

AGENDA

A MEETING OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE WILL BE HELD ON FRIDAY 17 JANUARY 2025 FROM 10AM TO 1PM VIA MS TEAMS

Note: There will be a pre meeting of Non-Executive Members only at 9.15am

Arlene Wood
Chair

		Purpose
10:00	1. Apologies for Absence (AW)	
	2. Declaration of Members' Interests (AW)	
	3. Minutes of Previous Meeting held on Friday 1 November 2024 (AW)	(approval) (enc)
	4. Chair's Assurance Report presented to Fife NHS Board on 26 November 2024 (AW)	(for information) (enc)
	5. Matters Arising / Action List (AW)	(assurance) (enc)
	5.1 Drug Death Cluster Reviews Briefing Update (CM)	(assurance) (enc)
	5.2 Orthopaedic Hip Fracture Audit Briefing Update (CM)	(assurance) (enc)
10:25	6. ACTIVE OR EMERGING ISSUES	
	6.1 Safe Delivery of Care Health Improvement Scotland Inspection (JK)	(assurance) (verbal)
10:35	7. GOVERNANCE MATTERS	
	7.1 Clinical Governance Oversight Group Assurance Summary from 10 December 2024 Meeting (GC)	(assurance) (enc)
	7.2 Mental Health Oversight Group Assurance Summary from 22 November 2024 Meeting (LG)	(assurance) (enc)
	7.3 Corporate Risks Aligned to Clinical Governance Committee (CM/SAS)	(assurance) (enc)
	7.4 Internal Controls Evaluation Report 2024/25 (B Hudson)	(assurance) (enc)
	7.5 Proposed Annual Workplan 2025/26 (GC)	(decision) (enc)
	7.6 Delivery of Annual Workplan 2024/25 (GC)	(assurance) (enc)
11:15	8. STRATEGY / PLANNING	
	8.1 Single Point of Contact for Cancer Patients (CM/SAS)	(assurance) (enc)
	8.2 Fife Winter Preparedness Plan 2024/25 (LG)	(assurance) (enc)
11:35	9. QUALITY / PERFORMANCE	
	9.1 Integrated Performance & Quality Report (CM/JK)	(assurance) (enc)
	9.2 Healthcare Associated Infection Report (JK)	(assurance) (enc)

Fife NHS Board

Unconfirmed

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

Present:

Arlene Wood, Non-Executive Member (Chair)
Jo Bennett, Non-Executive Member
Anne Haston, Non-Executive Member
Kirstie Macdonald, Non-Executive Whistleblowing Champion
Janette Keenan, Director of Nursing
Aileen Lawrie, Area Clinical Forum Representative
Dr Chris McKenna, Medical Director
Carol Potter, Chief Executive

In Attendance:

Gemma Couser, Associate Director of Quality & Clinical Governance
Claire Dobson, Director of Acute Services
Fiona Forrest, Acting Director of Pharmacy & Medicines
Alistair Graham, Director of Digital & Information
Ben Hannan, Director of Reform & Transformation
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
Margo McGurk, Director of Finance & Strategy
Fiona McKay, Interim Director of Health & Social Care
Benjamin Morrison, Interim Area Partnership Forum Representative (*deputising for Lynne Parsons*)
Nicola Robertson, Director of Nursing, Corporate
Dr Shirley-Anne Savage, Associate Director for Risk & Professional Standards
Amanda Wong, Director of Allied Health Professionals
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

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

1. Apologies for Absence

Apologies were received from members Colin Grieve (Non-Executive Member), Lynne Parsons (Interim Area Partnership Forum Representative) and Joy Tomlinson (Director of Public Health), and routine attendees Lynn Barker (Director of Nursing, Health & Social Care Partnership), Norma Beveridge (Director of Nursing, Acute), Susan Fraser (Associate Director of Planning & Performance) and Neil McCormick (Director of Property & Asset Management).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of Previous Meeting – Friday 6 September 2024

The Committee **agreed** the minutes of the previous meeting, which were **approved** by Jo Bennet, Non-Executive Member, and **seconded** by Anne Haston, Non-Executive Member.

4. Chair's Assurance Report Presented to Fife NHS Board on 25 September 2024

The Chair's Assurance Report was presented to the Committee for information only.

5. Matters Arising / Action List

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

There were two outstanding actions, and it was agreed that the Care Opinion Report will be circulated to the Committee via email. Confirmation was provided that the cluster review detail will be provided within the next iteration of the Integrated Performance & Quality Report. The action list will be updated accordingly.

There were no matters arising.

6. ACTIVE OR EMERGING ISSUES

6.1 East Region Neonatal Services Update

Aileen Lawrie, as Director of Midwifery, provided an update and explained the new model of neonatal care for Scotland. Discussion took place, and it was advised that the East Region model has been in place as a pathway within NHS Fife since 2019, and that disruptions to parents and patients has been minimal. An overview was provided on the main points from the recent Scottish Government commissioned report on the Demand and Capacity Modelling of NICU Services, published in May 2024. The demand and capacity modelling exercise were undertaken by RSM UK Consulting LLP. The Committee were advised on the concerns locally in terms of the accuracy of the data within the report, the demand capacity modelling implications for NHS Fife neonatal services relating to service provision across the levels of neonatal care, workforce and associated risks. It was also noted that issues around increased poverty, and deprivation within our population and complexity of care, had not been factored into the modelling assumptions.

Concern was raised regarding the process to provide feedback on the modelling report and to verify data in advance of the RSM report being submitted to the Scottish Government earlier this year. Since that time, further discussion has taken place through the East Region NICU Network Redesign Planning & Delivery Group on the report's recommendations; including an outline of the concerns on the modelling assumptions and impact for NHS Fife. There is now recognition that further strategic planning work is required to be carried out within NHS Fife to enable a safe, effective and efficient level of capacity and establishment level. Clarity was provided that an

implementation plan is currently in draft for the East Region and will be submitted to the Scottish Government, following this further work in Fife and within NHS Lothian.

Unintended consequences in relation to the medical and nursing & midwifery workforce, and the impact on our ability to deliver a wider neonatal intensive care facility within Fife, was discussed.

It was reported that, nationally, a group of Directors of Midwifery have voiced concerns to the Chief Midwife for Scotland and the Royal College of Midwives, in relation to neonatology, and that it does not form part of every Director of Midwifery portfolio. It was noted that a reduction in totality of neonatal capacity across Scotland is a concern, and that further work is required from an NHS Fife perspective to ensure that our evidence base is robust, and that potential risks are identified. A request was made for the timeline for implementation of the proposed modelling to be made known, and it was advised that the next meeting of the East Region NICU Network Redesign Planning & Delivery Group is scheduled for December 2024.

The Chief Executive acknowledged the currently strong working relationships between NHS Fife and NHS Lothian neonatology teams, and noted that she had recently taken on the Chair of the East Region NICU Network Redesign Planning & Delivery Group. It was also highlighted that the redesign of neonatal services remains a Scottish Government priority and the RSM report had received oversight by the Cabinet Secretary.

The Committee acknowledged the concerns around the RSM modelling and agreed with the recommendation that the current approach is to be held until further work has been carried out with the East Region NICU Network Redesign Planning & Delivery Group. It was agreed to escalate this item to the NHS Fife Board, via the Committee minutes, with an update to be provided at a later date, once a more detailed plan is available.

The Committee noted that there was no assurance locally regarding the RSM modelling recommendations and the significant risks should this model be implemented. The Committee **discussed** and **agreed** the recommendation that NHS Fife should maintain the status quo in terms of current capacity and cot designation, until further modelling work and ongoing discussions with the East Region NICU Network Redesign Planning & Delivery Group were complete.

6.2 Orthopaedic Hip Fracture Audit

The Deputy Medical Director, for Acute Services, presented the paper and highlighted that NHS Fife has been notified as an outlier against the Scottish mean figure, for the fifth consecutive year, for length of time to theatre for patients presenting an orthopaedic hip fracture. An overview was provided on progress of the key performance indicators, which are used by the Scottish Hip Fracture Audit (SHFA) Steering Group.

It was reported that an extensive review was carried out on the trauma pathways within NHS Fife, and that the recommendations from that review are being worked through to improve theatre efficiency and access to emergency trauma theatre capacity. It was further reported that job planning and working practice within the Orthopaedic Team is being reviewed, including a streamline of processes, to enable

efficiency within the theatres, and that the establishment of a Theatre Utilisation Group will take forward exploring additional capacity within the system. Work is also still to be undertaken to address the workforce gap within the theatre service. It was noted that there will be challenges in relation to compromises within system.

Discussion took place, and members raised concern that orthopaedic trauma is not having the same prioritisation as other emergency admissions and they did not accept that position. A request was made for timeframes around improvements to be made. Members requested the detail of the outcomes from the PHS visit held on 4 November 2024. A further request was made for the average wait time regarding patients for theatre relating to theatre capacity. Concerns was raised relating to equity, specifically that hip fracture is higher in the 50 years plus age group and highest in the 70-89 years age group. Further detail was requested in relation to a delay past 48 hours, increasing mortality by 32%. It was agreed that a paper be brought back to the next Committee to address these points, and to include an action plan and timeframes.

Discussion took place on clinical concerns and the impact on patient flow, and it was advised that active work is ongoing to improve the position, including learnings from other NHS Health Boards' orthopaedic trauma sites. Clarity was provided that elective and trauma are two parallel systems, and the benefits to maintaining elective programmes, as far as possible, was outlined.

The Committee took a **“moderate” level of assurance** from the work that is underway to address the issue, and **noted** the following actions that are being taken forward to improve access to trauma theatre for patients in Fife:

1. Completion of the orthopaedic trauma review process and development of an improvement plan;
2. Work to improve theatre utilisation both within trauma and more generally;
3. Movement of elective surgery to the Queen Margaret Hospital site; and
4. Completion of job planning to ensure consultant availability.

7. GOVERNANCE MATTERS

7.1 Clinical Governance Oversight Group Assurance Summary from 22 October 2024 Meeting

The Associate Director of Quality & Clinical Governance advised that the summary provided articulates the escalations from the Clinical Governance Oversight Group to the Committee. It was highlighted that the meeting on 22 October 2024 included new members, with representation from Digital & Information, General Managers from both NHS Fife and the Health & Social Care Partnership, and Medical Education.

In terms of the Mental Welfare Commission Investigation mentioned within the report, it was reported that this case was not an NHS Fife case, but that the learnings are being shared across the organisation through the Organisational Learning Group. It was also reported that the action plans and reports from the Mental Welfare Commission are provided to the Senior Leadership Teams through HSCP Quality Matters Assurance Group and the Integrated Joint Board Clinical & Care Governance Committee, and discussions are underway on providing the information more widely from the Health & Social Care Partnership.

Assurance was provided that the strengthening of delegation within the Clinical Governance Strategy will be clearly articulated within the refreshed version.

Assurance was also provided that there is no immediate impact on deteriorating patients in relation to the NHS Fife Welch Allyn Project.

It was reported that a safe delivery of care inspection will commence in mental health services before the year-end, and that maternity services will follow from January 2025, albeit the inspection in that service will be unannounced.

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

7.2 Corporate Risks Aligned to Clinical Governance Committee, including update on Clinical Optimal Outcomes

The Associate Director of Quality & Clinical Governance provided an update on the current position for corporate risks and advised that there are now 20 risks, with four corporate risks aligned to the Committee. Confirmation was given that the off-site sterilisation risk has now been removed from the corporate risk register. It was reported that the mitigations for the majority of the risks have been updated and that there is no change or movement to the ratings. In terms of the optimal clinical outcomes risk, it was advised that work continues to review this risk, and it is anticipated that this will be presented at the January 2025 Committee meeting.

It was reported that, in terms of the cancer waiting times risk, the prostate cancer pathway remains the most challenging in terms of waiting times, and that work is being taken forward to review and revigorate that pathway, including linking in with NHS Lanarkshire, who have carried out improvement work in this area, with positive impact on their waiting times.

It was explained that the single point of contact within the cancer field has been very successful.

In terms of cancer waiting times funding, it was reported that this is now on a recurring basis, which is positive, and that bids have been submitted for non-recurring funding.

Members raised concerns around the length of time to revise the optimal clinical outcomes risk and to ensuring that risks relating to safety and quality of care were articulated and managed. Assurance was provided that the detail will be provided at the next Committee meeting.

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

7.3 Delivery of Annual Workplan 2024/25

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

8. STRATEGY / PLANNING

8.1 Annual Delivery Plan 2024/25 Quarter 2 Report

The Director of Finance & Strategy presented the report and highlighted the key metrics, noting that there are 87 deliverables aligned to the strategic priority 'Improve the Quality of Health and Care Services'. It was noted that 10 deliverables, which were previously on track, have now moved to the 'at risk' category. These include the development of the community rehab care across the system, which has currently been paused to ensure appropriate alignment across services, and the creation of the same day emergency care facility within Acute Services. It was also reported that two deliverables have been completed since the previous report, and the deliverable in relation to the development of the specialist outpatient gynaecology unit is unlikely to be completed due to the unavailability of capital funding.

The Director of Finance & Strategy agreed to include in the next iteration of the report comparable data when visually presenting the position of the deliverables.

Assurance was provided that clinical risks for those areas that are assessed as red (i.e., unlikely to complete on time/meet target) are captured within local risk registers and escalated as appropriate.

The Committee took a **“moderate” level of assurance** from the report and **endorsed** the ADP Q2 return for formal approval at the NHS Fife Board and for submission to Scottish Government.

8.2 Clinical Governance & Strategic Framework Delivery Plan Mid-Year Review 2024/25

The Associate Director of Quality & Clinical Governance advised that the report highlights the high-level status on the 11 workstreams within the delivery plan for 2024/25. It was noted that a RAG status and tracking is still to be added to the plan.

The key points from the annual plan were highlighted, and it was reported that a focus for the Organisational Learning Group Workstream is taking forward learnings from clinical collaborations, and that the Lead for Adverse Events has carried out significant work in relation to staff support for adverse events, which has been endorsed by the Clinical Governance Oversight Group. Consideration for rolling out this work across the division is being currently underway.

It was advised that the Deteriorating Patients Improvement Programme workstream are meeting on a fortnightly basis and are finalising the details of the improvement plan for 2025. It was noted that the improvement plan will go through the various governance routes, including this Committee, in due course.

A focus on preventability and improvement was reported for the Human Factors Workstream, and it was advised that a national safety learning review course will be delivered locally, in due course, once NHS Fife volunteers have been selected for participating in the training.

In relation to the Duty of Candour Review Workstream, it was reported that further work is required to refine the process in view of adverse events improvements.

It was reported that a robust governance structure is the focus for the Policies & Procedures Workstream, and that a framework has been developed and is out for consultation.

The Medicines Safety Programmes Workstream have been progressing work in that space, and it was advised that the focus is on learning preventability and improvement.

In terms of the Datix Replacement Workstream, it was advised that a national tender has identified a preferred system, InPhase, and that discussions are currently ongoing about the timeframes for adopting this.

A move to National Early Warning Score (NEWS2) is expected in early 2025, and it was noted that this work aligns closely with the deteriorating patient improvement work.

The Committee took a **“moderate” level of assurance** from the report.

8.3 Cancer Strategic Framework & Delivery Plan Update

The Associate Director for Risk & Professional Standards advised that the Cancer Strategic Framework aligns with the National Cancer Recovery Plan and the Cancer Strategy for Scotland 2023-30, and that it will remain contemporary and reflect strategic changes, both locally and nationally.

It was reported that the key achievements, as detailed within the paper, are reviewed on an annual basis, along with a review of actions and objectives. It was advised that eight commitments have been identified, which are supported by key priorities, and are expected to be achieved by 2025. It was advised that a refresh of the cancer framework will be undertaken to extend the framework beyond 2025.

It was confirmed that scan clinical audits are discussed at the Cancer Strategy Group, with attendance from the lead clinician, and that any actions are then incorporated into the strategy delivery plan.

It was advised that integrating health promotions into clinical pathways is carried out, however, more work is required in this area. It was also noted that a project is currently underway to promote healthy lifestyles.

The Chair requested further detail around the research and workforce aspects, which are challenging.

It was noted that a RAG status will be added to the plan to monitor progress.

The Committee **noted** the achievements from the Cancer Framework to date and took a **“moderate” level of assurance**.

9. QUALITY / PERFORMANCE

9.1 Integrated Performance & Quality Report – August 2024

The Director of Nursing provided an update on the key points from the report.

It was advised that there were 44 major or extreme events in the reporting period. In relation to the inpatient falls and inpatient falls with harm, it was reported that the targets have been achieved for two consecutive months, and an overview was provided on the improvement work that has been undertaken. 37 pressure ulcers were reported for the month, which is an improvement on the previous reporting period, but is still below the target; an overview was provided on the work that is ongoing to improve the position. It was reported that the Tissue Viability Group has been reestablished and are taking forward seven standards within the change package through three short-life working groups. An update was also provided on healthcare associated infections, with it being noted that the position for CDI is reduced, the e coli bacteraemia rate increased, and the SAB rate was zero.

The Interim Director of Health & Social Care provided an update on the mental health indicators and highlighted that significant work is being undertaken through the Ligature Operational Group, to explore taking forward changes in mental health to support the work to reduce the number of ligatures and incidents of self-harm. It was explained that there is no concentrated work currently being taken forward for self-harm. It was also noted that the Reducing Restrictive Practice Group has moved to a new focus around seclusion.

The Chair requested that narrative be added to the mental health quality indicators that are outwith their statistical process control limits, without breaching confidentiality to individuals. A request was also made to include detail in relation to the most common incidents in mental health, namely unwanted behaviours, violence and aggression, and how that links to restrictive practice and the less restrictive practice work.

The Committee took a **“moderate” level of assurance** from the report.

The Committee also **endorsed** the Quality and Care section of the IPQR.

9.2 Healthcare Associated Infection Report

The Director of Nursing spoke to the report and advised that surgical site surveillance continues to be suspended, and that no date has been identified for reestablishing the national surveillance programme. It was also advised that there were no new inspections within the reporting period. In terms of the national cleaning service specification and estates monitoring, both remain at green status. No ward closures due to influenza were reported, however there were three new ward or bay closures due to norovirus, and five new outbreak instances for Covid-19.

Assurance was provided that there were no safety restrictions for the CPE (Carbapenemase Producing Enterobacteriaceae) CRA (Critical Risk Assessment) 20% non-compliance failure, due to the delay in the information being added to the Patient Trak system.

Anne Haston, Non-Executive Member, expressed thanks to Anne Henderson, Quality Assurance Manager, for allowing her to attend an audit walkaround, which provided a high level of assurance on how the data is collected for the estates monitoring audits.

The Committee took a **“moderate” level of assurance**.

9.3 Rapid Cancer Diagnostics Services Update

The Medical Director provided an update and reported that development of the rapid cancer services has been a priority within NHS Fife and that success of the model has been evidenced over time. It was noted that highlights of the service include low 'did not attend' rates, pick up rate of cancer and positive feedback from patients.

It was reported that assurance is provided through the key findings from the University of Strathclyde's evaluation of the NHS Scotland Rapid Cancer Diagnosis Service pilots, which highlighted that the service has been highly cost effective. Furthermore, there has been a reduction in patients going into other consultant-led pathways, which are more expensive. It was noted that there is concern on funding the services from March 2025, which is being discussed through the Cancer Strategic Group.

The mental health and emotional benefits for patients were highlighted, and the levels of trust between the various pathways was commended. The findings from the impact on deprivation, which is focussing on health inequalities through the Population Health & Wellbeing Strategy, was welcomed. It was reported that deprivation index data is being collated for the Rapid Cancer Diagnostics Services, with a view to carrying out targeted preventative work.

Sharing learnings and benefits with other pathways was highlighted, and it was advised that a paper on single point of contact will be presented to the Committee at the January 2025 meeting. A request was made to liaise with the link workers from the Health & Social Care Partnership's 'Improving the Cancer Journey' team.

Members commended the report and the evaluation undertaken.

The Committee took a **“moderate” level of assurance** from the update.

9.4 Adverse Events Improvement Plan Update

The Medical Director advised that the clinical teams have been instrumental in working together to refine our adverse events process, for consistency in decision making, and to bring it in line with the trigger list that has been developed by Health Improvement Scotland (HIS). This includes the reporting of cardiac arrest, and the process was explained, with it being noted that the new process has initiated other areas of work, to stay in line with the HIS matrix, which are detailed within the appendix of the paper. The process for commissioning adverse events was outlined, and it was advised that cluster reviews and complex care reviews will also be carried out going forward. An overview was also provided on the triage process. It was noted that there is an action plan aligned to the delivery plan.

Clarity was provided that all patient deaths whether detained under the Mental Health Act or not, both in the community or in hospital, are classified as extreme. Consideration to adding prone restraint to the mental health specific triggers was requested.

The Associate Director of Quality & Clinical Governance reported that the ethos of the approach is around creating structures and governance to allow learning in a multi

professional and collaborative way and replicating the model across other areas within the system.

The Committee took a “**moderate**” level of assurance from the update.

10. DIGITAL / INFORMATION

10.1 Briefing on the NHS Dumfries and Galloway Cyber Incident

The Director of Digital & Information highlighted the timeline of activities in response to the NHS Dumfries & Galloway cyber incident, noting that the communication issue has been reported to the Scottish Government. Assurance was provided that actions were taken forward on the same day as NHS Fife were made aware of the incident, including the continued approach to communication, education and awareness for staff. It was noted that a focus is ensuring that current systems remain reliable and secure.

The Committee took a “**moderate**” level of assurance from the actions outlined in the paper.

10.2 Briefing Paper for Digital Strategic Framework Timeline Update

The Director of Digital & Information reported that the Digital Strategy Framework is aligned to the Population Health & Wellbeing Strategy, and that a key component is the learnings associated with the previous strategy period, in terms of modernising the patient journey, joined up care information, informatics technology, infrastructure, workforce and business systems. It was noted that new emerging requirements are included within the framework, equating to circa 70 additional deliverables, with 71% of those having made progress.

The continued investment in the patient hub, to maximise capacity, was highlighted, and it was advised that this will be leveraged within the new framework.

In terms of the risk management approach, it was advised that there is a reliance on national funding around both capital and revenue within the digital workspace.

It was reported that the delivery model for the ambitions that have not been met, and have been carried forward, particularly around patient safety and person centred care is at a national level, and an overview was provided on the work being carried out at a local level.

The Committee took a “**moderate**” level of assurance over the delivery of the Digital Strategy 2019-2024, which provides an outline and timeline associated with the development of the Digital Strategic Framework 2025-2028.

11. PROFESSIONAL STANDARDS

11.1 Medical and Dental Professional Standards Oversight Group Update

The Medical Director advised that the update articulates the activity of the Medical and Dental Professionals Standards Oversight Group. It was confirmed that the group

is newly established, replacing the previous Appraisal & Validation Group, and now has a wider remit to include other areas.

The Committee took a **“moderate” level of assurance** from the update.

12. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

12.1 Patient Story

The Director of Nursing provided a brief overview of the patient story around the autism assessment pathway, and the slides were agreed to be shared with the Committee by circulation after the meeting for further detail.

12.2 Patient Experience & Feedback

The Director of Nursing reported that a new single point of contact is now in place, and that the service has provided a streamlined complaint handling process across the whole system. It was advised that work is underway to prevent as far as possible, stage one complaints escalating to a stage two. It was further advised that the statement memo has been replaced by a factual account template, which allows for more succinct information. It was noted that the timeline for triangulation of information from various sources is not yet confirmed, due to ongoing work being carried out in this area, including establishing a lived experience group.

An overview was provided on performance, as described within the appendices of the report. It was noted that information on complaints to the Scottish Public Services Ombudsman, and a performance flashcard, have been included within the appendices.

In terms of Care Opinion, it was reported that NHS Fife is one of the best performing NHS Scotland Health Boards. It was noted that volunteers are being recruited to capture patient feedback throughout the hospital areas. It was agreed that the Care Opinion patient stories be shared with the Committee.

The Committee took a **“moderate” level of assurance** from the report.

13. ANNUAL REPORTS / OTHER REPORTS

13.1 Hospital Standardised Mortality Ratio (HSMR) Update Report 2023/24

The Medical Director reported no significant changes within the report.

The Committee took a **“moderate” level of assurance** that HSMR is monitored as a key quality performance indicator. The Committee also took a **“moderate” level of assurance** that the HSMR for NHS Fife remains within limits.

13.2 Medical Appraisal and Revalidation Annual Report 2023/24

The Medical Director advised that the report provides a positive reflection on the close oversight within the teams, in terms of the diligent approach to medical appraisal and revalidation. It was explained that the addition of detail around a deferral for a revalidation has been added to the report, albeit this is a rare occurrence.

The process for revalidating long-term locums was explained, with it being noted that each agency has a delegated responsible officer, and that tight controls are in place.

The Committee took a “**significant**” level of assurance from the report.

13.3 Medicine Safety Review and Improvement Report 2023/24

The Acting Director of Pharmacy & Medicines advised that the report highlights the multidisciplinary work that has been carried out in this area, which is led through the Medicine Safety Policy Group. It was noted that a robust approach has led to a relatively low level of harm, from the large amounts of medicines which are prescribed and administered throughout Fife.

An explanation was provided on the dispensing error log and assurance was provided that this is an area which is scrutinised on a daily basis, with any incidents encouraged to be recorded. It was noted that as a result of these incidents, actions are put in place. Assurance was provided that teams are working hard across all areas to develop a safety culture.

Confirmation was provided that targeted work is being carried out in relation to administering the high pain medicine, oxycodone.

The Committee took a “**moderate**” level of assurance from the report.

13.4 Prevention & Control of Infection Annual Report 2023

The Director of Nursing highlighted the challenges in relation to workforce and advised that the vacancy for an Antimicrobial Therapy Pharmacist has now been filled. It was also advised that a Local Integrated Service Delivery Plan has been developed, which forms part of the Infection Control Workforce Strategy.

The Director of Nursing acknowledged all the hard work of the Infection Control Team and thanked them for their efforts in this area.

The Committee took a “**moderate**” level of assurance from the report.

11. LINKED COMMITTEE MINUTES

The Committee **noted** the linked committee minutes and also **noted** that there were no escalations to the Committee from any of these minutes.

11.1 Area Medical Committee held on 13 August 2024 (unconfirmed)

11.2 Cancer Governance & Strategy Group held on 15 August 2024 (unconfirmed)

11.3 Digital & Information Board held on 23 July 2024 (unconfirmed)

11.4 Fife Area Drugs & Therapeutic Committee held on 21 August 2024 (unconfirmed)

11.5 Health & Safety Subcommittee held on 6 September 2024 (unconfirmed)

- 11.6 Information Governance & Security Steering Group held on 17 July 2024 (confirmed)
- 11.7 Medical Devices Group held on 11 September 2024 (unconfirmed)
- 11.8 Medical and Dental Professional Standards Oversight Group held on 14 October 2024 (unconfirmed)
- 11.9 Infection Control Committee held on 1 October 2024 (unconfirmed)

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

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

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

There were no matters to escalate to NHS Fife Board.

13. MEETING REFLECTIONS & AGREEMENT OF MATTERS FOR CHAIR'S ASSURANCE REPORT TO BE PRESENTED TO FIFE NHS BOARD ON 26 NOVEMBER 2024

The reflections from the meeting & agreement of matters will be considered by the Chair, for onward submission to NHS Fife Board. The report will be provided to the following Committee meeting for information.

14. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 17 January 2025 from 10am – 1pm via MS Teams

Meeting: Clinical Governance Committee
Meeting date: 1 November 2024
Title: Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

The Committee reviewed the workplan for the financial year 2024/25.

The following items have been deferred and rescheduled:

- Public Protection, Accountability & Assurance Framework
- Director of Public Health Annual Report 2024
- Medical Education Annual Report

2. Matters Arising

2.1 East Region Neonatal Services Update

The report was presented to the Committee providing an overview of the East Region Neonatal Services Model and the outputs from the Scottish Government commissioned report 'Demand and Capacity Modelling of NICU Services, July 2024'. The Committee noted the concerns relating to the accuracy of data within the report and the implications for Fife Services should this progress to implementation. The Committee noted the risks and the lack of assurance from the report and agreed with the recommendation that the current approach is held until further work has been carried out with the East Region Planning Team. East region discussions are ongoing and the Committee will be appraised of the outcomes of these and the planned model for Fife at next CGC meeting.

2.2 Orthopaedic Hip Fracture Audit

The Committee discussed the current situation and the ongoing challenges faced in meeting the Scottish Hip Fracture Audit (SHFA) standards for time to theatre for patients presenting with acute hip fracture. Committee members were appraised of the work underway in Fife to address and improve performance against this standard including the extensive review of trauma pathways within NHS Fife. Members raised concern that orthopaedic trauma is not having the same prioritisation as other emergency surgical presentations and whilst moderate assurance was taken that the work is underway to address this particular standard further information was requested relating to clinical outcomes and a time framed action plan to next CGC meeting. CGC acknowledged that NHS Fife is meeting all other performance indicators within the Scottish Hip Fracture Audit.

3. The Committee considered the following items of business:

3.1 GOVERNANCE

3.1.1 Clinical Governance Oversight Group Assurance Summary

The report was discussed, and the Committee was advised that the membership of the group has been revised to include wider representation. It was noted that that Health Improvement Scotland will commence unannounced inspections of maternity units from January 2025 and safe delivery of care inspections in Mental Health Units before year end.

3.1.2 Corporate Risks Aligned to CGC

There are 4 corporate risks aligned to the CGC. There are no new risks. Off Site Area Sterilisation and Disinfection Unit Service has been removed.

The Access to Outpatient, Diagnostic and Treatment Services, Cancer Waiting Times and Whole System Capacity risks have now been scheduled to come to CGC once per year secondary to the update to Finance, Performance & Resource (FP&R) Committee for consideration of the impact on quality of care. The first of these reports scheduled was the Cancer Waiting Times and CGC were advised that the prostate cancer pathway remains the most challenging in terms of waiting times, the work to review the pathway and links with another Board area was noted. The risk mitigation actions were reviewed.

Work continues to review the Optimal Clinical Outcomes risk and will be presented at the January 2025 meeting.

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

No.	Risk	Actions Required
5	Optimal Clinical Outcomes	Risk currently being revised
9	Quality and Safety	Organisational Learning Plan
17	Cyber Resilience	No change
18	Digital and Information	No change

3.2 STRATEGY AND PLANNING

3.2.1 Annual Delivery Plan 2024/25 Quarter 2 Report

The Committee took a “moderate” level of assurance from the report and endorsed the ADP Q2 return for formal approval at the NHS Fife Board and for submission to Scottish Government.

Assurance was provided that clinical risks for those areas that are assessed as red (i.e., unlikely to complete on time/meet target) are captured within local risk registers and escalated as appropriate.

3.2.2 Clinical Governance & Strategic Framework Delivery Plan Mid-Year Review 2024/25

The Committee took a “moderate” level of assurance from the report noting the high level status of the 11 workstreams within the delivery plan.

3.2.3 Cancer Strategic Framework & Delivery Plan Update

The Committee noted the achievements from the Cancer Framework to date and took a “moderate” level of assurance.

3.3 QUALITY AND PERFORMANCE

3.3.1 IPQR

The IPQR was reviewed and discussed with the Committee taking a moderate level of assurance from the report. There were no performance related issues for escalation to the Board. Noted the top 5 incidents in Mental Health Services were incorporated into the report as requested. Narrative for the mental health quality indicators out with statistical process control limits to be provided along with information relating to top 5 incidents.

3.3.2 HAIRT

The HAIRT report was reviewed and discussed. There were no infection and prevention control issues for escalation to the Board with a moderate level of assurance taken.

3.3.2 Rapid Cancer Diagnostics Services (RCDS) Update

Members commended the report incorporating the University of Strathclyde detailed evaluation of the RCDS. The Committee took a “moderate” level of assurance from the update noting the comprehensive evaluation of both qualitative and quantitative data.

3.3.3 Adverse Events Improvement Plan Update

Noted that clinical teams have been instrumental in working together to refine our adverse events process. The Committee took a “moderate” level of assurance from the update.

3.4 DIGITAL & INFORMATION

3.4.1 Briefing on the NHS Dumfries and Galloway Cyber Incident

Assurance was provided actions were taken forward on the same day as NHS Fife were made aware of the incident, and the Committee took a “moderate” level of assurance from the actions outlined in the paper.

3.4.2 Briefing Paper for Digital Strategic Framework Timeline Update

The Committee took a “moderate” level of assurance from the achievements and delivery of the Digital Strategy 2019-2024 and the outline and timeline associated with the development of the Digital Strategic Framework 2025-2028.

3.5 PROFESSIONAL STANDARDS

3.5.1 Medical and Dental Professional Standards Oversight Group Update

Noted the group is newly established, replacing the previous Appraisal & Validation Group, and now has a wider remit including:

- Medical Appraisal and Revalidation.
- Consultant and SAS doctor Job Planning.
- Oversight of all aspects of undergraduate medical education.
- Oversight of all aspects of postgraduate medical education including rota compliance, deanery visits and survey feedback.
- Oversight of all aspects of undergraduate and post graduate dental education.
- Medical Workforce strategic planning

The Committee took a “moderate” level of assurance from the update.

3.6 PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

3.6.1 Patient Experience & Feedback

The Committee took a “moderate” level of assurance from the report. Noted a new single point of contact is in place for complaints, the improvement in the average number of days to close Stage 2 Complaints. Also noted that NHS Fife is one of the best performing NHS Scotland Health Boards for Care Opinion.

3.7 ANNUAL /OTHER REPORTS

There were four annual reports 2023/24 presented for **assurance**:

- Hospital Standardised Mortality Ratio (HSMR) Update Report 2023/24 (moderate level of assurance)
- Medical Appraisal and Revalidation Annual Report 2023/24 (significant level of assurance)
- Medicine Safety Review and Improvement Report 2023/24 (moderate level of assurance)

4. Delegated Decisions Taken by the Committee

Nil to report.

5. Issues to Highlight to the Board

- There were no performance related matters to escalate to the Board
- There were no infection and prevention control issues for escalation to the Board
- Limited assurance and actions associated with Neonatal Services Capacity Demand Modelling
- Ongoing work to address Hip Fracture time to theatre.

Arlene Wood
Chair
Clinical Governance Committee

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

CLINICAL GOVERNANCE COMMITTEE – ACTION LIST

Meeting Date: Friday 17 January 2025



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	06/09/24	Integrated Performance & Quality Report	To provide an update on the drug death cluster review that is underway, once available.	JK	On agenda under matters arising.	January 2025
2.	06/09/24	Care Opinion Annual Report 2023/24	To provide to the Chair, a snapshot of the Care Opinion Annual Report 2023/24.	JK	Closed.	November 2024
3.	06/09/24	Advanced Practitioners' Review Update	To provide further information in relation to the insights regarding the challenges for continuous professional development.	JK	Closed.	November 2024

NHS Fife

Meeting:	Clinical Governance Committee
Meeting date:	17 January 2025
Title:	Drug Death Cluster Reviews Briefing Update
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Author:	Tracey Cluster, Clinical Service Manager, Addiction Services Prof Susanna Galea-Singer, Clinical Lead, Addiction Services

1. Purpose

The prevalence of drug and alcohol deaths remains a significant issue in Scotland, with Fife experiencing similar trends, although below the national average. Learning from drug related deaths remains a priority for NHS Fife in order to improve the current picture. This paper provides the Clinical Governance Committee with a brief overview of the progress made to implement a cluster approach to drug related death reviews. A more detailed position is due to the CGC in March 2025.

2. Review and Learning of Drug Related Deaths- An Overview

Addiction Services:

- Upon notification of a suspected drug death of a patient of the Addiction Services or who had been a patient within the last 6 months, a DATIX report is completed, triggering a full review and learning process.
- The review panel process involves the full multi-disciplinary team, chaired by the Clinical Service Manager or Clinical Lead with representation from medical, nursing, pharmacy, and psychology staff. External scrutiny of the Review process is provided by a Public Health representative and/or the Head of Nursing (Fife Wide) and a representative from the Clinical Governance team. The review templates, aligned to the Medication Assisted Treatment (MAT) Standards, are completed and reviewed by the Team Leaders. The panel review each case as a full multi-disciplinary team offering rich conversation and to support enquiry. Learning and reviews are escalated to the Mental Health and Learning Disability QMAG.
- Learning is integrated into action plans and reviewed in Addiction Services meetings. Actions are themed to ensure there are assigned to specific improvement work stream within the service delivery plan. Themes within the action plan are similar to those within the Multi-Agency Drug Death Review Group (MMDRG) and are linked to the 10 MAT Standards: Access to services,

promoting choice, assertive outreach, providing harm reduction, retaining people in services, access and joint working with housing and advocacy services, access to primary care and ensuring services are psychologically and trauma informed.

Mental health Services:

- A successful pilot has been undertaken within Mental Health Services. Using the same robust process and an adapted template, patient's deaths are reviewed at a joint meeting with members of the multi-disciplinary teams from both Mental Health Services and Addictions Services.

3. Multi-Agency Drug Death Review Group (MDDRG)

The MDDRG reviews drug deaths across agencies, reviewing themes to inform a joint action plan for services across Fife to implement and improve outcomes for those using drugs. This includes the learning from the Addiction Service reviews for wider discussion. Representation from this group includes, Scottish Drug Forum, NHS Pharmacy, Public Health, NHS Addiction Services, Third Sector, and Social work. The MDDR reports into the Alcohol and Drug Committee.

The group has identified six overarching improvement themes:

- Communication
- Access to services
- Additional proactive support
- Adult protection
- Lack of overdose awareness
- Covid effective service responses.

The MDDRG Expert Delivery Group identifies shared themes from reviews to inform broader strategies. Some of the key work undertaken so far is summarised below:

- Work to address the involvement of Gabapentinoids in drug related death through a high risk pain management short life working group, with learning being captured to inform improvement work and prescribing guidance.
- The Drug Harm Assessment Group provides a multi-disciplinary whole system perspective to reviewing, risk assessing and predicting the harm/potential harm of specific drugs, cases or events in Fife. There is representation from Police Scotland, PHS, NHS, and commissioned services. This supports analysing the data from the next reporting period in drawing links between areas and specific activity and/or clusters of vulnerable people that highlight a need for support in that area, to target campaigns, alerts and other preventative measures that are required.
- Pathways are currently being reviewed, to improve access to the NHS Addictions Services, through improved joint working for people who are using stimulants and other substances. Training for NHS staff is being rolled out in the first quarter of the year on stimulant use.
- A benzodiazepine specific team works with people who have problematic benzodiazepine use and wish to address this. This team is multidisciplinary

with wrap around support and treatment including medical, psychology, nursing and third sector input.

- All teams across Fife continue to build on the progress made on implementation of the MAT standards, and continue to develop to respond with this approach for people using all substances. This includes the successful KY clubs; pop up cafes in areas of the highest need; lower the threshold for access for those most vulnerable.

NHS Fife

Meeting: Clinical Governance Committee
Meeting date: 17 January 2025
Title: Orthopaedic Hip Fracture Audit Briefing Update
Responsible Executive: Dr Chris McKenna, Medical Director
Report Author: Andy Ballantyne, Clinical Director Orthopaedics
 Sarah Mitchell, Clinical Lead Orthopaedics
 Fiona Cameron, NTC Manager

1. Purpose

At the clinical governance committee on the 1st November 2024 a paper was brought to inform the committee that NHS Fife was a significant outlier in relation to the SNAP Hip Fracture Audit (time to theatre). The committee had a number of additional questions and this paper seeks to answer these. A more detailed paper is due to the CGC in March 2025.

1. Members requested the detail of the outcomes from the PHS visit held on 4 November 2024.

Public Health Scotland (PHS) visited NHS Fife on 4/11/24 to discuss improvement plans. Within the meeting the actions to date were considered. A further meeting with PHS is planned at the end of January 2025, where consideration will be given to further detail that relates to the action trauma and orthopaedic action plan and the NHS Fife response to the 2024 Orthopaedic peer review.

2. Further detail was requested in relation to a delay past 36 hours from admission, increasing mortality by 38%.

Mortality	Number	30 day mortality	LOS (days)	Home by 30 days
No delay	293	4.4%	11.3	62.0
Lack of theatre only	131	6.11%	12.6	55.73%
Medically unfit delay	33	15.15%	15.5	45.45%
Other delay	28	7.14%	12.1	50.00%

Table1. Impact of delay on patient mortality (Mortality Data RedCap 2023, Data analysed by Sarah Mitchell, Orthopaedic Clinical Lead, December 2024)

2. Average wait time regarding patients for theatre relating to theatre capacity.

In 2024, 1800 emergency orthopaedic operations were performed within VHK and QMH (daycase). Hip, wrist, ankle and humerus/ shoulder injuries account for 58% of all emergency surgeries, 19% waited more than 7 days, 10% waited more than 10 days and 5% waited more than 14 days. While clinical issues can contribute to the delay, theatre access is frequently the major reason.

Between 2013 and 2023 there has been an 89% increase in frailty fracture admissions requiring surgery. During the same period, hours of trauma theatre each week have increased from 48.5 hours of trauma theatre in 2013 to 66 hours of trauma theatre in 2024 (36% increase).

Over the period 01 April 2024 to 30 Sept 2024, the time from first patient in to theatre to last patient into recovery was recorded, 68 hours of theatre was utilised of the 66 allocated. This corresponds to trauma theatre figures over the last 12 months demonstrating high theatre utilisation of the available theatre resource. NHS Fife has the best performance in Scotland for combined anaesthetic and surgical time for DHS (dynamic hip screw) and cemented hemiarthroplasty (National Theatre Efficiency Dashboard 2024)

3. Completion of job planning to ensure consultant availability

The service has sufficient flexibility within department job plans (consultant and speciality doctors) to support additional trauma sessions. The flexibility covers trauma theatre, elective theatres, fracture clinics and new patient clinics. Job planning for employed doctors in orthopaedics is nearly complete.

4. Orthopaedic trauma review: discovery phase and actions

A report on the output from each trauma discovery session was completed and used to inform the definition of issues, solutions and actions. An extensive review document is complete, which has a complementary action and delivery plan. Further detail will be provided in the comprehensive update paper coming to the committee in March 2025.

**ASSURANCE SUMMARY
NHS FIFE CLINICAL GOVERNANCE OVERSIGHT GROUP
10TH DECEMBER 2024**

1. Purpose

To provide the NHS Fife Clinical Governance Committee with an assurance summary from the Clinical Governance Oversight Group (CGOG) held on the 10th December 2024. This assurance statement summarises the key aspects of business covered.

	Summary	Assurance Level
1.	Adverse Events New Processes	Moderate
	<p>The group endorsed the new approach to adverse events, with changes being effective as of 6th Jan 2025. The key changes are:</p> <ol style="list-style-type: none"> 1. The new adverse event trigger list aligns to the national framework whereby the type of review is based on the level of harm and not the event type. 2. For major and extreme events there will be 5 review options: <ul style="list-style-type: none"> • Cardiac Arrest Review • Sudden Unexpected Death in Infancy (SUDI) • Unexpected drug and alcohol deaths • Suicide review • All other event outcomes that trigger major/extreme harm should follow the extant significant adverse event review (SAER) process 3. Following the update to the trigger list, there are specific moderate harms event types that require ongoing organisational focus on review and learning through completion of a Complex Care Review (CCR). These events are: <ul style="list-style-type: none"> • Tissue viability (grade 3) • Falls with harm • Catheter related E-Coli infection • Staphylococcus aureus bacteraemia (SABS) • Specific perinatal events also come into this categorisation and are already defined as part of the adverse events policy <p>It should be noted that for the categories stated above that a SAER would be commissioned in the instance where the harm is major or extreme.</p> <p>For each of these changes the group were provided with assurance that standard operating procedures, templates, learning approaches and governance structures have been developed to support the change in</p>	

	<p>process. All of these will be included in the refreshed Adverse Event Policy.</p> <p>The Adverse Events Policy is due for review in February 2025 and the group endorsed a 6 month extension to allow the new processes to embed and refine.</p>	
2.	Suicide Cluster Review	Moderate
	<p>CGOG had requested specific detail in relation to the suicide cluster review approach, aligned to the adverse event review above. The group endorsed the following approach for the reviews of suicides among patients in Mental Health, Learning Disability, Addiction Services, and Child and Adolescent Mental Health Services (CAMHS):</p> <ul style="list-style-type: none"> • Introduction of a Suicide Review Meeting multi-professional reviews and improved coordination/ oversight • Implementation of a standing operational procedure and review templates (in line with the approach endorsed above in section 1) • Ensure consistent documentation and timely updates on DATIX. • Lessons will be disseminated through Quality Matters Assurance Meeting, team meetings and governance groups to enhance care practice 	
3.	NHS Fife Stroke Standards	Moderate
	<p>The Clinical Lead for Stroke in NHS Fife presented an overview of the current stroke service and NHS Fife stroke bundle performance. The Stroke Improvement Plan (June 2023) was highlighted as the document outlining the vision for stroke services in Scotland.</p> <p>It was noted that the stroke bundle would not be included within the IPQR. The September 2024 stroke bundle performance was presented as follows:</p> <ul style="list-style-type: none"> • Overall compliance with the stroke bundle (standard 80%) had decreased from 81.0% in Aug 2024 to 62.9% in Sept 2024, the lowest level since Mar 2024 • 100% of patients had aspirin initiated on day of admission or following day • 96.8% patients had brain imaging CT/MRI within 12 hours of admission- the excellent relationships between departments has supported delivery of this standard consistently for the past 12 months. • Focused work continues in relation to swallow screening standard (100% of patients having a swallow screen within 4 hours of admission). Performance for September 2024 was 77.4%. • 84% of patients were admitted to the stroke unit within 1 day of admission. This did not meet the standard which is 90% but this was the first time this was not met since April 2024. 	

	Generally the performance in NHS Fife is good. The group were assured by the work and noted that assurance going forward will be provided through the Acute Services Division Clinical Governance structures.	
4.	Inphase Update	Limited
	<p>Through a national tender Inphase was identified as the preferred risk management system. Locally this would replace Datix. Due to company ownership changes it is no longer clear if the specification and functionality offered by Inphase is the same as was stated in the national tender.</p> <p>The specification of Datix v Inphase across adverse events, patient experience, claims, audit, resilience planning, is currently being assessed. This assessment will allow a determination of the best solution for NHS Fife.</p> <p>Additional work is underway to assess the wider quality management system functionality of Inphase for areas of development such as document control and infection prevention audit.</p> <p>The importance of making an informed and clear decision to move was noted by the group. Further update will be provided to CGOG in February 25.</p>	
5.	Deteriorating Patients Quarter 2 (2024/2025) Report	Moderate
	<p>The Clinical Lead for Deteriorating Patients presented the Quarter 2 Deteriorating Patient Report and highlighted:</p> <ul style="list-style-type: none"> • Survival rate from a cardiac arrest for the quarter Apr- Sept 2024 has increased from 15% to 27% • Percentage of compliance of observations within Acute Services for this quarter has reminded above the median of 70.7% • Work is required to improve the number of patients who have a Hospital Anticipatory Care Plan • Focused quality improvement work in AU1 has delivered improvement with compliance with observations on time and completion of structured responses. 	
6.	NEWS2 and Deteriorating Patient Update	Moderate
	<p>In 2021 the case to transition from Fife Early Warning Score (FEWS) to the National Early Warning Score (NEWS2) was endorsed. Due to resource constraints work to plan for implementation was delayed to 2022/2023.</p> <p>To progress this system wide change there is a requirement to undertake the following key pieces of work:</p> <ul style="list-style-type: none"> ○ Review of Know the Score Campaign materials ○ Update Patienttrack Alerting List ○ Review of the deteriorating patient Structured Response 	

	<p>sticker</p> <ul style="list-style-type: none"> ○ Development of revised escalation protocols for each hospital site across NHS Fife ○ Update of the Continuous Observation FEWS Policy to create an NHS Fife Deteriorating Patient Policy ○ Development of the Digital Patienttrack Observation system ○ Development of an education and training package ○ Development of a communication plan ○ Review of all clinical policies and procedures to reflect update to NEWS2 <p>Much of the work above is contained within the Deteriorating Patient Improvement Plan as such the group was asked to support a change in the governance structure for this work. The Group endorsed the implementation of a new governance structure which:</p> <ul style="list-style-type: none"> ○ Amalgamates the deteriorating patient improvement work with NEWS2 implementation; and ○ Delineates oversight and delivery <p>Beyond implementation of NEWS2 it is expected that this new structure would be reviewed but continue in some form to deliver the Deteriorating Patient Improvement Plan.</p>	
8.	HSCP Quality Matters Assurance Report	Moderate
	A comprehensive assurance statement was provided to the group with no items being escalated.	
9.	Acute Services Division Clinical Governance Assurance Report	Moderate
	A comprehensive assurance statement was provided to the group with no items being escalated. It was noted in time there is a requirement for ongoing updates relating to the Orthopaedic SNAP Audit and the East Region Neonatal Service.	
10.	NHS Fife Clinical Policy and Procedure Framework	Moderate
	<p>The draft NHS Fife Clinical Policy & Procedure Framework was presented to the group. This has been developed in order to set out the requirements for the production, approval, implementation and dissemination of Board-wide policies and procedures and local procedures in NHS Fife.</p> <p>This work is contained as a workstream within the Clinical Governance Delivery Plan 24/25. The group were invited to provide further feedback on the draft Framework with a view to this returning to the group for endorsement in Feb 2024.</p>	
11.	Independent National Audiology Review Update	Moderate
	The group received assurance in relation to the work undertaken in	

	<p>response to the Independent National Audiology Review:</p> <ul style="list-style-type: none"> • In January 2022 an Independent National Audiology Review was commissioned by the Cabinet Secretary for Health and Social Care, after concerns were identified in the standards of care provided by NHS Lothian Paediatric Audiology service. • Independent National Audiology Review produced a report in August 2023 and multiple, systemic problems within Audiology services in NHS Scotland were noted. A whole-system approach was to be developed by Scottish Government with 55 recommendations on how to improve Audiology Services across Scotland provided. <p>Within NHS Fife:</p> <ul style="list-style-type: none"> • Good progress has been made in areas relating to staff training in clinically critical areas, robust external peer review of newborn testing and adherence to local policy in relation to governance and recruitment. • Challenges remain in relation to external accreditation, advanced learning opportunities, service quality due to accommodation limitations. It should however be noted that audiology compliant workspace has improved from 14% to 28% after investment in 2 test rooms to deliver diagnostic work for the ear, nose and throat clinic. 	
12.	NHS Fife Audiology Reports	Moderate
	<p>Assurance was provided to the group in relation to the Local Medical Committee (LMC) advising that paper copy reports from Audiology had not been received by General Practitioners (GP's). In summary:</p> <ul style="list-style-type: none"> • Investigation identified that paper copy reports have not been sent by Audiology to GP's since January 2020. • Electronic upload of reports into Clinical Portal commenced in January 2020. There is no alert system to advise GP's report is available. • Agreement has been reached with stakeholders on how reports will be shared moving forwards. There is also a plan in place to restore legacy reports in an accessible format for GP's. • Digital & Information Team continue to explore improved methods of communication for this service. 	
13.	NHS Fife Clinical Policy and Procedure Update	Significant
	<p>The Group were given assurance that they have a 99% compliance rate for all clinical policies and procedures for NHS Fife.</p> <p>Procedures noted at the meeting:</p> <p>Fife Wide Procedures</p>	

	<ul style="list-style-type: none"> NHS Fife Wide Optical Radiation Safety Policy Ligature Policy – noted that the Medical Director has requested further work on this policy <p>Health & Social Care Partnership procedure approved:</p> <ul style="list-style-type: none"> H&SCP Procedure for Oral Suction of Adults within a Community Setting <p>Acute Services Division</p> <ul style="list-style-type: none"> The Acute Services Division Nurse Escort procedure was made obsolete with the introduction of a Fife Wide Nurse Escort Procedure. 	
14.	NHS Fife Activity Tracker	Moderate
	<p>The group were asked to note the updates contained within the tracker:</p> <p>One new Consultation</p> <ul style="list-style-type: none"> Healthcare Improvement Scotland Standards for Maternity Care - Scoping Consultation <p>Two Reports and Publications</p> <ul style="list-style-type: none"> Acute adult and older people hospital at home programme report 2023-24 Quality of care review guidance: September 2024 <p>New standard issued</p> <ul style="list-style-type: none"> Gender identity healthcare: Adults & Young People 	
15.	Corporate Risks Aligned to the Clinical Governance Committee	Moderate
	Paper escalated to Clinical Governance Committee and confirmed on agenda for January 2025.	
16.	Mental Health Clinical Integrated Performance & Quality Report Data	Moderate
	<p>The group endorsed the recommended improvement targets for Mental Health quality performance indicators (QPIs) that are included in the Integrated Performance and Quality Report (IPQR).</p> <ul style="list-style-type: none"> Within the IPQR Mental Health currently report: <ul style="list-style-type: none"> rates of incidents of ligatures self-harm restraint violence and aggression <p>These are reported as they are the highest number of incidents and causes of harm.</p> <ul style="list-style-type: none"> The group endorsed the following improvement targets: <ul style="list-style-type: none"> 10% for Ligature and Self Harm; and 20% for restraint and violence and aggression. Using the last 	

	24 month mean as a baseline for improvement	
17.	Clinical Outcomes of Closed Loop System Insulin Therapy	Moderate
	<p>The Medical Director presented a paper to the group outlining the benefits of closed loop system insulin therapy. There are significant cost pressures associated with the use of this technology, however the treatment is transformative in terms of quality of life as well as demonstrating, through local data, the long term clinical benefits. The benefits relate to ensuring good diabetic control to avoid significant long term complications such as vascular disease, kidney failure and blindness. It was noted that a health economics study would be of great benefit for this case and that consideration should be given to engaging the University.</p> <p>The Medical Director asked members to consider the contents of the paper and to provide feedback.</p>	
18.	Linked Meeting Minutes	Moderate
	No escalations were noted.	
19.	Items for escalation to January 2024 Clinical Governance Committee	N/A
	<ul style="list-style-type: none"> • Corporate Risks aligned to CGC • Orthopaedic Public Health Scotland Review - SNAP Audit 	
20.	Items identified to provide update/ assurance to the Clinical Governance Committee in early course	N/A
	<ul style="list-style-type: none"> • East Region Neonatal Service • Adverse Event Policy and Procedure – Sept 2025 	

**ASSURANCE SUMMARY
MENTAL HEALTH OVERSIGHT GROUP
22nd NOVEMBER 2024**

1. Purpose

To provide the NHS Fife Clinical Governance Committee with an assurance summary from the Mental Health Oversight Group held on the 22nd November 2024. This assurance statement summarises the key aspects of business covered.

	Summary	Assurance Level
1.	Mental Health Oversight Group Terms of Reference	
	Following review of membership, it was agreed that Head of Facilities to be added and the ToR was signed off.	
2.	NHS Fife Local Targets Sign-off Process	
	Assurance was provided to the group on the quality performance indicators within the Quality and Care section of the IPQR relating to Mental Health Services. CAMHS and Psychological Therapies WTT were the main focus.	
4.	Service Flash Card Reporting	
	<p>CAMHS</p> <p>The service have now managed to sustain their Referral To Treatment Target for the last 2 months and advised the criteria for the Enhanced Support Measures to be reduced is that the target is sustained for 3 months.</p> <p>Psychology</p> <p>The biggest challenge the service faces is around the Waiting Times Target and noted that while the service is focussing on the longest waits there is a negative impact on performance.</p> <p>Service development and redesign is being progressed with the Consultant Team and a deeper dive is currently being undertaken.</p> <p>There was discussion around recording of Job Plans for Psychologists with recognition that a collective electronic job plan was very helpful in identifying any gaps and recommended investigating whether there were any national tools that could be utilised for the Psychology team.</p>	

	<p>Adult services</p> <p>Staffing rosters and operating with 8 surge beds in each of the wards without additional funding has added a lot of pressure and challenges to the workforce. Service has reduced some surge beds from each ward which has resulted in a reduction of 12 beds with the plans to reduce the remaining 12 surge beds.</p> <p>Assurance that a review was currently being undertaken for those with longer length inpatient stays.</p> <p>Older Adult Mental Health</p> <p>Older Adult Mental Health had similar challenges to Adult Services with regards demand and capacity. Cairnie Ward update was provided supporting a closure of the ward to a new model of care for appropriate patients in the community. The environment within Ward 1 at QMH was reported as challenging and required enhanced nursing with regards to ligature risks. Assurance regarding the mitigation in place.</p> <p>Addictions</p> <p>Addictions Services is a community-based service with 3 staff bases and a satellite base. Highlight that Fife are being held up as Gold Standard for the MAT Standards with regards performance of delivery of the Standards.</p> <p>Forensics</p> <p>Recruitment is currently being undertaken to fill the Forensic Locum position.</p> <p>The Scottish Government have established a Short Life Working Group with regards the Forensic Network and there was discussion around the importance of ensuring that there is representation from Fife at this group.</p>	
<p>5.</p>	<p>Mental Health Estate</p>	
	<p>The environment is not best placed to support recovery from mental health issues and the group noted the importance of ensuring that Scottish Government are aware of the issues for Capital Funding. Assurance given that NHS Fife's priorities for Estates have been agreed and submitted for the next 5 years and £6M has been requested for QMH and Stratheden but response is still awaited as to whether the request will be approved.</p>	

	A sub-group from this meeting to be set up to review Estates to get a grasp on all that is required at QMH and Stratheden. A detailed plan is required for discussion at the next Oversight Group Meeting to provide assurance to the Board around the actions that are being taken.	
6.	Inspections: Mental Welfare Commission (MWC) Visits	
	Overview of MWC visits/ inspections to be provided at next meeting with evidence of actions being met.	
7.	MH Strategy	
	The most recent version of the strategy was shared and it was confirmed that the extensive consultation plan runs to February 2025. Acknowledgement of the importance of getting the document right and taking the opportunity to review and provide feedback on the document was reiterated.	
8.	Mental Health Workforce	
	No issues to escalate with regards the nursing workforce but noted that MH services depends on multi-disciplinary teams which includes a significant number of AHPs. Assurance was given regarding the Psychiatry workforce and steps taken to reduce locum spend moving to a direct engagement model for all. MDT meeting to be initiated to look at models of care and to be reported back to the oversight group. Assurance regarding the introduction of the newly qualified practitioners into substantive posts was received.	
10.	Mental Health Recovery Paper	
	Mental Health Recovery Paper/Redesign Paper Update – it was agreed more in-depth reviews on each idea to be provided to the group for further consideration. The redesign paper will be reported on at the next meeting.	
11.	Risk Register	
	The risk register requires significant revision. It was agreed that the risk register will be reviewed and shared with both chairs of the group prior to the next meeting. Shirley-Anne Savage to be included as Head of Risk for NHS Fife.	
12.	Summary of Escalations to Clinical Governance Committee	

	<p>Following discussion, it was agreed that although there are significant challenges across Mental Health Services with Estates being the greatest concern there was no requirement to escalate at this point.</p>	
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Meeting:	Clinical Governance Committee
Meeting date:	17 January 2025
Title:	Corporate Risks Aligned to Clinical Governance Committee
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Author:	Dr Shirley-Anne Savage, Associate Director for Risk & Professional Standards

Executive Summary

This paper provides an update on the Corporate Risks aligned to the Clinical Governance committee including an update on the Optimal Clinical Outcomes Risk and the risks aligned to the Director of Acute Services. Detail on Risk 7 - Access to outpatient diagnostics and treatment risk is also provided.

The committee are asked to:

- note the corporate risks as at 20 December 2024 including detail on risks 6,7 and 8 at Appendix 1
- note the update to the risk appetite statement (Appendix 2) and the position of each risks against this updated appetite.
- note the suggested new risk to replace the Optimal Clinical Outcomes risk
- note the rewording of the three corporate risks aligned to the Director of Acute Services.
- note the update on Risk 7 - Access to outpatient, diagnostic and treatment services.

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper is brought to the group to discuss the corporate risks aligned to the CGC including an update on the Optimal Clinical Outcomes risk and the risks aligned to the Director of Acute Services. It was previously recommended by Executive Directors' Group (EDG) and the Clinical Governance Committee (CGC) that the Optimal Clinical Outcomes risk be closed, and a revised risk developed.

An update is also included on Risk 7 - Access to outpatient, diagnostic and treatment services which is primarily aligned to FP&R committee but is brought here for further scrutiny.

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.


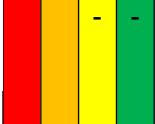


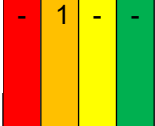




A deep dive on the Optimal Clinical Outcomes risk was carried out in April 2023, presented to EDG in April and CGC in May 2023. It was agreed at CGC that it would be useful to hold a Board Development Session to discuss this risk further. A session was subsequently held in October 2023, the outcome of which was to review the deep dive in order to provide the CGC with further assurance and present back to EDG and CGC. The updated deep dive was presented to EDG in February 2024 and CGC in March 2024.

Following consideration of the updated Deep Dive review at the CGC on 1 March 2024 and further discussion at Risk and Opportunities Group (ROG), EDG and CGC, it was recommended that this risk should be closed and a revised risk be developed.

2.3 Assessment

There were only minimum changes to the Corporate Risks aligned to CGC since the last meeting of the committee in November and the updated position can be seen in Table 1 and in Appendix 1.

Table 1: Risks Aligned to the Clinical Governance Committee

Strategic Priority	Over view of Risk Level	Risk Move ment	Corporate Risks	Assessment Summary of Key Changes
 To improve health and wellbeing			<ul style="list-style-type: none"> 5 Optimal Clinical Outcomes 	<ul style="list-style-type: none"> Risk Reframed and levels to be determined
 To improve the quality of health and care services			<ul style="list-style-type: none"> 9 Quality and Safety 	
 To deliver value and sustainability			<ul style="list-style-type: none"> 17- Cyber Resilience 18 - Digital and Information 	<ul style="list-style-type: none"> Risk 17, target date extended.

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

- Four risks are aligned to the Committee.
- The Optimal Clinical Outcomes risk has been reframed and is presented below.
- The risk level breakdown is - 2 High and 1 Moderate. The level for the new risk requires to be determined.

Risk Appetite

The Board approved an updated Risk Appetite in November 2024 (Appendix 2).

The Committee is asked to note the risk appetite status of its corporate risks using the following:

Possible Risk Scores	1	2	3	4	5	6	8	9
Risk Rating	Vlow	Vlow	Vlow	Vlow	Vlow	Low	Moderate	Moderate
Allocation to 4 Point Model	Averse	Averse	Averse	Averse	Cautious	Cautious	Cautious	Cautious

Possible Risk Scores	10	12	15	16	20	25
Risk Rating	Moderate	Moderate	High	High	High	High
Allocation to 4 Point Model	Open	Open	Open	Hungry	Hungry	Hungry

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

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

- The current risk rating is being assessed.

Risk 9 aligns to *Strategic Priority 2: ‘To improve the quality of health and care services’*.

The Board has an Open appetite for risks in this domain.

- The risk has a current moderate 12 risk level and is therefore within appetite.

Risks 17 and 18 align to *Strategic Priority 4: 'To Deliver Value and Sustainability'*.

The Board has an Open appetite for risks in this domain.

- Risks 17 has a current high-risk 16 level and is therefore above risk appetite.
- Risk 18 has a current high-risk 15 level and is therefore within risk appetite.

Risk Updates

Risk 5 Optimal Clinical Outcomes

The original detail of the risk is:

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.

At the Development session there was then discussion around the fact that this risk primarily covered the COVID-19 situation and the stepping down of services and the question was posed as to whether this risk is now less relevant at least in part and whether a new risk should be developed.

The risk was then further discussed and EDG and CGC on a number of occasions and agreement made to close the risk and develop a new risk and for the recommendation on the new risk to come forward to EDG.

The Medical Director, the Executive Nurse Director, the Director of Acute Services, the Associate Director of Quality & Clinical Governance and the Associate Director for Risk & Professional Standards met and agreed to reword the three risks aligned to the Director of Acute Services to strengthen the clinical outcomes element and also agreed a new risk for consideration. These suggestions are outlined below:

Risk 6 - Whole System Capacity

Previous

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

Suggested

There is a risk that NHS Fife will be unable able to provide safe and effective care to the population of Fife as a result of workforce capacity, significant and sustained unscheduled care and planned admission activity to the Victoria Hospital, as well as challenges in achieving timely discharge to downstream wards and provision of social care packages.

Risk 7 - Access to outpatient, diagnostic and treatment services

Previous

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

Suggested

There is a risk that patient outcomes will be adversely impacted by NHS Fife's challenge in delivering the waiting times standards due to ongoing unscheduled care pressures and demand exceeding current capacity.

Risk 8 - Cancer Waiting Times (CWT)

Previous

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

Suggested

There is a risk that patient outcomes may be adversely impacted by NHS Fife's ongoing challenge in meeting the cancer waiting times standards due to increasing patient referrals, complex cancer pathways and service capacity.

Suggested New Risk

There is a risk that patients could come to hospital acquired harm (falls, pressure damage, hospital acquired infection, medication) resulting in adverse clinical outcomes as a result of a reduction in resource, availability of specialist workforce and whole system pressures.

A deep dive will be initiated to agree current and target risk levels and mitigations against the new risk.

Update on Risk 7 - Access to outpatient, diagnostic and treatment services

Mitigations presented to FP&R are outlined below:

- The issue of the confirmed funding being 1M less than the committed staff costs was resolved and the Scottish Government confirmed a further 3.4M to maintain 2023/24 activity levels. The Board also successfully secured non-recurring funding from the 30M available nationally to support elective waiting times.
- The Planned Care Plan was approved by the FP&R Committee at the July meeting. This includes additional clinics, enhanced vetting and increased theatre capacity as well as funding additional medical posts (urology, neurology, gynaecology and ENT).
- The Integrated Planned Care Programme Board continues to oversee the productive opportunities work and this along with ongoing waiting list validation seeks to maximise available capacity.

- Speciality level plans in place outlining local actions to mitigate the most significant areas of risk. Focus remains on urgent and urgent suspicious of cancer patients however routine long waiting times will increase.
- Weekly waiting times meetings to review and action long waits. Monthly meeting to review and develop longer term plans to improve waiting times.
- Monthly meetings with Scottish Government to monitor delivery against the annual plan.
- The governance arrangements supporting this work continue to inform the level of risk associated with delivering against these key programmes and mitigate the level of risk over time.
- Discussions continue with Scottish Government around the need for additional funding to help reduce the waiting times for long waiting routine patients.

Outpatient and IPDC services continue to work within trajectories however risk of cancellations during winter pressures could adversely impact performance against previously submitted plans.

The anticipated Q2, Q3 and Q4 funding for Radiology with the exception of mobile imaging monies submitted against bids for 30m non-recurring funding has ceased. This will adversely affect performance in the latter part of the year particularly impacting ultrasound waiting times where there has been significant improvement in Q1. Projected 90% of patients waiting less than 6 weeks will not be sustained.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

Management and oversight of the corporate risks continue to be maintained, with risk reporting provided regularly to the relevant groups and committees.

