around any actions underway to mitigate risks and to ensure patient and staff safety. In January 2024, the Committee received a detailed assurance report highlighting that the risk to

patients, staff and visitors from the presence of Reinforced Autoclaved Aerated Concrete (RAAC) identified for further assessment within the NHS Fife estate was being fully mitigated against, noting that any potential building areas requiring further investigation are not in high footfall areas or are generally accessible, and will be subject to ongoing condition monitoring and inspection. Longer term, members noted that repair of these sites would form part of a Scottish Government programme of repair and maintenance. At the same meeting, members received information on the presence of radon (in excess of Health & Safety Executive limits) at Kinghorn Medical Practice, noting the measures put in place to protect staff and to address the concern. Members took assurance from the fact that routine monitoring identified the issue, that staff felt comfortable raising any safety concerns and that the issue was swiftly addressed and alternative spaces made available to staff to work from.

4.21 After initial consideration by the Board's Audit & Risk Committee, the Committee considered the findings of the annual Internal Audit report, with particular reference to the section on Clinical Governance matters. Progress and improvements in this area were warmly welcomed by members, noting the largely positive opinion of the Chief Internal Auditor on the Board's internal control framework, including those controls around quality of care and management of risk. A recommendation within the report concerning enhanced reporting on the Digital & Information 2019-24 Strategy implementation has been completed during the year's business, with updates provided in July 2023 and November 2023, providing information on progress and also those aspects of the original strategy that will not meet the 2024 delivery deadline. The Committee also had sight of the Internal Controls Evaluation report from Internal Audit, providing information on the mid-year position, at their January 2024 meeting. The report contained a full review of all areas of governance, including Clinical Governance, and sought to provide early warning of any issues that might impact the Board's governance statement and would need to be addressed by year-end. Assurance was provided that all previous internal audit recommendations related to clinical governance have been implemented, and members noted the potential for disclosures around an Information Security event and regulatory inspection recommendation previous disclosed to the Committee.

4.22 In relation to national strategies, the Committee has considered, in May 2023, a briefing on the Public Protection, Accountability & Assurance Framework, which aims to ensure greater consistency in what children, adults at risk of harm, and families can expect in terms of support and protection from health services in all parts of Scotland. Public protection requires effective joint working between statutory and non-statutory agencies, as well as with staff with different roles and expertise, and the Committee was able to take a strong level of assurance from the work underway in Fife to assess our current compliance with the best practice guidance and identify and address any gaps. Also in May 2023, the Committee considered a report on Medical Devices, reflecting the national guidance that widened the definition of medical devices to include a broad range of instruments, apparatus, appliances, software, materials and other articles used in the process of delivering healthcare. A clinically-led Medical Devices Group has been established, to support the national changes and to implement the related Scan for Safety programme in Fife, and the Committee were pleased to approve the Terms of Reference for the new group and to take assurance from the process being followed. In September 2023, members took assurance from the local measures and governance groups put in place to implement the Scottish Healthcare Associated Infection Strategy for 2023-25 and the Infection Protection Workforce Strategic Plan, each supporting the reduction of healthcare associated infections and supporting the quality and safety of patient care.

4.23 Triangulating the various sources of performance and quality data is a large part of the Committee's business, and a summary of the organisational processes in place for this was given in a letter submitted to the Cabinet Secretary in response to the findings of the Countess of Chester Hospital Inquiry, in November 2023. The Committee noted that the Board was able to provide appropriate assurance that NHS Fife has robust systems in place for the early

detection, investigation and response to patient and staff safety concerns, and that learning from national inquiries is taken forward locally within the Board. Members also heard at the same meeting the outcome of the recent Chief Medical Officer review into Transvaginal Mesh Case Records, noting the significant learning for clinicians and Boards around the recording of treatment in patient records, the offering of options in treatment pathways, and the need for clear processes around informed consent. Members were pleased to note that Medical Leadership teams across both Acute and the Health & Social Care Partnership would be determining what actions were necessary to take forward the various recommendations through the clinical pathways.

4.24 An improvement-focused review of Medicines Safety in Fife was considered by the Committee in November 2023. The report highlighted a number of aspects of the medicines safety programme work, in addition to detailing the robust governance around medicines with Fife. The work of the newly formed Medicine Response Group was highlighted, which is disseminating its work and sharing learning through the release of a regular Medicines Bulletin. Linkages between the policy work, incident reporting and existing programmes such as the High-Risk Pain Medicines Programme was also detailed. Members welcomed the comprehensive action plan to be delivered over the following twelve months and were assured by the various workstreams in place to enhance practice in this area.

4.25 In March 2024, the Committee discussed the Board's activities in support of the Scottish Government's Value-Based Health & Care Action Plan, which aligns with NHS Fife's existing work around realistic medicine (which was itself the subject of a Board Development Session in December 2023). Members heard details of a recent, well-attended workshop and a dedicated workplan developed to implement the Chief Medical Officer's recommendations, with future work looking at variations and benchmarking between Boards, identifying future opportunities for focus.

4.26 Annual reports were received on the subjects of: Adult Support & Protection; Radiation Protection; the work of the Clinical Advisory Panel; the Director of Public Health Annual Report 2023; Fife Child Protection; Allied Health Professionals' Assurance Framework; Occupational Health & Wellbeing Service; High Risk Pain Medicines Patient Safety Programme; Medical Education; Medical Appraisal & Revalidation; Participation & Engagement; Infection Prevention & Control; Management of Controlled Drugs; Volunteering; Hospital Standardised Mortality Ratio; Research & Development Progress Report & Strategy Review; and the Research, Innovation & Knowledge Annual Review.

4.27 The Committee has received minutes and assurance reports from its core sub-groups, namely the Clinical Governance Oversight Group, Digital & Information Board, Health & Safety Sub-Committee, the Information Governance & Security Steering Group and Resilience Forum, detailing their business during the reporting year. As agreed previously, guidance and a template for the format of sub-groups annual assurance statements has been created for the groups to follow, to improve the consistency and content of information provided, and the annual reports of each of the groups have been reviewed at the Committee's May 2024 meeting. An additional annual assurance statement has also been submitted from the Clinical Governance Oversight Group, outlining the range of activities being taken forward by the group, in support of the clinical effectiveness agenda and building on its regular assurance reports to each of the Committee's bi-monthly meetings.

4.28 In reference to the Health & Safety Sub-Committee, the annual assurance statement from the group reports an improved position with regards to attendance at, and engagement with, the local Health & Safety groups within Acute/Corporate and the Partnership. Business considered during the year included the actions taken to address the recent HIS inspection (referenced in clause 4.19), particularly around the processes for ensuring reactive and routine maintenance

is completed. Other aspects of the Sub-Committee's work, such as the review of RAAC within the NHS Fife estate and mitigation actions to address higher than permitted radon levels (see clause 4.20 above), have each been reported on separately to the Clinical Governance Committee via stand-alone briefings. Further detail has also been provided on the Sub-Committee's work around manual handling training and safe use of sharps, as detailed further in their annual report. There was no Health & Safety Executive enforcement undertaken during the year within NHS Fife. Noting the detail of the Health & Safety Sub-Committee's activities, the Clinical Governance Committee can take broad assurance from the work undertaken on its behalf during the reporting year.

4.29 The Digital & Information (D&I) Board has continued to develop the governance, process and controls necessary to assure the organisation about the progress of the Digital & Information Strategy 2019-2024, which is now in its last year of delivery. Linkages between this and the Population Health & Wellbeing Strategy and the Health Board's Annual Delivery Plan has also been considered. The annual Assurance Statement of the Digital & Information Board provides further detail on the Group's activities across the year, as considered by the Committee at its May 2024 meeting. During 2023/24, 11 D&I risks improved their rating, three reached their target risk rating and moved to a status of monitoring, and seven risks were closed. In relation to other workstreams considered by the Group, members were updated and took assurance from the progress and penetration testing in relation to the Cyber Security Action Plan associated with the improved outcomes from the Cyber Resilience Framework audit, taking assurance from the compliance score of 87%, an increase of 11% on the previous year. A new baseline had been introduced due to the increased number of controls, with a revised baseline for the Cyber Resilience Compliance of 77%. Any moderate incidents that had an adverse effect on system availability and the potential for impact to patient care, if business continuity plans were unable to sustain services, have been considered by the D&I Board, with linkage in reporting also to the Resilience Forum. The D&I Board has also had a role in scrutinising two key projects, Hospital Electronic Prescribing and Medicines Administration and the rapid development of the Laboratory Information Management System (LIMS), which have both progressed during the year. Work has also been undertaken around assessing the organisation's Digital Maturity, the findings of which have been built into overall programme planning. No significant issues have been escalated for disclosure in the Governance Statement and the Clinical Governance Committee can take broad assurance from the work undertaken by the Digital & Information Board over 2023/24.

4.30 Members noted a separate update on the implementation of Hospital Electronic Prescribing and Medicines Administration (HEPMA), via a standalone report to the Committee's private September 2023 meeting. Contractual negotiations have been lengthy and required significant input from the Central Legal Office, but have proceeded to a successful conclusion, with the contract being signed in December 2023. The Committee has also received assurance that the positive clinical impact and transformational benefits of the introduction of HEPMA remain undiminished, despite the longer lead-in time to implementation and delivery. An update to members in March 2024 focused on the clinical governance aspects of the workstream and gave assurance that this met best practice, including allowing clinical judgement to be part of the prioritisation process for any issues that might occur. The clinical portal is being worked through and testing of the product and its integration into our systems is currently underway. The pharmacy stock control system, which is the first part of programme, was described and it was reported that roll-out of the programme will commence, in a staged approach, in 2025.

4.31 The Clinical Governance Committee has also considered updates from the Information Governance & Security Steering Group. The Group has reviewed reports (in September 2023 and March 2024) detailing the current baseline of performance and controls within the remit of Information Governance & Security activities, recognising that whilst compliance and assurance in some areas is effective, in others improvement in data availability and reporting is

necessary to ensure the confidentiality, availability and integrity of patient, corporate and staff information. A new reporting mechanism has been adopted, modelled on the IPQR, which combines reporting from the Information Commissioner's Office Accountability Framework and the Scottish Public Sector Cyber Resilience Framework, and Key Performance Indicators to cover the range of the Group's remit, as aligned to the ten categories detailed with the frameworks, are close to finalisation. As such, at March 2024, a reasonable level of assurance was being reported from the Group. Across the year, the Group have adopted a set of performance measures and a defined workplan, with projects and deliverables associated across outcomes per quarter. This, in turn, brings assurance to support a strong baseline of performance in the area of Information Governance & Security, with improvement against key controls to better measure performance. Key measures reviewed throughout the year included: monthly Subject Access Request data; point-in-time Information Asset Register figures; Information Governance training compliance tracked through the year; monthly Freedom of Information request compliance performance; current policy and procedure review information; Cyber Resilience Framework compliance at the time of audit; monthly event reporting; and summary information on reportable incidents to either the Information Commissioner's Office (ICO) or Competent Authority.

4.32 Throughout the year, the Group were presented with a consistent summary risk profile by risk rating and information relating to the improvement or deterioration of risk during the period. Visualisation of the risk profile, which averaged 28 in number over the year, supported the critique and assurance the Group were able to offer. During the period, the Group noted that 13 risks improved their rating, one risk deteriorated during the period, five equalled their target risk rating and moved to a status of monitoring, and seven risks were closed during the year.

4.33 During 2023/24, 12 incidents were reported to the ICO, a reduction of two from the 14 incidents reported the previous year. Of the 12 incidents, ten (83%) of these were reported within the 72-hour requirement. One incident, which occurred in February 2023, was considered to be significant and resulted in NHS Fife receiving a formal reprimand from the ICO. This concerned an unauthorised person gaining access to a ward at St Andrews Community Hospital. Due to a lack of identification checks and formal processes, the non-staff member was handed a document containing the personal information of 14 people and assisted with administering care to one patient. The data was taken off site by the person and has not been recovered. The incident has been subject to a Significant Adverse Event Review that was undertaken between 7 August 2023 and 21 September 2023. The ICO has requested they receive a progress update on the Board's action plan created to address the incident, which is due on 6 June 2024. Given the significance of this incident, and the complexity of issues identified that contributed to the event's occurrence, the Group believe this issue warrants disclosure in NHS Fife Board's Governance Statement, which the Clinical Governance Committee supports.

4.34 To support reporting around resilience and emergency planning, the Committee has received a mid-year and annual assurance statement from the Resilience Forum, to provide members with greater detail around the further development of business continuity planning within NHS Fife. Also submitted to the Committee, in November 2023, was a new Incident Management Framework approved by the Executive Directors' Group, which, now it is established, is moving into the testing and training phase. The Resilience Forum's annual statement concludes that a moderate level of assurance can be given to the Committee on the areas under its remit, reflecting the work-in-progress underway to strengthen arrangements for resilience planning across NHS Fife and with its contracted partners. These various workstreams are detailed in the annual report, including further information on the new Incident Management Framework, its supporting guidance and review cycle; the establishment of a Business Continuity Management System, including the launch of a new dashboard utilising information from Datix; data on the Business Continuity Plan Testing, Training and Exercises undertaken over the last year, including those with external agencies; and details of PREVENT training and awareness

raising delivered to staff. Two internal audit reports on business continuity arrangements have recently been undertaken. Completion of the recommendations given in the interim audit report (B23/22) has been achieved within the reporting year. A second internal audit (B13/23) specific to business continuity planning assurance was completed in November 2023. This audit report has been subject to separate reporting to the Audit & Risk Committee, in March 2024, and the action plan resulting therefrom will be monitored via existing Audit Follow Up protocols.

4.35 The Clinical Governance Oversight Group has brought its year-end reporting into line with the other sub-groups and its 2023/24 annual statement was considered by the Committee at the May 2024 meeting. The report has provided assurance on the Group's activities, principally its operational oversight of the quality and safety of care provided across the Fife health system and how this impacts on the patient / user experience. The Group has also maintained an awareness of evolving quality, safety and governance agendas, both internal and external to NHS Fife, and has had a role in identifying key learning points from a range of activities, ensuring these are communicated and embedded where appropriate across primary and secondary care and the H&SCP. The Group maintains rolling supervision of clinical policy update compliance and performance monitoring, particularly with regard to the timely completion of adverse event reviews, Children and Young Persons' Death Review and Duty of Candour processes. The Clinical Governance Committee was able to take robust assurance from the supporting clinical governance activities carried out by the Group over the course of the reporting year.

4.36 An annual statement of assurance has also been received and considered from the Quality & Communities Committee of the Integration Joint Board, detailing how clinical & care governance mechanisms are in place within all Divisions of the Fife Health & Social Care Partnership and that systems exist to make these effective throughout their areas of responsibility. Progress has been made in the Committee implementing its full Terms of Reference, as detailed further in the Committee's annual assurance statement, with plans for further development of agendas and workplan to reflect all areas of the Committee's remit in the year ahead.

4.37 Minutes of Clinical Governance Committee meetings have been subsequently approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates. The Committee's workplan is presented to each meeting, detailing any delays to agenda items and providing information on delivery dates, to increase the visibility over the completion of each Committee's annual schedule of business.

5. Best Value

5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 2 provides evidence of where and when the Committee considered the relevant characteristics during 2023/24.

6. Risk Management

6.1 In line with the Board's agreed risk management arrangements, NHS Fife Clinical Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail of its aligned risks assigned to it under the Corporate Risk Register. Progress and appropriate actions were noted. In addition, many

of the Committee's requested reports in relation to active and emerging issues have been commissioned on a risk-based approach, to focus members' attention on areas that were central to the Board's priorities around care and service delivery, particularly during challenging periods of activity.

6.2 The replacement of the BAF in 2022 by the Corporate Risk Register has allowed for revision of the key strategic risks reported to the Board, along with presentation improvements to aid clarity of members' understanding. As the Corporate Risk Register has become embedded, improvements have continued to be made to reflect members' feedback. Deep dives have allowed for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. This area of the new risk management approach is expected to further mature in the year ahead, to provide members with the necessary levels of assurance on the effectiveness of mitigating actions. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges facing the Board particularly into 2024. The Board has reassessed its risk appetite as a whole at a session in April 2024, and this will be reflected in ongoing updates to the individual risk metrics throughout the next reporting year.

6.3 During the year, in relation to Quality & Safety matters, the Committee has reviewed a dedicated risk around Optimal Clinical Outcomes. This is relatively broad in its coverage and thus members have undertaken a deep dive into the risk, at the Committee's May meeting, to seek to understand the make-up of the risk and the drivers that influence its rating. A subsequent Development Session, held in October 2023, has helped refine this risk further, both to reflect members' queries and to aid understanding. A further review was taken in January 2024, detailing the aspects of the risk mitigation actions that were on track and those that were experiencing challenge, with further review on the fundamentals of this risk to be undertaken via the Risk & Opportunities Group. A deep dive on the Quality & Safety risk was undertaken at the July 2023 meeting, where a reasonable level of assurance was given, noting the work underway to implement the Clinical Governance Strategic Framework and the related actions thereof, which have a significant level of delivery challenge.

6.4 In relation to Digital & Information risks, at the Committee's November 2023 meeting, a deep dive was undertaken, reviewing the likelihood of financial sustainability issues impacting upon the ability to transform care through the rapid adoption of digital solutions. Members were able to take a reasonable levels of assurance that the strategic priorities within the Digital Strategy had been reprovisioned to help support the organisational Population Health & Wellbeing Strategy, which helps mitigate against the risk. A further update was received by the Committee in November 2023, detailing a number of additional deliverables that have been achieved during the original Strategy's lifespan, largely in response to the Covid pandemic and the requirements of supporting the Fife National Treatment Centre for Orthopaedics. Of the 49 original deliverables identified, 50% had been or were being implemented, with a further 37% being implemented in part. Assurance was given that the D&I service as a whole continues to operate with an agile model, aligning to emerging priorities as might best benefit patients and staff. A revised Digital Strategy is expected to be approved by July 2024.

6.5 A deep dive into the Cyber Resilience risk scrutinised the mitigating measures in place to reduce the risk of a targeted and sustained cyber attack on the Board's systems. This could impact the ability to deliver a full range of health service activities, and the importance of good business continuity plans and disaster recovery options was noted. The deep dive complemented the regular reporting to the Committee from the Information Governance & Security Group.

6.6 A replacement Laboratory Information Management System (LIMS) has been the subject of Board-level discussions in-year. A stand-alone paper detailing the mitigation of risks in reference to the LIMS project has also been considered by the Committee at its September 2023 private meeting, noting the then-difficult situation of implementing the software due to difficulties in transitioning to the new supplier. Limited assurance could be given at that date, though NHS Fife was doing all it could to mitigate the various risks detailed in the briefing.

6.7 A deep dive was undertaken into the Off-Site Area Sterilisation and Disinfection Unit Service risk at the Committee's September 2023 meeting, detailing some quality-related concerns with the provision of sterile instrument trays from the current supplier, which has the potential to impact on the safe delivery of critical surgical interventions and procedures. Members were clear that all actions currently within the Board's control were being implemented to manage the risk, with the issue having been escalated to the Scottish Government to assist with developing a national approach. In order to sight the Board of the risk, the Committee have escalated the issue directly to them, to raise awareness and to reflect the fact that the Committee could only take limited assurance from the mitigating actions aimed at reducing the impact of the risk, noting that full resolution was presently outwith the direct control of the Board. A further update, reporting back to the Committee the Board's discussions on this matter, was given at the Committee's meeting of November 2023.

6.8 In January 2024, the Committee decided to close the standalone Covid-19 risk on the Corporate Risk Register, noting that it had achieved the risk target score and there had been a period of stability on this risk for some months. Other Health Boards were also de-escalating this risk. Going forward, a more generalised pandemic / biological threat preparedness risk would be monitored, with ownership of this transferring to the Public Health & Wellbeing Committee as being the most appropriate governance committee of the Board to undertake ongoing review. The updated risk would however be reviewed before implementation by the Clinical Governance Committee, at its May 2024 meeting.

7. Self-Assessment

7.1 The Committee has undertaken a self-assessment of its own effectiveness, utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2024 meeting, and action points are being taken forward at both Committee and Board level, reflecting the latter's own action planning around the Blueprint for Good Governance self-assessment exercise undertaken in February 2024. The Committee has held a dedicated Development Session in May 2024 to refresh members' knowledge about the Principles of Clinical Governance and ensure there is appropriate coverage of these through the Committee's own local work.

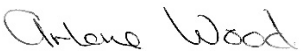
8. Conclusion

8.1 As Chair of the Clinical Governance Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place throughout NHS Fife during the year.

8.2 There is one significant control weakness at the year-end which the Committee considers should be disclosed in the Governance Statement, as might have impacted financially or otherwise in the year or thereafter. This is related to the reprimand issued to the Board by the

Information Commissioner's Office in relation to an information-security related issue at St Andrews Community Hospital, which resulted in a data security breach and had the potential to cause reputational damage to NHS Fife. Further details on this incident will be included in the Governance Statement, as per the Committee's recommendation.

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

Signed:  Date: 3 May 2024

Arlene Wood, Chair
On behalf of the Clinical Governance Committee

Appendix 1 – Attendance Schedule
Appendix 2 – Best Value

NHS Fife Clinical Governance Committee Attendance Record
1 April 2023 to 31 March 2024

	05.05.23	07.07.23	08.09.23	03.11.23	12.01.24	01.03.24
Members						
A Wood, Non-Executive Member **(Chair)**	✓	✓	✓	✓	✓	✓
S Braiden, Non-Executive Member	✓	X	✓	X	X	✓
S Fevre, Area Partnership Forum Representative	✓	✓	X			
C Grieve, Non-Executive Member	X	✓	✓	✓	✓	✓
A Haston, Non-Executive Member	✓	✓	✓	✓	✓	✓
A Lawrie, Area Clinical Forum Representative	X	✓	X	X	✓	✓
K MacDonald, Non-Executive Whistleblowing Champion	✓	✓	X	✓	X	✓
L Mackie, Area Partnership Forum Representative						X
L Parsons, Interim Area Partnership Forum Representative				✓	✓	
C McKenna, Medical Director **(Exec Lead)**	✓	✓	X	✓	✓	✓
J Keenan, Director of Nursing	✓	✓	✓	✓	✓	✓
C Potter, Chief Executive	✓	✓	✓	✓	✓	✓
J Tomlinson, Director of Public Health	X	✓	X	X	✓	✓
In Attendance						
L Barker, Associate Director of Nursing			✓	✓	X	X
S Cameron, Head of Resilience				✓		
N Connor, Director of H&SC	✓	✓	✓	✓	✓	X
G Couser, Associate Director of Quality & Clinical Governance						✓
S Cowie, Excellence in Care Lead		✓ Item 8.3				
C Dobson, Director of Acute Services	✓	✓	✓	✓	✓	✓
J Doyle, Head of Nursing						✓ Deputising
P Donaldson, Information Security Manager					✓ Item 6.2	
F Forrest, Deputy Director of Pharmacy					✓ Deputising	

APPENDIX 1

	05.05.23	07.07.23	08.09.23	03.11.23	12.01.24	01.03.24
S Fraser, Associate Director of Planning & Performance			⚑	X	⚑	
A Graham, Associate Director of Digital & Information	⚑	⚑	⚑	⚑	X	⚑
B Hannan, Director of Pharmacy & Medicines	⚑	⚑	⚑	⚑	X	⚑
H Hellewell, Associate Medical Director, H&SCP	⚑	⚑	⚑	⚑	⚑	⚑
A Kelman, Clinical Director H&SCP				⚑		
T Lonergan, Head of Nursing					⚑ Deputising	
J Lyall, Chief Internal Auditor					⚑ Item 6.1	
G MacIntosh, Head of Corporate Governance & Board Secretary	⚑	⚑	⚑	⚑	⚑	⚑
I MacLeod, Deputy Medical Director	⚑	X	⚑	⚑	X	⚑
G Malone, Clinical Nurse Manager		⚑ Deputising				
N McCormick, Director of Property & Asset Management			⚑			⚑
M Michie, Deputy Director of Finance		⚑ Deputising				
M McGurk, Director of Finance & Strategy	X	X	X	⚑	X	X
J Morrice, Consultant Paediatrician	X	X	⚑			
E Muir, Clinical Effectiveness Manager	⚑	⚑	⚑	X	⚑	⚑
G Ogden, Head of Nursing					⚑ Deputising	
S Ponton, Interim Head of Service for Occupational Health Service			⚑			
N Robertson, Associate Director of Nursing	⚑	⚑	⚑	⚑	⚑	⚑
S A Savage, Interim Associate Director of Quality & Clinical Governance / Associate Director of Risk & Professional Standards	X	⚑	⚑	⚑	⚑	⚑

Best Value Framework

Vision and Leadership

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
The strategic plan is translated into annual operational plans with meaningful, achievable actions and outcomes and clear responsibility for action.	Annual Delivery Plan Winter Plan	**FINANCE, PERFORMANCE & RESOURCES COMMITTEE** **CLINICAL GOVERNANCE COMMITTEE** **BOARD**	Annual Bi-monthly Bi-monthly	Annual Delivery Plan NHS Fife Clinical Governance Workplan is approved annually and kept up-to-date on a rolling basis Minutes from Linked Committees e.g. • Area Drugs & Therapeutics Committee • Acute Services Division, Clinical Governance Committee • Clinical Governance Oversight Group • Infection Control Committee • H&SCP Quality & Communities Committee NHS Fife Integrated Performance & Quality Report is considered at every meeting

Governance and Accountability

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

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

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

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

Use of Resources

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
There is a robust information governance framework in place that ensures proper recording and transparency of all NHS Fife’s activities.	Information & Security Governance Steering Group Annual Report Digital & Information Board Annual Report Digital & Information Board minutes	**CLINICAL GOVERNANCE COMMITTEE**	Annual	Minutes and Annual Report considered, in addition to related Internal Audit reports. Reporting format and content has been enhanced in current year.
NHS Fife understands and exploits the value of the data and information it holds.	Risk Deep Dives Integrated Performance & Quality Report	**BOARD** **COMMITTEES**	Annual Bi-monthly	Integrated Performance & Quality Report considered at every meeting. Particular review of performance in relation to pressure ulcers and falls undertaken in current year.

Performance Management

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
Performance is systematically measured across all key areas of activity and associated reporting provides an understanding of whether the organisation is on track to achieve its short and long-term strategic, operational and quality objectives	Integrated Performance & Quality Report encompassing all aspects of operational performance, Annual Operational Plan targets / measures, and financial, clinical and staff governance metrics. The Board delegates to Committees the scrutiny of performance Board receives full Integrated Performance & Quality Report and notification of any issues for escalation from Committees.	**COMMITTEES** **BOARD**	Every meeting	Integrated Performance & Quality Report considered at every meeting Minutes from Linked Committees e.g. • Area Drugs & Therapeutics Committee • Acute Services Division, Clinical Governance Committee • Digital & Information Board • Infection Control Committee • Information Governance & Security Steering Group
The Board and its Committees approve the format and content of the performance reports they receive	The Board / Committees review the Integrated Performance & Quality Report and agree the measures.	**COMMITTEES** **BOARD**	Annual	Integrated Performance & Quality Report considered at every meetings. Review of format and content is being undertaken in reporting year.
Reports are honest and balanced and subject to	Committee Minutes show scrutiny and challenge when performance	**COMMITTEES**	Every meeting	Integrated Performance & Quality Report considered at

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
proportionate and appropriate scrutiny and challenge from the Board and its Committees.	is poor as well as good; with escalation of issues to the Board as required	**BOARD**		every meetings Minutes of Linked Committees are reported at every meeting, with improved process for escalation of issues.
The Board has received assurance on the accuracy of data used for performance monitoring.	Performance reporting information uses validated data.	**COMMITTEES** **BOARD**	Every meeting Annual	Integrated Performance & Quality Report considered at every meeting The Committee commissions further reports on any areas of concern, e.g. as with complaints, adverse events.
NHS Fife's performance management system is effective in addressing areas of underperformance, identifying the scope for improvement, agreeing remedial action, sharing good practice and monitoring implementation.	Encompassed within the Integrated Performance & Quality Report	**COMMITTEES** **BOARD**	Every meeting	Integrated Performance & Quality Report considered at every meeting Minutes of Linked Committees • Area Clinical Forum • Acute Services Division, Clinical Governance Committee • Area Drugs & Therapeutics Committee

Cross-Cutting Theme – Equality

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

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

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE:
NHS Fife meets the requirements of equality legislation.		**BOARD** **COMMITTEES**	Ongoing	Strategy updates regularly considered, along with Planning with People updates in current year All strategies have a completed EQIA
The Board and senior managers understand the diversity of their customers and stakeholders.	Equality Impact Assessments are reported to the Board and Committees as required and identify the diverse range of stakeholders.	**BOARD** **COMMITTEES**	Ongoing	Strategy updates regularly considered All strategies have a completed EQIA
NHS Fife’s policies, functions and service planning overtly consider the different current and future needs and access requirements of groups within the community.	In accordance with the Equality and Impact Assessment Policy, Impact Assessments consider the current and future needs and access requirements of the groups within the community.	**BOARD** **COMMITTEES**	Ongoing	All NHS Fife policies have a EQIA completed and approved. The EQIA is published alongside the policy when uploaded onto the website

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

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**3 May 2024**
Title:	**Area Clinical Forum Annual Statement of Assurance**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Author:	**Aileen Lawrie, Area Clinical Forum Chair**

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- NHS Board

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

- Safe
- Effective
- Person Centred

2 Report summary

This report provides assurance to the Board that the Area Clinical Forum (ACF) has fulfilled its remit.

2.1 Situation

This is the first Annual Statement of Assurance being provided by the ACF to the Board via NHS Fife Clinical Governance Committee.

2.2 Background

The recent work undertaken by the Chair and Co-Chair of the ACF has been to increase the profile of the Forum among clinicians and Board members. This Annual Statement of Assurance is part of the commitment from the Board to assist the ACF in this action.

2.3 Assessment

The Annual Statement of Assurance is provided at appendix 1.

2.3.1 Route to the Meeting

The Area Clinical Forum, in April 2024, supported the content of the Annual Statement of Assurance.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – For Members' information

2 List of appendices

The following appendices are included with this report:

- Appendix No. 1 ACF Annual Assurance Report 2023/24

Report Contact
Aileen Lawrie
Chair, Area Clinical Forum
Email: aileen.lawrie@nhs.scot

ANNUAL STATEMENT OF ASSURANCE FOR
NHS FIFE AREA CLINICAL FORUM

1. Purpose

1.1. The purpose of the Area Clinical Forum is to ensure that efficient and effective systems are in place which promotes the active involvement of all clinicians from across NHS Fife in the decision-making process. The Area Clinical also acts as a multi-professional reference group on proposals brought forward through the strategic planning / redesign process.

1.2. The Area Clinical Forum will be supported by nine Area Professional and Advisory Committees and Cognate Groups:

- Area Medical Committee
- Area Dental Committee
- Area Pharmaceutical Committee
- Area Optical Committee
- Allied Health Professions Clinical Advisory Forum
- GP Sub-Committee of the Area Medical Committee
- Healthcare Scientists Forum
- Clinical Psychology Group
- Nursing and Midwifery Committee

1.3. The nine Chairs and nominated representatives of the Area Professional and Advisory Committees will form a multi-professional Area Clinical Forum.

2. Membership

2.1 During the financial year to 31 March 2024, membership of the Area Clinical Forum comprised: -

Name	**Role / Designation**
Aileen Lawrie	Chair
Ailie McKay	Speech and Language Therapy SLT Operational Lead & Vice Chair
Susie Mitchell	General Practitioner
Christopher McKenna	Medical Director/Area Medical Committee
Jackie Fearn	Consultant Clinical Psychologist
Donna Galloway	Women Children & Clinical Services General Manager
Robyn Gunn	Clinical Scientist/Head of Laboratories
Amanda Wong	Allied Health Professionals Representative
Ben Hannan	Director of Pharmacy & Medicines *(now represented by Fiona Forrest)*
Nicola Robertson	Nursing and Midwifery Representative
Emma O'Keefe	Consultant in Dental Public Health
Unfilled Representation	Area Optical Committee Chair

2.2 The Area Clinical Forum may invite individuals to attend meetings for particular agenda items, the Director of Nursing, the Director of finance will normally be in attendance at meetings. Other attendees, deputies and guests are recorded in the individual minutes of each meeting.

3. Meetings

3.1 The Area Clinical Forum met on five occasions during the financial year to 31 March 2024, on the undernoted dates:

- 8 June 2023
- 3 August 2023
- 5 October 2023
- 1 December 2023
- 7 February 2024

3.2 The attendance schedule is attached at Appendix 1.

4. Business

4.1 **Area Clinical Forum inclusion and engagement:** the work continues by the Chair and Vice Chair to increase engagement with portfolio leads across the multidisciplinary/multiagency clinical systems. By proactively involving a diverse group of healthcare professionals the Area Clinical forum aims to ensure a wide range of clinical perspectives and expert knowledge are considered in care planning and strategic planning. Engagement with and by the Area Clinical Forum members assists in identification of specific patient groups needs and challenges which should lead to an increase in equitable and effective healthcare solutions. Engagement and inclusion in the wider strategic planning activity has been challenging also, however, progress has been made in increasing the visibility of the Area Clinical Forum as an excellent resource to ensure the clinical voice is considered.

4.2 **Population Health and Wellbeing Strategy:** the strategy has sought to support the development of a vision for NHS Fife in the coming years. The strategy underpins NHS Fife ongoing recovery from the Covid-19 pandemic and begins to address a range of current and emergent challenges. The Area Clinical Forum recognised the importance of multi-professional engagement in the strategy development and offered to be involved in giving professional clinical feedback as and when required. This has taken the format of questionnaire and direct clinical voice feedback to the team developing the strategy. The Area Clinical Forum now receives regular updates and feedback regarding the progress of the strategy and is regularly asked to input into emerging priorities.

4.3 **Scottish Government Women's Plan**: The Women's Health Plan is a comprehensive strategy aimed at improving women's health outcomes across Scotland. Despite some progress, there remain disparities in healthcare access and persistent challenges in issues relating to maternal health and reproductive rights. The Area Clinical Forum recognise the benefits for being included in the developing work to advance the objectives of the women's

health plan and have received regular presentations regarding the progress of the women's health plan group.

One area of the plan which the Area Clinical Forum became directly involved in, was menopause prescribing after receiving feedback from the clinical teams regarding inequity of care for women in prescribing challenges locally. Work undertaken led to improvement in prescribing guidelines, with specific reference to testosterone prescribing, which has improved the quality of care and support for women experiencing menopausal symptoms.

4.4 **Scottish Health and Care Staffing Act:** The Act aims to ensure safe and effective staffing levels across health and social care settings. The Area Clinical Forum has recognised the need for a strong clinical voice in the discussions around staff to patient ratios in ensuring safe and effective care. The Area Clinical Forum have offered to feedback regarding the current challenges being experienced in staff recruitment and retention strategies, workforce vacancies and workforce development. The Area Clinical Forum now receive regular feedback from the Director of Nursing on the development of the implementation of the Act and have been asked to provide professional feedback on the barriers to implementation of the Act locally.

4.5 **Escalations and Updates from Subgroups to the Area Clinical Forum:** The Area Clinical Forum can assist portfolio leads to escalate areas of concern to the Board, currently via the Clinical Governance Committee. The Local Area Medical Committee had raised safety concerns directly relating to lack of GP capacity within the Levenmouth areas. Mitigation for concerns was provided and feedback given to the Local Area Medical Committee from the Chair of the Clinical Governance Committee. A current area for possible escalation is the response and action plan to the Area Clinical Forum on the Audiology External Independent Review. Any consideration for escalation will be following the Area Clinical Forum review of the action plan.

4.6 **RTP**: The Area Clinical Forum receive regular updates and feedback regarding the financial position of the Board. There is recognition of the need to focus attention on the work being undertaken through the Re-form, Transform, Perform programme. The Area Clinical Forum Chair has requested a presentation to the group on the current initiatives being planned and has offered the groups availability for consultation from clinical portfolio leads on emerging initiatives.

5. Risk Management

5.1 Reviewing the business of professional advisory committees to ensure co-ordination of clinical matters across each of the professional groups.

5.2 The provision of a clinical perspective on the development of the Annual Operational Plan and the strategic objectives of the NHS Board.

5.3 Sharing best practice and encouraging multi-professional working in healthcare and health improvement.

5.4 Ensuring effective and efficient engagement of clinicians in service design, development and improvement.

5.5 Providing a local clinical and professional perspective on national policy issues.

5.6 Ensuring that local strategic and corporate developments fully reflect clinical service delivery.

5.7 Taking an integrated clinical and professional perspective on the impact of national policies at local level.

5.8 Through the ACF Chair, being fully engaged in NHS Board business.

5.9 Supporting the NHS Board in the conduct of its business through the provision of multi-professional clinical advice.

6. Other Highlights

6.1 The current Vice Chair has noted her intention to stand down in the summer of 2023 and there will be a request for nominations to fill the vacant position.

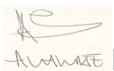
6.2 Work is being undertaken by the Area Clinical Forum Chair and the lead for inclusion at a national level regarding racialised inequalities. The current areas of development are a national guidance for interpretation services and locally development of clinical assessment and documentation.

7. Conclusion

7.1 As Chair of the Area Clinical Forum during financial year 2022-23, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Area Clinical Forum has allowed us to fulfil our remit. As a result of the work undertaken during the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit during the year.

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

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

Signed:  Date: 28/03/2024

Aileen Lawrie, Chair
On behalf of the Area Clinical Forum

Appendix 1 – Attendance Schedule

NHS Fife Area Clinical Forum Attendance Record
1 April 2023 to 31 March 2024

	08.06.23	03.08.23	05.10.23	01.12.23	07.02.24
Members					
Aileen Lawrie, Chair	🏳	🏳	x	🏳	🏳
Ailie McKay, Speech and Language Therapy SLT Operational Lead & Vice Chair	🏳	🏳	🏳	x	🏳
Jackie Fearn, Consultant Clinical Psychologist	🏳	🏳	x	🏳	🏳
Donna Galloway, Women Children & Clinical Services General Manager	x	🏳	x	x	x
Robyn Gunn, Head of Laboratory Services	x	🏳	🏳	🏳	🏳
Ben Hannan, Director of Pharmacy & Medicines **Deputised by Fiona Forrest*	x	x	x	x	x
Chris McKenna, Medical Director	x	x	🏳	x	x
Susannah Mitchell, General Practitioner	x	x	🏳	x	x
Janette Keenan, Director of Nursing	🏳	🏳	x	x	🏳
Emma O'Keefe, Consultant in Dental Public Health **Unavailable due to diary clash. Feedback provided, where required*	x	x	x	x	x
Nicola Robertson, Associate Director of Nursing	x	🏳	🏳	🏳	🏳
Amanda Wong, Director of Allied Health Professions	🏳	🏳	x	🏳	🏳
In Attendance					
Isla Bumba, Equality & Human Rights Lead Officer		🏳 Item 5.1			
Sharon Crabb, Public Health Service Manager			🏳 Item 5.1		
Fiona Forrest, Deputy Director of Pharmacy			🏳 Deputising	🏳 Deputising	
Susan Fraser, Associate Director of Planning & Performance	🏳 Items 1 – 5.1				🏳 Items 5.2 & 6
Lynne Johnston, Service Manager			🏳 Item 5.2		

	08.06.23	03.08.23	05.10.23	01.12.23	07.02.24
Siobhan McIlroy, Head of Patient Experience	Deputising				
Tom McCarthy, Portfolio Manager	Items 1 – 5.2				Items 5.2 & 6
Laura Petrie, Senior Health Promotion Officer				Item 5.1	
Katie Provan, Senior Health Promotion Officer				Item 5.1	
Lynne Riach, Senior Programme Advisor (HIS)					Item 5
Sally Tyson, Head of Pharmacy	Deputising	Deputising			

ASSURANCE SUMMARY
NHS FIFE CLINICAL GOVERNANCE OVERSIGHT GROUP
16 APRIL 2024

1. Purpose

1.1 To provide the NHS Fife Clinical Governance Committee with an assurance summary from the Clinical Governance Oversight Group (CGOG) held on the 16 April 2024. This assurance statement summarises the key aspects of business covered.

2. Matters Arising

2.1 Alcohol and Drug Death Review Progress

The Clinical Lead for Addictions Services presented on drug related deaths. In summary:

- There has been a 10% increase in drug related deaths in Scotland in 2022/2023
- This increase is largely thought to be attributable to emergence of synthetic alternatives such as synthetic opioids / cannabinoids and xylazine (a veterinary tranquilizer not approved for human consumption), often combined with more potent 'street benzos', such as bromazolam. There is also an increased use of cocaine. By contrast there has been little change in the number of alcohol related deaths.
- Addictions Services review each drug and alcohol related death with the learning from each death. Additionally drug related deaths are reviewed by the multidisciplinary Multi Agency Drug Death Review Group (MDDRG).
- Improvement actions and learning are themed and developed projects plans that are regularly monitored at the Addiction Services Quality Matters Assurance Group meeting.
- Sadly, the large number of deaths requiring review has resulted in a backlog of reviews outstanding and in response the team prioritise cases where there is maximal opportunity for learning.
- It was noted that the process in place for reviewing drug and alcohol related deaths should be documented in the adverse event policy and procedure.

The group took assurance from the work undertaken and the governance structures in place.

2.1 NHS Fife Adverse Events Trigger List

The Lead for Adverse Events presented options to revise the Significant Adverse Event (SAER) trigger list to focus more on outcomes of harm rather than the current trigger list which is a combination of event type and outcome of harm. Three options were presented and the group agreed to proceed with the option that aligns to the National Adverse Event Framework. The next step in this process will be to develop the following:

- Education to operationally apply the National Framework consequence matrix
- A suite of reviews for reviewing of significant adverse events
- Roll out of the complex care review to replace the previous Local Adverse Event Review
- The development of complex care reviews to support thematic reviews and learning

2.2 Organisational Learning

The Associate Director for Quality and Clinical Governance presented a paper setting out a proposed workplan for refreshing the approach of the Organisational Learning Group (OLG) in 2024/2025:

- Connection with the organisation to define the best approach
- Development of infrastructure for sharing learning
- Increased focus on improvement activity through assurance structures
- Development of a Learning System Framework
- Alignment of quality improvement activity to areas of organisational priority
- Learning from Litigation
- Review of data sources

The aim of this work is to reduce and avoid preventable patient harm and improve quality and experience. The complex and adaptive nature of this issue was discussed and the group welcomed the approach proposed. Additional leadership input from the Health and Social Care Partnership and from Pharmacy was also agreed. It was noted that the paper has been shared with the Chief Executive and a Board Development Session is planned with a formal update to Executive Directors in July.

2.3 Clinical Governance Framework Annual Delivery Plan 2023/2024

The end of year status of the Clinical Governance Framework Annual Delivery Plan for 20/23/2024 was noted by the group.

3. Governance

3.1 Health and Social Care Partnership (HSCP) Assurance Update

The Group were updated on the HSCP Quality Matters Assurance Group Clinical Quality (QMAG) meeting on 26th January and an overview of the 4 Quality Matters Assurance Safety Huddles (QMASH) held between 11th January and 22nd February 2024.

It was escalated to the group that within the Addiction Services NHS Fife is one of five Boards not meeting the waiting time standards within the Medication Assisted Treatment (MAT) Standards. There has been a significant increase in demand for the service since 2016. It was noted at a review of the capacity and service demand has been undertaken and a paper will be presented to the next CGOG.

3.2 Acute Services Division Assurance Update

The group were provided with aan assurance statement relating to the Acute Services Division Clinical Governance Committee meeting held on 20 March 2024.

Assurance was provided to CGOG in relation to the following business:

- The action plan further to the Healthcare Improvement Scotland (HIS) Safe Delivery of Care Inspection 31 Jul – 2 Aug 2023 is almost complete with actions continuing to be monitored through the Senior Leadership Team.

- Three Advance Nurse Practitioners have been recruited to the Orthopaedic Service, a recommendation further to the Fatal Accident Inquiry.
- The governance being implemented for Anaesthesia Associates.
- An audit evidencing the success of a new interventional treatment for cystoids macula odemoa patients.
- Work underway to identify options to improve the waiting times for post menopausal bleeding (target is 28 days and current waits are approaching 90 days).
- An increase in referrals for termination of pregnancy has resulted in waiting times increasing beyond the 2-week target, work is underway to review the demand and capacity of the service.

3.3 NHS Fife Clinical Policy and Procedure

The group were given assurance that they have a 99% compliance rate for all clinical policies and procedures overseen by the NHS Fife Clinical Policy and Procedure Coordination and Authorisation Group.

- One policy made obsolete; AP-01 - NHS Fife Wide Policy on Adult Support & Protection: Report of Harm
- One Fife wide procedure is past the review date; 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 group were advised that services have been invited again to provide feedback and input to the review. Comments have been received and they are in the process of implementing significant changes in terms of how notifications are done. There is a group currently reviewing the suggested changes and they will be added to the procedure.

3.4 Medical Devices

The group took assurance from the work that has started in response to the Medical Devices Scottish Government Policy Framework. This Framework has been developed in response to the proposed changes to the UK Medicines and Healthcare products Regulatory Agency (MHRA) regulations. One of the key components of this work is the Scan for Safety Programme which will implement a digital system wide approach to the tracking and tracing of high-risk implantable devices in Scotland through digital data capture at the point of care. It was noted that this paper was going to the Executive Directors Group and would be scheduled for the July Clinical Governance Committee, allowing for updates further to the May meeting with the Scan for Safety Programme.

4. Adverse Events

4.1 NHS Fife Adverse Events

The adverse events themes and trends report was noted by the group. The group were advised that further work is required to montior compliance with the improvement actions generated from signficant and local adverse event reviews. It was agreed that a paper outlining the proposed approach to the governance of improvement actions will be brought to the next CGOG.

5. Patient Experience

5.1 The group were updated that there has been a slight decrease in stage 1 & 2 complaints in the last quarter. However, “concerns” have risen to 241 around which. An update on improvement work to support the approach to managing patient complaints and feedback was also discussed:

- There is now a patient experience dashboard which allows the team review and prioritise workload.

- A complaint complexity categorisation tool SBAR report will be taken to EDG, which help the team look at targets potentially for the stage 2 complaints. When there is a greater complexity within the complaint this may take longer to answer, and this gives a narrative explaining why the 20-day target was not achieved.

- Monthly meeting with the Acute Division have proved to be beneficial and meeting dates and attendance have now been agreed with H&SCP.

6. Quality/ Performance

6.1 NHS Fife Quality Improvement Network Annual Report

Three key strands of work have been undertaken by the Quality Improvement Faculty over the last year:

- Education and Training
- Developing Connections
- Supporting the use of QI in practice

The focus of this work is to develop a culture of quality improvement in NHS Fife. The group discussed the importance of aligning quality improvement activities to areas of strategic priority with the Deteriorating Patient Improvement Programme being cited as an excellent example of where this is happing.

7. Strategy and Planning

7.1 NHS Fife Clinical Governance Framework Annual Delivery Plan 2024/2025

The draft Clinical Governance Framework Annual Delivery Plan was presented to the group with feedback sought in order to finalise. The workplan contains the following workstreams:

- Organisational Learning
- Adverse Event – Staff Support
- Deteriorating Patient Improvement Programme
- Adverse Event Policy and Procedure
- A Focus on Human Factors
- Duty of Candour- process review
- Policy and Procedures- a quality management system approach
- Medicines Safety Programme
- Review of the Clinical Governance Oversight sub groups
- Datix Replacement
- Implementation of NEWS2
- Planning for Clinical Governance Strategic Framework refresh

8. Any other Business

No other business was noted.

9. Issues to be Escalated

No matters were identified for escalation other than the Medical Devices work that will be brought to the July committee.

10. Confirmed dates for future CGOG meetings 2024-2025

Noted by the group.

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**3 May 2024**
Title:	**Corporate Risks Aligned to the Clinical Governance Committee**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Author:	**Pauline Cumming, Risk Manager**

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

This report aligns to the following NHSScotland 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 1 March 2024.

The Committee is invited to:

- note the corporate risks as at 25/04/24 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 31/03/24 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	6	4	2	-	-	◄►	Moderate
Total	**18**	**12**	**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	Overview of Risk Level				Risk Movement	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. Target timescale updated.
To deliver value and sustainability	2	1	-	-	◀▶	• 16- Off Site Area Sterilisation and Disinfection Unit Service • 17- Cyber Resilience • 18 - Digital and Information	• Mitigations updated for Risk16.

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. The Associate Director for Risk and Professional Standards advises that pending the outcome of those deliberations, the target timescale has been adjusted from 31/03/24 to 31/03/25.

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 are "no effective systems of supporting effective organisational learning". A paper setting out a proposed approach to refreshing the work of the Organisational Learning Group has been 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, however the Director of Public Health has advised that further time is needed for a Deep Dive review. An SBAR will be tabled with committee at their 12th July meeting. Following initial scoping, the Public Health Assurance Committee has recommended progressing the development of two risks in line with the approach set out in the UK national risk register. These risks are Pandemic Preparedness, and Emerging Infectious Disease. A paper will be tabled with the Executive Directors Group (EDG) on 3rd June 2024. This will allow EDG to consider the risk descriptors for the two risks, consider inclusion on the Corporate Risk Register, and also to which committee each risk is best aligned.

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 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.

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

- NHS Fife Clinical Governance Oversight Group on 16 April 2024
- Gemma Couser, Associate Director of Quality & Clinical Governance on 23 April 2024
- Alistair Graham, Associate Director of Digital & Information on 23 April 2024
- Neil McCormick, Director of Property & Asset Management on 23 April 2024
- Dr Chris McKenna, Medical Director, on 23 April 2024
- Dr Shirley- Anne Savage, Associate Director for Risk & Professional Standards on 23 April 2024

- Dr Joy Tomlinson, Director of Public Health on 23 April 2024

2.4 Recommendation

- **Assurance** - Members are asked to take 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.

3 List of appendices

The following appendices are included with this report:

Appendix 1, NHS Fife Corporate Risks aligned to the CGC as at 25/04/24
Appendix 2, Assurance Principles
Appendix 3, Risk Matrix

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

NHS Fife Corporate Risks Aligned to the Clinical Governance Committee as at 25 April 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 31/03/25	◀▶	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.					

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 service is being explored. Ensure that mitigations are in place to ensure that no trays are damaged	Mod 12 (L4xC3)	Low 6 (L2xC3) by 01/04/2026 at next SG funding review	◀▶	Within	Director of Property & Asset Management

		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 adversely impact on the availability of systems that support clinical services, in their treatment 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 demonstrate a reduced level of activity to match the resource availability and limited levels of finance. (Capital and	High 15 (L3xC5)	Mod 8 (L2xC4) by April 2025	◄►	Above	Medical Director

	management of patients.	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

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

Assurance Principles

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)

DRAFT CLINICAL GOVERNANCE COMMITTEE
ANNUAL WORKPLAN 2024 / 2025

Governance - General							
	Lead	**03/05/24**	**08/07/24**	**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**	**08/07/24**	**06/09/24**	**04/11/24**	**06/01/25**	**07/03/25**
Governance Matters							
	Lead	**03/05/24**	**08/07/24**	**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**	✓	✓ **Biological Threats**	✓	✓	✓	✓
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**	**08/07/24**	**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**	✓					
Cancer Strategic Framework & Delivery Plan	**Medical Director/Associate Director for Risk and Professional Standards**				✓		
Clinical Governance & Strategic Framework Delivery Plan 2023/24	**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**	**08/07/24**	**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	**Medical Director**		✓				
Nursing & Midwifery Professional Assurance Framework	**Director of Nursing**			✓			
Public Protection, Accountability & Assurance Framework	**Director of Nursing**	**Deferred to next mtg - due to timings (governance routes)**	✓				

Digital / Information							
	Lead	**03/05/24**	**08/07/24**	**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**		✓		✓		
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**	**08/07/24**	**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**	**08/07/24**	**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**		✓				
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**		✓				
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**		✓				

Annual Reports / Other Reports (cont.)							
	Lead	**03/05/24**	**08/07/24**	**06/09/24**	**04/11/24**	**06/01/25**	**07/03/25**
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**	**08/07/24**	**06/09/24**	**04/11/24**	**06/01/25**	**07/03/25**
Area Clinical Forum	**Chair of Forum**	04/04	06/06	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					

Linked Committee Minutes (cont.)							
	Lead	**03/05/24**	**08/07/24**	**06/09/24**	**04/11/24**	**06/01/25**	**07/03/25**
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**	-	23/04	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	-
Research, Innovation & Knowledge Oversight Group	**Medical Director**	-	23/05	-	-	14/11	-
Resilience Forum	**Director of Public Health**		13/03	13/06	11/09	12/12	-
Ad-hoc Items							
	Lead	**03/05/24**	**08/07/24**	**06/09/24**	**04/11/24**	**06/01/25**	**07/03/25**
Neonatal Mortality Review Response	**Medical Director**		✓				
Medical Devices (title tbc)	**Associate Director of Quality & Clinical Governance**		✓				
Re-form, Transform, Perform Programme Update	**Director of Re-form & Transformation**	✓					
Patient Story	**Director of Nursing**	✓					

Matters Arising							
	Lead	**03/05/24**	**08/07/24**	**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**	✓					
Development Sessions							
	Lead						
Principles of Clinical Governance	**Medical Director**	**07/05/24**					

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**3 May 2024**
Title:	**Draft Annual Delivery Plan 2024/25**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Susan Fraser, Associate Director of Planning and Performance**

1 Purpose

This is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan 2024/25

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

- Safe
- Effective
- Person Centred

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.

The core aim of this year's guidance is to support Boards in updating their Delivery Plans into Three Year Delivery Plans with detailed actions for 2024/25 which are aligned to their Three-Year Financial Plans and to the ministerial priorities as set

out in the First Minister's vision for Scotland and the outcomes the government aims to achieve by 2026.

2.2 Background

This Delivery Plan guidance is issued alongside the NHS Scotland Financial Plan 2024/25 Guidance, and the two should be produced in conjunction to ensure that delivery planning is affordable within a Boards financial envelope, and that this in turn supports the savings aims as set out in the finance guidance.

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.

As well as ensuring Delivery Plans are affordable within the context of the Board's financial plan, they should also ensure the workforce is in place to support service delivery.

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 "Health Inequalities" driver has been expanded to more explicitly cover a wider range of population health planning and the previously separate drivers that covered "Digital Services and Technology" and "Innovation Adoption", have now been merged into a combined "Digital Services Innovation Adoption" driver. A new "Women and Children's Health" driver has been added, to better encapsulate planning priorities previously covered under other recovery drivers.

Drivers for Recovery in full are listed below:

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

2. **Urgent and Unscheduled Care** - Access to urgent and unscheduled care, including scaling of integrated frailty services to reduce admissions to hospital.

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

4. **Planned Care** - Recovering and improving delivery of planned care.

5. **Cancer** - Delivering the National Cancer Action Plan (2023-2026)

6. **Health Inequalities and Population Health** - Enhance planning and delivery of the approach to tackling health inequalities and improving population health.

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.

8. **Workforce** - Implementation of the Workforce Strategy.

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.

10. **Climate** - Climate Emergency and Environment.

2.3 Assessment

Services were sent a locally devised template to collate required narrative for each Planning Priority outlined in the guidance to ensure all points are addressed. The ask for Services was to consider the below criteria when providing content:

- be strategically focussed to give assurance to Fife NHS Board and Scottish Government, on what is to be delivered over the next 3-years.
- be aligned to 3-year Financial Plan.
- reference links to Value based health and care, where applicable.
- include an assessment of service sustainability and resilience.
- reflect on any risks and issues associated with delivery.

The Plan should also set out what will be delivered over the next three years, firm planned actions and programmes of activity for 2024/25 and indicative set of actions for 2025/26 and 2026/27.

Also requested to be included was 2024/25 trajectories for suite of revised National Standards. These are incorporated under relevant Recovery Driver and will be monitored through the Integrated Performance and Quality Report (IPQR).

The Annual Delivery Plan 2024/25 was submitted on 21 March 2024. Plan is still in draft as no formal feedback or sign off has been received from Scottish Government to date. There will be twice-a-year joint Executive Team meetings between Scottish Government and Boards to discuss progress.

2.3.1 Quality/ Patient 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 Diversity, including health inequalities

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

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

This paper has been presented to the following groups:

- Executive Directors Group 11 March 2024 (by email)
- NHS Fife Board 26 March 2024 (in private)

2.4 Recommendation

Committee is asked to:

- Take **assurance** from the content of the draft Annual Delivery Plan 2024/25

3 List of appendices

- Appendix 1 - Draft Annual Delivery Plan NHS Fife 2024/25 v4.0

Report Contact

Bryan Archibald
Planning and Performance Manager
Email: bryan.archibald@nhs.scot

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NHS Fife

Annual Delivery Plan 2024/25

21 March 2024 nhsfife.org

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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.

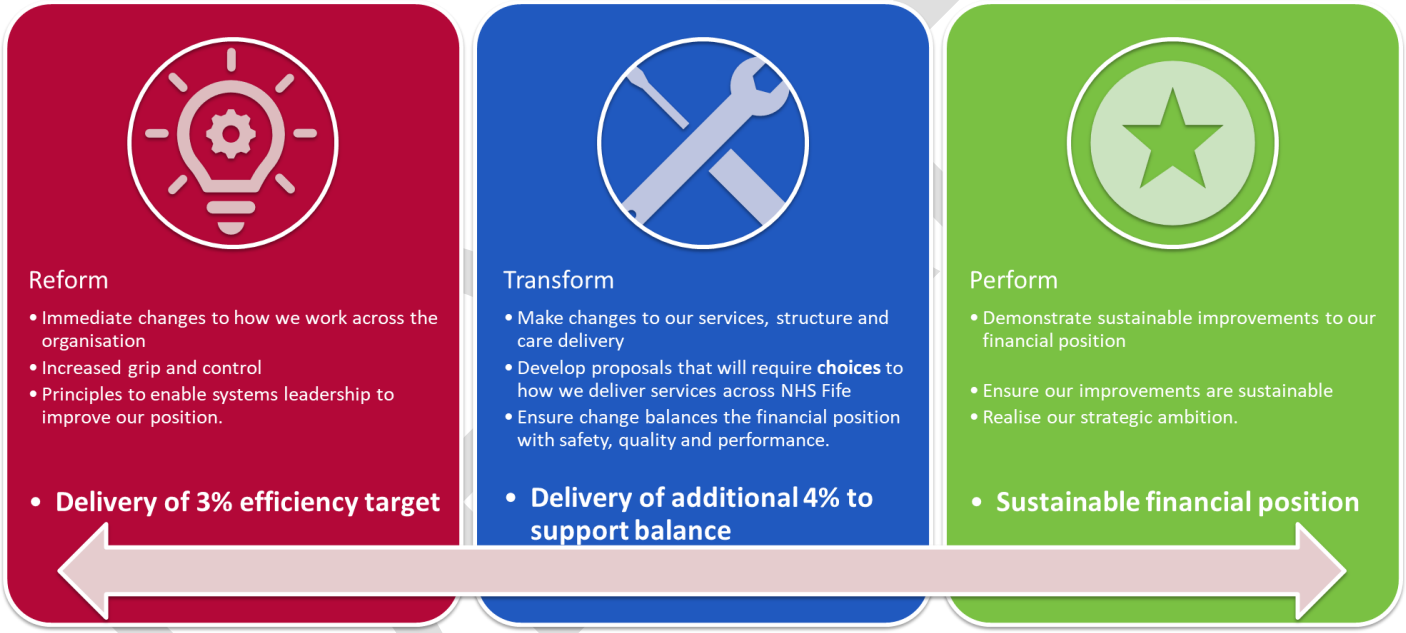
Medium term Financial Plan 2024-27

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.

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NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

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NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**3 May 2024**
Title:	**Integrated Performance & Quality Report**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Bryan Archibald, Planning & Performance Manager**

1 Purpose

This is presented for:

- Assurance
- Discussion

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

This report informs the Clinical Governance (CG) Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is generally up to the end of February, although there are some measures with a significant time lag.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly.

We have now transitioned to the Annual Delivery Plan for 2023/24. Improvement actions have been included in the IPQR: statuses for these actions are being collated and will be included in the IPQR and redistributed prior to going to the Committees. This streamlines

local reporting for governance purposes with quarterly national reporting to the Scottish Government.

Following the Active Governance workshop held on 2 November 2021, a review of the IPQR started with the establishment of an IPQR review group. The key early changes requested by this group were the creation of a Public Health & Wellbeing section of the report and the inclusion of Statistical Process Control (SPC) charts for applicable indicators.

The list of indicators has been amended, with the most recent addition being for Adverse Events Actions Closure Rate, in the Clinical Governance section. A further addition relating to Establishment Gap (Staff Governance) is being considered.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities and linked to relevant indicators throughout the report. Risk level has been incorporated into Indicator Summary, Assessment section and relevant drill-downs if applicable.

The final key change identified was the production of different extracts of the IPQR for each Standing Committee. The split enables more efficient scrutiny of the performance areas relevant to each committee and was introduced in September 2022.

2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2023/24 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July 2023. New targets have been devised for 2023/24.

The Clinical Governance aspects of the report cover Adverse Events, HSMR, Falls, Pressure Ulcers, HAI and Complaints. A summary of the status of these is shown in the table below.

Measure	Update	Local/National Target	Current Status
Adverse Events [1]	Monthly	50%	Achieving
HSMR	Quarterly	1.00 (Scotland average)	Below Scottish average
Falls [2]	Monthly	6.95 per 1,000 TOBD	Achieving
Pressure Ulcers [2]	Monthly	0.89 per 1,000 TOBD	Not achieving
SAB (HAI/HCAI)	Monthly	18.8 per 100,000 TOBD	Achieving
ECB (HAI/HCAI)	Monthly	33.0 per 100,000 TOBD	Not achieving
C Diff (HAI/HCAI)	Monthly	6.5 per 100,000 TOBD	Achieving
Complaints (S1)	Monthly	80%	Not achieving
Complaints (S2) [3]	Monthly	33%	Not achieving

[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.

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

Financial aspects are covered by the appropriate section of the IPQR.

2.3.4 Risk Assessment/Management

A mapping of key Corporate Risks to measures within the IPQR is provided via a Risk Summary Table and the Executive Summary narratives.

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members and existing Standing Committees are aware of the approach to the production of the IPQR and the performance framework in which it resides.

The Clinical Governance extract of the Position at March IPQR will be available for discussion at the meeting on 03 May 2024.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 18 April 2024 and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The report is being presented to the CG Committee for:

- **Assurance**
- **Discussion** – Examine and consider the NHS Fife performance as summarised in the IPQR

3 List of appendices

Appendix 1 – Integrated Performance & Quality Report

Report Contact
Bryan Archibald
Planning and Performance Manager
Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

CLINICAL GOVERNANCE

Position (where applicable) at March 2024
Produced in April 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).

Amendments have been made to the IPQR following the IPQR Review. This involves changes to the suit of key indicators, a re-design of the Indicator Summary, applying Statistical Process Control (SPC) where appropriate and mapping of key Corporate Risks.

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR comprises the following sections:

a. **Corporate Risk Summary**
   Summarising key Corporate Risks and status.

b. **Indicatory Summary**
   Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.

c. **Projected & Actual Activity**
   Comparing projected Scheduled Care activity to actuals.

d. **Assessment**
   Summary assessment for indicators of continual focus.

e. **Performance Exception Reports**
   Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2023/24, relevant to indicators are incorporated accordingly.

Statistical Process Control (SPC) methodology can be used to highlight areas that would benefit from further investigation – known as 'special cause variation'. These techniques enable the user to identify variation within their process. The type of chart used within this report is known as an XmR chart which uses the moving range – absolute difference between consecutive data points – to calculate upper and lower control limits. There are a set of rules that can be applied to SPC charts which aid to interpret the data correctly. This report focuses on the 'outlier' rule identifying whether a data point exceeds the calculated upper or lower control limits.