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

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

2.3.6 Climate Emergency & Sustainability Impact

This paper does not raise, directly, issues relating to climate emergency and sustainability.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication and engagement over time

2.3.8 Route to the Meeting

- Gemma Couser, Associate Director of Quality & Clinical Governance on 7 January 2025
- Alistair Graham, Associate Director of Digital & Information on 7 January 2025
- Neil McCormick, Director of Property & Asset Management on 7 January 2025
- Dr Chris McKenna, Medical Director, on 7 January 2025
- Dr Joy Tomlinson, Director of Public Health on 7 January 2025
- Claire Dobson, Director of Acute Services on 7 January 2025

2.4 Recommendation

The Committee is asked to consider the suggested changes to the three current corporate risks aligned to the Director of Acute Services and the suggested new risk to replace the previous Optimal Clinical Outcomes as well as the detailed update provided on Risk 7 - Access to outpatient, diagnostic and treatment services.

Assurance - Members are asked to take a **“moderate” level of assurance** that, all actions, within the control of the organisation, are being taken to mitigate these risks.

3. Appendices

- Appendix 1, NHS Fife Corporate Risks aligned to the CGC as at 20 December 2024
- Appendix 2. Board Risk Appetite November 2024



Report Contact

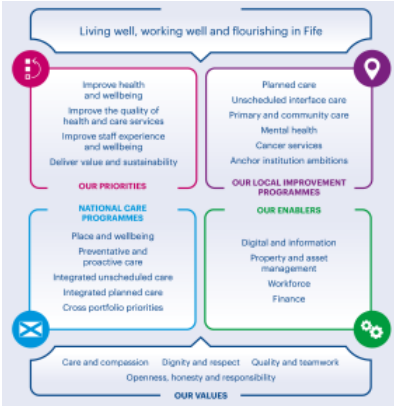

Dr Shirley-Anne Savage

Associate Director for Risk and Professional Standards


Email shirley-anne.savage@nhs.scot

NHS Fife Corporate Risk Register as at 20/12/24



No	Strategic Priority and Risk Appetite	Risk Title and Description	Mitigation	Risk Appetite Status	Current Risk Level/ Rating	Target Risk level & rating by dd/mm/yy	Current Risk Level Trend	Risk Owner	Primary Committee
5	 <p>HIGH</p>	<p>Optimal Clinical Outcomes</p> <p>There is a risk that patients could come to hospital acquired harm (falls, pressure damage, hospital acquired infection, medication) resulting in adverse clinical outcomes as a result of a reduction in resource, availability of specialist workforce and whole system pressures.</p>	<p>Following consideration of the updated Deep Dive review at the Committee's meeting on 1 March 2024, there was further discussion through the Risks and Opportunities Group (ROG) on whether it is appropriate to close the risk and develop a revised risk or risks. Following this and further discussion at Clinical Governance Oversight Group (CGOG), the recommendation was made to EDG on the 5 September 2024 to close the risk and reframe.</p> <p>The risk was re-worded and taken to CGOG and EDG for consideration in December and to be presented to the CGC in January.</p> <p>A deep dive will be initiated to agree the likely mitigations against this new risk and current and target risk levels.</p>		To be determined	To be determined	◀▶	Medical Director	Clinical Governance (CGC)
6	 <p>MODERATE</p>	<p>Whole System Capacity</p> <p>There is a risk that NHS Fife will be unable able to provide safe and effective care to the population of Fife as a result of workforce capacity, significant and sustained unscheduled care and planned admission activity to the Victoria Hospital, as well as challenges in achieving timely discharge to downstream wards and provision of social care packages.</p>	<p>This risk is to be discussed at EDG, where consideration will be given as to whether it remains a risk or has materialised into an issue.</p> <p>Work on bed modelling and redesign of the front door is underway.</p> <p>The combination of application of our OPEL process on a daily basis and the improvement work through our Integrated Unscheduled Care and Planned Care programmes provides the operational and strategic response to the challenges posed through this risk.</p> <p>A Whole System Winter Plan will be reviewed for 24/25. This will include a</p>	Above	High 20	High 16 by 31/03/25	◀▶	Director of Acute Services	Finance, Performance & Resources (F,P&RC)


			<p>response to surge and demand for an increase in capacity and flow through Acute, Community and Social Care.</p> <p>The System Flow Operational Group meets weekly with senior operational managers to review and plan capacity and flow across the Fife health and care system with escalation to the Integrated Unscheduled Care Board.</p> <p>Whole System Essential Flow Verification provides assurance that all patients identified as clinically fit or with a Planned Date of Discharge are reviewed daily.</p> <p>Weekly ASD Long Length of Stay (LoS) verification group to review and action LoS. Weekend verification group reviews the number of discharges and staffing ahead of weekend.</p> 						
7	 <p>Access to outpatient, diagnostic and treatment services</p> <p>There is a risk that patient outcomes will be adversely impacted by NHS Fife's challenge in delivering the waiting times standards due to ongoing</p>	<p>Planning for 2024/25 has been completed in line with planning guidance letter received on 24/01/24.</p> <p>The issue of the confirmed funding being 1M less than the committed staff costs has now been resolved as the Scottish Government have confirmed a further 3.4M to maintain 2023/24 activity</p>	Above	High 20	High 16 by 31/03/25	◀▶	Director of Acute Services	Finance, Performance & Resources (F,P&RC)	


		<p>unscheduled care pressures and demand exceeding current capacity.</p>	<p>levels. The Board has also successfully secured non-recurring funding from the 30M available nationally to support elective waiting times.</p> <p>The Planned Care Plan was approved by the FP&R Committee at the July meeting. This includes additional clinics, enhanced vetting and increased theatre capacity as well as funding additional medical posts (urology, neurology, gynaecology and ENT).</p> <p>The Integrated Planned Care Programme Board continues to oversee the productive opportunities work and this along with ongoing waiting list validation seeks to maximise available capacity.</p> <p>Speciality level plans in place outlining local actions to mitigate the most significant areas of risk. Focus remains on urgent and urgent suspicious of cancer patients however routine long waiting times will increase.</p> <p>Weekly waiting times meetings to review and action long waits. Monthly meeting to review and develop longer term plans to improve waiting times.</p> <p>Monthly meetings with Scottish Government to monitor delivery against the annual plan.</p> <p>The governance arrangements supporting this work continue to inform the level of risk associated with delivering against these key programmes and mitigate the level of risk over time.</p> <p>Discussions continue with Scottish Government around the need for additional funding to help reduce the waiting times for long waiting routine patients.</p>						
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			<p>Confirmation was received from Scottish Government in September that no further additional funding will be received for this financial year.</p> <p>December 24</p> <p>Outpatient and IPDC services continue to work within trajectories however risk of cancellations during winter pressures could adversely impact performance against previously submitted plans.</p> <p>The anticipated Q2, Q3 and Q4 funding for Radiology with the exception of mobile imaging monies submitted against bids for 30m non-recurring funding has ceased. This will adversely affect performance in the latter part of the year particularly impacting ultrasound waiting times where there has been significant improvement in Q1. Projected 90% of patients waiting less than 6 weeks will not be sustained.</p> <p>Priority continues to focus on our urgent and urgent suspicion of cancer patients as well as treating patients based on clinical prioritisation, validating waiting lists and reprioritising patients where indicated and reducing the number of long waiting patients.</p>						
8	 <p>MODERATE</p>	<p>Cancer Waiting Times (CWT)</p> <p>There is a risk that patient outcomes may be adversely impacted by NHS Fife's ongoing challenge in meeting the cancer waiting times standards due to increasing patient referrals, complex cancer pathways and service capacity.</p>	<p>The Acute Cancer Services Delivery Group has been reinstated and Terms of Reference reviewed.</p> <p>Operational risks around Pharmacy and SACT nursing capacity has been escalated. A review of the SACT Unit and nursing workforce is underway. Two ANPs are in the process of being recruited.</p>	Within	High 15	Mod 12 by 31/03/25	◀▶	Director of Acute Services	Finance, Performance & Resources (F,P&RC)

			<p>The prostate project group is under review to incorporate learning from the Lanarkshire Model.</p> <p>The Nurse-led model went live in August 2023 however there has been reduced activity due to training of a replacement staff member. The Evaluation of this project currently being undertaken with an update from University of Stirling expected.</p> <p>There is a focus to look at the waits to TP biopsy (which are partly due to nursing vacancy), the post MDT part of the pathway and review robotic surgery capacity. TP biopsy waits have improved however the Post MDT part of the pathway (OPA and Oncology) together with robotic capacity remains challenging.</p> <p>An additional surgeon is to be trained to perform robotic surgery for prostate cancer (RALP) and a hormone therapy review is underway. However, TURBT waits have now reduced.</p> <p>Funding for channelled endoscopes has been supported to improve waits in the head and neck pathway.</p> <p>Forth Valley supports mutual aid breast clinics to ensure performance is maintained.</p> <p>Fortnightly meetings with Scottish Government (SG) and quarterly monitoring of the Effective Cancer Management Framework is currently under review.</p> <p>Single Point of Contact Hub (SPOCH) continues to effectively support initiation of the Optimal Lung Cancer and support the negative qFIT pathway. To remove patients from the lung pathway in a timely manner the Hub advises patients of 'good</p>						
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			<p>news' albeit the service has had both sickness and vacancy challenges. Support from Health Records has helped timely appointments for patients referred urgent suspected cancer.</p> <p>The Cancer Framework is currently under review to ensure alignment with the Scottish Cancer Strategy. The Actions for 2024-25 are being agreed. A report highlighting the successes in year 1 and year 2 has been done and taken to the Cancer Governance and Strategy Group and is due to be tabled at Clinical Governance Committee</p> <p>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.</p> <p>Cancer Waiting Times funding will be provided on a recurring basis from 2024-25. Bids have been prioritised to support improvement.</p> <p>ADP Actions for 2025/26 are currently under review.</p>						
9	 <p>MODERATE</p>	<p>Quality & Safety</p> <p>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.</p>	<p>Effective governance is in place and operating through the Clinical Governance Oversight Group (CGOG) providing the mechanism for assurance and escalation of clinical governance (CG) issues to Clinical Governance Committee (CGC).</p> <p>There are also effective systems & processes to ensure oversight and monitoring of national & local strategy / framework / policy /audit implementation and impact.</p> <p>One of the root causes of this risk is that there are “no effective system of</p>	Within	Moderate 12	Low 6 by 31/03/25		Medical Director	Clinical Governance (CGC)

			<p>supporting effective organisational learning”.</p> <p>The Organisational Learning Leadership Group (OLLG) has confirmed a workplan for 2024/2025. A key focus of this work will be the development of a Learning from Clinical Experience Collaborative that brings multiprofessional groups together across the NHS Fife healthcare system to share learning as a collective.</p> <p>Another change which aligns to the work of the OLLG and the Adverse Events Improvement Plan is that from 1st August all significant adverse events graded as a 4 (i.e. “A <i>different plan and or delivery of care, on balance of probability, would have been expected to result in a more favourable outcome, i.e. how case was managed had a direct impact on the level of harm</i>”) will now have the associated improvement plans returned to the Executive SAER panel for oversight and monitoring of improvement actions.</p> <p>The intention is to redefine the risks relating to Quality and Safety beyond the process/governance focus that we currently have.</p>						
17	 <p>Cyber Resilience</p> <p>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.</p>	<p>The Network Information System Directive (NISD) and now Cyber Resilience Framework Audit has concluded for 2024. The compliance rate has increased to 93%, up from 77% from the previous year.</p> <p>The action plan for improvement will be presented to the Information Governance and Security Steering Group for review and progress tracking.</p> <p>The associated and linked Risks for Cyber Resilience will be reviewed in line with the Audit report.</p>	Above	High 16	Mod 12 by 30/09/25	◀▶	Director of Digital and Informati on	Clinical Governance (CGC)	

			Management actions continue to be progressed.						
18	 <p>MODERATE</p>	<p>Digital & Information</p> <p>There is a risk that the organisation maybe unable to sustain the financial investment necessary to deliver its D&I Strategy and as a result this will affect our ability to enable transformation across Health and Social Care and adversely impact on the availability of systems that support clinical services, in their treatment and management of patients.</p>	<p>A strategy completion report will be presented to the NHS Fife Board in November 2024.</p> <p>A revised Digital Framework is being created via the Digital Information Board and will be presented to governance committees for review and comment. The annual delivery plan for 2024/25 demonstrates an alignment to the RTP framework and continuation of required national and local digital programmes. A reduced level of activity to match the resource availability and limited levels of finance. (Capital and revenue)</p> <p>The revised framework will include, financial and workforce planning, to support the mitigation associated risk.</p>	Within	High 15	Mod 12 30/04/25	◀▶	Director of Digital and Information	Clinical Governance (CGC)

Risk Movement Key

- ▲ Improved - Risk Decreased
- ◀▶ No Change
- ▼ Deteriorated - Risk Increased

NHS Fife Risk Appetite Statement

November 2024

NHS Fife's Population Health and Wellbeing Strategy (2022-2027) sets an organisational vision that the people of Fife live long and healthy lives. This strategic framework, developed by our staff and built on our vision and values details how our priorities will link to National Care Programmes, underpinned by system enablers. It is also important that the risk appetite is aligned to our Reform, Transform and Perform (RTP) Programme.

The Board recognises that it is not possible to eliminate all the risks which are inherent in the delivery of health and care and is willing to accept a certain degree of risk when it is in the best interests of the organisation, and ultimately, the population of Fife and people we serve. The Board has therefore considered the level of risk that it is proposed to accept for key aspects of the delivery of health and care, and these are described in line with our four organisational aims.

Therefore, the Board and the relevant Board committees will not accept risks with an assurance level of less than moderate (no appetite for none or limited assurance). A higher level of scrutiny will be applied to risks and associated mitigation plans where the level of assurance is none or limited, until a minimum of moderate assurance is agreed. (Tolerate moderate assurance).

To ensure a common understanding of 'levels' of risk appetite, the following definitions have been adopted by the NHS Fife Board.

- Averse – Avoidance of risk and uncertainty is a key organisational objective.
- Cautious – Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
- Open - Willing to consider all potential delivery options and chose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).
- Hungry – Eager to be innovative and chose options offering potentially higher business rewards, despite greater inherent risk.

The risk appetite aligns to the strategic priorities within our four-point model as outlined below:

Hungry	Eager to be innovative and chose options offering potentially high despite greater inherent risk.	Improving health and wellbeing
Open	Willing to consider all potential delivery options and chose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).	Improving the quality of health and care services Improving staff experience and wellbeing Delivering value and sustainability
Cautious	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.	
Averse	Avoidance of risk and uncertainty is a key organisational objective.	

The diagram below demonstrates where each of the corporate risks would fall in terms of this model:

Hungry	Eager to be innovative and chose options offering potentially higher business rewards, despite greater inherent risk.	Improving health and wellbeing		
		1) Population Health and Wellbeing Strategy 2) Health Inequalities 4) Policy obligations in relation to environmental management and climate change 5) Optimal Clinical Outcomes 21) Pandemic Risk		
Open	Willing to consider all potential delivery options and chose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).	Improving the quality of health and care services	Improving staff experience and wellbeing	Delivering value and sustainability
		6) Whole System Capacity 7) Access to outpatient, diagnostic and treatment services 8) Cancer Waiting Times 9) Quality and Safety 10) Primary Care Services 19) Implementation of Health and Care (Staffing) (Scotland) Act 2019	11) Workforce Planning and Delivery 12) Staff Health and Wellbeing	13) Delivery of balanced in year financial position 14) Delivery of recurring financial balance over the medium-term 15) Prioritisation & Management of Capital funding 17) Cyber Resilience 18) Digital and Information 20) Reduced Capital Funding

Meeting: Clinical Governance Committee
Meeting date: 17 January 2025
Title: Internal Control Evaluation
Report Author: Jocelyn Lyall – Chief Internal Auditor

Executive Summary

- This Internal Control Evaluation (ICE) aims to provide early warning of any significant issues that may affect the Governance Statement.
- The report highlights the exceptionally challenging circumstances NHS Fife is facing and highlights areas of good practice. Key to the future performance of the Board is Reform, Transform and Perform (RTP), which will require a continuing focus and pace of change to achieve its objectives for 2024/25.
- The ICE was issued to the Director of Finance and Strategy on the 4 December 2024 and members of the Executive Directors Group (EDG) confirmed factual accuracy and provided final Management Responses on 3 December 2025. The report has been issued to Audit and Risk Committee members and will be presented to the March 2025 Audit and Risk Committee for formal approval.
- This report is for the Clinical Governance Committee to consider and specifically note the narrative under both Corporate and Clinical Governance.

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to a:

- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation and Background

As Accountable Officers, Chief Executives are responsible for maintaining a sound system of internal control to manage and control all the available resources used in the organisation. The work of Internal Audit and the assurances provided by the Chief Internal Auditor in relation to internal control are key assurance sources taken into account when the Chief Executive undertakes the annual review of internal controls, and form part of the consideration of the Audit and Risk Committee and the Board prior to finalising the Governance Statement which is included and published in the Board's Annual Accounts.

2.3 Assessment

Key Themes

Over the last four years Internal Audit has reported that long term risks can only be mitigated through strategic change. The Audit Scotland 'NHS in Scotland 2024 Finance and Performance' report highlighted the need to focus more on longer term reform and that difficult decisions about what the NHS should potentially stop doing will be necessary. Stakeholders must be consulted on change and their views must be considered in decision making, to ensure quality of care and best value from available resources.

We reiterate our previous commentary that there must be an impetus to 'do things differently' and to prioritise in line with a clearly communicated, realistic and coherent integrated, Fife-wide strategic direction for transformation, within the available financial and staffing envelope.

Collaborative clarity of vision will be essential to enable Fife to develop an integrated transformation plan and to build on the first year of RTP to effectively and efficiently deliver good quality healthcare services whilst making required recurring savings.

The current significant financial and service challenge across health and social care will require NHS Fife, Fife Council, the IJB and the wider partnership to work together effectively.

The Clinical Governance Strategic Framework outlines the governance and assurance reporting routes for clinical governance throughout the full span of NHS Fife responsibilities. An improvement plan is in place to address known issues with adverse events management, and further work is required to improve complaints management performance.

The Audit Scotland NHS in Scotland 2024 Finance and Performance report noted that Scotland's NHS is still struggling to deliver care in a timely way; most waiting times standards are not being met and overall performance has not changed markedly at a national level in the last year.

In June 2024 the Cabinet Secretary for NHS Recovery, Health and Social Care, described the overarching vision as 'a Scotland where people live longer, healthy and fulfilling lives', supported by four key areas of work: improving population health; a focus on prevention and early intervention; providing quality services; maximising access, with all of these underpinned by putting people at the heart of those services.

Financial sustainability remains a significant and enduring risk for all Health Boards and for NHS Fife. The financial deficit before savings for 2024/25 was £53.507m with £25m of savings to be achieved, leaving a £28.507m overspend.

Reporting on RTP, which aims to achieve the required 3% (£25m of savings), has been transparent and continues to evolve. The RTP Framework is now well embedded, but the agenda is extremely challenging and will become more so in the future. Reporting must be transparent, overt, and realistic in terms of the achievability of savings, with barriers to achievement clearly reported. Looking ahead to 2025/26, plans must be based on realistic and validated data, with lessons learned from year 1 applied.

There remains a strong risk that the Board will not meet or improve on the original £30m forecast deficit reported in the financial plan in March 2024.

Pressures on capital funding may impact on the Board's ability to address the pressures it is currently facing, as well as investing in longer-term reform such as innovation and technology.

Workforce risks remain very high across NHSScotland and our previous ICE and Annual Reports highlighted the well-known workforce risks and the potential impact on service delivery. Capacity, including the impact of vacancies and sickness absence remains a significant risk, with supplementary staffing costs a continuing, if improving, financial pressure.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

The Institute of Healthcare Improvement Triple Aim (Better Population Health, Better Quality of Patient Care, Financially Sustainable Services) is a framework that describes an approach to optimising health system performance and is a core consideration in planning all internal audit reviews.

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

All papers have been produced by Internal Audit and shared with the Director of Finance and Strategy. The ICE report has been shared with Directors to confirm the factual accuracy of each section.

2.3.8 Route to the Meeting

This paper has been produced by the Regional Audit Manager and reviewed by the Chief Internal Auditor, then presented to the Audit and Risk Committee for initial discussion. The Final ICE Report has been issued to Audit and Risk Committee members. The report is presented to the Public Health and Wellbeing Committee for consideration.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a “**moderate**” level of assurance
- **Discussion** – Discuss and take assurance from the ICE

3 List of appendices

- Appendix No. 1, Internal Control Evaluation 2024/25 Final Report

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FTF Internal Audit Service

Internal Control Evaluation 2024/25 Report No. B07/25

Issued To: C Potter, Chief Executive
M McGurk, Director of Finance and Strategy and Deputy Chief Executive

G MacIntosh, Head of Corporate Governance/Board Secretary
Executive Directors Group
H Thomson, Board Committee Support Officer

Audit Follow-Up Co-ordinator

Audit and Risk Committee
External Audit

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Target Audit and Risk Committee without Management Responses	12 December 2024
Draft Report Issued	4 December 2024
Management Responses Received	3 January 2025
Target Audit & Risk Committee with Management Responses	13 March 2025
Final Report Issued	08 January 2025

EXECUTIVE SUMMARY

1. As Accountable Officers, Chief Executives are responsible for maintaining a sound system of internal control and to manage and control all the available resources used in the organisation. This review aims to provide early warning of any significant issues that may affect the Governance Statement.

OBJECTIVE

2. Together, the mid-year Internal Control Evaluation report (ICE) and the Annual Report provide assurance on the overall systems of internal control, incorporating the findings of any full reviews undertaken during the year and providing an overview of areas which have not been subject to a full audit. These reviews do not, and cannot, provide the same level of assurance as a full review but do allow an insight into the systems which have not been audited in full. The ICE review provides early warning of potential year-end assurance issues and allows a holistic overview of governance within NHS Fife.
3. The Annual Delivery Plan (ADP) 2024/2025 was signed off by the Scottish Government on 28 May 2024. The three-year Medium Term Financial Plan 2024/25 to 2026/27 (MTFP) was approved by Board on 26 March 2024. The Scottish Government acknowledged the Financial Plan for 2024/25 but did not approve it. As reported to Fife NHS Board on 25 September 2024, it remains unapproved, and dialogue is ongoing.
4. The ICE report will be presented to the 12 December 2024 Audit and Risk Committee meeting, providing a detailed assessment of the adequacy and effectiveness of internal control, which should allow remedial actions to be taken before year-end, allowing the year-end process to be focused on year-end assurances and confirmation that the required actions have been implemented. The ICE will also provide a detailed assessment of action taken to address previous internal audit recommendations from the 2023/24 ICE and Annual Report.
5. This review will be a key component of the opinion we provide in our Annual Report and will inform the 2025/26 Internal Audit planning process.
6. Our audit specifically considered whether:
 - Governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objectives.

AUDIT OPINION

7. Ongoing and required developments and recommended actions are included at Section 2.
8. Our Annual Report was issued on 14 June 2024 and was informed by detailed review of formal evidence sources including Board, Standing Committee, Executive Directors Group (EDG), and other papers.
9. As well as identifying key themes, our Annual Report made three specific recommendations in the following areas:
 - Within the Clinical Governance Oversight Group (CGOG) Annual Report, references to External Assurance reporting will be included in future iterations.
 - Reporting to Clinical Governance Committee (CGC) should include clear scheduling of the revision process for the Digital & Information (D&I) Strategy including presentation to D&I Board, CGC and ultimately to Fife NHS Board for approval.

- Assurance regarding the review status of D&I policies not included in the Information Governance & Security (IG&S) Accountability and Assurance Framework report should be regularly provided to the D&I Board.
10. Outstanding actions from our previous ICE and Annual Report recommendations are shown in Table 1. The two actions relating to Digital & Information have been completed since the issue of our Annual Report and the planned completion of the recommendation about external assurance reporting to CGOG will be validated at year end.
 11. Overall, there has been good progress on actions to address recommendations from the 2023/24 ICE and Annual Report. Where action is still to be concluded, the Board has been informed of the planned approach and timescales, as well as associated improvement plans.
 12. In this report we have provided an update on progress to date and, where appropriate, built on and consolidated previous recommendations to allow refreshed action and completion dates to be agreed.
 13. We recommend that this report is presented to each Standing Committee so that key themes can be discussed and progress against the recommendations can be monitored.

KEY THEMES

14. Detailed findings are shown later in the report, and for context, relevant Corporate Risks against each strand of Corporate Governance are included. Key themes emerging from this review and other audit work during the year are detailed in the following paragraphs.
15. Since 2021/22, Internal Audit has reported that long term risks can only be mitigated through strategic change. The Audit Scotland NHS in Scotland 2024 report highlighted the need to focus more on longer term reform and highlighted that difficult decisions about what the NHS should potentially stop doing will be necessary. Stakeholders must be consulted on change and their views must be considered in the decision making to ensure quality of care and best value from available resources.
16. We reiterate our previous commentary that there must be an impetus to 'do things differently' and to prioritise in line with a clearly communicated, realistic and coherent integrated, Fife wide strategic direction for transformation, within the available financial and staffing envelope.
17. The NHS in Scotland 2024 report emphasised that effective leadership and collaboration are essential and that senior leaders must have a clear vision and strategic direction for reform. Collaborative clarity of vision will be essential to enable Fife to develop an integrated transformation plan and to build on the first year of Reform, Transform and Perform (RTP) to effectively and efficiently deliver good quality healthcare services whilst making required recurring savings.
18. The current significant financial and service challenge across health and social care will require NHS Fife, Fife Council, the IJB and the wider partnership to work together effectively. Collaborative governance requires a clear understanding of responsibilities, trust and willingness from all parties to work together, with the right culture in place to support all partners.
19. The Audit Scotland NHS in Scotland 2024 Finance and Performance report noted that Scotland's NHS is still struggling to deliver care in a timely way; most waiting times standards are not being met. Only two out of nine national standards reviewed by Audit Scotland were being met for the quarter ending June 2024. Performance against five of the standards improved in the year to June 2024, but overall performance has not changed markedly at a national level in the last year.
20. The Population Health and Wellbeing Strategy (PHWS) was approved by NHS Fife Board in March 2023 and covers the period to 2028. It is important that the impact of the overall Strategy on the health and wellbeing of the population of Fife is monitored, and that performance reporting on

progress of the strategy is presented through the annual reporting mechanism. The PHWS Annual Report provides assurance on progress and includes qualitative case studies. The Integrated Performance and Quality Report (IPQR) provides an additional supportive mechanism which enables measurement against realistic, challenging, achievable trajectories within available resources.

21. In June 2024 the Cabinet Secretary for NHS Recovery, Health and Social Care described the overarching vision as 'a Scotland where people live longer, healthy and fulfilling lives', supported by four key areas of work: improving population health; a focus on prevention and early intervention; providing quality services; maximising access, with all of these underpinned by putting people at the heart of those services. The PHWC has an extensive and well managed agenda and will have an increasingly important role as the national Population Health Framework develops.
22. Financial sustainability remains a significant and enduring risk for all Health Boards and for NHS Fife. The financial deficit before savings for 2024/25 was £54.750m with £25m of savings to be achieved, leaving a £29.750m overspend.
23. Reporting on RTP, which aims to achieve the required 3% (£25m of savings) has been transparent and has evolved during the year to date. The RTP Framework is now well embedded, but the agenda is extremely challenging and will become more so in the future. Reporting must be overt, and realistic in terms of the achievability of savings, with barriers to achievement clearly reported. Looking ahead to 2025/26, plans must be based on realistic and validated data, with lessons learned from year 1 applied.
24. Where RTP workstreams are underperforming there has been additional reporting to quantify actions to bridge the financial gap. Achievement of the £25m savings for 2024/25 in the remaining five months of the financial year may not be possible with winter pressures now impacting. In the recent Quarter 2 review Scottish Government highlighted that *"It is vital the Board continues to work towards the savings target set of at least 3% recurring savings against baseline budget, as well as progressing further non recurrent measures and assessment of difficult choices to bring the position back towards financial breakeven which remains the statutory responsibility of the Accountable Officer to achieve."*
25. At the end of October 2024, £11.968m of savings was anticipated across the 13 RTP schemes with £9.349m confirmed as delivered, a shortfall on plan of £2.618m. The November 2024 Board was informed that that there is a reasonable level of confidence that £23.6m of the 3% efficiency target will be achieved and a further push is now on to bridge the £1.4m gap in projected delivery in quarter three. NHS Fife cannot rely on non-recurring savings as this will adversely impact on future years financial gaps and the split between recurring and non-recurring savings should be clearly identified and reported.
26. Whilst we concluded that financial reporting through governance structures is transparent with a focus on known areas of overspend, for example the IJB Recovery Plan for 2024/25, there remains a strong risk that the Board will not meet or improve on the original £30m forecast deficit reported in the financial plan in March 2024. The achievement of financial balance in year corporate risk has a current risk rating of 25, with moderate target risk level of 16 by 31 March 2025, which with the known circumstances, appears to be unachievable. Oversight of this risk is the responsibility of the Finance, Performance and Resources Committee, which considers corporate risks aligned to it at each meeting.
27. The known reductions in capital funding and the resultant risk will be a key consideration for the Board and will require careful management to mitigate the impact on the revenue budget and transformation. A reduction in capital funding may impact on the Board's ability to address the pressures it is currently facing, as well as investing in longer-term reform such as innovation and technology.

28. Governance arrangements remain robust, and we commend the reporting of assurance levels to focus reporting and facilitate scrutiny and challenge from members.
29. We were pleased to note that the corporate risks are being actively reviewed and we have made recommendations to ensure risk scores and targets are realistic in terms of the internal and external environment, and that risks are reviewed in the context of the whole risk register with interconnections between risk explored. The programme of deep dives for the extant corporate risk register has been completed and we would encourage the reinstatement of this when the revised risks are agreed. Agreement of risk appetite will inform the corporate risk register review.
30. Workforce risks remain very high across NHSScotland and the NHS Fife workforce planning and delivery risk is scheduled for review in March 2025, following issue of anticipated Scottish Government guidance. Our previous ICE and Annual Reports highlighted well known workforce risks and the potential impact on service delivery. Capacity, including the impact of vacancies and sickness absence remains a significant risk, with supplementary staffing costs a continuing, if improving, financial pressure.
31. The Clinical Governance Strategic Framework outlines the governance and assurance reporting routes for clinical governance throughout the full span of NHS Fife responsibilities. An improvement plan is in place to address known issues with adverse events management, and further work is required to improve complaints management performance.
32. This report contains several recommendations that reflect the changes to the risk environment in which the Board operates. Our recommendations are aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance.

KEY DEVELOPMENTS SINCE THE ISSUE OF THE ANNUAL REPORT INCLUDED:

- Approval of Board Corporate Objectives 2024/25.
- Population Health and Wellbeing Strategy 2024/25 Midyear Report to Board.
- Agreement of allocation of the additional £7.2m of National Resource Allocation Formula (NRAC) funding in 2024/25.
- Updates provided to the NHS Fife Board and Finance, Performance and Resources Committee (FPRC) on the NHS Support and Intervention Framework (currently Level 2).
- Board consideration of a Blueprint for Good Governance Improvement Plan update on progress.
- Board and PHWC consideration of a Sustainability and Greenspace Progress Report and achievements relating to the NHS Fife 2030 Greenspace Strategy.
- Procurement Strategy approved by the FPRC in September 2024.
- Ongoing work by external consultants on a system wide Bed modelling exercise indicating Clinical and Financial options for future planning.
- Development of a Crisis Communications Strategy in Response to Cyber Attack or Major Systems Outage in NHS Fife.
- Board approval of a revised Board Risk Appetite Statement.
- Ongoing work to agree staffing establishment, with a focus on data quality, to inform the new Workforce Plan for effective delivery of services.
- Establishment of the RTP People and Change Board to deliver safe, sustainable workforce improvement whilst contributing to the delivery of sustainable financial savings.
- Continuous improvement in Staff Governance Committee governance and reporting processes.
- Revision of the PHWC Terms of Reference to reflect changes in membership and oversight of delegated services where the committee is responsible for performance i.e. Mental Health and Primary Care.

- Mid-year progress reporting on the Clinical Governance Strategic Framework Delivery Plan.
- Imminent refresh of the Clinical Governance Strategic Framework.
- Introduction of a refreshed approach for the Organisational Learning Leadership Group.
- Enhancement of the IPQR to further improve presentation and to include additional Public Health measures.
- Initial assessment of the Scottish Government Budget Announcement for 2025/26, with the first draft of the Financial Plan for 2025/26 to be presented to EDG in January 2025.
- IJB Lessons Learnt report for 2023/24 was presented to the NHS Fife Board (Private Session) in November 2024.
- IJB Financial Recovery Plan for 2024/25 was presented to the NHS Fife Board (Private Session) in November 2024.




ACTION



33. The action plan has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.


ACKNOWLEDGEMENT

34. We would like to thank all members of staff for the help and co-operation received during the course of the audit.

Jocelyn Lyall, BAcc CPFA
Chief Internal Auditor

TABLE 1		
Annual Report 2023/24 (B06/25) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
1. Clinical Governance Oversight Group's (CGOG) Annual Statement of Assurance		
<p>The CGOG Annual Assurance Statement for 2024/25 to include reference to the assurance it receives on inspections by external bodies such as Healthcare Improvement Scotland and the Mental Welfare Commission and on action being taken to address recommendations made in these reports.</p> <p>Action Owner: Medical Director</p> <p>Original target implementation date 31 March 2025.</p>	<p>As this action relates to an annual statement of assurance it will be actioned at year-end.</p>	 <p>On Track</p>
2. Digital and Information Framework Development and Approval Timescales		
<p>The update report to on the D&I Strategy scheduled to be presented to Clinical Governance Committee (CGC) in July 2024 to include clear scheduling of the revision process including presentation to D&I Board, CGC and ultimately to Fife NHS Board for approval.</p> <p>Action Owner: Director Digital & Information</p> <p>Original target implementation date 31 July 2024.</p>	<p>CGC was updated regarding the change to a shorter-term D&I Framework and the reasons for this at their meeting on 6 September 2024 and was further updated regarding the timeline for its development and approval at its meeting on 1 November 2024.</p>	 <p>Completed</p>
3. Digital & Information (D&I) Policies Status Assurance Reporting		
<p>Update to D&I Board regarding status of D&I Policies not included in the IG&S A&A Framework report presented to IG&SSG.</p> <p>Action Owner: Director Digital & Information</p> <p>Original target implementation date 30 September 2024.</p>	<p>The status of the 23 D&I Policies is now included in the D&I Performance paper presented to each D&I Board meeting.</p>	 <p>Completed</p>
ICE Report 2023/24 (B08/24) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
3. Scottish Government (SG) Annual Monitoring Return		
<p>Update to Staff Governance Committee (SGC) on the SG Annual Monitoring Return including an update on action taken to address Scottish Government feedback from previous years.</p> <p>Action Owner: Director of Workforce</p> <p>Original target implementation date 31 March 2024.</p>	<p>See Staff Governance section of this report for detail.</p>	<p>No Longer Relevant</p>

4. Assurance Reporting to IG&SSG		
<p>a. All sections of IGS Accountability and Assurance Framework Report (IGSA&AR) to include performance measures and risk summary information.</p> <p>b. Monitoring of timing of distribution of IG&SSG and D&I Board Papers to comply with 5 days ahead of meeting date stipulation included in their Terms of Reference.</p> <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 30 April 2024.</p>	<p>a. The paper presented to IG&SSG on 22 October 2024 provided an update on the establishment of KPIs, the reason for the absence of KPIs for some categories (no mechanism for consistent reporting) and that the availability of data in support of KPIs is under constant review. (Complete)</p> <p>b. Monitoring of the timing of issue of papers to of IG&SSG and D&I Board members was not undertaken in 2023/23. A revised target implementation date of 30 April 2025 has been agreed to allow this to be monitored in 2024/25 and reported on in the IG&SSG and D&I Board Annual Assurance Statements for 2024/25.</p>	 <p>Minor slippage on agreed timelines</p>
Annual Report 2022/23 (B06/24) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
1. Development of Risk Management		
<p>a. Greater use of risk appetite including greater detail in risk reports presented to standing committees on how the risk appetite will affect strategy, decision-making prioritisation, budget setting and organisational focus.</p> <p>b. Deep Dive Reports to include:</p> <ul style="list-style-type: none"> • Further assessment as to which key management actions will impact on the target score with success criteria stated. • A focus on key controls only, providing overt assurance and an overt conclusion on the effectiveness of implemented controls. • An assessment of the proportionality of proposed actions and whether they should be sufficient to achieve the target score. <p>c. Revised Risk Management KPIs presented to the Audit and Risk Committee (ARC) that take account of previous internal audit recommendations and allow ARC members to assess the overall effectiveness of the system of Risk Management.</p> <p>d. Revised Risk Management Framework approved by the ARC providing a detailed description of joint Risk Management arrangements with the IJB including responsibility for operational risks, responsibility for sharing of information and responsibility for</p>	<p>a. Corporate Risks papers presented to each standing committee state if risks are within or outwith risk appetite.</p> <p>Revised risk Appetite Statement approved at the November 2024 Board meeting.</p> <p>Risk reports to standing committees do not yet include greater detail on how the risk appetite will affect strategy, decision making prioritisation, budget setting and organisational focus and the minutes of their meetings do not record discussion on these topics referring to risk appetite.</p> <p>Target implementation date further extended to 31 March 2025.</p> <p>b. The target implementation date was extended to 30 September 2024 but no deep dives on corporate risks addressing the issues raised have been presented to standing committees in 2024/25 to date. The target implementation date has been further extended to 31 March 2025.</p> <p>c. Revised KPIs which allow the ARC to oversee performance management of</p>	 <p>Significant Slippage</p>

<p>provision of assurance consistent with the IJB Risk Management Strategy.</p> <p>Action Owner: Director of Finance & Strategy</p> <p>Original target implementation date 31 March 2024.</p>	<p>the risk management framework were presented to ARC on 16 May 2024 and ARC were advised that these will continue to evolve (Complete).</p> <p>The revised NHS Fife Risk Management Framework, including a description of RM arrangements with the IJB that satisfies our recommendation, was approved by Fife NHS Board on 26 September 2023 (Complete). This has been reviewed and an updated version will go to the NHS Fife Board for approval in January 2025 following Audit & Risk Committee scrutiny in December 2024.</p>	
<p>6. Digital & Information Strategy</p>		
<p>a. Clinical Governance Committee (CGC) to be updated regarding the impact on strategic ambitions & new D&I Strategy of elements from previous strategy not yet delivered.</p> <p>b. The new D&I Strategy to include a resource & financial assessment supporting the likelihood of the revised D&I Strategy being delivered within the stated timescale.</p> <p>Action Owner: Associate Director of Digital & Information</p> <p>Original target implementation date 31 July 2024.</p>	<p>a. The D&I Strategy update to CGC on 3 November 2023 included analysis of the delivery of items from the 2020-24 D&I Strategy and clearly shows items partially or not delivered. The update also identifies themes to be taken forward to the next iteration of the strategy (Complete).</p> <p>b. The timescales for the development of the D&I Framework, and supporting financial plan, were outlined in a briefing paper to CGC on 1 November 2024. Target implementation date extended to 31 March 2025.</p>	 <p>Minor slippage on agreed timelines</p>

CORPORATE GOVERNANCE

Corporate Risks:

Risk 1 – Population Health and Wellbeing Strategy – Moderate (12); Target (12) Moderate by March 2025 - Below Risk Appetite (aligned to Public Health and Wellbeing Committee)

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

Risk 4 - Policy Obligations in Relation to Environmental Management and Climate Change Moderate (12); Target Moderate (10) by 1 April 2025

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

Leadership and Culture

The Audit Scotland NHS in Scotland 2024 report emphasised that effective leadership and collaboration are essential to enable the more radical decisions required around service reform, and the need for a clear vision and strategic direction for reform from senior leaders. Some changes to the executive team in 2024/25 include the appointment of a new Director of Health and Social Care (Integration Joint Board Chief Officer) from November 2024. The current Director of Finance & Strategy announced her intention to retire at the end of this financial year and recruitment is underway to fill this post. The Chief Executive has amended the existing Director of Finance & Strategy role, to de-couple any broader non-financial aspects, to ensure a relentless focus on financial governance, leadership and stewardship at Board level i.e. the core functions of the Board's most senior financial expert and professional adviser. In addition and with the evolution of RTP, and the necessity for enhanced planning across NHS Fife the Chief Executive has established a substantive role of Director of Planning & Transformation, as an evolution of the current interim Director of Reform & Transformation role and reflecting experiences of our RTP approach during 2024. Appointments to both these roles should be known by the end of this calendar year.

While these appointments should further strengthen the senior leadership capacity, the accompanying changes in responsibilities will require to be carefully managed during the transition period. The existing momentum must continue to deliver healthcare services effectively and efficiently through RTP and to navigate the financial challenge, while maintaining focus on quality of care and the pace of delivery against strategic and RTP priorities.

Reform, Transform and Perform (RTP)

RTP is NHS Fife's strategic approach to improving services and supporting and facilitating the actions required to address the unprecedented financial challenge all of which are rooted in the ambitions laid out in the Population Health and Wellbeing Strategy. Regular organisation wide communications continue, including RTP and Me briefings, and three Board Development sessions have taken place this year.

The October 2024 Annual Review letter stated that '*It was ... pleasing to note the progress the Board is making via its Re-form, Transform and Perform programme*'. The letter also noted '*Clearly, the scale of the challenge faced in effectively planning and delivering healthcare services to meet ever-increasing need is very significant.*'

RTP progress reports have been presented to every Board and Standing Committee meeting in 2024/25, either in open or private session. Reporting has matured over the course of the year with reports becoming more standardised. However, greater clarity in reporting is recommended and

suggested developments are at action point 1. The RTP agenda is extremely challenging, and reporting must be transparent, overt, and realistic in terms of the achievability of savings.

The November 2024 Board update on the 13 RTP schemes stated that *'five deliverables have significant assurance, five have moderate assurance, and three have limited assurance'*. Savings delivered to end of September totalled £8.103m (84%) of the planned September total of £9.650m; 32% of the original saving target of £25.000m; and 35% of the re-forecasted 2024/25 saving total of £23.261m.

Our assessment of the reported position six months into 2024/25 is that there is some optimism bias around the level of anticipated savings that will be delivered by the end of 2024/25, and the assurance level assessment for some RTP schemes i.e. Business Transformation, Supplementary Staffing, Service Level Agreements and Balance Sheet. The updates on these schemes do not fully reflect the magnitude of the undelivered savings and the organisational efforts to deliver them. Whilst progress can be evidenced, significant work remains to deliver RTP. As RTP continues to mature and the year 1 outcomes are evidenced, Management should ensure that 2025/26 plans are predicated on realistic and validated data, with lessons learned from year 1 identified and applied.

Of particular concern is the under achievement within Scheme *'10 - Business Transformation'*, where £77,000 (3.2%) has been delivered against the original target of £2.400m (target now revised to £1.402m). Recognising the current level of performance and the more realistic revised savings target, a paper presented to the November 2024 Board (private session) reported progress and quantified bridging actions agreed with RTP Executive Group. Limited Assurance on financial targets and Moderate Assurance on progress was provided.

Scheme 14 – Balance Sheet has a forecast saving of £1.500m but no target saving or quantified saving to date. No assurance level or risk assessment is provided for this scheme. We have received assurances that this will be reported in the next RTP update.

Given the complexity and scale of the RTP landscape, there is a risk that if *'target savings'* are set at levels beyond what is deliverable / achievable it could undermine the success of initiatives from the outset, as key officers and staff perceive they are being asked to deliver against an unachievable target.

The Internal Audit Plan for 2024/25 includes a review of RTP governance arrangements and framework, including workstreams, grip and control in B15/25 Operational Planning. In addition, RTP workstreams will form part of the planned audits in 2024/25.

Strategy Development and Implementation

At their 11 November 2024 meeting the PHWC considered the Population Health and Wellbeing Strategy 2024-25 Midyear Report (April – September 2024). The Midyear report included two case studies of work underway in Fife, an overview of RTP and a summary of the work undertaken and provided *'Significant'* assurance.

When the report was presented to Board on 26 November 2024 the level of assurance provided was Moderate and an additional appendix *'Assessing our impact'* was included, setting out the key metrics to measure the health and wellbeing of the population. An update on these metrics will be provided in the PHWS annual report in Spring 2025 but the position at midyear was not provided as the information is nationally produced on an annual basis. This means that the Board did not have the opportunity to assess the impact of the overall Strategy on the health and wellbeing of the population of Fife. It is important to recognise however that improving the health and wellbeing of the population will take more than one year and sustained improvements will only be possible over a much longer timeframe.

One *'Merits Attention'* recommendation from internal audit report B14/23 Strategic Plan Development remains outstanding and has been extended. We recommended that the risk for the

PHWS and Health Inequalities corporate risks should be reviewed together to ensure consistency and revised if appropriate. We would reiterate this recommendation which remains relevant.

The July 2024 Board considered the Director General for Health & Social Care, 5 June 2024 letter on 'Reforming Services and the way we work'. The minute noted that *'The Chair highlighted the need for NHS Fife to have planning at the front and centre of all discussions and decisions. She highlighted the importance of being able to model what will happen to local population demographics, its potential impact on future performance, and the need to consider what services may or may not be able to be provided going forward. The need to be pro-active was emphasised.'* The minute also noted need for further discussion around planning and agreed that this be a standing item on the Board agenda. The September 2024 Board Action List stated this action had been noted on the Board's workplan and would be added as a standard agenda item from November 2024. The November 2024 Action List update noted that there was nothing to add to the agenda for November and the Board is awaiting receipt of guidance, a Directors Letter (DL) from the SGHSCD. We will continue to monitor progress in this area.

Operational Planning

The Board continues to receive quarterly updates on the Annual Delivery Plan 2024/25, which flows from and links to the four strategic priorities identified in the PHWS.

The Quarter 2 update on the Annual Delivery Plan 2024/25 was considered by the Board in November 2024, the covering paper offering a useful summary of the 205 'deliverables' within the Plan. The update showed that 3% of deliverables were complete, 68% of deliverables were on track, 24% of deliverables were 'at risk', 4% were unlikely to complete on time' and one had been superseded / cancelled. There has been a slight deterioration in the position between Quarter 1 and Quarter 2.

Of the nine deliverables that are unlikely to complete on time, six are aligned to the 'Deliver Value and Sustainability' strategic priority, reflecting the challenges in business transformation and redesign.

Governance Arrangements

A number of Board and Committee papers have been considered in private session during the year to date. Whilst there may be justifiable reasons for this, we recommend that the nature of items considered in private is reviewed to ensure appropriateness and that the reason for considering an item in private is clearly stated in the SBAR, with the full agenda noting which items will be considered in 'private'.

Several key reports of the same nature e.g. Annual Delivery Plan, Corporate Objectives, are presented to Board and to Standing Committees and we encourage review to ensure there is no duplication in reporting. Report authors should provide clarity on the purpose of the paper presented to each committee, tailored to their remit.

In May 2024 the Board agreed levels of assurance to be included in reports to Board and Committees. This aids members in assessing the Level of Assurance that can be taken and support the focus of their scrutiny on key aspects. Board minutes do not always record the level of assurance agreed, but instead note *'The Board took assurance from the ...'*. We recommend that the level of assurance agreed by the Board or Committee is noted on all occasions.

Blueprint for Good Governance

In September 2024 the Board considered a Blueprint for Good Governance Improvement Plan update and took moderate assurance on progress. Five of eight actions were closed and the remaining actions related to agreement of risk appetite, improving the diversity of the Board, and introducing locally assurance mapping work. The November 2024 Board meeting subsequently approved a revised Board Risk Appetite Statement. The assurance mapping recommendation remains open pending the outcome of the Once for Scotland approach being developed by the national Board Secretaries

network. Improving diversity will be progressed on completion of Public Appointments recruitment process.

In the spring of 2025, Audit Scotland will be publishing a NHS spotlight publication focusing on governance, to assess how well leadership, scrutiny and governance are operating to support financial management, service performance and longer-term reforms. The report findings should support the Board with its ongoing government assessment processes.

Mental Health Services

The September 2024 Board (private session) was advised that Fife Child and Adolescent Mental Health Service (CAMHS) and Fife Psychology Therapy (PT) would be moving to stage 2 - Enhanced Support, of the Support and Intervention Framework in relation to the National Referral to Treatment Target (90% of patients seen within 18 weeks of referral).

The Board minute noted that Enhanced Support reinforced the need for the health and care system to work together in partnership, and that while CAMHS and PT are fully delegated to the IJB for strategic planning and delivered through the Health and Social Care Partnership (HSCP), the Fife NHS Board has been escalated on performance grounds. The Board agreed that a fuller plan will be prepared for CAMHS and PT, to include modelling and a new way of delivering services and to provide assurance on progress. The intention is to bring a workplan to the January 2025 Board private session.

The October 2024 Annual Review letter stated that *'local mental health services continue to experience high levels of demand and increased levels of acuity, combined with challenges in recruiting across all key professional groups including nursing, psychiatry, AHPs and psychology.'* The letter also commented on the extremely challenging national capital funding position and its impact on mental health services, and that the Board is carefully considering how to best invest and improve its mental health estate, with plans to invest £3 million over the next 3 years. The letter also notes the Scottish Government *'recognise that whilst this will not fully deliver all the benefits a new centralised facility could offer, it will bring essential improvements within the current financial circumstances.'*

The November 2024 Board IQPR report highlighted that Quality & Care mental health measures have deteriorated compared to the September 2024 Board position. Taking the current, medium, and longer-term pressures affecting the delivery of mental health services, we recommend that a mental health risk is considered for inclusion in the corporate risk register.

Integration

The current significant financial and service challenge across health and social care will require NHS Fife, Fife Council, the IJB and wider partnership to work together effectively. Collaborative governance is a key feature of the Blueprint for Good Governance and requires a clear understanding of responsibilities, trust, and willingness from all parties to work together, with the right culture in place to support all partners. When health and social care systems come under pressure, there is a risk that collaborative governance is not achieved.

Partners need to work together to ensure that they deliver on the integration agenda in line with the Integration Scheme, and that they fulfil their roles accordingly in the true spirit of integration. This includes ensuring there is cohesion across the health and care system to help inform and shape transformation plans.

The challenges and pressures evident in the whole system are regularly considered by NHS Fife Board. Reflecting on this, the Chief Executive proposed at the September 2024 Board meeting that consideration would be given to the ways of working between the different organisations and how this is brought together as a collective. While this has not been reported to Board and is not included on the Board action list a Board Development Session planned for 17 December 2024 will cover the requirement for an integrated transformation plan. This requirement has already been agreed by the

NHS Fife Chief Executive, Fife Council Chief Executive and Fife IJB Chief Officer (Director of Health and Social Care).

We recommend that the Chief Executive's review considers the overall integration risk environment to determine whether there are sufficient and effective controls in place to support the delivery of integration objectives. The outcome of this assessment should be evaluated to determine if further governance oversight is required.

Performance

The Board and Standing Committees receive regular IRPQ reports and other performance reports covering a range of key national and local measures.

In common with all NHSScotland, performance against national targets continues to prove challenging. At November 2024, particular areas of challenge were: Treatment Time Guarantee; Delayed Discharge for Mental Health/Learning Disabilities; New Outpatient Appointments; Cancer waits for the 31 Day Referral to Treatment (RTT) and 62 Day RTT.

The PHWS midyear report to the November 2024 Board stated that the Integrated Unscheduled Care and Planned Care programmes remain on track for 2024/25 deliverables.

Efforts should continue around the setting and reporting of realistic but challenging and achievable trajectories within available resources, in the context of statutory requirements and national targets and the PHWS, to allow members to conclude on overall Board performance with the right analysis to enable conclusions and informed decision making, including being able to consider preventative and or corrective actions.

Whilst there is a broad range of information provided in the Board IPQR, the report does not provide an overarching conclusion on whether performance is improving or deteriorating. The way in which benchmarking information is used to improve performance by learning lessons from Boards with similarities to Fife in terms of size and delivery model could be reported.

Complaints – Quality and Care

The Board IPQR reporting at September 2024 and November 2024 shows a general performance trend against the two complaints targets to be significantly and consistently below the expected target.

	Sept Board - previous	Sept Board - current	Nov Board - previous	Nov Board - current
Stage 1 Complaints Closed in month on time (target 80%)	68.9%	59.5%	50.0%	48.7%
Stage 2 Complaints Closed in month on time (target 60%)	21.4%	20.5%	16.7%	25.9%

The challenging position was referenced in the October 2024 Annual Review Ministerial letter which noted *'the need to ensure that communications with patients take place in a way which is appropriate to their needs; the importance of embracing new technologies and ways of working to ensure the NHS is sustainable; alongside the need for an effective, accessible and responsive NHS complaints procedure'*. Given a key focus of responding to complaints is to implement identified learning needs, consideration of how NHS Fife can better support improved performance against this quality and care metric may be required.

Risk Management

The Annual Risk Management Report 2023/24 referenced several planned developments including review and update of the risk appetite statement and review of the Board Strategic Risk Profile. A delivery plan to support the Risk Management Framework has been developed and will be reported to the Audit & Risk Committee.

Following discussion at Board Development sessions, the November Board 2024 subsequently approved a revised Board Risk Appetite Statement. Planned risk management developments for 2024/25 also included implementation of risk management key performance indicators, continued enhancement of the content and presentation of risk reports and further development of a risk management training programme.

Whilst we can evidence elements of good practice, we note that:

- It can take a significant number of months to develop and reframe risks, for example the proposed risk on drug-related deaths, the new Pandemic risk and the reframing of Risk 5 – Optimal Clinical Outcomes. We note also typically timeframes are not agreed.
- For some corporate risks the current score may not fully reflect the wider environment, with unrealistic target scores and timeframes. We have recommended that related corporate risks are reviewed together.
- At the September 2024 Board Risk 6 – Whole system capacity – Score 20 - High was discussed. The Director of Acute Services advised that this risk is to be discussed at EDG, where consideration will be given as to whether it remains a risk or has materialised into an issue, noting the Board will be advised on the outcome. There is no evidence of an update to the November 2024 Board per the Action List or any other paper.

Environmental Management

NHS Fife continues to make progress towards Scottish Government targets and the objectives set out in the National Sustainability Strategy. In January 2024, the NHS Fife 2022/23 Climate Emergency & Sustainability Board Report was published and highlighted sustainability progress and ambitions for the next year.

A Sustainability and Greenspace Progress Report presented to the November 2024 Board and Public Health and Wellbeing Committee included a follow-up to the January 2024 report. The report also outlined achievements relating to the NHS Fife 2030 Greenspace Strategy.

Challenges were highlighted in the report around full implementation of the Environmental Management System (EMS) and funding for decarbonisation and greenspace development in future capital planning.

Internal Audit B17/25 Environmental Management will be reported to the March 2025 Audit and Risk Committee.

Policies

The last General Policies and Procedures update was provided to the 7 May 2024 meeting of the FPRC when 18% of policies were out of date. To accommodate the work associated with RTP it has been agreed an annual report will be produced, instead of twice yearly reporting, with the next report due in May 2025.

Corporate Objectives

Corporate objectives for 2024/25 aligned to the PHWS and RTP were considered by Standing Committees in advance of being approved by the Board on 30 July 2024.

Anchor Programme

An Anchor Institution Progress update was provided to the PHWC in November 2024, focussing on the development of the Anchor programme of work, progression from baseline activities and future ambitions.

Public Participation and Community Engagement Strategy 2024-28

The Public Participation and Community Engagement Strategy 2024-28 was discussed at the Board Development Session on 30 April 2024 and presented to PHWC on 13 May 2024, where the ambitions of the Strategy were approved in principle. The Board requested that the Strategy be brought back to a future meeting once it has been updated to reflect their feedback to include an operational plan on how the principles will be used in a programme of consultation and engagement, particularly related to RTP workstreams. An overview of the Community Engagement and Public Participation Operating Model for 2024-2026 was presented to the July 2024 Board in private session. Members commented on the improved document and which was more focussed around Fife and what work will be undertaken locally.

Action Point Reference 1 – Reform, Transform and Perform (RTP)

Finding:

Our assessment of the reported position six months in to 2024/25 is that there is some optimism bias around the level of anticipated savings that will be delivered by the end of 2024/25, and the assurance level assessment for some RTP schemes i.e. Business Transformation, Supplementary Staffing, Service Level Agreements and Balance Sheet. The updates on these schemes do not fully reflect the magnitude of the undelivered savings and the organisational effort required to deliver them.

There is a risk that if ‘target savings’ are set at levels beyond what is deliverable / achievable it could undermine the success of initiatives from the outset, as key officers and staff perceive they are being asked to deliver against an unachievable target.

Reporting has matured over the course of the year with reports becoming more standardised. However, greater clarity in reporting is recommended.

Audit Recommendation:

As RTP continues to mature and the year 1 outcomes are evidenced, management should ensure that 2025/26 plans are predicated on realistic and validated data, with lessons learned from year 1 identified and applied to support NHS Fife to make the right decisions at the right time, based on appropriate data.

Savings trajectories should be used to highlight and provide early warning of barriers to achievement including reporting the balance between recurring and non-recurring savings and plans, as recommended in the financial governance section of this report.

The RTP reporting format should be reviewed, to ensure proportionate / brief narrative is included for all aspects of the programme. Reporting must be transparent, overt and realistic in terms of the achievability of savings, reflecting the extremely challenging environment and clearly identifying any barriers to achievement. Where targets are not going to be achieved this should be reported as early as possible, and the workstreams should be reviewed to confirm their continued relevance for carry forward to 2025/26.

Assessment of Risk:

Significant



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

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

Management Response/Action:

Financial reporting against RTP targets has been continuously reviewed to ensure appropriate and realistic forecasts against the target levels for each workstream. The summary table is also supported by detailed monthly trajectories. The savings levels for the highest risk workstreams have been reduced in line with anticipated delivery levels confirmed in Q3.

We will continue to develop reporting in this area and take on board the inclusion of a brief narrative, however the Financial Position Report (which is prepared monthly) includes narrative on each workstream.

Action by:	Date of expected completion:
Director of Finance & Strategy	31 March 2025

Action Point Reference 2 – Board and Standing Committee Reporting

Finding:

The following governance findings are noted:

- a. A sizeable proportion of Board and Committee papers have been considered in private session during the year to date. Whilst there may be justifiable reasons for doing so, if the correct balance between open and private session is not achieved, there is a risk the Board does not make decisions in an open and transparent manner. The open agenda does not detail items to be considered in private session.
- b. Several similar or near identical key reports are presented to Board and Standing Committees. This creates a risk of duplication, with the potential to adversely affect the pace of decision making.
- c. Board minutes do not always record the level of assurance agreed following consideration of discrete agenda items. This could reduce the Boards ability to track areas of concern and focus.
- d. The Action List does not always capture all areas identified by the Board during meetings.

Audit Recommendation:

- a. The nature of items considered in private session should be reviewed to ensure appropriateness and the reason for considering an item in private should be clearly stated in reports, with the open business agenda noting which items require to be considered in private session.
- b. We encourage a review of reporting where similarities are evident to ensure there is no duplication in reporting and where appropriate report authors should provide clarity on the purpose of the paper presented to each committee, tailored to their remit.
- c. The level of assurance agreed by the Board or Committee should be noted on all occasions.
- d. The Action List process should be reviewed to ensure all identified areas are captured in subsequent lists.

Assessment of Risk:

Moderate



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

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

Management Response/Action:

The recommendations are accepted, and we will review current practice to ensure each of the points above are addressed.

Action by:

Date of expected completion:

Head of Governance & Board Secretary

31 March 2025

Action Point Reference 3 – Mental Health Services

Finding:

There are significant pressures around the delivery of mental health services in the current, medium, and longer term which need to be adequately and appropriately captured, mitigated, and monitored.

Audit Recommendation:

Establishment of a mental health risk should be considered. The risk should capture the challenges in the overall mental health risk environment and the current and planned controls to support the delivery and development of mental health service objectives on a whole system basis.

The requirement for enhanced governance oversight should form part of this analysis.

Assessment of Risk:

Significant



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

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

Management Response/Action:

The HSCP set up a Mental Health Oversight Group (MHOG), chaired by the HSCP Director and the NHS Executive Medical Director, in October 2024. The Mental Health risks logged via the Datix risk system were tabled and discussed at the MHOG meeting in November 2024 with an action for the Mental Health SLT (Heads of Service, Senior Manager, Associate Medical Director and Associate Nurse Director) to review these in their entirety and update, amend, close as necessary. The Mental Health SLT have had an initial meeting to review these risks and work is ongoing to update the Mental Health risk register to ensure it is contemporary. This work will be completed by 31 January 2025. The MHOG will continue to have oversight of all Mental Health risks on an ongoing basis.

Action by:

Date of expected completion:

Head of Service, Complex and Critical Care Services

31 January 2025

Action Point Reference 4 – Performance Reporting

Finding:

The following performance reporting findings were noted:

- The Population Health and Wellbeing Strategy (PHWS) 2024-25 Midyear Report stated that an update on metrics will be provided in the annual report in Spring 2025, but the position at midyear was not reported.
- IPQR performance reporting does not include planned trajectories for all measures.
- The current presentation of IPQR benchmarking information does not identify comparison Health Boards.

Audit Recommendation:

- To enable the Board to assess the impact of the overall PHWS on the health and wellbeing of the population of Fife, performance metrics should be regularly reported.
- Consideration should be given to refining Board performance reports to include planned trajectories. This would enable measurement against realistic, challenging, achievable trajectories within available resources in the context of statutory requirements and national targets, within the context of Strategic Framework, to ensure Members are able to conclude on the overall Board performance to enable conclusions and informed decision making, including being able to consider preventative and or corrective actions.
- The way in which IPQR benchmarking information is presented could be enhanced by identifying the comparison Boards. This would allow more meaningful comparisons to Boards with similarities to Fife in terms of size and delivery model. How lessons learned from these comparable Boards is used to improve performance should be reported in the IPQR.

Assessment of Risk:

Moderate



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

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

Management Response/Action:

Population Health and Wellbeing measures are published once a year, at most, so the reporting of Public Health & Wellbeing measures in the annual report 2023/24 (agreed by the Board in May 2024) will not be able to be updated until the next annual report 2024/25 is produced. These metrics are longer term measures and improvements will become evident over years rather than months or quarters. There has been a request to not produce a mid year report for this reason and to focus on the annual report.

Action by:

Date of expected completion:

Associate Director of Planning & Performance

Not Applicable

Action Point Reference 5 – Risk Management**Finding:**

Acknowledging that corporate risks are due to be reviewed, from our review of the current corporate risk register we noted that:

- a. It can take a significant number of months to develop and reframe risks, for example the proposed risk on drug-related deaths, the new Pandemic risk, and the reframing of Risk 5 - Optimal Clinical Outcomes. We note that typically timeframes are not agreed at Committee or Board meetings to support risk development work.
- b. For the corporate risks detailed below the current score may not fully reflect the wider environment and elements out with the control of NHS Fife, resulting in unrealistic target scores and timeframes. Alignment of risk scores has also been considered.
 - Risk 1 - Population Health and Wellbeing Strategy – Score 12, Moderate. Given the pressure in the health and social care system, that the 3-year MTFP was not approved by the Scottish Government and the maturity level of RTP, which is in year 1, the risk score may be too low and may not fully reflect the organisation’s ability to deliver strategy in the current environment. The risk score also does not fully align with Risk 2 - Health Inequalities, which is scored at 20, High.
 - Risk 4 - Policy obligations in relation to environmental management and climate change is scored as 12, Moderate and does not fully reflect the restrictions in capital funding and revenue financial constraints that will impact on the organisation’s ability to meet the requirements of legislation. The risk score does not fully align with Risk 13 - Delivery of a balanced in-year financial position and Risk 14 - Delivery of recurring financial balance over the medium-term, which are both scored as 25, High.
 - Risk 15 - Prioritisation & Management of Capital funding – Score 12, Moderate does not align with the new Risk 20 - Reduced Capital Funding which is scored at 20, High. Given the significant constraints in capital funding, Risk 15’s score may not reflect the seriousness of the impact of constraints in capital funding, including the associated impact on revenue budget, nor the longer-term impacts this will have on the NHS estate, e.g. backlog maintenance, inability to progress service modernisation, such as Mental Health redesign.
- c. The September 2024 Board was advised that Corporate Risk 6 - Whole system capacity – Score 20, High was to be discussed at EDG, to determine whether it remains a risk or has materialised into an issue. It was agreed the Board would be advised on the outcome. There is no evidence of an update to the November Board per the Action List or any other paper, therefore there is a risk that the Board loses the opportunity to make informed decisions and take corrective action.

Audit Recommendation:

We recommend that:

- a. Realistic timeframes are agreed to support risk development and review. Where indicative timeframes cannot be met, the Board or relevant Committee should be informed.
- b. When the overarching risk environment and risk scores are reviewed, account should be taken of the evolving wider environment. Whilst recognising that the focus of risks are not intended to be fully aligned, there may be benefit in Committees considering related risks and their scores at the same meeting.

c. When the Board is advised that a corporate risk is being reframed or may be transitioning from a risk to an issue, a timeline should be agreed to ensure that the Board is provided with an appropriate and timeous update.

Assessment of Risk:

Moderate



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

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

Management Response/Action:

- a. As a new risk requires a significant amount of work the suggestion of an agreed timescale for each is useful. The new drug related deaths risk has been presented to EDG and is due at PHWC in January 2025 before presentation to the Board. Likewise, the reframing of the Optimal Clinical Outcomes has been to CGOG and EDG in December and is due at CGC in January 2025
- b. A review of the risk scoring as outlined under part b will be undertaken with each of the executive leads for the risks.
- c. Reporting to Board on a realistic timescale for risk updates would be useful. The Whole System Capacity Risk has been re-framed, as have the other Acute Services Corporate Risks, and these were presented to CGOG and EDG in December 2024, alongside the re-framing of the Optimal Clinical Outcomes risk.

Action by:

Date of expected completion:

Associate Director for Risk and Professional Standards

31 March 2025

CLINICAL GOVERNANCE

Corporate Risks aligned to Clinical Governance Committee:

Risk 5 - Optimal Clinical Outcomes. High Risk (15); Target (10) Moderate by 30 September 2024 – Within Risk Appetite (currently being reframed)

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

Risk 8 - Cancer Waiting Times — High Risk (15); Target (12) Moderate by 31 March 2025 – Above Risk Appetite – aligned to FPRC but also reported to CGC

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

Risk 9 - Quality and Safety — Moderate Risk (12); Target (6) Low by 31 March 2025 – Within Risk Appetite

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

Corporate Risks aligned to Public Health and Wellbeing Committee:

Risk 1 - Population Health and Wellbeing Strategy - Moderate Risk (12); Target Moderate (12) by 31 March 2025 – Below Risk Appetite

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

Risk 2 – Health Inequalities – High Risk (20); Target High (15) by 31 March 2025 – Within Appetite

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

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

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

Risk 21 – Pandemic Risk- High Risk (20); Target Moderate (20) by tbc – Within Appetite

There is a risk that a novel pandemic with widely disseminated transmission and significant morbidity and mortality may cause significant harm to those infected and cause widespread disruption to healthcare, supply chains, and social functioning.