MARGO MCGURK
Director of Finance & Strategy
16 April 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 Decreased

◀▶ No Change

▼ Deteriorated - Risk Increase

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

Section	Indicator	Target 2023/24 2023/24 TBC		Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking	
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	-	Month	Feb-24	50	○	▼	▼	●	
	Major/Extreme Adverse Events - % Actions Closed on Time	50%		Month	Dec-23	61.0%	○	▲	▲	●	
	HSMR	N/A	-	Year Ending	Sep-23	0.96	●	—	—	●	
	Inpatient Falls	6.95	(L)	Month	Feb-24	6.49	○	▲	▲	●	
	Inpatient Falls with Harm	1.44	(L)	Month	Feb-24	1.45	○	▲	▲	●	
	Pressure Ulcers	0.89	(L)	Month	Feb-24	1.67	○	▼	▼	●	
	SAB - HAI/HCAI	18.8	(N)	Month	Feb-24	10.2	○	▲	▲	●	QE Sep-23
	C Diff - HAI/HCAI	6.5	(N)	Month	Feb-24	3.4	○	▲	▲	●	QE Sep-23
	ECB - HAI/HCAI	33.0	(N)	Month	Feb-24	44.2	○	▲	▼	●	QE Sep-23
	S1 Complaints Closed in Month on Time	80%		Month	Mar-24	33.3%	●	▼	▼	●	2021/22
	S2 Complaints Closed in Month on Time	33%		Month	Mar-24	14.3%	○	▼	▲	●	2021/22
	S2 Complaints Due in Month and Closed On Time	N/A	-	Month	Mar-24	15.8%	●	▼	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%		Month	Dec-23	100.0%	●	◀▶	◀▶	●	
	4-Hour Emergency Access (A&E)	95%	(N)	Month	Mar-24	72.5%	○	▲	▲	●	Feb-24
	4-Hour Emergency Access (ED)	82.5%	(L)	Month	Mar-24	65.8%	●	▲	▲	●	Feb-24
	Patient TTG % <= 12 Weeks	100%		Month	Feb-24	36.7%	●	▼	▼	●	Dec-23
	New Outpatients % <= 12 Weeks	95%		Month	Feb-24	37.6%	●	▲	▼	●	Dec-23
	Diagnostics % <= 6 Weeks	100%		Month	Feb-24	54.4%	●	▲	▼	●	Dec-23
	Cancer 31-Day DTT	95%		Month	Feb-24	96.4%	○	▲	▲	●	QE Sep-23
	Cancer 62-Day RTT	95%		Month	Feb-24	75.0%	○	▲	▲	●	QE Sep-23
	Freedom of Information Requests	85%		Month	Mar-24	77.9%	●	▼	▲	●	
	Delayed Discharge % Bed Days Lost (All)	N/A	-	Month	Mar-24	10.2%	●	▼	▼	●	Feb-24
	Delayed Discharge % Bed Days Lost (Standard)	5%		Month	Mar-24	6.2%	○	▲	▼	●	Feb-24
	Antenatal Access	80%		Quarter	Dec-23	90.8%	●	▼	▼	●	CY 2022
Finance	Revenue Resource Limit Performance	TBC	-	Month	Mar-24	TBC	●	—	—	●	
	Capital Resource Limit Performance	TBC	-	Month	Mar-24	TBC	●	—	—	●	
Staff Governance	Sickness Absence	4.00%		Month	Feb-24	7.64%	○	▲	▼	●	YE Dec-23
	Personal Development Plan & Review (PDPR)	80%	(L)	Month	Mar-24	40.9%	●	▼	▲	●	
	Vacancies - Medical & Dental	N/A		Quarter	Dec-23	9.4%	●	▲	▼	●	
	Vacancies - Nursing & Midwifery	N/A		Quarter	Dec-23	6.5%	●	▲	▼	●	
	Vacancies - AHPs	N/A		Quarter	Dec-23	8.0%	●	▲	▲	●	
Public Health & Wellbeing	Smoking Cessation (FY 2023/24)	473	(N)	YTD	Nov-23	167	●	—	—	●	YT Jun-23
	CAMHS Waiting Times	90%		Month	Feb-24	65.8%	○	▼	▼	●	QE Dec-23
	Psychological Therapies Waiting Times	90%		Month	Feb-24	69.2%	○	▼	▼	●	QE Dec-23
	Drugs & Alcohol Waiting Times	90%		Month	Dec-23	84.3%	●	▲	▼	●	QE Sep-23
	Flu Vaccination (Winter, Age 65+)	85%		Month	Mar-24	80.2%	●	▲	—	●	
	COVID Vaccination (Winter, Age 65+)	85%		Month	Mar-24	79.6%	●	▲	—	●	
	Immunisation: 6-in-1 at Age 12 Months	95%		Quarter	Dec-23	95.0%	○	▲	▼	●	QE Dec-23
	Immunisation: MMR2 at 5 Years	92%		Quarter	Dec-23	89.1%	○	▲	▲	●	QE Dec-23

Performance Key

- on schedule to meet Standard/Delivery trajectory
- behind (but within 5% of) the Standard/Delivery trajectory
- more than 5% behind the Standard/Delivery trajectory

SPC Key

- ○ Within control limits
- ○ Special cause variation, out with control limits
- ● No SPC applied

Change Key

- ▲ "Better" than comparator period
- ◀▶ No Change
- ▼ "Worse" than comparator period
- — Not Applicable

Benchmarking Key

- ● Upper Quartile
- ● Mid Range
- ● Lower Quartile
- ● Not Available

c. Projected & Actual Activity and Long Waits

Better than Projected | Worse than Projected
Better/Worse may be higher or lower, depending on context

		Quarter End	Quarter End	Quarter End	Month End			Quarter End
		Jun-23	Sep-23	Dec-23	Jan-24	Feb-24	Mar-24	Mar-24
ED 4-hour Performance (VHK only)	Projected				75.0%	80.0%	82.5%	
	Actual				64.7%	63.9%		
	Variance				-10.3%	-16.1%		
Elective Activity Diagnostics	Projected	15,363	15,363	15,363	5,121	5,121	5,121	15,363
	Actual	14,393	15,588	15,587	5,136	5,138		
	Variance	-970	225	224	15	17		
Elective Activity New Outpatients	Projected	22,309	22,337	22,274	7,436	7,436	7,436	22,308
	Actual	21,225	21,580	21,121	7,436	7,150		
	Variance	-1,084	-757	-1,153	0	-286		
Elective Activity TTG	Projected	3,416	3,433	3,487	1,164	1,164	1,164	3,492
	Actual	3,403	3,289	3,517	1,307	1,260		
	Variance	-13	-144	30	143	96		
Long Waits Diagnostics > 26 weeks	Projected	109	63	10	0	0	0	0
	Actual	171	165	204	111	158		
	Variance	62	102	194	111	158		
Long Waits New Outpatients > 104 weeks	Projected	0	74	212	258	304	352	352
	Actual	1	2	2	12	25		
	Variance	1	-72	-210	-246	-279		
Long Waits New Outpatients > 78 weeks	Projected	150	339	849	1019	1189	1358	1358
	Actual	85	255	336	649	741		
	Variance	-65	-84	-513	-370	-448		
Long Waits TTG > 104 weeks	Projected	16	67	173	228	288	351	351
	Actual	20	17	32	27	33		
	Variance	4	-50	-141	-201	-255		
Long Waits TTG > 78 weeks	Projected	159	305	547	627	763	893	893
	Actual	84	133	183	167	174		
	Variance	-75	-172	-364	-460	-589		
Arthroplasty 4 joint sessions	Projected	25.0%	25.0%	25.0%				25.0%
	Actual	10.3%	16.9%	12.4%				
	Variance	-14.7%	-8.1%	-12.6%				
Same Day Procedures Knee Arthroplasty	Projected	1.9%	1.9%	1.9%				1.9%
	Actual	4.1%						
	Variance	2.2%						
Same Day Procedures Hip Arthroplasty	Projected	4.3%	4.3%	4.3%				4.3%
	Actual	8.0%						
	Variance	3.7%						
Cancer Waiting Times 31-Day	Projected	93.8%	94.1%	94.3%				94.5%
	Actual	96.5%	92.5%	93.1%	94.9%	96.4%		
	Variance	2.7%	-1.6%	-1.2%				
Cancer Waiting Times 62-Day	Projected	81.9%	82.8%	85.0%				85.4%
	Actual	77.5%	73.7%	73.0%	64.2%	75.0%		
	Variance	-4.4%	-9.1%	-12.0%				
CAMHS 18 Weeks RTT	Projected				60.0%	70.0%	90.0%	
	Actual				84.0%	84.0%		
	Variance				24.0%	14.0%		
CAMHS Waiting List <= 18 weeks	Projected	216	228	235	222	201	200	200
	Actual	224	197	180	184	200		
	Variance	8	-31	-55	-38	-1		
CAMHS Waiting List > 18 weeks	Projected	116	98	42	39	15	0	0
	Actual	70	91	64	35	38		
	Variance	-46	-7	22	-4	23		
Psychological Therapies 18 Weeks RTT	Projected				68.0%	72.5%	69.5%	
	Actual				54.2%	54.3%		
	Variance				-13.8%	-18.2%		
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888
	Actual	1460	1480	1427	1370	1325		
	Variance	572	592	539	482	437		
Psychological Therapies Waiting List > 18 weeks	Projected	1660	1569	1680	1739	1691	1604	1604
	Actual	1173	1219	1109	1159	1114		
	Variance	-487	-350	-571	-580	-577		
Psychological Therapies Waiting List > 52 weeks	Projected	219	165	111	93	75	57	57
	Actual	273	251	263	289	293		
	Variance	54	86	152	196	218		

d. Assessment

CLINICAL GOVERNANCE

To improve the quality of health and care services

6	4	2	-	-	◀ ▶	Moderate

		Target	Current
Major & Extreme Adverse Events	*50% of Action from Major and Extreme Adverse Events to be closed within time* *(n.b. Performance reporting on the 'Actions Closed' aspect of Adverse Events has been paused at Dec23 – the performance figure has been revised since the previous IPQR)*	**50%**	**61.0%**

There were 25 actions relating to LAER/SAER closed on time in December 2023, from a total of 41, which equates to a performance of 61%: an increase on the 34.9% from previous month as well as an improvement on previous year (41.9%). Target achieved for the first time since August 2023. On average, 52 actions have been closed per month in 2023 compared to 37 over the same period in 2022.

There were 355 actions open at the end of December, with 85 (23.9%) being within time.

There were 50 Major/Extreme adverse events reported in February out of a total of 1,572 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 (193) followed by 'Patient Fall' (64 incidents), and then 'Cardiac Arrest' (61 incidents).

Service Narrative

The number of SAERs/LAERs has continued to steadily rise in 2023, with 335 reviews being commissioned. These high-level reviews place a significant resource burden on clinical and management teams to complete. In the current landscape of financial and clinical pressures it is pertinent to review the value the SAER/LAER process is adding. As part of this work, 2 workshops with representation from across the organisation took place to review the NHS Fife Adverse Events Major/Extreme Trigger List. The trigger list is part of NHS Fife Adverse Events Policy and has been in place for over 10 years. During this time, event types, alongside major/extreme outcomes in term of harm have been added. The accumulation of triggers is partly responsible for the increase in major/extreme events that we see reported. The output of the workshops and the redefined trigger list will be presented to the Clinical Governance Oversight Group in April, where 3 options will be put forward for discussion and decision on the improvement actions required.

HSMR	**1.00**	**0.96**

(n.b. data is published quarterly so below is a repeat of the analysis in last month's IPQR)

Data for 2022 and 2023 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending September 2023 showing a ratio below the Scottish average

Inpatient Falls	*Reduce **All Falls** (inpatient) rate by 15% in FY 2023/24 compared to baseline (YE Sep-21)*	**6.95**	**6.49**
	*Reduce **Falls with Harm** (inpatient) rate by 10% in FY 2023/24 compared to baseline (YE Sep-21)*	**1.44**	**1.53**

The number of inpatient falls in total was 183 in February 2024, down from 224 the month prior. This equates to a rate of 6.49 falls per 1,000 Occupied Bed Days (OBD). Performance has therefore achieved the target of < 6.95 for February.

The number of inpatient Falls 'with Harm' was 43 in February, 5 less than the month prior, and this equates to a rate of 1.53 falls per 1,000 OBD: thus, performance was outwith the target of < 1.44 for February.

The number of falls within Acute Services was 88 in February. This is 21% less than the month prior and equates to a rate of 6.62 per 1,000 OBD (compared to 7.90 in January).

The number of falls within HSCP was 95 in February, 17 less than the month prior and this equates to a rate of 6.38 per 1,000 OBD (compared to 7.04 in January).

The majority of falls in the last 3 months (78.6%) were classified as 'No Harm' whilst 18.8% were classified as 'Minor Harm' and < 2% were classified as 'Moderate Harm'. Falls classified as 'Major/Extreme Harm' accounted for < 2% of the total falls (less than a third of that seen in the preceding 3 months).

		Target	Current
Service Narrative			
The updated Falls toolkit was launched w/c 4th March 2024 with an emphasis on safer mobility and falls reduction. The session was well by both Acute and HSCP staff.			
Pressure Ulcers	*Reduce pressure ulcer rate by 20% in FY 2023/24 compared to the rate in FY 2022/23*	**0.89**	**1.70**
The total number of pressure ulcers in February 2024 was 48, which was 13 more than the month previous and the highest figure in the past 24-months. This equates to a rate of 1.70 per 1,000 Occupied Bed Days (OBD). Performance has worsened and therefore PU rate for February is now sitting as an outlier.			
The number of pressure ulcers in Acute Services was 38 in February, an increase of 8 on the previous month (24-month average is 25 and rate is 2.86).			
The number of pressure ulcers in HSCP for year ending Feb-24 is 78 which is 5% less than was seen in year ending Feb-23.			
Most pressure ulcers continue to be in Acute Services with 99 recorded between Dec23-Feb24 compared with 20 in HSCP.			
Of all Pressure Ulcers recorded in Dec23-Feb24, Grade 2 accounted for 36% of the total; with Grades 3 & 4 accounting for 23%.			
Service Narrative			
Recognising the increasing figures of PU incidences, it remains a priority for us to effectively monitor and mitigate these occurrences. There is already a strong collaborative approach is already in place across HSCP and Acute Services Division.			
Both Acute and HSCP are actively engaged in Tissue Viability (TV) meetings, where pertinent discussions and actions are undertaken. Moreover, within HSCP, significant work is underway with the rollout of a new Pressure Ulcer checklist within our Community Nursing teams. Additionally, fortnightly meetings have been initiated to review PU incidences within the community setting. We anticipate that these initiatives, coupled with the introduction of the new tool, will yield improvements in PU figures over time.			
Regarding the proposed development of a singular Tissue Viability team covering both Acute and HSCP, a comprehensive review has been conducted. At this juncture, it has been determined that maintaining two separate teams is optimal. However, we are committed to fostering a more collaborative approach between these teams, which includes regular meetings and joint training sessions. We will continue to assess this structure and revisit the possibility of consolidation in the future. Lots of dedication and cooperation demonstrated by all teams involved in these efforts. Together, we remain steadfast in our commitment to enhancing patient care and outcomes in the realm of tissue viability.			
SAB	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024*	**18.8**	**10.2**
The SAB infection rate decreased from 16.1 in January 2024 to 10.2 in February: this is 4.2 lower than February 2023.			
Of the 45 HAI/HCAI reported in the last 12 months, 8 have been categorised as 'VAD'; 12 have been categorised as 'Other' or 'Not Known'; and 7 have been categorised as 'Device Other Than VAD'.			
The cumulative number of HCAI SAB cases for the year ending February 2024 is 45: this is lower than the same time period in 2022/23 (51).			
The Infection rate has remained below the target of 18.8 since March 2023.			
The most recent quarterly ARHAII report from Health Protection Scotland, covering the quarter ending September 2023, showed that NHS Fife (with a quarterly infection rate of 9.2) lay below national rate and was the 2nd lowest rate in mainland Scotland.			
Service Narrative			
Challenges: Vascular access devices (VAD) continue to be an area to focus, there were 2 dialysis line related SABs in January, both cases have been added to Datix and will undergo a Complex Care Review to ascertain learning.			
There was a PVC related SAB identified in January: prior to this a full year had been achieved without a PVC related SAB.			
Achievements: At the time of reporting (01/03/2024), NHS Fife had achieved 585 days since last CVC related SAB.			
The cumulative number of HCAI cases during the time period March 2023 to February 2024 (n=45) was lower than during the same timeframe the previous year, when there were 51 HCAI cases. With the HCAI rate remaining below the target of 18.8 since March 2023.			

C Diff	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2024*	**6.5**	**3.4**

The C Diff infection rate decreased to 3.4 in February: this is -11.0 on the rate in February 2023 (16.0).

The cumulative total of infections Mar 23 – Feb 24 at 28 is lower than during the same time period in 2022/23 at 49.

The number of recurring infections for the period Mar 23 - Feb 24 (3) has decreased compared to the same period in 2022/23 (5).

The most recent quarterly report from ARHAI Scotland, covering the quarter ending Sep 2023, showed that NHS Fife was the top performing of all Mainland Health Boards for HCAI cases at 4.6.

Service Narrative

The cumulative total of HCAI CDIs was higher during 2023 (n=33) than the previous 2 years (2022, n=30 and 2021, n=28). However, when considering the time-frame March 2023 to February 2024, there was an improvement in the number of cases (n=28 cases) compared to March 2022 to February 2023 (n=36 cases). IPCT will continue to monitor cases to assess if this improvement is sustained.

History of recent antibiotics (i.e. within the previous 12 weeks) and/or PPIs (Protein Pump Inhibitors) are frequently seen risk factors amongst cases.

ECB	*We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2024*	**33.0**	**44.2**

The number of HCAI infections decreased from 18 in January 2024 to 13 in February and the rate of infection decreased from 58.1 to 44.2 HAI/HCAI per 100,000 Occupied Bed Days (OBD).

The cumulative number of infections for the period March 2023 - February 2024 (127) is slightly higher than the same period in 2022/23 (125). Encouragingly, these same time-periods have seen a reduction in the number of CAUTI related ECBs.

In the year ending February 2024 Urinary Catheter related infections have been responsible for 31 of the 127 infections in the last year (24.4%) and remains a key focus for improvement work although the 'Not Known' category accounts for 31 infections (24.4%).

The most recent quarterly report from ARHAI, covering the quarter ending Sep 2023, showed that NHS Fife (with a quarterly HCAI infection rate of 32.2) lay in the mid-range of Mainland Health Boards (as has been the case for the last 6 quarters) and was below the Scottish average of 37.8.

Service Narrative

The Urinary Catheter Improvement Group (UCIG) continues to meet regularly, with the aim of establishing improvement work, to reduce CAUTIs. Each CAUTI related ECB is added to Datix and undergoes a Complex Care Review (CCR) to ascertain any learning. Monthly CCR meetings continue to take place to explore and discuss recent CAUTI cases.

Considering the year ending February 2024 timeframe, around half (49.6%) of all ECBs were community acquired (CAI) in origin. Hepatobiliary and renal remain the most commonly found source of ECB infection.

Complaints	*At least 33% of Stage 2 complaints will be completed within 20 working days by March 2024*	**33%**	**14.3%**

Stage 1

There were 35 stage 1 complaints received in March, with 33 closed. Of those closed 11 (33.3%) were within timescales.

With 1 greater than 21 days after due date, 12 of which were closed between 6 and 20 days. 39 complaints were due to be closed in the month, 12 (30.8%) of which were closed on time.

25.8% of live complaints have been open for more than 21 days with 41.9% open for between 6 and 20 days.

67.7% (21) of live complaints are awaiting statements.

The total number of open Stage 1 in March was 31 this is an increase of 2 from February.

Stage 2

There were 22 stage 2 complaints received in March, with 95.5% acknowledged within timescales, with 21 closed. Of those closed 14.3% were within timescales.

With 10 greater than 41 days after due date, 74 of which were closed greater than 80 days after due date. 19 complaints were due to be closed in the month 3 (15.8%) of which were closed on time.

38.7% of live complaints have been open for more than 40 days a decrease from 45.6% in February, with 16.1% (10) open for more than 80 days and 3.2% (2) open for more than 160 days.

41.9% (26) of live complaints are awaiting statements with 27.4% (17) awaiting approval of final response the latter having increased from 26.3% in February.

The total number of open Stage 2 Complaints increased slightly in March to 62 from 75 in the previous month this equates to a decrease of 58.7% from April 2023 (150).

Service Narrative

Stage 1

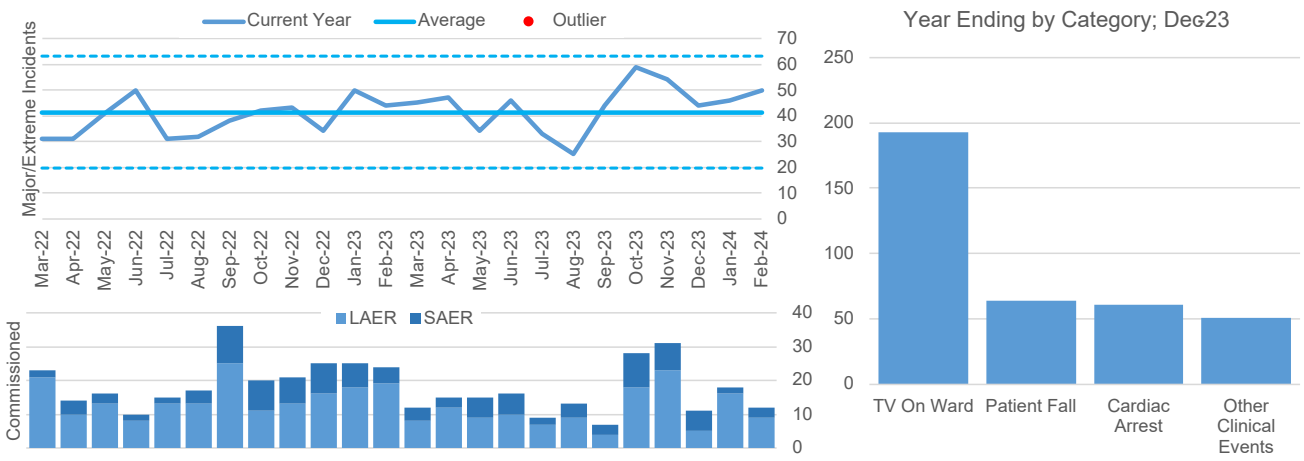
We recognise we have not met the target of 80% for Stage 1 complaints closed in time for March 2024, which is due to various factors such as staffing, capacity and service pressures. However, there has been a 13.3% increase in Stage 1 complaints closed on time from February 2024 which shows a positive improvement. There has been significant work from the wider team to review, progress and close older Stage 1 complaints, this work is ongoing. Weekly complaint meetings continue with a focus on Stage 1 complaints, which helps to keep the momentum. Current open Stage 1 complaints are 28 across all services. We continue to use the Stage 1 template with positive results with good uptake from clinical services. A reminder will be sent to clinical services around the benefits of making direct contact with complaints via telephone to resolve quickly at the point of care.

Stage 2

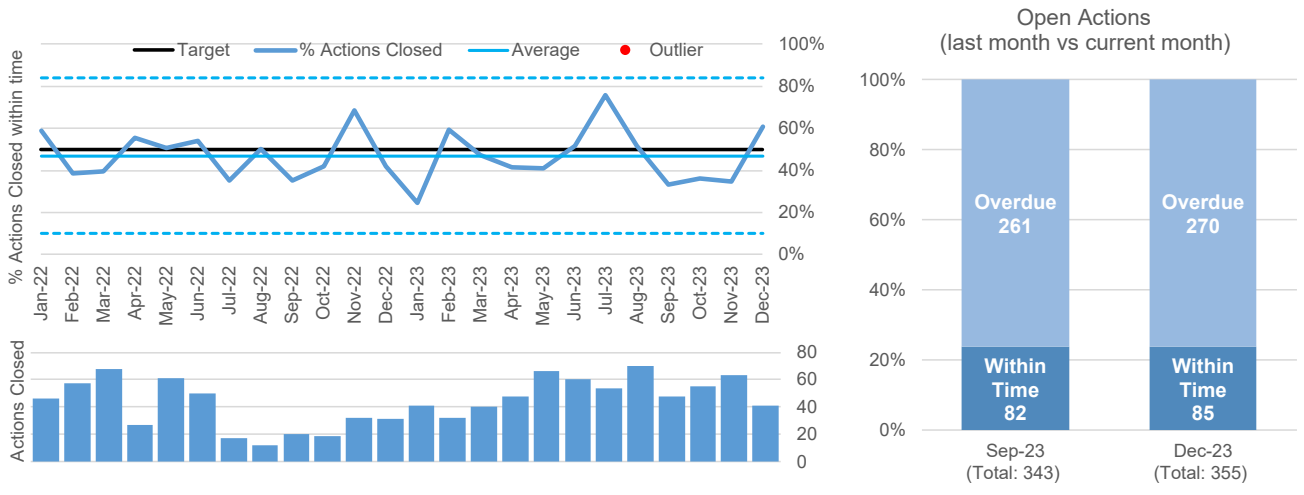
We recognise we have not met the target for Stage 2 complaints closed on time for March 2024, which is due to various factors such as capacity, complexity of complaints and service pressures. However, there has been positive work from the team in closing some of our older complaints, where we see a reduction in those complaints over 100 days, which is currently 7. Of those 7, 5 responses have been drafted and are with clinical teams for comment or approval, 1 is with the CEO for sign off and will be issued soon, and 1 is with the clinical team for statements. The PET team continues to meet weekly with services to keep the focus and momentum on complaints. Current open Stage 2 complaints are 62 across all services. Out of those 62, only 10 complaints are with the PET team for action. This shows the significant work that has been done around progressing and managing complaints within the team. We are also in the final stages of developing a new investigation template for Stage 2 complaints which will be trialled in April 2024 as an initial test of change with the Medical Directorate and Primary & Preventative Care Services. The aim is to support the clinical teams in responding to complaints, keeping a focus on the key points of complaint. This will support staff and improve the quality of statements from clinical teams, and in turn the responses issued by The Patient Experience Team.

e. Performance Exception Reports

Adverse Events	Number 50



Actions from Significant and Local Adverse Event Reviews *50% of Actions from Major and Extreme Adverse Events to be closed within time* *(performance reporting on the 'Actions Closed' aspect of Adverse Events has been paused at Dec23 - below is a revision of the analysis from last month's IPQR)*	Closure Rate 61.0%



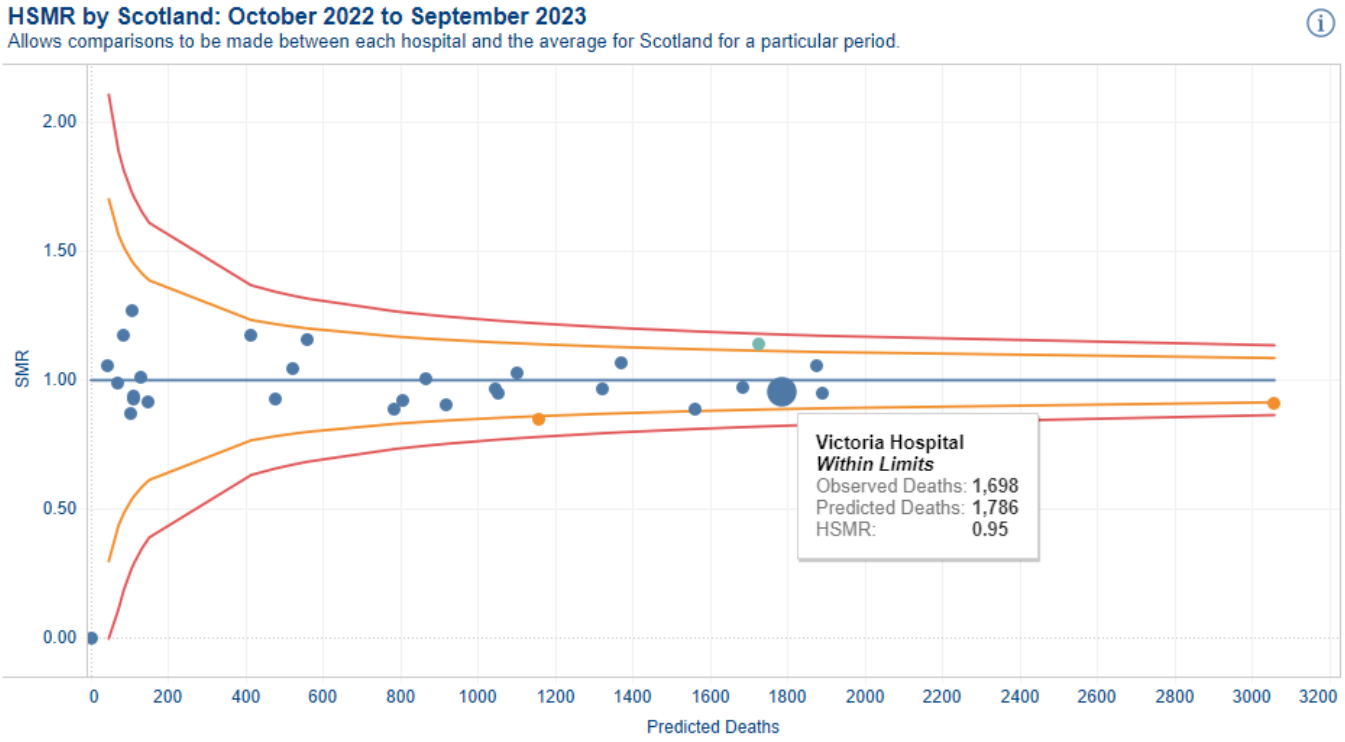
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended		Proposed
Delivery of Clinical Governance Strategic Framework - Adverse Events		Mar-24
Key Milestones	Publication of updated Adverse Events Policy	Apr-23
	Adverse Events Management Resource Pack uploaded to Blink	Dec-23
	Deliver bespoke training session, where requested, to complement the e-learning package for review teams	Aug-23
	Facilitate short life working group to identify changes required to Datix action module	Mar-24
	Review and refresh of Datix Action Module to support improvement to the theming of action types to enhance identification and inform on themes of learning	Apr-24
	Implementation of updated Adverse Events policy and related procedures	Jan-24

HSMR	Performance
Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted. *(n.b. data is published quarterly so below is a repeat of the analysis in last month's IPQR)*	**0.96**

Reporting Period: October 2022 to September 2023

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

The rate for Victoria Hospital is shown within the Funnel Plot.



Commentary

Data for 2022 and 2023 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending September 2023 showing a ratio below the Scottish average

Inpatient Falls

All Falls

Reduce All Falls rate across Acute & HSCP by 15% Target Rate (by end March 2024) = 6.95 per 1,000 Occupied Bed Days (OBD)

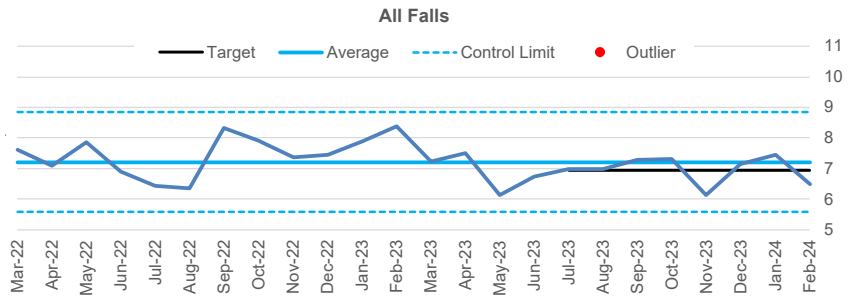
Performance 6.49

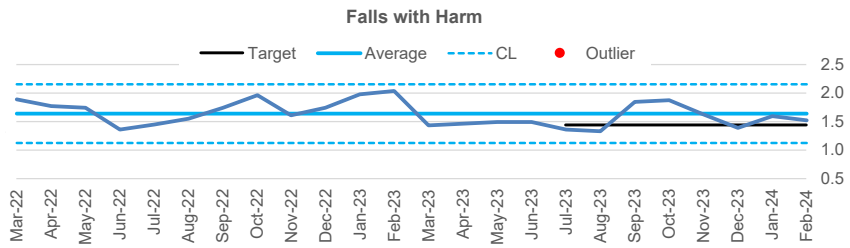
Falls with Harm

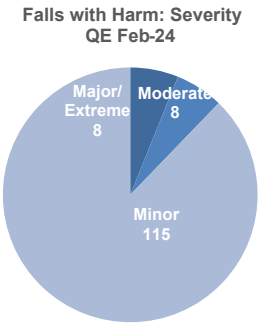
Reduce Falls with Harm rate across Acute & HSCP by 10% Target Rate (by end March 2024) = 1.44 per 1,000 Occupied Bed Days (OBD)

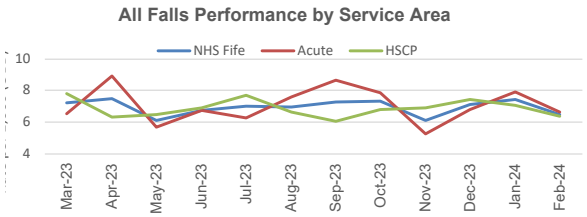
Performance 1.53

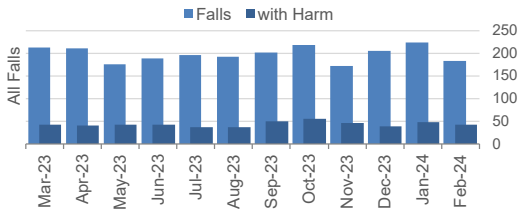
Local Performance











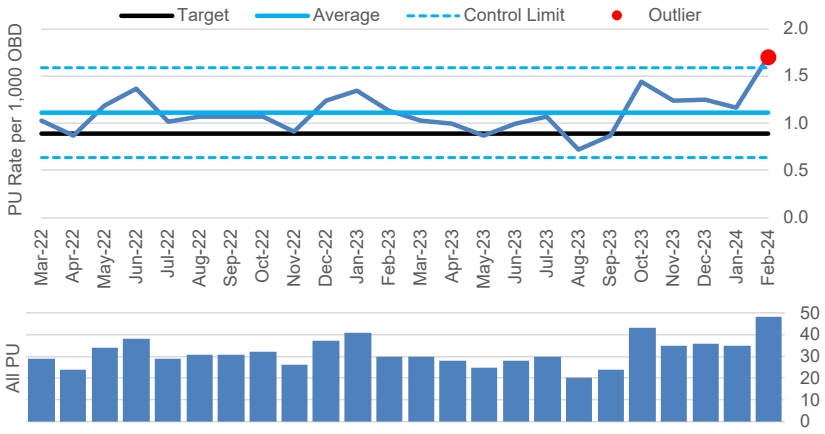
Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended		Proposed
Reduce Falls across all hospital inpatient setting		**Jun-24**
Key Milestones	Review and confirm falls link practitioners for each ward area on every hospital site	May-24
	Ensure that falls related data is discussed and displayed in the ward to strengthen awareness across multi-disciplinary team	May-24
	Rollout revised Falls toolkit including related policies e.g.: Boarding, Supervision, Bed rail	Mar-24
	Support shared learning from incidents and share good practice	Dec-23
	Align all NHS work with the newly updated SPSP National Inpatient Falls driver diagrams	Feb-24
	Develop a national Falls education module within TURAS system	Jun-24
	Rollout new patient information leaflet and endeavour to audit the impact and benefit for patients	Apr-24
	Consider a Falls Co-ordinator Role to support the rollout of the revised toolkit and the Link Practitioners	Mar-24

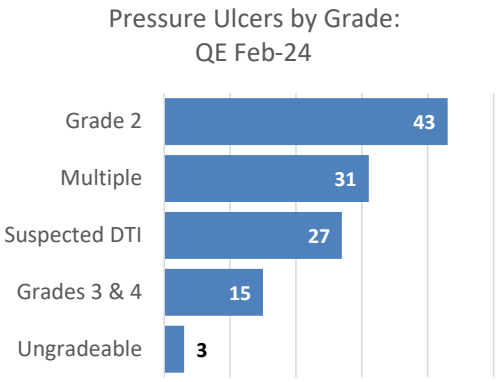
Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting
Target Rate (by end March 2024) = 0.89 per 1,000 OBD

Performance 1.70

Local Performance





Performance by Service Area

	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24
NHS Fife	1.13	1.02	1.00	0.87	1.00	1.07	0.72	0.87	1.44	1.24	1.28	1.16
Acute	2.33	1.82	1.41	1.44	1.43	1.95	1.45	1.61	2.44	2.08	2.40	2.19
HSCP	0.14	0.37	0.65	0.38	0.66	0.39	0.13	0.21	0.52	0.47	0.32	0.25

Key Deliverable						End Date
Off track	At risk	On track	Complete	Suspended		Proposed
Reduce Pressure Ulcers (PU) developed on case load across all health care settings						**Dec-24**
Key Milestones	Acute TVNT - Provide training to over 1000 staff					Dec-24
	Acute TVNT - Re-launch the service (updating service spec, training resources, TVN link programme)					Jul-23
	Embed the use of the CAIR resource					Mar-24
	Embed the revised HIS Pressure Ulcer Standards (October 2020)					Mar-24
	Review of services and options for new service design					Mar-24

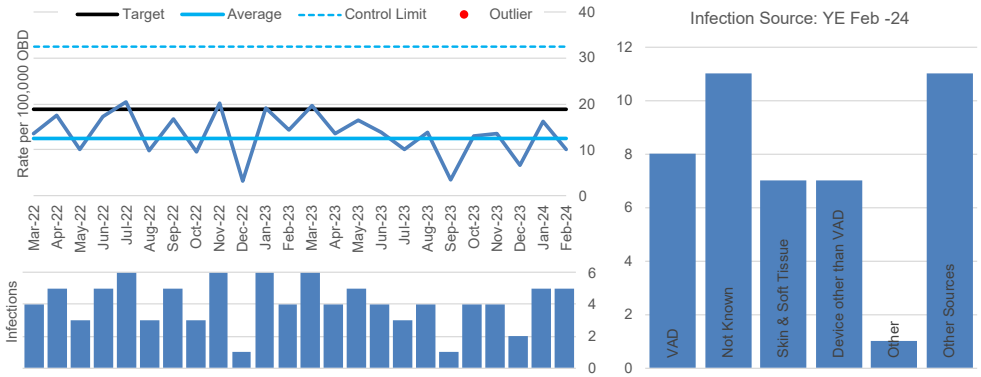
HAI/HCAI

SAB

Reduce Hospital Infection Rate by 10% (baseline 2018/19) by the end of 2022/23

Performance 10.2

Local Performance



National Benchmarking

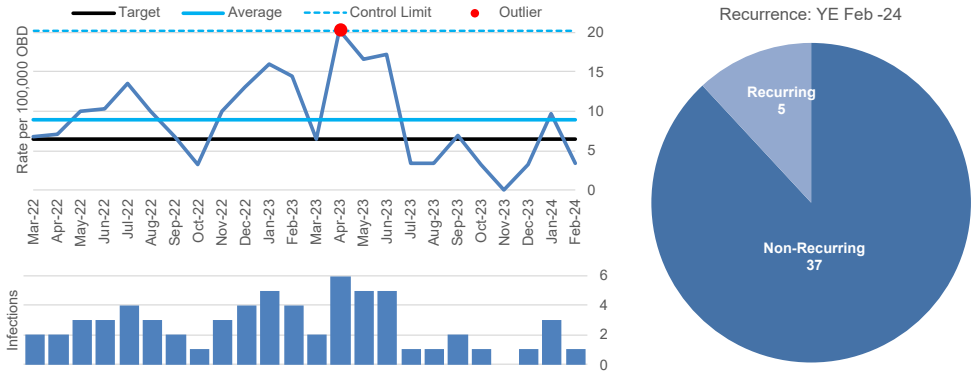
Quarter Ending	2020/21	2021/22				2022/23			
	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	16.6	12.7	15.2	14.9	15.7	10.9	17.9	14.6	9.2
Scotland	18.3	17.3	16.3	17.3	17.1	19.2	19.1	18.3	18.1

C Diff

Reduce Hospital Infection Rate by 10% (baseline 2018/19) by the end of 2022/23

Performance 3.4

Local Performance



National Benchmarking

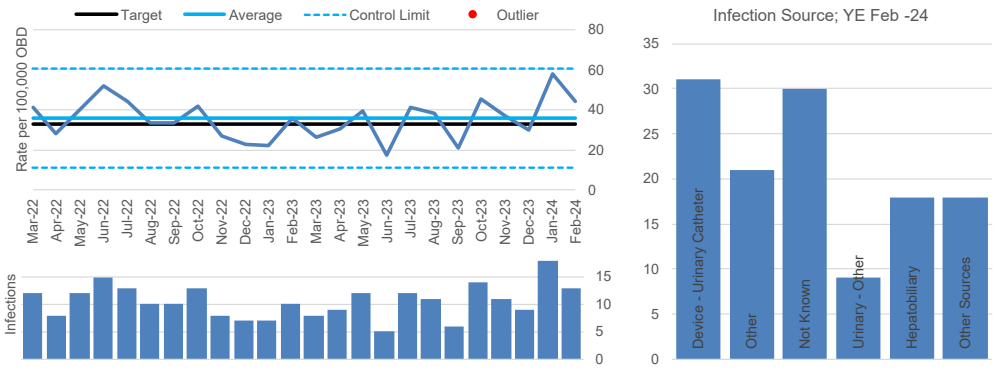
Quarter Ending	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	9.5	4.6	7.0	9.2	10.1	8.7	13.4	18.0	4.6
Scotland	16.8	13.3	12.6	14.3	13.1	13.6	13.4	16.1	15.5

ECB

Reduce Hospital Infection Rate by 25% (baseline 2018/19) by the end of 2022/23

Performance 44.2

Local Performance



National Benchmarking

Quarter Ending	Sep-21	Dec-21	Mar-22	Jun-22	Sep-22	Dec-22	Mar-23	Jun-23	Sep-23
NHS Fife	60.3	33.6	31.6	40.2	36.9	30.4	27.9	29.3	32.2
Scotland	41.5	34.1	30.5	34.8	36.2	34.5	37.3	37.6	37.8

Key Deliverable		End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Implement IPC Workforce Strategy 2022-24		**Sep-24**
Key Milestones	Complete a GAP analysis of the NHS Fife IPCT with regards to recommendations for local Boards	**Apr-23**
	Awaiting updates to national deliverables which are currently delayed. Recommendations 1, 9, 10,12, 14 and 15	**Sep-24**
	Engage with other key stakeholders outlined in the strategic plan (HPT and AMR) to begin discussions to determine roles and remits	**Nov-23**
	Oversight Board shall include an options appraisal of models of support for Primary Care and strategic plan developed. Including a subgroup, with collaboration with all key stakeholders (GP and Dental)	**Sep-24**
	Delivery date of September 2023 - SG to lead on discussions to improve quality and coverage of national - level workforce data for a functional IPC programme at the national and facility level	**Sep-24**
	Business case for additional resources and funding to be developed for consideration and Board approval	**Sep-24**
	Final implementation paper to be presented to February 2024 ICC	**Sep-24**
Implement IPC Interim Strategy 2023-25		**Apr-25**
Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.		**Apr-24**
Key Milestones	Aim for the pilot of the eCatheter insertion and maintenance bundle to have been completed and plan for role out to other areas in NHS Fife	**Dec-24**
	Complete QI project with D&I to improve data capture of ePVC	**Jun-24**
	Support roll-out of eCatheter insertion and maintenance bundles	**Dec-24**

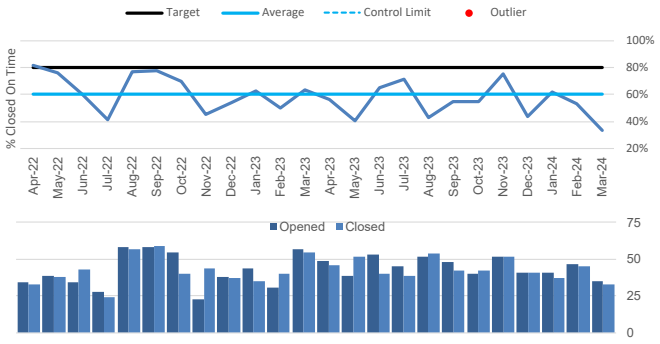
Complaints

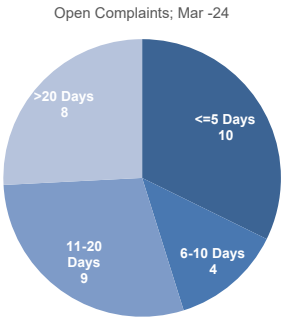
Stage 1

At least 80% of Stage 1 complaints will be completed within 20 working days by March 2024

Performance 33.3%

Local Performance





Performance by Service Area

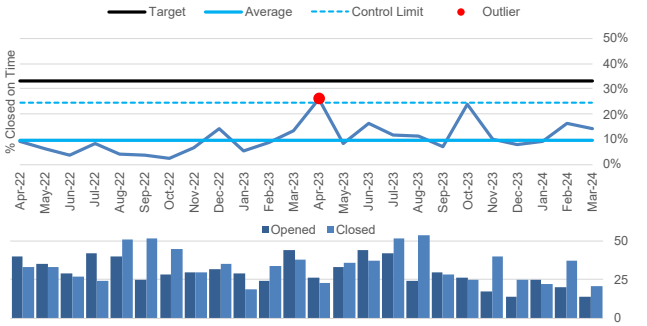
	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Opened in Month	57	49	39	53	45	52	48	40	52	41	41	47
Due in Month	57	43	44	46	50	55	40	42	51	48	35	44
% Closed on time	57.9%	53.5%	56.8%	56.5%	60.0%	41.8%	57.5%	52.4%	72.5%	43.8%	60.0%	50.0%
Closed in Month	55	46	52	40	39	54	42	42	52	41	37	45
% Closed on time	63.6%	56.5%	40.4%	65.0%	71.8%	42.6%	54.8%	54.8%	75.0%	43.9%	62.2%	53.3%

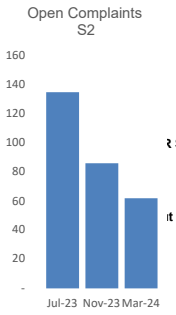
Stage 2

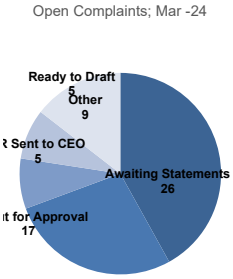
At least 33% of Stage 2 complaints are completed within 20 working days by March 2024

Performance 14.3%

Local Performance







Performance by Service Area

	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24
Opened in Month	44	26	33	44	42	24	30	26	17	14	25	14
% Acknowledged on time	97.7%	96.2%	97.0%	93.2%	90.5%	100.0%	100.0%	92.3%	100.0%	100.0%	80.0%	100.0%
Due in Month	28	38	29	35	43	46	19	30	23	17	15	24
% Closed on time	14.3%	15.8%	6.9%	17.1%	16.3%	10.9%	15.8%	20.0%	26.1%	5.9%	13.3%	16.7%
Closed in Month	38	23	36	37	52	54	28	25	40	25	22	37

Key Deliverable		End Date
Off track / At risk / On track / Complete / Suspended		Proposed
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets		**Mar-24**
Key Milestones	PET to meet regularly with Acute and H&SCP to discuss Model Complaint Handling process improvements to assist with meeting targets for S1 and S2 complaints	**Aug-24**
	Implement complexity scoring system to categorise complaints	**Aug-24**
	Supportive escalation process to be implemented to highlight delays within the Model Complaint Handling Process	**Aug-24**
	New weekly complaint report incorporating S1 and S2 complaints to be created and shared with services to provide data and highlight delays within the Model Complaint Handling Process	**Dec-23**
	Testing of focused Multidisciplinary Team Meeting (MDT) within Acute to respond to complex complaints in a view to negate the requirement for statements and reduce service response time	**Aug-24**
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences		**Apr-24**
Key Milestone	Review current Patient Experience Team's funded establishment to recruit a Bank Band 4 Patient Experience Officer 0.26 WTE	**Oct-23**
	Perform workforce review of Patient Experience Team	**Aug-24**
Digital Solution for reporting Live Patient Experience (Complaint) data		**Apr-24**
Key Milestones	Meet with Information Services to discuss and develop Dashboard	**Apr-23**
	Liaise with other Health boards regarding their Dashboards	**May-23**
	Discuss and agree data to be displayed with Acute, Corporate and H&SCP	**Mar-24**
	Discuss and agree data to be displayed within Patient Experience Team screen	**Mar-24**
	Identify test area prior to roll out	**Dec-23**
	Education and training	**Mar-24**
	Test implementation of dashboard	**Nov-23**
	Communication, promotion and raise awareness of dashboard	**Jan-24**
	Roll out Dashboard within NHS Fife	**Jan-24**

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**3 May 2024**
Title:	**Healthcare Associated Infection Report (HAIRT)**
Responsible Executive:	**Janette Keenan, Director of Nursing**
Report Author:	**Julia Cook, Infection Control Manager**

1 Purpose

Update for Infection Prevention and Control for April 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 April 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 April 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. Please see below for new LDP Standards.

***Clostridioides difficile* Infection (CDI)**

- New LDP standards are to reduce incidence of healthcare associated CDI by 10% from 2019 to 2024, utilising 2018/19 as baseline data.
- Outcome measure - achieve 10% reduction by 2023/24 in healthcare associated infection rate - rate of 6.5 per 100,000 total bed days.

***Staphylococcus aureus* Bacteraemia SAB**

- New LDP standards are to reduce incidence of healthcare associated SAB by 10% from 2019 to 2024, utilising 2018/19 as baseline data.
- Outcome measure to reduce the rate of SAB from 20.9 per 100,000 total bed days in 2018/19, 10% reduction target rate for 2023/234 is 18.8 per 100,000 total bed days.

***Escherichia coli* Bacteraemias (ECB)**

- New LDP standards are to reduce incidence of healthcare associated ECB by 25% from 2019 to 2024, utilising 2018/19 as baseline data.
- Outcome measure to reduce the rate of ECB by 25% from 44.0 per 100,000 total bed days in 2018/19, target rate for 2023/24 is 33.0 per 100,000 total bed days.

2.3 Assessment

SAB

- During Q3 2023 (July- September), NHS Fife was below the national rate for healthcare associated infection (HCAI).
- The total number of HCAI SABs (n=45), during the time-period March 23 to February 24, was lower than during the same timeframe the previous year, when there were 51 HCAI SABs.
- At the time of reporting, NHS Fife had achieved over 585 days since last CVC related SAB.
- There were 2 dialysis line related SABs in January.
- There was a PWID related SAB case in February 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 Q3 2023 (July- September), NHS Fife was below the national rate for HCAI.
- From March 2023 -end of February 2024, there was a reduction in the total number of CDI cases (n=42), when compared to the same timeframe the previous year (n=49). This improvement is also reflected in the number of HCAI cases (March 2023-Feburary 2024, n=28 cases, compared to March 2022-Feburary 2023, n= 36 cases).
- During January - February 2024, the total number of cases and number of HCAI cases, were lower than January - February 2023.

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 Q3 2023 (July- September), NHS Fife was below the national rate for HCAI.
- There has been a reduction in the number of ECBs, when comparing March 2022-Feburary 2023 (n=271 cases) to March 2023-February 2024 (n=252). There was also an improvement seen in the number of 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 (January - February 2024)

Norovirus

- There have been 4 ward closures due to a Norovirus or suspected Norovirus outbreak during this time period.

Seasonal Influenza

- There have been 3 new closures due to confirmed Influenza outbreak and 1 mixed respiratory during this time period.

COVID-19

- 4 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 (January – February 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 3 (October - December 2023) was **96%**.

National Cleaning Services Specification

The National Cleaning Services Specification – quarterly compliance report result for Quarter 3 (October - December 2023) shows NHS Fife achieving **Green** status.

Estates Monitoring

The National Cleaning Services Specification – quarterly compliance report result for shows Quarter 3 (October - December 2023) 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 Diversity, including health inequalities and Anchor Institution ambitions

Effective infection prevention and control include assessments of equality and diversity impact as appropriate

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

This paper has been considered by the Infection Control Manager

2.3.8 Route to the Meeting

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

This is a summary of the HAIRT submitted to the Infection Prevention and Control Committee April 2024

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Healthcare Associated Infection Report

Report Contact
Julia Cook
Infection Control Manager
Email: Julia.Cook@nhs.scot

Infection Prevention
and Control Team

Fife Health & Social Care Partnership

NHS Fife

HAIRT Report

HAIRT Report for Infection Prevention & Control Committee on 3rd April 2024

(Validated Data up to end of February 2024)

April 2024

Contents

Board Wide Issues

Key Healthcare Associated Infection Headlines

1.1 Achievements:

***Staphylococcus aureus* Bacteraemia Prevention (SAB)**

During Q3 2023 (July- September), NHS Fife was below the national rate for healthcare associated infection (HCAI) and community acquired infection (CAI).

The total number of HCAI SABs (n=45), during the time-period March 23 to February 24, was lower than during the same timeframe the previous year, when there were 51 HCAI SABs.

At the time of reporting, NHS Fife had achieved over 585 days since last CVC related SAB.

***Clostridioides difficile* Infection (CDI)**

During Q3 2023 (July- September), NHS Fife was below national rate for HCAI.

When considering the time-period 1/3/23-29/2/24, there was a reduction in the total number of CDI cases (n=42), when compared to the same timeframe the previous year (n=49). This improvement is also reflected in the number of HCAI cases during the 2 time periods (Mar 23-Feb 24, n=28 cases, compared to Mar 22-Feb 23, n= 36 cases).

***Escherichia coli* bacteraemia (ECB)**

During Q3 2023 (July- September), NHS Fife was below the national rate for HCAI.

There has been a reduction in the number of ECBs, when comparing Mar 22-Feb 23 (n=271 cases) to Mar 23-Feb 24 (n=252). There was also an improvement seen in the number of CAUTIs during these time-periods (Mar 22-Feb 23, n= 35 CAUTIs and Mar 23-Feb 24, n= 31 CAUTIs).

COVID-19

The weekly ARHAI Scotland nosocomial report has now ceased.

1.2 Challenges:

DL (2023) 06 published on 28th February 2023 advised given the continued service pressures it has been agreed by Scottish Government that the previous HCAI targets will be further extended by one year to 2024.

SABs

Vascular access devices (VAD) remain the greatest challenge for hospital acquired SABs, ongoing improvement work continues.

The total number of SABs (n=93), during the time-period March 23 to February 24, was slightly higher than during the same timeframe the previous year, when there were 91 SABs.

Unfortunately, there were 2 dialysis line related SABs in January. Both cases have been Datix`d and will undergo a Complex Care Review to ascertain any learning.

There was a PWID related SAB case in February 2024.

CDI

The cumulative total of CDIs during 2023 (n=47) was higher than during 2022 (n=40) and 2021 (n=44). This increase was also reflected in the number of HCAI (HAI+HCAI+Unknown) cases (2023, n=33, 2022, n=30 and 2021, n=28). However, during Jan-Feb 24, the total number of cases and number of HCAI cases, were lower than Jan-Feb 23. IPCT will continue to monitor cases to see if this improvement continues.

Caesarean Section SSI/ Large Bowel Surgery SSI/ Orthopedics Surgery SSI

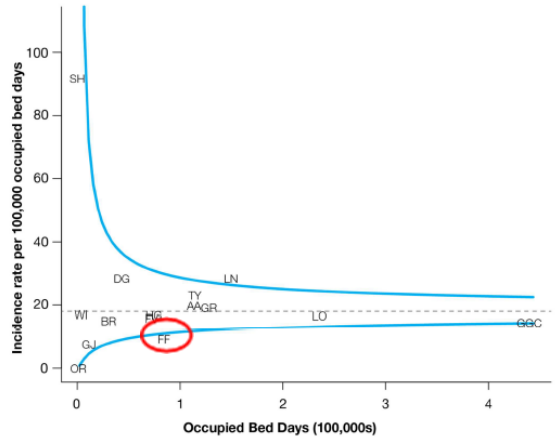
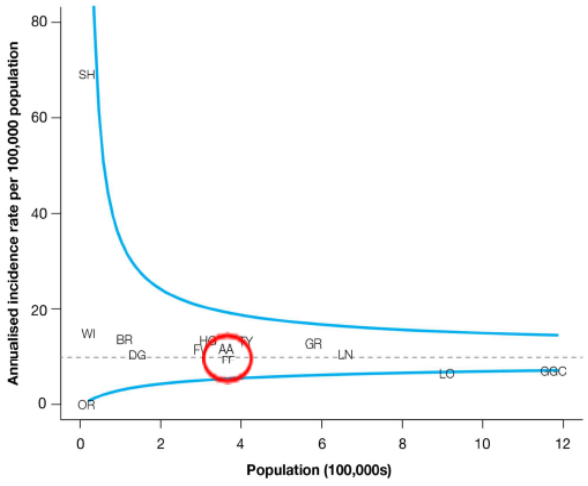
National surveillance programme for SSI has been paused due to the COVID-19 pandemic. DL (2023) 06 published February 2023 advises surgical site infection (SSI) and enhanced surveillance reporting remains paused for the time being.

Surveillance

2. Staphylococcus aureus incorporating MRSA/CPE screening compliance

2.1 Trends – Quarterly

Staphylococcus aureus Bacteraemias (SABs)				
Local Data: Q4 2023 (Oct-Dec) **(Q4 2023 National comparison awaited)**				
In Q4 2023 NHS Fife had:	21 SABs	10 HCAI/HAI 11 CAI	This is **UP** from:	17 Cases in Q3 2023

Q3 2023 (Jul-Sep) - ARHAI Validated data with commentary			
Healthcare associated SABs		**Community associated SABs infection**	
HCAI SAB rate: **9.2**	Per 100,000 bed days	CAI SABs rate: **9.5**	Per 100,000 Pop
No of HCAI SABs: 8		No of CAI SABs: 9	
This is **BELOW** National rate of 18.1		This is **BELOW** National rate of 10.1	
			
NHS Fife was not an outlier for SABs in Q3 2023.			

New standards for reducing all Healthcare Associated SAB by 10% by 2022 (from 2018/2019 baseline). This standard was extended to 2023 and will be extended for a further year to 2024		
Standards application for Fife:	**SAB Rate Baseline 2018/2019**	**SAB 10% reduction target by 2024**
SAB by rate 100,000 Total bed days	**20.9** per 100,000 TBDs	**18.8** 100,000 TBDs
SAB by Number of HCAI cases	**76**	**68**
Current 12 Monthly HCAI SAB rates for Year ending September 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 were 2 dialysis line related SABs in January 2024. Both cases have been Datix`d and will undergo a Complex Care Review, to ascertain learning

As of **01/03/2024** the number of days since the last confirmed SAB is as follows:	
CVC SABs	585 Days
PWID (IVDU)	13 Days
Renal Services Dialysis Line SABs	33 Days
Acute services PVC (Peripheral venous cannula) SABs	51 Days

Please see other SAB graphs & report attachments within 4.1b of Agenda

2.2 Current Risk Register Rating

Corporate Directorate – Nursing Directorate Infection Control Team Risk Register		
ID: 637 SAB LDP Standard		
Initial Risk Level	**Current Risk Level**	Target Risk Level
Moderate 12	**Moderate Risk 9**	Low Risk 6

2.3 Current SAB Initiatives

Fife-wide Collaborative Improvement Initiatives: NHS Fife will continue to:

- Collect and analyse SAB data on a monthly basis to understand the magnitude of the risks to patients in Fife.
- Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs where possible.
- Examine the impact of interventions targeted at reducing SABs.
- Use results locally for prioritising resources.
- Use data to inform clinical practice improvements thereby improving the quality of patient care.
- Liaise with Drug addiction services re PWID (IVDU) SABs.

2.4 National MRSA & CPE screening programme

MRSA

An uptake of 90% with application of the MRSA Clinical Risk Assessment (CRA) screening is necessary in order to ensure that the national policy for MRSA screening is effective

NHS Fife achieved **100%** compliance with the **MRSA** CRA in Q4 2023 (Oct-Dec)

This was **ABOVE** Q3 2023 (93%), and **ABOVE** the compliance target of 90%.