Clinical Governance Framework

The Clinical Governance Strategic Framework Delivery Plan 2024/25 was presented to the 12 July 2024 meeting of the Clinical Governance Committee (CGC). The Committee took a “moderate” level of assurance from the paper. The delivery plan does not cover all aspects of the strategic framework but was instead devised to ensure it is achievable, with prioritised actions.

At the July 2024 CGC the Associate Director of Quality & Clinical Governance agreed to review the quality and improvement training aspects for the next iteration of the delivery plan.

A mid-year progress update on the Delivery Plan was presented to the CGC on 1 November 2024 and it was confirmed that work to refresh the Framework and Delivery Plan would commence shortly, having originally been planned for September 2024.

Seven of the 11 delivery plan workstreams have a due date of March 2025, one has a due date of December 2024 and one a due date of January 2025. The Safety and Just Culture Workstream had a June 2024 due date and the Medicines Safety Programme Workstream had an October 2024 due date. Where work remains ongoing, revised dates should be documented.

Internal Audit B17/25 Medicines Management will consider one review from the Medicines Assurance Audit Plan.

Action point 6 sets out enhancements to the delivery plan updates papers, to include a conclusion on the status of actions using a RAG status and a high-level summary of overall progress highlighting barriers to achievement, any impact on mitigation of corporate risks and the implication of non-achievement. Any workstreams not delivered in 2024/25 should be reviewed for inclusion in the 2025/26 delivery plan.

A Fife Health and Social Care Partnership Clinical & Care Governance Strategic Framework was scheduled to be presented to the IJB for approval by January 2024, but was delayed to the May 2024 IJB meeting. The completion date for this action was again extended to September 2024 to allow the content of the Framework to be reviewed by Internal Audit to confirm that it is consistent with recommendations from internal audit F06-22 Clinical and Care Governance. The NHS Fife Medical Director and the HSCP leadership team are still to resolve discussion on the content of the Framework. However, the NHS Fife Clinical Governance framework covers all aspects of clinical governance of delegated services.

Clinical Governance Committee

The CGC Terms of Reference are scheduled for review at the 7 March 2025 meeting, as set out in the CGC Annual workplan 2024/25. The 1 November 2024 CGC update on the workplan indicates that the Committee should receive all planned items for 2024/25.

The Clinical Governance Oversight Group (CGOG) reviewed their Terms of Reference at the 20 August 2024 meeting. Key changes covered membership, specifically Digital & Information representation. Amendments to the ‘Role & Remit’ increased focus on learning and the inclusion of acute services division and HSCP assurance reports. Areas for inclusion were delivering the aim of the Clinical Governance Strategic Framework and associated annual delivery plan and review of quality measures within the IPQR. The revised Terms of Reference were agreed at the 22 October 2024 meeting.

The business covered by the CGC and CGOG is extensive, particularly as the CGC has within its remit both clinical governance and eHealth / information governance. The remits and work plans of both committees would benefit from review in line with Committee Assurance principles to ensure there is no duplication of reporting and to ensure the committees are clear about their priorities and have focused agendas and workplans.

Clinical Risk Management

Corporate risks aligned to the CGC and to the PHWC are detailed at the start of this section. Both the CGC and PHWC received regular reports on the risks aligned to them and the current and target scores are reasonable.

Following the CGC deep dive into the Optimal Clinical Outcomes risk at the 1 March 2024 CGC, there was further discussion through the Risks and Opportunities Group (ROG) and CGOG, with a recommendation made to EDG on 5 September 2024 to close the risk, and work continues on the rewrite.

In common with other Standing Committees, the CGC has not considered risk deep dive reports in 2024/25. The cycle of review for deep dives was completed before the start of the year and it is anticipated that all clinical risks will be reviewed and refreshed.

The July 2024 CGC minutes reflected discussion on how the clinical risk consequences of corporate risks aligned to the FPRC are considered by the CGC, for example Risk 7 - Access to Outpatient, Diagnostic and Treatment Services. Members supported those risks being presented to the CGC on a yearly basis, for assurance on the clinical aspects.

Clinical Performance Reporting

The IPQR report cover paper presented to the 1 November 2024 CGC did not specifically highlight areas which had not reached target but did state that for all applicable metrics that utilise Statistical Process Control, the current position was within control limits.

15 metrics are reported via the IPQR relating to Quality and Care, of which seven (relating to Adverse Events/Significant Adverse Event Reviews, Hospital Standardised Mortality Rate (HSMR) & Mental Health Incidents) have no defined trajectory/target.

Performance for four metrics had deteriorated since the previous month and five metrics had deteriorated since the previous year. Detailed narrative explaining the data analysis and achievements and challenges was provided for Significant Adverse Event Reviews (SAERs), inpatient falls, pressure ulcers, mental health quality indicators, healthcare associated inspections, and complaints.

The governance of agreeing Quality and Care 'local targets' when there are national targets in place was discussed at the CGOG on 20 August 2024. The Medical Director and the Lead for Adverse Events presented a paper to the October 2024 CGOG documenting where local targets have come from and how and by whom they are approved. The report provided Moderate Assurance on the origin of the targets within the IPQR.

External Review

External Inspection Reports are included on an Activity Tracker routinely considered by the CGOG.

Learning

An Organisational Learning Update was presented to the 6 September 2024 CGC. The Organisational Learning Leadership Group oversees work to build on NHS Fife's capability as a learning organisation and has a delivery plan in place. The group will provide assurance to the CGOG and the EDG. While the focus of this work is on clinical governance organisational learning, the development of a framework may bring benefit to wider to non-clinical activities.

Recognising the complexity of achieving the remit of the group, guiding principles have been identified to progress a refreshed approach in 2024/25 including:

- Build on the organisational ability to triangulate learning to contribute to the understanding of the bigger picture – getting the full system overview and defining how this will be brought into practice.
- Development of an Organisational Learning Framework.

Significant Adverse Events

Internal Audit previously reported that the quality of data used to assess performance in progressing adverse events reviews was being reviewed. Performance continues to require improvement. The Adverse Events Improvement Plan Update presented to the CGC on 1 November 2024 provided Moderate Assurance and covered areas of improvement for 2024/25 including reporting, reviewing, learning, and improving support and engagement of patient/families and staff with the process.

The Improvement Plan is extensive and several actions due for completion between December 2024 and February 2025 are reported as on track.

The Adverse Events Policy (GP/I9) is available on Stafflink and is due for review in February 2025.

The CGOG has agreed implementation of the refreshed Adverse Events trigger list, aligned to the Healthcare Improvement Scotland (HIS) Reporting and Learning from Adverse Events – A National Framework. The December 2024 CGOG will finalise and agree the process changes ahead of the implementation date of 6 January 2025.

The development of the Adverse Events Staff Support Pathway provides structure to staff following an adverse event. The August 2024 CGOG agreed that pathway documents along with a questionnaire would be circulated to senior leaders across the organisation to identify barriers and enablers for the progression of this work. As reported to the October 2024 CGOG, additional bespoke training sessions are in progress.

The Integrated Performance and Quality Report presented to CGC on 1 November 2024 reported that SAER median days to close (July 2024) was 255 working days against the target of 90 working days of commissioned date. The supporting narrative explained that the delay is multi-factorial with some of these factors being un-modifiable i.e. patient complexity, delay in postmortem result, and that NHS Fife is not an outlier in this respect. The adverse events improvement plan identifies a number of process changes to improvement on timely and quality completion of reviews.

Adverse event KPIs are reported to every second meeting of the CGOG with the last report presented in August 2024. Reporting consists of adverse events summary KPIs, incidents flashcard, themes and trends and updates on staff support pathway.

As at July 2024 performance was reported as:

KPI	Performance
SBAR decision made for major and extreme adverse events (100%)	52%
Adverse Events with severity reported as 'No Harm' should be closed within 10 working days of reported date	58%
Adverse Events with severity reported as 'Minor' or 'Moderate' should be closed within 60 working days of reported date	85%
Adverse Events with severity reported as 'Major' or 'Extreme' should be closed within 90 working days of commissioned date (ALL)	56%
Adverse Events with severity reported as 'Major' or 'Extreme' should be closed within 90 working days of commissioned date (LAERs and SAERs only)	15%
Actions resulting from LAER and SAER reviews should be completed by target date	47%

Duty of Candour (DoC)

On 20 August 2024 the CGOG considered a proposed update to the DoC guidance to include the process for monitoring quality performance indicators and a streamlined approach to the identification of cases for review by the Medical Director, who determines if DoC is activated. An updated letter of apology and steps to ensure consistency of approach across NHS Fife were also proposed. The group was asked to reflect and feedback on the proposed changes with the finalised

process and procedural guidance anticipated to be presented back to group in October 2024 for endorsement, but this did not take place.

Resilience

Actions to address recommendations from Internal Audit Report B13/23 on Business Continuity Arrangements are progressing and are reported through the Audit Follow Up system. Fife IJB report F06-24 Resilience and Business Continuity was issued in April 2024 and two of three required actions are now complete. The third recommendation is in progress and relates to presentation of the internal audit report to the Assurance Resilience Group, and confirmation of completeness of Business Continuity Plans for services delegated by Fife Council.

Public Health and Wellbeing Committee (PHWC)

Internal Audit B16/25 – Population Health will review the governance arrangements for population health and wellbeing, including implementation of Strategy.

An update of the PHWC Terms of Reference was considered at the September 2024 meeting and approved at the November 2024 meeting of the Committee, with final approval at the November 2024 Board. The amended Terms of Reference reflect oversight of delegated services where the committee is responsible for performance i.e. Mental Health and Primary Care.

As discussed at the September 2024 meeting, a review of the PHWC workplan will be undertaken on a rolling basis as agendas for future meetings are set. We noted good practice in that the PHWC review of their workplan at each meeting clearly identified reports that were not required, additional reports for inclusion and issues for escalation.

At their 11 November 2024 meeting the PHWC considered the Population Health and Wellbeing Strategy (PHWS), 2024-25 Midyear Report (April – September 2024), which provided a ‘Significant’ level of assurance. When the report was presented to Board on 26 September 2024 the level of assurance provided was Moderate and additional appendix ‘Assessing our impact’ was included, setting out the key metrics to measure the health and wellbeing of the population. An update on these metrics will be provided in the PHWS annual report and we have recommended in year reporting of metrics in the corporate governance section of this report.

Risk Management

The PHWS risk is scored as Moderate (12) with the same target score, and it is below risk appetite. While the risk is at the target level the mitigation provides context in that ‘the management of this specific risk will span a number of financial years’. Internal Audit are content that risk remains on the corporate risks register on the basis that risks to successful implementation of this long term strategy may vary over the longer term. We have commented on the risk score in the corporate governance section of this report.

Development of an Acute Services Clinical Framework is underway and this will align to the PHWS and will outline the clinical plans and ambitions for clinical services.

The Health Inequalities corporate risk is rated as High (20) with a target risk score of High (15) by 31 March 2025 and is within Appetite. Internal Audit considers this scoring appropriate and we note key mitigations, including the Prevention and Early Intervention Strategy ratified by the IJB. Public Health has supported development of the ‘Fair financial decision making’ checklist to ensure that financial decisions under RTP take into account impacts on protected characteristics and inequalities.

Corporate risk 21 – Pandemic risk is a new risk first reported to CGC in November 2024. The risk rating aligns with the UK National Risk Register 2023. The current and target risk rating are both 20, reflecting that the likelihood of a pandemic is not within local control and, although consequences may be mitigated through local preparation, consequences will remain extreme. An NHS Fife Pandemic Framework Group has been established to coordinate management of this risk, including consideration and implementation of measures to reduce the pressures and negative effects a pandemic would cause locally, and to act as a source of advice to the organisation and partners.

Work is underway to collate lessons from the COVID19 response and outputs of related inquiries and implement these locally. The September 2024 meeting of the PHWC took a Limited level of assurance from the addition of the pandemic risk onto the Corporate Risk Register.

Corporate risk 10 - Primary Care Services is scored as High (16) with a target of Moderate (12) by 31 March 2025 and is above risk Appetite. While this appears reasonable, we note that at September 2024, only 25 of 41 actions being managed through the Primary Care Governance & Strategy Oversight Group to mitigate the risk were complete, although the remainder were reported as on track.

The Cancer Waiting Times risk is aligned to the FPRC but is also reported to the CGC. There is an emerging risk on drug related risks, which is a whole system risk.

The Fife HSCP Prevention and Early Intervention Strategy was presented to and was supported by the September 2024 PHWC, to enable its continued progression to committees and IJB for decision. The Prevention and Early Intervention Strategy is a NHS Corporate Objective and is one of the nine transformational strategies of Fife Health and Social Care Partnership's Strategic Plan 2023-2026.

Public Health measures for screening and early years have been included in the IPQR, as reported to the September 2024 PHWC. The national Care and Wellbeing Dashboard is being developed to provide access to the latest data on population health outcomes, inequalities and the wider determinants of health and it will be launched alongside the national Population Health Framework in late 2024. Public Health indicators within the IPQR will be further expanded on publication of the national Population Health Framework.

During the year to date the PHWC has considered a variety of reports including:

- Anchor programme
- Update on Plan for Fife and Shared Ambitions
- Food4Fife Strategy and Action Plan 2024-2029
- Creating Hope for Fife: Fife's Suicide Prevention action plan
- Fife Child Protection annual report 2023/24
- Annual Immunisation Report and Immunisation Strategic Framework 2024-2027
- High Risk Pain Medicines – Patient Safety Programme
- Tackling poverty and preventing crisis action plan
- Alcohol and Drugs Partnership annual report
- Health Promoting Health Service annual report
- Primary Care Strategy Year 1 report
- Service updates
- Sustainability and Greenspace update
- Joint Health Protection Plan

Action Point Reference 6 – Clinical Governance Strategic Framework Delivery Plan

Finding:

A mid-year progress update on the Clinical Governance Strategic Framework Delivery Plan 2024/25 was presented to the CGC on 1 November 2024 and it was confirmed that work to refresh the Framework and Delivery Plan would commence shortly. Two of the 11 delivery plan workstreams had passed their due dates.

Audit Recommendation:

The refresh of the Clinical Governance Strategic Framework Delivery Plan should consider inclusion of:

- An SBAR that concludes on how many of the actions have been completed within target timescale, how many have not been implemented by their target timescale, whether actions are on track, barriers to achievement and if anticipated delivery timescales remain realistic. Any impact on mitigation of corporate risks and the implication of non-achievement should also be highlighted.
- A RAG status for actions.
- Inclusion of revised dates for workstreams that have exceeded their due dates.

Any workstreams not delivered in 2024/25 should be reviewed for inclusion in the 2025/26 delivery plan.

Assessment of Risk:

Moderate



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

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

Management Response/Action:

The audit recommendations will be addressed in the refresh of the Clinical Governance Strategic Framework Delivery Plan for 2025/26.

Action by:

Date of expected completion:

Associate Director of Quality and Clinical Governance

31 May 2025

Action Point Reference 7 – Review of Committee Workplans

Finding:

The business covered by the CGC and CGOG is extensive and broad, particularly as the CGC has within its remit both clinical governance and eHealth / information governance.

To operate effectively and efficiently committees must be clear about their priorities and have focused agendas and workplans.

Audit Recommendation:

The remits and workplans of both Committees would benefit from review in line with Committee Assurance Principles. The following aspects should be considered:

- Duplication of reporting to other Committees.
- Focus on priorities and the risks delegated to the Committee.
- Inclusion of agenda items for the following reasons:
 - It is a decision delegated to that Committee.
 - It relates to and/or provides assurance upon strategic priorities and related corporate risks delegated to that Committee.
 - It is a statutory or regulatory requirement or required by Scottish Government guidance.
 - The Committee can add value to a decision or issue by providing a different perspective, setting boundaries, generating ideas etc.

Assessment of Risk:

Moderate



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

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

Management Response/Action:

Each Board Committee is due to review its respective Terms of Reference in the March cycle of meetings, and, as part of that exercise, work will be undertaken with colleagues in Clinical Governance to ensure that the workplan of the Clinical Governance Oversight Group, a sub-group of Clinical Governance Committee, ensures appropriate delegation of responsibilities and non-duplication of agenda items is in place.

Action by:

Date of expected completion:

Head of Governance & Board Secretary

31 March 2025

STAFF GOVERNANCE

Corporate Risks aligned to Staff Governance Committee:

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

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

Risk 12 - Staff Health and Wellbeing – High Risk (16); Target (8) Moderate by March 2025 – Above Risk Appetite

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

Risk 19 – Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA] – Moderate (9); Target (9) Moderate – Within Risk Appetite

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

Governance Arrangements

Updates on the progress of the 2024/25 Staff Governance Committee (SGC) workplan are reported to each meeting.

While the September 2024 SGC was not quorate there was only one item on the agenda for decision and members agreed that the meeting would proceed, and that the item for decision would be tabled offline.

Workforce Strategy/Planning

Internal Audit B17/23 Workforce Planning was issued on 8 May 2024 and provided Reasonable Assurance. Two actions will remain outstanding until ongoing work to develop the 2025-2026 Workforce Plan has been further progressed during December 2024 / January 2025. The Director of Workforce has provided Internal Audit with an update on this significant and important piece of work to determine the agreed staffing establishment, with a focus on data quality. This will enable NHS Fife to reshape the workforce over the period of the new Workforce Plan, and the next three years, and ensure the staffing establishment is appropriate to effectively deliver services. The RTP People and Change Board has been instrumental in managing this work which is scheduled to be completed during December 2024.

Fife IJB Internal Audit F05/23 Workforce Planning was issued in August 2024. Three of the four actions are now complete and the remaining action to complete a staff gap analysis is in progress and due for completion by the end of December 2024.

While the SGC workplan has a scheduled update on the Workforce Plan 2022-2025 at each meeting, the November 2024 update was deferred to January 2025 because the whole-time equivalent data was still to be agreed by the People and Change Board and reported to the RTP Executive meeting.

The September 2024 Workforce Planning Update provided assurance on the plans to develop the 2025-2026 Workforce Plan to Scottish Government by submission of the required SG template by 17

March 2025. Key dates and milestones to be achieved to meet this deadline have been identified and NHS Fife is aiming to complete the work ahead of schedule in January 2025. The new Workforce Plan is intended to align with the Delivery Plan and the financial plan for 2025/26.

Risk Management

The SGC has oversight of the Workforce Planning & Delivery and Staff Health & Wellbeing corporate risks, both of which have a high rating. The planned date to reduce the risk score from high to moderate for both risks is the end of March 2025. As previously report in internal audit B17/23 Workforce Planning, the achievability of these dates may need to be reconsidered as the target date approaches. The Director of Workforce has informed Internal Audit that the Workforce Planning & Delivery risk will be reviewed in line with development of the new Workforce Plan 2025/2026, with a shift in focus to the risk of the workforce not being adequate and appropriate to deliver services.

The SGC has regular oversight of the Implementation of Health & Care (Staffing) (Scotland) Act 2019 [HSCA] risk, which has a moderate rating and has reached its target score. The option to de-escalate this corporate risk has been discussed with the Director of Workforce. Internal Audit agree with the proposal that the risk will be reviewed in March 2025. While progress has been positive to date, the new calendar year will represent 'Business as Usual' and a March 2025 review will provide sufficient time and the opportunity to take stock of the arrangements put in place. The Act requires quarterly compliance reporting to the Board by individuals with lead clinical professional responsibility and the Director of Workforce has the delegated lead responsibility for Board compliance reporting.

The Quarter 1 update to the September 2024 SGC offered Moderate Assurance and confirmed that the Board has submitted the first High Cost Agency Return to the Scottish Government, as required by NHS Circular DL (2024) 06. This will give an opportunity for NHS Fife to benchmark with other Health Boards.

Staff Governance Standard

The Scottish Government has paused the requirement to complete a Staff Governance Monitoring return but Boards were required to complete an Assurance of Compliance return by 6 December 2024. The November 2024 SGC approved the draft Staff Governance Standard 2023/24 Assurance of Compliance, which provided a 'Significant' level of assurance. Feedback on the 2022/23 Staff Governance Monitoring Return was reported to the SGC on 14 May 2024 and the SGC was to be updated on progress to address the feedback at a future meeting. This did not take place and given that the 2023/24 Assurance of Compliance is now agreed, there would be little benefit in presenting this out-of-date information to the SGC. The Director of Workforce has provided Internal Audit with assurances that any future feedback will be reported to SGC in a timely manner.

A workforce policy update to the November 2024 SGC covered development and maintenance of local HR policies and Once for Scotland Workforce Policies. A soft launch of eight refreshed workforce policies is taking place between 15 October 2024 and 15 January 2025 to ensure the Board is ready for launch in early February 2025.

Our previous recommendation to consider a stand-alone report to SGC providing assurance that each strand of the Staff Governance Standard had received appropriate coverage throughout the year was considered. The SGC annual workplan does include planned reporting on each strand of the Staff Governance Standard and provides an at a glance conclusion on coverage, which is also confirmed in the 2023/24 Assurance of Compliance. In the interests of avoiding unnecessary reporting a standalone report will not be provided to the SGC.

Staff Health and Wellbeing / Health and Safety

The latest Health & Safety Sub-Committee Incident Report, covering the period June to August 2024, was reviewed by the SGC in November 2024. The report detailed the number of incidents during the period but does not have any comparative data except for a longer-term chart plotting the number of Violence & Aggression incidents, which is showing a rising trend. The SBAR states that Violence & Aggression training is being taken on across the Board following the move of a budget for a vacant post to the Health & Safety team.

The covering paper for the report would benefit from the inclusion of comparative performance information i.e. current and prior period(s).

A Staff Health and Wellbeing Update was considered by the September 2024 SGC, and the Occupational Health Service provided their Annual Report for 2023/24 to the November SGC.

Staff Experience

The Quarter 2 Annual Delivery Plan (ADP) 2024-25 update was presented to the November 2024 SGC meeting to enable monitoring of workforce aspects. There are 21 deliverables aligned to the 'Improve Staff Experience and Wellbeing' strategic priority. At the end of Quarter 2, 16 of these deliverables (72.6%) were 'on track' with five being 'at risk'.

The September 2024 SGC was informed that iMatter engagement for 2024 was 64%, a decrease of 2% on 2023 but, for the third year running, better than the national outcome of 58%.

Whistleblowing

Starting in April 2024 and in line with good practice from the Independent National Whistleblowing Officer, responsibility for governance and reporting of Whistleblowing began to transition from the Workforce Directorate to the Corporate Governance & Board Administration function. The first meeting of the quarterly Whistleblowing Oversight Group, chaired by the Chief Executive, took place in April 2024. Over time, the Whistleblowing Oversight Group will seek to illustrate trends and allow NHS Fife to evidence the necessary improvement and learning.

People and Change Board

The RTP People and Change Board aims to deliver a safe sustainable range of workforce changes and improvements whilst contributing towards the Boards obligation to deliver sustainable financial savings.

This includes projects to reduce spend in: Junior Doctor Rota compliance; Supplementary Staffing; Vacancy and Sickness Management; and Whole Time Equivalent Reduction. The group have oversight of implementation of the non-pay elements of the 2023/24 Agenda for Change pay deal; Reduction in Working Week; Protected Learning Time; and Band 5 Nursing Review.

Supplementary Staffing

Annual supplementary staffing costs have totalled circa £50 million across NHS Fife for the last two financial years. To reduce the reliance on supplementary staffing across the system a savings target of £5 million in the Board's Financial Plan for health board retained services, and a £3 million savings target was approved in the 2024/25 Financial Plan for the HSCP. Implementing the Scottish Government Supplementary Staffing Task and Finish Group's recommendations has resulted in supplementary staffing costs across retained services reducing from an average monthly cost of circa £2 million, to just over £1 million. Extremely challenging workforce issues in the HSCP have impacted on ability to reduce monthly spend at the same level as Board-retained services. However, initiatives are being taken forward which it is anticipated will lead to a reduction in the coming months.

Internal audit B19/25 on Supplementary Staffing will review controls over the employment of bank and agency staff and controls to monitor demand, acquisition and use of supplementary staffing, focusing on value for money.

Appraisal

The Remuneration Committee (RC) considered the Chief Executive's Personal Objectives for 2024/25 at their May 2024 meeting. An updated version, to include programmes of work in relation to key educational partnerships was approved at an Extraordinary Committee meeting in June 2024.

The RC considered the 2024/25 objectives for the Executive and Senior Management Cohort at its August 2024 meeting and requested a further review be conducted by the Chief Executive, supported by the Director of Workforce, to ensure that all objectives were SMART (Specific, Measurable, Achievable, Realistic and Time-bound). At their October 2024 meeting the Committee agreed the 2024/25 objectives for the Executive and Senior Manager Cohort. Work to ensure that all Executive Director objectives are SMART will continue and be reflected in mid-year appraisals.

The 2023/24 Annual Report on Medical Appraisals and Revalidation presented to the November 2024 SGC reported that 98% of eligible General Practitioners, 96% of Secondary Care consultants and 86% of Speciality and Specialist doctors had completed appraisal.

Medical Revalidation in NHS Fife was previously overseen by the Medical Appraisal and Revalidation Group which was decommissioned at the end of 2023/24. Revalidation will now be overseen by the newly convened Medical and Dental Professional Standards Oversight Group, chaired by NHS Fife's Medical Director / Responsible Officer. This group will report to both the Clinical and Staff Governance Committees. It is not clear why both Standing Committees receive assurance on this area and we would suggest that reporting through the SGC only is sufficient and would eliminate duplication.

Talent Management

The Director of Workforce is directing a Leadership Programme which is to be delivered by the end of 2024/25.

NHS Fife is progressing various strategies to optimise recruitment. The EMERGE programme commenced in August 2024, in partnership with Fife College, local secondary schools and National Education for Scotland, and aims to increase the talent pool and supply of workforce to meet NHS Fife workforce plans in the medium to long term.

NHS Fife offers modern Apprenticeships and engagement events are being planned with the Developing the Young Workforce Coordinators for September 2024, to support school pupils who are not predicted to meet the entry grades for Medicine degree courses, to explore other opportunities in healthcare. In addition, dates for bespoke health careers for secondary school pupils have been set for 2025 onwards.

Core Skills Training

Core training compliance at September 2024 was 60% (May 2024 – 53%, October 2023 - 63%) against the corporate target of 80%. The November 2024 SGC was advised of work to increase compliance to achieve the corporate target. The SGC previously noted that 'overall training attainment was disappointing and significant measures were needed to improve these metrics', and our 2023/24 ICE Report commented on the actions to increase compliance reported to the November 2023 SGC. Over the last year compliance has deteriorated and we recommend that the SGC explore the reasons for this, actively monitor the effectiveness of and the outcomes from these refreshed actions and consider if further controls and / or actions are required.

Personal Development and Planning Review completion rate at September 2024 was 42.9% against the national target of 80%. NHS Fife entered 2024/25 with a reframed local trajectory of 60%, which would be increased year on year by 5% until the national target of 80% was introduced locally. Given

performance concerns, a recovery plan has now been developed and will be considered at the January 2025SGC. In addition, the Learning & Development Manager is now engaging with members of the Acute Services and Corporate Services Division and Corporate Directorates Local Partnership Forum outlining the support that can be provided by the Learning & Development Team to increase core skills compliance levels in these Directorates.

Attendance Management

Detailed sickness absence information is now reported to the SGC on a regular basis through the Attendance Management updates, supplementing the summary data in the IPQR presented to each SGC.

The absence rate at September 2024 was 7.07%, against the national target of 4%. NHS Fife has a corporate target of 6.5% by the end of March 2025. Areas of recent improved attendance were analysed and work continues to benchmark with key Health Boards to identify actions that NHS Fife could utilise to improve attendance. The Attendance Management Group has been re-established to oversee a multi factorial review on absence issues, take forward lessons learned, identify priority actions, and seek assurance on actions being implemented. An action plan to support improvement activities had been developed.

Internal audit B20/25 will review management of sickness absence.

Action Point Reference 8 – Health & Safety Reporting

Finding:

The Health & Safety Sub-Committee Incident Report details the number of incidents during the period and provides useful data but the cover paper does not include:

- Comparative data with previous periods to highlight improvement or deterioration (except for a longer-term chart plotting Violence & Aggression incidents).
- Analysis of data and the reason for incidents and fluctuations.
- Improvement actions and lessons learned.
- Any link between incident reporting and Health & Safety risks.

Audit Recommendation:

The Health & Safety Sub-Committee Incident Report cover paper could be enhanced through the inclusion of analysis of data and identification of themes or trends. Any themes or trends should be considered when reviewing Health and Safety risks.

The cover paper could also report on learning from incidents, emerging concerns and areas for escalation and a summary of ongoing improvement actions.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

The Health & Safety Sub-Committee Incident Report cover paper is in development and will be further enhanced through the inclusion of analysis of data and identification of themes or trends. This in turn can be considered when reviewing Health and Safety risks. Where appropriate the cover paper will also report on learning from incidents, emerging concerns and areas for escalation and a summary of ongoing improvement actions. This is frequently already covered in the minutes of the Health & Safety Sub Committee which are also submitted to SGC with any items for escalation.

Action by:

Date of expected completion:

Director of Property & Asset Management

31 March 2025

FINANCIAL GOVERNANCE

Corporate Risks aligned to the Finance, Performance and Resources Committee:

Risk 13 Delivery of a balanced in-year financial position: Current Score 25 (high) Target Score 16 (moderate) by 31 March 2025

There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2024/25 without further planned brokerage from Scottish Government.

Risk 14 Delivery of recurring financial balance over the medium-term: Current Score 25 (high) Target Score 16 (moderate) 31 March 2027

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

Risk 15 Prioritisation & Management of Capital funding: Current Score 12 (mod) Target Score 8 (moderate) 1 April 2026

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

Risk 20 Reduced Capital funding: Current Score 20 (high) Target Score 12 (moderate) 30 March 2026

There is a risk that reduced capital funding will affect our ability (scale and pace) to deliver against the priorities set out in our Population Health and Wellbeing Strategy. It may also lead to a deterioration of our asset base including our built estate, digital infrastructure, and medical equipment. There will be less opportunity to undertake change projects/programmes.

Financial Planning 2024/25

The Financial Plan 2024/25 – 2027/28 recognises that the scale of the financial challenge over the next 3 years is unprecedented and delivering financial balance across the 5-year timeframe will be extremely challenging. The Scottish Government acknowledged the financial plan for 2024/25 however it remains unapproved by them and dialogue is ongoing. The first draft of the Financial Plan for 2025/26 will be presented to EDG in January 2025.

Financial Reporting

The financial position is reported to each meeting of the Board and the Finance, Performance and Resources Committee (FPRC). On 26 November 2024 the Board was presented with the latest financial report to the end of October 2024 in private session, prior to the report being considered by the FPRC. Internal Audit commend this approach which ensured Board members were informed of the latest financial position. The report provided Limited Assurance.

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

The Executive summary of the Financial Report to end of October 2024 highlighted that:

- *The overall opening financial gap reduced from £54.750m to £51.350m in July 2024 as a consequence of allocation increases notified since the financial plan was approved by the NHS Fife Board in March 2024.*
- *There is a reasonable level of confidence we will achieve £23.6m of the 3% efficiency target and a further push is now on to bridge the £1.4m gap in projected delivery in quarter three.*

- *At the end of October 2024, the level of overspend on health board retained is tracking with plan, after taking account of the cost reduction achieved in the first 7 months in relation to RTP workstreams. This is supported by our forecast outturn and indicates we are on target to deliver an improved position on the forecast outturn identified in our 2023/25 financial plan specifically in relation to the health board retained budget. Whilst the run rate overspend is improving, further sustained improvement is necessary in the second half of the financial year to move as close to a break-even position as possible.*
- *The IJB health delegated position has deteriorated significantly since the overspend reported at July 2024 and is a major cause of concern. We continue to discuss this significant risk and variation from plan with the IJB and Fife Council. A recovery plan developed by the IJB Chief Finance Officer was approved at the extraordinary meeting of the IJB in October 2024. Since that approval the IJB reported forecast has deteriorated by a further £5.5m which presents a significant additional challenge to the overall NHS Fife board forecast position.*
- *This latest move in position will make it very difficult for the overall Board position to meet or improve on the original £30m forecast deficit reported in the financial plan in March 2024.*

Savings

The overall opening financial gap reduced from £54.750m to £51.350m in July 2024 because of allocation increases notified since approval of the financial plan in March 2024.

While the level of overspend on health board retained is tracking with plan at the end of October 2024 and delivery of an improved position on the forecast outturn in relation to health board retained budget is predicted, the IJB health delegated position has deteriorated significantly since the overspend reported at July 2024. This latest move in position will make it very difficult for the overall Board position to meet or improve on the original £30m forecast deficit reported in the financial plan.

At the end of October 2024 the reported overspend against revenue budgets was £28.690m, comprised of an overspend for health board retained services of £13.770m and £14.920m for the health delegated budget (IJB).

A range of cost improvement schemes and efficiency initiatives have been developed through the Reform phase of Reform, Transform and Perform (RTP), to achieve the non-negotiable 3% (£25m) savings target required by Scottish Government, with the broader Transform phase focusing on changes to services, structures, and care delivery to deliver the remainder of the financial gap sustainably over the next 1-2 years.

The Financial Performance Report presented to Board on 26 November 2024 stated that there is a reasonable level of confidence that £23.6m of the 3% efficiency target will be achieved and a further push is now on to bridge the £1.4m gap in projected delivery in quarter three.

At the end of October 2024, £11.968m of savings was anticipated across the 13 RTP schemes with £9.349m confirmed as delivered, a shortfall on plan of £2.618m. The Service Level Agreement (SLAs) and Business Transformation workstreams continue to present as high-risk areas in terms of non-delivery of savings in line with target.

Recognising the current level of performance of the Business Transformation Programme, a paper to Board on 26 November 2024 provided detail on progress and quantification of bridging actions. The paper provided Moderate Assurance on progress with the workstream and Limited Assurance on financial performance.

SLAs and contracts with external healthcare providers are £3.410m overspent, tracking in line with the financial plan with most of the financial challenge within the SLAs with NHS Lothian and NHS Tayside.

Work must continue at pace to develop contingency plans to ensure the minimum 3% target is delivered. The reporting of the £9.349m savings delivered does not differentiate between recurring

and non-recurring savings. One of the assumptions within the Scottish Government expectations as part of the financial planning guidance for 2024/25 was to have a “*programme of work and supporting actions to achieve a target of 3% recurring savings on baseline budgets.*”

Internal Audit will review strategic and medium term financial planning and prioritisation to support corporate strategies and priorities in internal audit B22/25 Savings.

IJB Lessons Learnt (NHSF Board November 2024 Private Session)

A movement of circa £10m in the projected outturn for Fife IJB between December and March 2024 had significant implications for NHS Fife and Fife Council and resulted in the risk share agreement being implemented. A root cause analysis of the movement was undertaken by the IJB, and a Lessons Learned Financial Movement Review Report and action plan was considered at an IJB Development Session on 13 September 2024. It was agreed that the action plan would be monitored by the IJB Audit and Assurance Committee. The Lessons Learned paper was presented to Fife NHS Board in private on 26 November 2024 and provided moderate assurance.

Internal Audit are of the view that given the deteriorating IJB financial forecast and the risk of further movement, on-going assurance on progress should be provided to NHS Fife. FTF Internal Audit is the lead internal auditor for Fife IJB and progress with the action plan will be reported in the Fife IJB Internal Control Evaluation and Annual Reports for 2024/25.

IJB Recovery Plan (NHSF Board November 2024 Private Session)

The Fife Health & Social Care Partnership (HSCP) is forecasting a projected overspend of £27.1m as at 31 March 2025. This is a projected outturn position, and it is likely this will change prior to the year end. As per the requirements of the Integration Scheme, a recovery plan has been developed to mitigate this overspend. The recovery plan was approved by the IJB on 27 October 2024 and progress will be monitored through the IJB Finance, Performance and Scrutiny Committee. The recovery plan has been included as a mitigation for NHS Fife corporate risk 13 - Delivery of a balanced in-year financial position.

The IJB Recovery Plan was reported to the NHS Fife Board on 26 November 2024 in private and the report provided Limited Assurance. The proposals within the recovery plan total £13.505m and do not fully bring budget back in line. The Board paper stated that there is a high level of confidence that the savings can be delivered in full, however, it is likely that these will be delayed until the 2025/26 financial year at the earliest.

Given the recovery plan currently does not fully deliver a break-even position in financial year 2024/25, there is a requirement for further dialogue with partners aligned with section 8.2.3 of the Integration Scheme.

The NHS Fife Financial Performance Report for the period to October 2024 highlighted a further deterioration in the IJB year-end forecast overspend from £21.571m to £27.1m, which is beyond the projected overspend stated within the IJB Recovery Plan and represents an adverse movement of £5.5m on the previously projected outturn. This is a result of a projected £13.655m overspend on health delegated services and a £13.453m overspend on social care services. NHS Fife’s share of the full Health & Social Care Partnership (HSCP) overspend at this level would be £16.807m.

Any overspend arising in the IJB requires to be supported by agreed risk-shares from both NHS Fife (60%) and Fife Council (40%). For the remainder of this financial year and into next year NHS Fife and Fife Council, alongside the HSCP, must ensure strong joint focus supports the delivery of the IJB Recovery Plan and that every effort possible is made to reduce the forecast overspend by the year-end.

When the IJB financial plan was approved in March 2024 it assumed a level of resource transfer of £4.1m would be available from health delegated budgets to support costs in social care. The £4.1m

transfer was included in the NHS Fife budget and the IJB financial planning assumptions originally predicted the resource would be available to make the transfer without creating an overspend.

The £4.1m transfer will require to be covered as the associated social care costs have been incurred. Not transferring the resource would result in NHS Fife incurring a higher risk share proportion of the year-end overspend, as the budget position for health delegated will include the £4.1m as part of the NHS Fife contribution level, therefore, given the IJB Direction and in the interests of not triggering this increase the transfer to Fife Council will be made.

For the remainder of the financial year, we would expect that delivery of the IJB Recovery Plan to be carefully monitored by the Board and FPRC, alongside NHS Fife savings plans.

Finance Risk Reporting Revenue

The two corporate financial risks related to revenue are in year delivery of the financial plan and delivery of recurring financial balance over the medium-term.

The risk report provided to the FPRC in November 2024 for Risk 13 - Delivery of a balanced in-year financial position was updated to reflect the ongoing work with the IJB.

The FPRC November 2024 update on Risk 14 - Delivery of recurring financial balance over the medium term noted that work is ongoing at pace to enable the (Choices) schemes, which informed the design of the Strategic Transformation Portfolio and reflects priority areas across the transformation programme. This work will be planned during the latter half of 2024/25 to ensure the schemes impact on the 2025/26 position.

As expected, the risk scores for both these risks have remained High during 2024. The target risk scores are increasingly challenging in the context of the forecast financial. While the current scoring of the in-year financial position risk of 20 and the target of 16 are more realistic than in the previous year, the scoring should be reviewed to take consideration of the Limited Assurance provided in the most recent NHS Fife Financial Performance report and the IJB Recovery Plan report. Careful ongoing review and reflection of both the target and actual risk scores is necessary to ensure they fully reflect the deterioration in the financial position and the challenging environment.

Scottish Government Quarter 1 and 2 Review

The Quarter 1 Scottish Government review was reported to both the FPRC and NHS Fife Board (private session) in September 2024. The NHS Fife Quarter 2 review was held on 15 November 2024 and the letter issued to the Board on 21 November 2024. At the time of writing, the Quarter 2 letter had not been reported to either the FPRC or the NHS Fife Board but is scheduled to be reported in January 2025.

The Quarter 2 Letter review highlighted that:

- An overspend of £23.6m and forecast a year-end deficit of £36.8 million which represents a deterioration from the financial plan, which forecast a £29.8 million deficit.
- Drivers of the movement are the IJB forecast deficit of £27.1 million, of which the risk-share agreement would result in a £13.4 million pressure on the Board, as well as the £20.9 million overspend in the Acute Services Division
- At Quarter Two £8.1 million savings have been achieved. The delivery of the forecast outturn of £36.8 million is dependent on the delivery of the full £25 million savings therefore we note the further risk to the Board's performance.

The Scottish Government reiterated that *“it is vital the Board continues to work towards the savings target set of at least 3% recurring savings against baseline budget, as well as progressing further non recurrent measures and assessment of difficult choices to bring the position back towards financial break-even which remains the statutory responsibility of the Accountable Officer to achieve.”*

The Scottish Government Quarter 2 letter echoes both themes and narrative provided by Internal Audit in recent ICE and Annual Reports.

NHS Support and Intervention Framework

NHS Fife is currently assessed at level 2 of the Scottish Government escalation framework, which requires enhanced scrutiny at Scottish Government level.

The NHS Support and Intervention Framework sets out a range of assessment areas, one of which is financial performance. Reporting to the FPRC and NHS Fife Board (both Private Session) in September 2024 provided members of the Board with an initial understanding of the process with NHS Fife self-assessed using the 2023/24 outturn position. The Scottish Government then issued a further iteration of the framework with more detailed questions in relation to financial performance.

A draft submission was provided to the Scottish Government on 24 October 2024, subject to consideration by the FPRC and Board in November 2024.

We have been advised by the Director of Finance and Strategy that following the Quarter 2 Scottish Government meeting, the indication is that NHS Fife will remain at Level 2 subject to a further Scottish Government review against the NHS Scotland Support and Intervention Framework early in 2025.

National Resource Allocation Formula (NRAC) Allocation Proposals

The NHS Fife Board agreed to hold allocating the NRAC resource at least until the Quarter 1 financial results were available, by which time there would be a level of confidence over delivery over the minimum 3% savings target. A paper on NRAC Allocation Proposals scheduled for presentation to the NHSF Board in September 2024 was deferred, at the request of the NHSF Board Chair, to allow for further development and members to provide initial comments.

As reported to the 26 November 2024 Board meeting (private session), the NHS Fife NRAC Allocation of £7.2m is currently reducing the overall 2024/25 year-end forecast and is held in a reserve, rather than being allocated to specific cost areas. The proposal detailed areas where the NRAC allocation is deemed to be of greatest benefit, both in terms of mitigating areas of cost pressure and introducing several cost reduction enabling investments and the NRAC allocation proposals were agreed by the Board.

Capital

The capital plan for 2024/25 was approved in March 2024 as part of the Medium-Term Financial Plan (MTFP). The capital plan is regularly reported to the FPRC, with the latest report to the November 2024 Board (private session) showing limited capital expenditure for the seven months of the financial year due to phasing of schemes, with assurance provided to the Board there are no risks anticipated to the delivery of the capital resource limit by financial year end.

There are two corporate financial risks related to capital, one for Prioritisation & Management of Capital funding and the second related to the Reduced Capital funding.

Whole System Planning

Health Boards are no longer required to submit a Property and Asset Management Strategy and must instead develop a Programme Initial Agreement (PIA) which sets out a deliverable whole-system service and infrastructure plan for the next 20-30 years. The current timeline for submission is January 2026.

The NHS Fife interim business continuity maintenance only investment plan is required to be submitted by January 2025. Estates, Facilities and Capital Planning are developing the Business Continuity Plan and have received input from other specialities, including medical devices and digital. The route of approval is to be through the Financial Capital Investment group, EDG and the FPRC, prior to submitting to the Scottish Government in January 2025.

Procurement

The September 2024 FPRC approved the Procurement Strategy and endorsed the Annual Procurement Report, which is a requirement of the Procurement Reform (Scotland) Act 2014.

A comprehensive set of 12 KPIs was agreed as part of the Procurement Strategy. As reported to the FPRC in September 2024 at the end of Quarter 1, progress was positive.

Bed modelling Clinical and Financial Implications

The November 2024 FPRC considered a paper on whole system bed modelling across Fife, undertaken by external consultants. The analysis involved close working with the IJB and demonstrates the impact on acute hospitals (phase one), community hospitals (phase two) and care homes (phase three). Phase two is nearing completion with initial modelling suggesting a range of opportunities to reduce the required bed base from the current baseline. Once the baseline is established, this allows for assumptions and projections to be built in, and consideration of various clinical models and pathways of care over a 20-year period. The result will be a planning tool which can be utilised by NHS Fife, to run alongside finance, service, workforce, and infrastructure plans to develop scenarios, and ultimately support creation of Target Operating Models.

Other Areas covered by ICE Fieldwork

We reviewed the following areas, none of which highlighted any significant issues:

- Standing Financial Instructions
- Standards of Business Conduct
- Anti-Fraud and Corruption Policy and Response Plan
- Control over the Acquisition, Use, Disposal and Safeguarding of Assets
- Financial Operating Procedures

Action Point Reference 9 – Savings from RTP

Finding:

Scottish Government financial planning guidance for 2024/25 required a programme of work and supporting actions to achieve a target of 3% recurring savings on baseline budgets.

Progress to achieve the 3% savings of £25m, to be delivered through RTP is being reported to Board and Standing Committees, but there is no split between recurring and non-recurring savings. Any savings identified on a non-recurring basis will require to be carried forward for inclusion in the 2025/26 financial plan.

Audit Recommendation:

Financial Performance reports should make clear that savings achieved on a non-recurring basis will impact on future years financial plans. Reporting of savings in both Financial Performance and RTP Performance Reports should include year-end forecasting of recurrent and non-recurrent savings, together with robust supporting information on how variances will be addressed.

We encourage the use of savings trajectories to highlight and provide early warning of barriers to achievement.

Assessment of Risk:

Moderate



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

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

Management Response/Action:

An assessment of the savings delivered to October 2024 and the forecast to the year-end indicate £14.8m will be delivered on a recurring basis. This assessment will be considered by EDG, FPR Committee and the NHS Fife Board as part of the regular financial performance reporting and also in the initial preparation of the financial plan for 2025/26. In relation to addressing any shortfall or variances in the assessment of savings delivery, this is considered monthly through the financial review process and contingency actions are developed where possible to mitigate any deviation from plan. This will be an ongoing assessment process throughout the remainder of the financial year.

Action by:

Director of Finance & Strategy

Date of expected completion:

31 March 2025

INFORMATION GOVERNANCE

Corporate Risks aligned to the Clinical Governance Committee (CGC):

Risk 17 – Cyber Resilience – High Risk (16); Target (12) Moderate by 30 Sep 2025 – Above Risk Appetite

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

Risk 18 – Digital and Information – High Risk (15); Target (12) Moderate by 30 Apr 2025 – Above Risk Appetite

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

Governance and Assurance

The Information Governance and Security Steering Group (IG&SSG) and Digital and Information Board (D&IB) continue to provide assurance to the CGC with the latest update presented in September 2024 and a further update scheduled for March 2025. Updates on the D&I Strategy were provided to the CGC in September and November 2024, with the intention to have a Digital and Information Framework developed for March 2025, an extension on the previous target dates of July and then October 2024.

The IGS Accountability and Assurance Framework Report has been developed following a mapping exercise between the Scottish Public Sector Cyber Resilience framework and the Information Commissioners Office (ICO) Accountability Framework and is presented to each meeting of the IG&SSG. Performance metrics for seven of the 10 categories have been established (last ICE reported three of 10 established), with cross references to associated high risks recorded where applicable.

The late issue of papers to both the IG&SSG and D&I Board remains a control weakness as there is a risk that group members have insufficient time to effectively scrutinise the papers ahead of each meeting. Within the Audit Follow Up section there is an outstanding action to this effect, due for completion by end of April 2025.

Risk Management

The management of IG&S risks is reported to each IG&SSG meeting four times a year.

The risk report presented to IG&SSG in October 2024 included graphical representation of all the Digital and Information Governance risks. Of the 49 risks recorded, 12 were scored as high, 29 scored as medium and 8 scored as low. There are 14 IG risks and 35 Digital risks. The report demonstrated that overall risk scores are improving. Three risks have deteriorated from initial risk score, with each relating to Cyber Security. We note there is duplication of reporting between the risks reported to IG&SSG and D&I Board.

Both risk reports to the D&IB and IG&SSG provide summary information showing the total number of risks in each category and the number within/out risk appetite highlighted. The report does not currently include commentary on whether the actions underway and planned will be sufficient to bring these risks within the risk appetite in an acceptable timescale.

There have been no deep dives undertaken or planned during 2024/25 for the two Information Governance corporate risks aligned to the CGC. Standard risk reporting to the CGC includes updates on Risk 17 Cyber Security and Risk 18 Digital and Information. Our Annual Report B06/24 recommendation 1 highlighted improvements to the Deep Dive process which are ongoing.

The CGC undertook a Deep Dive of Risk 18 – D&I in November 2023 and of risk 17 – Cyber Resilience in January 2024. No further deep dives for these risks are scheduled within the CGC Workplan for 2024/25 and we would expect these to be completed early in 2025/26. A review of Risk 18 – D&I and a refresh of the Deep Dive will be completed as part of the development of the Digital and Information Strategic Framework.

Although the scores on these two corporate risks have remained static so far in 2024/25, there is evidence of actions being progressed to reduce them towards their target scores and the latest reporting on these includes a timescale for reaching the target level. However, the reality of reaching the target score for cyber will be challenging. Operational risks are also demonstrating improvement with improved risk scores for 26 of the 49.

Digital and Information Strategy

A D&I Framework is being developed to replace the current D&I Strategy and will be presented to the D&I Board on 31 January 2025. Following consultation the aim is for the Framework to be formally approved by the NHS Fife Board by 31 March 2025. The Briefing paper for Digital Strategic Framework presented to the November 2024 CGC stated that alignment to RTP will be a key element of the framework, with links and plans being associated with existing schemes and the emerging CHOICES submission.

The Briefing Paper for Digital Strategic Framework Timeline Update to the CGC on 1 November 2024 provided an analysis of delivery of the extant D&I Strategy. Of the 49 deliverables, 65% have been delivered or are in progress. Some deliverables have been delayed during the strategy period due to the impact of Covid19 requirements, the emergence of additional deliveries and national delivery delays. The approach and steps to be taken to create the D&I Framework were also documented to the CGC.

The regular portfolio and project updates provided to the D&IB outline the status of projects and their strategic alignment.

Information Governance Responsibilities

An NHS Fife Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO) are in place and the SIRO is an Executive Member of the Board.

Information Governance Policies and Procedures

As reported to the October 2024 IG&SSG seven of nine IG policies were within their review date (78%) with two under review – Records Management Policy and Freedom of Information Policy. 16 of 23 D&I policies were within the review date (70%) and seven were under review.

Information Governance Incidents and Reporting

Updates on IG&S incident management are included in the IGS Accountability and Assurance Framework Report presented to each IG&SSG meeting and in the IG&SSG update report presented to CGC twice per year. The most recent update to IG&SSG on 22 October 2024 included:

- the number of IG&S incidents reported via DATIX as 1,192 over the rolling 12-month period.
- Over the rolling 12 month period the number of IG&S incidents reported to the ICO or Competent Authority within the required 72 hour timescale was 78% and from 1 April 2024 to 31 August 2024 four incidents were reported with 50% reported within the 72 hour timescale and one (25%) which required follow-up by the ICO.

Network and Information Audit 2024 (NISD)

The IG&S were updated on progress against NISD recommendations at its October 2024 meeting. Overall NHS Fife has compliance status of 93%. During 2024, the following areas of focus were progressed from the 2023 NISD report, with: Supplier Management rating improving from 44% in 2023 to 94% in 2024; Asset Management improving from 63% in 2023 to 87% in 2024; Access Controls improving from 77% in 2023 to 89% in 2024; and Business Continuity improving from 82% in 2023 to 93% in 2024.

These areas have been reported as part of the IG&S Assurance and Accountability Framework throughout 2024.

Information Governance Training

During 2023/24 the ICO issued a reprimand to the Board, which highlight that NHS Fife wide, only 42% of staff have undertaken the mandatory IG training. Since that report compliance has slowly increased with the latest position at September 2024 being 64%, as reported to the October 2024 IG&S.

ICO Reprimand – St Andrews Update

The July 2024 IG&S was presented with an update from the ICO. NHS Fife had provided the ICO with an update on the areas requiring improvement, with the ICO responding positively to the steps taken by NHS Fife to prevent a similar event from reoccurring.

NHS Dumfries and Galloway Cyber Incident





The Clinical Governance Committee in November 2024 was provided with a Briefing on the NHS Dumfries and Galloway Cyber Incident, with the report outlining the learning and observations associated with the incident and providing moderate assurance in relation to NHS Fife. This report highlighted the continued risk of cyber-attack and is part of a suite of reporting to ensure the organisation maintains awareness of the ever-continuing threat. The report provided assurance that the D&I department is assessing NHS Fife's resilience level against these cyber-attacks on a continuous basis and have accelerated the delivery of some planned improvements, found additional quick wins to improve security and conducted exercises to model the impact of the attacks witnessed.

Crisis Communications Strategy in response to Cyber Attack

The EDG on 21 November 2024 were presented with a paper on crisis communications in response to the Dumfries and Galloway cyber-attack. The paper will go to Standing Committee for future approval. Given the rise in successful and significant targeted cyber intrusion activity within public sector organisations, during incidents organisations often prioritise their technical response and relegate communication to a secondary consideration. Effective communication to staff, patients, stakeholders, and the media is crucial for shaping how an organisation is perceived and it is therefore vital that NHS Fife has a planned and coordinated approach to ensure timely and consistent messages that instils confidence in the organisation and its response to a cyber-attack or major systems outage.

Assessment of Risk

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

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

Meeting:	Clinical Governance Committee
Meeting date:	17 January 2025
Title:	Review of Draft Annual Workplan 2025/26
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Author:	Gemma Couser, Associate Director of Quality & Clinical Governance

Executive Summary

This report allows the Clinical Governance Committee members to review and agree the content of the proposed Committee Annual Workplan for 2025/2026 and the anticipated reporting arrangements for the year ahead.

1 Purpose

This is presented for:

- Decision

This report relates to a:

- Annual Operational Plan

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

- Safe
- Effective
- Person Centred
- NHS Board Strategic Priorities:
 - 1. To Improve Health & Wellbeing
 - 2. To Improve Quality of Health & Care Services
 - 3. To Improve Staff Experience & Wellbeing
 - 4. To Deliver Value & Sustainability.

2 Report summary

2.1 Situation

This paper sets out the proposed Clinical Governance Committee (CGC) workplan for 2025/26 and summarises the approach adopted to ensure there is a regular review of the workplan to enable the CGC to fulfil its remit.

2.2 Background

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

2.3 Assessment

The 2025/26 proposed CGC workplan is attached in appendix 1 for consideration of the Committee. Given the dynamic nature of our organisation the workplan is included as a standing agenda item at each Committee meeting. This regular review will ensure the workplan reflects new and emerging risks or areas of focus. To support this a tracker of the workplan is maintained to monitor the business of the Committee.

This report provides the following Level of Assurance:

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

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Human Rights, including children’s rights, 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.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

The proposed workplan for 2025/26 has been developed in collaboration with Directors.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a “**moderate**” level of assurance.
- **Approval** – to consider and **approve** the proposed workplan for 2025/26; and **approve** the approach to ensure that the workplan remains current.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - Proposed Clinical Governance Committee Workplan 2025/26

Report Contact

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**CLINICAL GOVERNANCE COMMITTEE
PROPOSED DELIVERY OF ANNUAL WORKPLAN 2025 / 2026**

Governance - General							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Active or Emerging Issues							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Governance Matters							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
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	✓	✓	✓	✓	✓	✓
Internal Controls Evaluation Report 2024/25	Chief Internal Auditor					✓	
Review of Terms of Reference	Board Secretary						✓ Approval

Governance Matters (cont.)							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Review of Annual Workplan	Associate Director of Quality & Clinical Governance	✓	✓	✓	✓	✓	✓ Approval
Strategy / Planning							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Annual Delivery Plan 2025/26 Scottish Government Response <i>(also goes to FP&R, PH&W & SGC)</i>	Director of Finance & Strategy / Associate Director of Planning & Performance	✓					
Annual Delivery Plan Quarterly Reports	Director of Finance & Strategy / Associate Director of Planning & Performance	✓ Q4/2024		✓ Q1/2025 & SG Feedback	✓ Q2/2025		✓ Q3/2025
Cancer Strategic Framework & Delivery Plan	Medical Director/Associate Director for Risk and Professional Standards				✓		
Clinical Governance & Strategic Framework Delivery Plan 2025/26	Medical Director / Associate Director of Quality & Clinical Governance		✓		✓ Mid-year update		
Corporate Objectives	Director of Finance & Strategy / Associate Director of Planning & Performance	✓					
Value Based Health and Care Delivery Plan (Realistic Medicines)	Associate Director for Risk & Professional Standards						✓
Scottish Healthcare Associated Infection (HCAI) Strategy 2023-25	Director of Nursing			✓			
Quality / Performance							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Deteriorating Patients Improvement Programme Annual Report – timing tbc	Medical Director	TBC					
Integrated Performance and Quality Report	Medical Director / Director of Nursing	✓	✓	✓	✓	✓	✓
Healthcare Associated Infection Report (HAIRT)	Director of Nursing	✓	✓	✓	✓	✓	✓

Quality / Performance (Cont.)							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Public Protection, Accountability & Assurance Framework - Self Evaluation	Director of Nursing					✓	
Digital / Information							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Digital and Information Strategy 2019-24 Update	Director of Digital & Information			✓		✓	
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme	Medical Director			✓			
Information Governance and Security Steering Group Update	Director of Digital & Information			✓			✓
St Andrews Community Hospital Security Breach Update & Action Plan	Director of Digital & Information	✓					
Person Centred Care / Participation / Engagement							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Equalities Outcome Report 2027 <i>(also goes to PHWC)</i>	Director of Nursing	Interim report 2025/29 will be presented in March 2027 (Two yearly)					
Patient Experience & Feedback	Director of Nursing	✓	✓	✓	✓	✓	✓
Patient Story	Director of Nursing	✓	✓	✓	✓	✓	✓
Professional Standards							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Allied Health Professional Assurance Framework	Director of Nursing			✓			
Nursing & Midwifery Professional Assurance Framework	Director of Nursing			✓			
Advanced Practitioners Review Update	Director of Nursing			✓			

Annual Reports / Other Reports							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Adult Support & Protection Annual Report 2023/25 <i>(also goes to PHWC)</i> <i>(next report after 2025 due 2027)</i>	Director of Nursing	✓					
Care Opinion Annual Report 2024/25	Director of Nursing			✓			
Clinical Advisory Panel Annual Report 2024/25	Medical Director		✓				
Controlled Drug Accountable Officer Annual Report 2024/25	Director of Pharmacy & Medicines			✓			
Director of Public Health Annual Report 2025 <i>(also goes to PHWC)</i>	Director of Public Health					✓	
Fife Child Protection Annual Report 2024/25 <i>(also goes to PHWC)</i>	Director of Nursing		✓				
Hospital Standardised Mortality Ratio (HSMR) Update Report 2024/25	Medical Director				✓		
Medical Appraisal and Revalidation Annual Report 2024/25	Medical Director/Associate Director for Risk and Professional Standards				✓		
Medical Education Annual Report 2024/25	Medical Director						✓
Medicine Safety Review and Improvement Report 2024/25	Director of Pharmacy & Medicines				✓		
Occupational Health Annual Report 2024/25	Director of Workforce					✓	
Organisational Duty of Candour Annual Report 2024/25	Medical Director						✓
Participation & Engagement Report and Quality Framework for Participation & Engagement Self-Evaluation 2024/25	Director of Nursing					✓	
Prevention & Control of Infection Annual Report 2024/25	Director of Nursing				✓		
Radiation Protection Annual Report 2024/25	Medical Director		✓				

Annual Reports / Other Reports (cont.)							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Research & Development Progress Report & Strategy Review 2024/25	Medical Director					✓	
Research, Innovation and Knowledge Annual Report 2024/25	Medical Director					✓	
Review of Deaths of Children & Young People 2024/25	Director of Nursing			✓			
The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Annual Report	Director of Nursing			✓			
Linked Committee Minutes							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Area Clinical Forum	Chair of Forum	06/02	03/04	05/06	07/08	02/10	04/12
Area Medical Committee	Medical Director	03/04	05/06	07/08	02/10	04/12	05/02
Area Radiation Protection Committee	Medical Director	-	07/05	-	-	12/11	-
Cancer Governance & Strategy Group	Medical Director	11/02	08/04	17/06	19/08	14/10	09/10
Clinical Governance Oversight Group	Medical Director	TBC					
Digital & Information Board	Director of Digital & Information	TBC					
Fife Area Drugs & Therapeutic Committee	Medical Director	19/02	23/04	18/06	27/08	29/10	17/12
Fife IJB Quality & Communities Committee	Associate Medical Director	06/03	25/04	04/07	05/09	05/11	07/01
Health & Safety Subcommittee	Chair of Subcommittee	07/03	06/06	-	05/09	05/12	-
Infection Control Committee	Director of Nursing						
Ionising Radiation Medical Examination Regulations Board (IRMER)	Medical Director	06/05	-	-	17/09	-	-
Information Governance & Security Steering Group	Director of Digital & Information	TBC					
Medical Devices Group	Medical Director	12/03	11/06	-	-	10/12	-
Medical & Dental Professional Standards Oversight Group	Medical Director	-	15/04	15/07	-	21/10	-
Research, Innovation & Knowledge Oversight Group	Medical Director	-	24/04	-	-	13/11	-

Linked Committee Minutes (cont.)							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Resilience Forum	Director of Public Health	20/03	-	18/06	18/09	-	17/12
Ad-hoc Items							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Matters Arising							
	Lead	02/05/25	11/07/25	29/08/25	07/11/25	09/01/26	06/03/26
Development Sessions							
	Lead						

**CLINICAL GOVERNANCE COMMITTEE
DELIVERY OF ANNUAL WORKPLAN 2024 / 2025**

Governance - General							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action list	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Active or Emerging Issues							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Governance Matters							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	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	✓	✓	✓ Including update on Clinical Optimal Outcomes	✓ Cancer Waiting Times	✓ Access to outpatient, diagnostic and treatment services + Clinical Optimal Outcomes	✓ Whole System Capacity

Governance Matters (cont.)							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Review of Terms of Reference	Board Secretary						✓ Approval
Delivery of Annual Workplan 2024/25	Associate Director of Quality & Clinical Governance	✓	✓	✓	✓	✓	✓
Proposed Annual Workplan 2025/26						✓ Approval	
Strategy / Planning							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Annual Delivery Plan 2024/25 Scottish Government Response <i>(also goes to FP&R, PH&W & SGC)</i>	Director of Finance & Strategy / Associate Director of Planning & Performance	✓	✓				
Annual Delivery Plan Quarterly Reports	Director of Finance & Strategy / Associate Director of Planning & Performance		✓ Q4/2024	✓ Q1/2024	✓ Q2/2024		✓ Q3/2024
Cancer Strategic Framework & Delivery Plan	Medical Director/Associate Director for Risk and Professional Standards				✓		
Clinical Governance & Strategic Framework Delivery Plan 2024/25	Medical Director / Associate Director of Quality & Clinical Governance		✓		✓ Mid-year update		
Corporate Objectives	Director of Finance & Strategy / Associate Director of Planning & Performance	Deferred to next mtg	✓				
Value Based Health and Care Delivery Plan	Medical Director						✓
Scottish Healthcare Associated Infection (HCAI) Strategy 2023-25	Director of Nursing			✓			
Quality / Performance							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Integrated Performance and Quality Report	Medical Director / Director of Nursing	✓	✓	✓	✓	✓	✓

Quality / Performance (Cont.)							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Healthcare Associated Infection Report (HAIRT)	Director of Nursing	✓	✓	✓	✓	✓	✓
IRMER Inspection Report 2024	Medical Director		✓				
Nursing & Midwifery Professional Assurance Framework	Director of Nursing	Removed from workplan, as a review of the framework will form part of a leadership review that will be undertaken.					
Public Protection, Accountability & Assurance Framework	Director of Nursing	Deferred - due to timings			Deferred to next mtg		✓
Digital / Information							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Digital and Information Strategy 2019-24 Update	Director of Digital & Information		Deferred to next mtg	✓		Removed – update on framework will be brought back in due course	
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme	Director of Digital & Information			✓			
Information Governance and Security Steering Group Update	Director of Digital & Information			✓			✓
Person Centred Care / Participation / Engagement							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Equalities Outcome Report <i>(also goes to PHWC)</i>	Director of Nursing						✓ 2025 report
Patient Experience & Feedback	Director of Nursing	✓	✓	✓	✓	✓	✓
Scottish Public Service Ombudsman Investigation Report	Director of Nursing	✓					
Patient Story	Director of Nursing	✓	✓	✓	✓	✓	✓

Professional Standards							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Allied Health Professional Assurance Framework	Director of Nursing			✓ Update			
Advanced Practitioners Review Update	Director of Nursing			✓			
Annual Reports / Other Reports							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Adult Support & Protection Annual Report 2023/25 <i>(also goes to PHWC)</i>	Director of Nursing	Deferred to May 2025					
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 <i>(also goes to PHWC)</i>	Director of Public Health			Deferred due to timings (Sept, Nov & Jan). Will be presented in March 2025. Key areas of the report are being presented to the PH&WC in January 2025.			✓
Fife Child Protection Annual Report 2023/24 <i>(also goes to PHWC)</i>	Director of Nursing		✓				
Hospital Standardised Mortality Ratio (HSMR) Update Report 2023/24	Medical Director				✓		
Medical Appraisal and Revalidation Annual Report 2023/24	Medical Director/Associate Director for Risk and Professional Standards				✓		
Medical Education Annual Report	Medical Director				Deferred	Deferred	✓
Medicine Safety Review and Improvement Report 2023/24	Director of Pharmacy & Medicines				✓		
Occupational Health Annual Report 2023/24	Director of Workforce			Deferred		Removed from workplan – goes to SGC	
Organisational Duty of Candour Annual Report 2023/24	Medical Director					Deferred to next mtg due to timing of gov. route	✓

Annual Reports / Other Reports (cont.)							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Participation & Engagement Report 2023/24	Director of Nursing				Deferred		✓
Prevention & Control of Infection Annual Report 2023	Director of Nursing				✓		
Radiation Protection Annual Report 2023/24	Medical Director	Deferred to next mtg	✓				
Research, Innovation and Knowledge Strategy 2022-2025	Medical Director					✓	
Research, Innovation and Knowledge Annual Report 2023/24	Medical Director					✓	
Review of Deaths of Children & Young People 2023/24	Director of Nursing			✓			
Linked Committee Minutes							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Area Clinical Forum	Chair of Forum	04/04	06/06 cancelled	01/08	03/10 cancelled	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	-	-	09/05	-	07/11	
Cancer Governance & Strategy Group	Medical Director		21/03 & 30/05	-	15/08	-	31/10
Clinical Governance Oversight Group	Medical Director	16/04	18/06	20/08	-	22/10 & 10/12	-
Digital & Information Board	Medical Director	-	09/05	-	23/07		15/10
Fife Area Drugs & Therapeutic Committee	Medical Director	17/04	-	19/06	21/08	23/10	18/12
Fife IJB Quality & Communities Committee	Associate Medical Director		08/03 & 10/05	05/07	-	-	04/09, 08/11 & 10/01
Health & Safety Subcommittee	Chair of Subcommittee	08/03	07/06	-	06/09	06/12	07/03
Infection Control Committee	Director of Nursing	07/02 & 03/04	05/06	07/08			02/10 & 04/12

Linked Committee Minutes (cont.)							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
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	06/03
Medical & Dental Professional Standards Oversight Group <i>(New group as from June 2024)</i>	Medical Director	-	11/06	09/07	14/10	-	21/01
Research, Innovation & Knowledge Oversight Group	Medical Director	-	14/05	-	-	14/11	-
Resilience Forum	Director of Public Health		13/03	13/06	-	18/09	12/12
Ad-hoc Items / additional items							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Neonatal Mortality Review Response	Medical Director		✓				
Medical Devices Update	Associate Director of Quality & Clinical Governance		Deferred to next mtg	✓			
Re-form, Transform, Perform Programme Update	Director of Re-form & Transformation	✓					
Organisational Learning Update	Associate Director of Quality & Clinical Governance		Deferred to next mtg	✓			
IR(ME)R Inspection – Victoria Hospital, Kirkcaldy – 16-17 January 2024 - Final report	Medical Director		✓				
Deteriorating Patients Improvement Programme	Medical Director			✓			
The Patient Rights (Feedback, Comments, Concerns and Complaints) (Scotland) Annual Report	Director of Nursing			✓			
Letter from the Scottish Government: Reforming Services and Reforming the Way We Work	Chief Executive		✓				

Ad-hoc Items / additional items (cont.)							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Transport of Medicines Audit Report	Acting Director of Pharmacy		✓ For noting				
Medicines Assurance Audit Programme Short Life Working Group Audit Report	Acting Director of Pharmacy		✓ For noting				
National Resilience Standards, Implementation in Fife	Director of Public Health	Removed from workplan – National Standards are being reviewed within the Scottish Government					
Health Emergency Preparedness, Resilience & Response (EPRR) Training & Exercise plan for 2024/25	Medical Director	Removed from workplan – Training & Exercise plan was presented to the Resilience Forum.					
Briefing on the NHS Dumfries and Galloway Cyber Incident	Medical Director				✓		
Rapid Cancer Diagnostics Services	Medical Director				✓		
Professional Standards Group Update <i>(also goes to SGC)</i>	Medical Director				✓		
Neonatal Mortality Review Health Improvement Scotland Report	Medical Director			✓			
St Andrews Community Hospital Security Breach Update & Action Plan	Director of Finance & Strategy			✓			
Business Transformation RTP (from a clinical aspect)	Medical Director	Removed from workplan					
Adverse Events Improvement Plan Update	Associate Director of Quality & Clinical Governance				✓		
Digital Strategic Framework Timeline Update	Director of Digital & Information				✓		
Single Point of Contact for Cancer Patients	Medical Director	✓					
Mental Welfare Commission Visits & Reports Summary	Director of Health & Social Care						✓
Safe Delivery of Care Health Improvement Scotland Inspection	Director of Nursing					✓	

Ad-hoc Items / additional items (cont.)							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Mental Health Oversight Group Assurance Summary from 22 November 2025 Meeting	Director of Health & Social Care					✓	
Internal Controls Evaluation Report	Internal Audit					✓	
Single Point of Contact for Cancer Patients	Medical Director					✓	
Fife Winter Preparedness Plan 2024/25	Director of Health & Social Care					✓	
Matters Arising							
	Lead	03/05/24	12/07/24	06/09/24	04/11/24	17/01/25	07/03/25
Health & Social Care Partnership Response to Community Associated E. Coli Bacteraemia and Clostridium Difficile Infection	Director of Nursing	✓					
Adverse Event Process for Drug Related Deaths	Medical Director		✓				
Reinforced Autoclaved Aerated Concrete Update	Director of Property & Asset Management			✓			
Briefing Paper: Alcohol and Drug Death Reviews in Fife	Medical Director			✓			
Reform, Transform, Perform - Acute Redesign Priorities	Director of Acute Services			✓			
Reform, Transform, Perform – Transforming Urgent Care	Director of Acute Services			✓ Private Session			
East Region Neonatal Services	Medical Director				✓		
Orthopaedic Hip Fracture Audit	Medical Director				✓	✓ Briefing Paper	
Drug Death Cluster Reviews Briefing Update						✓	

Development Sessions						
	Lead					
Principles of Clinical Governance	Medical Director	07/05/24				
The Patient Rights Directions.	Director of Nursing				22/11/24	

Meeting:	Clinical Governance Committee
Meeting date:	17 January 2025
Title:	Single Point of Contact for Cancer Patients
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Authors:	Kathy Nicoll, Cancer Transformation Manager

Executive Summary

This paper provides an update on the second evaluation of the Single Point of Contact Hub service:

- The Single Point of Contact Hub was launched in September 2022.
- The second Single Point of Contact Hub Evaluation Report is being presented to the Clinical Governance Committee for **assurance**, updating the committee on the effectiveness of the Hub, evaluating the service from 1 March 2023 to 31 August 2023
- This evaluation builds on the first report which was for the period 1 September 2022 to 28 February 2023.
- In December 2020, the Cabinet Secretary for Health and Sport announced the publication of a national cancer recovery plan. Subsequently, a call for applications towards services which were linked to actions and ambitions within the Plan in early 2021 was made by Scottish Government. Funding was allocated to fund pilots to support Action 3: Single Point of Contact. NHS Fife submitted successful application.
- The creation of a Single Point of Contact Hub (SPOCH) is to improve experience for patients referred urgent suspected or diagnosed with cancer (for colorectal and urology patients).
- The evaluation shows continued expansion and improvement within the service with increased support provided to both patients and services.
- Two additional services are now supported: negative qFIT pathway and initiation of the optimal lung cancer pathway
- There has been an increase in incoming and outgoing calls with 92% of calls being resolved by SPOCH.
- Based on previous patient focussed sessions we have been able to demonstrate management of patient concerns.
- Overall, Did Not Attend (DNA) rates are at 3% which is lower than the target of 5%.
- There has been a reduction in incoming calls to the Clinical Nurse Specialists (CNS)
- There has been an increase in incoming calls across the most deprived areas in Fife in comparison to the previous report.
- It is noted that the Hub has not improved cancer waiting times performance as challenges seen are within operational services due to increasing referrals and

diagnoses combined with complexity of pathways impacting on cancer demand and capacity.