It was also **ABOVE** the overall Scottish compliance rate of 74%, for Q4 2023

MRSA Critical risk assessment (CRA) screening KPI compliance summary:

Quarter	Q3 2021 Jul-Sep	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
Fife	88%	93%	98%	98%	98%	100%	100%	98%	93%	100%
Scotland	81%	82%	81%	80%	78%	74%	78%	81%	80%	74%

CPE (Carbapenemase Producing Enterobacteriaceae)
From April 2018, CRA has also included screening for CPE.
NHS Fife achieved **100%** compliance with the **CPE** CRA for Q4 2023 (Oct-Dec)
This was **EQUAL** to the compliance rate in Q3 2023
It was also **ABOVE** the overall Scottish compliance rate of 76%, for Q4 2023
CPE Critical risk assessment (CRA) screening KPI compliance summary:

Quarter	Q3 2021 Jul-Sep	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
Fife	100%	98%	100%	98%	100%	100%	100%	100%	100%	100%
Scotland	82%	80%	80%	79%	78%	76%	77%	80%	81%	76%

3 Clostridioides difficile Infection (CDI)

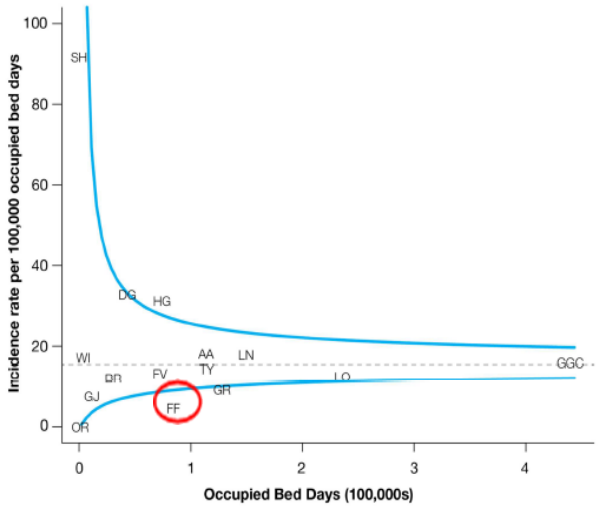
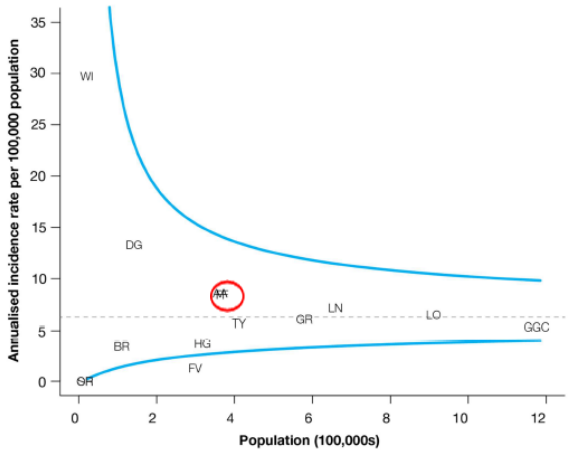
3.1 Trends

<table>
<tr><th colspan="5">Clostridioides difficile Infection (CDI)</th></tr>
<tr><th colspan="5">Local Data: Q4 Oct-Dec 2023

(Q4 2023 HPS National comparison awaited)</th></tr>
<tr><td rowspan="2">In Q4 2023
NHS Fife had:</td><td rowspan="2">2 CDIs</td><td>2 HCAI/HAI/Unknown</td><td rowspan="2">This is DOWN from</td><td rowspan="2">12 Cases in

Q3 2023</td></tr>
<tr><td>0 CAI</td></tr>
<tr><td colspan="5"></td></tr>
<tr><th colspan="5">Q3 (Jul-Sep) 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: 4.6</td><td rowspan="2">Per 100,000 bed days</td><td></td><td>CAI CDIs rate: 8.5</td><td rowspan="2">Per 100,000 Pop</td></tr>
<tr><td>No of HCAI CDIs: 4</td><td></td><td>No of CAI CDIs: 8</td></tr>
<tr><td colspan="3">This is BELOW National rate of 15.5</td><td colspan="2">This is ABOVE National rate of 6.2</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 Q3 2023.</td></tr>
</table>

New standards for reducing all Healthcare Associated CDI by 10% by 2022 (from 2018/2019 baseline). This standard was extended to 2023 and will be extended for a further year to 2024		
Standards application for Fife:	**CDI Rate Baseline 2018/2019**	**CDI 10% reduction target by 2024**
CDI by rate 100,000 Total bed days	**7.2** per 100,000 TBDs	**6.5** 100,000 TBDs
CDI by Number of HCAI cases	**26**	**23**
Current 12 Monthly HCAI CDI rates for Year ending September 2023 (HPS)		
CDI by rate 100,000 Total bed days	**10.9** per 100,000 TBDs	
CDI by Number of HCAI cases	**39**	

3.2 Current Risk Register Rating

Corporate Directorate – Nursing Directorate Infection Control Team Risk Register		
ID: 646 CDI Local Delivery Standard Target		
Initial Risk Level	**Current Risk Level**	Target Risk Level
Moderate 8	**Moderate Risk 9**	Low Risk 6

3.3 Current CDI initiatives

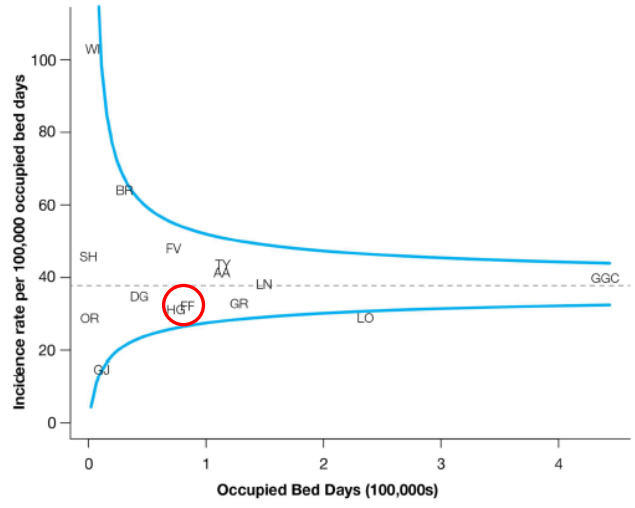
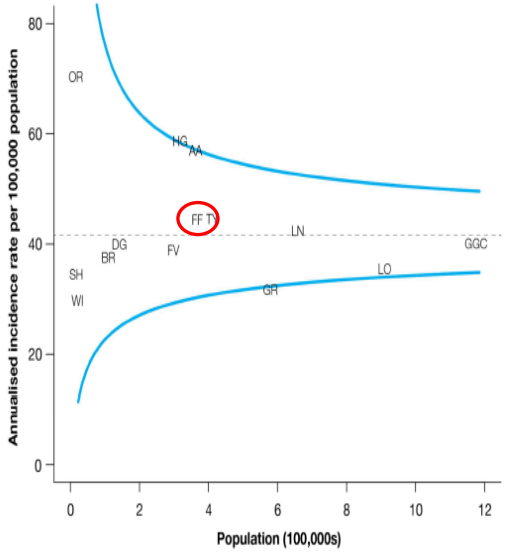
Follow up of all hospital and community cases continues to establish risk factors for CDI

- Monthly CDI reporting to Acute Services & HSCP with summary of all CDI cases
- Enhanced surveillance & HPS trigger tool completion for any triggers/ areas of concerns.
- Dr Venkatesh establishing optimum antimicrobial therapy for multiple recurrence CDI case.
- From October 2019 each CDI case is assessed for suitability of extended pulsed Fidaxomicin (EPFX) regime aiming to prevent recurrent disease in high-risk patients.
- 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: Q4 (Oct-Dec) 2023 **(Q4 2023 HPS National comparison awaited)**				
In Q4 2023 NHS Fife had:	69 ECBs	34 HAI/HCAIs 35 CAIs	This is **UP** from	68 Cases in Q3 2023
Q4 2023 There were **11** Urinary catheter associated (1 of which was from a Suprapubic catheter) ECBs, which was higher than during Q3 2023, when there were 9 CAUTIs.				

Q3 (Jul-Sep) 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: **32.2**	Per 100,000 bed days	CAI ECBs rate: **44.5**	Per 100,000 Pop
No of HCAI ECBs: 28		No of CAI ECBs: 42	
This is **BELOW** National rate of 37.8		This is **ABOVE** National rate of 41.6	
			
For HCAI & CAI ECBs: NHS Fife was **WITHIN** the 95% confidence interval in the funnel plot analysis			

Two HCAI reduction standards have been set for ECBs:

New standards for reducing all Healthcare Associated ECBs by 25% by 2022 (from 2018/2019 baseline). This standard was extended to 2023 and will be extended for a further year to 2024		
New standards for reducing all Healthcare Associated ECB by 25% by 2024 (from 2018/2019 baseline).		
Standards application for Fife:	**ECB Rate Baseline 2018/2019**	**ECB 25% reduction target by 2024**
ECB by rate 100,000 Total bed days	**44.0** per 100,000 TBDs	**33.0** per 100,000 TBDs
ECB by Number of HCAI cases	**160**	**120**
Current 12 Monthly HCAI ECB rates for Year ending September 2023 (HPS)		
ECB by rate 100,000 Total bed days	**30.0** per 100,000 TBDs	
ECB by Number of HCAI cases	**107**	

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
2023 Q4	TBC	***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 Q4 2023 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
2023 Q4	TBC	***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 Q4 2023 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-Feb 2024, there were 5 CAUTI ECBs, none of which 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 3 (Oct-Dec 2023) 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	Q3 Oct-Dec 23	Q2 Jul-Sep 23
Fife	96.0%↑	95.6%
Scotland	95.2%	95.2%

- The National Cleaning Services Specification – quarterly compliance report result for Quarter 3 (Oct-Dec) 23 shows NHS Fife achieving **GREEN** status.

- **Estates Monitoring**

Estates Location	Q3 Oct-Dec 23	Q2 Jul-Sep 23
Fife	95.9%↓	96.0%
Scotland	96.1%↑	96.0%

- The Estates Monitoring – quarterly compliance report result for Quarter 3 (Oct-Dec) 23 shows NHS Fife achieving **GREEN** status.

6.2 Current Initiatives

· Areas with results below 90% for all Hospital & Healthcare facilities have been identified to relevant managers for action.

7.1 Outbreaks

This section gives details on any outbreaks that have taken place in the Board since the last report, or a brief note confirming that none has taken place.

Where there has been an outbreak this states the causative organism, when it was declared, number of patients & staff affected & number of deaths (if any).

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.

January – end of February 2024

Norovirus Up to week ending 03 March 2024
Main points
The provisional total of laboratory reports for norovirus in Scotland up to the end of week 9 of 2024 (week ending 03 March 2024) is 575.
In comparison, to the end of week 9 in 2023 PHS received 505 laboratory reports of norovirus. The five-year average for the same time period between years 2015 and 2019 was 290.

There have been 3 ward closures due to Norovirus and 1 suspected outbreak (organism not identified) since last ICC report.

Seasonal Influenza

Main points

Overall assessment 26 February to 3 March (ISO week 9):

- Respiratory symptoms in the community measured via calls to NHS24, and attendances at GP consultations for influenza-like-illness (GP ILI) remained at **Baseline** activity level.
- Virology data showed influenza remained at **Moderate** activity level in week 9.
- RSV remained at **Baseline** activity level
- Mycoplasma pneumoniae decreased from **Extraordinary** to **High** activity level.
- Human metapneumovirus and seasonal coronavirus (non-COVID-19) decreased from **Moderate** to **Low** activity level.
- Emergency hospital admissions because of influenza continued to decrease (214 to 165) and stabilise for RSV (25 to 24). COVID-19 admissions saw a slight increase (91 to 98). ICU/HDU influenza admissions decreased from the previous week (17 to 7) and there were less than 5 ICU/HDU admissions for COVID-19 and RSV.

There has been 3 outbreaks due to confirmed Influenza since the last reporting period and 1 mixed respiratory outbreak.

COVID-19

January- February 2024, there has been 4 new COVID-19 outbreaks/incidents 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 6	Feb 2024	0	2	0
VHK	WARD 44	Jan 2024	1	2	1
QMH	WARD 4	Jan 2024	0	5	2
SACH	WARD 2	Jan 2024	0	3	0

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 (January – end of February 2024)

10. Assessment

- **CDIs**: There was a rise in the number of *Clostridioides difficile* cases during 2023 (when compared to the previous 2 years). This rise was also reflected in the number of HCAI cases However, when considering the Jan-Feb 2024, the total number of cases and number of HCAI cases, were lower than Jan-Feb 23. IPCT will continue to monitor 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

Cleaning Compliance (%) TOTAL FIFE												
	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24
Overall	96.4	95.9	95.9	95.9	95.9	95.6	95.6	95.7	96.0	96.2	95.8	95.8

Estates Monitoring Compliance (%) TOTAL FIFE												
	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24
Overall	96.3	96.3	96.5	96.5	96.0	96.1	95.7	96.2	95.7	96.2	95.9	96.8

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

Cleaning Compliance (%) Victoria Hospital												
	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24
Overall	96.6	95.8	96.1	95.6	96.1	95.4	95.4	95.8	96.4	96.0	95.9	95.1

Estates Monitoring Compliance (%) Victoria Hospital												
	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23	Dec 23	Jan 24
Overall	96.5	97.5	97.5	97.3	97.0	97.3	96.2	97.6	97.1	97.3	96.5	97.7

Queen Margaret Hospital

	QMH		
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
Month	HAI	**HAI**	**HAI**
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

Cleaning Compliance (%) Queen Margaret's hospital												
	Feb 23	**Mar 23**	**Apr 23**	**May 23**	**Jun 23**	**Jul 23**	**Aug 23**	**Sep 23**	**Oct 23**	**Nov 23**	**Dec 23**	**Jan 24**
Overall	96.5	95.9	96.5	96.7	96.6	95.8	96.6	96.4	96.8	97.4	96.6	97.0

Estates Monitoring Compliance (%)Queen Margaret's hospital												
	Feb 23	**Mar 23**	**Apr 23**	**May 23**	**Jun 23**	**Jul 23**	**Aug 23**	**Sep 23**	**Oct 23**	**Nov 23**	**Dec 23**	**Jan 24**
Overall	95.5	94.8	94.9	95.5	94.1	94.6	95.0	94.4	95.5	95.3	96.4	96.2

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

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

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

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NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**3 May 2024**
Title:	**Patient Experience and Feedback Quarter 4 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 improve response times, focussing on complexity categorisation and response rates.

This report is presented for:

- Assurance

This report relates to:

- Local policy

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

- Person Centred

2 Report summary

2.1 Situation

Recognising that the effective resolution of patient concerns and complaints is pivotal to enhancing the patient experience, the Patient Experience Team (PET) and Services have embarked on several initiatives aimed at not only improving our response times and the quality of responses, but also refining our overall complaints handling processes.

This report provides information on Complexity Categorisation and considers updated targets for response rates, as part of this work.

2.2 Background

NHS Fife currently categorises complaints according to the Scottish Public Services Ombudsmen's (SPSO) Model Complaints Handling Process (MCHP) as either Stage 1

or Stage 2. Our data indicates a shortfall in meeting the SPSO prescribed 20-day response time for Stage 2 complaints, ranging from a low of 2% to 24% in 2023/24. This performance gap has been exacerbated by operational disruptions due to COVID-19, which led to a significant backlog and delay of complaints.

The existing binary classification system (Stage 1 and Stage 2) was previously categorised as complex or non-complex, which does not adequately account for the varying complexities of complaints received, which range from negligible to extreme. This problem impacts PET's and the Services' ability to prioritise resources effectively and manage complaints efficiently.

2.3 Assessment

As of January 2023, there was a backlog of 150 Stage 2 complaints, which was slightly reduced by June 2023. Through focused effort, this number was brought down to 57 by March 2024, demonstrating progress yet highlighting the need for a more nuanced handling system.

Complaint Complexity Categorisation Tool

The development of a complexity categorisation tool (appendix 1) classifies complaints into five distinct levels: negligible, minor, moderate, major, and extreme.

This tool enables us to:

- Better understand the volume and nature of complex complaints.
- Ensure complaints are escalated appropriately based on their complexity.
- Allocate resources more effectively, enhancing overall responsiveness and efficiency.
- Improve patient satisfaction through timely and accurate responses, setting expectations around response times.

The Complaints Complexity Categorisation (CCC) Tool has been piloted successfully and will be monitored and reviewed to ensure that further enhancements are made when indicated.

Response Rates

Our current and historical performance data underscore the need to revise our internal targets to be both realistic, yet challenging, reflecting the actual complexity of complaints and our capacity to respond.

The 20-day timeframe target set for all complaints has often given false expectations to complainants, leading to dissatisfaction. New complexity-based timeframes targets would be more realistic and transparent, setting clearer and more achievable expectations for both staff and complainants.

Discussion has previously taken place at the Clinical Governance Committee around the need for revised targets and reporting in the IPQR.

Proposed Timeframe and Targets:

The Head of Patient Experience is working with services to test complexity-based timeframes as indicated in the table below. Further detail will be included in future reports and the IPQR will reflect the new targets.

Complaint	Complexity Risk Category	Timeframe	Target	End of target	Target	End of target
Stage 2	Negligible & Minor	20 working days	50%	Sept 24	60%	Mar 25
Stage 2	Moderate	40 working days	50%	Sept 24	60%	Mar 25
Stage 2	Major & Extreme	60 working days	50%	Sept 24	60%	Mar 25

2.3.1 Quality, Patient and Value-Based Health & Care

By implementing complexity-based timeframe targets for handling complaints, NHS Fife can ensure a more person-centred approach to each case, directly supporting quality, patient and value-based care in several ways:

1. Quality Improvement: Tailoring response times to the complexity of complaints allows for more thorough investigations and resolutions of more complex issues which can lead to significant improvements in service quality and safety.
2. Enhanced Patient Experience: More realistic and transparent response expectations reduce frustration for complainants and improve trust in the healthcare system.
3. Efficient Use of Resources: By prioritising resources according to the severity and complexity of complaints, staff can allocate attention and effort where they are most needed. This leads to better management of both human and financial resources (time), ultimately supporting the principles of value-based care.

2.3.2 Workforce

This revised approach will support the workforce by providing clearer guidelines and a structured framework for handling complaints, reducing the stress associated with unrealistic deadlines and enabling staff to prioritise tasks more efficiently based on the complexity of each case. This will, hopefully, improve morale but also enhances the overall efficiency and job satisfaction among staff.

2.3.3 Financial

n/a

2.3.4 Risk Assessment / Management

Implementing the complaint complexity categorisation tool allows for more accurate risk assessment and management by identifying the severity and urgency of complaints at an early stage. This proactive approach facilitates timely interventions, preventing the escalation of issues.

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

The adoption of the complaint complexity categorisation tool positively impacts equality and diversity within NHS Fife by ensuring that all complaints are assessed and responded to through a standardised approach. This approach helps to eliminate any unconscious bias and promotes equitable treatment of complaints.

2.3.6 Climate Emergency & Sustainability Impact

n/a

2.3.7 Communication, involvement, engagement and consultation

The PET team were involved in the initial design of the tool, and it was shared with Directors of Nursing and Midwifery to share with relevant teams for review and comment.

2.3.8 Route to the Meeting

EDG 18 April 2024

2.4 Recommendation

The Committee is asked to:

- Note the report.
- Take **assurance** that work continues to refine and improve our complaints response.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Complaint Complexity Categorisation Tool
- Appendix 2 - Patient Experience & Feedback Quarter 4 Report

Report Contact
Siobhan McIlroy
Head of Patient Experience
Email: Siobhan.mcilroy@nhs.scot

Complaint Complexity Categorisation (CCC) Tool

The Complaint Complexity Categorisation Tool categorises the consequences of all types of feedback, including complaints. It is used by the Patient Experience Team (PET) when logging all new feedback & complaints correspondence into DATIX. The PET categorise the risk assessment based only on the content of the correspondence they receive in the first instance. Should the clinical teams wish to amend/review the categorisation, this can be done with the relevant PET Officer.

Extreme	**Adverse Event** - Unexpected death or an incident leading to death, intervention required to sustain life, serious adverse events, major harm, permanent or long-term incapacity, or disability requiring medical treatment &/or counselling. **Complaint -** Complaint crosses Acute Services/H&SCPs &/or organisational boundaries. Multiple claims or single major claims. Complaint copied to MP/MSP/Scottish Government. Complaint length >1250 words. Points of concern raised - > 15. **Organisational/Financial/Reputational Risk** - Complaint copied to MP/MSP/Scottish Government. Ongoing adverse publicity Category I (HIS) including high probability of litigation. Severe organisational/personal financial loss (£>1m) **Patient Care/Experience -** Significant patient safety/quality of care issues. Unsatisfactory patient experience / clinical outcome, continued ongoing long-term effects.
Major	**Adverse Event** - Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment &/or counselling. Maternal death, unexpected stillbirth during inpatient stay (includes intrapartum stillbirth in any setting, therapeutic hypothermia, neonatal death (>37 weeks) within 7 days. **Complaint -** Complaint crosses Acute Services /H&SCPs &/or organisational boundaries. Claim above excess level. Complaints with clear quality assurance or risk management implications, or issues causing lasting detriment that require investigation. Multiple justified complaints. Complaint length between 1000 & 1250 words. Points of concern raised - 10 to 15. **Organisational/Financial/Reputational Risk -** Complaint copied to MP/MSP/Scottish Government. Probability of litigation. Major organisational/personal financial loss (£100k-1m) **Patient Care/Experience** - Significant issues of standards, quality of care or denial of rights. Unsatisfactory patient experience/clinical outcome, long term effects– expect recovery - >1wk.
Moderate	**Adverse Event** - Agency reportable, e.g., Police (violent & aggressive acts). Significant injury requiring medical treatment &/or counselling. Significant injury requiring medical treatment &/or counselling, short-term effects. Antenatal Stillbirth, Neonatal death<37 weeks, Maternity, or neonatal adverse events, including 'near misses. **Complaint** – Complaint involves more than one 2 Services. Justified complaint involving lack of appropriate care. Below excess claim. Complaint length between 750 & 1000 words. Points of concern raised - 7 to 10. **Organisational/Financial/Reputational Risk** - Complaint copied to MP/MSP/Scottish Government. Moderate harm to the Organisation/temporary loss of service, Significant organisational/personal financial loss (£10-100k) adverse publicity. Category II (HIS). **Patient Care/Experience** - Significant issues of standards, quality of care or denial of rights. Unsatisfactory patient experience/clinical outcome, short term effects – expect recovery <1wk.
Minor	**Adverse Event** - Minor injury or illness, first aid treatment required. **Complaint** - Justified written complaint peripheral to clinical care. Complaint length between 500 & 750 words. Points of concern raised - 4 to 6. **Organisational/Financial/Reputational Risk** – Minor risk of litigation. Minor organisational / personal financial loss (£1-10k) **Patient Care/Experience** - Clinical outcome directly related to care provision – readily resolvable. Unsatisfactory patient experience.
Negligible	**Adverse Event** - no harm but potential to cause harm e.g. near miss Category III (HIS) or leading to minor injury not requiring first aid. **Complaint** - Locally resolved verbal complaint. Complaint length under 500 words. Points of concern raised - 1 to 3. **Organisational/Financial/Reputational Risk** - Reduced quality of patient experience / outcome but not directly related to delivery of clinical care. Negligible organisational/personal financial loss (£<1k) **Patient Care/Experience** - Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care.

Action Required Based on Risk Assessment

- The risk level may change if further information comes to light & Datix should be updated to reflect this.
- Always consider whether there are lessons to be shared across the Organisation for learning.

Extreme Major	• Escalation to the following: Chief Executive Officer (CEO), Executive Medical Director, Executive Nurse Director, relevant Nurse/Midwifery Directors, Deputy and Associate Medical Directors, Director of Acute Services, Director of Health and Social Care, General Managers, Heads of Nursing, Services Managers, Head of Patient Experience, Patient Experience Team Lead. • The PET Officer should make immediate telephone contact with the complainant. Consider an early meeting with the complainant to clarify points of concern. • Consideration should be given to undertaking adverse event/external/independent review. • If it is unlikely that the complaint will be completed within 20 working days, a letter should be sent out explaining the situation, with a target date for completion. • Head of Patient Experience HoPE/PET Lead/Head of Nursing/General Manager closely monitors the progress of the complaint. HoPE/PET Lead ensure the response is reviewed before being issued to the relevant service for comment/approval. • Learning, recommendations, & actions should be logged on the Datix Action Module & completed if the complaint is upheld or partially upheld.
Moderate	• Deal with as per Complaints Handling Process. • The PET Lead/Complaints Officer/Heads of Nursing/Service Managers closely monitor the progress of the complaint. PET Lead ensures the response is reviewed before it is issued to the relevant service for comment/approval. • The PET Team Lead/PET Officer monitors the progress of the complaint & ensures the response is reviewed before it is issued to the relevant service for comment/approval. • Learning, recommendations, & actions should be logged on the Datix Action Module & completed if the complaint is upheld or partially upheld.
Minor Negligible	• Deal with as per Complaints Handling Process. • Learning, recommendations, & actions should be logged on the Datix Action Module & completed if the complaint is upheld or partially upheld.

Patient Experience and Feedback

PEaF Quarterly Report (Q4) for Clinical Governance Committee

January - March 2024

CONTENTS

Introduction

Person-centred Care

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

Measuring the Experience

Care Opinion highlights the 25 organisations across the UK, with the highest number of staff listening, learning, and making changes. NHS Fife is one of the top performing NHS Boards in Scotland.

NHS Fife's **Care Opinion** highlights for Q4 include:

- **271** stories, viewed **21,526** times in all:
  - January 88 stories
  - February 90 stories
  - March 93 stories

In Q4, Care Opinion moderators rated the stories as:

- Not critical 80% (218)
- Minimally critical 4% (12)
- Mildly critical 11% (29)
- Moderately critical 4% (11)
- Strongly critical 0% (1)

An important aspect of Care Opinion is the ability to feedback information to patients on changes which have been made. ** Care Opinion stories where published where a change within a service was identified.

Positive and Negative Themes

What was good?

What could be improved?

Compliments:

'Compliments', another vital component of patient feedback, is not routinely reported on. There is a 'compliments' section in the Datix Complaints module, which is not widely used, and the following table only provides a small glimpse of positive patient feedback. Many Services collect their own feedback; MS Forms questionnaires, paper feedback forms etc.

It is hoped that the 'compliments' module will become more widely used as staff are encouraged to record compliments, celebrating, and learning from success.

Compliments	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Total
Compliment	296	320	277	263	1156
Learning from Excellence	0	0	0	0	0
Comments and Feedback	3	0	0	0	3
Total	299	320	277	263	1159

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

Comments:

Women & Children -These words will never be enough to describe how truly thankful we are to everyone who cared for our daughter over the 3 years. Each and every one of them became not only hers but our friends Shoulders to lean on and huge comforts in our darkest times. How we wish our girls story was far from what it is we are also very aware that she faced multiple close calls in her beautiful short life so thank you from the bottom of our hearts for always fighting for her, thank you for giving us more time with our baby, we will never be able to repay you. all.

Surgical Directorate – To all the staff on ward 52 sorry this is so late but I've been a bit confused for the last couple of weeks. I just wanted to thank you all very much for all the care and attention you gave me after my car accident. It was much appreciated and I count myself lucky to have landed in a ward with such wonderful staff and great characters.

I am progressing reasonably well but have a long way to go, can't deny I missed the hospital bed the first night home! Take care all of you and thanks a million.

Primary & Preventative Care Services - I just wanted to say a huge thank you for giving us our nursing home ANPs - no other words but they are great and very highly thought off. Our Doctors are always saying how great they are and I didn't know who to tell but someone said this could be you.

Community Care Services – Looked after our mum with such kindness. My family would like to extend our sincere thanks and gratitude to all the community palliative team -End of Life, START team and the nurses. The care, compassion and utmost respect they showed to our mum was second to none. During an extremely challenging time for us they were like guardian angels, not only looking after our mum with such kindness and care but also supporting the family.

We could not have fulfilled our mother's last wishes without them and for that we are eternally grateful. No words can express how thankful we are. What an amazing team. We are so very lucky to have them.

Complaints:

There are two stages to the NHS complaints procedure:

1. Early resolution
2. Investigation

Stage 1: Early resolution

The focus is on finding a solution quickly and locally if possible. If the complaint cannot be resolved at stage 1, or if the complainant is not happy with the outcome of stage 1, the complaint should be moved on to stage 2.

Most complaints should be resolved within five working days of the date the complaint is received. In some circumstances, this can be up to ten working days.

Stage 2: Investigation

Complaints might be handled at stage 2 because:

- They are complex, serious or high-risk issues and are not suitable for early resolution
- early resolution has failed
- the complainant was unhappy with the outcome of stage 1 and asked for an investigation.

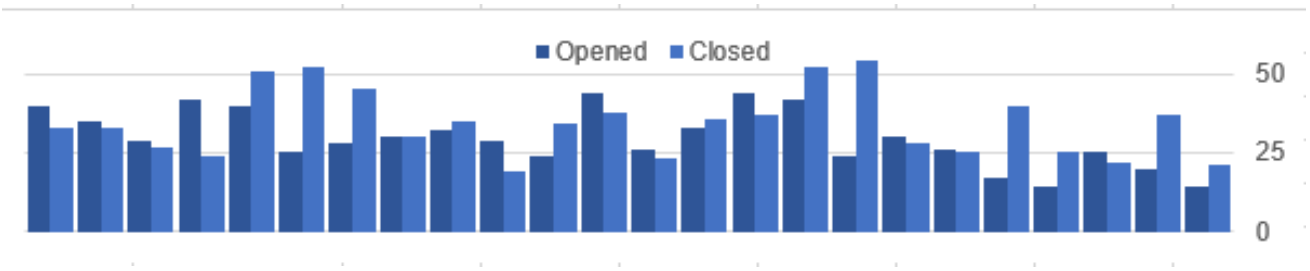
The complainant should receive a written response within 20 working days.

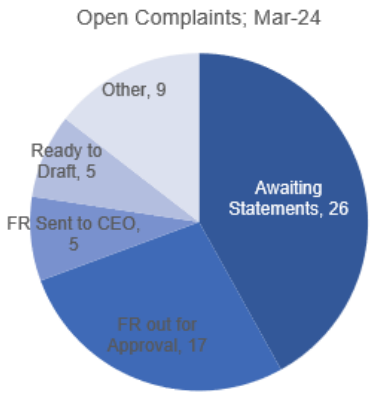
This table presents the total number of Enquiries, Concerns, Stage 1, and Stage 2 complaints received each quarter:

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	129	113	532
Stage 2 Complaint	102	87	56	65	310
Concern	124	131	121	241	617
Enquiry	189	210	163	131	693
Total	566	567	469	550	2152

Stage 2 closed complaints and % closed within the 20-day standard timescale.

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
Total	23	33	37	44	51	25	24	39	23	22	36	21
Closed within timescales	6	3	6	4	4	2	6	4	1	2	5	3
% Closed within timescales	26.1%	9.1%	16.2%	9.1%	7.8%	8.0%	25.0%	10.3%	4.3%	9.1%	13.9%	14.3%





Themes

The quarterly ranking of each theme is highlighted in brackets.

	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4
1	Disagreement with treatment / care plan (26)	Co-ordination of clinical treatment (39)	Co-ordination of clinical treatment (49)	Disagreement with treatment / care plan (30)
2	Co-ordination of clinical treatment (11)	Disagreement with treatment / care plan (23)	Disagreement with treatment / care plan (44)	Co-ordination of clinical treatment (19)
3	Face to face (5)	Staff attitude (18)	Staff attitude (31)	Face to face (11)
4	Poor nursing care (5)	Unacceptable time to wait for the appointment / admission (12)	Unacceptable time to wait for the appointment / admission (15)	Lack of clear Explanation (8)
5	Staff attitude (4)	Poor nursing care (11)	Insensitive to patient needs (13)	Staff attitude (8)

These complaint issues have been addressed at a local level, but Organisational learning must take place to improve practice and the patient experience.

Locations receiving most complaints:

1. Mental Health (21)
2. Front Door (16)
3. General Medicine (12)
4. General Surgery (11)
5. Obstetrics & Paediatrics (11)

Improving the Experience

Surveys, Focus Groups, Care Assurance Processes

Each quarter, this section will include feedback from patient / family surveys, complainant survey, patient and staff focus groups, and care assurance processes, including leadership walkarounds; 15 steps challenge; shadowing / observation; 'warm welcome / fond farewell' initiative; care experience improvement model.

'Welcome Poster' is an initiative to standardize Ward/Department information, outlining expected commitments and NHS Scotland Uniforms. Poster has recently been reviewed and updated.

Scottish Public Services Ombudsman

The SPSO is the final stage for complaints about public service organisations in Scotland and offers an independent view on whether the Board has reasonably responded to a complaint. A complainant has the right to contact the SPSO if they are unhappy with the response received from the Board.

The number of SPSO cases, decisions and outcome by quarter:

	Apr to Jun 2022	Jul to Sep 2022	Oct to Dec 2022	Jan to Mar 2023	2022/ 2023	Apr to Jun 2023	Jul to Sep 2023	Oct to Dec 2023	Jan to Mar 2024	2023/ 2024
New SPSO cases	3	13	4	5	25	8	7	8	7	30
SPSO decisions	6	4	1	3	14	5	0	3	1	9
SPSO cases upheld	1	1	0	1	3	1	0	2	1	4
SPSO cases partly upheld	3	2	N/A	N/A	5	N/A	N/A	N/A	N/A	N/A
SPSO cases not upheld	2	1	1	2	6	1	0	1	0	2
Cases not taken forward	6	1	1	0	8	3	0	1	6	10

New SPSO cases this quarter

This quarter, 8 new information requests have been received. These relate to the following services:

- Surgical Directorate: 1
- Medical Directorate: 1
- Primary and Preventative Care: 1
- Complex and Community Care Services: 1
- Multi-Directorate: 3
  - Primary and Preventative Care / Women & Childrens: 1
  - Medical / Surgical Directorate: 1
  - Women & Childrens / Surgical / Medical Directorates: 1

SPSO Investigation Reports and Decision Reports published on SPSO website, January to March 2024 (Q4):

DECISION REPORTS	
No.1 SPSO Ref No.	202201215
Month	February 2024
Themes	Poor care
Outcome	3 points upheld / 1 point not upheld with 7 Recommendations and Feedback to NHS Fife Board
Location	QMH – Palliative Care Inpatients
Findings	There was a failure in care
Recommendations	Recommendations – all complete and SPSO have marked all actions for the recommendations on the investigation as complete (12/04/2024)
Actions	No further actions required.
Link to report	Decision Report 202201215 | Fife NHS Board | SPSO

NHS Scotland Model Complaints Handling Procedure

Introduction

Empowering people to be at the centre of their care and listening to them, their carers' and families about what is, and is not, working well in healthcare services is a shared priority for everyone involved with healthcare in Scotland. Scottish Ministers want to facilitate cultural change and to create an environment that uses knowledge to inform continuous improvement to services in a culture of openness without censure. The NHS Scotland Model Complaints Handling Procedures (CHP) forms an integral part of that vision.

The CHP was introduced across Scotland from 1 April 2017. The key aims are:

- to take a consistently person-centred approach to complaints handling across NHS Scotland
- to implement a standard process
- to ensure that NHS staff and people using NHS services have confidence in complaints handling
- encourage NHS organisations to learn from complaints to continuously improve services.

Complaints Performance Indicators

The CHP introduced nine key performance indicators by which NHS Boards and their service providers should measure and report performance. These indicators, together with reports on actions taken to improve services as a result of feedback, comments and concerns will provide valuable performance information about the effectiveness of the process, the quality of decision-making, learning opportunities and continuous improvement.

This section of the report is structured around the nine Key Performance Indicators.

Indicator One: Learning from complaints

A statement outlining changes or improvements to services or procedures as a result of consideration of complaints including matters arising under the duty of candour. This should be reported on quarterly to senior management and the appropriate sub-committees, and include:

- *A cancer diagnosis and treatment were delayed due to the failure to consider cancer as an underlying diagnosis at the outset of the patient's presentation. It was identified that earlier intervention may have avoided the difficulties the patient faced with ongoing abdominal pain, repeated hospital admissions and a delay to their surgical treatment. As a result of this complaint and Significant Adverse Event Review (SAER), discussion and learning has taken place with the wider General Surgery Team to ensure clinicians have a robust process in place to manage additional information from Radiology and for this to be communicated with their patients.*
- *There was a delay with a child having access to appropriate medical treatment. Two contributory factors were identified for the reason for the delay. System pressure which resulted in process for immediate transfer to hospital not being followed and alternative treatment was sought. Communication processes between practitioners resulted in a thread of confirmation bias (tendency to pay more attention to the things that agree with our existing thoughts and focus less on the things that do not fit with the conclusion reached) towards one diagnosis. The process of the professional-to-professional line did not afford the opportunity to the Scottish Ambulance Paramedic to directly speak to the General Practitioner. A direct conversation may have resulted in different advice being offered. There is a requirement for relevant services and departments to raise awareness of the presentations of undiagnosed childhood diabetes and the importance of maintaining a high level of suspicion when presented with any child who is generally unwell and who has a high BM.*
- *A patient experienced a delay in being seen in the Emergency Department with an extended wait outside the hospital in an ambulance The delay in access to the Emergency Department impacted the patient's assessment, recognition and resultant treatment of sepsis which is time critical. There is a requirement for a defined escalation process for Scottish Ambulance Service (SAS) regarding a request for a medical review and a clear definition and adherence to a patient's condition that merits "standby" status. There will be a review of SAS arrival records and how this is considered in terms of clinical urgency along with an audit of the Sepsis 6 protocol compliance. Training to be implemented from critical care regarding indications for referral for organ support treatment and to raise awareness of the current Standard Operating Procedure when site assessment is OPEL Purple and the enhancing of the associated actions.*

Indicator Two: Complaint Process Experience

A statement to report the person making the complaint's experience in relation to the complaints service provided. NHS bodies should seek feedback from the person making the complaint of their experience of the process. Understandably, sometimes the person making the complaint will not wish to engage in such a process of feedback. However, a brief survey delivered in easy response formats, which take account of any reasonable adjustments, may elicit some response.

- *A Patient Experience Feedback questionnaire is sent electronically or in paper format 2-6 weeks after the complaint response letter is sent. The questionnaire aims to capture the experience of the person making the complaint in relation to the complaints handling process provided. Completion return rates are improving from 4% in January 2024 to 32% in February 2024 and 30% in March 2024. Further work required to analyse data results and commence improvement work.*

Indicator Three: Staff Awareness and Training

Subject Title		No. of staff			Notes
		NHS	SWFC	VOL	
Good conversations (Gc) (3 day course)	Q1	12	6	4	Figures provided for NHS, Social work / Fife Council, Voluntary Sector –
	Q2	7	6	2	
	Q3	12	6	3	
	Q4	5	4	2	
Gc half- day intro course	Q1	0	0	0	
	Q2	3	7	2	
	Q3	8	7	5	
	Q2	0	0	0	
Gc Foundation Management		0			
Human Factors		7			NES offer a range of training and information resources on this topic – Learning page sites, presentations, Guidance, webinars and posters. We are unable to report on engagement in these resources.
Duty of Candour Training	Q1	132			
	Q2	161			
	Q3	111			
	Q4	122			

Indicator Four: The total number of complaints received

	Q1	Q2	Q3	Q4	Total
4a. Number of complaints received by the NHS Fife Board	261	250	236	233	**980**
4b. Number of complaints received by NHS Primary Care Service Contractors	98	N/A	106	N/A	**204**
4c. Total number of complaints received in the NHS Board area	**359**	**250**	**342**	**233**	**1184**

Records logged in Datix Complaints module – 01/07/2022-30/06/2023 - Admin	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Total
Stage 1 Complaint	151	139	129	113	**532**
Stage 2 Complaint	102	87	56	65	**310**
Concern	124	131	121	241	**617**
Enquiry	189	210	163	131	**693**
Total	**566**	**567**	**469**	**550**	**2152**

NHS Fife Board - sub-groups of complaints received -

	Q1	Q2	Q3	Q4	Total
4d. General Practitioner	15	7	2	1	**25**
4e. Dental	2	1	0	1	**4**
4f. Ophthalmic	0	0	0	0	**0**
4g. Pharmacy	0	0	0	0	**0**
Total - Board managed Primary Care services	**17**	**8**	**2**	**2**	**29**

	Q1	Q2	Q3	Q4	Total
4h. General Practitioner	59	75	81	N/A	**215**
4i. Dental	9	2	7	N/A	**18**
4j. Ophthalmic	0	0	0	N/A	**0**
4k. Pharmacy	39	12	18	N/A	**69**
Total – Independent Contractors	**107**	**89**	**106**	**N/A**	**302**
4l. Combined total of Primary Care Service complaints	**124**	**97**	**108**	**2**	**331**

Indicator Five: Complaints closed at each stage

Number of complaints closed by the NHS Board *(do not include contractor data, withdrawn cases or cases where consent not received).*	**Number**				**As a % of all NHS Fife complaints closed (not contractors)**			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
5a. Stage One	144	138	140	122	76%	78%	76%	80%
5b. Stage two – non escalated	37	31	36	22	20%	18%	20%	15%
5c. Stage two - escalated	8	7	7	8	4%	4%	4%	5%
5d. Total complaints closed by NHS Board	**189**	**176**	**183**	**152**	**100%**	**100%**	**100%**	**100%**

Indicator Six: Complaints upheld, partially upheld, and not upheld -

Stage one complaints	**Number**				**As a % of all complaints closed by NHS Fife at stage one**			
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
6a. Number of complaints upheld at stage one	62	91	83	42	43%	66%	52%	31%
6b. Number of complaints not upheld at stage one	59	29	46	69	41%	21%	28%	50%
6c. Number of complaints partially upheld at stage one	24	16	32	26	16%	13%	20%	19%
6d. Total stage one complaints outcomes	**145**	**136**	**161**	**137**	**100%**	**100%**	**100%**	**100%**
Stage two complaints **Non-escalated complaints**	**Number**				**As a % of all non-escalated complaints closed by NHS Fife at stage two**			
	Q1	**Q2**	**Q3**	**Q4**	**Q1**	**Q2**	**Q3**	**Q4**
6e. Number of non-escalated complaints **upheld** at stage two	6	5	14	7	16%	17%	32%	22%
6f. Number of non-escalated complaints **not upheld** at stage two	18	18	18	19	49%	60%	42%	59%
6g. Number of non-escalated complaints **partially upheld** at stage two	13	7	11	6	35%	23%	26%	19%
6h. Total stage two, non-escalated complaints outcomes	**37**	**30**	**43**	**32**	**100%**	**100%**	**100%**	**100%**
Stage two escalated complaints **Escalated complaints**	**Number**				**As a % of all escalated complaints closed by NHS Fife at stage two**			
	Q1	Q2	Q3	Q4	**Q1**	**Q2**	**Q3**	**Q4**
6i. Number of escalated complaints **upheld** at stage two	1	3	1	0	9%	50%	14%	0%
6j. Number of escalated complaints **not upheld** at stage two	7	3	5	11	64%	50%	72%	92%
6k. Number of escalated complaints **partially upheld** at stage two	3	0	1	1	27%	0%	14%	8%
6l. Total stage two escalated complaints outcomes	**11**	**6**	**7**	**12**	**100%**	**100%**	**100%**	**100%**

Indicator Seven: Average times -

	Q1	Q2	Q3	Q4
7a. the average time in working days to respond to complaints at stage one	7.8	9.6	12	12
7b. the average time in working days to respond to complaints at stage two	38.7	36.	50	52
7c. the average time in working days to respond to complaints after escalation	36.7	46.5	78	63

Indicator Eight: Complaints closed in full within the timescales -

	Number				As a % of complaints closed by NHS Fife at each stage			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
8a. Number of complaints closed at stage one within 5 working days.	63	65	62	58	84%	47%	86%	86%
8b. Number of non-escalated complaints closed at stage two within 20 working days	10	10	7	7	13%	32%	10%	10%
8c. Number of escalated complaints closed at stage two within 20 working days	2	2	3	3	3%	21%	4%	4%
8d. Total number of complaints closed within timescales	**75**	**77**	**72**	**68**	**100%**	**100%**	**100%**	**100%**

Indicator Nine: Number of cases where an extension is authorised-

	Number				As a % of complaints closed by NHS Fife at each stage			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
9a. Number of complaints closed at stage one where extension was authorised	23	24	47	18	68%	86%	69%	56%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	11	4	21	14	32%	14%	31%	44%
9c. Total number of extensions authorised	**34**	**28**	**68**	**32**	**100%**	**100%**	**100%**	**100%**

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fife-UHB.EqualityandHumanRights@nhs.net or phone 01592 729130

NHS Fife
Hayfield House
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Kirkcaldy, KY2 5AH

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NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**3 May 2024**
Title:	**Scottish Public Service Ombudsman Investigation Report & Action Plan**
Responsible Executive:	**Dr Chris McKenna, Medical Director** **Janette Keenan, Director of Nursing**
Report Author:	**Gemma Couser, Associate Director for Quality and Clinical Governance**

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Legal requirement
- NHS Board

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Scottish Public Service Ombudsman (SPSO) published a public investigation report relating to a complaint about Fife NHS Board on 20 December 2023. This paper is being brought to the Clinical Governance Committee for information about the report and assurance that recommendations have been addressed.

2.2 Background

The Scottish Public Services Ombudsman (SPSO) investigates complaints about organisations providing public services in Scotland. They are the final stage for handling complaints about the National Health Service. When they investigate a complaint, they report their findings and conclusions in a decision letter; these findings are published as decision reports. In some cases, that meet their public interest criteria, they lay the full report of the investigation before the Scottish Parliament and publish it on-line as an investigation report.

The Ombudsman informed NHS Fife Chief Executive on 14 September 2023 that she had decided to publish an investigation report after considering a complaint from Complainant C; the draft copy of the report was received on 11 December 2023 and published on 20 December 2023 (Appendix 1: link to report). The final report marked conclusion of the SPSO investigation although the SPSO's complaints' reviewer follows up on the recommendations. The SPSO expects evidence to demonstrate appropriate action has been taken before she can confirm that the recommendations have been met.

2.3 Assessment

The complainant (C) complained to the SPSO about the care and treatment they received from Fife NHS Board between April and May 2021. The complainant developed Heparin Induced Thrombocytopenia (HIT), following treatment in the outpatient Deep Venous Thrombosis (DVT) Clinic for superficial vein thrombophlebitis. C was admitted to hospital where they underwent further investigations. C's symptoms continued to worsen including new onset of severe leg pain, and it was later confirmed that C had developed limb ischaemia due to a serious complication associated with heparin-based products. C was transferred to another health board for emergency vascular surgery, but they have been left with permanent nerve damage and suffer from chronic pain and reduced mobility. C complained the delay in treating them for HIT resulted in the permanent harm caused to their leg, and their outcome would have been better had the condition been diagnosed and treated earlier. C also complained that the Board's handling of their complaint had been unreasonable.

The complaints the SPSO investigated were:

a) The care and treatment provided by the Board to the complainant from April 2021 was unreasonable

b) The Board's handling of the complainant's complaint was unreasonable.

The SPSO upheld C's complaints. The SPSO made 5 recommendations in their report and asked for evidence of action already taken.

Evidence was submitted to the SPSO, and the complaints reviewer confirmed on 13 February 2024 that all recommendations had been evidenced, with the exception of two recommendations relating to the Adverse Event Policy and Duty of Candor Processes. An update against these two recommendations is set out below:

Outstanding SPSO Recommendation	NHS Fife Response Update
Evidence that the Board have reviewed the Adverse Event Policy, the conclusions of the review and any actions taken as a result.	The Adverse Events Policy was reviewed, an updated version was published on 14th February 2023. As part of the update, amendments were made to process, to support, the management of significant adverse events which was enhanced with the addition of an e-learning package accessible by all staff.
Evidence that the Board have reviewed their Duty of Candour processes, including timescales for activating the process and notifying the individuals concerned with details of how the guidance, and any changes, will be disseminated to relevant staff.	A draft Duty of Candour process was presented at the Clinical Governance Oversight Group in October 2023. The Clinical Governance Framework Delivery Plan commits to completing the review of the Duty of Candour process and implementing changes by July 2024

2.3.1 Quality, Patient and Value-Based Health & Care

Learning from adverse events and complaints is crucial for enhancing healthcare quality and patient safety. These reports offer valuable insights into root causes of incidents, enabling professionals and services to implement preventative measures, while fostering a culture of continuous learning and improvement.

2.3.2 Workforce

SPSO reports can have a profound impact on healthcare staff, both professionally and emotionally. The emotional toll can affect job satisfaction and morale. However, these reports also serve as crucial learning tools. They can foster a culture of openness, when staff feel supported and are encouraged to share and learn from incidents and complaints.

2.3.3 Financial

Not applicable

2.3.4 Risk Assessment / Management

By analysing reports, staff can identify common trends and patterns which helps recognise areas with higher risks enabling targeted interventions.

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

Information about the investigation report was published on NHS Fife's website with a link to the full report on the SPSO website.

2.3.8 Route to the Meeting

2.4 Recommendation

This paper is provided to members for:

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

3 List of appendices

The following appendices are included with this report:

Investigation Report 202105840 | Fife NHS Board | SPSO

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

AREA CLINICAL FORUM

(Meeting on 4 April 2024)

No issues were raised for escalation to the Clinical Governance Committee.

Area Clinical Forum

Fife NHS Board

Unconfirmed

MINUTES OF THE NHS FIFE AREA CLINICAL FORUM HELD ON THURSDAY 4 APRIL 2024 AT 2PM VIA MS TEAMS

Present:
Aileen Lawrie (Chair)
Jackie Fearn, Consultant Clinical Psychologist *(part)*
Ben Hannan, Director of Pharmacy & Medicines *(item 5.1 only)*
Janette Keenan, Director of Nursing
Ailie MacKay, Speech and Language Therapy SLT Operational Lead
Dr Chris McKenna, Medical Director *(part)*
Nicola Robertson, Director of Nursing, Corporate *(part)*
Amanda Wong, Director of Allied Health Professions

In Attendance:
Isla Bumba, Equality & Human Rights Lead *(item 5.2 only)*
Hazel Thomson, Board Committee Support Officer (Minutes)

1. Apologies for Absence

The Chair welcomed everyone to the meeting.

Apologies were received from Donna Galloway (Women Children & Clinical Services General Manager), Robyn Gunn (Head of Laboratory Services), Dr Susannah Mitchell (General Practitioner) and Emma O'Keefe (Consultant in Dental Public Health).

2. Declarations of Members Interests

There were no declarations of interest from those present.

3. Minutes of the Previous Meeting held on 8 February 2024

The minutes of the previous meeting were **agreed** as an accurate record.

4. Matters Arising and Action List

The Forum **noted** the updates on the action list.

5. PRESENTATIONS

5.1 Re-form, Transform, Perform Programme Update

The Director of Reform and Transformation presented on the Re-form, Transform, Perform framework, and the document was shared.

Discussion followed, and it was advised that there are key risks and some mitigations detailed for each scheme, and that an impact assessment has been carried out for each scheme against each of our four strategic priorities. It was noted that clinical governance oversight is being considered, particularly in relation to safety and quality of impact of any proposed changes. The approach being taken for the overarching EQIA was outlined. Some examples were also provided of how we can develop our skills mix. The Director of Reform and Transformation agreed to provide timelines regarding internal and external comms, once available.

Action: Director of Reform and Transformation

It was agreed to have a further update on the Re-form, Transform, Perform Programme at the June 2024 meeting.

Action: Director of Reform and Transformation / Board Committee Support Officer

5.2 Equality & Human Rights

The Equality & Human Rights Lead gave a presentation on equality & human rights. Discussion followed, and the importance of educating staff was highlighted. An update was provided on the educational aspects within the Health & Social Care Partnership that are being undertaken for equality, diversity & inclusion, and that during the year, shared learnings will be carried out.

Discussion took place on tackling racism, and it was reported that NHS Grampian are joining the next Equality Leads meeting to provide further detail on their anti-racism strategy. It was noted that there may be the potential for a national approach to anti-racism, and that this will be explored as a national equality outcome that every Health Board will look to progress in the next four years. It was also advised that there is an appetite for a neurodivergent network.

The Equality & Human Rights Lead was thanked for joining the meeting and presenting.

6. GOVERNANCE MATTERS

6.1 Update on Assurance Report to NHS Fife Board

The Chair advised that the Area Clinical Forum Assurance Report has been drafted, and will go the Clinical Governance Committee, before onward submission to the NHS Fife Board in May 2024.

6.2 Delivery of Annual Workplan 2024/25

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

7. UPDATE FROM EXTERNAL GROUPS

7.1 Area Clinical Forum Chairs Group for Scotland Update

The Chair provided a verbal update and advised that the key point for discussion at the recent national meeting was on the revamping of the induction programme for Non-Executive Members.

8. LINKED MINUTES

8.1 Allied Health Professions Clinical Advisory Forum held on 14 February 2024 (unconfirmed)

8.2 GP Sub Committee held on 20 February 2024 (unconfirmed)

8.3 Area Medical Committee held on 13 February 2024 (unconfirmed)

8.4 Healthcare Science Forum held on 4 December 2023 (unconfirmed)

9. ESCALATION OF ISSUES TO THE CLINICAL GOVERNANCE COMMITTEE

There were no matters to escalate to the Clinical Governance Committee.

10. ANY OTHER BUSINESS

10.1 Membership Update

It was advised that Fiona Forrest will join the Forum as the Area Pharmaceutical Committee representative, following Ben Hannan's secondment into the role of Director of Reform & Transformation.

11. DATE OF NEXT MEETING

The next meeting will take place on **Thursday 6 June 2024 at 2pm via MS Teams.**

AREA MEDICAL COMMITTEE

(Meeting on 13 February 2024)

No issues were raised for escalation to the Clinical Governance Committee.

Area Medical Committee

CONFIRMED NOTES OF THE AREA MEDICAL COMMITTEE (AMC) HELD ON 13 FEBRUARY 2024 VIA MS TEAMS

Present:

Chris McKenna (Chair)	Medical Director
Claire McIntosh	Chair, Division of Psychiatry
Fiona Henderson	Fife LMC Honorary Secretary
Glyn McCrickard	Fife LMC Representative
Helen Hellewell	Deputy Medical Director, H&SCP
Iain MacLeod	Deputy Medical Director, ASD
Susanna Galea-Singer	Clinical Lead for Addictions
Susie Mitchell	Fife LMC Chair

In Attendance:

Catriona Dziech (Notes)	Executive Assistant to Medical Director

Dr McKenna welcomed everyone to the meeting advising the majority of the agenda will be taken up by a general discussion / update of the current financial position going into the next financial year.

1 APOLOGIES FOR ABSENCE

Apologies were received from Caroline Bates, Ian Fairbairn, Jackie Drummond, John Morrice, Joy Tomlinson, Morwenna Wood

Not in attendance; Phil Walmsley, Robert Thompson, Sally McCormack, Satheesh Yalamarthi

2 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of interest.

3 MINUTES OF PREVIOUS MEETING HELD ON

The notes of the meeting held on 12 December 2023 were approved.

4 MATTERS ARISING

There were no matters arising.

5 STANDING ITEMS

i) Financial Position – Including *(IPQR)*

The financial position at the end of the current financial will see the Board unable to meet their financial targets with a £23m overspend which will be carried forward into the next financial year. There is concern that the Scottish budget for the NHS in Scotland, for the first time since Devolution, will see a funding allocation from SGHD that is not in line with inflation. This in line with current cost pressures will see a likely deficit for NHS Fife of

around £59m for the next financial year which is about 7% of our budget. It is anticipated there will be roughly a £1b deficit across the whole of Scotland.

This is an unprecedented situation, one of which has not been seen before in the NHS, but we are required to find a way out of this situation which is going to take radical thinking and making some uncomfortable decisions in the wake of a Pandemic.

A programme of work called RTP (Reform, Transform and Perform) has been set up which aims to start deliver on some of these savings.

Dr McKenna opened discussion with members and a diverse debate and conversations had.

ScotCom and teaching Health Board status, if given GMC approval, will begin March 2024 with the first students starting their clinical placements in January 2026. Unless 36 students sign up to the programme it will not go ahead. This translates to £3m in ACT funding. Some of the clinician time will be required to come from existing budgets. A paper will be prepared for NHS Fife Clinical Governance to seek support for 2026 and then take to the March Board meeting to seek support for ScotCom moving forward.

ii) Adverse Events Update – considered at the Clinical Governance Oversight Group

Noted.

iii) Medical Staff Committee

Given the current financial situation it was suggested Chris McKenna and Iain MacLeod, from a management perspective, consider standing up the Secondary Care Medical Staff Committee.

Action: CMcK / IMacL

iv) Update from GP Sub Committee

Susie Mitchell said it was worth noting for the minute that General Practice has been told to 'batten down the hatches and do what they are paid to do, to not do your work unless there is a flow of cash or personnel to do it and deflect back anything that is not General Practice core business and not recruit and keep their own profits up'.

The latest issue which requires resolution is that a pregnancy test will no longer be available from the lab. If someone must be admitted for surgery GPs need to prove the patient is not pregnant. If they are not available on stock order, then GPs are being asked to incur the costs for something which should be freely available.

General Practice is in absolute crisis and there is a lot of ill feeling in the community as they feel they are being asked do things because there is no capacity within the hospital. Susie Mitchell said Primary Care were open for dialogue to try and resolve the issues and suggested a better Interface Group with more input from secondary care may be the way forward.

Given the financial pressures currently being faced Chris McKenna agreed this would be sensible. For the Group to be effective there would need to be a clear term of reference and core membership with others being invited to discuss specific issues. This could be led by AMDs to engage with the relevant people.

Glynn McCrickard said there is an appetite within the recent established Interface in Planned Care Group to make it more of a general interface group. It is not clear if this is to look at interface from more of a managerial perspective rather than a clinical one. Currently it is very manager heavy, and not clinician managers, but there are a lot of key people in terms of clinical governance that could be the base of an interface group. Dr McKenna agreed this was something that could be worked on rather than creating a new group. It was agreed Dr McKenna would speak to Chris Conroy who leads the Group.

Action: CMcK

v) Realistic Medicine
No update.

vi) Medical Workforce
No update.

vii) Education & Training
No update.

viii) Update from Division of Psychiatry
Claire McIntosh apologised for not providing a written update. Claire McIntosh advised Dr Drummond and her will alternate attending the AMC and will either provide a Clinical Director Update or minutes from the Division of Psychiatry.

The ongoing recurrent themes of discussion;

- clinical governance and oversight – there has been a lot of positive work within Psychiatry
- workforce retention and recruitment – work continues
- trainee representative sits on the Division as a lot of work is underway around training issues and support for trainees
- recurrent themes of Morse electronic record – its few strengths and many failings

Chris McKenna thanked Claire McIntosh for her update noting the significant pressures within Psychiatry over the last few years noting his gratitude for all the work underway to think creatively around finding solutions.

Following a comment from Susanna Mitchell it was noted it would be helpful for Psychiatry to be part of the Interface Group. It was also noted Susanna Galea Singer has been asked to join the LMC to discuss mental health issues to find a way forward.

6 STRATEGIC ITEMS

i) GMS Implementation

Helen Hellewell advised Fife did not receive demonstrator sites status so there is now a focus on trying to ensure there is equity across Fife. There was some helpful discussion at the GMs meeting how difficult this would be but there is a willingness to seek solutions. There are also plans for a meeting in the near future to focus on ensuring there is backfill. Negotiations continue around the transitionary payments with LMC colleagues.

7 ITEMS FOR INFORMATION

i) Notes of the GP Sub Committee: 21 November & 19 December 2023
Noted.

ii) Notes of the Clinical Governance Oversight Group: 24 October (Confirmed) & 12 December 2023 (Unconfirmed)
Noted.

iii) **Notes of NHS Fife Area Drugs & Therapeutics Committee: 20 December 2023 (Unconfirmed)**
Noted.

8 AOCB

There was no other competent business.

9 DATE OF NEXT MEETING

Tuesday 09 April 2024 at 2pm via MS Teams

CLINICAL GOVERNANCE OVERSIGHT GROUP (Meeting on 16 April 2024)
No issues were raised for escalation to the Clinical Governance Committee.

Clinical Governance Oversight Group

Date: 18/04/2024
Enquiries to: April Robertson
Telephone Ext: Microsoft Teams

UNCONFIRMED MEETING NOTE OF THE NHS FIFE CLINICAL GOVERNANCE OVERSIGHT GROUP HELD ON TUESDAY 16th APRIL 2024 via MICROSOFT TEAMS

Attendees

Lynn Barker (LB)	Director of Nursing, HSCP
Norma Beveridge (NB)	Director of Nursing, Acute Services Division
Gemma Couser (GC)	Associate Director of Quality & Clinical Governance
Pauline Cumming (PC)	Risk Manager
Fiona Forrest (FF)	Deputy Director of Pharmacy & Medicines
Claire Fulton (CF)	Lead for Adverse Events
Catherine Gilvear (CG)	Fife HSCP Quality, Clinical Care & Governance Lead
Robyn Gunn (RG)	Head of Laboratory Services
Helen Hellewell (HH)	Deputy Medical Director, Health & Social Care Partnership
Janette Keenan (JK)	Executive Director of Nursing
Aileen Lawrie (AL)	Director of Midwifery
Dr Iain MacLeod (IM)	Deputy Medical Director, Acute Services Division
Siobhan Mcilroy (SM)	Head of Patient Experience
Dr Chris McKenna (CMcK) (Chair)	Medical Director
Elizabeth Muir (EM)	Clinical Effectiveness Manager
Nicola Robertson (NR)	Director of Nursing, Corporate
Shirley-Anne Savage (SAS)	Associate Director for Risk & Professional Standards
Gavin Simpson (GS)	Consultant Anaesthetics
Amanda Wong (AW)	Director of Allied Health Professions
Prof Morwenna Wood (MW)	Director of Medical Education

In Attendance

Susanna Galea-Singer (SG-S)	Clinical Lead - Addiction Services
Tom McCarthy (TM)	Portfolio Manager
April Robertson (AR)	Clinical Governance Administrator (Minute Taker)

Apologies

Dr Sue Blair (SB)	Consultant in Occupational Medicine
Benjamin Hannan (BH)	Executive Director of Pharmacy and Medicines
Dr Sally McCormack (SMcC)	Associate Medical Director for Medical & Surgical Directorate
Dr John Morrice (JM)	Associate Medical Director of Women & Children

	Items	Action
1	**Apologies for Absence (CMcK)**	
	Apologies for absence were noted from the above members.	
2	**Minutes of the last meeting held on 13th February 2024 (CMcK)**	
	The Group confirmed that the note from the meeting held on the 13th of February 2024 was an accurate record.	
3	**Matters Arising/Action List (CMcK)**	
3.1	SBAR NHS Fife Alcohol & Drug Death Reviews Progression **(SG-S)**	
	SG-S presented the updated paper of the alcohol and drug death reviews within addiction services. She pointed out that there had been a 10% increase of drug deaths in Scotland after a decrease in the figures for 2021-2022 and it was difficult to	

	understand the increase. However looking at the trend of the illegal drugs currently on the market the rise in drug deaths is believed to be largely due to the emergence of highly potent synthetic alternatives – synthetic opioids / cannabinoids – and, xylazine (a veterinary tranquilizer not approved for human consumption), often combined with more potent 'street benzos', such as bromazolam. In addition, we are also seeing an increase in use of cocaine and crack cocaine. Such trends coincide with the ban of the Taliban on the cultivation of the poppy plant, Papaver somniferum. There has been very little change in the alcohol deaths. SG-S went on to explain Addiction Services continue to undertake Alcohol & Drug Death Reviews (previously known as 'cluster reviews'), Local Adverse Event Reviews (LAERs) and Significant Adverse Event Reviews (SAERs), as recommended by the Adverse Events Committee and in accordance with the Adverse Events Policy. Each death is reviewed individually with learnings identified against each death. Drug-deaths are also reviewed in a multiagency forum, the Multi Agency Drug Death Review Group (MDDRG). Learnings from reviews are shared with the Fife Multi-disciplinary drug death review group (MDDRG) and formulate the action plan and service improvement plan for Addiction Services. Actions are clustered, themed and developed into aligned project charters that are regularly monitored at the Addiction Services Quality Matters Assurance Group meeting. Addiction Services currently have 33 overdue reviews and an additional 14 overdue reviews that are to be reviewed through the joint MDDRG process. This is a significant number despite the fact that they have been reviewing deaths on a monthly basis and continue to look at making sure that learnings / recommendations / actions are also shared with MDDRG. She added that this process has been streamlined as much as possible however she wished to highlight to the Group that a lot of work and focus has been done in order to try and manage the influx of deaths. It is quite unfortunate that drug deaths continue to rise and this situation is unlikely to change, she feels the backlog of reviews will always be the case unless there is some additional resource applied, both administrative and medical. CMcK wondered if it was about getting to those cases where maximum opportunity for learning and intervention and identifying those within the backlog of reviews and prioritising certain cases. SG-S responded that this was already part of the process and learnings / alerts were shared as quickly as possible. Some areas of Scotland already have dedicated resource which significantly helped with the responses. In response CMcK asked the Group to consider; if this was a priority for the organisation, how were we prioritising the resource within the Health & Social Care Partnership in relation to Clinical Governance? LB added that all deaths were reviewed at twice weekly meetings ensuring that all reviews were relevant to the individuals and the teams. SG-S concluded that we are unfortunately, despite all the team's hard work they are still failing to meet the wait times particularly for patients with alcohol problems, these people should be seen within 21 days. This is a capacity issue where the team is trying to improve and mitigate as much as possible. There is a significant amount of expectation from the service. GC noted her interest in seeing the improvement actions which come through	

	MDDRG and to understand how they are implemented. She thought that it would be really helpful that as the adverse events process was refined through the year, the process for drug related death could be added to that framework. SG-S replied that the actions for MDDRG are fed into the ADP strategy and that is how the learnings are implemented.	
3.2	SBAR NHS Fife Adverse Events Trigger List Report **(CF)**	
	CF explained the purpose of this report was to present 3 options of how the trigger list could be adapted to focus more on outcomes in terms of harm and explore adjustments required to local processes to support the application of the updated trigger list. On conclusion agreement is required to be reached on the best option to proceed. She went on to present the options from the paper to the group. To align with national framework option 3 is recommended. Option 3 provides the highest level of consistency in managing major / extreme outcomes in terms of harm events. Education will be developed and delivered by the Adverse Event Lead on the local application of National Framework outcomes in terms of harm, "consequence matrix". The development of an incidents dashboard, which is already underway, will help to mitigate risk of the reduction in oversight of previous event types that were graded as major. She asked for any thoughts / feedback from the Group. CMcK asked around the use of Complex Care Reviews (CCR's), the event is relatively common and what we want to do is maximise the opportunity for learning and the opportunity for escalation to an SAER should a CCR reveal that the outcome for the person was actually much worse than first anticipated. CF responded that this would be the case and it would be built into the Datix system, the benefit of which is that it would all be recorded in one place, allowing information to be "pulled" more easily. GC told the Group that the reason for sharing the report today was to get support for 'option 3' which then allows the Adverse Event team to continue with the next piece of work which will be more detailed in respect of the process. This will include building a suite of CCR's which would provide the opportunity for learning and thematic. There was conversation providing a general consensus of support for 'option 3'.	
3.3	SBAR Proposed approach for Organisational Learning **(GC)**	
	GC shared with the Group that the Organisational Learning Group (OLG) was established in 2021 with aspirations of looking at organisational thematic, identify learning and implement improvements. It very quickly became apparent that this was a hugely complex and adaptive issue across the organisation. Despite a number of attempts, the group stopped to ask if they were making a tangible, positive difference from the work they were doing. Over the last year they refreshed and looked at a positive way forward and this paper reflects the plan for the forthcoming year. Looking to redefine the OLG and implement a workplan that allows us to evidence and test ways of working. Evidencing that when something happens within the organisation how we respond and learn. The work will evolve over the coming year and the paper has been brought to the Group to start a discussion. GC welcomed feedback from the Group adding that the membership of the OLG needed to be looked at including support from HSCP colleagues, pharmacy and wider. CMcK thought the group should consider who should chair the OLG, perhaps a non clinical person would challenge thinking around each issue being brought.	