- Next steps and recommendations have been identified.

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- Annual Operational Plan
- Government policy/directive
- Local policy
- NHS Board/Integration Joint Board Strategy or Direction
- National Health & Well-Being Outcomes
- NHS Fife Board Strategic Priorities
 - To Improve Health & Wellbeing
 - To Improve Quality of Health & Care Services
 - To Deliver Value and Sustainability
 - To Improve Staff Experience and Wellbeing

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

A second evaluation has been carried out to assess the effectiveness and success of the Single Point of Contact Hub which was launched 1 September 2022. This paper is an update on the previous paper and evaluates the service from 1 March 2023 to 31 August 2023. This paper is brought to the Clinical Governance Committee for **assurance** on the effectiveness of the service since the launch.

2.2 Background

In December 2020, the Cabinet Secretary for Health and Sport announced the publication of a [National Cancer Recovery Plan: 'Recovery and redesign: an action plan for cancer services'](#). Subsequently, a call for applications towards services which were linked to actions and ambitions within the Plan in early 2021 was made by Scottish Government. Funding was allocated to fund pilots to support Action 3: Single Point of Contact.

This bid, Single Point of Contact Hub – Getting it Right First Time, was successfully selected as part of the Single Point of Contact funding stream with the purpose to create a Single Point of Contact Hub (SPOCH) to improve experience for patients referred urgent suspected or diagnosed with cancer (colorectal and urology).

Cancer patient stories, Care Opinion, patient groups, 3rd sector organisations and survey data have evidenced that patients would like timely and proactive support through their cancer journey. Thus, supporting Action 3: Single Point of Contact.

The creation of a Single Point of Contact Hub (SPOCH) to improve experience for patients referred urgent suspected or diagnosed with cancer, initially for colorectal and urology patients. The aim enhance the Central Referral Unit (CRU) Team to support patients in:

- Timely access for all appointments (diagnostics, MDT, clinic, surgery)
- Signposting - clinical advice /support services.
- Timely access to appointments for follow up.
- Provision of Patient Pathway Information
- Reduction in patients who Do Not Attend (DNA).
- Improved patient experience

2.3 Assessment

This evaluation shows the continued expansion and improvement within the service with increased support given to services. Since the launch the Central Referral Unit and Single Point of Contact Hub have merged providing a robust service which ensures business continuity for both management of urgent suspected cancer referrals and Single Point of Contact Hub. Additional services are now provided. A qFIT negative pathway has been introduced which provides a wraparound service from supply of a test to advising of negative results for symptomatic bowel patients. Initiation of the lung cancer pathway supports patients who have an abnormal chest x-ray through to relaying a negative result to reassure the patient in a timeous manner.

Activity shows an increase in both incoming and outgoing calls with 92% of all calls being resolved by SPOCH. Over the 6 months there has been a 28% increase in incoming calls showing the service is being embedded. There has been a reduction in incoming calls to the CNSs.

Overall DNA rates are at 3% which is lower than the 5% target across NHS.

There has been no change to the overall proportion of calls across SIMD however an improvement has been seen on the previous analysis of incoming calls from across the most deprived areas in Fife.

Based on previous patient focussed sessions we have been able to demonstrate how the Single Point of Contact Hub has managed concerns raised by patients.

As part of this evaluation we also sought the view of the Patient Navigators working in the Single Point of Contact Hub who advised they are very proud to work within the service and feel a great sense of achievement when ensuring patients are informed, signposted and reassured.

Cancer Waiting Times performance has not been provided within the update. The previous report advised that whilst there has been shown to be improvement in patient experience, introduction of SPOCH has not influenced 62-day performance. Challenges seen are within operational services and due to increasing referrals and diagnoses combined with complexity of pathways impacting on demand and capacity.

NEXT STEPS

As a result of the report further recommendations have been identified for continued improvement:

- **Evaluate SPOCH up to August 2023 (2024)**
Due to the delay in publication of this report immediate evaluation of SPOCH up to September 2023 will be undertaken – **now complete**.
- **Promote SPOCH**
Improve communications with Primary Care and Secondary Care to raise better awareness of SPOCH.
- **Timely Results for Non-cancer Patients (2024)**
Work with the lung cancer clinical team to agree timely results for patients are no longer suspected cancer after CT – **suspected lung cancer patients with no cancer detected are reassured**
- **Continued staff training (2024)**
Commitment to continue staff training to ensure Patient Navigator’s training, skills and knowledge and align with Macmillan Competency Framework – **all staff undertake continuous training**.
- **SPOCH support to other cancer services (2024)**
Explore if SPOCH can be expanded to support other cancer services to ensure equity of access for all – **extended into the lung pathway and negative qFIT pathway**.
- Once fully staffed we aim to bring on more services.

This report provides the following Level of Assurance:

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

2.3.1 Quality/ Patient Care

Due to the cost and resource requirements we were unable to send out further questionnaires to patients who had used the service from 1 March 2023 to 31 August 2023.

At the point of launching the service, a Care Opinion site for SPOCH was created in order to obtain real-time patient feedback. This can be found on the Single Point of Contact website. To date there has been no Care Opinion feedback received.

Patient focussed sessions were undertaken prior to launch. The table below shows an update on improvements made by SPOCH based on the patient feedback.

What we heard	What we did
Not aware of being referred to a cancer pathway	<ul style="list-style-type: none"> • Introductory call to patient once referral accepted and advising of what to expect next • Patient information leaflets were developed and sent to patients at point of accepted referral

What we heard	What we did
Lack of communication around information	<ul style="list-style-type: none"> • Patient kept informed about diagnostic test appointment details and what to expect at first appointment
Speaking to multiple people	<ul style="list-style-type: none"> • patients provided with contact details for the Single Point of Contact Hub.
Not being told by their GP they were being referred urgent suspected cancer	<ul style="list-style-type: none"> • Communication to GPs to encourage advising patient of an urgent suspected cancer referral • SCI Gateway updated to include a mandatory field to confirm patient advised of referral urgency.
Early notification of next day appointments	<ul style="list-style-type: none"> • The Single Point of Contact Hub contacts patients via telephone who have been appointed within 7 days or less.
Importance of SPOCH supporting a patient from diagnosis and living with cancer.	<ul style="list-style-type: none"> • SPOCH are available to support the patient at any point in their pathway
Not understanding investigations and no information given.	<ul style="list-style-type: none"> • Leaflets are sent out with the first appointment details along with the SPOCH contact details leaflet. • As part of initiating the lung cancer pathway, patients are contacted and advised of their abnormal chest x-ray. They are provided with details of their CT date and what they should expect to happen at their appointment.
Getting adequate information for PSA and going for biopsies	<ul style="list-style-type: none"> • A nurse led Rapid Access Diagnostic clinic was introduced in August and is supported by SPOCH. Patients received a wraparound service with support from referral to MDT

2.3.2 Workforce

Since the introduction of SPOCH we have seen some workforce challenges with vacancy and sickness absence. Review of service requirements has allowed us to integrate the Central Referral Unit and SPOCH to ensure robust business continuity

2.3.3 Financial

SG Funding for 2023/24 and 2024-25 was £107,354/annum.

2.3.4 Risk Assessment/Management

Staffing remains a current risk due to sickness absence and vacancy (now advertised)

2.3.5 Equality and Diversity, including health inequalities

There has been no change to the overall proportion of calls compared to the previous report and shows that similarly 40% of calls were from SIMD 2 and 2 and 39% from SIMD 4 and 5.

This shows the two most deprived areas in Fife accounted for 43% of incoming calls. This is an improvement on the previous analysis of incoming calls which showed that 32.7% of the patient population within the two most deprived quintiles were using the service.

2.3.6 Other impact

None

2.3.7 Communication, involvement, engagement and consultation

This report has been discussed with:

- Associate Director for Risk and Professional Standards

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.

- Cancer Leadership Team Meeting, 21 May 2024
- Cancer Governance and Strategy Group, 14 August 2024
- Executive Directors' Group, 3 October 2024

2.4 Recommendation

Members are asked to note the achievements from the Single Point of Contact Hub Evaluation Feb 23 to Aug 23 and take a **“moderate” level of assurance**.

3 List of appendices

- Appendix 1 – SPOCH Patient Evaluation Report Feb-Aug23

Report Contact

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Cancer Transformation Manager

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Single Point of Contact Hub Evaluation Report

1 March 2023 to 31 August 2023

Draft V0.1



Version Number	V0.1
Date	
Document Stored	
Linked Documents	
Author	Kathy Nicoll, Cancer Transformation Manager
Co-authors	Alison Robertson, Cancer Audit & Performance Manager
Acknowledgements	Murdina MacDonald – Lead Cancer Nurse Mike McCourt – Patient Representative
Date for Review	Not applicable

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Executive Summary

Funding was secured from Scottish Government to support ambitions within the National Cancer Recovery Plan to fund pilots for a Single Point of Contact.

NHS Fife were successful with a bid to introduce a Single Point of Contact Hub to complement the existing Central Referral Unit which has responsibility of management of all urgent suspected cancer referrals.

The aim of the Hub is to ensure patient referred urgent suspected cancer for colorectal, lung or urology has a single point of contact to support them through their journey. Secondary benefits would see a reduction in the administrative burden on the CNSs and a point of contact for GPs.

This follow up evaluation is to report on 1 March to 31 August 2023.

This evaluation shows the continued expansion and improvement within the service with increased support given to services. Since the launch the Central Referral Unit and Single Point of Contact Hub have merged providing a robust service which ensures business continuity for both management of urgent suspected cancer referrals and Single Point of Contact Hub. A qFIT negative pathway has been introduced which provides a wraparound service from supply of a test to advising of negative results for symptomatic bowel patients. Initiation of the lung cancer pathway supports patients who have an abnormal chest x-ray through to relaying a negative result to reassure the patient in a timeous manner.

Activity shows an increase in both incoming and outgoing calls with 92% of all calls being resolved by SPOCH. Over the 6 months there has been a 28% increase in incoming calls showing the service is being embedded. There has been a reduction in incoming calls to the CNSs.

Overall DNA rates are at 3% which is lower than the 5% target across NHS.

There has been no change to the overall proportion of calls across SIMD however an improvement has been seen on the previous analysis of incoming calls from across the most deprived areas in Fife.

Based on previous patient focussed sessions we have been able to demonstrate how the Single Point of Contact Hub has managed concerns raised by patients.

As part of this evaluation we also sought the view of the Patient Navigators working in the Single Point of Contact Hub who advised they are very proud to work within the service ensuring patients are informed, signposted and reassured.

Kathy Nicoll
Cancer Transformation Manager

Background

In December 2020, the Cabinet Secretary for Health and Sport announced the publication of a [National Cancer Recovery Plan: 'Recovery and redesign: an action plan for cancer services'](#). Subsequently, a call for applications towards services which were linked to actions and ambitions within the Plan in early 2021 was made by Scottish Government. Funding was allocated to fund pilots to support Action 3: Single Point of Contact.

This bid, Single Point of Contact Hub – Getting it Right First Time, was successfully selected as part of the Single Point of Contact funding stream with the purpose to create a Single Point of Contact Hub (SPOCH) to improve experience for patients referred urgent suspected or diagnosed with cancer (colorectal and urology).

Cancer patient stories, Care Opinion, patient groups, 3rd sector organisations and survey data have evidenced that patients would like timely and proactive support through their cancer journey. Thus, supporting Action 3: Single Point of Contact.

Links to National Cancer Plan (Scottish Government)

National Cancer Plan Actions	
Action	Title
3	Single Point of Contact
12	Rapid Cancer Diagnosis Service (formerly Early Cancer Diagnostic Centre)
19	Scottish Cancer Referral Guidelines Right patient on right pathway at right time
20	Effective management of cancer pathways
21	Improve Cancer Waiting Times performance

National Cancer Plan Aims	
Aim	Title
1	Adopt 'A Once for Scotland 'Approach
2	Create smoother and more efficient patient pathways
3	Integrate innovative solutions.

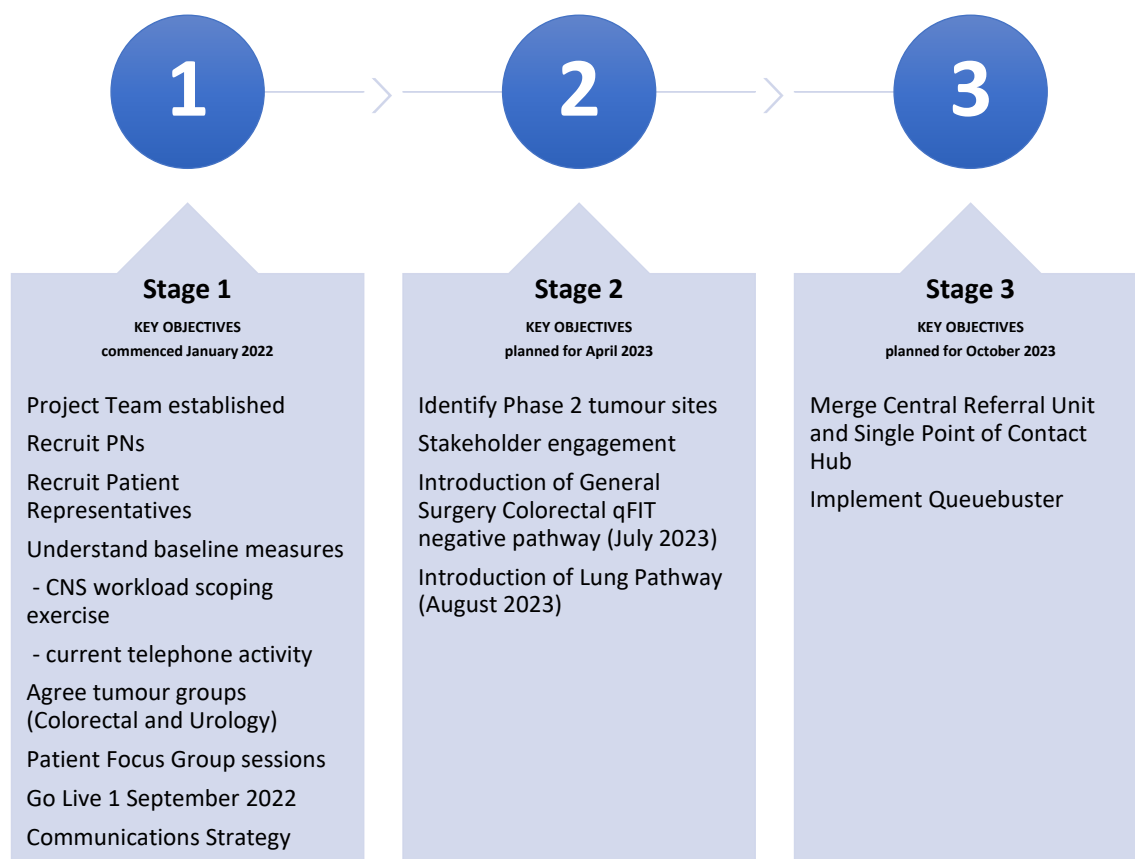
Links to NHS Fife Corporate Strategies

NHS Fife Corporate Strategies	
1	Cancer Framework 2022-2025
2	Population Health & Wellbeing Strategy
3	Digital & Information Strategy

Reportable Measures

- Patient Experience
- DNAs and/or wasted/duplicate appointments
- Complaints
- Clinical time savings
- Contribution towards Cancer Waiting Times (CWT) performance

The project had a structured and targeted 3 stage approach



Stage 1

Project Team

A project team was developed in January 2022 consisting of key stakeholders.

Baseline Activity

An exercise to capture baseline activity of CNS workload was developed to identify areas of high administrative activity. Reported telephone activity prior to the introduction of SPOCH to measure any reduction in calls to CNS. Measurement of the number of DNAs for patient referred urgent suspected cancer and pre SPOCH cancer waiting times performance.

Patient Focussed Group sessions and Patient questionnaire

Focussed group sessions were held with patients with lived experience of prostate, colorectal and lung cancer in Summer 2022. A patient questionnaire was sent to patients who had been in contact with the Hub in the first six months after launch.

Communication Strategy

A [Communication Strategy](#) was developed to ensure that the project communicated with appropriate colleagues throughout the project and post launch.

Stage 2

Integration with Rapid Cancer Diagnosis Service (RCDS) (April 2023)

SPOCH integrated with the RCDS to support management of urgent suspected cancer referrals and management of the negative qFIT (symptomatic bowel screening) pathway.

Integrate SPOCH with Central Referrals Unit (July 2023)

Through vacancy and skill mixing, staff within Central Referrals Unit were trained as Pathway Navigators to ensure business continuity.

Optimal Lung Cancer Pathway (August 2023)

SPOCH supports initiation of the lung cancer pathway where there is a suspicion of cancer after a chest x-ray and a CT is required.

Stage 3

Introduction of Queuebuster (November 2023)

Collaborative working with the Digital and Information team to implement Queuebuster into SPOCH.

Purpose and Aims

Primary benefits

The creation of a Single Point of Contact Hub (SPOCH) to improve experience for patients referred urgent suspected or diagnosed with cancer (for suspected colorectal and urological cancers).

The aim is to achieve by enhancing the Central Referral Unit (CRU) Team to support patients in:

- Timely access for all appointments (diagnostics, MDT, clinic, surgery)
- Signposting – clinical advice /support services.
- Timely access to appointments for follow up.
- Provision of Patient Pathway Information
- Reduction in patients who Do Not Attend (DNA).
- Improved patient experience

A Patient Digital Hub to support the service will be explored to allow patients to access information relating to their pathway.

Secondary benefits

- Alignment with Clinical Nurse Specialists (CNS) reducing burden of administrative work and releasing time for clinical service.
- Increased resilience for RCDS with cover for the Pathway Navigator.
- Improving communications between Primary and Secondary Care.

Staffing Model

The Central Referral Unit (CRU) and Single Point of Navigator roles merged in July 2023 in order to provide a more robust service to support patients and ensure business continuity.

WTE	Job Title
3.8wte	Patient Navigator (0.52wte vacant since August 2023)

Analysis

Method

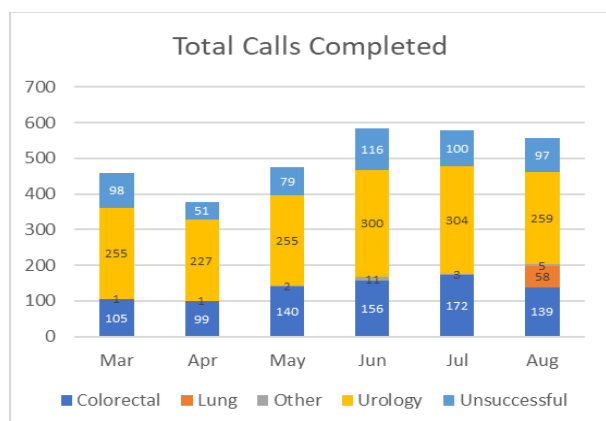
To evaluate the service the following measures were analysed:

- Data was collected on all activity by SPOCH using an electronic contact form (MS Forms). This was developed to capture incoming and outgoing contacts and call content.
- Telephone activity of the Central Referral Unit and CNSs was captured for 6 months before the launch of SPOCH and 6 monthly intervals thereafter.
- Linking patient data to Public Health Scotland postcode file for Scottish Index of Multiple Deprivation (SIMD).
- 6 months DNA before and after launch.
- Cancer Waiting Times performance for 6 months prior and post launch.
- Patient questionnaire – due to the cost and resource requirements we were unable to send a questionnaire to patients who had used the service from 1 February 2023 to 31 August 2023.

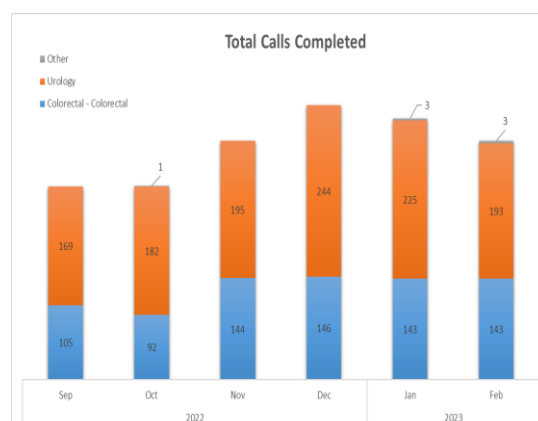
Total activity by month

For the period 1 March to 31 August 2023 total telephone activity was recorded as 3,397 (2,789 1 September to 28 February 2023). An audit of these calls shows 2,807 (82%) of these resulted in successful contact with the patient. Unsuccessful contact was due to the service being unable to contact the patient or it not being a convenient time. The Lung pathway was introduced in August 2023.

A total of 27 (0.8%) calls were received which were related to Specialties outwith the project. These were mainly: Other (19), Upper GI (3), Orthopaedics (2), Gynaecology (1), Neurology (1) and Ears, Nose and Throat (1).



Total Calls 01/03/2023 to 31/08/2023

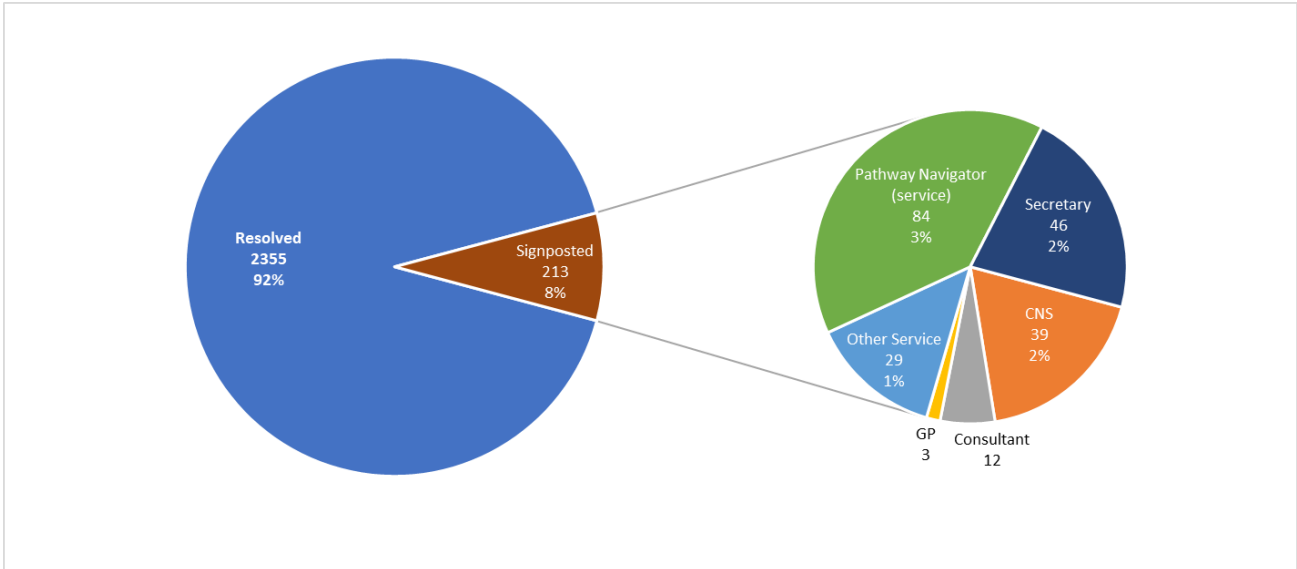


Total Calls 01/09/2022 to 28/02/2023

Outcome of Incoming Telephone Calls

The chart below shows the number of calls resolved by SPOCH. 92% were directly dealt with by SPOCH and did not need to be dealt with by the services. 8% of calls were transferred through to the service. These calls were of a clinical nature and unable to be answered by SPOCH.

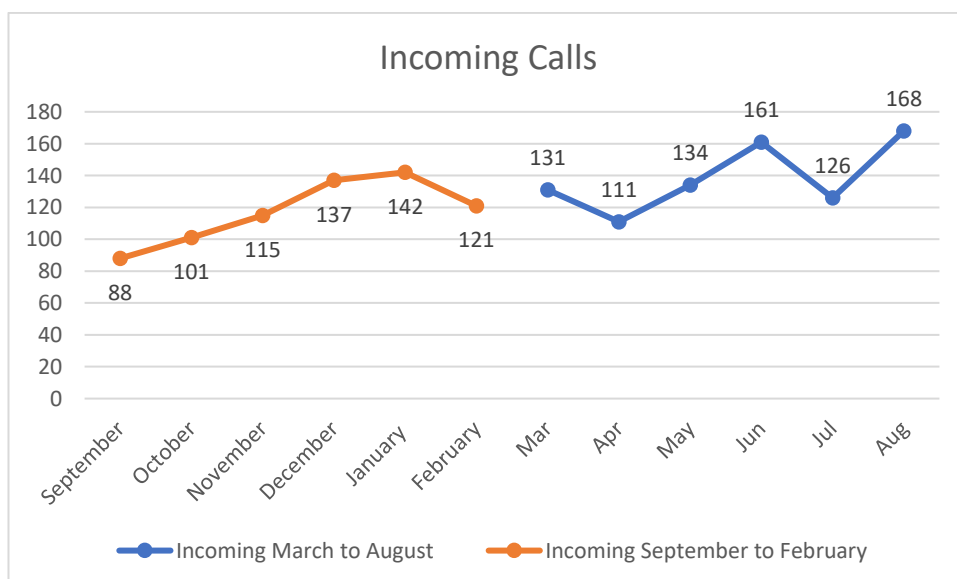
Call Resolution



For the first 6 months from launch, 78% of calls were resolved by SPOCH. This increase in call resolution can be attributed to the increasing knowledge of the Pathway Navigators.

Overall the number of incoming calls has increased by 26% from the total number of incoming calls in the first 6 month of the launch of the service. This is despite significant staffing challenges experienced within the SPOCH team from July 2023 onwards added to training requirements on the Patient Administration System for appointment booking for the SPOCH Pathway Navigators by the Central Referral Unit staff.

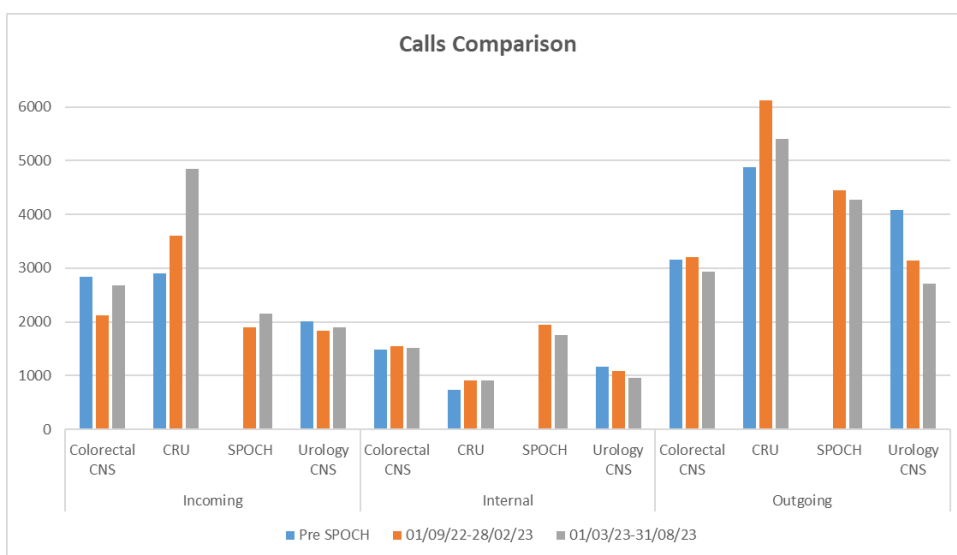
Telephone Activity



Baseline data obtained prior to go live date was compared against calls made between the first and second half of the year from the date of the launch of the Hub.

- All incoming, outgoing, and internal calls have reduced within the Urology CNS service and continued to decrease in the second half of the year.
- Incoming calls to the Colorectal CNS' has reduced overall pre SPOCH however have increased in the second half of the year as they continued to provide their contact details to patients.
- The Central Referral Unit calls have significantly increased for all outgoing, incoming, and internal calls.
- SPOCH calls increased from launch as the service has embedded.

	Incoming				Internal				Outgoing			
	Colorectal CNS	CRU	SPOCH	Urology CNS	Colorectal CNS	CRU	SPOCH	Urology CNS	Colorectal CNS	CRU	SPOCH	Urology CNS
Pre SPOCH	2840	2905	0	2004	1484	739	0	1171	3151	4882	0	4079
01/09/22-28/02/23	2122	3609	1900	1843	1542	918	1954	1093	3212	6126	4453	3137
01/03/23-31/08/23	2683	4850	2155	1895	1515	908	1762	955	2930	5405	4271	2718



Did Not Attend (DNA) rates

DNA rates for the period 1 March 2023 to 31 August 2023

Specialty	Arrived	DNA	Grand Total	DNA Rate
General Surgery (excl. Vascular)	851	39	890	4.4%
Respiratory Medicine	271	5	276	1.8%
Urology	2426	73	2499	2.9%
Grand Total	4490	138	4628	3.0%

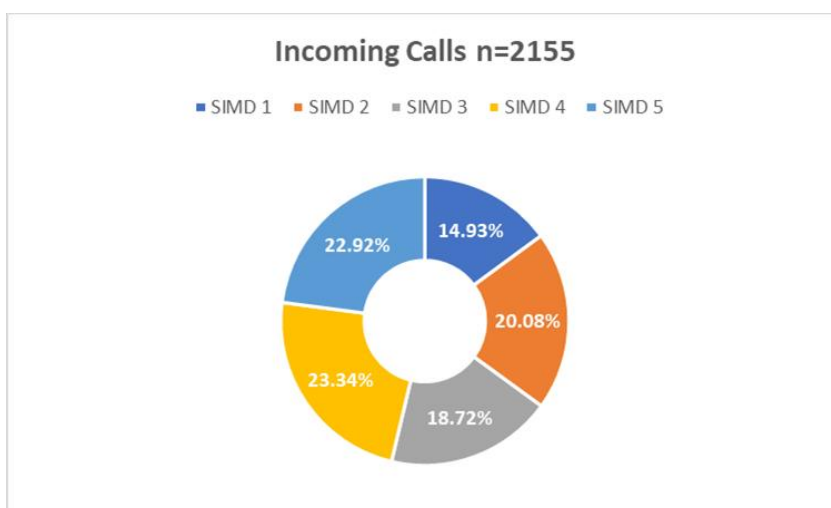
The DNA rate has been calculated using all patients appointed by those who did not attend. DNAs are expected to be below 5% across the NHS.

Scottish Index of Multiple Deprivation (SIMD)

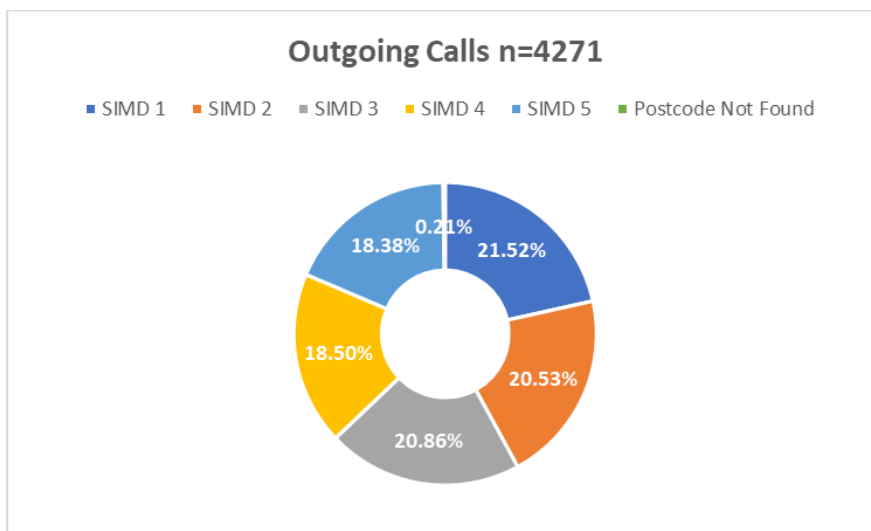
Based on patient's hospital record and assuming this is the postcode at time of contact, patient's postcode was taken from Trakcare and mapped to Public Health Scotland's postcode data file.

There has been no change to the overall proportion of calls compared to the previous report and shows that similarly 40% of calls were from SIMD 2 and 2 and 39% from SIMD 4 and 5.

This shows the two most deprived areas in Fife accounted for 43% of incoming calls. This is an improvement on the previous analysis of incoming calls which showed that 32.7% of the patient population within the two most deprived quintiles were using the service.



Outgoing calls to this deprivation group totalled 38.9%.



Cancer Waiting Times Performance

Cancer Waiting Times performance will not be provided within this update. The previous report advised that whilst there has been shown to be improvement in patient experience, introduction of SPOCH has not influenced 62-day performance. Challenges seen are within operational services and due to increasing referrals and diagnoses combined with complexity of pathways impacting on demand and capacity.

Patient Experience

Care Opinion

At the point of launching the service, a Care Opinion site for SPOCH was created in order to obtain real-time patient feedback. This can be found on the Single Point of Contact website. To date there has been no Care Opinion feedback received.

Patient Focused Sessions

Patient focused sessions were undertaken to understand their lived experiences

The table below provide an update on concerns raised and what SPOCH and services SPOCH have collaborated with have done to alleviate the issues.

What we heard	What we did
Not aware of being referred to a cancer pathway	<ul style="list-style-type: none"> • Introductory call to patient once referral accepted and advising of what to expect next • Patient information leaflets were developed and sent to patients at point of accepted referral
Lack of communication around information	<ul style="list-style-type: none"> • Patient kept informed about diagnostic test appointment details and what to expect at first appointment
Speaking to multiple people	<ul style="list-style-type: none"> • patients provided with contact details for the Single Point of Contact Hub.
Not being told by their GP they were being referred urgent suspected cancer	<ul style="list-style-type: none"> • Communication to GPs to encourage advising patient of an urgent suspected cancer referral • SCI Gateway updated to include a mandatory field to confirm patient advised of referral urgency.
Early notification of next day appointments	<ul style="list-style-type: none"> • The Single Point of Contact Hub contacts patients via telephone who have been appointed within 7 days or less.
Importance of SPOCH supporting a patient from diagnosis and living with cancer.	<ul style="list-style-type: none"> • SPOCH are available to support the patient at any point in their pathway
Not understanding investigations and no information given.	<ul style="list-style-type: none"> • Leaflets are sent out with the first appointment details along with the SPOCH contact details leaflet. • As part of initiating the lung cancer pathway, patients are contacted and advised of their abnormal chest x-ray. They are provided with details of their CT date and what they should expect to happen at their appointment.
Getting adequate information for PSA and going for biopsies	<ul style="list-style-type: none"> • A nurse led Rapid Access Diagnostic clinic was introduced in August and is supported by SPOCH. Patients received a wraparound service with support from referral to MDT

Life as a SPOCH Pathway Navigator

As part of the evaluation we sought the views of the staff 'on the ground' and what it's like working as a Pathway Navigator in the Single Point of Contact Hub.

"We are very proud to work within the single point of contact hub. We are lucky to be one of the first points of contact for our patients. Speaking to our patients on the phone we are often thanked, and our calls gratefully received at such a difficult time. We can offer advice and information that the patient was not aware of i.e. what will happen when they come to their appointment, what to expect after investigation etc.

Often patients and the patients' families can be a bit lost on who to speak with specific enquiries, if we are unable to answer we signpost them to the relevant services or help by emailing other services for them where needed.

We call patients to remind them about an upcoming appointment. There are times when a letter has not arrived for OPA/radiology etc or the patient has forgotten (a lot of patient's struggle with dementia etc) or sadly have just decided not to come as don't realise we can help with transport or thought they were having a procedure that they did not want i.e. colonoscopy when it in fact just a consultation. We find the patients and patients' families are so grateful when we call, especially when they realise they could have missed an appointment or had investigations delayed. Knowing we are helping these patients and saving the NHS on missed appointments is very fulfilling

We are finding the new lung and SPOCH qFIT pathway are working very well to help speed up the process for patients and getting them into very fast OPA or radiology appointments within days of an abnormal chest x-ray. This is a very rewarding part of our role as we know we are making a big difference to patient's who may have cancer."

Recommendations

Evaluate SPOCH up to September 2023 **2024**

- Due to the delay in publication of this report. Immediate evaluation of SPOCH up to September 2023 will be undertaken.

Promote SPOCH **2024**

- Improve communications with Primary Care and Secondary Care to raise better awareness of SPOCH.

Timely results for non-cancer Patients **2024**

- Work with the lung cancer clinical team to agree timely results for patients are no longer suspected cancer after CT.

Continued staff training **2024**

- Commitment to continued staff training to ensure Patient Navigator’s training, skills and knowledge and align with Macmillan Competency Framework.

SPOCH support to other cancer services **2024**

- Explore if SPOCH can be expanded to support other cancer services.

Health Inequalities / Deprivation **2024**

- We will explore ways to promote use of SPOCH by the most deprived patient population (SIMD 1 and SIMD 2).

Appendices

Appendix 1 - Cancer Framework 2022-2025



NHS Fife Cancer Framework 2022-25.

Appendix 2 - Patient Experience Map



Acronyms and List of Groups

CNS	Clinical Nurse Specialist
SPOCH	Single Point of Contact Hub
D&I	Digital & Information
USC	Urgent Suspicion of Cancer
DNA	Did not attend (an appointment)
Stakeholders	Individuals with an interest and can either affect or be affected by the service.
PEQ	Patient Experience Questionnaire
SIMD	Scottish Index of Multiple Deprivation
CHI	Community Health Index (population register used in Scotland for healthcare purposes and uniquely identifies a person on the index).
RCDS	Rapid Cancer Diagnostic Service
National Cancer Recovery Plan	National Cancer Recovery Plan: 'Recovery and redesign: an action plan for cancer services' – policy document set by the Scottish Government.

Meeting: Clinical Governance Committee

Meeting date: 17 January 2025

Title: Fife Winter Preparedness Plan 2024/25

Responsible Executives: Claire Dobson, Director of Acute Services
Lynne Garvey, Director of HSCP

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

Executive Summary

- This paper presents the joint Fife Winter Preparedness Plan for 2024/25.
- The collation of the Plan 2024/25 for health and care services in Fife is structured around the Scottish Government direction in relation to winter planning priorities (published 24 September 2024).
- Plans have been developed through joint working between NHS Fife, Fife HSCP, and other key local and national partners.
- Winter Planning includes demand, capacity, and activity plans across NHS Fife and Fife HSCP.
- Resilience Plans are re-visited and are in place including those relating to mass casualties, severe weather, respiratory including Covid-19 and Norovirus.
- The Winter Preparedness Plan details the services in place to support the winter period, the additional actions that are being undertaken and the surge and escalation planning currently in place to manage the system when under extreme pressure.
- Analysis of data is at the key to managing the system especially through the winter period and this is carried out weekly by senior managers from across acute, health & social care, resilience and Scottish Ambulance Service through deep dives into the Whole System Scorecard including predictive emergency admission activity supplied by SystemWatch, produced by Public Health Scotland (PHS).

1. Purpose

This report is presented for:

- Assurance

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper presents the joint Fife Winter Preparedness Plan for 2024/25. The collation of the Plan 2024/25 for health and care services in Fife is structured around the Scottish Government direction in relation to planning priorities (published 24 September 2024).

2.2 Background

Scottish Government published 'Health and social care: winter preparedness plan 2024 to 2025' on 24 Sep-24. This Plan represents a whole system approach to addressing a surge in demand for health, social care and social work services acknowledging that there are increases in demand can happen at any time, not just winter. The four winter planning priorities, outlined below, follow a journey through the health and social care system.

- Priority 1** Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.
- Priority 2** Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.
- Priority 3** Maximise capacity and capability to meet demand and maintain integrated health, and social care and social work services, protecting planned and established care, to reduce long waits and unmet need.
- Priority 4** Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting Scotland's unpaid carers.

The Fife Winter Preparedness Plan for 2024/25 is structured around these priorities and based on the following principles:

- Plans have been developed through joint working between NHS Fife, Fife HSCP, and other key local and national partners.
- Winter Planning includes demand, capacity, and activity plans across NHS Fife and Fife HSCP.
- Resilience Plans are re-visited and are in place including those relating to mass casualties, severe weather, respiratory including Covid-19 and Norovirus.
- Our workforce is key to the successful delivery of services over winter period.

2.3 Assessment

The information within Fife Winter Preparedness Plan 2024/25 has been collated through joint working between NHS Fife, Fife HSCP and other key local and national partners. This includes information collated through Winter Preparedness Checklist exercise requested by Scottish Government, submitted 18 October 2024, as well as System Flow Planning workshop held on 28 August 2024.

The workshop was themed around four questions shown below with output being considered and becoming an action for winter, if applicable.

1. What are we doing currently that works well?
2. What are we doing currently that doesn't work well?
3. What do we need to put in place to manage ongoing pressures as we head towards winter?
4. What can we realistically do with the resources that we have? What can we do differently?

In addition, a debrief of Public Holiday period over the festive period will take place at an extended System Flow Operational Group meeting on 15 January 2025.

The Winter Preparedness Plan details the services in place to support the winter period, the additional actions that are being undertaken and the surge and escalation planning currently in place to manage the system when under extreme pressure.

Analysis of data is at the key to managing the system especially through the winter period and this is carried out weekly by senior managers from across acute, health & social care, resilience and Scottish Ambulance Service through deep dives into the Whole System Scorecard including predictive emergency admission activity supplied by SystemWatch, produced by Public Health Scotland (PHS).

This report provides the following Level of Assurance: (add an 'x' to the appropriate box)

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

2.3.1 Quality, Patient and Value-Based Health & Care

Winter preparedness planning supports the delivery of quality care despite significant service pressures as a result of increased demand.

2.3.2 Workforce

Workforce planning is key to Winter Preparedness. Winter pressures place significant stress upon staff as they work to manage increased demand. Support for staff is critical over this period.

2.3.3 Financial

Financial resources to support Winter Preparedness are included within unscheduled care monies as well as mainstream funding sources. Historically winter monies would be allocated annually this is no longer the case.

2.3.4 Risk Assessment / Management

Winter planning links to the current Whole System Capacity Risk.

Whilst the preparedness plan supports the system to manage winter pressures, risks remain that demand will exceed capacity which may impact on the delivery of scheduled care.

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

Preparing for winter pressures supports access to services and support across all protected groups.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation in producing Winter Preparedness Plan has taken place including System Flow workshops attended by nearly 100 people from across NHS Fife, Fife HSCP, Scottish Ambulance Service, as well as the third and voluntary sectors.

2.3.8 Route to the Meeting

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

- Executive Directors Group 20 December 2024 (by email)
- Executive Directors Group 9 January 2025

2.4 Recommendation

Committee is asked to:

- **Assurance** - this report provides a “**moderate**” level of assurance in relation to Fife's preparedness plan for the winter plan.
- **Endorse** – the Fife Winter Preparedness Plan for 2024/25

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Fife Winter Preparedness Plan 2024/25

Report Contact

Bryan Archibald

Planning and Performance Manager

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Fife Winter Preparedness Plan 2024/25

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Introduction

The collation of the Winter Plan 2024/25 for health and care services in Fife is based on the Scottish Government direction on the winter planning priorities as well as the System Flow planning event that identified services that are in place over the winter period as well as actions identified to manage the predicted activity over the next six months.

Winter Planning Priorities

The Winter Plan has been structured around the following priorities identified by the Scottish Government to ensure the actions have been aligned to national priorities.

- Priority 1 Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.
- Priority 2 Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.
- Priority 3 Maximise capacity and capability to meet demand and maintain integrated health, and social care and social work services, protecting planned and established care, to reduce long waits and unmet need.
- Priority 4 Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting Scotland's unpaid carers.

Overarching principles

The Winter Plan is based on the following principles:

- Plans have been developed through joint working between NHS Fife, Fife HSCP, and other key local and national partners.
- Winter Planning includes demand, capacity, and activity plans across NHS Fife and Fife HSCP.
- Resilience Plans are re-visited and are in place including those relating to mass casualties, severe weather, respiratory including Covid-19 and Norovirus.
- Our workforce is key to the successful delivery of services over winter period.

System Flow Workshop

The Fife System Flow workshop was held to review the past six months and plan ahead for the next six months which, in this case, covers the winter period. It took place on 28 August 2024 with over 60 clinicians and managers from across Health and Social Care in Fife, Scottish Ambulance Service (SAS) and other stakeholders.

In addition, a debrief of Public Holiday period over the festive period will take place at extended System Flow Operational Group meeting in January 2025.

The workshop was themed around four questions shown below with output being considered as winter actions, if applicable.

1. *What are we doing currently that works well?*
2. *What are we doing currently that doesn't work well?*
3. *What do we need to put in place to manage ongoing pressures as we head towards winter?*
4. *What can we realistically do with the resources that we have? What can we do differently?*

Current Position (Sep-24)

The number of Emergency Department attendances, Emergency Admissions and Delayed Discharges (in Acute and Community Hospitals) are higher leading into this winter compared to last. Emergency Department performance against 4-hour standard is 2.5% higher than the corresponding period last year with Bed Occupancy higher in Acute but lower in Community. Surge capacity has been open all year round across the system.

Indicator	Month		Difference
	Sep-24	Sep-23	
Emergency Department – Performance	67.6%	65.1%	+2.5%
Emergency Department – Attendances	6,081	5,958	+123
Emergency Admissions – Victoria Hospital	3,060	3,040	+20
Bed Occupancy – Victoria Hospital ex FD & CC	107%	102%	+5%
Bed Occupancy – Community Hospital	106%	110%	-4%
Delayed Discharges (Standard) – Acute/Community	52	52	0
Delayed Discharges (Total) – Acute/Community	83	76	+7

Priority One: Prioritise care for all people in our communities, enabling people to live well with the support they choose and utilise effective prevention to keep people well, avoiding them needing hospital care.

Primary Care

Supporting General Practice to manage provision of core services.

A Primary Care safety huddle and sustainability infrastructure has been established. Service Senior Management, professional leads, other multi-disciplinary professionals, and service leads regularly meet to discuss and interpret any areas of concern or risk to sustainability within a Practice and/or cluster. Identifying contingency plans through collaboration to mitigate potential risks. Mobilising key staff to ensure that care and service delivery is safe and sustainable. Escalation plans are also agreed to support services including implementation of communications protocol. Social Media tools and use of both NHS and HSCP webpages as well as other communication channels are updated to alert the GP Practice population and offer guidance on appropriate steps to the appropriate care required.

NHS Board Managed Practices (2c) all have signed off Business Continuity Plans (BCPs) which will be enacted in the event that practices are unable to open to patients. NHS Fife Resilience Team are linking in with GP Practice Managers to look at resilience across independent General Practices.

Urgent Care Services Fife (UCSF) facilitate protected practice winter planning sessions to allow GP to focus on proactive care planning, long term condition management and Chronic Disease Management. UCSF will safely and effectively manage urgent care demand applying PLT (Protected Learning Time) model to provide capacity within General Practice. There have been two sessions facilitated as of 11th November with further dates to be agreed early 2025 for ongoing support.

MDTs within Out of Hours (OOH) services

An UCSF Strategic Oversight Group is established with appropriate reporting and escalation processes. Plans and processes are in place for a Winter Planning command structure, should this be required. In times of extreme pressures, principles of Integrated Emergency Management will be implemented supported by the Head of Resilience.

The Community Pharmacy network in Fife has been shown to be robust and provides crucial accessible care in and out of hours. Processes for communication between contractors and the Board are established. Use of PharmacyFirst in Fife is strong. Public holiday planning procedures have worked well for many years.

There is close collaborative working established with SAS and NHS 24 as partners in care. A model is established with an MOU agreed for SAS to provide APP cover for in hours primary and out of hours and unscheduled primary care.

Demand for Dental Services Out of Hours (OOH)

Public Dental Service

The Public Dental Service (PDS) are accessible daily through a dedicated dental advice line throughout the day offering appointments to unregistered and registered patients requiring emergency dental appointments. NHS24 provide an emergency service overnight.

PDS facilitates OOH cover throughout the year on a Saturday 1pm to 4pm and Sunday 10am to 1pm working with NHS24 on 111 and local GDPs. NHS24 cover OOH during the week and the PDS will pick up the unregistered patients through a combination of our next day care rota (working with GDPs) and PDS clinics. Registered patients will be directed to their GDP.

The dental advice line provides a robust service during working hours providing advice and triage. Unregistered patients will be booked an emergency appointment to deal with pain and registered patients need to call their own GDP.

PDS staff are aware through BCP what they are required to do if adverse weather so emergency treatment can be provided across Fife as best it can be. PDS also have already established clinicians to work Public Holidays during festive period. Further emails are being sent out to target days that have not been allocated clinicians yet.

Access to vaccinations as part of the winter programme is promoted.

General Dental Service

Independent dental practices have business continuity plans and have informal 'buddy practice' arrangements. Practices are advised to escalate concerns to Primary Care if there are emergencies/emerging issues.

In partnership with NHS24 and Fife has a service at the weekend with 111 covering out of hours during weekday evenings and weekends. During normal working times registered patients are asked to contact their practice and unregistered are triaged through the dental advice line.

Mental Health

Access to mental health crisis teams/services 24/7

Mental Health Urgent Care Assessment Treatment (UCAT) Services operates 24/7, 365 days a year including all public holidays. Providing access to specialist mental health nursing and medical assessment and support with pathways to regional Learning Disabilities and CAMHS provision. UCAT services respond to NHS24, police, A&E and Primary Care referrals. There is a direct Professional to Professional contact line for UCSF, A&E, SAS, and Police Scotland.

Mental Health services including Adult, Older Adult, CAMHS, Forensic, Addictions and Learning Disabilities Services each have Business Continuity Plans (BCP) in place to ensure

that safe care is delivered out with normal situations. The BCP's provide contingency for adverse events and prioritisation for service delivery in response to additional pressures. The service is able to deliver NearMe appointments for patients/families who may struggle to travel for assessment/diagnosis to ensure the delivery of care is not compromised within services. Services will respond to each request/situation on an individual need basis and in adverse situations prioritise based on need. Adverse events and implementation of BCP's in order to safeguard essential services has the potential to negatively impact on routine waiting lists for assessment and diagnosis. Services will respond and signpost to other relevant agencies to offer assistance/support and information.

Dementia assessment, diagnosis, treatment, and support remains core business for Older Adult Community Mental Health teams, who work within the multi-disciplinary team model. The service has invested in enhanced specialist dementia training for all disciplines of the multi-disciplinary team across the in-patient setting and community teams. Older Adult service is currently reviewing links with primary care colleagues to enhance relationships and ensure collaborative working is at an optimum to provide smooth transition between services.

Maintain support for service provision and patient rehabilitation.

All Mental Health services contribute to the daily OPEL Huddle meetings, where the tool measures the stress, demand, and pressure a hospital or service is under. Staffing levels are measured against preset staffing figures allowing for additional acuity and demands to be accounted for across the range of clinical areas per shift and produces an overall system pressure suitable for monitoring. Each site coordinator attends the OPEL huddle with lead nurses for support across the HSCP. Staff can identify areas under pressure and a service wide overall level. Mitigations are considered such as moving staff or changing skill mix. Where no mitigation can be found, established protocols for escalation are implemented. In addition, MH service conducts daily staffing huddles and daily Flow and Capacity meetings to understand staffing pressures, areas of clinical demand and available bed resources.

The Mental Health/Learning Disabilities discharge coordinator works collaboratively with hospital discharge teams (NHS and HSCP), social work and the wider Partnership team, attending several verification meetings weekly. As an MDT, all patients who require supports to facilitate discharge – including those requiring mental health/forensic supports and complex cases - are scrutinised, with focus on solutions to meet the individuals' identified needs.

Prison/Prisoner Healthcare

Fife does not operate a prison service however pathways are in place to ensure that access to Mental Health services is available for those on release from custody where required. The Forensic Community Mental Health Team provide a court diversion service to the local courts and police.

COVID-19, RSV, Norovirus, Seasonal Flu, Staff Protection & Outbreak Resourcing

Winter Vaccination Programme

A substantive vaccination team is in place to deliver all programmes in alignment with the Fife Immunisation strategic framework. All planning for delivery of immunisation programmes works in partnership with the national programme taking account of JCVI guidance, projections based on seasonal activity, increasing incidence etc. Surge plans are available and can be enacted if required.

Staff are able to drop into any winter vaccination community clinic taking place within Fife without need to make an appointment and can access both flu and COVID-19 vaccination at these sites. Fife are planning to reintroduce peer vaccination model for flu delivery across all NHS sites this season; the focus of peer vaccination activity will be throughout November.

HSCP staff will also be able to access flu vaccination at Community Pharmacy sites across Fife. Care Home staff working at the time the care home visits take place for vaccination of residents are also able to access vaccination at those visits.

The older adult RSV vaccination delivery programme ran over August and September with 69% uptake among those eligible in Fife (76% uptake among eligible care homes residents). The maternity RSV programme was implemented in August as a year-round programme for women reaching 28 weeks gestation.

Staff Protection & Outbreak Resourcing

NHS Fife is part of the regional health protection service which is able to manage potential surges of winter virus activity that may happen over this period, including responding to community-based outbreaks. Communications to Primary Care are issued at the point the direction from CMO is received regarding prescribing of anti-virals in the community.

Public Health Scotland (PHS) have published a 'Variants & Mutations' COVID-19 Plan that would support the east region health protection service response to a new COVID variant with increased severity, and the principles of this would also be applicable to other infections.

There are Business Continuity plans in place for provision of health protection in the event of multiple coinciding pressures. As per usual 'Management of Public Health Incidents' guidance, debriefs are held in the event of large incidents. There is also a routine debrief regarding delivery of the population and staff winter vaccination programme.

Robust surveillance systems are in place to identify any potential outbreaks. Winter preparedness programme has commenced to ensure clinical teams are fully aware of national Infection, Prevention and Control (IPC) guidance and outbreak management. There is daily IPC support, Monday to Friday, for Front Door areas (Emergency Department and Admission Units) to provide support for early identification of symptomatic patients and awareness raising for winter illnesses. There is also IPC support for Point-of-Care testing (POCT) for Front

Door areas to aid patient placement decisions. An on-call service will provide specialist advice during weekends and public holidays.

In preparedness for winter pressures, isolation protocols for COVID-19 and its contacts have been reviewed, ensuring that the risk is minimised while conducting individual assessments to mitigate the impact of potential outbreaks. Ongoing surveillance and monitoring of outbreaks is complemented by comprehensive reporting and the sharing of lessons learned to enhance our response strategies.

Training programmes have been implemented that are focused on outbreak management. This includes sessions for IPC link practitioners, study days and training sessions designed to support care during outbreaks.

NHS Fife has adopted the NIPCM and its guidelines. The NIPCM is available to all NHS Fife and HSCP, including Care Homes, via StaffLink and promoted as part of the winter preparedness planning for IPCT including care home settings.

Data Monitoring

PHS winter surveillance publications and dashboards are reviewed routinely and shared within the regional health protection service and associated partners as relevant.

PHS Whole System Model Winter outputs will be utilised accordingly with contact made to review Fife specific models. SystemWatch data is also used by the System Flow Operational Group to assist with whole system operational planning.

Action	Lead	Status
Continue to build resource and capacity within Urgent Care	HSCP	Ongoing
Facilitate protected practice winter planning sessions	HSCP	Completed
Dynamic triage of NHS24 patient referrals requiring Urgent Care	HSCP	In Progress
Relocation of Urgent Care Centre within Acute site	HSCP	In Progress
Increase Redirection from ED to Urgent Care	HSCP	In Progress
Deliver Winter Vaccination Programme	HSCP	In Progress
Delivery IPC Winter Preparedness Programme	IPCT	In Progress
In collaboration with PHS, develop and embed Whole System Model in Fife	P&P/Acute	In Progress

Priority Two: Ensure people receive the right care, in the right place at the right time, this includes prioritising care at home, or as close to home as possible, where clinically appropriate.

Redesign of Unscheduled Care

Ensure Right Care is provided in the Right Place

In Fife, the Flow and Navigation Centre (FNC) operates 24/7 and supports both NHS24 111 calls and those from GP Practices Fife-wide. It also hosts SAS Call Before You Convey and has access to pathways across Acute and HSCP.

All GP admissions are facilitated by FNC which streamlines pathways and reduces the number of professional discussions by offering a "one stop shop" approach. It is also supporting referral to speciality via our electronically embedded Fife Referral Organisational Guidance (FROG) system. Primary Care also have direct access to his information also to support effective navigation.

Professional-to-professional advice is also available, where appropriate, to ensure the patient receives right care in the right place at the right time. Access for GPs and consultants to specialist on call advice through 'consultant of the day' for acute medical specialties as well as to same day services for acute medical patients through ECAS (Emergency Care Ambulatory Service).

The clinical staff within Urgent Care provide professional-to-professional advice to Primary and Community Care and SAS. Dispatchers and call handlers also collaborate with a number of Community and specialist teams that see housebound, complex and palliative patients as part of their role. The clinical staff also utilise access to an on-call professional-to-professional advice within Acute.

Care Homes have direct access to an Emergency Department advice line, staffed by consultants to allow them 24/7 clinical advice and support. Care Homes also have direct access to Urgent Care Services Fife for clinical review and advice. Fife have also expanded our Advanced Nurse Practitioners Care Home model across all localities which supports proactive and preventative care reducing need for access to unscheduled care.

The Fife Specialist Palliative Care Service provide a professional-to-professional Single Point of Access (SPOA) 7-days a week between the hours of 8am and 6pm. The SPOA access is extended to 8pm daily for SAS as an additional support to prevent avoidable admissions to hospital.

Pathways in place to enable patients with long term conditions including those that are frail

Systems are in place to identify those who are frail as well as those with chronic respiratory and/or heart failure conditions in order for them to receive care in the community and reduce hospital admissions. This is coordinated in collaboration between Community Nursing and

specialist services, including the Community Respiratory Service and Heart Failure teams. Patients known to have long term respiratory/cardiac conditions within the community have Advanced Nurse Practitioners in place to highlight care required and would be known to the specialist service they require.

The Community Respiratory team is working closely with the Acute Respiratory Team, Managed Clinical network (MCN) and SAS to reduce respiratory hospital admissions and facilitate increase of respiratory discharges from hospital into the community. The SAS pilot has recently been expanded Fife-wide referrals. The aim of this work is to reduce unnecessary admissions to hospital and allow for continued care at home.

Additionally, an Acute Respiratory Unit is in development, to be opened in November, to co-locate two respiratory wards in one floor and locate the Specialist Respiratory Nurses within the unit to support admission avoidance and early supported discharge models.

Telecare

Fife HSCP currently provides an online option for people in Fife to complete a Self-Assessment using 'Smart Life in Fife'. It is a simple online system that guides people through an easy step by step process to identify what solutions might be best for the person. It gives advice on exercise and aging well, links to local amenities and national assistive providers. It also has links to Fife Equipment Loan Store. People can use it themselves or a family member or carer can help them.

Fife HSCP plan to increase the scope of this online service by having an additional tool – the Life Curve. The app gives people and practitioners the ability to see where people are on the Life Curve and what actions they can take to make choices and take control of their health and mobility at an earlier stage. The app has been launched and several services have had the training and are now utilising it. The roll out of the training is ongoing and other services will have the opportunity to complete this and use the app. Work has recently commenced to rebrand and relaunch the system.

'Smartlife in Fife' which runs parallel to the Life Curve app. The rebranding of 'Smartlife in Fife' will support the independent assessment system to be easily identifiable as a mechanism where people can receive assistance to reduce risk and live independently at home. This rebranding also affords us the opportunity to relaunch and further promote the system to increase awareness and the subsequent use of the system.

Reducing Emergency Admissions

All Fife Care Homes residents will have an anticipatory care plan (ACP) in place. The ACP will be shared with MDT including GPs to anticipate any deterioration in long term condition and pro-actively manage symptoms and offer support to avoid admission to hospital. Advanced Nurse Practitioners (ANP) are in the process of being recruited and be aligned to locality care homes to facilitate a first point of contact for care home staff to redirect and offer support to avoid admission.

District Nurse ANPs review patient on the District Nursing caseloads who have frequent, re-occurring hospital admissions. The aim is to prevent further admissions by taking a proactive approach to these people by undertaking a thorough background of their previous and current medical history, medications alongside a full clinical assessment. The ANPs then implement an action plan for each patient such as medication reviews, investigations, or onward referral to secondary care.

The Levenmouth Home First Group (Case Verification) is in place for patients within the Levenmouth area to target admission avoidance. The group works together to provide a holistic approach including the symptoms of illness as well as underlying causes, such as social risk factors, social isolation, or poor housing and previous history to then identify action steps for review, referral, signposting to other organisations.

Key messages about winter planning are clearly and consistently delivered to all parties.

The NHS Fife Corporate Communications plan is in place for our Winter Communications and supporting campaigns.

The staff and public facing Winter Campaign will run from Monday 4th November 2024 until Friday 28th March 2025 and will be reviewed regularly during that period to ensure appropriate targeted messages depending on specific circumstances.