	MW wondered if rotating leadership of the group might be a good idea and also asked around the involvement of some of the trainee medical staff being represented by the chief registrars which could prove extremely helpful. IM added he felt the group needed a clinical focus and that joint chairing would be a good. FF gave her support to the work proposed and wondered how it could be linked in with the Medicines Safety Program work, ensuring there was no duplication of the learning. NR added that it was not the place of the OLG to duplicate but more to provide a mechanism by which to share. The Medicines Minute was referenced as an excellent form of organisational learning. GC concluded that in terms of reporting our Chief Executive has asked that there is a development session on OLG at the Executive Directors Group (EDG) in July. She proposed that an update could then be provided to NHS Fife Clinical Governance Committee (CGC) and asked for CMcK's view. He wanted to hear from the directors after EDG's meeting where they felt this should report to.	
3.4	NHS Fife Clinical Governance Strategic Framework Annual Delivery Plan 2023/2024 **(GC)**	
	The update Delivery Plan was noted by the Group.	
4	**GOVERNANCE**	
4.1	NHS Fife Health & Social Care Partnership Clinical Governance Assurance Update SBAR **(HH/LB)**	
	LB told the group this report relates to: Fife HSCP Quality Matters Assurance Group Clinical Quality (QMAG) meeting on 26th January and an overview of the 4 Quality Matters Assurance Safety Huddles (QMASH) held between 11th January and 22nd February 2024. LB highlighted from the report; The Medication Assisted Treatment Standard (MAT) and Alcohol Related Brain Damage (ARBD) service NHS Fife were one of the 5 Scottish Boards where the 21 day target to see patients and client was not being met. This prompted a review of the service, where there has been significant work. A SBAR was presented to QMAG and will come to the next CGOG meeting.	
4.2	NHS Fife Acute Services Division Clinical Governance Assurance Update (**IM/NB)**	
	IM spoke to the assurance update which relates to the NHS Fife Acute Services Division held 20th March 2024 highlighting; Healthcare Improvement Scotland (HIS) carried out a Safe Delivery of Care Inspection in Victoria Hospital between 31 July and 2 August 2023. He shared that it has been agreed that although the actions are almost complete, this action plan will continue to be monitored through our senior leadership team and the committee. As part of the Orthopaedic Fatal Accident Inquiry (FAI), an audit of the Acute Services Division Boarding Procedure was recently undertaken. Three ANP / trainee have been recruited to the service, a recommendation from the FAI. These advanced practice nurses will be responsible for covering elective, acute hip fracture, and trauma cases. The department eagerly anticipates their arrival, aiming to enhance	

	current service delivery, elevate patient experience, and contribute to overall service improvement. An overview of the Anaesthesia Associates (AA) role and the governance processes was presented to the committee. AA's are healthcare professionals, trained at an advanced level working within the anaesthetic team in theatre under the supervision of a Consultant Anaesthetist, with responsibilities such as reviewing patients before surgery, peri-operatively initiating and delivering medications, administering intravenous fluid, blood therapy and ensuring there is a plan for patients following their operation. AA's contribute to reducing operating theatre downtime, leading to more efficient use of operating lists. He felt this was a very helpful paper and following discussion the committee was supportive this will also be taken through the Safer Use of Medicines Policy and the Medicines Safety & Policy Group so this can be implemented appropriately. Trans Conjunctival Cyclodiode was a new Interventional procedure introduced in 2022. The committee noted and audit which showed In this small group of patients no patients developed very low pressures or cystoid macula oedema. On the whole it was well tolerated and no patients developed persistent inflammation. In combination with the results of the previous year, we can infer that this is a treatment that is beneficial in patients. Within Women, Children & Clinical Services Directorate concerns have been raised around gynaecology waiting times for post menopausal bleeding, approaching 90 days, target is 28 days. Also termination of pregnancy (TOP) increase in referrals and capacity issues. Currently unable to meet the 2 week Scottish Government Target from referral to procedure. Waiting time currently 3 weeks increasing to 4 in times of pressure. Plan to review data to determine trends and peaks in work load. Identify work load, work force issues and clinical risk. CMcK and JK commented that they both found this comprehensive report very helpful and what was required by the group with regard to assurance. CMcK also noted that the Action Plan for Neonates was not part of this summary and it was important to see that at the next CGOG meeting. IM and CMcK concluded by thanking EM for her considerable work in composing this paper.	
4.3	NHS Fife Clinical Policy & Procedure Update 26 February 2024 **(EM)**	
	EM advised at the 26th February 2024 meeting, the NHS Fife Clinical Policy & Procedure Co-ordination & Authorisation Group that; There was only **one** policy made obsolete; • AP-01 - NHS Fife Wide Policy on Adult Support & Protection: Report of Harm 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) Services have been invited again to provide feedback and input to the review. Comments have been received and they are in the process of implementing	

	significant changes in terms of how notifications are done. There is a group currently reviewing the suggested changes and they will be added to the procedure. The group were given assurance that they have a 99% compliance rate for all clinical policies and procedures for NHS Fife. NR added that this group required medical representation and asked IM and CMcK for assistance. In the meantime IM is happy to view the policies and feedback into the Group.	
4.4	SBAR NHS Fife Medical Devices **(GC)**	
	GC explained that following our exit from the European Union and the Medicines and Healthcare products Agency (MHRA) have been consulting on wide-ranging changes to the regulatory framework. We now have a much broader classification of medical devices and the Scottish Government have recently published a Policy Framework which allows improved quality and transparency for Medical Devices. Key points from the paper are; NHS Fife policies have been submitted as part of the National review and we await specific feedback. Following the first meeting of the National Medical Device Committee in March 24, they have identified across all boards that there is a focus on procurement and more consideration is need on the associated clinical risk. This is work which will need to take place over the forthcoming year. There is also work in partnership with NSS to implement the NHS Scotland Scan for Safety Programme including the National Medical Equipment Management System. This in essence will allow traceability of all implantable devices. This work has been piloted in NHS Lothian and the Golden Jubilee. We are meeting with colleagues from NSS in May to consider what this means for NHS Fife and how it can be implemented. One of the other key recommendations was to appoint a clinical lead for Medical Devices. Neil McCormick (NM), Director of Property & Asset Management for NHS Fife has taken this action through his team to look at finding this expertise locally. CMcK welcomed the paper and asked where it would be going next. GC responded it would be going to the next EDG and NHS Fife CGC meetings. A conversation followed around whether the paper covered the risk element, GC will discuss with NM ensure the emphasis is applied correctly.	GC
4.4.1	Medical Devices Policy Framework and Action Plan **(GC)**	
	This was noted by the Group.	
4.5	NHS Fife Corporate Risks Aligned to the Clinical Governance Committee as at April 2024 **(PC)**	
	PC presented the current position of the risks asking the Group to note; **Risk 4 - Optimal Clinical Outcomes -** It has been 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. Pending the outcome of this discussion, the timescale for achieving the target	

	has been extended from 31/03/24 to 31/03/25. **Risk 9 - Quality and Safety -** . Pending the outcome of further developments associated with the Organisational Learning Group, the timescale has been reset from 31/03/24 to 31/03/25. **Potential Corporate Risk:** **Pandemic Preparedness / Future Biological Threats** Further to the last report to the Group, members are advised that a report and a deep dive review on the above risk are being prepared. The Director of Public Health (DoPH) requested that submission to the CGC be deferred from 1 March 2024 until the Committee's meeting on 3 May 2024. In the interim, the DoPH will take the items through the Public Health Assurance Committee (PHAC), and the EDG in March and April 2024. This will allow the Directors to consider if they are supportive of the new risk being included on the Corporate Risk Register, and if so, to which committee it is best aligned. CMcK thank PC for her summary and added that as a Group they would welcome an opportunity to look at Optimal Clinical Outcomes at the next CGOG meeting.	SAS
5	**ADVERSE EVENTS UPDATE**	
5.1	NHS Fife Adverse Events KPI's **(CF)**	
	CF informed the Group that the current metrics used to monitor compliance with the closure of actions generated from SAER's/LAER's and recorded within Datix, is proving to be unreliable. There are many with variables within the system that relate to the uploading of actions and ability to alter target completion dates at service level, with no governance structures in place to monitor. CF highlights that closure of actions is the high level metric used for IPQR reporting. She proposed to mitigate the risk while the work to the actions module is ongoing that the IPQR focused metric should be changed. She will bring a paper to the next meeting.	CF
5.2	NHS Fife Adverse Events Themes & Trends Report **(CF)**	
	CF shared the Themes and Trends Report with the Group, no comments were made.	
5.3	NHS Fife Adverse Events Flashcard - February 2024 **(CF)**	
	This was noted by the group.	
6	**PATIENT EXPERIENCE**	
6.1	NHS Fife Patient Experience Flashcard **(SM)**	
	SM shared the flashcard with the group highlighting; • There has been a slight decrease in Stage 1 & 2 complaints in the last quarter. However "concerns" have risen to 241 around which there are no themes. Enquiries are 131 so this means the Patient Experience Team (PET) are still very busy.	

	• There is now a PET dashboard which allows the team to pull more data and look at their current workload • A complaint complexity categorisation tool SBAR report will be taken to EDG, which help the team look at targets potentially for the stage 2 complaints. When there is a greater complexity within the complaint this may take longer to answer and this gives a narrative explaining why the 20 day target was not achieved. • Monthly meeting with the Acute Division have proved to be beneficial and meeting dates and attendance have now been agreed with H&SCP.	
7	**QUALITY/PERFORMANCE**	
7.1	SBAR NHS Fife Quality Improvement Network Annual Report **(TM)**	
	TM presented the report, sharing with the Group that there were 3 key strands of Quality Improvement; • Education and Training • Developing Connections • Supporting the use of QI in practice This work is collectively trying to support a development of a culture of QI in NHS Fife. Through 2023 the QI Network has taken forward a range of work across its 3 core work streams. Key achievements are outlined in the Annual Report at appendix one. Looking ahead to 2024, the QI Network is seeking to build on the work completed in its first year. A draft workplan is included as part of the Annual Report at appendix one. • Education and training- growing our in-house QI education offer so that staff can develop the skills they need to work on QI projects as well as continuing to recruit to QI programmes delivered by NHS Education Scotland (NES). • Building a culture of QI through developing connections between those interested in QI supporting sharing of learning and peer support. • Continuing to support staff to use their QI skills in practice, for example through the fortnightly QI Coaching Circle delivered in partnership with the Fife Children and Young People's Improvement Collaborative. There are already strong links between the QI Network and a range of key teams across the organisation. For example, Clinical Governance (evidenced through joint working on Deteriorating Patients and Organisational Learning Group), Excellence in Care and Workforce. TC asked for feedback / thoughts around how we build on and align to the emergent work around leadership, culture and wellbeing. GC thought the most important question was around strategic alignment. What could be seen with aligning QI to 'The Deteriorating Patient' work was a piece of work that otherwise would have been a real struggle without the expertise of the team. JK added that the work around 'The Deteriorating Patient' had made QI tangible and had publicised that work, making it real instead of just a concept. FF also thank TC for his presentation and for his teams work around the 'Patient	

	Safety Program' and would be happy to link up offline and see how they could drive forward and share the learning from that work.	
7.1.1	NHS Fife Quality Improvement Network Annual Report **(TM)**	
	This report was noted by the Group.	
8	**STRATEGY & PLANNING**	
8.1	NHS Fife Clinical Governance Strategic Framework Annual Delivery Plan 2024/2025 **(GC)**	
	GC spoke to the annual delivery plan and shared with the Group that there was going to be a focus on policies and procedures this forthcoming year. It has been noted through a number of SAER's and FAI's and a number of clinical teams that we don't have a multi-management system in place at and organisational level. This was going to be looked at to see how we can manage it more effectively; perhaps there was a technical solution with the proposed change to Datix, with 'In Phase' being explored. GC asked for comments / feedback by 25th April 2024.	GC
9	**LINKED COMMITTEE MINUTES**	
9.1	NHS Fife Clinical Policy & Procedure Co-ordination & Authorisation Group, unconfirmed - 26th February 2024 **(EM)**	
	The minutes of the meeting were noted by the group and no escalation is needed.	
9.2	NHS Fife Organ Donation and Tissue Committee - 14th December 2023 & 28th March, unconfirmed **(NR)**	
	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 - 1st December 2023 & 26th January 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 February 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)**	
	The minutes of the meeting were noted by the group and no escalation is needed.	
9.6	NHS Fife Organisational Learning Group - cancelled **(NR)**	
	This was noted by the Group	
9.7	NHS Fife Point of Care Testing Committee - 5th March 2024 **(EM)**	
	The minutes of the meeting were noted by the group and no escalation is needed.	

9.8	NHS Fife Tissue Viability Steering Group, unconfirmed - 15th February 2024 **(LB)**	
	The minutes of the meeting were noted by the group and no escalation is needed.	
9.9	NHS Fife Deteriorating Patient Group - 12th March 2024 **(IM)**	
	This meeting note was carried forward to June's meeting.	
9.10	NHS Fife Food, Fluid and Nutritional Care Steering Group - 18th March 2024 **(JK)**	
	The minutes of the meeting were noted by the group and no escalation is needed.	
9.11	NHS Fife Acute Services Division Clinical Governance Committee, draft unconfirmed - 20th March 2024 **(IM)**	
	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 13th February 2024 **(GC)**	
	This was noted by the Group.	
10.2	NHS Fife Deteriorating Patient February 2024 Highlight Report **(GS)**	
	This was noted by the Group.	
10.3	NHS Fife Deteriorating Patient March 2024 Highlight Report **(GS)**	
	This was noted by the Group.	
11	**ISSUES TO BE ESCALATED**	
	No issues for escalation.	
12	**ANY OTHER BUSINESS**	
	Date of Next Meeting 18th June 2024 10:00 via Microsoft Teams	

AREA DRUG & THERAPEUTICS COMMITTEE (Meeting on 17 April 2024)
No issues were raised for escalation to the Clinical Governance Committee.

Area Drug & Therapeutics Committee

UNCONFIRMED

MINUTES OF THE MEETING OF THE FIFE DRUGS AND THERAPEUTICS COMMITTEE HELD ON WEDNESDAY 17 APRIL 2024 AT 2.00PM VIA MICROSOFT TEAMS

Present:
Mr Ben Hannan (Chair)
Ms Fiona Forrest
Dr David Griffith
Dr Claudia Grimmer
Dr Helen Hellewell
Ms Alice Mathew
Mr Fraser Notman
Ms Olivia Robertson
Ms Andrea Smith
Ms Amanda Wong

In attendance:
Mr Duncan Wilson (agenda item 11)
Ms Sandra MacDonald, Administration Officer (minutes)

ACTION

1 WELCOME AND APOLOGIES FOR ABSENCE

Mr Hannan welcomed everyone to the April meeting of the ADTC.

Apologies for absence were noted for Lynn Barker (Olivia Robertson representing); Dr Iain Gourley; Dr Sally McCormack; Dr John Morrice; Nicola Robertson; Rose Robertson; Mr Satheesh Yalamarthi.

2 MINUTES OF PREVIOUS MEETING ON 7 FEBRUARY 2024

The minutes of the meeting held on 7 February 2024 were accepted as a true record.

3 ACTION POINT LOG

It was noted that all action log items scheduled for update have been included on the agenda.

Progress in NHS Fife against SGHD/CMO(2019)4 National Guidance for Monitoring Lithium

It was noted that no update was required at present. Going forward updates to the ADTC to be provided as part of the Medicines Safety and Policy Group workplan. It was agreed that this ADTC action should be closed.

4 ANY OTHER MATTERS ARISING FROM THE MINUTES

There were no other matters arising from the minutes.

5 DECLARATION OF INTERESTS

There were no declarations of interests.

6 ADTC SUB-GROUP UPDATE REPORTS

6.1 East Region Formulary Committee

Mr Notman introduced the update report from the East Region Formulary Committee (ERFC) and highlighted key points.

All Adult ERF Chapters have been agreed and approved. Review of the Paediatric ERF Chapters is progressing, with Nutrition and Blood the next Paediatric Chapter scheduled for review.

Business as usual is continuing with a number of Formulary Application Forms reviewed at each ERFC meeting. It was highlighted that work is also currently ongoing within NHS Fife to discuss the approval process for Formulary Application Forms.

The workplan for the next six months includes completion of the review of the Paediatric Chapters and implementation of the rolling review process for the Adult ERF Chapters. Development of a dashboard to facilitate review of Formulary compliance to explore the potential impact of ERF changes on prescribing costs will be progressed in collaboration with the other East Region Boards.

The ADTC noted the comprehensive update from the East Region Formulary Committee and good work ongoing.

6.2 MSDTC

Ms Mathew introduced the update report on behalf of the MSDTC and highlighted key points.

The report detailed the guidelines that have been approved, provisionally approved and rejected since the last update to the ADTC.

A general increase in guidelines submitted to the MSDTC for review was highlighted. Clarity with regard to the inclusion/exclusion criteria for submission of guidelines through the MSDTC review process was requested along with the criteria for expedited approval by the MSDTC Chair/Vice-Chair. It was highlighted that guidance or a flow chart outlining the governance process for ratification of guidelines prior to submission to the MSDTC would be useful. Mr Hannan/Ms Forrest to arrange a meeting with Dr McCormack, Mr Brown and Ms Mathew to explore the issues highlighted. **BH/FF**

The ADTC noted the update on behalf of the MSDTC and supported the proposals for taking forward the issues highlighted.

6.3 Medical Gas Committee

Mr Notman introduced the update report on behalf of the Medical Gas Committee and highlighted key points.

The key achievements since the last update report were highlighted along with the workplan for next six months.

The ADTC noted that during the COVID-19 pandemic portable oxygen monitors were purchased in expectation of increased use of oxygen and potential increased risk of fire due to oxygen saturation. The oxygen monitors require calibration and servicing annually at a significant cost and in addition a number of monitors have been misplaced and require replacement. It was noted that the oxygen monitors have not alarmed at any point. The Medical Gas Committee agree that there is no longer a requirement for these monitors and the ADTC's support for this decision has been requested.

The ADTC noted the update report on behalf of the Medical Gas Committee and supported the Medical Gas Committee decision that the portable oxygen monitors are no longer required.

7 SBARs/Updates

7.1 Valproate Patient Safety Programme

Mr Notman took the ADTC through the updated Valproate Safety Action Plan produced to take forward the actions set out in the National Patient Safety Alert (NatPSA/2023/013/MHRA).

The Guidance and Protocols (action 2.1) have been finalised and are ready for submission through governance processes prior to communication to the appropriate stakeholders.

Work to develop and create a database of all patients prescribed valproate (action 2.3) is progressing in collaboration with the Clinical Effectiveness team.

Due to a delay with finalisation of the pathways action 7.1 was deferred however this is now in a position to move forward. Work will then be progressed in discussion with the Clinical Effectiveness team to audit delivery of the pathways and thereafter ongoing annual audit.

Ms Forrest highlighted the good engagement from all Clinical Services and valuable input from the Project Management Office and Clinical Effectiveness Team to support moving this work forward. Valproate Safety Steering Group and Operational Group meetings are scheduled for the coming weeks to ensure that any outstanding actions are on track and completed as scheduled. It is proposed that the valproate safety work would then report through the medicines safety programme to the Medicines Safety & Policy Group.

The ADTC was assured by the update and noted the good progress made in response to meeting the requirements of the actions outlined in the NatPSA. Further updates to the ADTC to be provided through the workplan for the Medicines Safety and Policy Group.

7.2 Anticoagulant Patient Safety Programme

Mr Notman introduced the Anticoagulant Medicine Action Plan and highlighted key areas.

It was noted that the first meeting of the Anticoagulant Patient Safety Programme was held on 15 April. The Action Plan was produced as a starting point and is subject to further refinement.

It was highlighted that action 2.1.3 “Monitoring recommendations” is in the early stages and requires further development. It was noted that Mr Notman is working with Callum Murray, Primary Care Pharmacist, to clarify the details around moving this forward.

The ADTC welcomed the development of the Action Plan and the progress made. It was noted that the Anticoagulant Patient Safety Programme will feed into the Medicines Safety & Policy Group in line with the other safety workstreams and priorities and identification of risks to be discussed and agreed through that group. The importance of ensuring that the workplan is a live document that incidents/learning can feed into was highlighted. Refinement of the workplan to be discussed in more detail at the Medicines Safety & Policy Group.

It was noted that education and training remains a recurring theme across all safety programmes. A discussion around the importance of the role of the weekly Drumbeat meeting/Medicines Safety Minute ensued and proposals for a more holistic look-back process were highlighted.

The ADTC noted that the wording in action 2.1.2 required amendment. It was also noted that action 3.1 relates to counselling rather than education and training for prescribers and nursing staff and a more systematic approach to ongoing education and review is required. An explicit action with regard to renal impairment is also required.

The ADTC welcomed the draft Action Plan and the positive progress. Discussions around refinement of the Action Plan to be taken forward through the Medicines Safety & Policy Group and brought back to the ADTC in June 2024 for update and assurance. **FN/AW**

7.3 High Risk Pain Medicines Patient Safety Programme

Ms Forrest introduced the update on behalf of the High Risk Pain Medicines Patient Safety Programme and highlighted key points.

The ADTC noted that this was now the end of year two of the High Risk Pain Medicines Patient Safety Programme. The Programme is transitioning to

business as usual and the Programme Board has officially stood down. The Programme Board will evolve into a Medicines Safety Group reporting into the Medicines Safety & Policy Group. Terms of Reference and membership has been agreed.

Ms Forrest highlighted the key aspects that will be taken forward from the Programme through the Medicines Safety Group i.e. incremental measurements and test of change as well as ongoing monitoring of prescribing, outlier prescribing and achievement of therapeutic indicators. The wider Public Health prevention/early intervention messages will feed in through the Early Intervention Strategy currently in development.

The ADTC noted that the resource hub for patients and staff is about to go live. This will be supported by a social media Public Health campaign. NHS Fife will be the first Board to have such a resource in place.

The ADTC was assured by the update on behalf of the High Risk Pain Management Programme and supported the proposals for transitioning to business as usual.

7.4 Diabetes/Insulin Patient Safety Programme

Ms Smith introduced the update on behalf of the Diabetes Patient Safety Programme and highlighted key aspects.

The group evolved from an Insulin Safety Group to incorporate SGLT2s. The importance of separating the work of Diabetes Safety Group from the business as usual work of the established MCN was highlighted.

The ADTC noted the achievements since the last update report. The workplan for the next six months includes approval and implementation of draft guidance; improving Insulin prescribing at transitions of care; improving availability and consistency of education and training; and development of an action plan from DATIX reports.

Proposals for insulin training for healthcare professionals were welcomed. It was noted that at present there is no support for mandatory insulin training and other training options are being pursued.

An issue was noted with regard to insulin shortages and discontinuations impacting on patients and creating additional pressure on the workforce.

The ADTC noted the update on behalf of the Diabetes Patient Safety Group and the good work progressing.

7.5 Medicines Shortages Protocol

Deferred to the June ADTC. **FN**

7.6 Roxadustat Shared Care Agreement

The ADTC noted the final version of the Roxadustat Shared Care Agreement.

8 Risks Due for Review in Datix

Mr Notman took the ADTC through the risks scheduled for review and agreed current risk levels, further management actions required and risk review dates.

Risk 1347 - Shared Care Protocols
The ADTC discussed the update to the management actions. Issues with progressing the review of extant Shared Care Protocols were highlighted. It was noted that discussions with Rheumatology are ongoing due to the volume of expired Shared Care Protocols within that service and a plan of action for taking forward the review of these has been proposed. Mr Notman and Mr Headspeath, Shared Care Pharmacist to collate a table of expired Shared Care Protocols and forward to Mr Hannan/Ms Forrest to co-ordinate a targeted approach to specialties. It was proposed that Dr Hellewell, Dr McCormack and Dr Suzie Mitchell, Chair of the Shared Care Group be included as signatories in communications with specialties. Risk 1347 to be brought back to the next ADTC meeting in June 2024. **FN/RH** **BH/FF** **FN**

Risk 1621 - Medicine Shortages
The ADTC noted that this risk was linked to item 7.5 “Medicines Shortage Policy” which has been deferred to the June meeting and agreed it would be appropriate to defer update of the management actions at present.

It was highlighted that the current risk level has been recorded as high and a discussion followed on the mitigations and processes in place to minimise the risk.

The ADTC was assured around the mitigations in place to minimise the risk of medicines shortages but agreed that the management actions required strengthening. Risk 1621 to be brought back to the next ADTC meeting in June 2024. **FN**

9 ADTC-COLLABORATIVE/SCOTTISH GOVERNMENT COMMUNICATION

9.1 ADTCC Newsletter March 2024

The ADTCC Newsletter March 2024 was noted.

10 EFFECTIVE PRESCRIBING

10.1 NCMAG Quarterly Update

The ADTC noted the NCMAG quarterly update April 2024.

10.2 Updated MHRA Fluoroquinolone Prescribing Advice

The ADTC noted the MHRA updated fluoroquinolone prescribing advice. The MHRA advice has been circulated and considered by the Antimicrobial Management Team.

11 HEPMA Update

Mr Wilson provided a verbal update on progress with the implementation of HEPMA and the new Pharmacy Stock Control system.

12 PACS/SMC Non Submissions

12.1 Latest Submissions

The table detailing the latest PACS2/SMC non submissions was noted.

13 POINTS FOR RAISING AT CLINICAL GOVERNANCE COMMITTEE

There were no items identified as requiring escalation at this stage to the Clinical Governance Committee.

14 ANY OTHER COMPETENT BUSINESS

Mr Hannan advised that he has been appointed to the role of Director of Reform and Transformation for a one year secondment. Ms Fiona Forrest will serve as Acting Director of Pharmacy and Medicines and Chair of the ADTC while Mr Hannan is on secondment.

Mr Hannan also informed the ADTC that Ms Andrea Smith would be retiring in June 2024 after 16 years with NHS Fife. Ms Smith has undertaken a number of key roles within NHS Fife Pharmacy, has served as a member of the Scottish Pharmacy Board and is a Fellow of the Royal Pharmaceutical Society. Mr Hannan thanked Ms Smith for all her work on behalf of the ADTC and NHS Fife.

Other Information

a **Minutes of Diabetes MCN Prescribing Group 27 February 2024**. For information.

b **Minutes of Heart Disease MCN Prescribing Sub-Group -** next meeting 18 April 2024

c **Minutes of Respiratory MCN Prescribing Sub-Group 31 January 2024**. For information.

d **Date of Next Meeting**
The next meeting is to be held on **Wednesday 19 June 2024 at 2.00pm via MS Teams**. Papers for next meeting/apologies for absence to be submitted by 5 June.