Actions	Lead	Status
Increase collaborative working within Community Services with MDT meetings to maximise flow and step up/down models of care in community to avoid unnecessary admissions	HSCP	In Progress
Enhance pathways between Acute and Community cardiac services including the development of community medication optimisation clinics	HSCP/Acute	In Progress
Devise new step-up/step-down pathways of care for Heart Failure	HSCP	In Progress
Development of multidisciplinary respiratory specialist service in the community	HSCP	In Progress
Development of joint working models between the Acute and Community Respiratory Teams	HSCP/Acute	In Progress
Deliver staff and public facing Winter Communication Campaign	Comms & Engagement	In Progress
Ambulatory Care Model for appropriate patients to avoid admission (SDEC)	Acute	In Progress
Scheduling Unscheduled Care out-of-hours	Acute	In Progress

Priority Three: Maximise capacity and capability to meet demand and maintain integrated health, social care, and social work services, protecting planned and established care, to reduce long waits and unmet need.

System Flow

Effective communication protocols are in place to support whole-system situational awareness of emerging pressures.

An 'early warning system' is utilised in Fife. The Operational Pressures Escalation Levels (OPEL) tool is updated three times a day within Acute and daily within the HSCP. The tool is used to prioritise actions and workforce as required to support flow and reduce bottle necks.

Within Acute Services, a full rota for all teams will be in place and close collaboration with partners is ongoing. Staff critical to capacity and flow will cover the Public Holidays including Consultant's to ensure ward rounds will continue 26 December, 1 and 2 January. A communication email is generated within HSCP with on call arrangements for all services and shared widely. A full rota for all services involved in the flow of people through hospitals is in place with critical services staffed to cover the Public Holidays. Whole system huddles will take place on 26 December and 2 January, with robust escalation plans in place.

Integrated discharge teams in Acute and HSCP will continue to ensure a person centred and timely approach to discharge planning. The seven-day working operational Front Door Team ensures discharge planning begins on admission and a planned day of discharge agreed with all members of the MDT. Acute and Community Discharge Hubs are multi-professional to ensure a holistic assessment for all patients who require support.

Processes are in place to match patients to available step-down beds in the community hospitals. Discussed at two morning huddles and ad-hoc meetings scheduled throughout the day, if required. Meetings involve Clinical Services Managers, Lead Nurses, Discharge Hub Team Leads and Patient Flow Coordinators. Whole system approach taken including repatriation of Fife patients from other NHS Boards. STAR, Assessment, and Interim beds can also be utilised to support stepdown into community settings.

Hospital at Home pathways are also available, which can support up to 40 patients across Fife. Commencing Hospital at Home assessments for step down patients in Acute and supporting the Front Door team will positively impact admission, assessment and documentation time required in the community. The service will also increase the capacity for IV antibiotics to be delivered in the community at a patient's home by diversifying the clinical services that can support the existing service.

Surge Capacity

Surge capacity is still in use, though this has been reduced since from last year. Table below outlines where surge capacity will be available. This has been agreed through ongoing discussions with Acute and HSCP regarding surge capacity for this winter taking into consideration the constraints of the financial position.

Escalation triggers are included within OPEL tool identifying actions to be undertaken, and when to be escalated and to who.

Further detail is found within [Appendix 1](#) including additional capacity within Community settings that will aid alleviate pressures on hospital settings.

Setting	Surge	Comment
Total	74	
Acute	18*	W6, W9 and W43
Community Hospitals	44	
Queen Margaret	27	W5, W6, W7 and W8
Cameron	10	Balcurvie, Balgonie & Letham
Glenrothes	6	W2 and W3
VHK (Hospice)	1	
Mental Health	12	
Stratheden	4	Lomond
Queen Margaret	4	W2
Whyteman's Brae	4	Ravenscraig

* AU1 assessment and Day Intervention Unit (DIU) to be used in extremis as additional capacity in Acute Hospital

Robust communication processes are in place across each hospital site, following Discharge Without Delay (DWD principles)

Within Acute Services, three formal safety Huddles are run facilitated by Senior Nursing and managerial staff. Additional flow Huddles will be stood up at 11am and 3pm if required. Fife have a Discharge Hub staffed by Nursing and Social Care staff to support the safe discharge of more complex patients who require social care or rehabilitation inputs.

Within Fife HSCP, daily verification, whiteboard planning, safety huddles and active PDD (Predicted Date of Discharge) planning is in place. Self-assessment completed for every ward in the Partnership to give assurance regarding this. Adopting 'home first' as an ethos ensures patients stay in hospital is only as long as is clinically and functionally necessary.

The Front Door Team continue to identify and plan patient's discharge pathway from the time of admission rather than waiting until medically fit. This Front Door model has resulted in a

person-centred approach to discharge planning, resulting in earlier assessment, and ensuring patients meet their PDD.

The Care at Home Service has based Assessment Practitioners directly into Fife hospitals. The Specialised Assessors ensure accurate reflection of someone's critical care needs for home without the requirement for multiple assessors entering hospital settings daily. The aim is to assess for care packages long before the discharge date, secure a package of care, and the patients can leave the hospital on their planned day of discharge.

Discharge to Assess

Fife HSCP Intermediate Care Teams (ICT) deliver a discharge to assess model. Clinical triage is carried out on all referrals to determine level of assessment required to facilitate safe discharge. Only if a patient has complex functional/nursing/cognitive needs would a registered member of staff be required to assess on day of discharge. The expectation would be for a patient to be discharged home with settling in visit from a rehab support worker, with clinician assessment next day or within a 72-hour period as appropriate and if patient has been deemed safe by discharging team/ward.

The Home First Rehabilitation Model Workstream completed a test of change (TOC) in October 2023 utilising the Rehab Complexity Scale (RCS) across three Community Hospital wards. This enhanced ICT model facilitates the transition of patients from Acute to ICT to provide rehabilitation at home, which otherwise would have been provided within a Community Hospital setting. Initial TOC for the model was completed in Apr-24, with lessons learned used to inform the planning and roll out of the second phase of the TOC which commenced in Sep-24.

The Care at Home Service has based Assessment Practitioners directly into Fife hospitals. The Specialised Assessors ensure accurate reflection of someone's critical care needs for home without the requirement for multiple assessors entering hospital settings daily. The aim is to assess for care packages long before the discharge date, secure a package of care, and the patients can leave the hospital on their planned day of discharge.

The Red Cross is a specialist service that enables people, following a stay in hospital, to be supported and assessed in their own home to determine the type and frequency of any care and support they might need. Support is delivered through an enablement approach, including support with personal care and medication, with personalised home assessments allowing for a more accurate understanding of someone's support needs and enhancing the effectiveness of healthcare interventions.

Streamline processes for patients on the Adults with Incapacity (AWI) / Guardianship Pathway

Pathway Timelines for the various stages of pathways have been truncated to reduce/remove unwarranted delay where the HSCP is the responsible party. Regular scrutiny and oversight are in place to ensure optimal performance.

Additional capacity has also been put in place to provide administration support and to progress actions with, for example, communication strategy to support the uptake of Power of Attorneys across the Partnership.

Scheduled Care

Maintaining Scheduled Care over winter

All activity will progress as normal with activity moving to Queen Margaret Hospital where possible to protect scheduling. All Outpatient activity will continue across both Victoria Hospital and Queen Margaret Hospital. Theatre scheduling will consider potential for increased emergency surgery requirements.

Focus continues to be on long waiting patients managed through waiting times activity and backfilled lists maximising theatre utilisation. Day surgery is protected at Queen Margaret Hospital.

National Treatment Centre – Fife Orthopaedics continues to optimise theatre and bed capacity with both NHS Fife and NHS Lothian patients. Outpatient, Day Case and Inpatient activity continue to be ring fenced to maintain reduction in long waits.

Several specialities access the National Elective Coordination Unit (NECU) support for waiting list validation and patient communication. This will continue for specialties with high demand.

Support the availability of NearMe video consultations to optimise estate and workforce capacity.

NearMe video consultations are in place for use by all clinical services, including those in a Primary Care and Social Care setting.

This included NHS Fife implementing NearMe Community Hubs offering a private room with a PC and Wi-Fi for patients to attend their appointments, close to home where either access to IT equipment or privacy in the home prevent access. There are currently four NearMe Hubs in Fife.

Actions		Lead	Status
Commence Hospital at Home in-reach in the Acute environment		HSCP	In Progress
Continued roll out of Enhanced Intermediate Care Model	2 nd phase	HSCP	Complete
	3 rd phase		TBC (early Jan)
Targeted Point-of-Care testing		Acute	In Progress
Extend use of Hot Clinics pathways for Urology, General Surgery		Acute	In Progress

Scheduling of urgent diagnostics and dynamic management between Directorates	Acute	In Progress
Develop Acute Respiratory Unit to support admission avoidance and early supported discharge	Acute	Complete

DRAFT

Priority Four: Focus on supporting the wellbeing of our health and social care workforce, their capacity and improving retention, as well as valuing and supporting Scotland's unpaid carers.

Workforce

Staff are appropriately supported to access the range of available local and national staff wellbeing resources.

NHS Fife has an established core provision of staff health wellbeing support, there is a dedicated StaffLink section, weekly features on wellbeing and hard copy assets, supported by Health Promotion and our Comms and Healthy Working Lives Teams.

The key resources and services currently available include:

- Peer Support
- Spiritual Care and Staff Listening Service
- Occupational Health, including self-referral access to Counselling and Physiotherapy, Mental Health OH nursing and specialist OT support for fatigue management.
- Staff Psychology Support.

In addition to the above, we have invested in a programme of Values Based Reflective Practice and in promoting Lifestyle Medicine, alongside menopause support for staff, discounted membership to leisure facilities at Fife Sports & Leisure Trust, access to financial signposting, modern staff Hubs on all of the main sites and Energy Pods on the Victoria Hospital site.

We actively promote access to the National Wellbeing services and are building the latest IWWC guidance into our plans. We will ensure coverage of Independent Contractor staff in our range of supports.

Appropriate steps are being taken to support recruitment of staff on an ongoing basis and to support efforts aimed at staff retention.

Vacancy management is closely controlled to ensure recruitment of staff is linked to available finances and organisational needs, based on workforce modelling. Established relationships exist with local HEIs (e.g. University of Dundee), and building on practices in previous years, Nursing & Midwifery students will be included in our next intake in November 2024. Our Staff Bank engage in a quarterly recruitment cycle to attract additional supplementary workers, adding substantive registrants engaged within the NHS Board on an ad-hoc basis.

Once for Scotland policies are published on StaffLink (internal intranet) and Weekly All Staff Briefings, with direct links to the Workforce Policies website. Policies introduced to support the work-life balance are widely publicised through StaffLink, staff briefing sessions, bespoke training and highlighted via the Area and Local Partnership Forums. The Retire and Return Policy was highlighted through StaffLink and a Retirement Factsheet was developed to outline both retire and return and partial retirement processes, aligned to organisational needs.

A revised Exit Interview Process has been developed to record and analyse information in relation to leavers to support retention of staff by identify reasons for leaving and whether areas of concern can be addressed. Areas of high turnover can be identified, and action plans developed where required.

Appropriate levels of staffing across the whole system to facilitate efficient and effective patient care, ensuring consistent effective discharge planning takes place over 7 days and the holiday periods.

In line with the requirements of the Health and Care (Staffing) (Scotland) Act 2019, services complete the Specialist Workforce Tools available to understand their "safe staffing" levels; escalate and mitigate concerns and to seek clinical advice as necessary. The importance of alignment to the Common Staffing Method (CSM) has been highlighted throughout NHS Fife.

The CSM staffing levels are used as one indicator within the overall Operational Pressures Escalation Levels (OPEL) strategy, ensuring appropriate staffing levels, patient care and patient flow is maintained across the Health Board. Business Continuity programmes are in place, ensuring this process is maintained, and senior clinical decision makers input is maintained throughout the Winter period.

Mobilisation hubs are in place to review staffing concerns, and to address them through the deployment of staff from other areas of the system, or by accessing supplementary staffing options.

The Fife HSCP Workforce Hub will be reengaged, if appropriate, in due course to support whole system staffing, including Social Work, overview and risk awareness and mitigation taken.

Contingency plans in place covering staff disruption in relation to potential adverse weather.

Severe Weather Framework is in place and available fully to all staff. Notification of this document has been promulgated through NHS Fife EPRR Workforce Quarterly Briefs, along with the link to the online version. The Severe Weather Framework has been benchmarked with DL(2022)35.pdf (scot.nhs.uk), has undergone a lengthy stakeholder feedback routine in order to cater for all areas, and has been ratified at Resilience Forum and NHS Fife EDG level.

Resilience and Business Continuity

Arrangements are in place and regularly reviewed, exercised, and updated.

Preparing For Emergencies: Guidance for Health Boards in Scotland. Sections 4.10 and 4.11: Business Continuity Management System (BCMS) is in place – this includes a live dashboard, updated, and maintained by Resilience Team, with contingency in place for loss of system consisting of a Master Spreadsheet and plan repository.

Monthly assurance report is sent to Senior Managers and Executive Leads with live snapshot and guidance as to how plans are to be maintained, updated, or reviewed where required.

Support is offered to Plan owners which includes advice on testing plans prior to review dates without external input as well as utilising Resilience Team. Scenarios and levels of testing are discussed. Schedule of future testing will be circulated, and Plan owners invited to put aside time to allow Resilience team to visit for an exercise scenario.

Resilience Team utilise face-to-face support, monthly assurance Managers' reporting and workforce briefings (quarterly) to communicate requirement for plans to include embedding Business Continuity planning awareness into staff briefs (induction and staff huddles).

Plans identify potential disruptive risks to service delivery and consider critical activities.

All plans will contain escalation routes for all levels of incident, reflecting levels covered in the Incident Management Framework (Level 1: planned maintenance to Level 4: Major Incident) which include requirement of escalation, through Operational (Bronze) Level and Tactical (Silver) Level to Strategic (Gold) Level. These detailed escalation routes are annotated at the head of each Action Card Template and detail of the levels is passed on by Resilience Team in support sessions and training, is available in a Framework Document to all staff on StaffLink and is now available in video format to all staff.

Actions	Lead	Status
Key wellbeing resources and services rebranded under the Staff Care logo to make it easier for staff to access the most appropriate service this winter.	Workforce	Complete
Update and launch "Severe Weather Framework"	Resilience	Complete
Adding to suite of Business Continuity Action Cards by covering extreme heat and extreme cold	Resilience	In Progress
Regular testing of Business Continuity Plans in place for service areas as well as one-on-one support to plan owners to make plans more resilient	Resilience	Ongoing

Summary

This plan gives assurance that Fife has plans in place in preparation for winter and in line with Scottish Government guidance.

DRAFT

Fife HSCP Winter Plan 2024/25

Community Actions

AREA	ACTION / PROGRESS	BED CAPACITY AVAILABLE	RISKS/ISSUES	BENEFITS	FINANCIAL IMPLICATIONS	PROGRESS
ICASS	The second phase of the Enhanced ICT model test of change (TOC) has been implemented using learning from the first TOC. This will likely progress to a third phase in December.	Caseloads are between 90 and 120	Recruitment to substantive OT and PT posts has been challenging and remains ongoing. Dependent on recruitment - will dictate increased capacity	Home First principles Continues rehabilitation at home and reduces demand for homecare. Creates capacity for all inpatient areas	None	ICT have been able to cope with the demand from VHK to date. The Enhanced ICT model TOC has been planned with Acute colleagues and training provided.
H@H	H@H are still managing to maintain 7-day discharges from VHK with no additional medical staffing. Two substantive In-Reach Nurse Practitioners have been recruited and will commence in H@H in November for induction and orientation. Following this they will provide a 7-day cover in Acute.	25 – 35 virtual beds 2022/23 and 35 to 40 for 2023/24 (no potential to increase further at this time due to level of vacancies)	Recruitment to vacancies, in particular fully qualified NP and ANP posts, has been challenging. As a result, trainees have been recruited and will need time to study and develop the necessary skills.	7-day access for admissions from GP, OOH urgent care Step down from AU1 to prevent Acute admission. Increased capacity for GP admissions to prevent admission to acute hospital. Less likely to close the service. Creates capacity and supports prevention of admission	None	We have been able to keep H@H open with 8 occasions meeting maximum capacity in Sep-24 compared to 15 occasions in Sep-23
Respiratory	Increase collaborative working with Community Nursing, H@H, ICASS, HF, Complex Care Team with MDT meetings to maximise flow and step up/down models of care in community to avoid unnecessary admissions. Development of joint working models between Acute and Community Respiratory Teams including ongoing discussions regarding service remodel and co-location that will develop new pathways and improve joint working. Community Respiratory Service undergoing IV cannulation and safe medicate training so that the service may be able to assist with appropriate administration of IV antibiotics, jointly working with H@H that will support unnecessary hospital admissions.	Previous 2023 seen 12-15 referrals per month with current capacity. Working towards additional 30 per month from November 2024 due to successful recruitment of outstanding posts		Home First principles Additional staffing has increased capacity for inpatients and allow for earlier discharge. If posts recruited to, this would allow for a 7-day model to be introduced if monies become permanent. Joint working between acute and community respiratory teams as part of acute redesign will develop new pathways and improve joint working		Short Life Working Group has commenced as part of the acute ward 54 redesign.

Heart Failure	<p>Increase collaborative working with Community Nursing, H@H, ICASS, HF, Complex Care Team with MDT meetings to maximise flow and step up/down models of care in community to avoid unnecessary admissions.</p> <p>Work is underway to enhance pathways between acute cardiac services and community heart failure services to include a new role for an acute outreach clinical nurse specialist and the development of community medication optimisation clinics.</p>	<p>Previously 2022/23 seen 30 referrals with current capacity increased to 40 referrals per month for 2023/24.</p>		<p>Home First principles</p> <p>Additional staffing will increase capacity for inpatients and allow for earlier discharge.</p> <p>Aim to develop in-reach service with acute Cardiac Unit in order to maximise early discharge and seamless transfer to care in the community</p>	<p>None.</p>	<p>MDT Meetings underway to reduce unnecessary admissions and allow earlier discharges.</p> <p>Posts going out to advert to increase capacity of service.</p> <p>Working with acute Cardiac Service to provide in-reach service to facilitate early discharge and support</p>
Care Homes	<p>Older People Residential Resources continue to support with STAR, Assessment beds and Permanent care placements when they are available.</p> <p>Bed flow coordinator supporting with assessments and flow.</p> <p>Discussion actions picked up at flow meetings 2x weekly.</p> <p>If required urgent meeting can be arranged to look at capacity to support discharges where possible</p> <p>Direct access to GP OOHs</p>	<p>Bed capacity monitored and supported through contracts and commissioning.</p> <p>Capacity fluctuates</p>	<p>Care homes are experiencing staffing challenges. Ongoing recruitment and reliance on agency</p> <p>Unit managers assess based on dependency within individual home and may impact on discharge.</p>	<p>Home First principles</p> <p>Regular focus and scrutiny at flow meetings enables flow.</p> <p>Bed flow coordinator has oversight to support discharge process.</p>	<p>No additional cost</p>	<p>Essential discharge and flow meeting increased to 2 x per week to ensure scrutiny and support moves for those who require to be placed in a partnership care home.</p> <p>Bed flow coordinator in place</p>
Hospital Discharge Social Work Team	<p>Overtime to be offered should existing team be unable to meet assessment demand</p>	<p>None.</p>	<p>Limited access to SW assessment may impact on discharge</p>	<p>Home First principles</p> <p>Additional assessment will increase capacity for inpatients and allow for earlier discharge should demand require</p>	<p>Finance not available to support overtime payments, support sought from community.</p>	<p>Service will request support across CCS and Complex and Critical Care</p>

	<p>Streamline processes for patients on the Adults with Incapacity (AWI) / Guardianship Pathway Pathway Timelines for the various stages of pathways have been truncated to reduce/remove unwarranted delay where the HSCP is the responsible party. Regular scrutiny and oversight are in place to ensure optimal performance.</p> <p>Additional capacity has also been put in place to provide administration support and to progress actions with, for example, communication strategy to support the uptake of Power of Attorneys across the Partnership.</p> <p>Additional solicitor capacity created to support timely LA applications, work through complex legal matters and provide solicitor to solicitor contact with progression of Private applications when required.</p> <p>Work undertaken to ensure home first strategy is aligned and where possible and safe to do so the person can return home with support whilst legislative pathway is progressed.</p>	Not applicable.	Not applicable.	Not applicable.	Not applicable.	Not applicable.
Primary Care Services – General Medical Services	<p>Facilitate protected practice winter planning sessions to allow GP to focus on proactive care planning, long term condition management and Chronic Disease Management</p> <p>UCSF will safely and effectively manage urgent care demand applying PLT model to provide capacity within General Practice</p> <p>2 sessions scheduled pre festive with further dates to be agreed early 2025 for ongoing support</p>	This will support preventative approach and aim to reduce urgent care demand and attendance to secondary care by applying a proactive approach to care	This will be funded within UCSF budget within principles of PLT at this time but there is a risk that ongoing planning could create a cost pressure	Aligns to primary care strategy to support quality and sustainability. Will seek to reduce unmet need and support a preventative and proactive approach	Requires both GP, MDT and Dispatcher resource within UCSF to support safe and effective delivery. Funded is provided by SG specifically for PLT, £35,000 annually.	Two sessions facilitated up to 11 Nov-24 Feedback so far advises positive impact in terms of winter planning, including identification of patients with greater risk of requiring support during winter period to allow for practice level planning.
Mental Health: Addictions Services	Hospital Liaison Service- Ensure that partners in Acute services have an awareness of the HLS provision with clear understanding of function, contact details and operating hours	This will support discharge from acute inpatient resources	Limited staffing resource which requires to function at optimum level to manage demand	Provides expert assessment and consultation to ensure that this vulnerable group receives care that is person centred and evidence based	None	Service currently fully staffed and functional

Mental Health: Urgent Care Assessment Team	<p>Ensure that staffing is maintained at optimal levels to provide effective service. Staffing resource will be reviewed at daily huddle and at capacity and flow huddle.</p> <p>Additional resource will be identified from Community Mental Health Team to supplement service if substantive staffing is compromised</p>	<p>Will provide urgent assessment to UCSF, ED and ensure appropriate use of mental health inpatient resource.</p>	<p>Limited staffing resource which requires to function at optimum level to manage demand.</p>	<p>Urgent Mental Health assessment to ensure that flow is managed within UCSF and ED and that the limited mental health inpatient resource is used to maximum benefit</p>	<p>None</p>	<p>Recruitment ongoing An Urgent Care Service program of improvement is underway to ensure resources are used to maximum potential and alternative models of care are considered</p>
Mental Health: CAMHS	<p>Ensure that staffing is maintained at optimal levels across priority services including Intensive Therapy Service and Urgent Response Team</p> <p>Staffing resource will be reviewed at weekly team meetings and additional resource drawn from wider CAMHS services to supplement the ITS and CURT if substantive staffing is compromised</p>	<p>Will provide urgent assessment to ED, GP's, education services and ensure appropriate use of mental health inpatient resource and regional inpatient units</p>	<p>Limited staffing resource which requires to function at optimum level to manage demand</p>	<p>Will provide urgent assessment to ED, GP's, education services. Ensure appropriate use of mental health inpatient resource and regional inpatient units</p>	<p>None</p>	
Integrated Discharge Hubs: Discharge Hub, Front Door and Community Hub	<p>Key elements of Discharge without Delay (DwD) / Use of Predicted Day of Charge (PDD) are for all Integrated Discharge Teams to prioritise early whole system planning, all teams will create tomorrow's capacity today and discharge to assess as default.</p> <p>Key components are to -</p> <ol style="list-style-type: none"> 1. Ensure enhanced work up occurs at the Front Door Team, 7-day multi-professional team that ensures early identification of those who can return home or to a home setting quickly. 2. Integration of Services - Care at Home Service has Assessment Review Practitioner embedded in Fife Hospitals to facilitate early care assessments. 3. Front Door Team – patient centred philosophy adopts a Home First approach by asking why not home encourage early discharge planning in line with the Home First Strategy. 	<p>Early intervention ensuring Discharge Plan commences from the point of admission; reduction in Length of Stay in line with the Home First Strategy</p>	<p>None identified</p>	<p>Home First principles Seven-day Person centred discharge planning that co-ordinate timely discharge options for patients and service users.</p> <p>Holistic multi professional assessment that involves linking with third sector and voluntary services to ensure housing, veteran's & carers services are offered to support live decisions.</p> <p>Digital referral systems that enable prompt timely paper light process and provide a more effective method of working together towards an agreed planned day of discharge</p>	<p>None identified</p>	<p>Digital referral is now fully embedded, the team will now progress to a digital Standardised Assessment</p>

Red Cross – Support at Home	<p>Test of Change commenced May 2024</p> <p>Assess at Home Service provided by Red Cross</p> <p>Service would support discharge to person's own home, as an alternative to a care home placement</p> <p>Service can commence with service of up to 24 hour per day. Service provision is reviewed on regular basis to reduce level of care, and enable service user to remain at home, with or without ongoing package of care</p>	Up to 500 hours per week	There will be regular monitoring of the position by the appropriate governance routes as well as robust scrutiny by SLT before any decision can be taken on the extension of the Test of Change.	Red Cross service would accept referrals for those being considered for an Assessment Bed, with up to 24/7 care & support, to enable individual to remain at home, and remove the need for placement in a care home from the Acute Hospital or Queen Margaret site.	Currently being reviewed.	Test of Change commenced May 2024 supports both the complex patient and system level factors contributing to the challenging picture in standard delays and assessment bed waits across Fife.
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Inpatient Actions						
AREA	SURGE BED CAPACITY	CORE STAFF	RISKS/ISSUES	BENEFITS	FINANCIAL IMPLICATIONS	ACTION / PROGRESS
HSCP CCS (Downstream Wards)	<p>Total Surge capacity 44 equivalent to 1.5 wards (additional bed capacity available to be surged)</p> <p>Cameron</p> <ul style="list-style-type: none"> Balgonie – 4 beds Balcurvie – 4 beds Letham – 2 beds <p>QMH</p> <ul style="list-style-type: none"> Ward 5 – 4 beds Ward 6 – 4 beds Ward 7 – 3 beds Ward 8 – 16 beds <p>Glenrothes</p> <ul style="list-style-type: none"> Ward 2 – 3 beds Ward 3 – 3 beds <p>VHK</p> <ul style="list-style-type: none"> Hospice – 1 bed 	Extra surge will be required to be provided by bank and agency	<p>Increase to bed compliments within existing wards.</p> <p>Reduces bed spacing in bay areas.</p> <p>Additional supplementary staff will require to be booked via bank office.</p> <p>There is a significant risk of HSCP's ability to deliver on its financial recovery plan, with no identified funding stream available to surge beds.</p> <p>Heightened risk of infections within wards, which could result in ward closures impacting on patient flow.</p> <p>Additional medical staff required within the wards.</p>	<p>Temporary increase in surge beds numbers.</p> <p>Beds can be opened and closed depending on demand.</p> <p>All beds, patient chairs, overbed tables in situ within the ward; no hire cost implications.</p>	Supplementary staffing costs, inclusive of medical, nursing and AHP.	Opening and closing of beds will be responsive to service demands and dependant on additional supplementary staffing.
Mental Health: Older Adult Inpatient	<p>Stratheden</p> <p>No Surge Capacity</p> <ul style="list-style-type: none"> Elmview 	<p>Stratheden</p> <p>Cairnie WTE 26.1</p> <p>Elmview WTE 27</p>	N/A	N/A	N/A	Temp retraction of Beds (Cairnie Ward) - Staff will be redeployed via organisational change to

(Psychogeriatric)	<ul style="list-style-type: none"> Muirview Cairnie Ward: Temporary bed retraction anticipated 30 Nov-24 QMH No Surge Capacity <ul style="list-style-type: none"> Ward 1 Ward 4 	Muirview WTE 26.5 QMH Ward 1 WTE 27.7 Ward 4 WTE 27.1				existing service vacancies (26.1 wte)
Mental Health: General Adult Inpatient	Stratheden Lomond (Acute) – 4 beds (from 8) No Surge Capacity <ul style="list-style-type: none"> Dunino Ward (Rehab) Hollyview (IPCU) Lindores (Rehab) Radernie (Low Secure) QMH Ward 2 (Acute) – 4 beds (from 8) WBH Ravenscraig – 4 beds (from 8)	Dunino WTE 25 Hollyview WTE 23.59 Lindores WTE 10.55 (actual in post – finance reports 32.56) Lomond WTE 28.69 Radernie WTE 23.1 QMH Ward 2 WTE 29.45 WBH Ravenscraig WTE 32.81	Within Acute admission wards, extra beds would be added to bay areas, to a maximum of 4 in total. Risks to Infection control due to overcrowding leading to increase in clinical risks and staffing capacity challenges. Significant clinical risks due to overcrowding and challenges present within acute psychiatric areas. All Surge beds only appropriate for Psychiatric admission due to nature of the ward environments. There is a significant risk of HSCP's ability to deliver on its financial recovery plan, with no identified funding stream available to surge beds.	Temporary increase in surge beds numbers where possible. Beds can be opened and closed depending on demand.	Supplementary staffing costs and ability to delivery HSCP recovery plan.	Opening and closing of beds will be responsive to service demands and dependant on additional supplementary staffing.
Learning Disability Inpatient Services	Lynebank No Surge Capacity <ul style="list-style-type: none"> Daleview (Regional Forensic) Mayfield (Acute) Tayview (Rehab) 	Lynebank Daleview WTE 31.9 Mayfield WTE 40.86 Tayview WTE 19.3	N/A	N/A	N/A	N/A

Meeting:	Clinical Governance Committee
Meeting date:	17 January 2025
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

Executive Summary

There are 16 metrics reported via the IPQR relating to Quality and Care, of which, 3 (relating to Adverse Events, SAERs Closed & HSMR) have no defined trajectory/target.

- For all metrics utilising SPC methodology, current position is 'within control limits'.
- Targets for Oct-24 were achieved for:
 - HAI indicator for SAB.
- Stroke Care Bundle has been added as a new metric with performance being below target, having been at or above target for the previous 4 months.

This report provides Moderate Level of Assurance.

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

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

2 Report summary

2.1 Situation

This report informs the Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key health and wellbeing measures (as defined by Scottish Government 'Standards' and local targets).

The period covered by the performance data is generally up to the end of Oct-24, although there are some measures with a significant time lag and two which are available up to the end of Nov-24.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly. Each Governance Committee will receive separate extracts of the IPQR to scrutinise the performance areas relevant to each Committee. Reports which are not prepared for Governance Committees are data only and contain neither data analysis nor service commentary.

NHS Fife were required to provide trajectories for a range of metrics as part of ADP process for 2024/25. This requirement was extended to all metrics included within IPQR with trajectories agreed with Services up to Mar-25. The IPQR will monitor achievement against 2024/25 trajectories and Mar-25 target. For this Committee, this only applies to Stage 2 Complaints.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities with risk level incorporated into the Assessment section.

Statistical Process Control (SPC) charts continue to be used for applicable indicators.

2.3 Assessment

The IPQR provides a full description of the performance, achievements and challenges relating to key measures in the report.

Highlights of November 2024 IPQR

A summary of the status Quality & Care metrics is shown in the table below.

Measure	Current Position	Reporting Period	Planned Trajectory	Target
Adverse Events	31	Oct-24	-	-
SAER – Median days to Report Approved	231	QE Sep-24	-	-
HSMR	0.96	YE Jun-24	-	-
Stroke Care Bundle	62.9%	Sep-24	-	80%
Inpatient Falls	7.91	Oct-24	-	6.95
Inpatient Falls with Harm	1.67	Oct-24	-	1.44
Pressure Ulcers	1.03	Oct-24	-	0.89
Ligature Incidents (MH)	1.74	Oct-24	-	0.76
Incidents of Restraint (MH)	8.52	Oct-24	-	6.44
Incidents of Physical Violence (MH)	9.57	Oct-24	-	7.04
Incidents of Self Harm (MH)	1.57	Oct-24	-	0.78
SAB (HAI/HCAI)	10.2	Oct-24	-	18.8
C Diff (HAI/HCAI)	17.0	Oct-24	-	6.5
ECB (HAI/HCAI)	47.5	Oct-24	-	33.0
Complaints (S1)	76.5%	Nov-24	-	80%
Complaints (S2)	20.0%	Nov-24	25%	60%

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures.

2.3.3 Financial

Financial reporting is covered in the specific section of the IPQR.

2.3.4 Risk Assessment / Management

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

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members and Governance 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 November IPQR has been made available for discussion at the meeting on 17 January 2025.

2.3.8 Route to the Meeting

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

- **Executive Directors Group**, 20 December 2024
- **Staff Governance Committee**, 07 January 2025
- **Public Health and Wellbeing Committee**, 13 January 2025
- **Finance, Performance and Resource Committee**, 14 January 2025

2.4 Recommendation

This paper is provided for:

- **Assurance** – This report provides a “moderate” level of assurance
- **Endorse** – Endorse the Quality and Care section of the IPQR

3 List of appendices

- Appendix No. 1, IPQR Position at November 2024 CG v1.0

Report Contact

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Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at November 2024
Produced in December 2024

Introduction

The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National Standards and local Key Performance Indicators (KPI). At each meeting, the Governance Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR comprises the following sections:

A. Corporate Risk Summary

Summarising key Corporate Risks and status.

B. Indicatory Summary

Summarising performance against full list of National Standards and local KPI's. These are listed showing current performance against target/trajectories with comparison with 'previous' performance.

C. Assessment & Performance Exception Reports

More detailed Indicator Summary for each area of Governance including (where appropriate) benchmarking, 'sparkline' trend, comparison with 'previous year' performance. There is also a column indicating performance 'special cause variation' based on SPC methodology. All charts with SPC applied will be formatted consistently based on the following;



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.

Also incorporated into this section is an assessment for indicators of continual focus or concern. Content includes data analysis, service narrative and additional data presented in charts, incorporating SPC methodology, where applicable.

C1. Quality & Care

**C2. Operational
Performance & Finance**

C3. Workforce

**C4. Public Health &
Wellbeing**

MARGO MCGURK
Director of Finance & Strategy
17 December 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	5	3	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	5	1	-	-	◀▶	Moderate
Total	19	14	5	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 Increased

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.

The updated risk appetite was agreed at EDG and approved by The Board at the November meeting. It will be taken to the December Audit and Risk Committee for consideration. The December report will reflect the new risk appetite.

B. Indicator Summary

Quality & Care				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change			
	SAER - Median Working Days to Report Approved			231	254	▲		HSMR			0.96	0.96	▬		Stroke Care Bundle			62.9%	81.0%	▼			
	Inpatient Falls			7.91	7.28	▼		Pressure Ulcers			1.03	1.38	▲		Ligature Incidents (Mental Health)			1.74	2.11	▲			
	Incidents of Restraint (Mental Health)			8.52	7.05	◆		Incidents of Physical Violence (Mental Health)			9.57	9.69	◆		Incidents of Self Harm (Mental Health)			1.57	1.59	◆			
	SAB HAI			10.2	10.5	◆		C Diff HAI			17.0	14.0	▼		ECB HAI			47.5	41.9	◆			
	S1 Complaints Closed in Month on Time			76.5%	59.4%	▲		S2 Complaints Closed in Month on Time			20.0%	6.9%	▲										
Operational Performance				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change			
	Emergency Access	A&E			72.8%	74.3%	▼		Delayed Discharges (Standard)	Acute/Comm			51.2	60.0	▲		Cancer	31-day DTT			94.3%	94.7%	◆
		ED			64.5%	66.6%	▼			MH/LD			13.6	14.3	◆			62-Day RTT			73.5%	71.4%	◆
	Patient TTG	% <=12weeks			43.5%	46.3%	▼		New Outpatients	% <=12weeks			39.8%	40.0%	◆		Diagnostics	% <=6weeks			82.2%	78.4%	▲
		>52 weeks			678	698	▲			>52 weeks			5034	4933	▼			>26 weeks			57	71	▲
Finance				Current	Change					Current	Change												
	Revenue Resource Limit Performance			(£28.488m)				Capital Resource Limit Performance			£3.104m												
Workforce				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change			
	Sickness Absence				7.36%	7.07%	▼		Personal Development Plan & Review				43.1%	43.1%	◆		Vacancies	Medical & Dental			3.3%	2.8%	◆
										Nursing & Midwifery			2.7%	3.5%	◆								
								AHPs				4.0%	5.0%	▲									
Public Health & Wellbeing				Current	Previous	Change					Current	Previous	Change					Current	Previous	Change			
	Smoking Cessation	40% Most Deprived			97	75	▬		Alcohol Brief Interventions				103%	96%	▬		Drugs & Alcohol			94.5%	93.1%	◆	
	CAMHS				92.5%	93.2%	◆		Psychological Therapies				82.9%	79.9%	▲		Mental Health Readmissions within 28 days			5.8%	6.0%	◆	
	Breast Screening				73.4%		▬		Bowel Screening				66.2%		▬		AAA Screening			87.3%	86.8%	▲	
	Infant Feeding				36.4%	29.4%	▲		Childhood Immunisation	6-in-1 @ 12 months			94.0%	94.5%	▼		Winter Vaccination	Influenza			40.6%		▬
	Child Development				19.4%	18.5%	▼			MMR2 @ 5 years			85.7%	85.7%	◆			Covid			39.2%		▬

Key

- ▲ Improved performance from previous period
- ◆ No significant change from previous period
- ▼ Reduction in performance from previous period

Variation in previous performance is analysed to define tolerance levels for improvement/reduction (apart from annual metrics). Tolerance levels will therefore vary.

C1. Quality & Care

To improve the quality of health and care services

6 **4** 2 - -

◀ ▶ **Moderate**

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
Major/Extreme Adverse Events	31	Month	Oct-24		○	▲	▲		●
SAER - Median Working Days to Report Approved	231	Quarter	Sep-24		●	▲	—		●
HSMR	0.96	Year to	Jun-24		○	—	—		●
Stroke Care Bundle	62.9%	Month	Sep-24	80%	●	▼	◆		●
Inpatient Falls	7.91	Month	Oct-24	6.95	○	▼	▼		●
Inpatient Falls with Harm	1.67	Month	Oct-24	1.44	○	◆	▲		●
Pressure Ulcers	1.03	Month	Oct-24	0.89	○	▲	▲		●
Ligature Incidents (Mental Health)	1.74	Month	Oct-24	0.76	○	▲	▲		●
Incidents of Restraint (Mental Health)	8.52	Month	Oct-24	6.44	○	◆	▲		●
Incidents of Physical Violence (Mental Health)	9.57	Month	Oct-24	7.04	○	◆	◆		●
Incidents of Self Harm (Mental Health)	1.57	Month	Oct-24	0.78	○	◆	▲		●
SAB - Healthcare associated infection	10.2	Month	Oct-24	18.8	○	◆	◆		● YE Jun-24
C Diff - Healthcare associated infection	17.0	Month	Oct-24	6.5	○	▼	▼		● YE Jun-24
ECB - Healthcare associated infection	47.5	Month	Oct-24	33.0	○	◆	◆		● YE Jun-24
S1 Complaints Closed in Month on Time	76.5%	Month	Nov-24	80%	○	▲	◆		● 2022/23
S2 Complaints Closed in Month on Time	20.0%	Month	Nov-24	25% 60%	○	▲	▲		● 2022/23

<p>Performance Key</p> <ul style="list-style-type: none"> meeting trajectory/target within 5% of trajectory/target out with 5% of trajectory/target 	<p>SPC Key</p> <ul style="list-style-type: none"> ○ Within control limits ○ Special cause variation, out with control limits ● No SPC applied 	<p>Change Key</p> <ul style="list-style-type: none"> ▲ "Better" than comparator period ◆ No Change ▼ "Worse" than comparator period 	<p>Benchmarking Key</p> <ul style="list-style-type: none"> ● Upper Quartile ● Mid Range ● Lower Quartile
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Data Analysis

There were 31 **Major/Extreme adverse events** reported in Oct-24 out of a total of 1,470 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 (263) followed by 'Cardiac Arrest' (64 incidents), and then 'Other Clinical Events' (42 incidents).

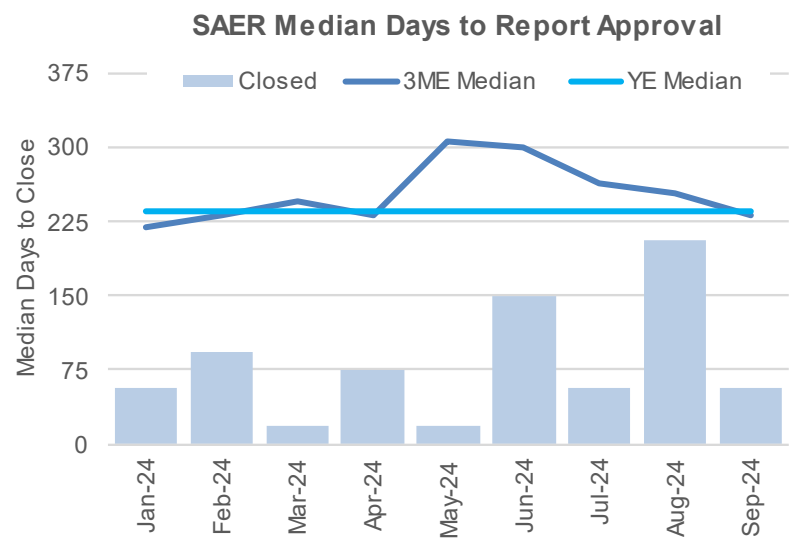
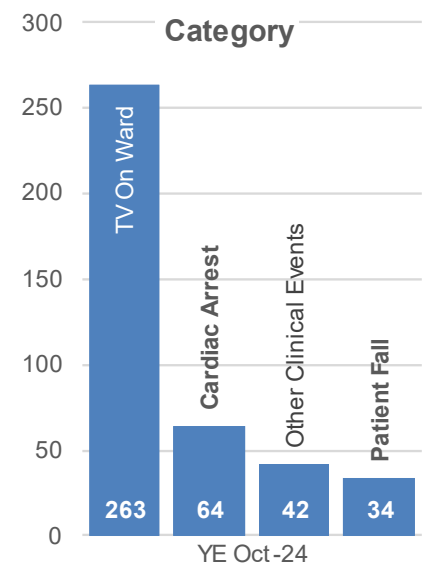
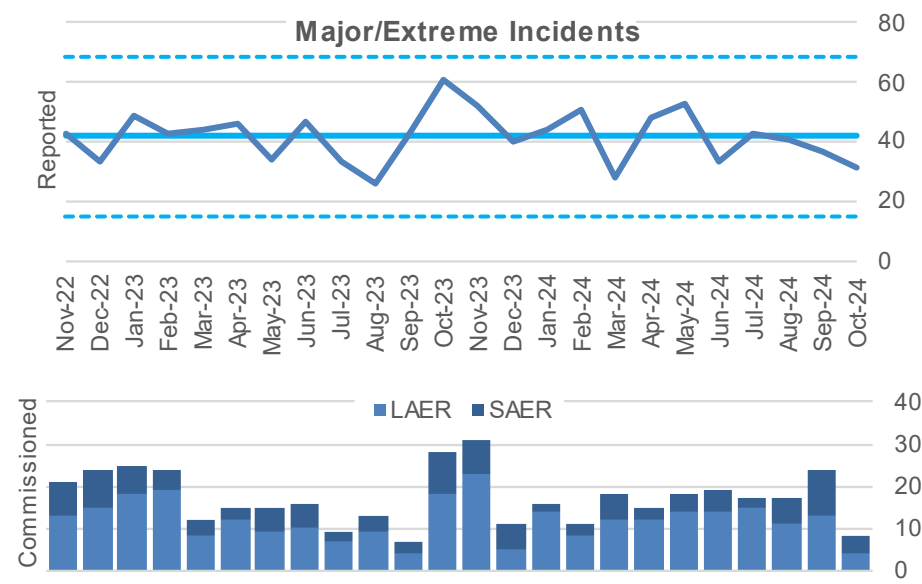
There were 4 **SAERs** commissioned in Oct-24 and 46 (4.6 on average a month) in 2024 so far. In comparison, there were 5 SAERs commissioned on average per month in 2023, 64 in total.

There were 47 SAER reports approved in the 12 months to Sep-24 with median working days, from commissioned date, of 236 days. For the latest 3 months ending Sep-24, there were 17 reports approved with median days, from commissioned date, of 231 days: this is the fourth consecutive month to see a reduction in the 3-month median (for the 3 months ending May-24, median days was 305).

Achievements & Challenges

Improvement work has commenced to reduce the median time to complete SAERs. The first stage of the improvement process is to understand our data. A fortnightly Key Performance Indicator analysis will be carried out by the Clinical Governance team and discussed at the newly established SAER Oversight Group. This group will progress immediate remedial action with escalation where required.

By March 2025, this group will define a Terms of Reference and escalation protocol which will be included within the Adverse Event Policy and Procedure. The data analysis will break down the stages of review from commissioning a SAER to completion of an improvement plan on conclusion of the SAER report. This data will allow a greater understanding of where, in the overall process, the delays and blockages are and inform discussion and collaboration with services to continue towards a reduction in the time taken to complete the SAER process.



Data Analysis

HSMR is the number of observed deaths within 30 days of admission divided by the number of deaths that were predicted for a particular hospital.

Value less than one, means the number of deaths is fewer than predicted. Greater than one means the number of deaths is more than predicted.

For the Period Jul-23 to Jun-24 there were 1,897 predicted deaths with 1,814 observed deaths from 38,882 patients. This gives a crude rate of 4.7% and an HSMR of 0.96, which is within observed limits and below the rate of 1.00 for Scotland.

Looking at Quarterly crude mortality within 30 days of admission data, it can be seen that Fife tends to be above the figure for Scotland.

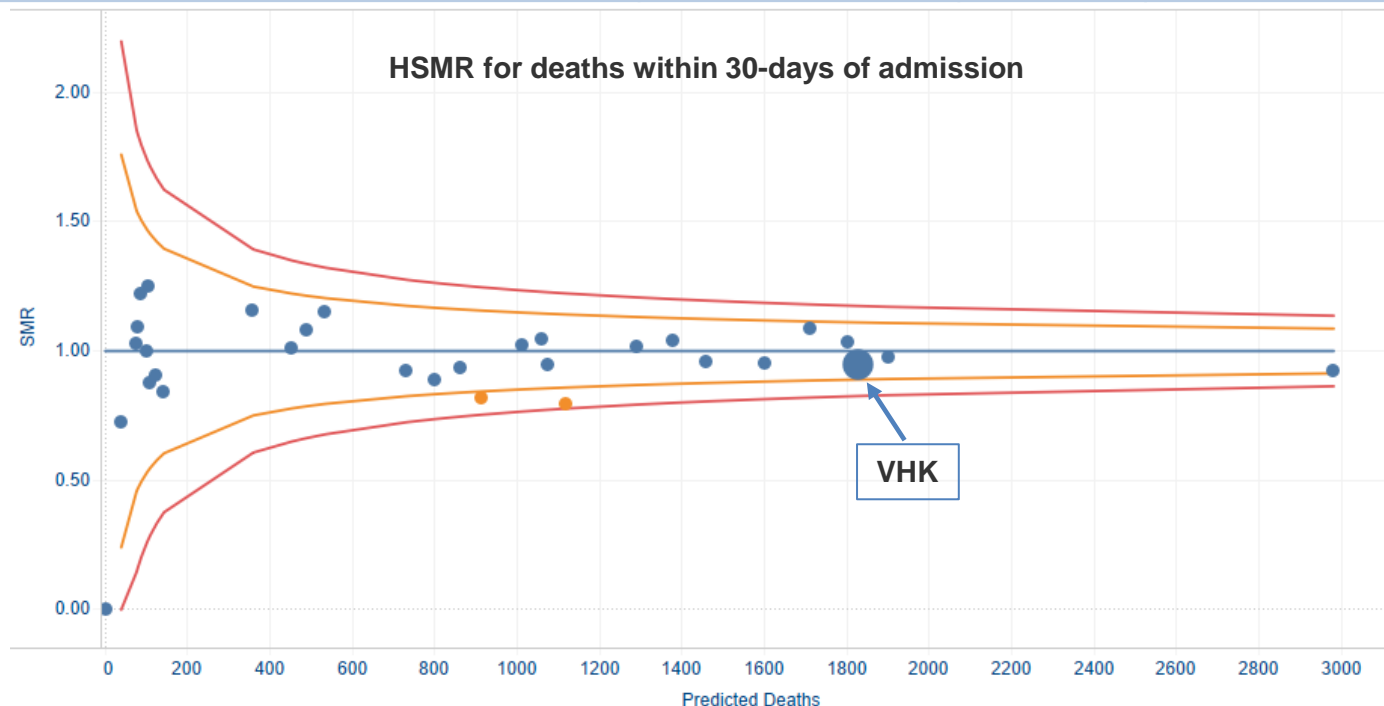
The rate for the last quarter Apr-Jun 24 has fallen to 2.9% from 3.2% (Jan-Mar 24).

Challenges & Achievements

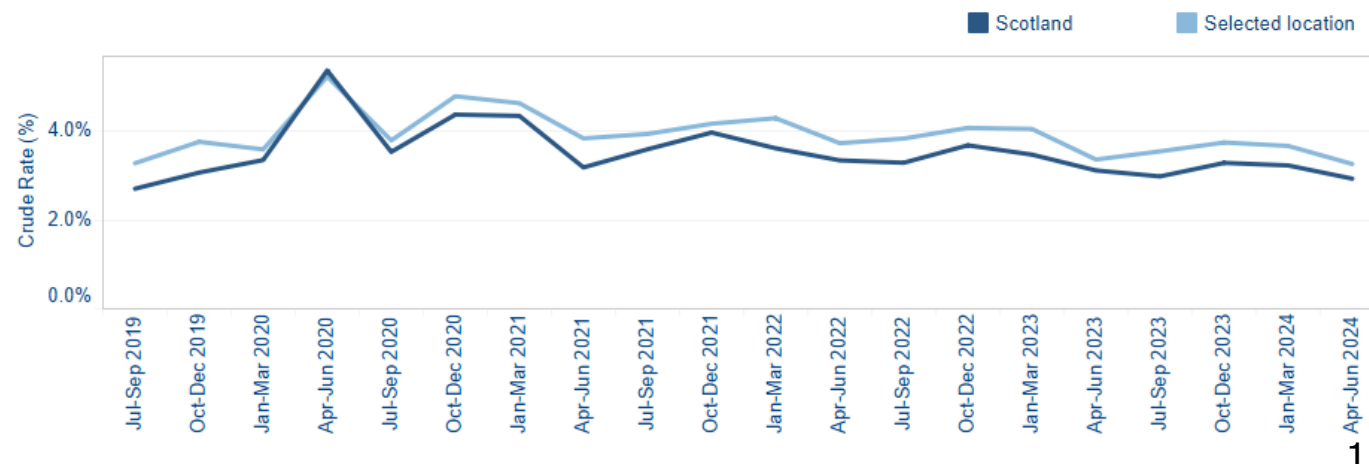
Proactive review of HSMR data combined with other clinical governance quality performance indicators is fundamental to ensuring the assessment and monitoring of quality and safety.

NHS Fife has a well-established and systematic process in place to review every cardiac arrest, meaning that every unexpected death is reviewed. Learning and themes from reviews are collated and an improvement plan is implemented. This is evidenced in the quarterly Deteriorating Patient Report.

Avoidable deaths are a very small fraction of all the deaths that occur in hospital. So although extremely important to ensure measures are in place to stop avoidable deaths, reducing any avoidable deaths will not necessarily change the HSMR significantly.



Quarterly crude mortality within 30-days of admission: NHS Fife





Stroke Bundle

National Standard: 80% of patients to receive appropriate Stroke Care Bundle

62.9%

Data Analysis

Care bundle performance decreased from 81.0% in Aug-24 to 62.9% in Sep-24, the lowest level since Mar-24 this is comparable to the same month in previous year. This is below the 80% target for the first time since May-24.

Performance for QE Sep-24 was 74.6% down from 78.1% previous QE Jun-24.

Aspirin – 100% of patients met this standard for the 2nd consecutive month. It has remained above the 95% standard for the last 5 months.

Performance for QE Sep-24 was 99.0% up from 96.0% previous QE Jun-24.

Brain Imaging – 96.8% of patients met standard and has remained unchanged in last 3 months. It has remained above the 90% standard for the last 12 months.

Performance for QE Sep-24 was 96.8% up from 96.2% previous QE Jun-24.

Swallow Screening – 77.4% of patients met standard the lowest level since Mar-24. It has not met the 100% standard for the last 12 months.

Performance for QE Sep-24 was 84.3% down from 86.7% previous QE Jun-24.

Admitted to a stroke unit within 1 day of admission– 84.0% of patients met standard the lowest level since Apr-24 and the 3rd fall in successive months. It is below the 90% standard for first time since Apr-24.

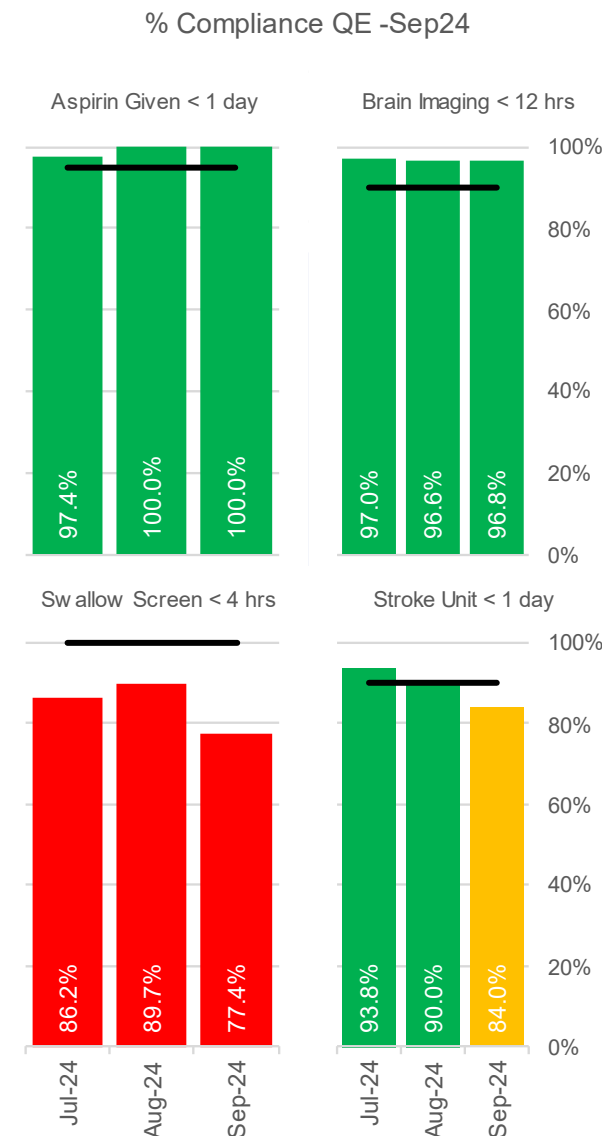
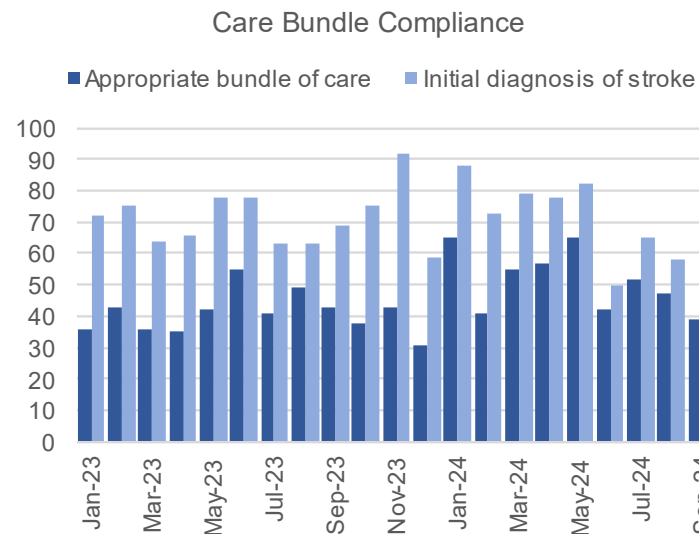
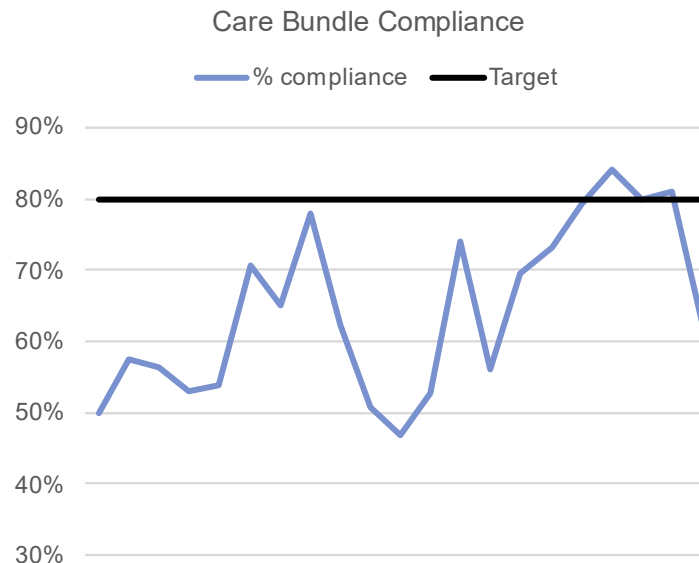
Performance for QE Sep-24 was 89.1% up from 88.9% previous QE Jun-24.

Achievements & Challenges

Delivering 100% compliance with swallow screening continues to be a challenge, although it has been identified that there is an issue with documentation of screening so the actual number of patients receiving their screening within 4 hours is likely to be higher than stated. Within acute receiving areas there has been a focus in training Healthcare Support Workers to complete the swallow screening to help improve compliance.

Admission to the stroke unit has also been historically variable and affected by the current requirement for MHDU post thrombolysis; work is ongoing to consider options to address this.

From December 2024 the Quarterly Stroke Standards Report will be reported to the Clinical Governance Oversight Group providing assurance and visibility of work ongoing to improve and develop the stroke service in NHS Fife.





Inpatient Falls

Reduce Inpatient Falls rate by 15% to **6.95** per 1,000 Occupied Bed Days compared to baseline (YE Sep-21)

7.91

28 ↓

Trajectory achieved as of Oct-24

Reduce Inpatient Falls with Harm rate by 10% to **1.44** per 1,000 Occupied Bed Days compared to baseline (YE Sep-21)

1.67

7 ↓

Trajectory achieved as of Oct-24

Data Analysis

In Oct-24, there were 223 Inpatient Falls in total: an average of 7.2 falls per day (more than month previous; slightly more than year previous; and 3rd consecutive monthly increase). This equates to a rate of 7.91 falls per 1,000 Occupied Bed Days (OBD): an increase on the 7.28 seen the month previous. Performance has therefore has not achieved the target of < 6.95 and is above the 24M average but remains within control limits.

The number of inpatient Falls 'with Harm' was 47 in Oct-24 (24-month average of 45). This equates to a rate of 1.67 falls per 1,000 OBD: the same as the month previous. Performance has therefore not achieved the target of < 1.44 and is above the 24M average but remains within control limits.

Average total rate was 1.48 for YE Oct-24 compared to 1.64 for YE Oct-23.

Acute Services saw an increase in All Falls rate compared to month previous (28 more falls, rate of 8.56); whereas HSCP saw a decrease in All Falls rate over the same period (6 fewer falls, rate of 7.27).

For QE Oct-24, Falls classified as 'Major/Extreme Harm' accounted for 3.9% of Falls with Harm, compared to 3.3% for QE May-24.

Achievements & Challenges

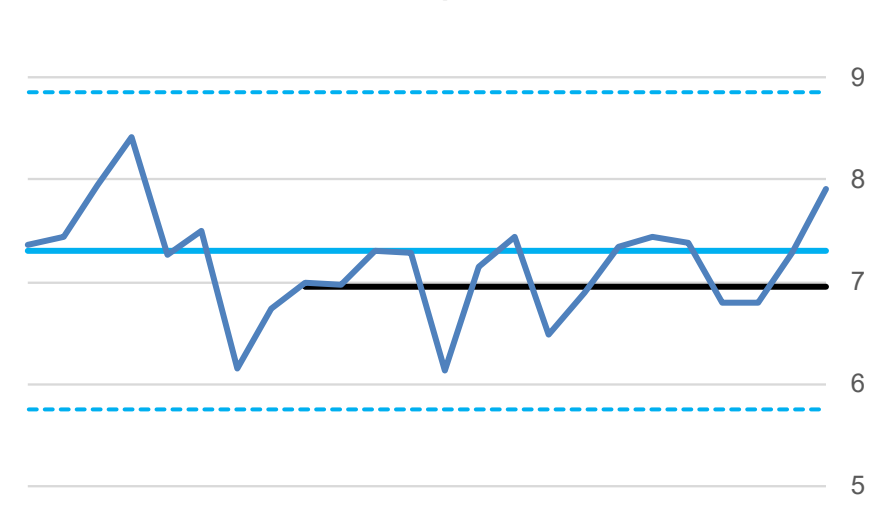
Falls Prevention

We continue to make progress in falls prevention, with collaboration across nursing and allied health professionals. The recent Fife Wide Link Practitioner meeting was very successful, with excellent attendance and engagement, demonstrating the commitment of staff to reducing falls.

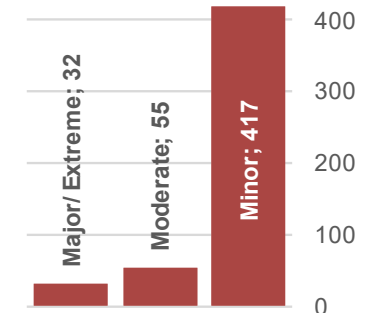
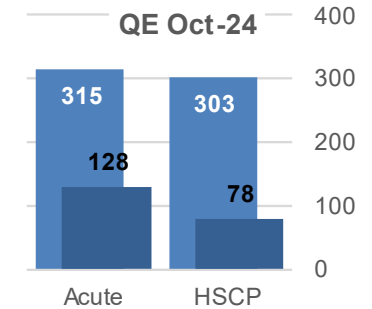
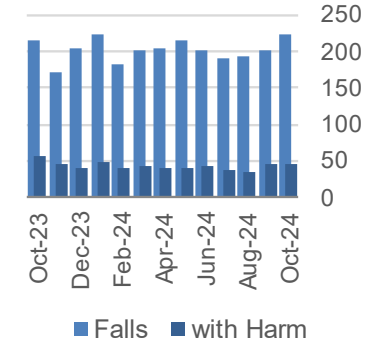
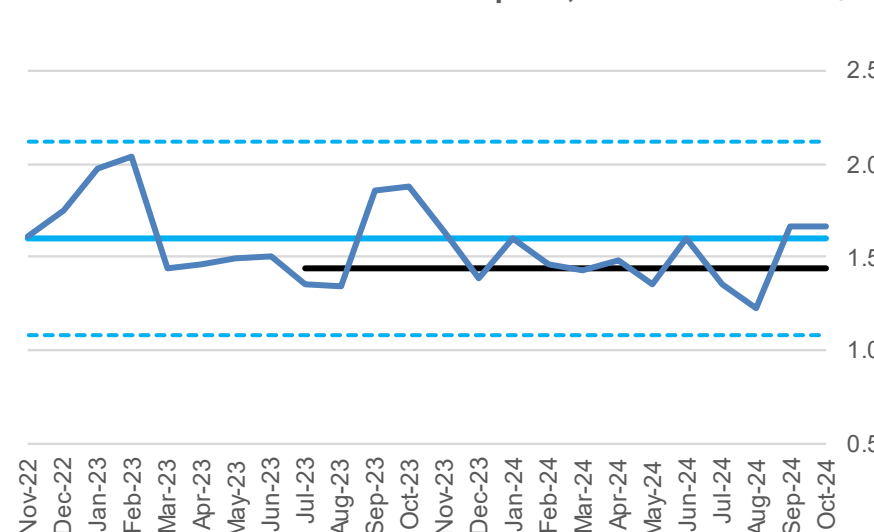
Current initiatives include:

- **Auditing and Compliance Reviews:** We are actively reviewing and auditing the falls documentation across Fife. The findings will guide further quality improvement work to enhance compliance and outcomes.
- **Innovative QI Project:** On Ward 54, we are trialling decaffeinated drinks to assess their impact on reducing falls, demonstrating a willingness to explore new evidence-informed approaches.
- **Review & Reporting:** New CCR review template being developed for Falls with harm.

All Falls Rate per 1,000 OBD



Falls with Harm Rate per 1,000 OBD



Data Analysis

The total number of Pressure Ulcers in Oct-24 was 29, an improvement on the month previous (38). This equates to a rate of 1.03 per 1,000 Occupied Bed Days (OBD). Four fewer incidents would have resulted in Performance for Oct-24 having reached the target of < 0.89 per OBD.

The number of pressure ulcers in Acute Services in Oct-24 was 23, 4 fewer than in Sep-24 (rate decreased from 2.01 to 1.66). For YE Oct-24, the average number of pressure ulcers was 29 (rate 2.11); whilst the average number in YE Oct-23 was 24 (rate 1.82).

In HSCP, the average number of pressure ulcers for YE Oct-24 was 7 (rate 0.50); whilst the average number in YE Oct-23 was 6 (rate 0.40).

Most pressure ulcers continue to be in Acute Services with 83 recorded in QE Oct-24; there were 23 recorded in HSCP in the same period. Of all Pressure Ulcers recorded in QE Oct-24, Grade 2 accounted for 40% of the total; with Grades 3 & 4 accounting for 8%.

Achievements & Challenges

Acute Services had 23 pressure ulcers in October '24, this was a reduction from 27 in September and improvement from 35 in October '23.

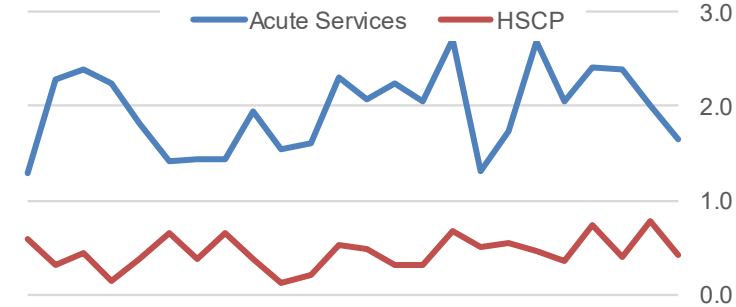
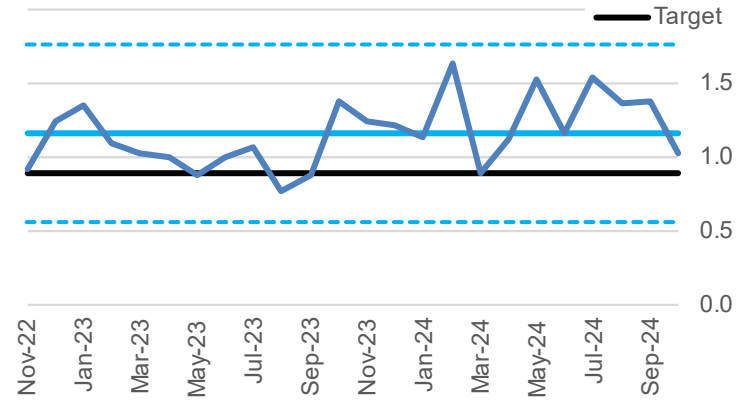
Focus remains on education and supporting TV Link Practitioner's to increase confidence in clinical areas with pressure ulcer identification and grading.