HEALTH & SAFETY SUBCOMMITTEE (Meeting on 8 March 2024)
No issues were raised for escalation to the Clinical Governance Committee

Health & Safety Subcommittee

Minute of the H&S Sub-Committee Meeting
Friday 8 March 2024 at 12.30 pm on Teams

Present
Neil McCormick, Director of Property & Asset Management (Chair) (NMcC)
Conn Gillespie, Staff Side Representative (CG)
Dr Chris McKenna, Medical Director (CMcK) (joined at 12.45 pm)
Rona Laskowski, Head of Complex Critical Care Services, Fife HSCP (RL)

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 Janette Keenan, Ian Campbell & Nicola Robertson.	
2	**Minute/Matters Arising**: The Minute of 8 December 2023 was **approved** as an accurate record. Action - PB 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.	**PB**
3	**Governance Arrangements**: 3.1 2023-24 'draft' H&S Sub-Committee Annual Statement of Assurance The 2023-24 'draft' Annual Statement of Assurance was circulated to the Sub-Committee for comment. **Post Meeting Note** - Minor amendments were made and the document and the final version was circulated to the Sub-Committee for information. **Post Meeting Note** - The Annual Statement of Assurance (final) was submitted for consideration to:	**Andrea**

	• Clinical Governance Committee on 3 May 2024 3.2 <u>2024-25 H&S Sub-Committee Terms of Reference</u> The 'draft' ToR was circulated and **approved** by the Sub-Committee pending the addition of reference being made to regular attendees. **<u>Post Meeting Note</u>** - An additional paragraph was added to the ToR: *The Health & Safety Sub-Committee may invite individuals to attend meetings for particular agenda items, however, the Health & Safety Manager, Manual Handling Team Lead, Head of Estates and acting Head of Spiritual Care will normally attend meetings. Other attendees, deputies and guests are recorded in the individual minutes of each meeting.* **<u>Post Meeting Note</u>** - The ToR (approved) was distributed to the Sub-Committee for information. 3.3 <u>2024-25 'draft' H&S Sub-Committee Annual Workplan</u> BN advised that the 2024-24 'draft' H&S Sub-Committee Annual Workplan will be available for circulation to the Sub-Committee in the near future. **<u>Action</u>** - Completion of the 'draft' H&S Sub-Committee Annual Workplan - to follow.	**Andrea** **BN**
4	**<u>Operational Updates</u>** 4.1 <u>H&S Incident Report</u> (Dec 2023 - Feb 2024)) The H&S Incident Report for the period December 2023 to February 2024 was distributed and **noted** by the Sub-Committee. **<u>Sharps</u>** (staff) 41 reported incidents in the quarter, of which: 21 incidents - no harm 19 incidents - minor harm One incident - moderate *Total of 129 incidents for the period April 2023 to February 2024* **<u>Slips, Trips & Falls</u>** (staff) 25 reported incidents in the quarter, of which: 5 incidents - no harm 16 incidents - minor harm 4 incidents - moderate harm *Total of 67 incidents for the period April 2023 to February 2024* **<u>Violence & Aggression</u>** (staff) 424 reported incidents in the quarter, of which: 309 incidents - no harm 103 incidents - minor harm 12 incidents - moderate harm	

	Total of 1,402 incidents for the period April 2023 to February 2024 **Musculoskeletal** (staff) 8 reported incidents in the quarter, of which: 3 incidents - no harm 5 incidents - minor harm *Total of 38 incidents for the period April 2023 to February 2024* **Self-Harm** (patients) 90 reported incidents in the quarter, of which: 56 incidents - no harm 23 incidents - minor harm 9 incidents - moderate harm One incident - major harm One incident - extreme harm *Total of 288 incidents for the period April 2023 to February 2024* **Action** - In terms of patient self-harm incidents, the Sub-Committee **agreed** that a HSCP breakdown report would be helpful to identify the cause of incidents ie personal items including headphones, a belt etc or fixed environmental points. **Riddor** (all) 8 reported incidents in the quarter, of which: One incident - minor harm 4 incidents - moderate harm 3 incidents - major harm *Total of 37 incidents for the period April 2023 to February 2024* 4.2 Sharps Review Update BN **advised** that Sharps Audits continue on the VHK site. 4.3 Workplace/DSE Review BN **advised** that the Workplace/Display Screen Equipment Policy has been submitted to the General Policies group for review. He added that there were very few changes made to the document. A Working from Home self-help checklist is being prepared and will be available alongside the policy. 4.4 Reduction of Violence & Aggression (V&A) at Work Policy BN **advised** that the V&A at Work Policy is in the process of being reviewed and an electronic version will be available in the near future. 4.5 Control of Contractors Review The Control of Contractors Policy and Procedure documents were due for renewal in October 2023.	**RL**

	PB **advised** that the updated Control of Contractors Procedure has been written. An Attendance System is being considered to accompany the Procedure which will allow contractors to go directly to some of our smaller more remote sites rather than travelling and signing in to register for a permit to work at one of our bigger sites. In terms of the Control of Contractors Policy, PB **advised** that this will be updated to encompass the new systems. When complete, the Control of Contractors Policy and Procedure documents will be passed over to BN and his team for approval.	
5	**NHS Fife Enforcement Activity** There was no enforcement activity to report within NHS Fife. Enforcement activity continues in several Boards throughout Scotland. Plastic Bags (Black) Following a clinical decision around safety, A-MM **advised** that black plastic bags have been removed completely from wards. An alternative perforated bag is being considered as a replacement.	
6	**Policies & Procedures** 6.1 H&S Policies & Procedures Health & Safety Policies & Procedures are covered in section 4 above. A-MM added that she is working closely with the partnership on a Lone Working Policy and a Ligature Risk Assessment Policy.	
7	**Performance** 7.1 ASD&CD H&S Committee Update BN - ASD&CD H&S Committee meetings continue to take shape with Claire Dobson and Andy Verrecchia as Co-chairs. Attendance is good. 7.2 HSCP H&S Assurance Group Update The HSCP H&S Assurance Group minute of 6 February 2024 was circulated to the group for information. RL added that the past two meetings were showing positivity around engagement, useful information and influencing practice around health and safety. Cameron House, Cameron Hospital, Windygates RL advised that there were three concerns brought to the last HSCP H&S Assurance Group meeting in relation to Cameron House namely, the lift, heating and fire smoke detectors. She added that the smoke detector	

	concern has been addressed and the heating concern has become slightly less of an issue as the weather is getting warmer. NMcC added that Cameron House will be closing in the near future in terms of a cost saving exercise as part of the Re-form, Transform, Perform Infrastructure plans. Haig House and Hayfield House will also close. Violence & Aggression (V&A) Training RL relayed vulnerabilities within the HSCP in terms of V&A training adding that the current compliance rate across the mental health workforce is around 35%. Difficulties releasing staff due to challenges of having enough capacity to deliver services. Bank Staff - Violence & Aggression Training RL **advised** of the vulnerabilities at the moment around balancing the skill set of staff who are trained in V&A given the HSCP's dependency on Bank staff. This has resulted in people being moved around in order to have safe staffing levels with a mix of skill sets.	
8	**Any Other Business** 8.1 Manual Handling • Scheduled and additional courses continue. • Turas online learning revamp is on-going. • Bank staff training continues. • Bank staff have 3 months to complete their initial training with mobile phone alerts sent out as reminders. • Work continues with several Business Managers of the Partnership who are carrying out health and safety audits with risk assessors identified and trained. • Arjo Manual handling equipment and service level agreement provision is below par at the moment, however, work continues with Procurement to make improvements. • Manual Handling staff are all trained on the Lateral Lifting Project and the team are in receipt of the equipment. This will commence in May/June 2024 to coincide with the University of Dundee second Year nursing students returning. • The Manual Handling team are now trained in Single Handed Care • Downstream Bed training is being taken forward with the Partnership with the Manual Handling team fully trained. • A heavier plus size patient bed Service Level Agreement is being considered and work continues with Procurement. This will improve the quality of patient care and give staff some assurance. 8.2 Retiral of Rona Laskowski NMcC extended thanks and best wishes, on behalf of the Sub-Committee, to Rona who will retire from her post with the HSCP on 7 June 2024.	
9	**Date & Time of Next Meeting**	

	Friday 7 June 2024 at 12.30 pm on Teams	

Infection Control Committee

INFECTION CONTROL COMMITTEE (Meeting on 7 February 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)

07th February 2024 at 1400 via Teams

Item No	Subject		Actions
1	**Attendees**		
	Julia Cook, Infection Control Manager	**JC**	
	Aileen Lawrie, Director of Midwifery, Obstetrics & Gynaecology	**AL**	
	Amanda Wong, Director of Allied Health Professions	**AW**	
	Claire Connor, Dental Practice Co-Ordinator	**CC**	
	Elizabeth Dunstan, Senior Infection Prevention & Control Nurse(IPCN)	**ED**	
	Jamie Doyle, Head of Nursing, ASD	**JD**	
	Janette Keenan, HAI Executive, Director of Nursing (chair)	**JK**	
	Lynn Barker, Director of Nursing, HSCP	**LB**	
	Midge Rotherham, Support Services Manager	**MR**	
	Mirka Barclay, Senior IPCN Built Environment	**MB**	
	Pauline Cumming, Risk Manager	**PC**	
	Paul Bishop, Head of Estates	**PB**	
	Stephen Wilson, Consultant Microbiologist & Lead for Decontamination & Builds	**StW**	
	Suzanne Watson, Senior IPCN Care Homes	**SuW**	
	Sharon McDonald, Personal Assistant (minutes)		
	Apologies Amy Mbuli, Keith Morris, Neil McCormick, Norma Beveridge, Iain MacLeod		
2	**Minute of Previous Meeting** Minutes of previous meeting were approved.		
3	**Action List** IPC Framework; ToR to be updated in real time. Safe and Clean Care and Hand Hygiene audits – was hoping to progress this month, but LIMS implementation is a priority. JC has spoken with the Acute Services Team about MEG, JD and JC met last week to discuss the SBAR, next step is to meet with colleagues in Health and Social Care Partnership (HSCP). Aim to progress March 2024.		**JC** **JC**
4	**Standing Items**		
4.1	**Risk Register** PC reported an update on the number of risks being presented today: 22 risks presented to ICC. Very little change: no new risks, no risks have increased, one risk has reduced since last report (ICNet contract end), no risks closed and no overdue risks. Reminder to ensure Risk Register is maintained. Ensure targets are realistic and update as necessary. JC and PC to go through the risk register prior to the next ICC.		**JC & PC**

	Deep Dive Risk Review JK pointed out that there will be a deep dive into pandemic risk at the next Clinical Governance Committee, led by Public Health. PC added that there was a risk associated with Covid 19 pandemic on the corporate risk register, in terms of time it surpassed its set target. A case was put forward that it was no longer required to be a corporate risk and will be managed through the Public Health risk register. JC – Deep Dive Water review – thank you to PB and his team, who have shared a first draft with JC and SW who have returned comments which will hopefully be presented at the next water safety group then to the next ICC.	
4.2	**HAIRT Board Report** ED shared the HAIRT report up to end of December 2023. **SAB** • During Q23 2023 (July- September), NHS Fife was below the national rate for healthcare associated infection (HCAI). • Q4 2023 (October - December, n=21), has seen a rise in the number of SAB cases, from Q3 2023 (Jul-Sep, n=17). Awaiting national comparison. • The total number of SABs (n=90) during 2023 (Jan-Dec) was lower than in 2022 (n=92) • There have been no further dialysis line related SABs since the last report. • NHS Fife had achieved over a full year without a PVC related SAB (prior to case in October) and over 525 days for CVC related SABs. Work is ongoing with the Addiction Teams in trying to reduce PWID related SABs. **CDI** • During Q3 2023 (July- September), NHS Fife was below the national rate for HCAI. • There was a significant reduction in the total number of CDI cases in Q4 (Oct-Dec 23, n=2), compared to Q3 (Jul-Sep, n=12). This improvement was also reflected in the number of HCAI cases during Q4 (n=2), compared to Q3 (n=4). Awaiting national comparison. • The cumulative total of CDIs during 2023 (n=47) is higher than during 2022 (n=40) and 2021 (n=44). No changes to initiative for addressing CDI. **ECB** • During Q3 2023 (July- September), NHS Fife was below the national rate for HCAI. • There was a reduction in the number of ECBs (n=235) during 2023, when compared to the previous 2 years. This reduction is also reflected in the number of HCAI cases and CAUTI related ECBs. Ongoing work with D&I -Catheter insertion and maintenance bundles installed on Patientrak. **Screening Programmes** MRSA and CPE MDRO risk assessment on admission compliance- for NHS Fife = 100 % **Urinary Catheter Improvement Group (UCIG)** UCIG update provided. Three main factors: education, training and awareness of the policies and procedures, or lack of awareness at times. JK added that she is on the D&I Board and will speak with Marie Richmond to find out where we are on the waiting list for the eCatheter insertion on maintenance onto Patientrak. **CAUTIs** For all hospital acquired ECB in Q3 27.3% of these are due to a catheter and for healthcare associated ECBs 35.3% are associated with a catheter. **Hand Hygiene** NHS Fife no centralised dashboard, therefore no data to report. Data can still submit to LANQIP but the system is no longer maintained. There is no backup and no administration for it. Another reason we hope to implement MEG.	

	Estates and Domestic Monitoring Domestic Services spec. for Q3 was up to 96% from previous quarter of 95.6%. Estates are down slightly to 95.6% from previous quarter of 96% **Outbreaks** JC reported nationally we have seen higher rates of GI illness and Norovirus than previous 2 years. This is reflected in healthcare: hospital and care home outbreaks. NHS Fife had 4 ward closures due to GI outbreaks in November-December 2023. Respiratory illnesses – by the start of 2024 the RSV started to drop off from extraordinary levels in children towards the end of 2023. Flu has risen, NHS Fife have identified more cases than Covid-19 recently. NHS Fife reported 2 flu outbreaks during November and December 2023. Covid 19 – NHS Fife reported 10 outbreaks during November and December 2023. Surgical Site Infection Programme is currently closed. DL (2024) 01 – advises SSI Surveillance Programme nationally, will remain paused, anticipate the publication of a further DL by end of March 24 regarding requirements for 2024/25. ED added we have been working with the Obstetric Teams, who have monitored C-section SSI rates with IPC supporting. Orthopaedic Team have requested support for SSI rates for the National Treatment Centre, which has been pulled together through the eESS system. JK added that this HAIRT will go to the next CGC. Asked, re Covid death reported in the HAIRT and at the last HAIRT (December 2023) there were 6 reported. JC confirmed that COVID-19 has been recorded on the patient's death certificateS.	
4.3	**Care Home Update** Outbreaks training to 75 care homes in Fife. Very good uptake and will continue to deliver until end March. New guidance; Norovirus and Respiratory guidance published at the end November 2023, IPCT Care home team supported roll-out with positive feedback. Continue to target improving annual IPC assurance walk about with care homes. Continue to support large scale investigation. Ongoing challenge scabies in one home, IPC supporting work with HPT. Duncan Fortescue-Webb is chairing a group reviewing the local guidance, which is running at same time as national review, IPCT supporting this collaborative work. SW initial meeting with Joy Reid regarding a multi-factor assessment tool developed for the partnership homes (a quality assurance tool). The IPC part on tool, has some duplication of the IPC Care Home team bi-monthly care home visits. JK raised care home funding; at the last SEND meeting there was a great deal of time spent discussing and everyone was hugely supportive in the collaborative care home funding being continued. Feedback was that this was probably the most impactful programme of work. IPC winning Fife Team of the Year was brought up as it demonstrates the value of the team. MR added the cleaning spec for the care homes is under review again. She is not involved with this review but can support SW locally. SW added the team have been promoting the upcoming national IPC webinars in February and March with Health Facility Scotland attending.	
4.4	**NHSS National Cleaning Services Specification** MR reported Q3 covers Oct, Nov and Dec. Cleaning has gone up from 95.6% in Q2 to 96% in Q3, above Scottish average at 95.2%. 25 areas between Oct-Dec scored below 90, which is an improvement from last year. MR shall continue to monitor depts/areas scoring below this target.	

	Number of ward closures and terminal cleans continue to be a challenge for support services. Estates – Fife Q2 96% Q3 95.9%, NHS Scot 96.1%.	
4.5	**Learning Summary** PC – discussed learning summary.	
4.6	**National Guidance** JC – discussed several updates to the NIPCM as per update provided. For awareness the IPCT recently received transmissions-based precaution literature review, Phase 2, looking at recommendations, with a 6-week turnaround time. Enormous piece of work. The supporting webinar planned 28th Feb, 11th March closing date for comments.	
4.7	**HEI Inspections Fife** **MH** ED reported on SBAR isolation risk assessment – progress from Inspection one year ago. The IPCT have successfully rolled out a paper tool. Aiming to replicate this to MORSE. Ongoing work with D&I and MORSE team. JK asked LB if she is content with this. LB confirmed she is. **Safe Delivery of Care Inspection** JK – The inspection took place between 31st July and 2nd August 2023 and Norma Beveridge has provided an SBAR to go to Clinical Governance Committee. JC added ASD have a robust action tracker which is making really good progress with monthly updates to the Acute SLT. Actions Include; improvement works with water safety, promoting national materials developed by NES on good sink use. Education and training sessions, NES IPC Education newsletter shared on Blink. Planned Vernacare audit of sharps in March and generic HAI-SCRIBES in development. JK commented on how good Ward 5 is looking and added that there is sure to be a re-inspection within next couple of months.	
4.8	**Quality Improvement Programmes** **PWID** MB –The wound care pathway has been reviewed and a SOP has been drafted and being submit to the next Procedure Group in early April. Next steps, a launch date for pathway include some final training and awareness sessions in liaison with IPC, CTAC and tissue viability for all of Addiction Service Nurses. Treatment room at Cameron, work is in progress, expect to be completed 4-6 weeks. **UCIG** ED – next meeting is 15th February. LB updated the committee regarding the inspirational work of the UCIG, which has been shortlisted for the RCN Awards. The committee commended the work of UCIG.	
4.9	**Education** ED – IPCT delivering wide range of topics to all healthcare workers and volunteers. Trying to get back to more face to face training but continuing to provide a blended learning approach with regular Teams training and NES SIPCEP modules. Programme constantly being reviewed for best delivery.	
4.10	**Infection Prevention & Control Audit Programme Update** ED – Summary for last year: 194 audits in ward and outpatient areas, 93 re-audits, 66 HH audits.	
4.11	**HAI-SCRIBE** MB – report submitted shows a total of 114 building projects that required RAMS or HAI-SCRIBE in 2023, with IPC oversight. JC raised IPCT are working closely with Estates drafting generic documents to be used to make process easier and more consistent. Project HYDRA – work ongoing, 2 disruptive phases planned in next 2 months. Excavator works in old A&E entrance outside phase 2 OP, prepare ground for heat station. Few weeks later crane lift at Phase 3 A&E, draft HAI-SCRIBE prepared but not yet signed, as awaiting other groups comments re clinical disruptions. Capital Planning: VHK – Ward 5 – ongoing, floor work delayed slightly but now underway, decant aim to begin 1st week March. W6 – decant into W10 then carry out maintenance programme. Still to be approved. Surgical short stay unit – scope of works to be decided.	
4.12	**Capital Planning** **Mental Health**	

	MB - Mental Health: W3 QMH – in progress, window replacements underway, to be followed by full refurb once building warrants approved. JC – email from BJ re capital work. With financial pressures, requires close work with IPC and clinical colleagues to ensure best we can with funding available for NHS Fife.	
4.13	**Infection Prevention and Control Annual Work Programme Update** IPC Programme –review underway for 2024/25 which will be available for next ICC and will reflect new team members in place. Challenges remain unchanged in AMR programme, which are being addressed through the Steering Group. Need to review part of next year programme re public representatives, JC and JK to tease out whether that should remain.	**JC & JK**
5	**New Business**	
5.1	**Incidents/Outbreaks/Triggers** JC – reports for info. Reports show complexities of each outbreak, lessons learned and areas of good practice. Outbreaks include mixed respiratory outbreaks, norovirus and flu. GI has also been an issue. RSV – cluster of cases in W34. Mostly community onset. All patients have left ward at some point. Immuno-compromised patients shed the virus for longer periods	
5.2	**The IPC Workforce Strategy 2022-24** JK - we are awaiting so much from National Teams at Scottish Government which is delaying our local implementation. For example, core role descriptions which were to be delivered by March 2023 and eSurveillance to be delivered by December 2022- both outstanding. AMR, ICD and IPC workforce and recruitment remains challenging. Updates will be provide to ICC.	
5.3	**ICNET AND LIMS** ED – gave brief outline of ICNet and LIMS replacement. Weekly meetings and extended timelines but been given a go-live date of 19th February. A recent email from Baxters, claimed they were unaware of the 19th February go live date (despite the project being a year over due) and ICNet would not be operational at that time. Business continuity plans and mitigating processes being explored, using other systems. JC further added, email received that afternoon from Baxter advising other functions other than live results should still work.	
5.4	**ICNET CONTRACT** JC contract ended 31 December; T&Cs still being reviewed at a national level, Baxter agreed to further 3-year contract. JK added that part of Workforce Strategy was having a National eSurveillance System, this was supposed to be in place in December 2022. They are now reaching out to Boards to seek out what Boards and teams require from an eSurveillance system. JC confirmed options appraisals are being looked at but won't be in place until 2027 at earliest.	
6	**Infection Control Committee's Sub Groups – Minutes/notes of meetings**	
6.1	**Infection Prevention & Control Team** Nil to raise.	
6.2	**NHS Fife Decontamination Steering Group** Nil to raise at ICC.	
6.3	**NHS Fife Antimicrobial Management Team** JK, DG, JC and Ben Hannan are to meet regarding pharmacy support and antimicrobial management.	
6.4	**NHS Fife Water Safety Management Group** Nil to raise.	
6.5	**NHS Fife Ventilation Group** Nil to raise.	
6.6	**NHS Fife HAI Scribe Planning Group** Nil to raise.	
6.7	**Quality Reports** Nil to raise.	
7	**Any Other Business**	
	JC – for awareness re alerts over last few months; • Increase in measles, significant work being carried out with colleagues' in public health. • There is a general risk alert re listeria, which is linked to food. • There are cases of metronidazole resistance CDI related to specific ribotype 955, so far no cases	

	in Scotland identified. Discussions have taken place with Microbiologists re local prescribing.				
8	**Date of Next Meeting**				
	3rd April 2024	1400-1600	Via Ms teams		

INFECTION PREVENTION & CONTROL COMMITTEE

(Meeting on 3 April 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)

3rd April 2024 at 1400 via Teams

Item No	Subject	Actions
1	**Attendees** Janette Keenan, HAI Executive, Director of Nursing (chair) **JK** Aileen Lawrie, Director of Midwifery, Obstetrics & Gynaecology **AL** Fiona Bellamy, Senior Health Protection Nurse Specialist **FB** Claire Connor, Dental Practice Co-Ordinator **CC** Elizabeth Dunstan, Senior Infection Prevention & Control Nurse(IPCN) **ED** Sue Blair, Consultant in Occupational Medicine **SB** Amy Mbuli, Lead IPCN **AM** William Nixon, Health & Safety Manager **WN** Midge Rotherham, Support Services Manager **MR** Mirka Barclay, Senior IPCN Built Environment **MB** Pauline Cumming, Risk Manager **PC** Derek Lawrie, Estate Manager Decontamination **DL** Stephen Wilson, Consultant Microbiologist & Lead for Decontamination & Builds **StW** Suzanne Watson, Senior IPCN Care Homes **SuW** Sharon McDonald, Personal Assistant (minutes) **Apologies** Keith Morris, Iain MacLeod, Julia Cook, Paul Bishop	
2	**Minute of Previous Meeting** Minutes of previous meeting were approved.	
3	**Action List** JC and JK to discuss public representation on the Committee. Deep Dive - PB was unable to attend. Update to be given at next meeting. Risk Register - JC & PC have met regarding the risk register, which is referred to in the paper sent with the agenda. Safe & Clean and Hand Hygiene Audits – To be progressed via MEG.	**JK & JC** **PB**
4	**Standing Items**	
4.1	**Risk Register** PC reported an update on the number of risks being presented today: 3 risks closed: LIMs, water mains supply and Wards 6 and 9. 3 high level 15 moderate 1 very low No new risks to report. It was agreed that Legionella and Pseudomonas should remain for now. Next steps is awaiting new HAI targets from the SG. 1 new risk to be created around LIMs and ICNet integration. AM reported on ICNet and LIMS implementation– validation in progress with ICNet for past 6 weeks, there are a lot of challenges with information not coming through from LIMS, which is resulting in additional work for IPCNs and Consultant Microbiologists and there is a danger of missing sample results. Currently no timeframe for completion.	

	Deep Dive Risk Review To be discussed at next meeting.	
4.2	**HAIRT Board Report** ED shared the HAIRT report up to end of February 2024. **Achievements** **SAB** • During Q3 2023 (July- September), NHS Fife was below the national rate for healthcare associated infection (HCAI) and community acquired infection (CAI). • The total number of HCAI SABs (n=45) during March 23 to February 24, was lower than same timeframe the previous year (n=51) • NHS Fife had 585 days since last CVC related SAB. • Moderate risk. **CDI** • During Q3 2023 (July- September), NHS Fife was below the national rate for HCAI. • March 23 – February 24, reduction in total number of CDI cases (n-42), compared to the same timeframe the previous year (n=49) • Moderate risk. **ECB** • During Q3 2023 (July- September), NHS Fife was below the national rate for HCAI. • There was a reduction in the number of ECBs (n=271) for March 23 to February 24 compared to the previous year (n-271). • There was also an improvement seen in the number of CAUTIs during these time-periods March 22 to February 23 (n= 35) and March 23 to February 24 (n= 31). • Moderate risk. **Challenges** **SAB** • Total number of SABs (n=93) during March 23 to February 24, slightly higher than same timeframe previous year (n-91) • 2 dialysis related line related SABs in January and a PWID related SAB in February. **CDI** • The cumulative total of CDIs during 2023 (n=47) was higher than during 2022 (n=40) and 2021 (n=44). This increase was also reflected in the number of HCAI (HAI+HCAI+Unknown) cases (2023, n=33, 2022, n=30 and 2021, n=28). • Jan-Feb 24, the total number of cases and number of HCAI cases, were lower than Jan-Feb 23. **ECB** • National data we are below for HCAI ECBs and slightly above for CAI. • Target rate of 33 and we are sitting at 30 up to September 23. • Local data HAI 35.7% are due to a catheter. • Local data HCAI ~30% are due to a catheter. **Screening Programmes** MRSA risk assessment on admission compliance for NHS Fife = 100 % in Q4 2023. CPE risk assessment on admission compliance for NHS Fife = 100% in Q4 2023 **Urinary Catheter Improvement Group (UCIG)** UCIG update provided. Three main factors: education, training and awareness of the policies and procedures, or lack of awareness at times. KM has formed a new group to push forward eCatheter bundles onto Patientrack, last met in March. **Hand Hygiene** NHS Fife no centralised dashboard, therefore no data to report. **Estates and Domestic Monitoring** Domestic Services spec. for Q3 was up to 96% from previous quarter of 95.6%. Estates are down slightly to 95.6% from previous quarter of 96% **Outbreaks** AM reported:	

	• January to March 23 there have been 3 ward closures due to Norovirus and 1 suspected outbreak (organism not identified) since last ICC report. • 4 COVID outbreaks • 3 flu outbreaks JK added that she has heard that the CCR group, which feeds into the UCIG, have been nominated for an award for innovation.	
4.3	**Care Home Update AM** • At the Care Home Oversight Team meeting, care homes have given some really positive feedback around the Care Home IPC team. • IPC Care Home Team now part of the care home QMAG (Quality Matters Assurance Group), feeding into the multidisciplinary team with the Care Home Liaison Nurse Team, Health Protection and others. • Training – outbreak training, really well received and have now moved into SIPCs training this month. The team have been working on developing a link practitioners programme and the care homes are eager for this and keen to participate. • Walkabouts have had very good feedback and the yearly walkabouts are ongoing. • A scabies SLWG has been formed to develop local guidance. SuW is contributing to the National Review of Scabies guidance as at the moment there is UKSHA guidance but no Scottish guidance. • Scabies flash report – There are remote diagnostics with imaging (photos) which continues to challenge that definitive diagnostic. We are trying to give support in how that process can be better, planning for treatment, looking at whole home and robust plans to how that can be managed. This is with HP team, and a number of other teams are engaging and really want to be part of that review because it is such a challenging topic. JK reported that at the last SEND meeting the funding report is still being prepared, verbally informed funding has been secured and confirmation expected soon. FB added, for information, from Public Health Scotland upcoming expected changes to the care home guidance. People who are stepping down from hospital to a care home who are asymptomatic, they're hoping to stop the testing requirement to align with Wales and England. Public Health Assurance Committee have had a risk on the register around COVID in Care Homes which was removed last month, and will be replaced with a risk around respiratory viruses in care home settings rather than being COVID specific.	
4.4	**NHSS National Cleaning Services Specification** MR reported not a lot of change due to frequency of the meetings, Q3 was reported on in last meeting. There are no consistent areas of concern or low scoring areas. A couple of clinical areas of focus at VHK, one being A&E, down to activity in that area, issues now rectified. MR asked if it would be possible to add cleaning scores to MEG. She is meeting with a colleague from HFS and will raise this there.	
4.5	**Learning Summary** Nothing to report.	
4.6	**National Guidance** AM reported cataract guidance has been developed via a national SLWG for development of an Infection Prevention and Control Pathway to facilitate high throughput cataract surgery in Scotland, NHS Fife were part of the SLWG. National Winter Preparedness campaign was completed on 29th February, materials are no longer available and have moved on to the next campaign. There has been an update to the definition of an exceptional infection episode. The TBP literature review consultation has been submitted and is currently with ARHAI. We are expecting another wave of consultation soon. Water Systems literature review – this review is due mid-April.	

	Air sampling within operating theatres – this was returned at the beginning of April. IPC team descriptors – feedback into the consultation was returned to the national team at the beginning of last week. No further consultation will be requested. JK added there has been some pushback around individual role descriptors at SEND, as no other service has them. They have spoken about team descriptors and hopes that is considered.	
4.7	**Isolation & Risk Assessment** ED – In progress. NHS Fife now have a process for patients that have paper notes, but the ongoing issue is that mental health services, and other areas, which utilise MORSE (electronic patient records). IPCT have collaborated with D&I and Health and Safety teams, in development a "virtual sticker" providing advice and risk mitigations via a form on MORSE. This is being finalising, working with clinical teams and health and safety to have a ward based risk assessment. AM added that it has been flagged and would like it as a risk that we do not have access to MORSE. We are at risk due to documentation and record keeping legislation as we are not within the record of that patient, and that is what is asked of us. JK will ask for a timeline on our access to MORSE.	**JK**
4.8	**Quality Improvement Programmes** **PWID** MB – pathway that has been agreed by the department is still with the policies and procedures group and that should hopefully be passed this April. There will then be a launch event organised on the back of that. **UCIG** See EDs report in 4.2.	
4.9	**Education** AM – There has been a SLWG, the IPCT plan for 2024/25 was published recently on Blink, with a Save the Date for an IPCT Study day in September. Programme includes face to face sessions for domestic, porters and estates teams. IPCT have linked with the University of Dundee to provide IPC training for Y2s. The university will host two dates, one in Dundee, with the Tayside IPCT, and the other at the Kirkcaldy campus with NHS Fife IPCT. Commenced development of infection prevention link practitioners, using the NHS Fife framework to create an IPC framework that will sit alongside that. SICPs of the month, which will be advertised on Blink. This month will be Gloves Awareness and then Gloves Off campaign in May. JK added, from a recent meeting with University of Dundee, they discussed masters modules, currently have a masters for IPC, for HCWs who are currently working in the field, but are also looking at courses for people who are interested in working in the field.	
4.10	**Infection Prevention & Control Audit Programme Update** ED – for 2023 there were 87 ward and outpatient department audits completed 83 re audits of those areas. 83 hand hygiene audits observed. IPCT are completely on track with the 2-yearly audit programme.	
4.11	**HAI-SCRIBE** MB reported. Ward 5 - pre handover walk around this morning. Ward 6 - the decant to Ward 10 is planned from the end of April and they should be there until mid-June for the work to be complete. Project Hydra – first phase of the A&E disruption, with the crane lifts, completed last week with a further couple of days planned for June.	

	QMH W3 - is currently closed and awaiting building warrant approval before the main refurbishment phase can begin.	
4.12	**Capital Planning** Awaiting budget approval for the coming financial year.	
4.13	**Infection Prevention and Control Annual Work Programme Update** 2023/24 update for noting. 2024/25 annual work plan is in development and aim to present to the next IPCC.	
5	**New Business**	
5.1	**Incidents/Outbreaks/Triggers** AM discussed legionella in Phase 2 VHK, a IMT was held on 28/3/24 to look at the latest results, which are improving, but it's a big building with lots of outlets that have been reviewed in terms of change of use. IPCT aim to link in timeously with the wards, re lessons learned and points of good practice.	
5.2	**The IPC Workforce Strategy 2022-24** JK – we are still awaiting information from National teams. SG Policy Unit/ NHS Fife meeting planned for June. Chris Conroy is picking up work in the community, primary care and dental to feedback. Planning an AMR meeting as part of the workforce strategy.	
5.3	**ICNET AND LIMS** Already discussed earlier in the meeting.	
5.4	**ICNET CONTRACT** AM – Contract has been verbal renewed until end of December 2026 (contract still being finalized with national team). AM is part of the working group for National eSurveillance Solution.	
6	**Infection Control Committee's Sub Groups – Minutes/notes of meetings**	
6.1	**Infection Prevention & Control Team** Nil to raise.	
6.2	**NHS Fife Decontamination Steering Group** Nil to raise.	
6.3	**NHS Fife Antimicrobial Management Team** Nil to raise.	
6.4	**NHS Fife Water Safety Management Group** Nil to raise.	
6.5	**NHS Fife Ventilation Group** Nil to raise. Next meeting is this month.	
6.6	**NHS Fife HAI Scribe Planning Group** Nil to raise.	
6.7	**Quality Reports** Position is as at January.	
7	**Any Other Business**	
	Vernacare – AM reported sharp's audit carried out over 2 weeks with Vernacare. 3 themes that were picked up: 1. the temporary closure mechanisms not being utilised 2. sharps boxes are not being properly assembled 3. documentation of assembly and closure of the sharps containers. Training is planned for June. Gloves Off campaign is due to start in May. Whilst IPC is our biggest focus from infection prevention perspective, there is other rationale for doing this. It's getting back those principles for hand hygiene and when and when not to wear gloves. The other part is sustainability for cost and for environmental impact of using too many gloves. Campaign includes plans for stalls and education, keep that rolling throughout May across the wards. Visor use: Proposal, if caring for asymptomatic contacts of flu or COVID, then the visor is not necessary, unless risk of splash of blood or body fluids. This was tabled at the IPCT meeting last week and was approved, so will be rolled out with effect 3rd April 2024. HCID - there has been a national report on High Consequence Infectious Diseases. England is rolling out a new PPE HCID ensemble. The Four Nations are eager to agree on the ensemble. However, it's not	

	currently being rolled out in Scotland. There is a learning platform that's been put together by NHS England and UKHSA. JK raised option to apply for funding for MEG from Fife Health Charity. Will discuss with JC and contact Alistair Graham and Mark McGeachie for advice. PC reported Joy Tomlinson and the team are currently working up a risk around future Pandemic and Biological Threats taking through EDG and the Public Health Assurance Committee in April and to clinical governance committee in May. AM gave feedback to clinical colleagues on the Protecting Health update. We are still seeing higher cases of measles throughout the UK, 8 to 10 a week possible cases within Scotland. An increase in pertussis (whooping cough) reported across the UK. There has been a national incident around tuberculosis that is seeing an increase across the UK and there is a steering group formed.	
8	**Date of Next Meeting**	
	5th June 2024 at 2pm, via Teams.	