Acute TV team attended and presented at dedicated training/education day for Admissions Unit 1 staff –There was good attendance and engagement from staff.

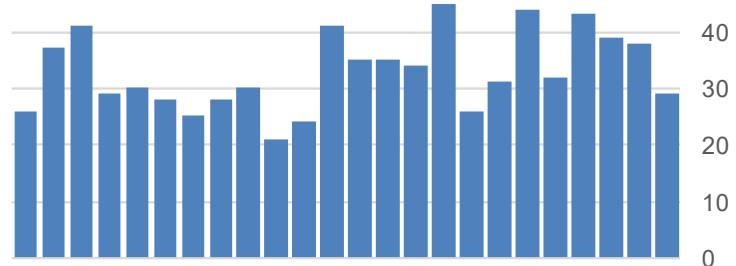
Within the HSCP there was an increase community acquired PU and a reduction in Hospital acquired PU for October 24, this still remains higher than October 2023 with an increase of 6 incidents overall. There has been targeted work within HSCP for areas with a higher incidence of pressure ulcer incidence, The tissue viability teams are linking with podiatry to deliver training to our inpatient areas.

HSCP and Acute TV services have delivered training to the Newly qualified practitioners as part of a welcome to Fife event, the teams continue to work together and deliver training.

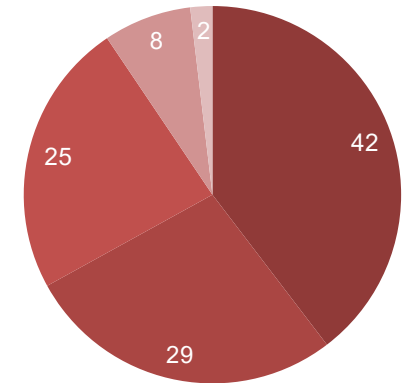
Pressure Ulcer Rate per 1,000 OBD



Pressure Ulcers

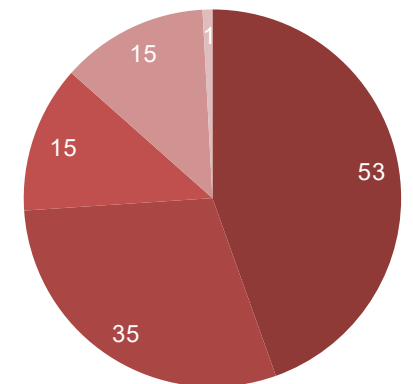


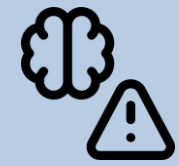
QE Oct-24 (106)



- Grade 2
- Suspected DTI
- Ungradeable
- Multiple
- Grades 3 & 4

QE Jul-24 (119)





Mental Health Quality Indicators

- Reduce **Ligature** Incidents (rate per 1,000 Occupied Bed Days) - 10% reduction by Mar-25
- Reduce incidents of **Self Harm** (rate per 1,000 Occupied Bed Days) - 10% reduction by Mar-25
- Reduce Incidents of **Restraint** (rate per 1,000 Occupied Bed Days) - 20% reduction by Mar-25
- Reduce Incidents of **Physical Violence** (rate per 1,000 Occupied Bed Days) – 20% reduction by Mar-25

1.74
1.57
8.52
9.57

Data Analysis

There were 255 incidents reported in relation to Mental Health wards in Oct-24, an increase from 246 previous month and remains above 24-month average of 256 per month. There were 10 Ligature incidents reported in Oct-24, with rate above 24-month average after for the 3rd month. The number of incidents of self-harm was 9 in Oct-24 with no change from previous month, rate above 24-month.

Rate of Restraint has increased to 8.52 per 1,000 Occupied Bed Days in Oct-24 (7.05 previous month), was below 24-month average in Jul-24 but above in every other month in 2024 apart from Jan-24. 55 incidents of Physical Violence were reported in Oct-24, with no change from month prior, equating to a rate of 9.57 per 1,000 Occupied Bed Days. Rate was below the 24-month average twice so far in 2024, Jan-24 and Jul-24.

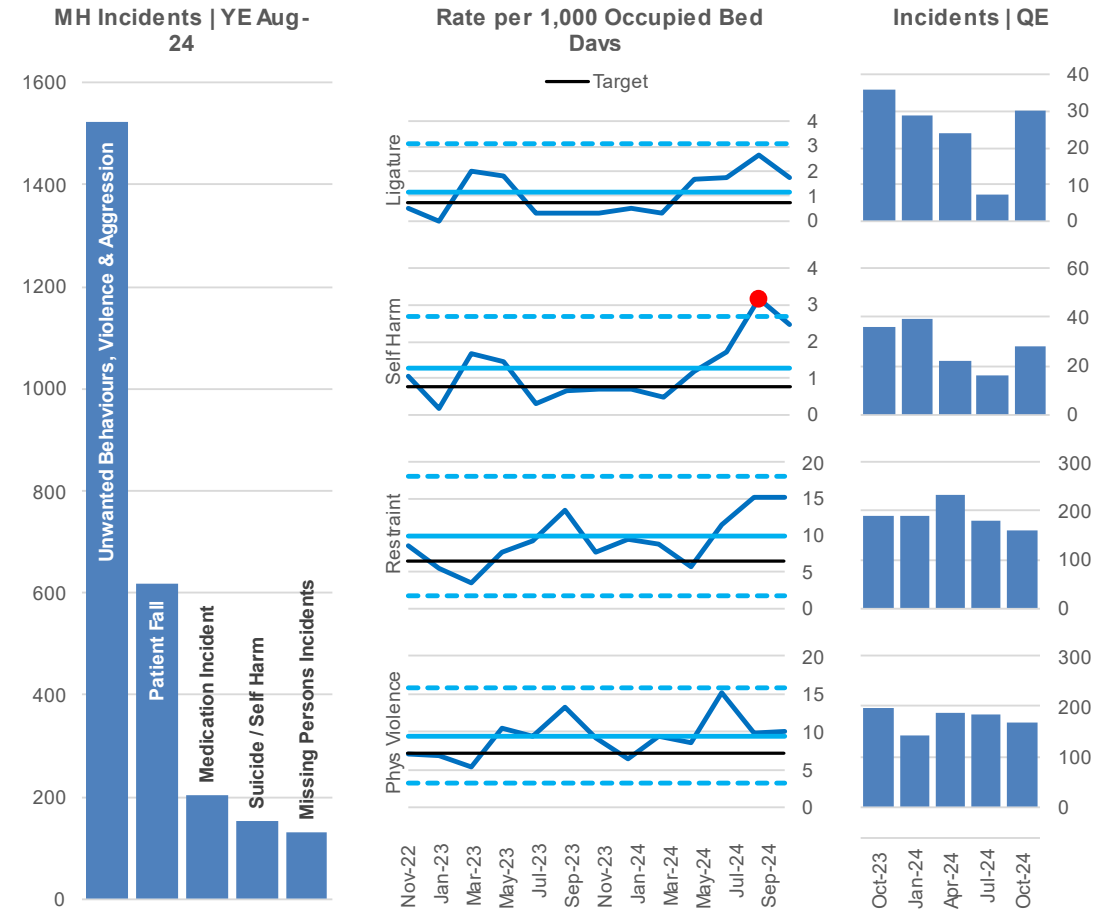
Achievements & Challenges

Work continues with W3 QMH development and decant of wards to provide an improved anti-ligature environment. Design of ward is being developed with clinical input and reporting to the ligature board. Whilst this work is ongoing all staff within inpatient areas remain vigilant for any ligature concerns and managing individual patients based on need and risk assessments.

The ligature operational group is up to date with all H&S Environmental Ligature Risk Assessments and mitigation plans and any appropriate escalations to ligature board. The Ligature policy for NHS Fife and Fife HSCP has been completed and approved at Fife Policy and Procedure group.

Incidents of self-harm have remained the same and overall remain low with no concentrated work on reducing self-harm. The risk of self-harm continues to be managed with all staff being vigilant and aware of individual need, risk and care planning.

Reducing Restrictive Practice Group (RRPG) has moved to a new focus around seclusion, Scottish Patient Safety Programme and observation and intervention Subgroups for each of these areas have been developed and looking to identify key strategies to progress on these workstreams.





Healthcare Associated Infections

CDI: Achieve and maintain rate of 6.5 per 100,000 Total Occupied Bed Days

17.0

4 ↓

infections to achieve target

ECB: Achieve and maintain rate of 33.0 per 100,000 Total Occupied Bed Days

47.5

5 ↓

infections to achieve target

SAB: Achieve and maintain rate of 18.8 per 100,000 Total Occupied Bed Days

10.2

Target achieved

The **CDI HAI/HCAI** rate increased to 17.0 in Oct-24. The cumulative total of HCAI infections for past 12 months (n=31) is lower than the same period previous year (n=39), The number of recurring infections has also decreased.

The Q3 ending Oct-24 shows 18 cases against previous Q2 of 17. The year ending Oct-24 showed an improvement of -2% in the number of cases.

There has been a significant rise in the number of CAI cases, resulting in ARHAI Scotland issuing NHS Fife with an 'Exception Report' for Q2 2024. Some of the resultant actions include raising awareness of the situation with GPs, healthcare managers and community pharmacists, advising GPs and community pharmacists to review Protein Pump Inhibitor medication and encouraging prudent use of antibiotics.

The **ECB HAI/HCAI** rate increased to 47.5 in Oct-24 with number of healthcare infections increasing from 12 in Sep-24 to 14 in Oct-24. The cumulative number of HCAI infections over last 12 months (n=149) is higher than the same period previous year (n=108).

Q3 ending Oct-24 shows 74 cases against previous Q2 of 73.

The year ending Oct-24 showed an increase of 20% in the number of cases.

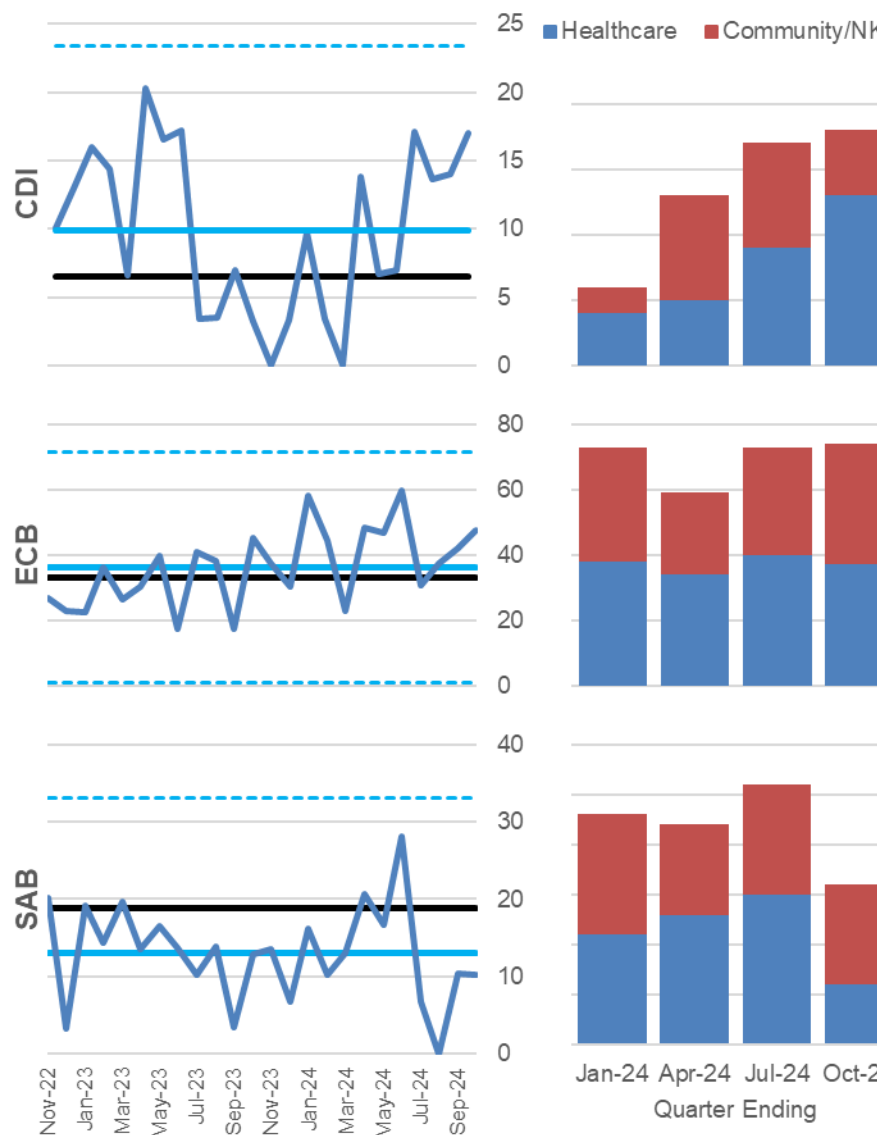
There has been a reduction in the number of CAUTI related infections (YE Oct-24, n=23), when compared to the previous year (YE Oct-23, n=27). Complex Care Reviews continue to be carried out on each CAUTI related case, and the findings are discussed at the monthly CCR meeting. The Urinary Catheter Improvement Group (UCIG) is next due to meet in Dec-24. The aim of this group is to establish improvement work to minimise catheter usage and enhance management around catheter care. Work is in progress (via the 'eCatheter bundle group') to create pathways for catheter insertion and maintenance systems for both the acute and HSCP, and for the bundles to be available on Patientrak.

The **SAB HAI/HCAI** rate was 10.2 in Oct-24. Of the 45 HCAI cases reported in the last 12 months, 13 have been categorised as 'Vascular Access Devices (VAD)' with 7 'Other' or 'Not Known' and 3 as 'Device Other Than VAD'. The cumulative number of HCAI cases in last 12 months (n=45) was lower than during the same timeframe the previous year (n=48).

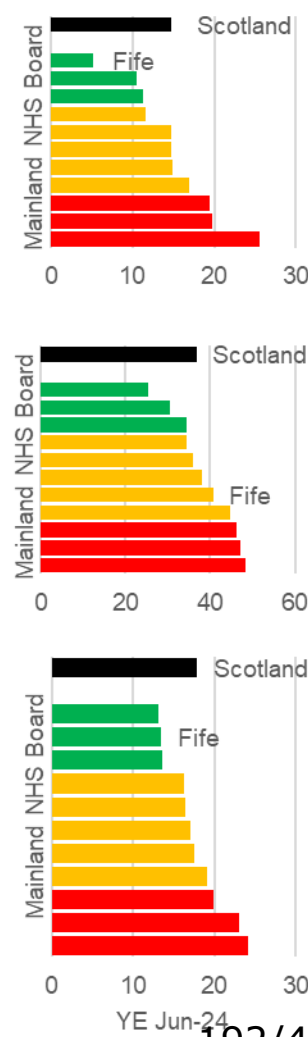
The Q3 ending Oct-24 shows 16 cases against previous Q2 of 26.

The year ending Oct-24 showed an improvement of -5% in the number of cases.

There has been an increase in the number of PVC related cases YE Oct-24 (n=5) compared to YE Oct-23, when there was just 1 case. A Complex Care Review is carried out for each case to ascertain any learning identified, which will influence future practice. However, it is encouraging to see that there have been less dialysis line related cases YE Oct-24 (n=5) than during the previous year (YE Oct-23, n=8).



Benchmarking



C1. Quality & Care



Complaints

At least 80% of Stage 1 complaints will be completed within 5 working days by March 2025

76.5%

1 ↑ closed on time to achieve target

At least 60% of Stage 2 complaints will be completed within 20 working days by March 2025

20.0%

1 ↑ closed on time to achieve trajectory

Data Analysis

There were 21 Stage 1 complaints received in Nov-24, with 17 closed. Of those closed, 13 (76.5%) were within timescales. 66.7% of 21 complaints that were due in the month, were closed on time.

There were 36 Stage 2 complaints received in Nov-24, 35 acknowledged within timescales, with 25 closed. 22.2% of 27 complaints that were due in the month, were closed on time.

There are currently 5 S2 complaints over 100 days: there are 2 outliers at 201 and 300 days. There are 15 S2 complaints between 50 and 100 days, with 26 (37.1%) awaiting action from the Service, 5 (7.1%) with PET. At the end of Nov-24, the average number of days to close S2 complaints was 44 days, the lowest it has been in 24/25.

The average response time for S2 Complaint responses has reduced to 39 days in Nov-24, the lowest this year. The performance for Stage 2 complaints has not met the target of 25% for the last 2 months.

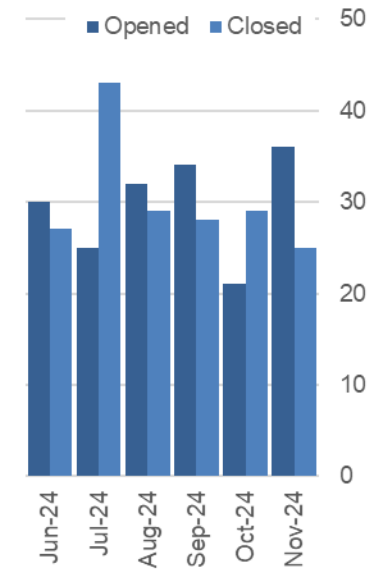
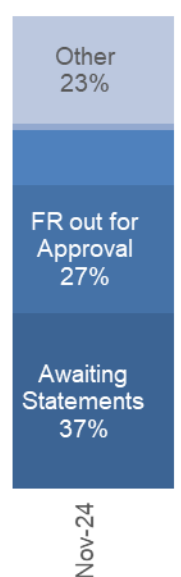
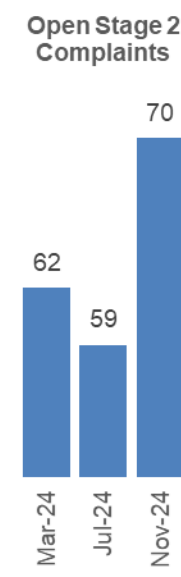
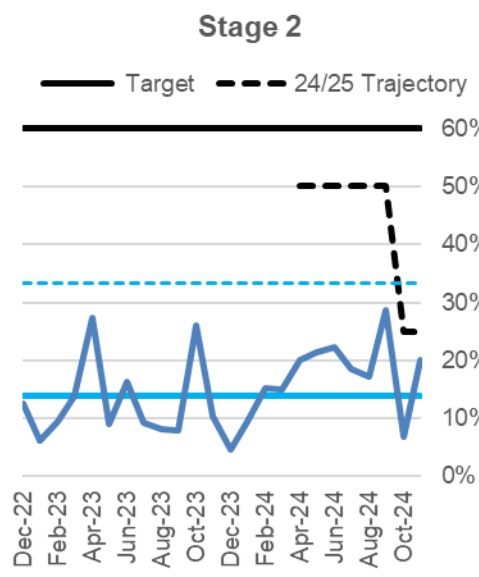
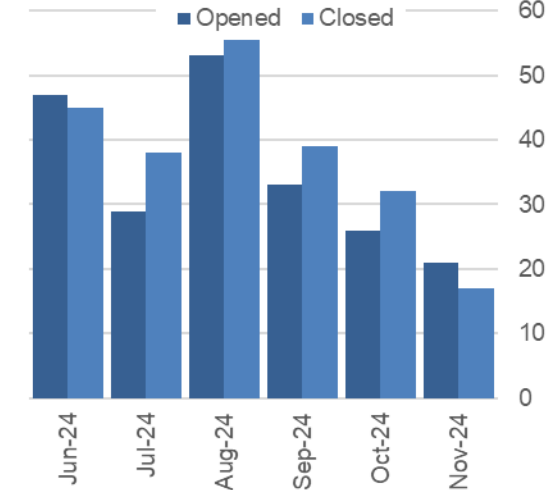
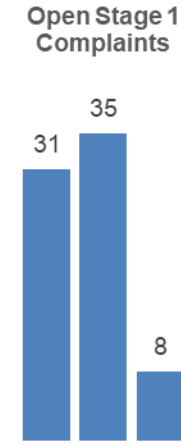
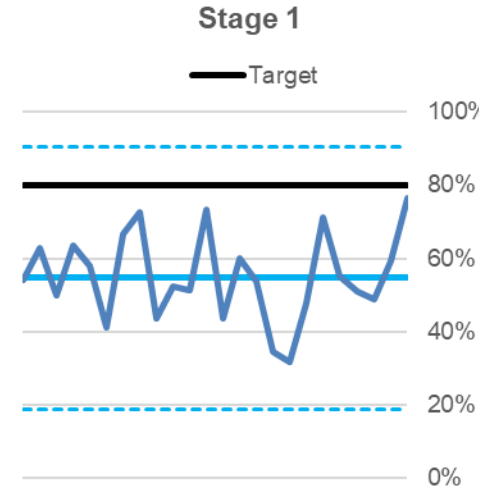
Achievements & Challenges

There has been a continued focus on reducing the number of Enquiries, Concerns and Stage 1 complaints. This has significantly improved over the last several months. In mid-October 2024, the re-introduction of escalating Stage 1 complaints to Stage 2 on days 6 & 11, has emphasised a focus on achieving verbal resolutions at the frontline, resulting in significantly improved response times. As this process continues to be embedded, we hope to see further improvement with the closure of Stage 1's on time. There was only 1 Stage 1 complaint in November 2024 that was over 11 days.

In terms of Stage 2 complaints, efforts are ongoing across all workstreams to address older complaints and reduce backlogs, as demonstrated by the data, with only 5 Stage 2 complaints over 100 days. One is out for comment and soon to be signed off, and the other is with the Chief Executive for sign off. The Patient Experience Team (PET) is currently focusing on completing Stage 2 drafts within 5 working days of receiving statements, facilitating timely complaint processing. Additional fields have been added to Datix to allow reporting and monitoring of these timescales which will allow further analysis of data, to implement improvements.

Starting in early 2025, the PET will participate in Care Assurance Walk Arounds, which will support the enhancing of the overall patient experience and create opportunities for learning. Additionally, the PET will be engaging and offering complaint training session in the new year and for the flying start programme. All training materials are currently under review and a training plan for 2025/26 is being developed. This will support staff in effective communication in complaint management and early resolution.

Although not meeting the Stage 2 target of 25%, as the longest complaints are being closed this is having a positive impact on the average response times for Stage 2 complaints, which is 39 days the lowest it has been in 24 months.



C2. Operational Performance

To improve the quality of health and care services

6 **4** 2 - -

◀ ▶ **Moderate**

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
4-Hour Emergency Access (A&E)	72.8%	Month Nov-24		95%	○	▼	▼		● Oct-24
4-Hour Emergency Access (ED)	64.5%	Month Nov-24	72%	75%	○	▼	▼		● Oct-24
Delayed Discharges (Standard) Acute/Comm	51.2	Month Nov-24	45	39	○	▲	▲		● Oct-24
Delayed Discharges (Standard) MH/LD	13.6	Month Nov-24	10	10	○	◆	◆		● Oct-24
Antenatal Access	91.2%	Quarter Sep-24		80%	●	▼	▼		● CY 2022
Cancer 31-Day DTT	94.3%	Month Oct-24	94%	95%	○	◆	▲		● QE Jun-24
Cancer 62-Day RTT	73.5%	Month Oct-24	85%	95%	○	◆	▼		● QE Jun-24
Patient TTG % <= 12 Weeks	43.5%	Month Oct-24	44%	100%	●	▼	▼		● QE Sep-24
Patient TTG waits > 52 weeks	678	Month Oct-24	645	0	●	▲	▼		●
New Outpatients % <= 12 Weeks	39.8%	Month Oct-24	35%	95%	●	◆	▼		● QE Sep-24
New Outpatients waits > 52 Weeks	5034	Month Oct-24	5631	0	●	▼	▼		●
Diagnostics % <= 6 Weeks	82.2%	Month Oct-24	30%	100%	●	▲	▲		● QE Sep-24
Diagnostics > 26 Weeks	57	Month Oct-24	0	0	●	▲	▲		●
Freedom of Information Requests	85.3%	Month Nov-24		85%	●	▼	▼		●

Finance

To deliver value and sustainability

6 **5** 1 - -

◀ ▶ **Moderate**

Revenue Resource Limit Performance	(£28.488m)	Month Nov-24			●	—	—		●
Capital Resource Limit Performance	£3.104m	Month Nov-24			●	—	—		●

Performance Key

meeting trajectory/target

within 5% of trajectory/target

out with 5% of trajectory/target

SPC Key

○ Within control limits

○ Special cause variation, out with control limits

● No SPC applied

Change Key

▲ "Better" than comparator period

◆ No Change

▼ "Worse" than comparator period

Benchmarking Key

● Upper Quartile

● Mid Range

● Lower Quartile



Emergency Access

National Standard: 95% of patients to wait less than 4 hours in A&E (Emergency Department or Minor Injuries Unit) from arrival to admission, discharge or transfer

Local Target: 72% of Emergency Department patients to wait less than 4 hours from arrival to admission, discharge or transfer by March 2025

72.8%

64.5%

1,582 ↑ within 4 hours to achieve Standard

409 ↑ within 4 hours to achieve trajectory

Data Analysis

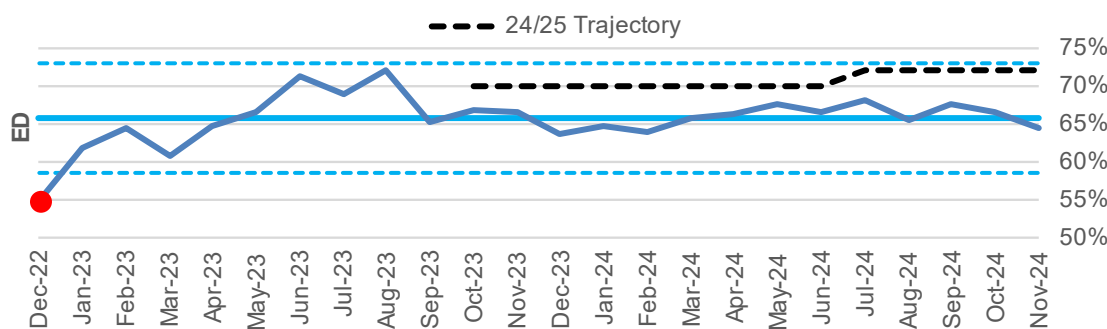
For A&E (Emergency Department and Minor Injury Units), performance in Nov-24 was 72.8%, below National Standard, a decrease from month prior and a decrease on year previous (74.1%). ED performance decreased to 64.5%, which is below the local ME trajectory of 72%. There were 7,123 unplanned attendances in Nov-24, equivalent to 237 per day: this is the lowest daily figure since Jan-24; and is similar to Nov-23 (232). There were also 481 planned attendances, with 57% of these occurring at MIUs. There were 493 8-hour breaches recorded in Nov-24 (+9% on month prior; +30% on year prior) and 141 with a wait longer than 12 hours (twice as many as Nov-23). Breach reasons 'Wait for Bed' accounted for 39% of all breaches and 'Wait for 1st Assessment' accounted for 32% (both increases on month prior). The most recent publication from Public Health Scotland, for month of Oct-24, shows that NHS Fife continues to be in the mid-range of all Mainland Health Boards and above the Scottish averages for A&E (+7.7%) and ED (+3.6%).

Achievements & Challenges

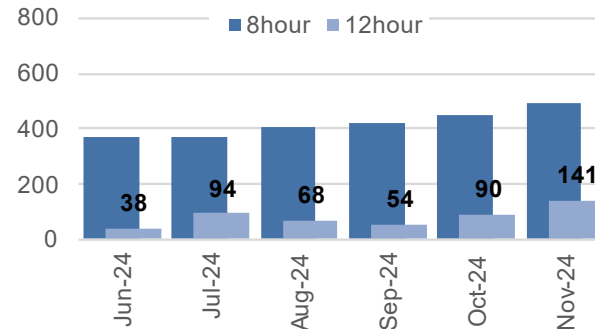
Attendance has remained high with 7695 unplanned attendances in October and 7123 in November, slightly decreased from the peak in May of 8591 (highest unplanned attendance rate recorded) but remained higher than last year. 8-hour breaches have increased to 493 in November and 12-hour breaches have also increased to 141 in November, reflective of site pressures. Staffing models reviewed within ED, ensuring senior clinical decision maker presence; successful appointment of a dedicated ED CNM continues to ensure appropriate leadership and support. Continued focus on Right Care, Right Place, as we approach the challenges of winter. Review of front door assessment areas is ongoing, with a view to implementation of an SDEC model as part of the wider VHK reimagining work within RTP. We are utilising Call Before you Convey and have additional Consultant cover to support ANP decision making in Flow & Navigation, during afternoons when GP demand is higher and to support flow.

C2. Operational Performance

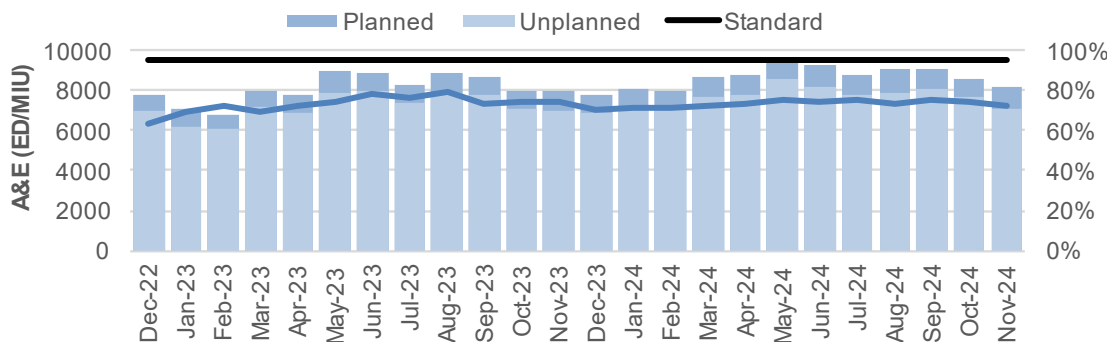
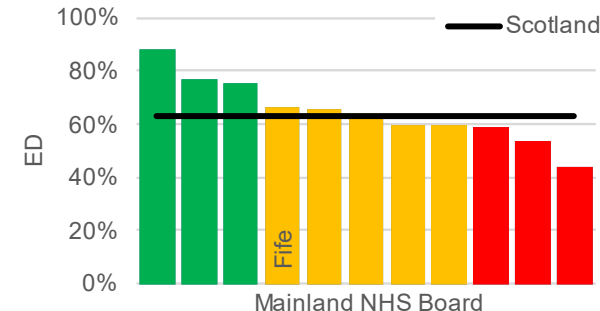
Emergency Access 4-hour Performance



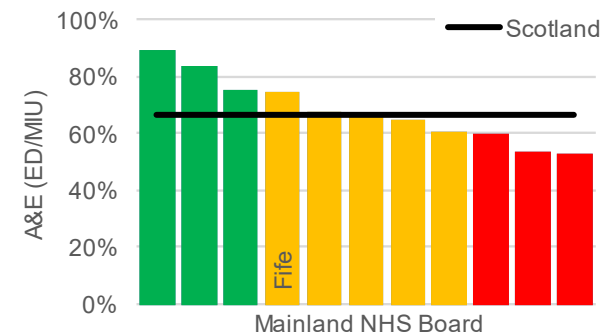
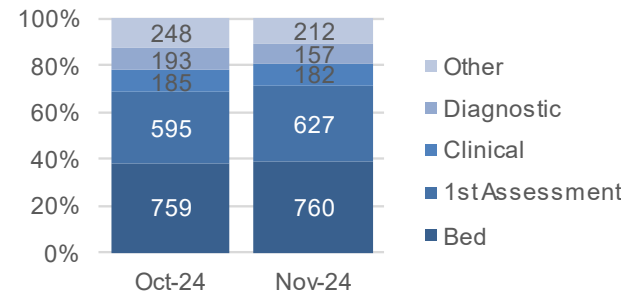
Breaches

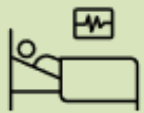


Benchmarking | Oct-24



Breach Reasons





Delayed Discharges

Reduce average number of Bed Days Lost (BDL) per day due to people in delay (excluding Code 9) within **Acute and Community** settings to 39 by March 2025

51.2

6.2 ↓

beds occupied to achieve trajectory

Reduce average number of Bed Days Lost (BDL) per day due to people in delay (excluding Code 9) within **Mental Health** settings to 10 by March 2025

13.6

3.6 ↓

beds occupied to achieve trajectory

Data Analysis

Bed Days lost to **'Standard' delays**: in Acute & Community, the average daily number decreased to 51.2 in Nov-24 (from 60.0 in Oct-24) with 96% of these delays being attributable to Community. This is above the local trajectory of 45 (which increased in Oct-24) though remains within control limits. In MH/LD services, the average daily number decreased to 13.6 in Nov-24 (from 14.3 in Oct-24). This is above the monthly target of 10 but remains within control limits.

Bed Days lost to **'Code 9' delays**: in Acute & Community, the average daily number remained at 27.7 (as it was in Oct-24). At Nov-24 Census, there were 81 patients in delay (48 Standard delays; 33 Code 9 delays), a decrease from 96 seen in Oct-24. For MH/LD services, the average daily number in Nov-24 was 18 (an increase of 7 since Sep-24). The most recent monthly publication from Public Health Scotland, for data up to end of Oct-24, shows that NHS Fife remains in the top 50% for All Standard Delays at Census by Local Authority of Residence (per 100,000 Population aged 18+) with 28 delays for Fife against a Scottish average of 34.

Achievements & Challenges

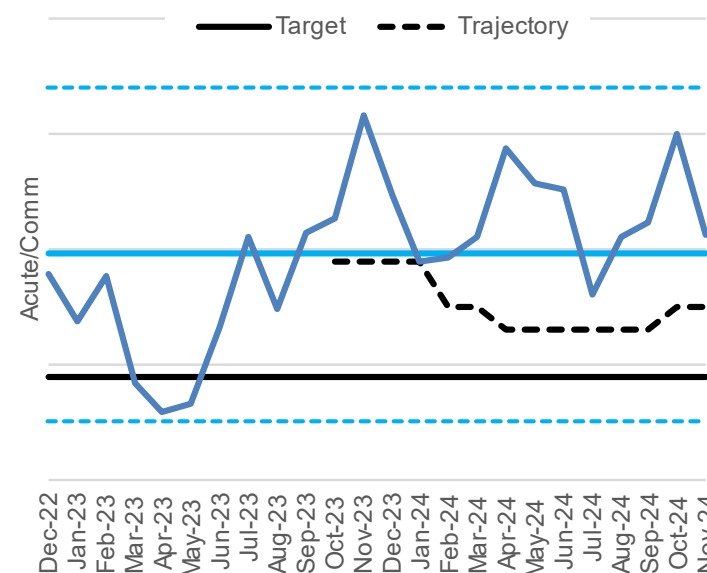
There has been significant progress in reducing Bed Days Lost (BDL) associated with standard delays, with a decrease from 60.0 in October 2024 to 51.2 in November. This positive trend indicating we are still on track to achieve the target of 39 by March 2025.

However, this will be closely monitored over the coming months due the fact that several significant challenges continue to impact on flow. We anticipate the Health and Social Care system will continue to be under pressures, with a high volume of emergency attendances, which strains capacity and resources. This includes anticipated rise in winter infection outbreaks—such as respiratory and gastrointestinal illnesses—which will result in the temporary closure of wards. Compounding these issues is the presence of a large number of patients with complex needs who require Guardianship process, which adds further complexity to patient management.

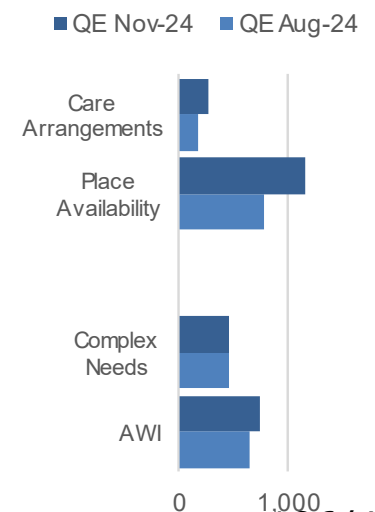
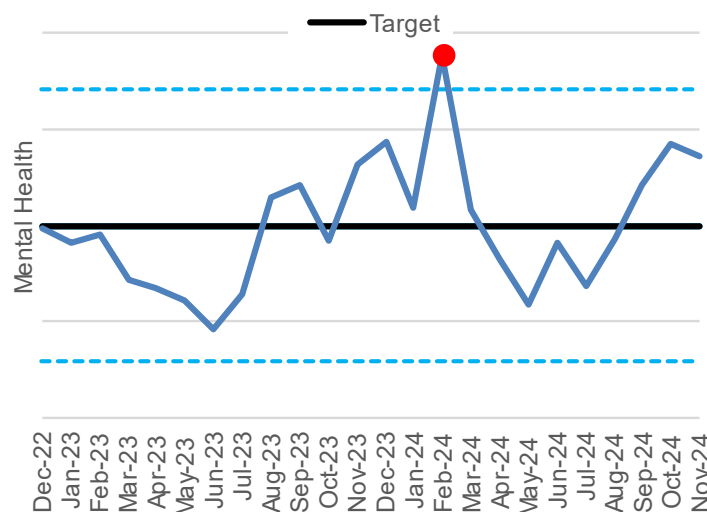
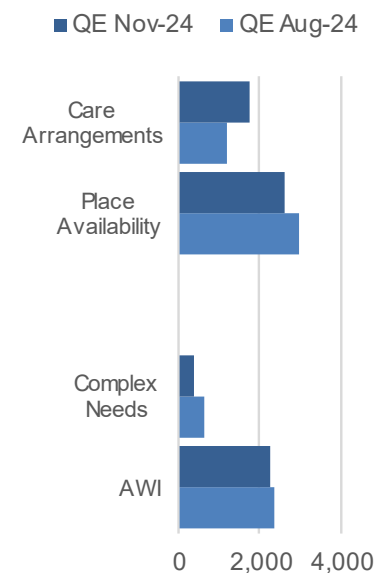
Despite these challenges, we have maintained a strong discharge profile, even amidst a significant increase in referrals across both social care and social work sectors. Efforts to streamline care pathways have been effective in reducing unnecessary hospital stays, leading to a greater number of patients being discharged in alignment with their Patient Day of Discharge (PDDS). Moreover, standard delays are being managed within an improvement trajectory, and the continuous collaboration with the Red Cross has enabled the establishment of alternative pathways for assessment beds.

The Day of Care audit was recently undertaken to provide a comprehensive assessment of key markers aligned to the mental health inpatient population, including delayed discharge which will be analysed alongside existing data and collation processes. Challenges continue to exist in sourcing appropriate packages of care and environments to support discharge due to the complexity of needs for individuals across the mental health and learning disabilities services and the limited financial resources. Daily engagement is coordinated between the MH/LD Discharge Coordinator (DC) and senior ward staff. Monthly multi-agency review groups are in place to consider Complex Delays, DSR and the Guardianship process alongside weekly multi-disciplinary, solution focused, verification/flow meetings.

Bed Days Lost per Day



Total Bed Days Lost





Cancer Waiting Times

In 2024/25 94.5% of all patients should wait no more than 31 days from decision to treat to first cancer treatment (**National Standard 95%**)

94.3%

Trajectory achieved as of Oct-24

In 2024/25 85.4% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral (**National Standard 95%**)

73.5%

8

Treated to meet Standard

Data Analysis

31 day - Monthly performance decreased from 94.7% in Sep-24 to 94.3% in Oct-24, remaining on trajectory of 94%. Eligible referrals decreased from 131 to 106. There were 6 breaches all within Urology (1 other, 1 Bladder and 4 Prostate).

Benchmarking QE Jun-24 showed that Fife was in the mid-range of all NHS Boards at 95.9% above Scotland rate of 95.5%.

62 day - Monthly performance increased from 71.4% in Sep to 73.5% in Oct-24 this remains below local trajectory of 85.0%. Eligible referrals decreased from 91 to 68. There were 18 breaches 12 of which were within Urology (11 Prostate) the other breaches were 2 Colorectal, 1 Head & Neck, 1 Ovarian and 1 Upper GI.

Benchmarking QE Jun-24 showed that Fife was in the mid-range of all NHS Boards at 73.1% below Scotland rate of 73.2%.

Achievements & Challenges

31 - day All 6 breaches were surgical and dependant on theatre and surgeon capacity. Robotic surgery capacity remains an issue.

Range for breaches 7 - 117 days with an average of 45 days (an increase from 38 days in August but remains a decrease from 54 days in May).

62 day - Urgent suspected cancer referrals remain stubbornly high, particularly in Breast, Colorectal, Lung and Urology. Urology remains our biggest performance challenge with 11 prostate breaches. Lack of capacity for transperineal biopsy and post MDT appointments for both Urology and Oncology are causing significant delays throughout the pathway. Work is ongoing Nationally to look at Board capacity for Robotic Prostatectomy to attempt to reduce waits.

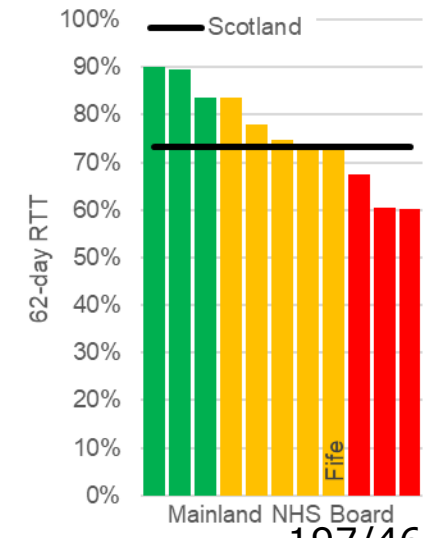
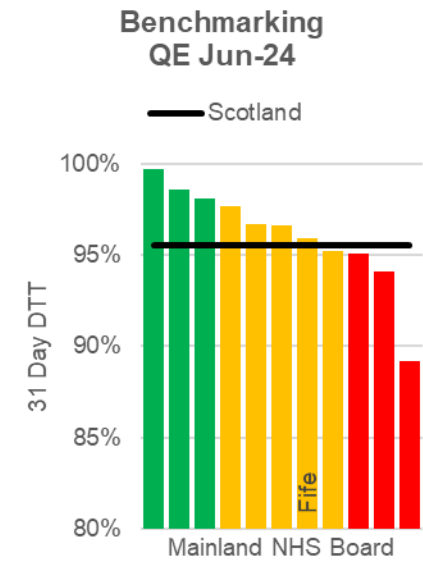
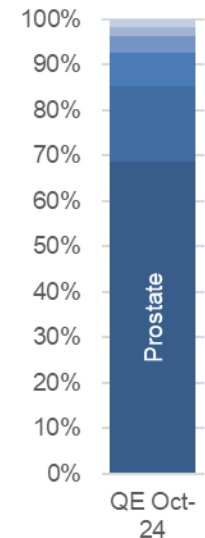
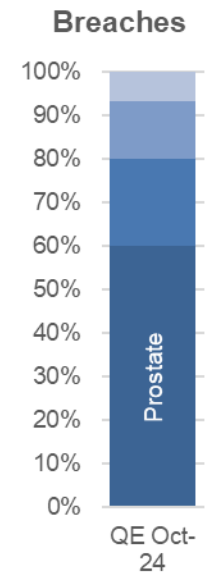
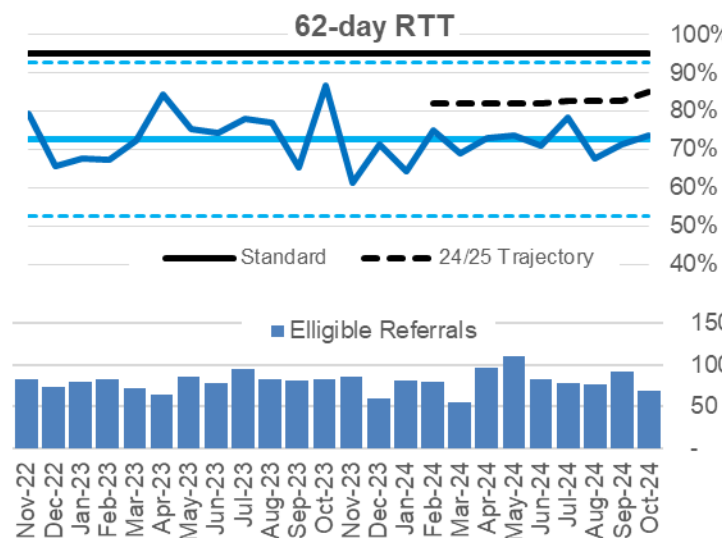
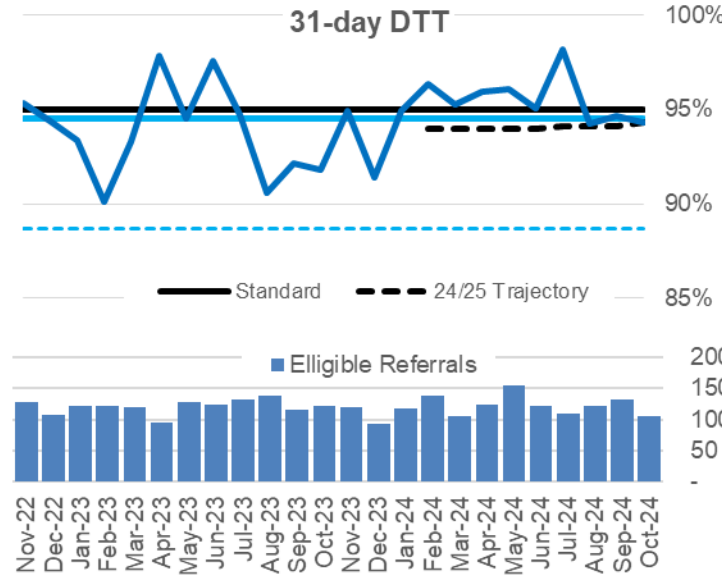
Prostate breach range: 4 - 177 days, average 75 days (a significant increase from 45 days in May and 55 days in August).

A further 7 breaches were seen; 1 Cervical, 2 Colorectal, 1 Head & Neck, 1 Ovarian, 1 Urology Other and 1 Upper GI. Breast and Colorectal were affected by staffing issues over the summer period, and Head and Neck and Cervical breaches were due to lack of resources for synchronous chemoradiotherapy and diagnostic biopsy respectively.

Range for all breaches: 4 - 177 days, average of 53 days (an increase from 48 days in August but still a significant reduction from 115 days in December 2023).

New channelled endoscopes plan to aid the H&N pathway and improve waits for cancer patients.

★ Lung CNS Best Supportive Care clinic is running and working well.



C2. Operational Performance



Treatment Time Guarantee

In 2024/25, 44% of patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat (**National Standard 100%**)

Reduce the number of patients waiting 52 weeks or more for first outpatient appointment

43.5%

678

7 ↑

33 ↓

Waits to meet Target

Waits to meet Target

Data Analysis

Monthly performance decreased to 43.5% in Oct-24, with 41.0% of ongoing waits within 12 weeks, which is the same as previous month. Waiting list numbers for waits of 'over 12 week' increased to 4811 in Oct-24. Waits 'over 26 weeks' decreased to 2619, waits 'over 52 weeks' decreased to 678. The majority of over 52 weeks lie within Orthopaedic (323), Urology (128) and Ophthalmology (201) the latter having increased from 178 month previous.

Waits 'over 104 weeks' decreased to 21 above projected figure (20), most are within Orthopaedic (12).

Benchmarking for the QE Sep-24 shows NHS Fife to be in the mid-range of all mainland boards for completed waits, below Scotland average, but in upper-range for ongoing waits, above Scottish average.

Achievements & Challenges

Against the projections for 24/25 we delivered 103% of projected activity. Performance in October '24 fell slightly short of the 44% target, however actual activity for the month was 117 cases higher than previous month and 284 cases higher than projected activity.

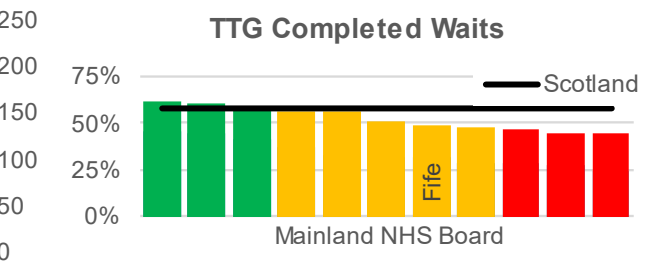
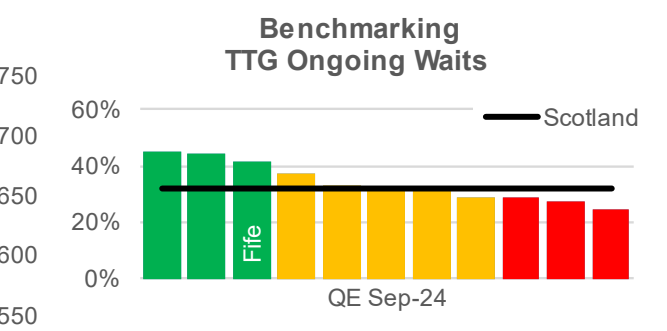
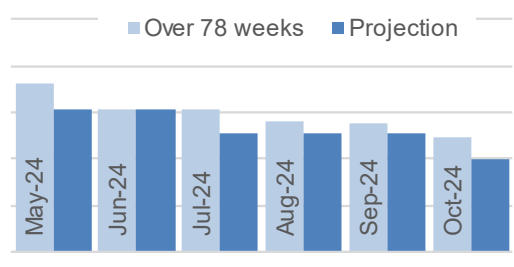
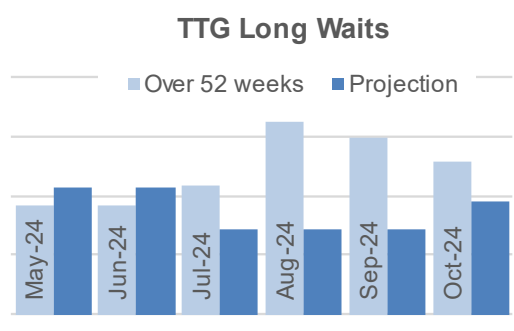
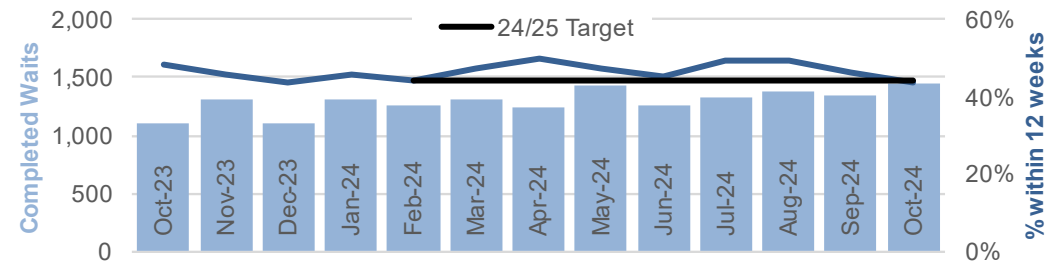
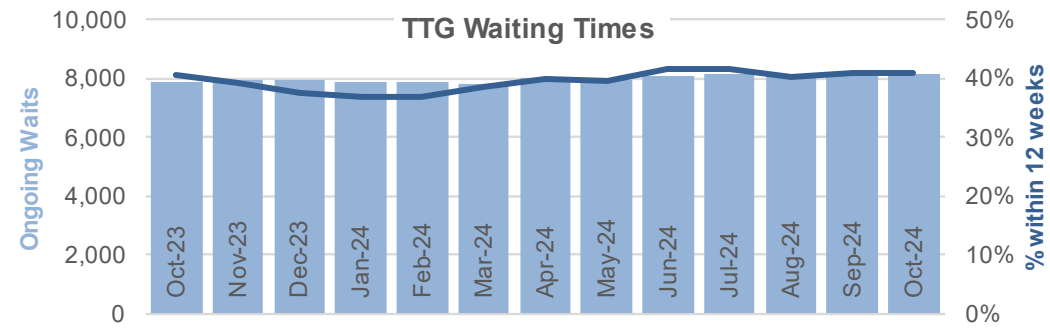
There has been a successful outcome to the ongoing urogynaecological long waits following clinical pathway review.

Orthopaedic surgery waits over 104 weeks are all NHS Lothian patients, however, numbers are reducing in line with trajectories set against NTC additional funding.

We anticipate a reduction in urology numbers in the coming months as service redesign will optimise current provision, whilst prioritising Urgent Suspicion of Cancer referrals.

Ophthalmology remains a concern as the GJNH pathway remains a challenge and capacity within the cataract service is limited having utilised all of the allocated additional waiting times funding for this speciality.

C2. Operational Performance





New Outpatients

In 2024/25, 35% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment (**National Standard 95%**)

Reduce the number of patients waiting 52 weeks or more for first outpatient appointment

39.8%

5034

Trajectory achieved as of Oct-24

Trajectory achieved as of Oct-24

Data Analysis

Monthly performance decreased to 39.8% in Oct-24. The overall waiting list decreased to 32,806 patients in Oct-24 with waits over 12 weeks decreasing to 19,439.

Waits for 26, 52, 78 and 104 weeks all increased 11854, 5034,1071,105 respectively). Waits over 78 weeks increased from 857 to 1,071.

ENT over 78 weeks saw the largest increase of 200% from 69 to 207. The largest number of over 78 weeks waits are in Neurology (230) & ENT (207).

Benchmarking for the QE Sep-24 shows NHS Fife to be mid-range of all mainland boards with a performance of 39.4%, above the Scotland average of 39.0%

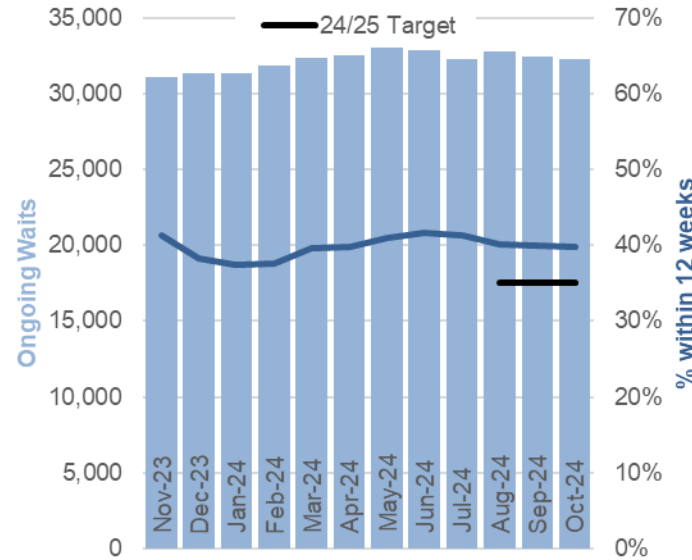
Achievements & Challenges

Against the projections for 2024/25, in October we delivered 99.2% of projected capacity. Demand was as expected, however there still remains a gap between capacity and demand of approximately 500 appointments for October. The biggest gaps remain in ENT, Ophthalmology and Orthopaedics. The ENT position is anticipated to improve on commencement of a specialty doctor in December, but referral remain high despite full engagement with ACRT and PIR programmes.

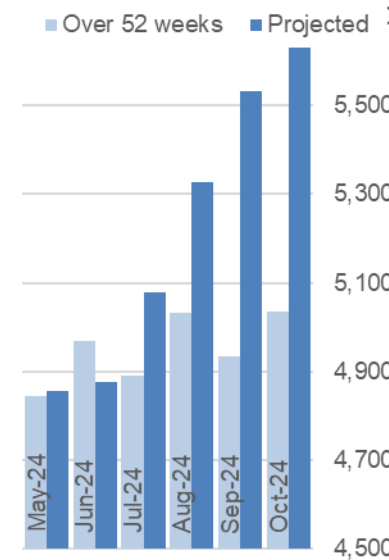
Overall list size is ahead of trajectory with 105 patients waiting over 104 weeks, however, 60% of referrals are waiting over 12 weeks. Actual activity in October was 101% of projected.

Waiting times continue to be monitored weekly with focussed work continuing to validate lists and continual use of ACRT. Focus continues to be on urgent suspicion of cancer and urgent patients. We continue to engage with National Elective Co-ordination Unit (NECU) and CfSD to implement any additional improvements to manage referrals.

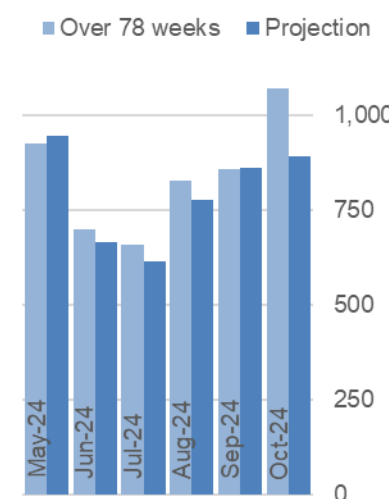
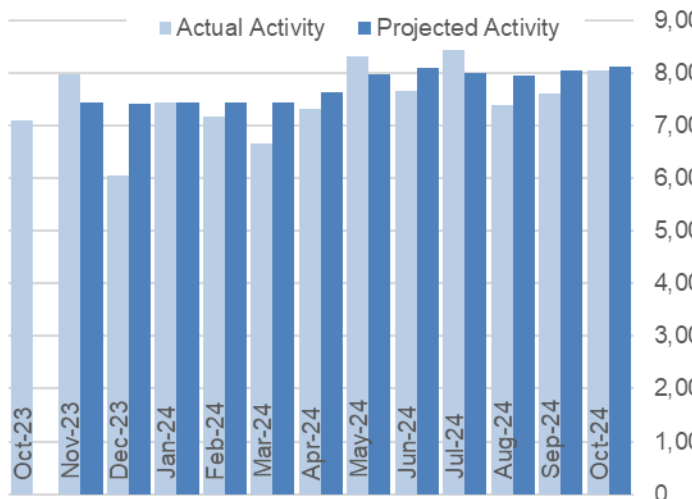
New Outpatient Waiting Times



New OP Long Waits



Benchmarking



C2. Operational Performance



Diagnostics

By Mar-25, 30% of patients to wait no longer than 6 weeks from referral to key diagnostic test (**National Standard** 100%)

Reduce the number of patients waiting 26 weeks or more for diagnostic appointment

82.2%

57

Trajectory achieved as of Oct-24

57 ↓ Waiting over 26 weeks to achieve trajectory

Data Analysis

Monthly performance increased from 78.4% in Sep-24 to 82.2% in Oct-24, remaining above local trajectory of 30%. Scope performance increased from 57.8% in Sep-24 to 61.0% in Oct-24 with Imaging increasing from 81.2% to 85.1%.

In terms of waiting list numbers, this decreased to 4,699. Scope list decreased from 598 to 588.

The number waiting over 6 weeks decreased to 838, above projection of 522, there was decrease in waits over 26 weeks (71 - 54). There is 1 patient waiting over 52 weeks.

Benchmarking for the QE Jun-24 shows NHS Fife to be in the mid-range of all mainland boards with a performance of 62.8%, above the Scotland average of 50.0%.

Achievements & Challenges

Urgent Referrals: The focus on urgent referrals remains strong, with all three imaging modalities consistently meeting turnaround targets despite a high volume of urgent cases.

Ultrasound: Routine waiting times have decreased significantly to 11 weeks. 75% of patients are seen within six weeks. Contributing factors include locum activity, an increased scanner footprint, and improvements in the booking process. Withdrawal of SG waiting time funding is being mitigated by prioritising activity against other funding streams to maintain current position.

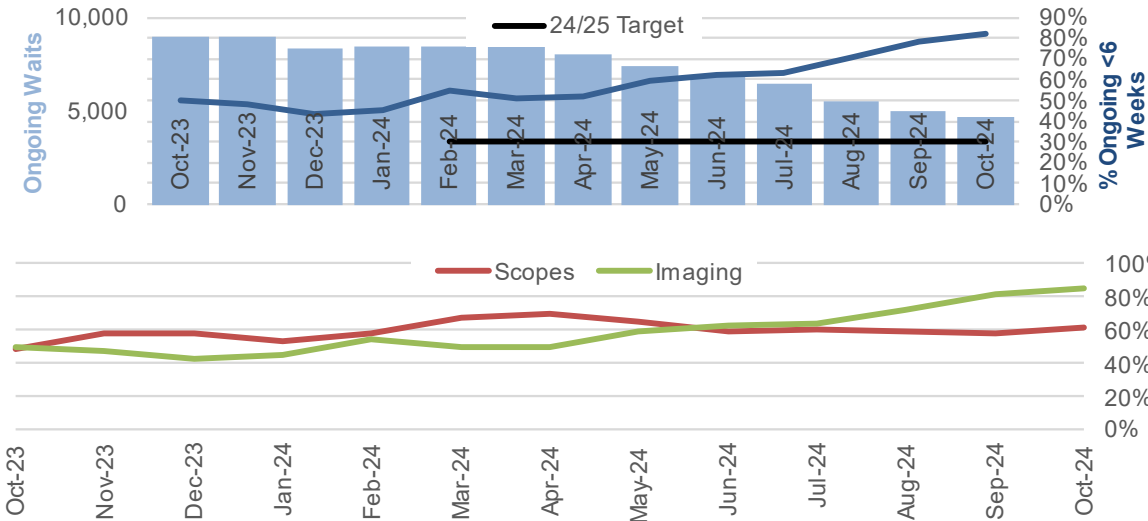
CT: In-house additional activity, supplemented by quarterly mobile scanner visits, has maintained CT waiting times within target, with 100% of requests completed within six weeks. Additional SG-funded activity has been confirmed for the rest of the year.

MRI: MRI services continue to be supported by SG-funded mobile scanners, achieving 100% of requests completed within six weeks. Funding has been approved for "deep resolve" software improvements, which should reduce reliance on expensive mobile scanners.

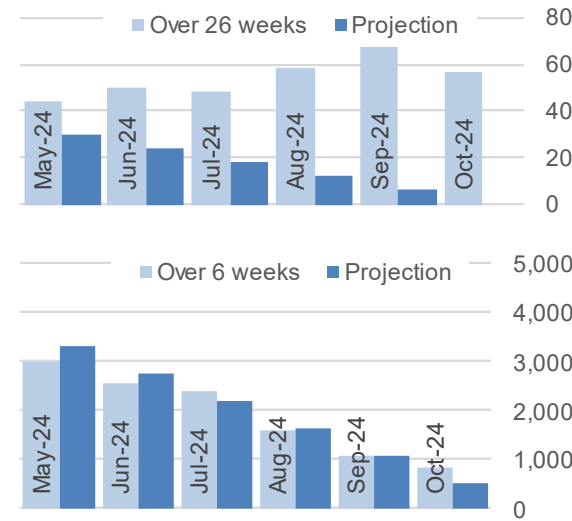
Overall new patient list size at its lowest level since Nov 2023 mainly due to reduction in Ultrasound (5950 to 2430).

Upper Endoscopy waits have improved significantly over the past month with all other diagnostics maintaining their position. Clinical validation remains a regular task to ensure the longer waiting patients do not come to harm. Pre assessment continues and has reduced the DNA rate to 1%.

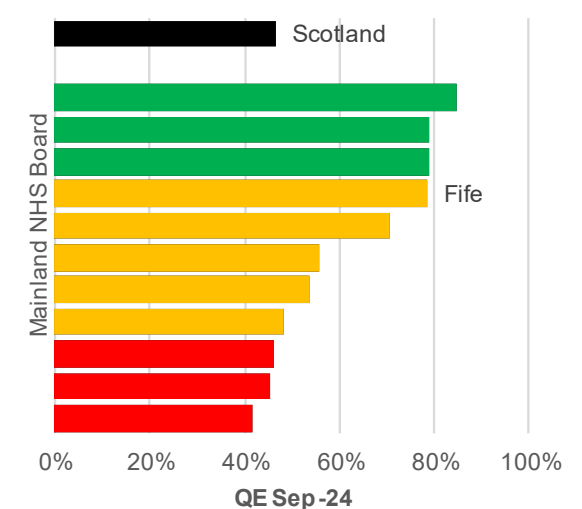
Diagnostic Waiting Times



Diagnostic Long Waits



Benchmarking





Expenditure

Revenue: Work within the revenue resource limits set by the SG Health & Social Care Directorates

Capital: Work within the capital resource limits set by the SG Health & Social Care Directorates

£28.488m

overspend at M8

£3.104m

actual spend to M8

TABLE 1A	Annual Budget	YTD Budget	YTD Spend	YTD Variance
Budget Area	£'000	£'000	£'000	£'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services	307,542	209,006	219,188	-10,182
IJB Non-Delegated	10,144	7,000	6,554	446
Non-Fife & Other Healthcare Providers	99,406	66,459	70,634	-4,175
Non Clinical Services				
Estates & Facilities	98,781	64,100	64,047	53
Board Admin & Other Services	97,583	66,061	65,290	771
Other				
Financial Flexibility	35,614		-59	59
Income	-38,926	-25,688	-26,218	530
TOTAL HEALTH BOARD RETAINED SERVICES	610,144	386,938	399,436	-12,498
Health & Social Care Partnership				
Fife H & SCP	438,600	292,732	308,722	-15,990
TOTAL HEALTH DELEGATED SERVICES	438,600	292,732	308,722	-15,990
TOTAL	1,048,744	679,670	708,158	-28,488

Capital Budget 2024/25	CRL New Funding £'000	Total Expenditure to Date £'000	Projected Expenditure £'000
Statutory Compliance	2,442	1,239	2,442
RTP Clinical Prioritisation Contingency	833	408	833
Capital Equipment	1,074	254	1,074
Digital & Information	1,847	623	1,847
Mental Health Estate	1,000		1,000
Capital Staffing Costs	368	248	368
Capital Repayment	200		200
Anticipated Funding - HEPMA	723		723
Anticipated Funding - Medical Education	944	332	944
Anticipated Funding - MRI upgrades	192	0	192
Anticipated capital to revenue transfer	-250	0	-250
Capital Repayment	-200	0	-200
Total confirmed CRL	9,173	3,104	9,173

Review of Financial Performance & Reporting

Revenue Budget

The overall opening financial gap reduced from £54.750m to £51.350m in July 2024 as a consequence of allocation increases notified since the financial plan was approved by the NHS Fife Board in March 2024. There is a reasonable level of confidence we will achieve £23.5m of the 3% efficiency target and a further push is now on to bridge the £1.5m gap in projected delivery in the final months of the year.

At the end of November 2024, the level of overspend on health board retained is tracking in line with the original planned residual deficit. This is supported by our forecast outturn and indicates we are on target to deliver an improved position on the forecast outturn identified in our 2023/25 financial plan. This improvement is however limited to the health board retained budget position. Whilst the run rate overspend is improving, further sustained improvement is necessary in the remaining months of the financial year to move as close to a break-even position as possible.

The IJB health delegated position has deteriorated significantly in-year and is a major cause of concern. We continue to discuss this significant risk and variation from plan with the IJB and Fife Council. A recovery plan developed by the IJB Chief Finance Officer was approved at the extraordinary meeting of the IJB in October 2024. Since that approval the IJB reported forecast has deteriorated further which presents a significant additional challenge to the overall NHS Fife board forecast position. The level of the level of overspend reported at the end of November 2024 is tracking at 94% of the full year forecast outturn which signals that run rate must be contained and savings targets must deliver to align outturn to forecast.


The forecast position reported is £37.057m overspend and is unchanged from the October position. The increase to the IJB risk-share forecast being offset by an improvement in the health board retained forecast position. The level of IJB overspend is materially impacting on our ability to reduce the overall forecast Board level deficit. If the IJB can improve their forecast position by evidencing the delivery of the recovery plan and other savings the forecast level would reduce.

Capital Budget

Capital expenditure for the 8 months of the financial year due is £3.104m. The Capital Resource Limit (CRL) is £7.764m as adjusted for anticipated allocations for: HEPMA; Medical Education; and MRI upgrades totalling £1.859m; along with capital to revenue funding transfer of £0.250m; and capital repayment of £0.2m resulting in a total budget of £9.173m. The majority of spend to date relates to the refurbishment works for ward 6 at VHK along with the former short stay surgical unit, HEPMA and the Medical Education works. As we move through the remainder of the financial year, capital spend will increase significantly and at this time no risks are anticipated to delivery of the capital resource limit.



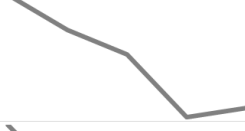


The Financial Performance Report to end of November 2024 sets out the financial position in more detail and is considered separately by the EDG, Finance, Performance & Resources Committee and the NHS Fife Board.

C3. Workforce


To improve staff experience and wellbeing
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Moderate

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
Sickness Absence	7.36%	Month Oct-24	7.0%	6.5%	○	▼	◆		● YE Oct-24
Personal Development Plan & Review (PDPR)	43.1%	Month Nov-24	52.5%	60%	●	◆	▲		●
Vacancies (Medical & Dental)	3.3%	Quarter Sep-24			●	◆	▲		●
Vacancies (Nursing & Midwifery)	2.7%	Quarter Sep-24			●	◆	▲		●
Vacancies (AHPs)	4.0%	Quarter Sep-24			●	▲	▲		●

<p>Performance Key</p> <div style="background-color: green; padding: 2px; margin-bottom: 2px;">meeting trajectory/target</div> <div style="background-color: orange; padding: 2px; margin-bottom: 2px;">within 5% of trajectory/target</div> <div style="background-color: red; padding: 2px;">out with 5% of trajectory/target</div>	<p>SPC Key</p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> ○ Within control limits </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> ○ Special cause variation, out with control limits </div> <div style="display: flex; align-items: center;"> ● No SPC applied </div>	<p>Change Key</p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> ▲ "Better" than comparator period </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> ◆ No Change </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> ▼ "Worse" than comparator period </div> <div style="display: flex; align-items: center;"> — Not Applicable </div>	<p>Benchmarking Key</p> <div style="display: flex; align-items: center; margin-bottom: 5px;"> ● Upper Quartile </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> ● Mid Range </div> <div style="display: flex; align-items: center; margin-bottom: 5px;"> ● Lower Quartile </div> <div style="display: flex; align-items: center;"> ● Not Available </div>
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Sickness Absence

To achieve a sickness absence rate of 6.5% or less by March 2025

7.36%

4861



Hrs to achieve local trajectory as of Oct-24

Data Analysis

Sickness absence increased from 7.07% in Sep-24 to 7.361% in Oct-24.

Both short- and long-term absence increased in October to 3.35% and 4.01% respectively (from 3.31% & 3.76%).

Most sickness absence episodes and hours lost continue to relate to mental health related reasons for absence (amounting to 30.6% of all absences).

Within HSCP, both Community Care and Complex & Critical Care have an absence rate above 8%. Within Acute the Medical Directorate also has an absence rate above 8%.

The latest benchmarking for Sep-24 shows NHS Fife to be in the lower-range of all the territorial NHS Boards.

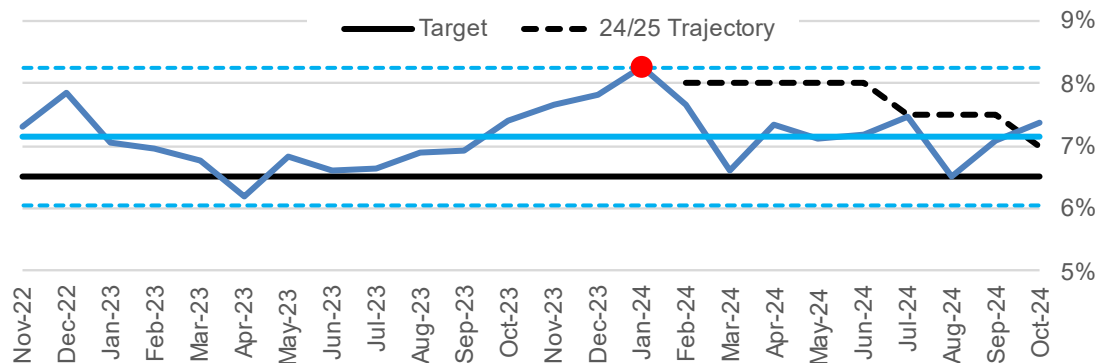
Achievements:

- The Attendance Management Group continues to meet regularly and is working towards established an action plan with short-, medium- and long-term activity.
- Attendance Management benchmarking exercise is complete, and a number of recommendations will be presented to the Attendance Management Oversight group.
- Promoting Attendance Panels process has been reviewed and a revised focus and purpose approved.

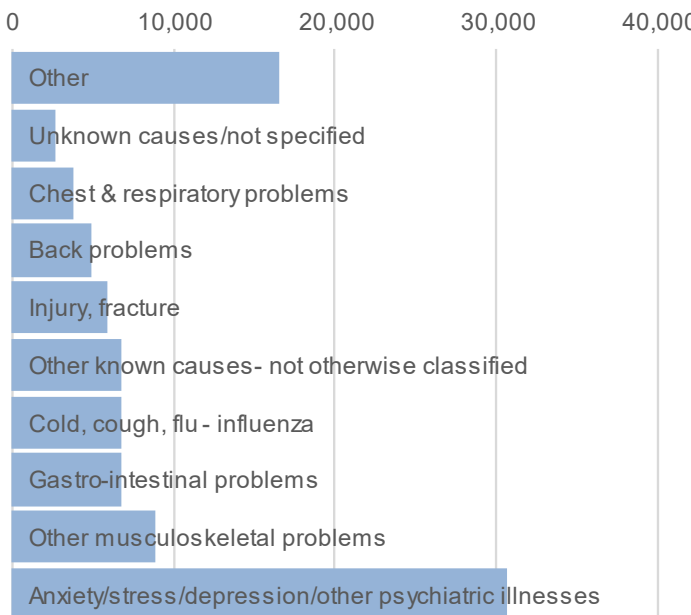
Future/Ongoing:

- Following a multifactorial review, Preventative & Primary Care colleagues within the H&SCP are seeking to implement a test of change which includes establishing an effective Sub-Group with a positive focus on attendance rates; Improve Knowledge and Understanding of attendance management; encourage networking and supportive platforms for discussion; build positive relationships and authenticity to support best practice and shared learning in a safe space. This requires formal approval. Outcomes will be monitored and fed back to the Oversight Group.

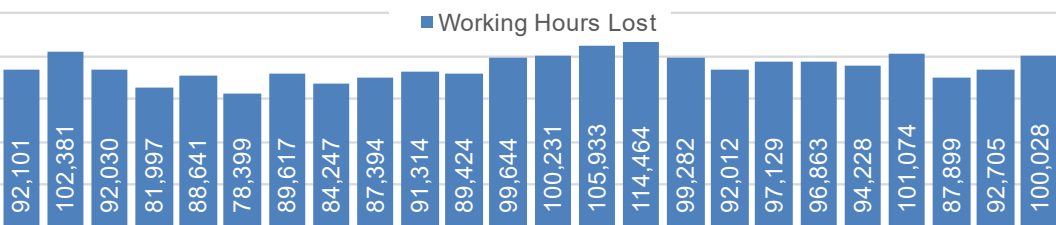
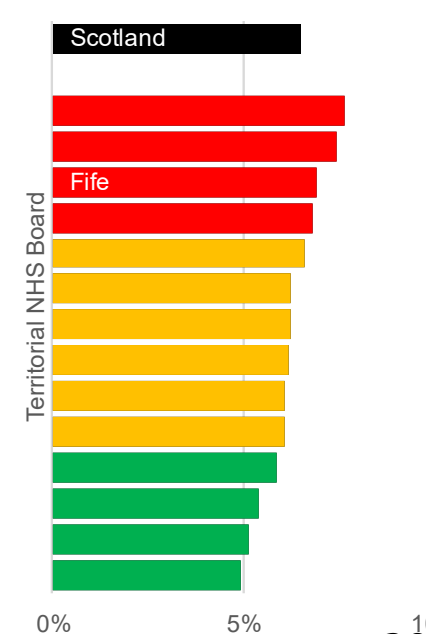
Sickness Absence



Hours Lost by Reason; Oct-24



Benchmarking; Oct-24





PDPR

Personal Development Plan & Review

To achieve PDPR compliance rate of 60% by March 2025

43.1%

9.4%



To achieve trajectory as of Oct-24

Data Analysis

Compliance was 43.1% in Nov-24, an increase of 0.2% from the previous month and but an increase of 0.5% on the same month in 2023. This is below the locally agreed trajectory of 52.5%.

The number of reviews held in Nov-24 decreased by 16.4% to 260 from 311, so far in 2024/25 there have been 2,527 reviews held (Apr – Nov) compared to 2,554 in same period in 2023/24.

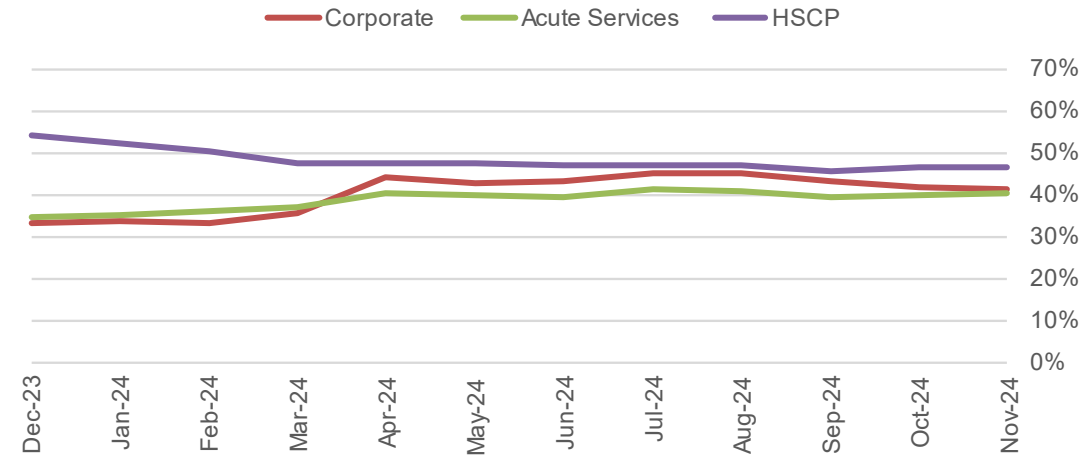
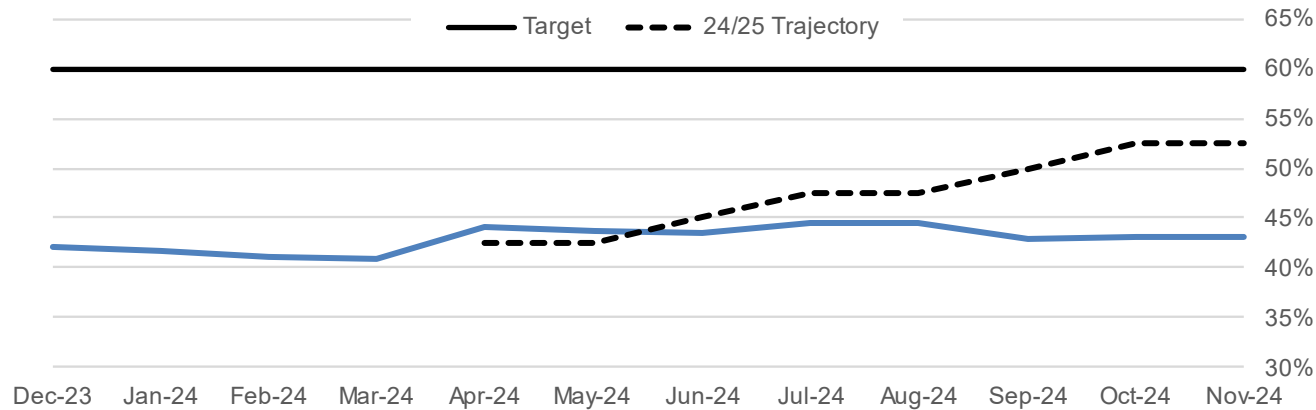
Compliance was highest in HSCP at 46.4%, Primary & Preventative Care has highest compliance within the Partnership with 50.3% with Complex & Critical Care lowest at 41.1%, the latter decreased by 0.6% on previous month. Corporate Services compliance is 41.4%, a decrease of 0.4% from month prior and 9.0% higher than year previous, Acute Services 40.3%, both WCCS Directorate and Surgical Directorate have increased compliance to 53.0% and 51.9% respectively, Medical Directorate has decreased 20.6% its lowest level in financial year 2024/25.

Achievements & Challenges

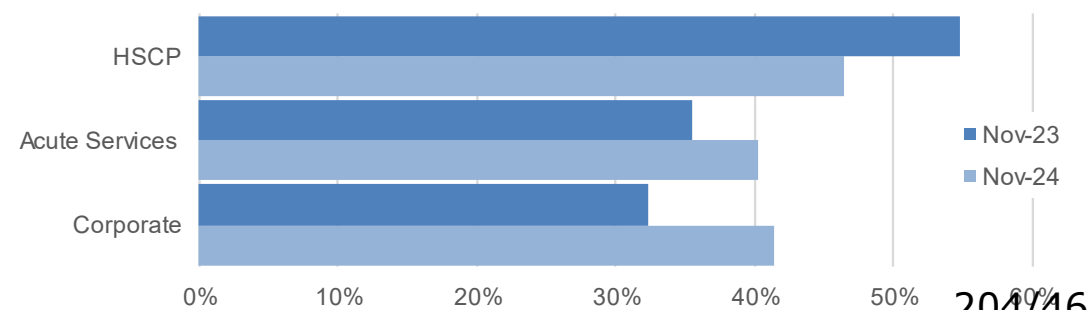
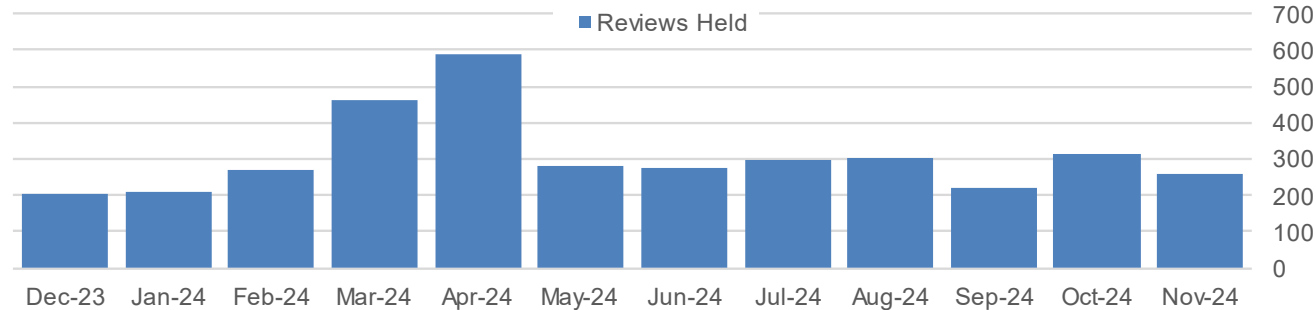
To support achievement of the 60% target by 31st March 2025, a PDPR recovery plan has been initiated, setting out a range of key actions to improve engagement in PDPR conversations over the next 4 months. Recognising winter challenges in clinical areas, the recovery plan outlines the aim to reach full compliance in Corporate Directorates and for HSCP and AS Directorates to improve engagement where opportunities allow.

Online Turas Appraisal training provision will be increased to accommodate any increase in demand for this resource with additional support offered to areas where PDPR engagement levels are currently below 50%.

PDPR Compliance



Reviews Held



C3. Workforce



Vacancies

Reduce the number of vacancies in the following professions:

Medical & Dental (M&D)

3.3%

Nursing & Midwifery (N&M)

2.7%

Allied Health Professionals (AHPs)

4.0%

Medical & Dental

WTE vacancies saw increase from the Jun-24 figure to 10.2 in Sep-24. The vacancies are spread evenly amongst Anaesthetics, Neurology, Orthodontics, Rehab Medicine, Trauma & Orthopaedics, Urology and Vascular Surgery.

No appointments made for Orthodontics or Rehab. Medicine. Neurologist and Vascular Surgeon recruited; Urology at interview stage.

Some services are considering international recruitment which would allow candidates to work towards portfolio CCT with GMC and to then be eligible to apply when readvertise substantive posts are re-advertised.

Vacancies shown are only those that are actively being recruited to.

Nursing & Midwifery

WTE vacancies has seen a decrease for this reporting quarter dropping from 147.2 WTE to 116.9 WTE. 84.0% of vacancies are for qualified staff Bands 5 to Band 7+.

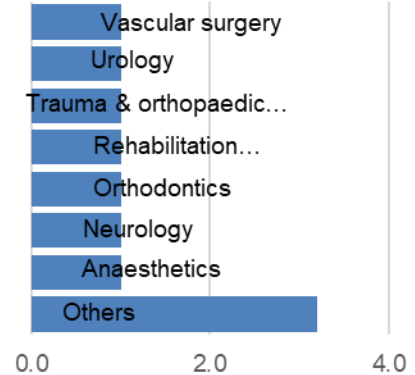
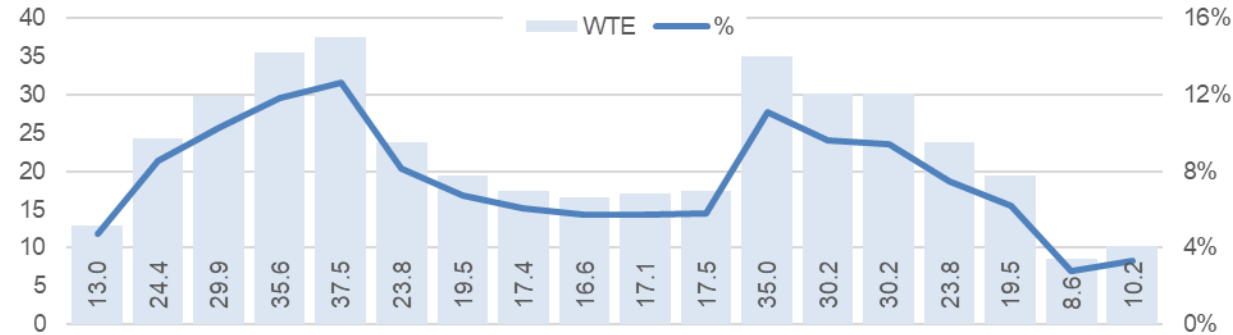
The decrease reflects this year's intake of newly qualified practitioners (NQP) in the Autumn of 2024.

AHP

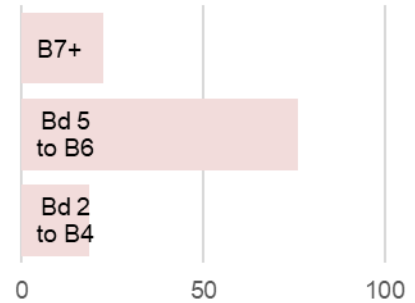
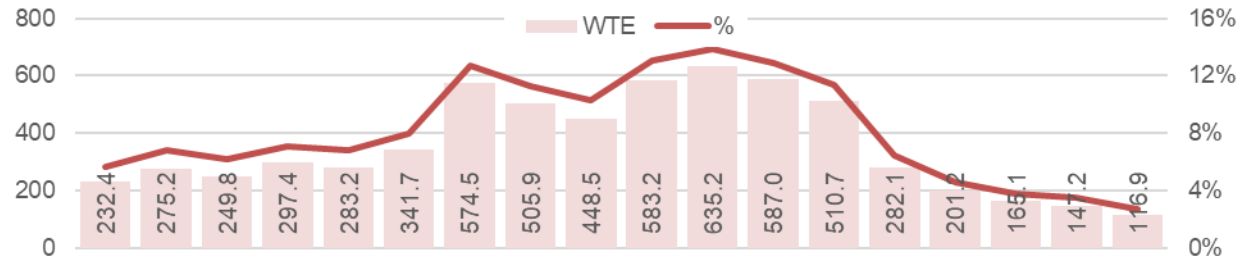
WTE vacancies have fallen to 29.2 WTE. The largest number of vacancies lie within Occupational Therapy and Physiotherapy and this amounts to 61.6% of all vacancies.

Again, the reduction reflects this year's intake of AHP NQPs. Some contraction is anticipated within the AHP professions aligned to RTP plans

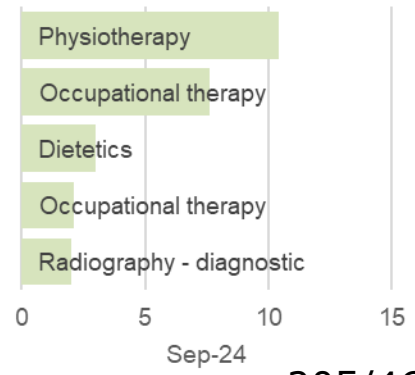
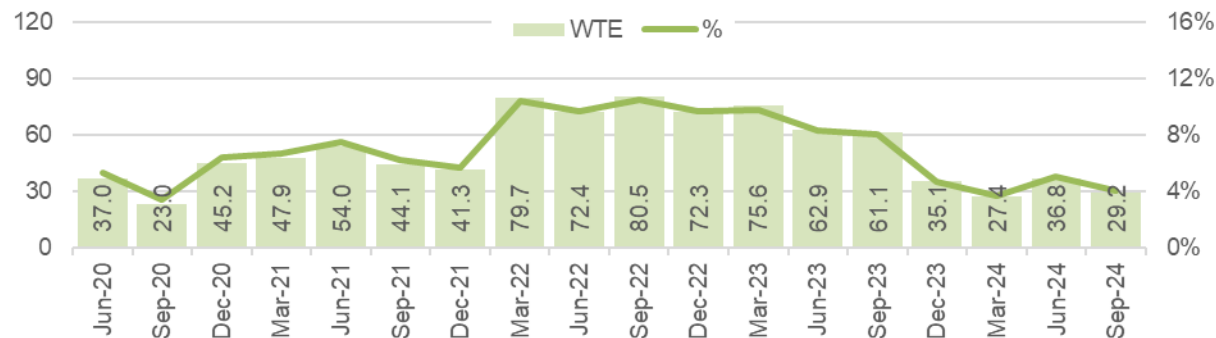
Medical & Dental Vacancy Rate



Nursing & Midwifery Vacancy Rate



AHP Vacancy Rate



C3. Workforce

C4. Public Health & Wellbeing


To improve health and wellbeing
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High

Indicator	Current Position	Reporting Period	Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking
Smoking Cessation (2024/25)	97	YTD Jul-24	157	473	●	—	—		● QE Mar-24
Alcohol Brief Interventions (2024/25)	103%	YTD Jun-24		80%	●	—	—		●
Drugs & Alcohol Waiting Times	94.5%	Quarter Jun-24		90%	●	◆	▲		● QE Jun-24
CAMHS Waiting Times	92.5%	Month Oct-24	90.0%	90%	○	◆	▲		● QE Jun-24
Psychological Therapies Waiting Times	82.9%	Month Oct-24	73.0%	90%	○	▲	▲		● QE Jun-24
Mental Health Readmissions within 28 days	5.8%	Quarter Jun-24			●	◆	▼		● YE Jun-24
Breast Screening	73.4%	3-YTD Mar-23		80%	●	—	—		● 2021-23
Bowel Screening	66.2%	2-YTD Apr-23		60%	●	—	—		● 2022-23
AAA Screening	87.3%	YTD Mar-23		85%	●	▲	▲		● 2022/23
Infant Feeding	36.4%	Month Jun-24			○	▲	▲		● QE Jun-24
Child Developmental Concerns	19.4%	Quarter Jun-24			○	▼	▼		● QE Jun-24
Immunisation: 6-in-1 at Age 12 Months	94.0%	Quarter Sep-24		95%	○	▼	◆		● QE Jun-24
Immunisation: MMR2 at 5 Years	85.7%	Quarter Sep-24		92%	○	◆	▼		● QE Jun-24
Flu Vaccination (Winter, Age 75+)	78.2%	Week to 01-Dec		80%	●	—	—		● ME Nov-24
COVID Vaccination (Winter, Age 75+)	75.4%	Week to 01-Dec		80%	●	—	—		● ME Nov-24

<p>Performance Key</p> <ul style="list-style-type: none"> meeting trajectory/target within 5% of trajectory/target out with 5% of trajectory/target 	<p>SPC Key</p> <ul style="list-style-type: none"> ○ Within control limits ○ Special cause variation, out with control limits ● No SPC applied 	<p>Change Key</p> <ul style="list-style-type: none"> ▲ "Better" than comparator period ◆ No Change ▼ "Worse" than comparator period — Not Applicable 	<p>Benchmarking Key</p> <ul style="list-style-type: none"> ● Upper Quartile ● Mid Range ● Lower Quartile ● Not Available
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Smoking Cessation

Sustain and embed successful smoking quits at 12 weeks post quit in the 40% most deprived SIMD areas (473 in 2024/25)

97 quits
61.8%
(to Jul-24)

60 ↑ successful quits were required to achieve Trajectory for Jul-24

Data Analysis

There were 22 successful quits in Jul-24 for the 40% most deprived SIMD areas, which is 17 short of the monthly target. Achievement against trajectory is 61.8% for Apr-Jul 2024 (compared to 56.7% for Apr-Jul 2023).

For all quit attempts, the quit success rate in 'Specialist' services is higher than for other services: and total quit success rate for Apr-Jul 2024 (22%) was better than in Apr-Jul 2024 (18%).

The most recent quarterly publication from Public Health Scotland, covering the quarter ending Mar-24 (Q4), showed that NHS Fife was in the mid-range of all Mainland Health Boards, with a rate of 61.8% against a Scottish average of 73.8%.

Achievements & Challenges

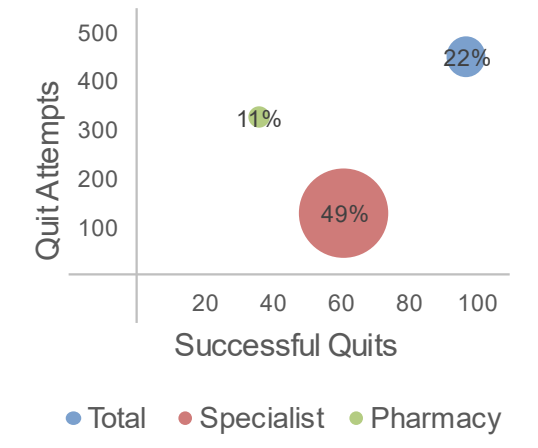
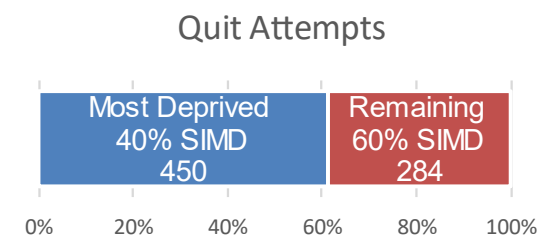
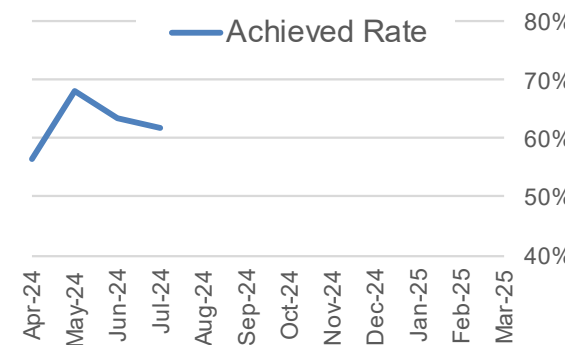
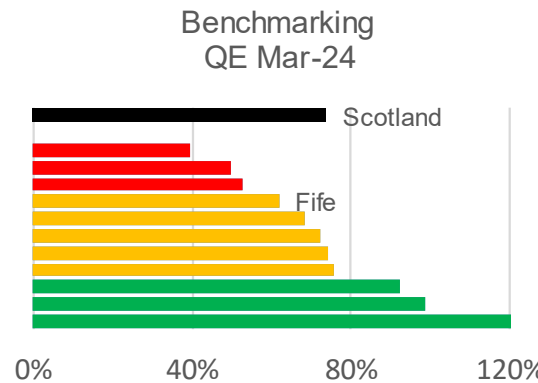
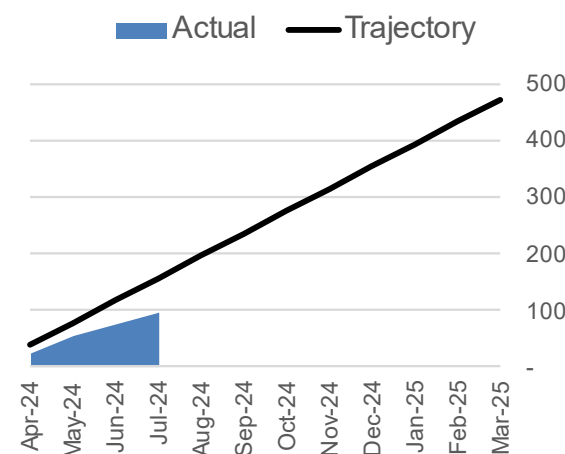
The LDP standard for Fife is 473 successful quits for 40% (MDQ), this is a combined standard for pharmacy, specialist, and maternity services. There remains no movement on the national review of all board's standards which was expected to begin in 2024.

Fife have been invited to take part in a working group led by Scottish Government to Embed Prevention for Nicotine Dependency in Pregnancy. The aim & ambition of the group is to create an action plan on a Once for Scotland basis that will support pregnant smokers. We are pleased to contribute to this national group and in turn use the opportunity to improve access and successful quits for pregnant smokers and their friends/family. We have a dedicated clinic in both QMH & VHK maternity units weekly.

Following the presentation of the Stop Smoking Service deep dive paper and SBAR we have progressed recommendations and increased our outreach & promotional events/stalls to continue to raise awareness of the support available in our most deprived areas. We are promoting clear and consistent messaging directly to FHSCP services and other key external partners at locality level.

Specialist clinic provision across Fife has changed to meet the demand and needs of people seeking support & in response to feedback. We have increased the outreach schedule to 12 sessions, alongside the 38 static clinics in NHS & community sites per week. These clinics continue to offer an individualised approach of support including telephone and video sessions.

In the last quarter we have delivered training events to colleagues across FHSCP networks on Vaping & Young People, Cost of Smoking and IMPACT. These have been well received and supported colleagues to have a greater understanding of how to refer to the service. We are waiting to finalise the new data report for smoking cessation, local data presented is to end of July 2024, and national benchmarking up to March 2024.





Data Analysis

Monthly performance decreased from 93.2% in Sept-24 to 92.5% in Oct-24 which remains above local trajectory.

In Oct-24 no patient was waiting more than 35 weeks for treatment, whilst the number of those waiting between 19-35 weeks decreased to 1 in Oct-24 from 5 month prior.

The percentage of those waiting less than 18 weeks increased in Oct-24 to 98.1%.

The number of referrals received in Oct-24 was 183, a decrease from Sep-24 and lower than same month in 2023 .

The overall waiting list decreased to 54 the lowest number in the last 24 months.

Benchmarking for the quarter ending Jun-24 shows NHS Fife lie in the mid-range of all mainland boards, 71.9% against Scotland average of 84.1%.

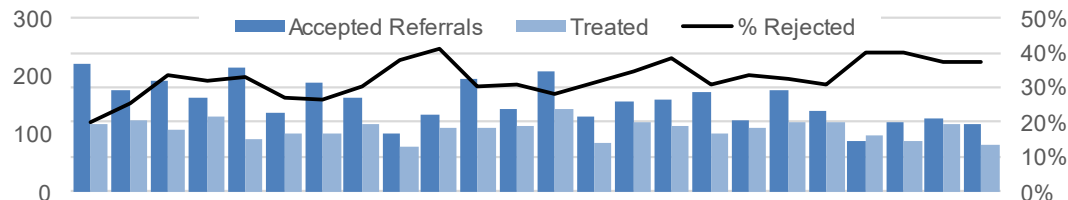
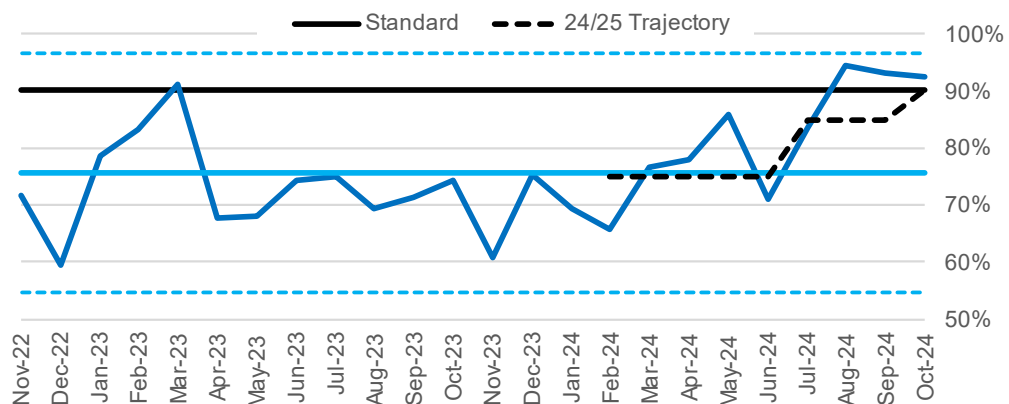
Achievements & Challenges

The average trend over the past year shows a decrease in the total number of referrals, with the number of accepted referrals holding steady.

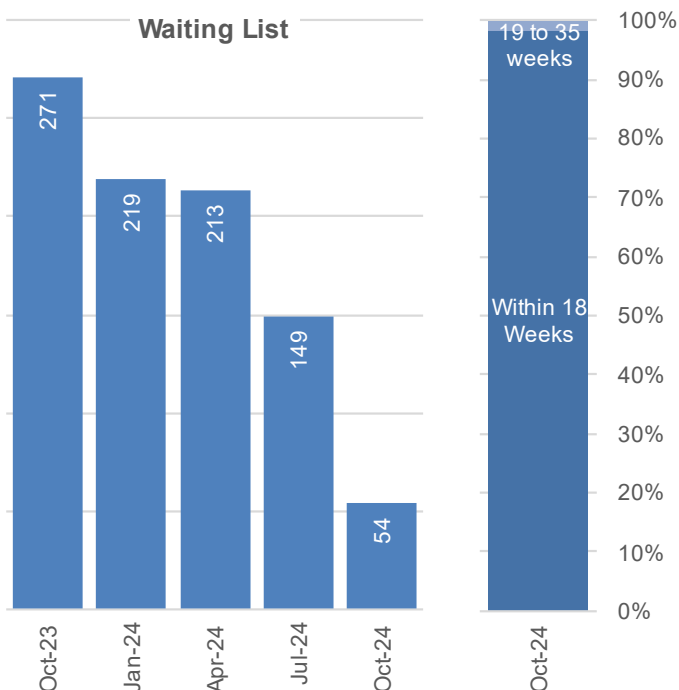
The service has identified and adopted many positive strategies to reach this point of success and the waits over 18 weeks continue to decline with less than 10% of cases waiting over 18 weeks for five consecutive months, June to October 2024.

To ensure we sustain the progress made on both the reduction in waiting list and meeting RTT for three months, it is imperative that vacancies are filled, and capacity is not further reduced.

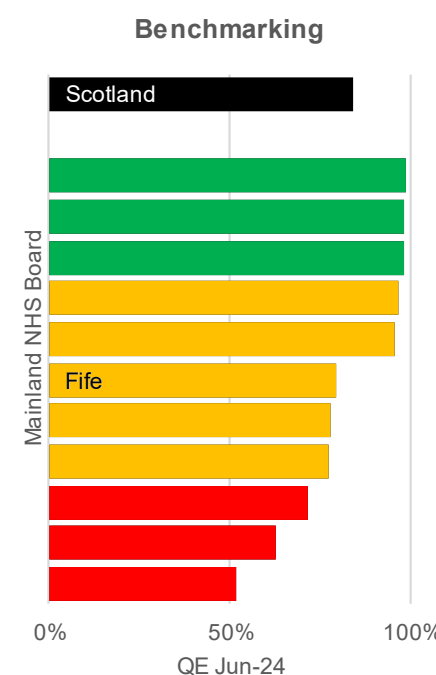
CAMHS 18 weeks RTT



Waiting List



Benchmarking





Psychological Therapies

In 2024/25, maintain 73% of patients commencing Psychological Therapy based treatment within 18 weeks of referral (**National Standard 90%**)

82.9%

Trajectory achieved as of Oct-24

Data Analysis

In Oct-24 537 patients started therapy, this was less than the 650 in Jul-24, but in line with usual fluctuations associated with clinicians' caseloads.

Patient seen within 18 weeks remained static (445) compared to Sep (449), but the ratio between this figure and the total seen means that the percentage of patients seen within 18 weeks was higher than the previous month, at 82.9%, which is above local target for 2024/25.

The overall waiting list has increased to 2309 from 2268 in previous month, with the number waiting over 18 weeks increasing to 933 and the number over 52 weeks increasing to 179.

Referrals for all ages decreased by 22 (892) from month prior.

The % of referrals that were rejected in Oct-24 was 11.1% which is less than the previous 2 months of >13%

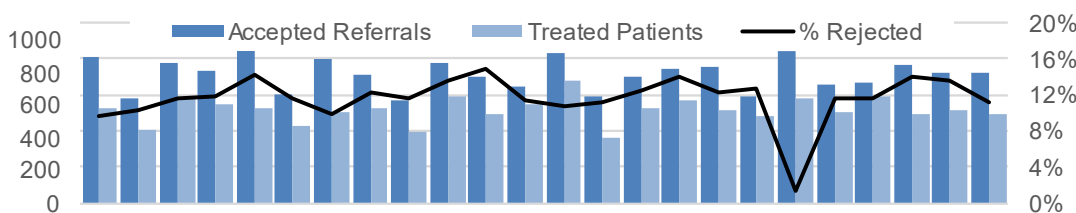
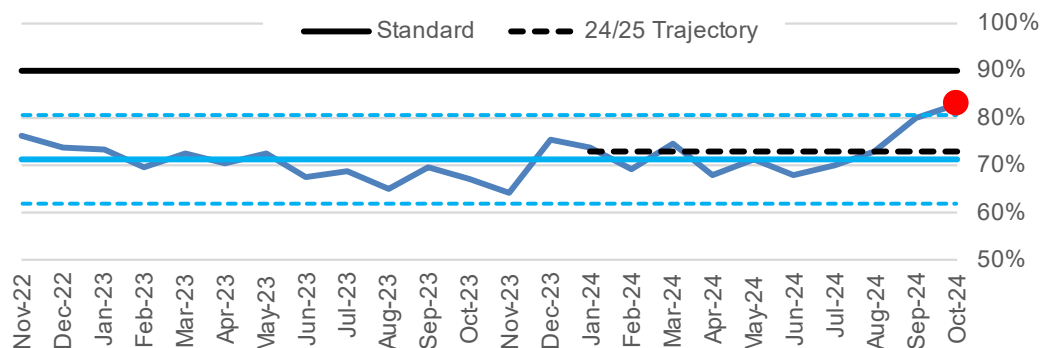
NHS Fife was in the low-range of NHS Boards as of the last quarterly PHS for the QE Jun-24 and was below the Scottish average (67.8% compared to 80.4%).

Achievements & Challenges

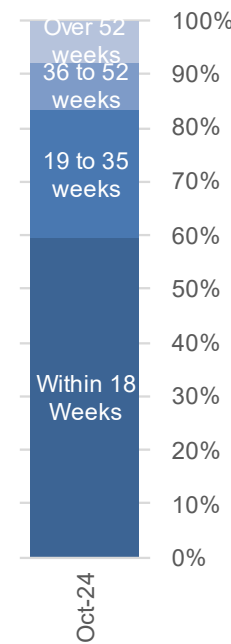
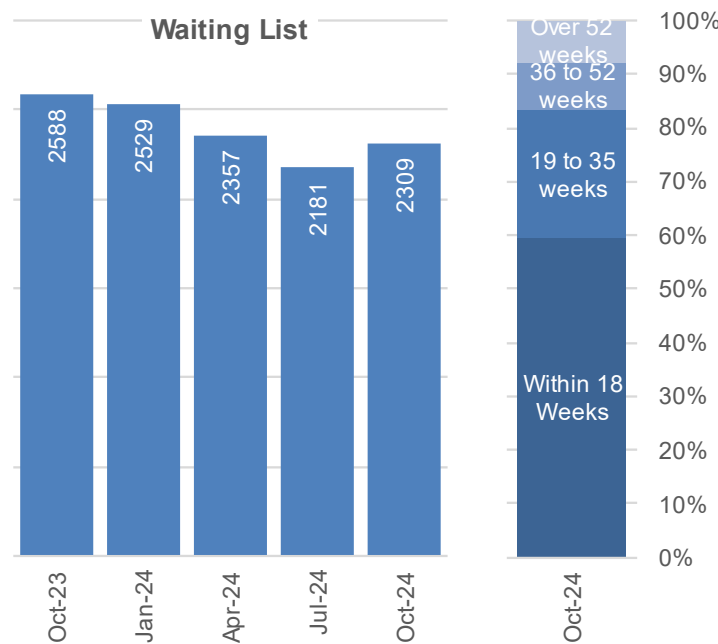
More first appointments for therapy were offered in the 12 months to October 2024, compared to previous 12 months. This is one indicator that access to PTs continues to improve. Performance on the waiting times target hit the local trajectory in August and has been above it for the past two months. However, there has been no reduction in the number of patients waiting over 52 weeks since July 2024, with October showing an increase in these waits. Referral rates for adults with complex problems remains higher than capacity for provision of highly specialist PTs. It is too early to say whether this month's increase in those waiting over 52 weeks is a substantive indicator of the impact of this capacity gap. The service continue to monitor this.

Service redesign and evaluation is on-going. In addition, the Psychology Service is working closely with colleagues from the Scottish Government's PT implementation support team with a focus upon more detailed trajectory modelling. The service continues to progress improvements in line with the SG Psychological Therapies and Interventions specification.

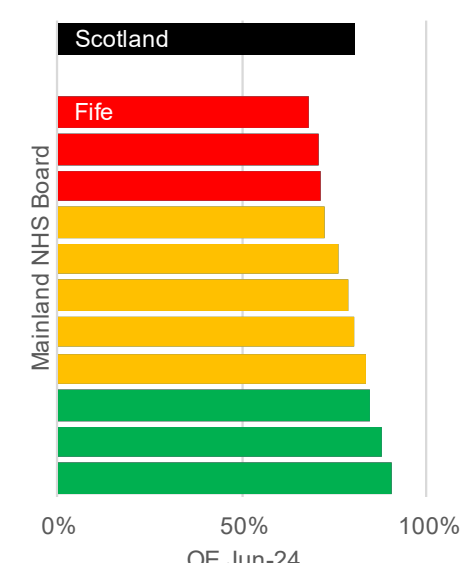
Psychological Therapies 18 weeks RTT



Waiting List



Benchmarking





Mental Health Readmissions

Reduce readmission rate for Mental Health Specialties within 28 days of discharge

5.8%

Below Scottish Average

Data Analysis

Mental Health readmissions within 28 days in for the quarter ending (QE) Jun-24 was 5.8%, increasing from 3.7% in QE Mar-24. The average number of readmissions each month in 2023/24 was 3.1 with 4.3 per month for the first three months of 2024/25. Average length of stay has been increasing since QE Nov-23 and was 93.7 days for QE Jun-24.

In comparison to other mainland NHS Boards, NHS Fife has the lowest readmission rate within 28 days. For average length of stay, NHS Fife was above the Scottish average.

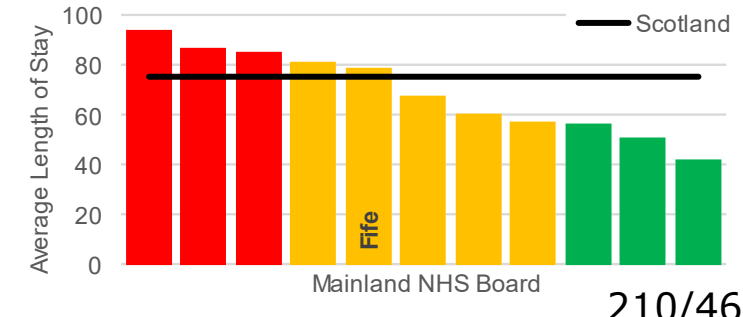
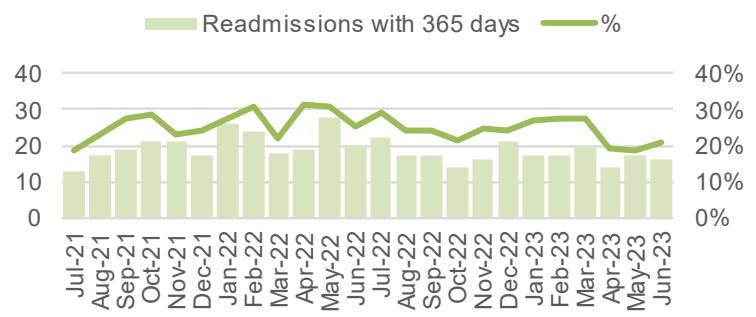
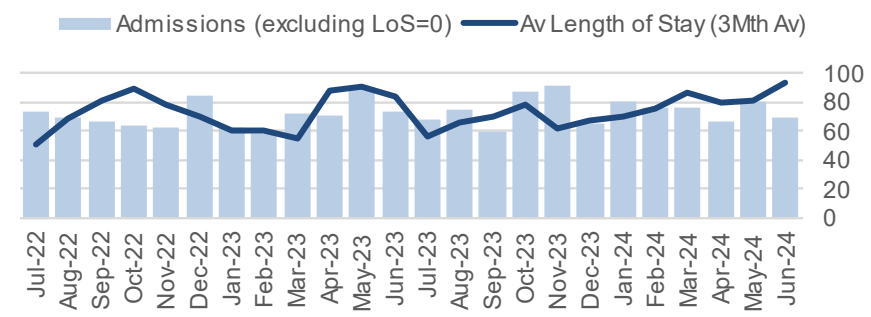
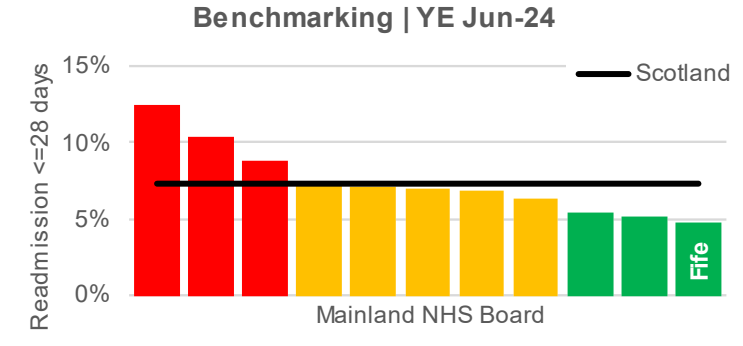
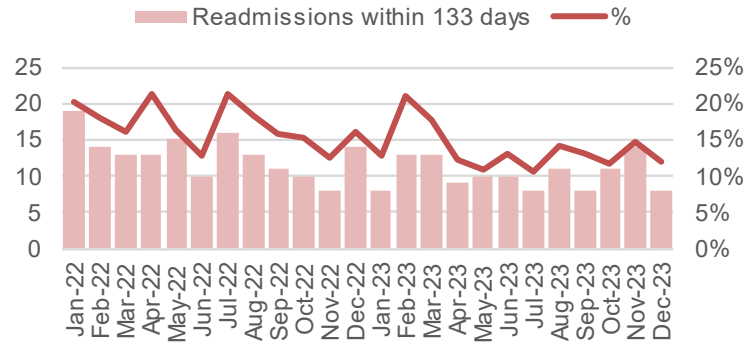
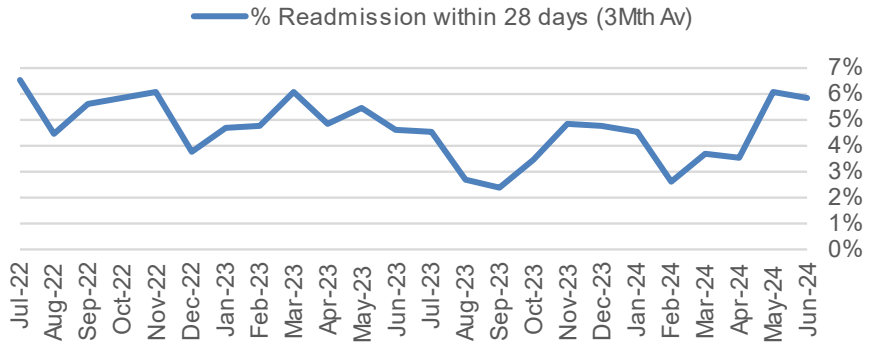
On average, to year ending (YE) Dec-23, there was 10.3 readmissions per month within 133 days. Rate for QE Dec-22 was 12.9% with 33 readmissions. For readmissions within 365 days, on average, to YE Jun-23, there was 17.3 readmissions per month. Rate for QE Dec-22 was 19.5% with 47 readmissions.

'Learning Disabilities' is excluded from both metrics with Average Length of Stay specifically based on 'General Psychiatry' and 'Psychiatry of Old Age'. Readmissions are presented based on date of original admission; data needs to be complete for the 'readmission within' period (28/133/365 days) to be reported.

Achievements & Challenges

Processes remain in place to promote a reduction in readmission and effective discharge planning. The Complex Cases Panel and the Complex Delays Discharge planning group are multi-agency meetings developed to ensure that either packages of care in the community fit individual needs or individualised packages of care are in place prior to discharge to ensure appropriate support is in place and readmission is minimised. Daily ward based, Multi-disciplinary clinical reviews promote care that is least restrictive and aim to address barriers to discharge and identify supports that will minimise future readmission.

Community teams continue to promote engagement with a range of service providers both statutory and third sector to promote positive mental health and ensure mental health crisis is avoided where possible. A reduction in surge beds across all adult acute MH admissions wards has reduced the capacity from 89 to 77. This requires services to ensure discharge packages of care are established within appropriate time scales that reflect individual need to maximise flow through the inpatient system and are sufficiently robust to ensure re-admission rates remain low.





Breast Screening

80% uptake in females between age of 50 and 70 within a 3-year rolling period (Minimum Standard of 70%)

Minimum Standard of 70% uptake in females between age of 50 and 70 within a 3-year rolling period in each SIMD quintile

73.4%

6.6% ↑ To achieve target

63.2%

6.8% ↑ To achieve Minimum Standard

Data Analysis

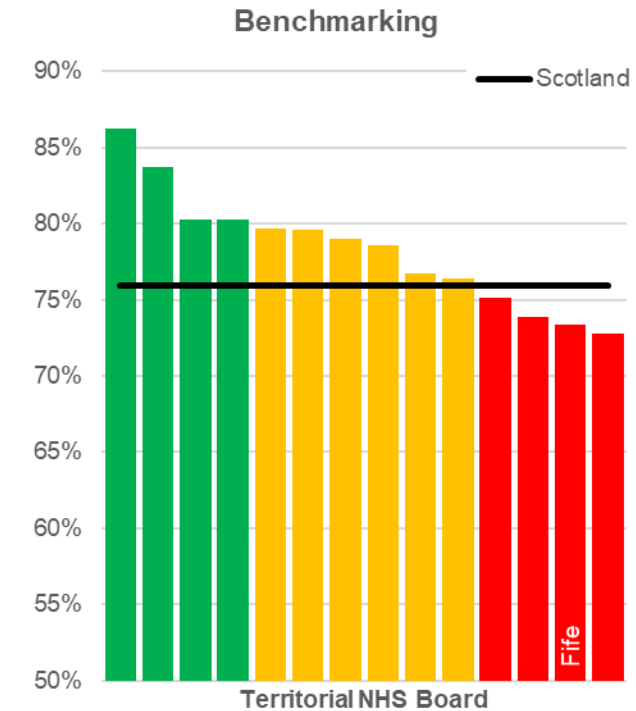
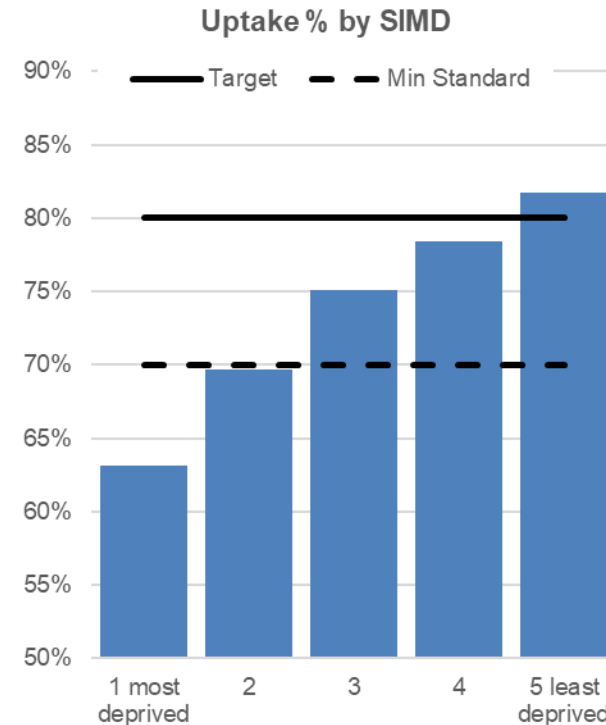
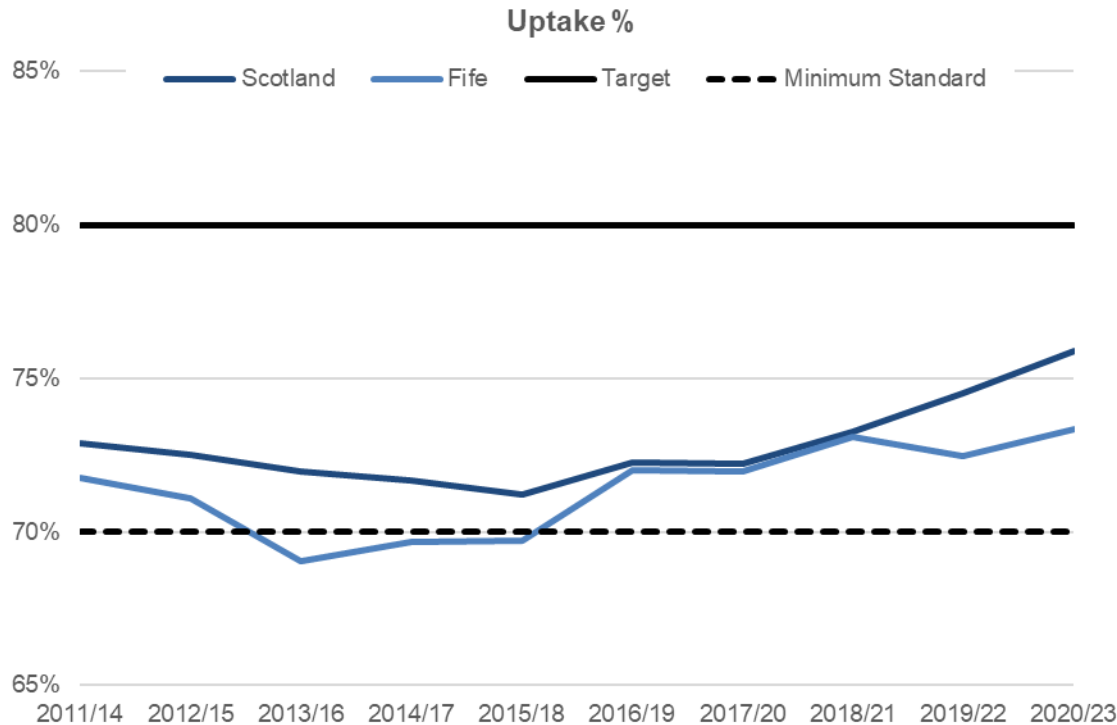
Uptake for the latest period 2020/23 is the highest level achieved since 2011 at 73.4% with Minimum Standard of 70% has been achieved since 2015/18. The inequality gap in 2020/23 is 18.6% ranging from 63.2% in most deprived quintile to 81.7% in the least deprived. Target of 80% achieved in least deprived quintile with Minimum Standard not achieved in 40% most deprived areas. Benchmarking against all NHS Boards for 2020/23 shows that NHS Fife lies within the lower quartile at 73.4% uptake, below the Scotland average of 75.9%, 3.0% below mid-range and 6.9% from upper quartile.

Achievements:

NHS Fife has recruited a Screening Inequalities Outreach Officer. South-East Breast Screening Programme promote breast screening on Facebook, targeting residents living with a geographical area, ahead of a breast screening mobile unit visit. NHS Fife also undertake onsite outreach promotion ahead of the mobile unit visits. Scoping work ongoing for telephone interventions for first time breast screening participants as well as partnership working with organisations across Fife. Breast Screening uptake within NHS Fife has continued to improve year on year (69.0% in 2013/16 screening round to 73.1% in 2018/21 screening round. Although uptake reduced to 72.5% during the pandemic in 2019/22, it has recovered to 73.4% in the current reporting period – 2020/23).

Challenges:

Breast Screening uptake in Fife remains lower than uptake in the majority of Health Boards in Scotland.





Bowel Screening

60% uptake of all people between age of 50 and 74, invited to participate, to have a final outright test result

60% uptake of all people between age of 50 and 74, invited to participate, to have a final outright test result in each SIMD quintile

66.2%

55.4%

most deprived

4.6% ↑

Target achieved for May-21 to Apr-23

to achieve target for all persons

Data Analysis

For the period May-21 to Apr-23, Fife exceeded the 60% uptake target for males, females and all persons, achieving 66.2%. Uptake for males and all persons exceed Scottish average whilst female uptake is 0.3% lower.

Uptake exceeds 60% for all persons in each SIMD quintile apart from the most deprived. To meet the target for most deprived, an improvement of 4.6% would be required for all persons.

The inequality gap is 18.0% for males, 20.4% for females and 19.2% for all persons. The gap in uptake between males and females was highest in the least deprived quintile (5.3%) and lowest in most deprived (3.0%).

Benchmarking (all persons) shows Fife to be in the lower quartile at 66.2% uptake, marginally above the Scotland average of 66.1% and 0.4% below mid-range of all NHS Boards. Upper quartile uptake is 70.1%.

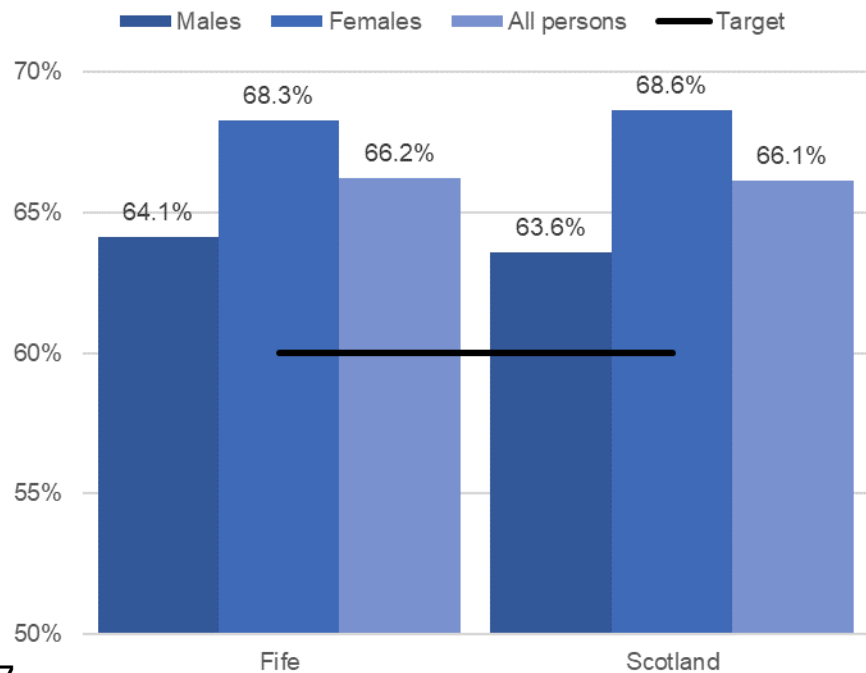
Achievements:

NHS Fife has recruited a Screening Inequalities Outreach Officer. Bowel screening was promoted at a recent outreach at Sainsbury's supermarket and its environment in Leven in November 2024. Ongoing work to further promote bowel screening amongst different population groups in Fife including Kennoway Men's Shed, Fife Council and the Well Service. NHS Fife continues to perform significantly better than the Scottish average in the Time from referral for Colonoscopy following a positive bowel screening test to the date the Colonoscopy is performed. In the current reporting period, 72.9% of all patients referred for Colonoscopy within NHS Fife had a completed Colonoscopy within 0-4 weeks of referral compared with 22.3% in Scotland.

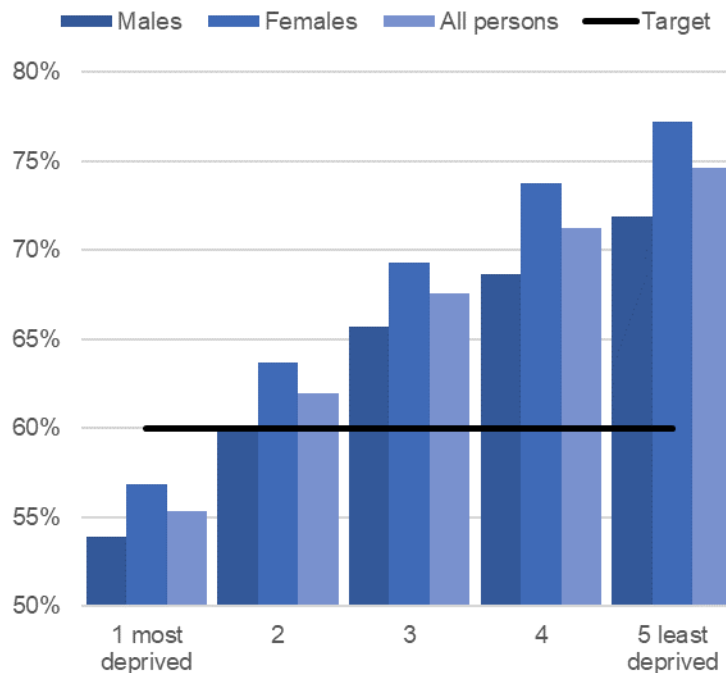
Challenges:

The lower uptake of Bowel Screening in our most deprived communities which would be addressed as part of our work on inequalities. Overall uptake of Bowel Screening in NHS Fife reduced from 66.8% in 2020-2022 to 66.2% in the current period. This was the first time uptake reduced since the introduction of the QFIT Test.

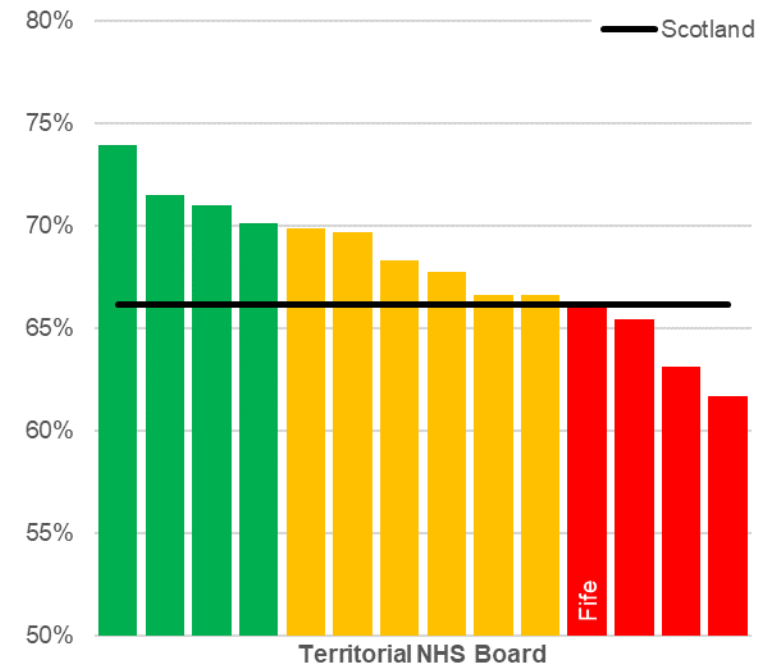
Uptake %



Uptake % by SIMD



Benchmarking





AAA Screening

85% of men will be screened before reaching age 66 (Desirable Threshold)

85% of men will be screened before reaching age 66 in each SIMD quintile (Desirable Threshold)

87.3%

81.7%

most deprived

Desirable Threshold achieved for 2022/23

4.3% ↑

to achieve Desirable Threshold

Data Analysis

87.3% of eligible men were screened for AAA in 2022/23. The Desirable Threshold has been achieved in each of the last 3 years with a year-on-year increase in uptake with a 0.5% from previous year.

Uptake in each SIMD quintile achieved Essential Threshold of 75% with only most deprived quintile not achieving Desirable Threshold. The inequality gap was 10.0% between most and least deprived quintiles, a 0.2% reduction from previous year.

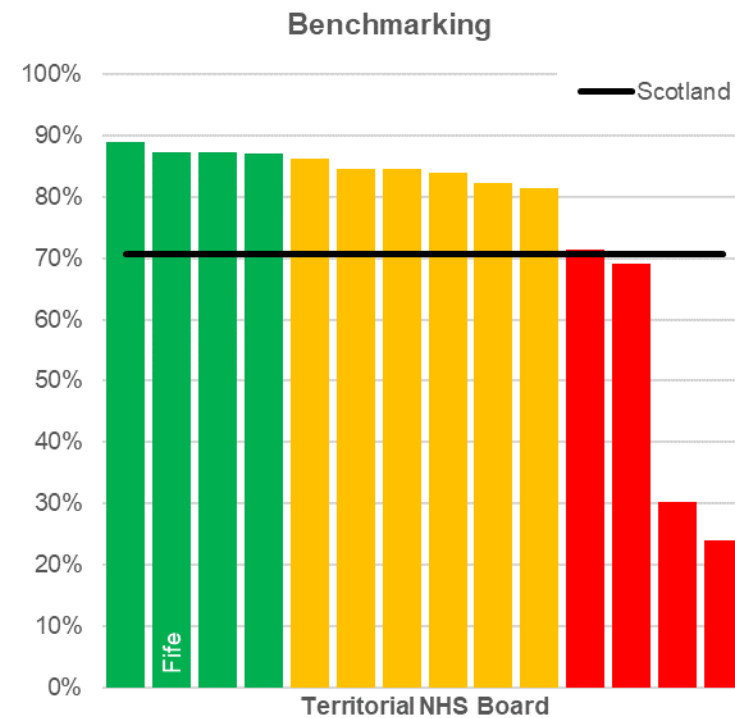
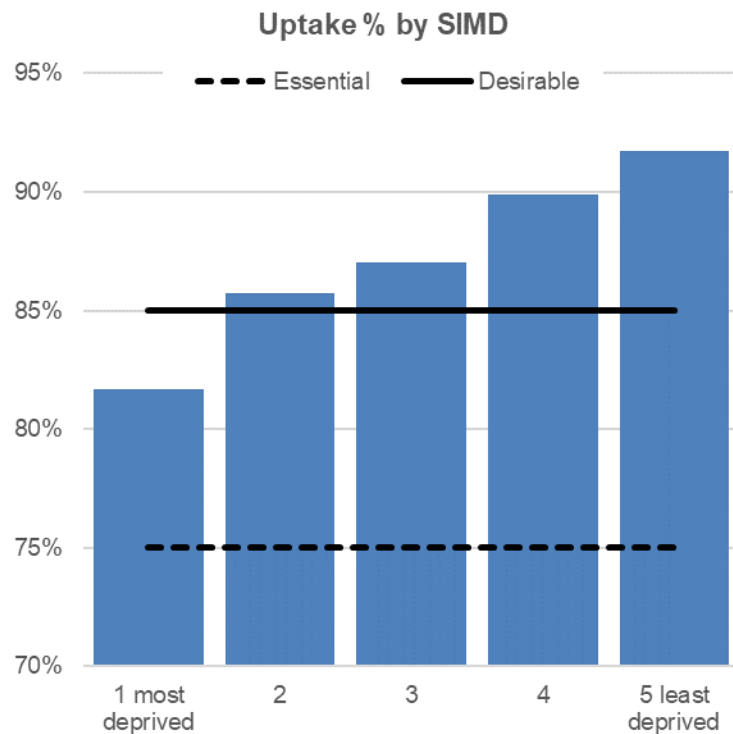
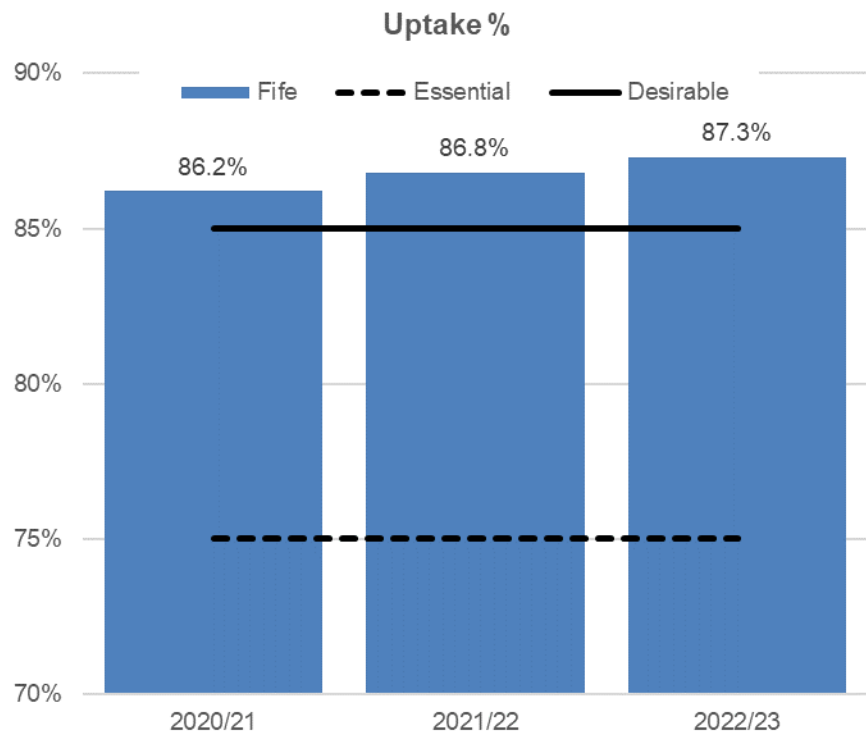
NHS Fife was in upper quartile compared all NHS Boards in 2022/23, with the highest uptake of all mainland NHS Boards, 16.6% higher than Scottish Average.

Achievements:

NHS Fife has recruited a Screening Inequalities Outreach Officer to oversee the implementation of the Screening Inequalities Action Plan. AAA screening was promoted at a recent outreach at Sainsbury's supermarket and its environment in Leven in November 2024. Ongoing work to further promote AAA screening amongst different population groups in Fife including Kennoway Men's Shed, Fife Council and the Well Service.

Challenges:

The main challenge is to improve uptake in the lowest SIMD quintile and to address Did Not Attend (DNA) rates across all SIMD quintiles. This will be part of our Screening Inequalities work which will be guided by the NHS Fife Screening Inequalities Action Plan.





Infant Feeding

Increase the proportion of infants exclusively breastfed at 6-8 weeks

36.4%

Below Scottish Average

Data Analysis

The % of infants Exclusively Breastfed at 6-8 Weeks in Jun-24 was 36.4%, an increase of 7.0% from month prior. The % that had Ever Breastfed increased to 71.7%.

Exclusively Breastfed at First Visit decreased from 41.8% in May-24 to 36.9% in Jun-24 with a slight reduction in % Ever Breastfed to 66.2% from 68.5% month prior.

Comparing Year Ending (YE) Jun-23 to YE Jun-24, there was improvement in both First Visit and 6-8 Week Review in all infant feeding categories except for % Ever Breastfed.

NHS Fife remains in the Mid-range compared to mainland NHS Boards in Jun-24 for % Exclusively Breastfed for both First Visit (NHS Fife 36.9%; highest 52.8%) and 6-8 Week Review (NHS Fife 36.4%; highest 51.2%).

Achievements: 99% of Infant feeding assessments completed by 6-8 week review by Health Visitors. One to one individualised support offered to Breastfeeding mums by either HV or breastfeeding support worker as required.

Health promotion - All antenatal contacts are mandatory by HV service and Family Nurse Partnership which includes a discussion on benefits of breast feeding before birth with parents.

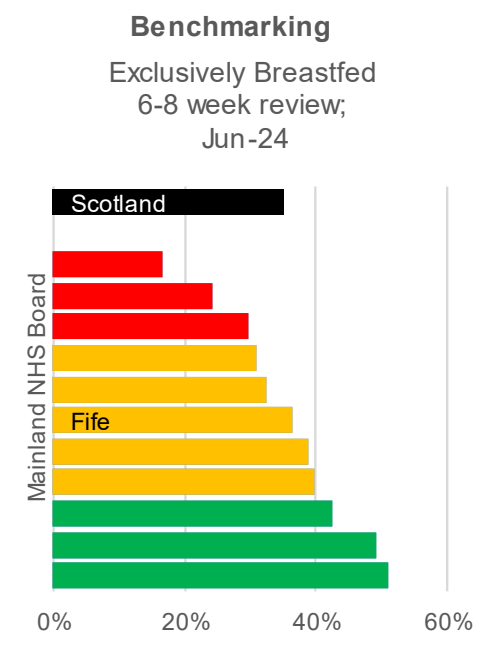
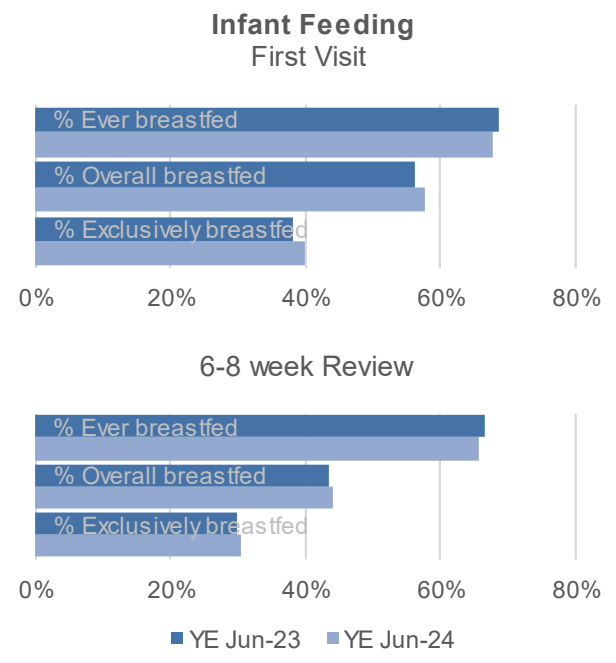
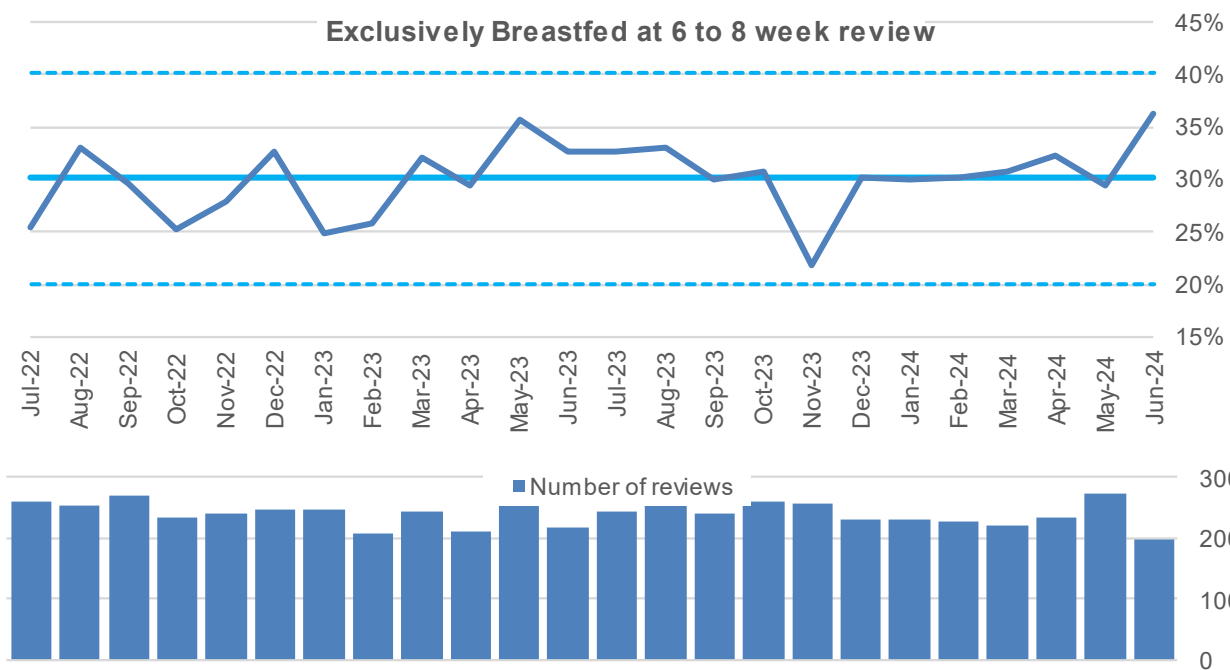
Health Promotion key messages on Breast feeding shared across social media platforms. Robust communications strategy now in place.

HV/FN/Breastfeeding Support across Community Children's Services received UNICEF baby friendly Gold Award.

Fife has a successful breastfeeding pump loan scheme and has just purchased 50 new pumps

Challenges: Increased long term sickness absence rates within Breastfeeding team impacting on support available for complex feeding issues.

C4. Public Health & Wellbeing





Developmental Concerns

Reduce percentage of children with one or more developmental concerns recorded at the 27-30 month review

19.4%

Above Scottish Average

Data Analysis

For quarter ending (QE) Jun-24, the % of children with one or more development concerns at 27-30 month review has increased to 19.4%. This is an increase of 4.4% since QE Dec-23 and highest % since Dec-22 (19.5%). There were 715 reviews in QE Jun-24, 13% less than in QE Mar-24.

NHS Fife is in the upper-quartile of all Mainland NHS Boards (highest was 26.3%). From 678 reviews carried out at 13-15 months, 16.4% of children had one or more development concerns. This has gradually decreased since QE Mar-23.

From 1144 reviews carried out at 4-5 years, 13.9% of children had one or more development concerns. This is a relatively low percentage, but number of reviews was high and % of meaningful reviews was low.

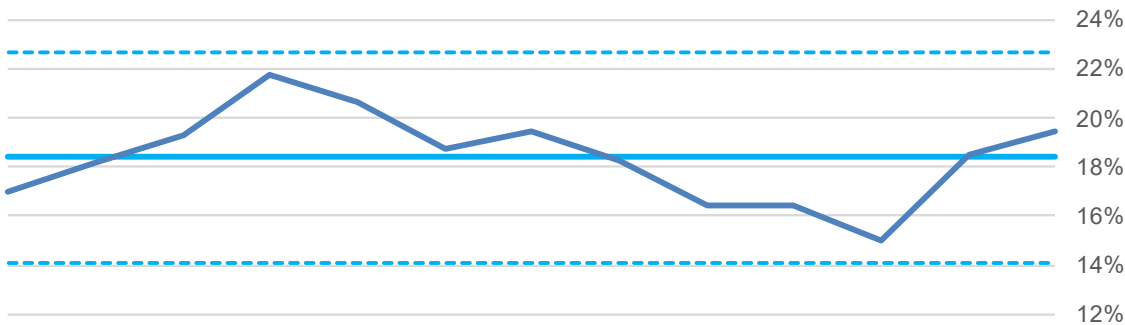
Achievements:

- HV Service delivery of Universal Health Visiting Pathway across Fife by HVs.
- High uptake of 27/30 month review offered by parents/carers.
- Standardised ASQ-3 tool and training to all staff which supports learning and development for completion of developmental review.
- Face to face reviews with children within the home setting.
- Early intervention strategies supported by CNN.

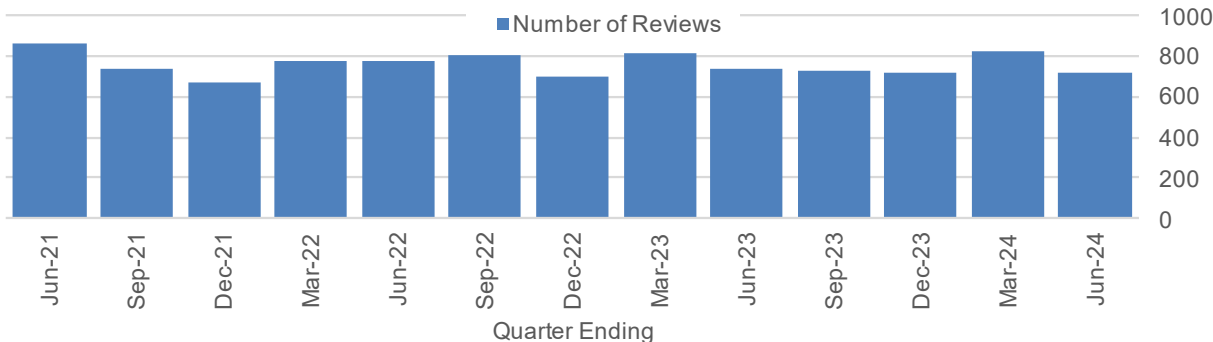
Challenges:

- CNNs utilised to support developmental reviews. Difference of skill set between HV and CNNs.
- There continues to be persistent inequalities in developmental concerns at 27-30 months by sex, looked after status and ethnicity.

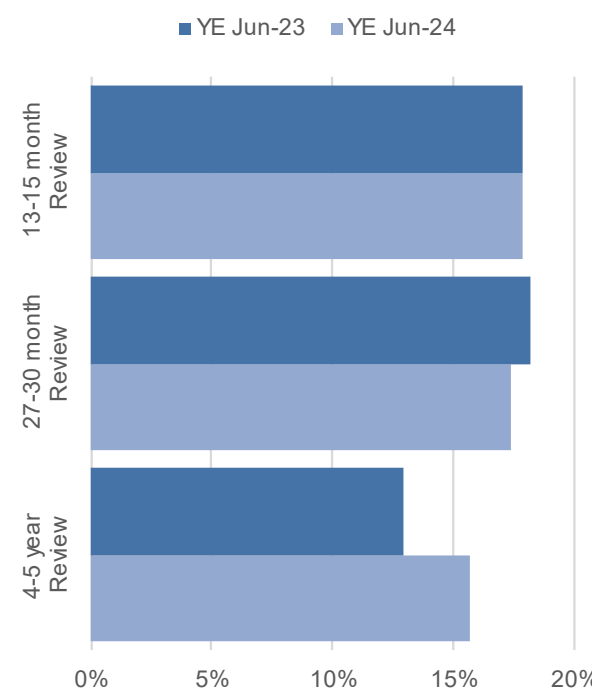
One or More Developmental Concerns (27 to 30 month review)



Number of Reviews

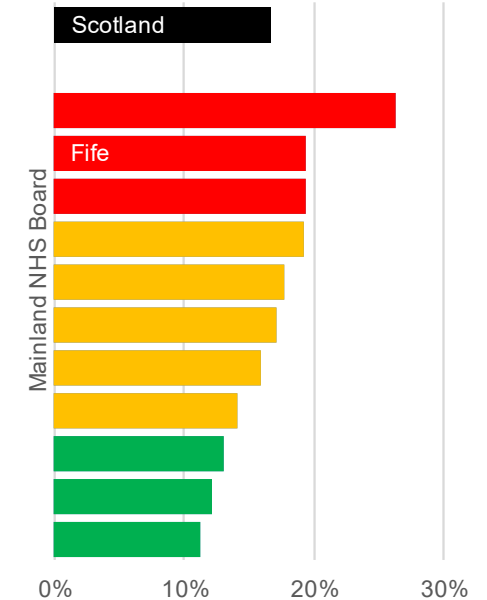


% Developmental Concerns



Benchmarking

27-30 month review; QE Jun-24





Childhood Immunisations

95% of children will receive their 6-in-1 vaccinations by 12 months of age

94.0%

8 ↑ to achieve target

to achieve target

92% of children will receive their MMR2 vaccination by the age of 5

85.7%

60 ↑ to achieve target

to achieve target

Data Analysis

6-in-1 at 12 months of age: Preliminary data (for QE Sep-24) shows that NHS Fife uptake decreased slightly from 94.5% in the last quarter to 94.0% in the most recent quarter, which is below target and just below the average of 94.5% (based on the last 18 quarters). PCV, Rotavirus & MenB also saw decreases on previous quarter. NHS Fife was in the mid-range of all mainland NHS Boards for uptake at 12 months for 6-in-1 with the highest uptake being 96.4%.

MMR2 at 5 years of age: Preliminary data (for QE Sep-24) shows that NHS Fife uptake, at 85.7%, was the same as the previous two quarters. This continues to be below target, below the average of 88.4% and remains the lowest quarterly uptake for NHS Fife since 2017. Hib/MenC, 4-in-1 & MMR1 saw small increases in uptake compared to the previous quarter. NHS Fife was in the lower-range of all mainland NHS Boards for uptake at 5 years for MMR2 with the highest uptake being 91.0%.

Service Narrative

Whilst it is disappointing to note the lower uptake of MMR2, 2025 will bring a refreshed approach to addressing this concern. On a positive note, it is encouraging to observe a minimal decrease in the 6-in-1 vaccination data.

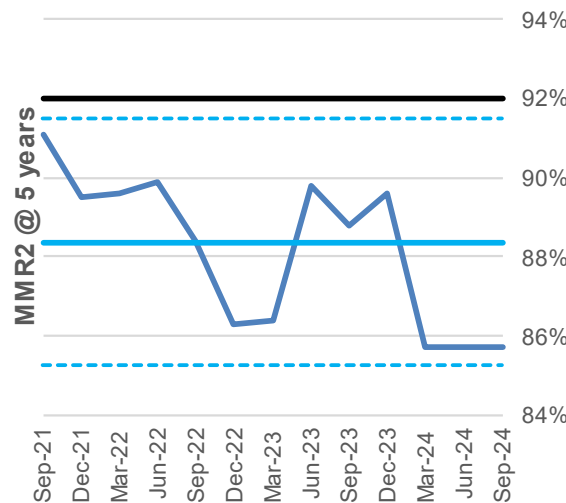
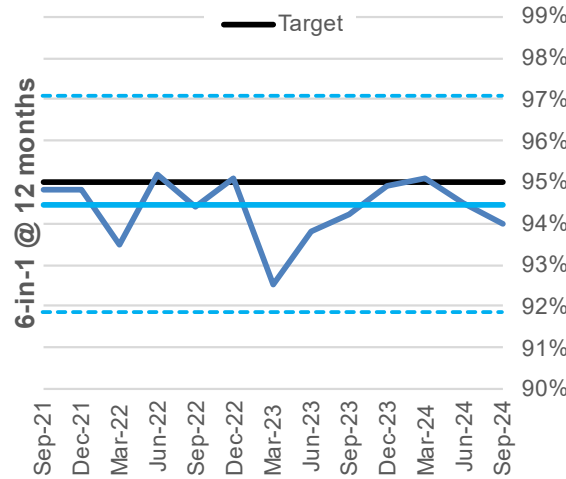
We will be refocusing on our Quality Improvement (QI) initiatives, particularly on MMR2 uptake, with an emphasis on improving engagement and reducing DNA rates.

As part of this effort, we are eager to trial new approaches, including working within preschool nursery settings and evaluating the effectiveness of a text reminder service.

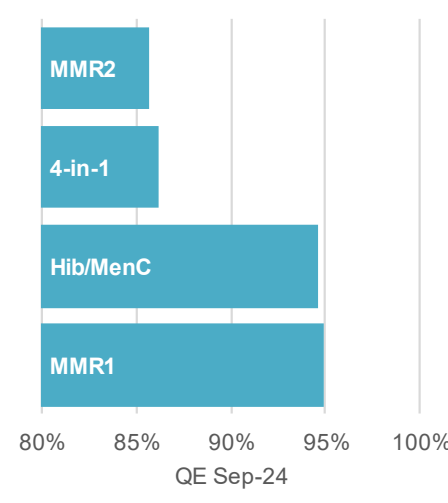
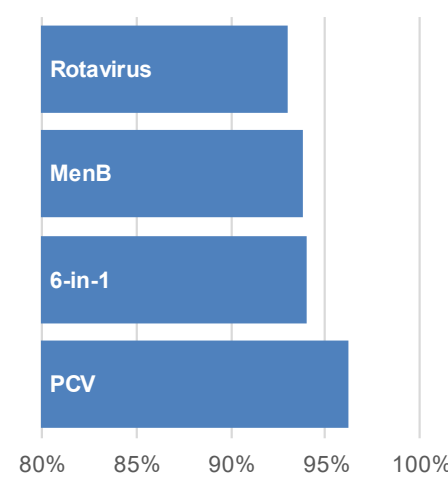
Our delivery plans will also focus on identifying children under 5 with incomplete MMR records, inviting them to arrange appointments, and potentially offering additional clinics during school holidays.

The transition to a locality-based service will enable more targeted efforts in areas with low uptake. Alongside this, we plan to review the venues currently used for infant clinics to ensure accessibility and suitability.

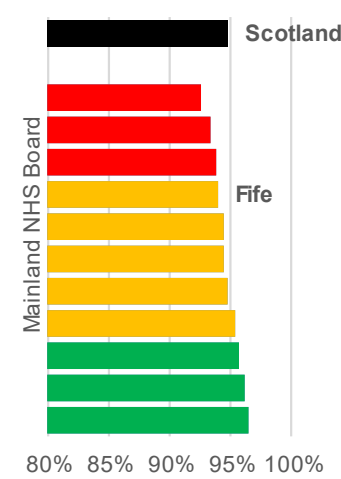
Childhood Immunisations



Uptake



Benchmarking





Influenza/Covid Vaccinations

Uptake of the **Influenza** vaccination for eligible population of Fife (75+) to reach 80% by end of December 2024

78.2%

Above Scottish Average

Uptake of the **Covid-19** vaccination for eligible population (75+) of Fife to reach 80% by end of December 2024

75.4%

Above Scottish Average

Data Analysis

Influenza: As of 01 Dec-24, uptake for Influenza vaccination in Fife for ages 75+ was 78.2% with numbers plateauing. Care Home residents are the priority group with the highest uptake at 78.2%. Uptake for all Health Care Workers was 23.8%. Fife is in the mid-range of all Scottish boards for overall uptake at 48.2% (Scottish average 44.4%).

Uptake for Children overall was 45.6% with the highest uptake being the Primary cohort at 64.7%.

Covid: Uptake for Covid-19 vaccination in Fife for ages 75+ was 75.4% and numbers had plateaued but have seen a slight increase recently. Similar to Influenza vaccination, the priority group with the highest uptake is Care Home residents at 78.2%. Uptake for Frontline Health Care Workers is 15.4%. Fife is in the mid-range of all Scottish boards for overall uptake at 44.3% (Scottish average 40.4%).

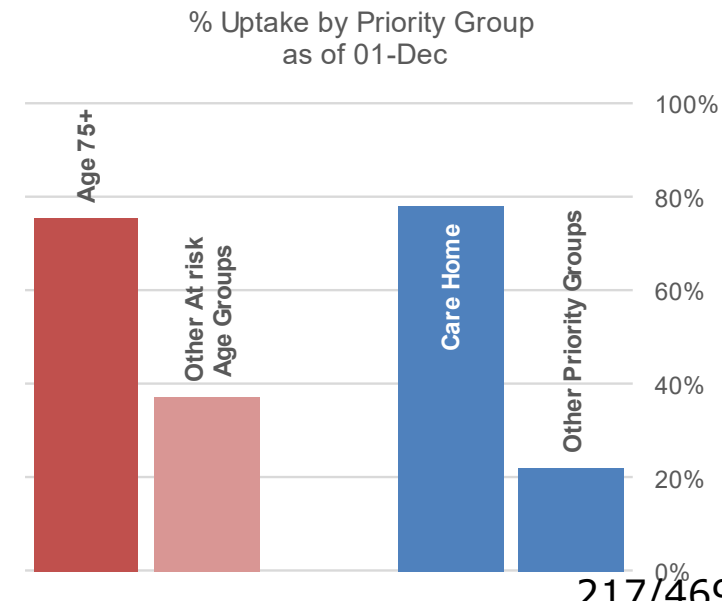
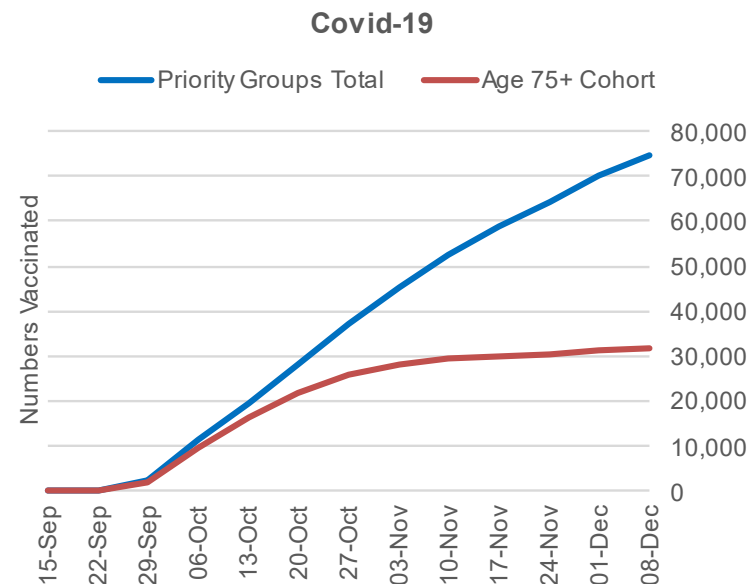
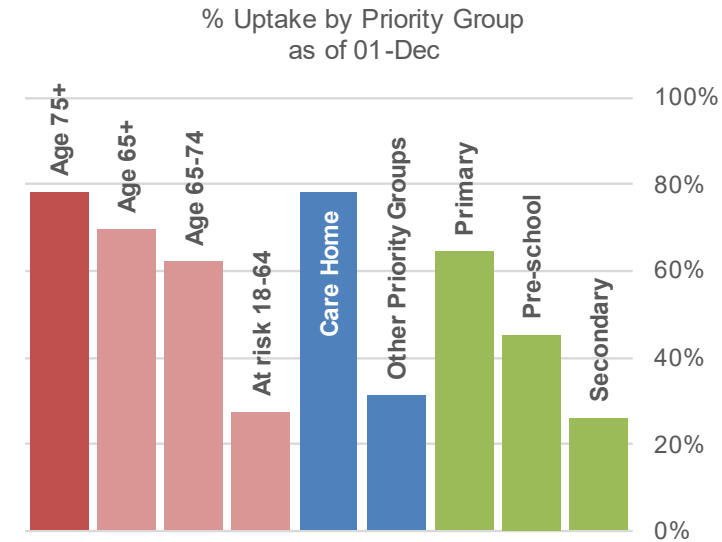
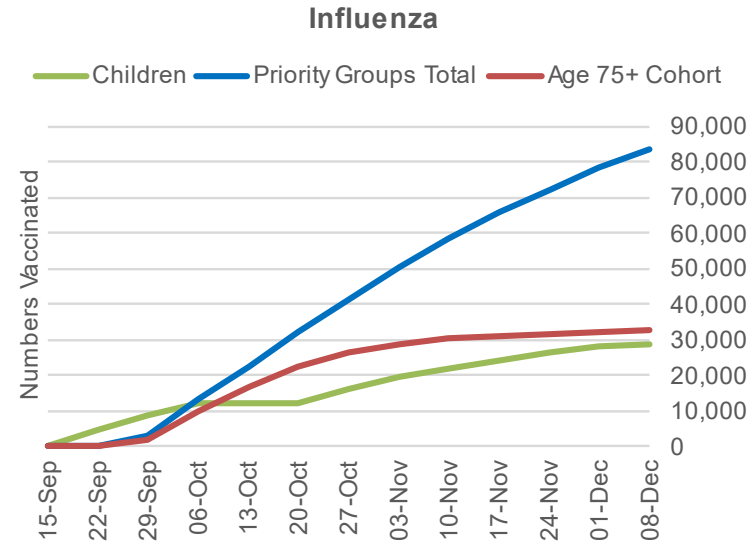
Achievements & Challenges

A key objective of the winter vaccination programme was to increase immunity in those who continue to be more at risk of severe COVID-19 and flu to prevent severe illness, hospitalization and death.

All eligible citizens have been offered an appointment by the 8th December as per guidance and agreement. Mop up and drop activity now continues until the end of January for Covid vaccination and the end of March for Flu vaccination

Staff have been able to access flu vaccination via local Pharmacy, dropping in to any of the Community Clinics and Peer vaccination was also offered this year. Key focus has been on Flu uptake for this cohort. Some targeted work is ongoing to optimize flu uptake for healthcare workers, including roving clinics at VHK and QMH.

High school pupils were given an appointment time this year as part of a test of change, school mop up continues the week of the 9th December and uptake will be fully evaluated following this.



Meeting:	Clinical Governance Committee
Meeting date:	17 January 2025
Title:	Healthcare Associated Infection Report
Responsible Executive:	Janette Keenan, Director of Nursing
Report Author:	Julia Cook, Infection Control Manager

Executive Summary

***Staphylococcus aureus* Bacteraemia (SABs):**

- A lower rate of SABs was recorded for year ending October 2024 from same time period previous year.

***Clostridioides difficile* infections (CDIs):**

- There has been a reduction in the total number of CDI cases (November 2023 to October 2024) from same time period previous year.
- The total of community acquired (CAI) CDIs for year ending October 2024 was higher than during the same time period the previous 2 years.
- NHS Fife received an exception report for CDI CAI cases for Q2 2024. (Appendix 2)

***Escherichia coli* Bacteraemias (ECBs):**

- Healthcare associated ECBs remain a challenge, with higher infection rates for year ending October 2024.
- A lower rate of CAUTI associated ECBs recorded for the same time period, than the previous year.

Surgical Site Surveillance (SSIs)

- Surveillance programme currently suspended nationally.

Hospital Inspection Team

- There have been no new inspections during this reporting period (September – October 2024)

National Cleaning Services Specification

- Quarter 2 (July - September 2024) shows NHS Fife achieving Green status

Estates Monitoring

- Quarter 2 (July - September 2024) NHS Fife achieving Green status

Outbreaks NHS Fife reporting period (September and October 2024)

- Norovirus: 3 new ward or bay closures due to a Norovirus or suspected Norovirus
- Seasonal Influenza: no new closures due to confirmed Influenza outbreaks
- COVID-19: 8 new outbreaks/incidents of COVID-19

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board Strategic Priorities
 1. To Improve Health & Wellbeing;
 2. To Improve Quality of Health & Care Services;
 3. To Improve Staff Experience & Wellbeing; and
 4. To Deliver Value & Sustainability

This report 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 January 2025 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 December 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; *Clostridioides difficile* infection (CDI), *Staphylococcus aureus* bacteraemia (SAB) and *E. coli* bacteraemia (ECB).

Standards on Reduction of Healthcare Associated Infections:

DL (2023) 06 on 28th February 2023 given the continued service pressures it has been agreed by Scottish Government that the previous HCAI targets will be further extended by one year to 2024. For awareness there has been no further HCAI targets set for 2024/25, therefore NHS Fife shall continue with current targets as an interim measure whilst national review continues. Please see below for LDP Standards.

Clostridioides difficile Infection (CDI)

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

Staphylococcus aureus Bacteraemia SAB

- LDP standards are to reduce incidence of healthcare associated SAB by 10% from 2019 to 2024, utilising 2018/19 as baseline data.
- Outcome measure to reduce the rate of SAB from 20.9 per 100,000 total bed days in 2018/19, 10% reduction target rate for 2023/24 is 18.8 per 100,000 total bed days.

Escherichia coli Bacteraemias (ECB)

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

2.3 Assessment

SAB

- During Q2 2024 (April - June), NHS Fife was below the national rate for community acquired infection (CAI)
- During Q2 2024 (April - June), NHS Fife was above the national rate for healthcare associated infection (HCAI).
- The total number of HCAI SABs (n=86), during the time-period November 2023 to October 2024, was lower than during the same timeframe the previous year, when there were 92. There was also a noted improvement for HCAI SABs for this same time period.
- There were 5 PVC related SABs this year so far
- There were 4 dialysis line related SABs in 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 Q2 2024 (April - June), NHS Fife was below the national rate for HCAI
- During Q2 2024 (April - June), NHS Fife was above the national rate for CAI and was issued with an Exception Report

Exception Report Summary:

Key contributing factors identified:

- Antimicrobial usage.
- Use of proton pump inhibitors (PPIs).
- Increased incidence among the elderly and female demographics.

- No significant links in time, place, or person were identified. Laboratory processes were reviewed and confirmed to align with mandatory surveillance protocols.

Analysis and Current Position

- Following data validation and case reclassification, the adjusted incidence for community-associated CDI in Q2 2024 was revised to 10.8 per 100,000 population.
- Investigation revealed two primary risk factors: recent antimicrobial use and PPIs.

Actions Taken

- **Communication Strategy:** An awareness campaign targeted GPs and pharmacists to reinforce antimicrobial stewardship.
 - **Education and Training:** Focused on CDI prevention, antimicrobial resistance (AMR), and best practices.
 - **Prescribing Interventions:** Addressed elevated rates of co-amoxiclav prescribing in primary care settings.
 - **Enhanced Surveillance:** Strengthened feedback to healthcare providers.
- From November 2023 - end of October 2024, there was a reduction in the total number of CDI cases (n=54), when compared to the same timeframe the previous year (n=55). This improvement is also reflected in the number of HCAI cases during the same time period.
 - The total CAI CDIs reported was higher than during the same time period from the previous 2 years.

Current CDI initiatives

- Follow up of all hospital and community cases continues to establish risk factors for CDI
- Monthly CDI reporting to Acute Services & HSCP with summary of all CDI cases
- Enhanced surveillance & HPS trigger tool completion for any triggers/ areas of concerns.
- Dr Venkatesh establishing optimum antimicrobial therapy for multiple recurrence CDI case.
- From October 2019 each CDI case is assessed for suitability of extended pulsed Fidaxomicin (EPPFX) 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
- SLWG to agree an action plan for the CAI CDI exception report for Q2 2024.

ECB

- During Q2 2024 (April - June), NHS Fife was above the national rate for HCAI.
- During Q2 2024 (April - June), NHS Fife was below the national rate for CAI.
- There has been an increase in the total number of ECBs, when comparing year ending October 2024 (n=279 cases) to year ending October 2023 (n=232).
- There was also an increase seen in the number of HCAs during the same time-period.
- There has been a reduction in the number of CAUTI related ECBs during the same time period.

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 Patienttrack and have been trailed on V54 ward. Amendments to the tool are awaited by Patienttrack, 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 (September - October 2024)

Norovirus

- There have been 3 new ward or bay closures due to a Norovirus or suspected Norovirus outbreak during this time period.

Seasonal Influenza

- There have been no new closures due to confirmed Influenza outbreak during this time period.

COVID-19

- 8 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 (September – October 2024)

Hand Hygiene

- ASD have introduced electronic recording system for reporting HH compliance from clinical areas and reported via the PAN IPC Group. Some areas continue to utilise LanQIP. Aim for one reporting system for all of NHS Fife, InPhase currently being explored.

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 2 (July - September 2024) was **95.8%**.

National Cleaning Services Specification

The National Cleaning Services Specification – quarterly compliance report result for Quarter 2 (July - September 2024) shows NHS Fife achieving **Green** status.

Estates Monitoring

The National Cleaning Services Specification – quarterly compliance report result for shows Quarter 2 (July - September 2024) NHS Fife achieving **Green** status.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Effective 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 delivery of high quality patient care and to the provision of a clean and safe environment for patients, visitors and other service users.

2.3.3 Financial

A potential cost pressure to implement a new HH audit platform for governance and assurance.

2.3.4 Risk Assessment / Management

Challenges and management of any risks to national infection prevention and control guidance discussed throughout report

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

Effective infection prevention and control include assessments of equality and diversity impact as appropriate.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

This paper has been considered by the Infection Control Manager, Director of Nursing

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.

- HAIRT submitted to the Infection Prevention and Control Committee 4 December 2024.
- CDI Exception Report and Response: IPCC 4 December 2024; EDG 9 January 2025

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a “**moderate**” level of assurance

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Healthcare Associated Infection Report
- Appendix 2, CDI Exception Report Response and Actions Q2

Report Contact

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HAIRT Report

HAIRT Report for Infection
Prevention & Control Committee
on 4th December 2024

(Validated Data up to end of
October 2024)

December 2024



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Published Month Year

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Board Wide Issues

Key Healthcare Associated Infection Headlines

1.1 Achievements:

***Staphylococcus aureus* Bacteraemia Prevention (SAB)**

During Q2 2024 (Apr-Jun), NHS Fife was below the national rate for community acquired infection (CAI).

The total number of SABs (n=86), during the time-period November 2023 to October 2024, was lower than during the same timeframe the previous year, when there were 92 SABs. This improvement is also reflected in the number of HCAI when comparing year end October 2024 (n=44) to year end October 2023 (n=48).

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

During Q2 2024 (Apr-Jun), NHS Fife was below national rate for HCAI.

The total number of CDIs (n=54), during the time-period November 2023 to October 2024, was slightly lower than during the same timeframe the previous year, when there were 55 CDIs. This improvement is also reflected in the number of HCAI cases when comparing year ending October 2024, (n=31) to year ending October 23 (n= 39).

***Escherichia coli* bacteraemia (ECB)**

During Q2 2024 (April to June), NHS Fife was below the national rate for community acquired infection (CAI).

There has been a reduction in the number of CAUTI related ECBs Jan-Oct 24 (n=16) in comparison to during the same time period the previous 2 years (Jan-Oct 23, n=22 and Jan-Oct 22, n=27).

1.2 Challenges:

SABs

During Q2 2024 (April to June), NHS Fife was above the national rate for healthcare associated infection (HCAI).

Vascular access devices (VAD) remain the greatest challenge for hospital acquired SABs:

- There have been 5 PVC related SABs so far this year (Jan-Oct 2024). A complex Care Review is done on each case. Previously 367 days had passed without a PVC related SAB.
- There have been no dialysis line related SABs since the previous report. So far this year (Jan-Oct) there have been 4 dialysis line related cases.

- There have been 10 PWID related SABs Jan-Oct 24. This is the same number as Jan-Oct 23, but higher than during Jan-Oct 22, when there were 8 cases.

CDI

During Q2 2024 (April to June), NHS Fife was above the national rate for community associated infection (CAI) and was issued with an Exception Report.

Where a board's incidence is *"above the standard deviation upper warning limit (UWL) for the current quarter of the long term trend analysis (3 years)"* (Health Protection Scotland 2017), they will be issued with an Exception Report, and are required to produce an Action Plan to address the rate increase.

The total of Community acquired (CAI) CDIs during Jan-Oct 2024 (n=23) was higher than during the same time period the previous 2 years (Jan-Oct 2023, n=14 and Jan-Oct 2022, n=8). PPI was the most common risk factor seen amongst the CAI cases (57% of cases), followed by antibiotic use in the 12 weeks prior to CDI infection (48% of cases). For noting, 30% cases had PPI and previous antibiotic in the preceding 12 weeks, as a factor.

ECBs

During Q2 2024 (April to June), NHS Fife was above the national rate for HCAI.

There has been an increase in the total number of ECBs, when comparing year ending Oct 2023 (n=232 cases) to year ending Oct 2024 (n=279). This increase is also reflected in the number of HCAI cases during the 2 time periods (year ending Oct 2023, n=108, compared to year ending Oct 2024, n=149).

HCAI targets for 2024/25

DL (2023) 06 published on 28th February 2023 advised given the continued service pressures it has been agreed by Scottish Government that the previous HCAI targets will be further extended by one year to 2024. We are awaiting further information regarding 2024/25 target.

Caesarean Section SSI/ Large Bowel Surgery SSI/ Orthopedics Surgery SSI

National surveillance programme for SSI has been paused due to the COVID-19 pandemic. DL (2023) 06 published February 2023 advises surgical site infection (SSI) 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: Q3 2024 (Jul-Sep)				
(Q3 2024 National comparison awaited)				
In Q3 2024 NHS Fife had:	18 SABs	5 HCAI/HAI	This is DOWN from:	27 Cases in Q2 2024
		13 CAI		

Q2 2024 (Apr-Jun) - ARHAI Validated data with commentary			
Healthcare associated SABs		Community associated SABs infection	
HCAI SAB rate: 20.6	Per 100,000 bed days	CAI SABs rate: 8.7	Per 100,000 Pop
No of HCAI SABs: 18		No of CAI SABs: 8	
This is ABOVE National rate of 17.3		This is BELOW National rate of 10.0	
NHS Fife was not an outlier for SABs in Q2 2024.			

New standards for reducing all Healthcare Associated SAB by 10% by 2024 (from 2018/2019 baseline). This standard will be locally extended for a further year to 2025

Standards application for Fife:	SAB Rate Baseline 2018/2019	SAB 10% reduction target by 2025
SAB by rate 100,000 Total bed days	20.9 per 100,000 TBDs	18.8 100,000 TBDs
SAB by Number of HCAI cases	76	68

Current 12 Monthly HCAI SAB rates for Year ending June 2024 (HPS)

SAB by rate 100,000 Total bed days	13.5 per 100,000 TBDs
SAB by Number of HCAI cases	48

Local Device related SAB surveillance

- Localised enhanced surveillance focuses on high-risk clinical areas and vascular line SABs.
- PVC & CVC related SABs will continue to be Datix'd by Dr Morris and undergo a SAER.
- There have been 4 dialysis line (tunnelled) related SABs during the time period January to October 2024. The cases will undergo a Complex Care Review, to ascertain learning

As of 01/11/2024 the number of days since the last confirmed SAB is as follows:

CVC SABs	158 Days
PWID (IVDU)	43 Days
Renal Services Dialysis Line SABs	143 Days
Acute services PVC (Peripheral venous cannula) SABs	122 Days

Please see other SAB graphs & report attachments within 4.1b of Agenda

2.2 Current SAB Initiatives

Fife-wide Collaborative Improvement Initiatives: NHS Fife will continue to:

- Collect and analyse SAB data on a monthly basis to understand the magnitude of the risks to patients in Fife.
- Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs where possible.
- Examine the impact of interventions targeted at reducing SABs.
- Use results locally for prioritising resources.
- Use data to inform clinical practice improvements thereby improving the quality of patient care.
- Liaise with Drug addiction services re PWID (IVDU) SABs.

2.3 National MRSA & CPE screening programme

MRSA										
An uptake of 90% with application of the MRSA Clinical Risk Assessment (CRA) screening is necessary in order to ensure that the national policy for MRSA screening is effective										
NHS Fife achieved 78% compliance with the MRSA CRA in Q3 2024 (Jul-Sep)										
This was BELOW Q2 2024 (90%), and BELOW the compliance target of 90%.										
Awaiting national rate for Q3 2024										
MRSA Critical risk assessment (CRA) screening KPI compliance summary:										
Quarter	Q2 2022 Apr- Jun	Q3 2022 Jul-Sep	Q4 2022 Oct-Dec	Q1 2023 Jan-Mar	Q2 2023 Apr- Jun	Q3 2023 Jul-Sep	Q4 2023 Oct-Dec	Q1 2024 Jan-Mar	Q2 2024 Apr-Jun	Q3 2024 Jul-Sep
Fife	98%	98%	100%	100%	98%	93%	100%	95%	90%	78%
Scotland	80%	78%	74%	78%	81%	80%	74%	79%	80.5%	N/K

CPE (Carbapenemase Producing Enterobacteriaceae)										
From April 2018, CRA has also included screening for CPE.										
NHS Fife achieved 73% compliance with the CPE CRA for Q3 2024 (Jul-Sep)										
This was BELOW the compliance rate in Q2 2024 (80%)										
Awaiting the national rate for Q3 2024										
CPE Critical risk assessment (CRA) screening KPI compliance summary:										
Quarter	Q2 2022 Apr- Jun	Q3 2022 Jul-Sep	Q4 2022 Oct-Dec	Q1 2023 Jan-Mar	Q2 2023 Apr-Jun	Q3 2023 Jul-Sep	Q4 2023 Oct-Dec	Q1 2024 Jan-Mar	Q2 2024 Apr-Jun	Q3 2024 Jul-Sep
Fife	98%	100%	100%	100%	100%	100%	100%	98%	80%	73%
Scotland	79%	78%	76%	77%	80%	81%	76%	78%	81.3%	N/K

IPCT arranged a meeting with the senior charge nurses from the ward areas audited, to discuss the deteriorating MRSA and CPE screening compliance rates. This meeting was held on 23rd October 2024. Discussions included; possible reasons for non-compliance, possible system failures (e.g CRA completed in paper form on admission, but delay in transfer of information onto PatientTrak) and a request for a breakdown of rates for each clinical area. Subsequently each area has been sent a breakdown of their MRSA and CPE screening cases, audited in Q3 2024.

3. Clostridioides difficile Infection (CDI)

3.1 Trends

Clostridioides difficile Infection (CDI)				
Local Data: Q3 Jul-Sep 2024				
(Q3 2024 HPS National comparison awaited)				
In Q3 2024 NHS Fife had:	18 CDIs	13 HCAI/HAI/Unknown	This is DOWN from	19 Cases in Q2 2024
		5 CAI		
Q2 (Apr-Jun) 2024 ARHAI validated data with commentary				
With ARHAI Quarterly epidemiological data Commentary				
*Please note for ARHAI reporting- the CDI denominator may vary from locally reported denominators.				
This is due to some Fife resident Community onset CDIs allocated back to NHS Fife, even though they were treated at other Health boards.				
Healthcare associated CDIs			Community associated CDIs infection	
HCAI CDI rate: 9.1	Per 100,000 bed days		CAI CDIs rate: 13.0	Per 100,000 Pop
No of HCAI CDIs: 8			No of CAI CDIs: 12	
This is BELOW National rate of 17.0			This is ABOVE National rate of 7.1	
<p>Incidence rate per 100,000 occupied bed days</p> <p>Occupied Bed Days (100,000s)</p>			<p>Annualised incidence rate per 100,000 population</p> <p>Population (100,000s)</p>	
<p>Although not an outlier on funnel plot analysis, NHS Fife has been highlighted as an exception for community associated CDI this quarter, in the statistical process chart (SPC) analyses, and is therefore required to provide an Action Plan to ARHAI Scotland by 2/12/24. A meeting was held on 19/11/24 to discuss the Exception Report and any actions to be taken. Communication with GPs and Community</p>				

Pharmacy will be integral in addressing this issue.

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 8	Low Risk 6

New standards for reducing all Healthcare Associated CDI by 10% by 2024 (from 2018/2019 baseline). This standard will be locally extended for a further year to 2025

Standards application for Fife:	CDI Rate Baseline 2018/2019	CDI 10% reduction target by 2025
CDI by rate 100,000 Total bed days	7.2 per 100,000 TBDs	6.5 100,000 TBDs
CDI by Number of HCAI cases	26	23
Current 12 Monthly HCAI CDI rates for Year ending June 2024 (ARHAI)		
CDI by rate 100,000 Total bed days	5.1 per 100,000 TBDs	
CDI by Number of HCAI cases	18	

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

4.0 Escherichia coli Bacteraemias (ECB)

4.1 Trends:

Escherichia coli Bacteraemias (ECB)				
Local Data: Q3 (Jul-Sep) 2024				
(Q3 2024) ARHAI National comparison awaited				
In Q3 2024	71 ECBs	32 HAI/HCAIs	This is DOWN from	76 Cases in Q2 2024
NHS Fife had:		39 CAIs		
Q3 2024 There were 2 Urinary catheter associated ECBs, which was lower than during Q2 2024, when there were 8 CAUTIs.				

Q2 (Apr-Jun) 2024			
ARHA Validated data ECBs with HPS commentary			
*Please note for ARHAI 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: 51.4	Per 100,000 bed days	CAI ECBs rate: 34.7	Per 100,000 Pop
No of HCAI ECBs: 45		No of CAI ECBs: 32	
This is ABOVE National rate of 39.4		This is BELOW National rate of 36.2	
For HCAI & CAI ECBs: NHS Fife was WITHIN the 95% confidence interval in the funnel plot analysis			

New standards for reducing all Healthcare Associated ECBs by 25% by 2024 (from 2018/2019 baseline). This standard will be extended locally for a further year to 2025		
New standards for reducing all Healthcare Associated ECB by 25% by 2025 (from 2018/2019 baseline).		
Standards application for Fife:	ECB Rate Baseline 2018/2019	ECB 25% reduction target by 2025
ECB by rate 100,000 Total bed days	44.0 per 100,000 TBDs	33.0 per 100,000 TBDs
ECB by Number of HCAI cases	160	120
Current 12 Monthly HCAI ECB rates for Year ending June 2024 (HPS)		
ECB by rate 100,000 Total bed days	40.7 per 100,000 TBDs	
ECB by Number of HCAI cases	145	

Hospital Acquired Infections (HAI) (Acute & HSCP Hospitals)			
CATHETER Device related <i>E.coli</i> Bacteraemia			
Count of Device- Catheter over Total Fife HAI ECBs			
	NHS Scotland	NHS Fife	Rate calculation
2024 Q3	N/K	*11.1 %	
2024 Q2	21.1 %	10.5 %	
2024 Q1	19.5 %	6.3 %	
2023 Q4	21.2 %	35.7 %	
2023 Q3	18.5 %	27.3 %	
2023 Q2	18.1 %	12.5 %	
2023 Q1	18.9 %	22.2 %	
2022 TOTAL	17.0 %	21.4 %	
2021 TOTAL	16.0 %	15.4 %	
2020 TOTAL	16.4 %	27.5 %	* Locally calculated data- TBC by ARHAI when Q3 2024 data published on Discovery
2019 TOTAL	16.1 %	24.5 %	
Data from NSS Discovery ARHAI Indicators			

Healthcare Associated Infections (HCAI) CATHETER Device related <i>E.coli</i> Bacteraemia Count of Device- Catheter over Total Fife HCAI ECBs			
	NHS Scotland	NHS Fife	Rate calculation
2024 Q3	N/K	*4.3 %	
2024 Q2	20.9 %	23.1 %	
2024 Q1	21.5 %	18.2 %	
2023 Q4	27.1 %	30.0 %	
2023 Q3	21.3 %	35.3 %	
2023 Q2	22.6 %	22.2 %	
2023 Q1	26.5 %	12.5 %	
2022 TOTAL	22.7 %	30.9 %	*Locally calculated data- TBC by ARHAI when Q3 2024 data published on Discovery
2021 TOTAL	27.0 %	36.0 %	
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 **8th August 2024 (next meeting 5th December 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-Oct 2024, there were 16 CAUTI ECBs, of which one case was associated with trauma.

Infection control surveillance alert the patients care team Manager by Datix when an ECB is a urinary catheter associated infection, to then undergo a CCR, to provide further learning from all ECB CAUTIs.

CAUTI insertion & maintenance bundles have now been installed onto Patientrack in February 2022 and were trailed on V54 ward. Amendments to the tool are now awaited by Patientrack before this can then be rolled out across the board.

The eCatheter bundle group met on 20th August to finalise the pathways for the catheter insertion & maintenance systems for both the acute & HSCP. These updated bundles have been forwarded onto the D&I team and a meeting is set for December 2024 to plan their implementation onto Patientrack.

5. Hand Hygiene

- Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections and to minimise 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.
- ASD have introduced electronic recording system for reporting HH compliance from clinical areas and reported via the PAN IPC Group. Some areas continue to utilise LanQIP. Aim for one reporting system for all of NHS Fife, InPhase currently being explored.

5.1 Trends

- Unable to report

6. Cleaning and the Healthcare Environment

- Keeping the healthcare environment clean is essential to prevent the spread of infections.
- NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%.
- The Overall Cleaning Compliance for NHS Fife for Quarter 2 (Jul-Sep 24) was **95.8%**.
- 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	Q2 Jul-Sep 24	Q1 Apr-Jun 24
Fife	↓ 95.8%	96.3%
Scotland	Awaiting	95.2%

- The National Cleaning Services Specification – quarterly compliance report result for Quarter 2 (Jul-Sep) 24 shows NHS Fife achieving **GREEN** status.

- **Estates Monitoring**

Estates Location	Q2 Jul-Sep 24	Q1 Apr-Jun 24
Fife	96.8%	96.8%
Scotland	Awaiting	96.4%

- The Estates Monitoring – quarterly compliance report result for Quarter 2 (Jul-Sep) 24 shows NHS Fife achieving **GREEN** status.

6.2 Current Initiatives

- Areas with results below 90% for all Hospital & Healthcare facilities have been identified to relevant managers for action.

7.1 Outbreaks

This section gives details on any outbreaks that have taken place in the Board since the last report, or a brief note confirming that none has taken place.

Where there has been an outbreak this states the causative organism, when it was declared, number of patients & staff affected & number of deaths (if any).

A summary of all outbreaks since the last report will be within Section 4.1h of the Agenda.

All ward/ bay closures due to Norovirus are reported to ARHAI Scotland weekly, all closures due to an Acute Respiratory Illness (ARI) via the ORT.

September – end of October 2024

Norovirus

There have been 3 ward/bay closures due to GI outbreaks, 1 of these were confirmed Norovirus.

Seasonal Influenza

There has been no outbreaks due to confirmed Influenza since the last reporting period.

COVID-19

There has been 8 new COVID-19 outbreak/incident reportable to ARHAI Scotland during this reporting period.

Hospital	Ward	Ist Case	Total no. deaths	Total no. patients	Total no. staff
Glenrothes	Ward 3	Sep 2024	0	7	5
Stratheden	Radernie	Sep 2024	0	4	5
QMH	Ward 7	Sep 2024	0	4	2
QMH	Ward 6	Sep 2024	1	1	5
QMH	Ward 1	Sep 2024	0	7	1
QMH	Ward 5	Sep 2024	0	0	0
VHK/QMH	Renal Services	Oct 2024	0	14	2
VHK	Ward 41	Sep 2024	0	2	1

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 (September – end of October 2024)

10. Assessment

- **CDIs:** There has been an increase seen in the number of *Clostridioides difficile* cases during 2024 (Jan-Oct 24, n=53), compared to the same time period the previous 2 years (Jan-Oct 23, n=46 and Jan-Oct 22, n=31). There has also been a significant increase in the number of CAI cases over the past 2 years. Amongst those CAI cases (Jan-Oct 24), the most commonly identified risk factors were PPI usage and antibiotics in the 12 weeks preceding the CDI infection. Following an Exception Report from ARHAI, NHS Fife will submit an Action Plan to try and address the increase in CAI cases, by the required date (02/12/24).
- **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 carry out MDRO screening compliance and, highlight and support areas of non-compliance.
- Communication channels between IPCT and Addictions Service remain in place, with the offer of further support, if required.
- **ECBs:** Healthcare associated (HAI/HCAI) ECBs remain a challenge
- Addressing CAUTI related ECBs through the Urinary Catheter Improvement Group
- **SSIs surveillance** currently suspended nationally 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-24	6	3	9	4	6	10	14	8	22
May-24	5	4	9	2	3	5	14	12	26
Jun-24	8	2	10	2	2	4	17	11	28
Jul-24	2	5	7	5	3	8	9	10	19
Aug-24	0	1	1	4	0	4	11	16	27
Sep-24	3	7	10	4	2	6	12	13	25
Oct-24	3	2	5	5	3	8	14	8	22

Cleaning Compliance (%) TOTAL FIFE												
	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun24	Jul 24	Aug 24	Sep 24
Overall	96.0	96.2	95.8	95.8	95.9	96.3	96.5	96.3	96.1	96.0	95.6	95.8

Estates Monitoring Compliance (%) TOTAL FIFE												
	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24
Overall	95.7	96.2	95.9	96.8	96.6	96.3	96.9	96.9	96.7	96.4	96.7	97.2

Victoria Hospital

	VHK		
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
	HAI	<u>HAI</u>	<u>HAI</u>
Month			
Apr-24	3	3	5
May-24	4	1	6
Jun-24	6	2	6
Jul-24	2	2	1
Aug-24	0	1	3
Sep-24	1	2	4
Oct-24	2	3	5

Cleaning Compliance (%) Victoria Hospital												
	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24
Overall	96.4	96.0	95.9	95.1	94.9	95.9	96.2	95.3	95.8	95.1	95.0	95.4

Estates Monitoring Compliance (%) Victoria Hospital												
	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24
Overall	97.1	97.3	96.5	97.7	97.3	97.2	97.6	97.6	97.3	97.2	97.1	97.9

Queen Margaret Hospital

	QMH		
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
	HAI	HAI	<u>HAI</u>
Month			
Apr-24	1	0	0
May-24	0	0	0
Jun-24	1	0	1
Jul-24	0	0	1
Aug-24	0	0	0
Sep-24	0	0	0
Oct-24	0	0	0

Cleaning Compliance (%) Queen Margaret's hospital												
	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24
Overall	96.8	97.4	96.6	97.0	97.5	96.7	97.7	97.4	96.5	97.0	96.4	96.6

Estates Monitoring Compliance (%)Queen Margaret's hospital												
	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24
Overall	95.5	95.3	96.4	96.2	95.6	95.7	95.6	95.9	95.9	95.7	96.3	96.2

Community Hospitals

	COMMUNITY HOSPITALS		
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
	<u>HAI</u>	<u>HAI</u>	<u>HAI</u>
Month			
Apr-24	0	0	1
May-24	0	0	0
Jun-24	0	0	0
Jul-24	0	1	0
Aug-24	0	2	0
Sep-24	0	0	0
Oct-24	0	1	0

Out of Hospital

	OUT OF HOSPITAL					
	SAB <48hrs admx		CDI <48hrs admx		ECB <48hrs admx	
	<u>HCAI</u>	Community / Not Known	<u>HCAI / UnKnown</u>	Community	<u>HCAI</u>	Community / Not Known
Month						
Apr-24	2	3	1	6	8	8
May-24	1	4	1	3	8	12
Jun-24	1	2	0	2	10	11
Jul-24	0	5	2	3	7	10
Aug-24	0	1	1	0	8	16
Sep-24	2	7	2	2	8	13
Oct-24	1	2	1	3	9	8

Appendix 1 References and Links

References & Links
<p>Understanding the Report Cards – Infection Case Numbers</p> <p><i>Clostridioides difficile</i> infections (CDI) and <i>Staphylococcus aureus</i> bacteraemia (SAB) cases are presented for each hospital, broken down by month by Healthcare Associated (HCAI & HAI) & Community (Community/Unknown) onset. More information on these organisms can be found on the NHS24 website:</p> <p><i>Clostridioides difficile</i>: https://www.hps.scot.nhs.uk/a-to-z-of-topics/clostridioides-difficile-infection/ <i>Staphylococcus aureus</i>: https://www.hps.scot.nhs.uk/a-to-z-of-topics/staphylococcus-aureus-bacteraemia-surveillance/</p> <p>For <u>each hospital</u>, the total number of cases for each month are those, which have been reported as positive from a laboratory report on samples taken <u>more than</u> 48 hours after admission. For the purposes of these reports, positive samples taken from patients <u>within</u> 48 hours of admission will be considered confirmation that the infection was contracted prior to hospital admission and will be shown in the “out of hospital” report card.</p> <p>Targets</p> <p>There are national targets associated with reductions in C.diff and SABs and from 2019 for e.coli bacteraemias (ECBs). More information on these can be found on the Scotland Performs website: http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance</p> <p>Understanding the Report Cards – Hand Hygiene Compliance</p> <p>Hospitals carry out regular audits of how well their staff are complying with hand hygiene. Each hospital report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used.</p> <p>Understanding the Report Cards – Cleaning Compliance</p> <p>Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website: http://www.hfs.scot.nhs.uk/online-services/publications/hai/</p> <p>Understanding the Report Cards – ‘Out of Hospital Infections’</p> <p><i>Clostridium difficile</i> infections and <i>Staphylococcus aureus</i> bacteraemia cases can be associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infections from community sources. The final Report Card report in this section covers ‘Out of Hospital Infections’ and reports on SAB and CDI cases reported to NHS Fife which are not attributable to a hospital.</p> <p>For HPS categories for Healthcare Associated Infections:</p> <p>https://www.hps.scot.nhs.uk/web-resources-container/quarterly-epidemiological-commentary-for-the-surveillance-of-healthcare-associated-infections-in-scotland-methods-caveats/</p>

Appendix 2 Categories of Healthcare & Community Infections

Categories of Healthcare & community Infections			
		Quarterly Epidemiology Commentary category	
		Healthcare associated infection case	Community associated infection case
CDI¹ Enhanced ECB² Enhanced SAB³ surveillance category	Hospital acquired infection (HAI)	X	
	Healthcare associated infection (HCAI)	X	
	Community infection (CA)		X
	ECB/SAB not known		X
	CDI unknown	X ¹	

HPS ECB & SAB definitions for Hospital Acquired, Healthcare Associated, Community or Not known	
<p>Hospital Acquired Infection (HAI): Positive Blood culture obtained from patient who has been -Hospitalised for >48 hours If the patient was transferred from another hospital the duration of the in-patient stay is calculated from the date of the first hospital admission OR -The patient was discharged from hospital in the 48 hours prior to the positive blood culture being obtained OR -A patient receives regular haemodialysis as an outpatient</p> <p>Community Infection -Positive Blood culture obtained from a patient with 48 hours of admission to hospital who does not fulfil any of the criteria for the healthcare associated blood stream infections</p> <p>Not known: -Only to be used if the ECB is not a HAI and unable to determine if community or HCAI</p>	<p>Healthcare Associated Infection (HCAI):- Positive blood culture obtained within 48 hours of admission to hospital and fulfils one or more of the following criteria: -Was hospitalised overnight in the 30 days prior to the +ve blood culture being obtained. OR -Resides in a Nursing home, long term facility or residential home OR -IV,IM, Intra-articular or sub cut medication in the 30 days prior to the positive blood culture, but EXCLUDING IV illicit drug use. OR -Underwent venepuncture in the 30 days before +ve BC OR -Underwent medical procedure which broke mucous or skin barrier i.e. biopsies or dental extraction in the 30 days before +ve BC OR -Underwent any care for chronic medical condition or manipulation of medical device by a healthcare worker in the community in the 30 days prior to the +ve BC being obtained i.e. podiatry or dressing of chronic ulcers, catheter change or insertion OR -Has a long term indwelling device (i.e. catheter, central line, drain (excluding a haemodialysis line)</p>

HPS CDI Definition for Hospital Acquired, Healthcare Associated, Unknown or Community onset

HPS Linkage Origin Definitions

CDI Origin	Origin sub category : definitions
<p>Healthcare</p>	<p>HAI : Specimen taken after more than 2 days in hospital (day three or later following admission on day one)</p> <p>HCAI : Specimen taken within 2 or less days in hospital and a discharge from hospital 4 weeks prior to specimen date; or specimen taken in the community and a discharge from hospital within 4 weeks of the specimen date</p> <p>Unknown : Specimen taken 2 or less days in hospital and a previous discharge from hospital 4-12 weeks prior to specimen date; or specimen taken in the community and a discharge from hospital in 4-12 weeks prior to the specimen date</p>
<p>Community</p>	<p>CAI : Specimen taken 2 or less days in hospital and no hospital discharges in the 12 weeks prior to specimen date; or not in hospital when specimen taken and no hospital discharges in the 12 weeks prior to specimen date.</p>

CDI Surveillance Protocol link: <https://www.hps.scot.nhs.uk/web-resources-container/protocol-for-the-scottish-surveillance-programme-for-clostridium-difficile-infection-user-manual/>

NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who require Easy Read versions, who speak BSL, read Braille or use Audio formats.

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife-UHB.EqualityandHumanRights@nhs.net or phone 01592 729130

NHS Fife
Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

www.nhsfife.org

-  facebook.com/nhsfife
-  [@nhsfife](https://twitter.com/nhsfife)
-  youtube.com/nhsfife
-  [@nhsfife](https://instagram.com/nhsfife)

Report and action plan in response to community associated *Clostridioides difficile* infection (CDI) exception

Quarterly epidemiological data on *Clostridioides difficile* infection, *Escherichia coli* bacteraemia, *Staphylococcus aureus* bacteraemia and Surgical Site infection in Scotland Q2 2024

Author: NHS Fife

Publication date: October 2024

Situation

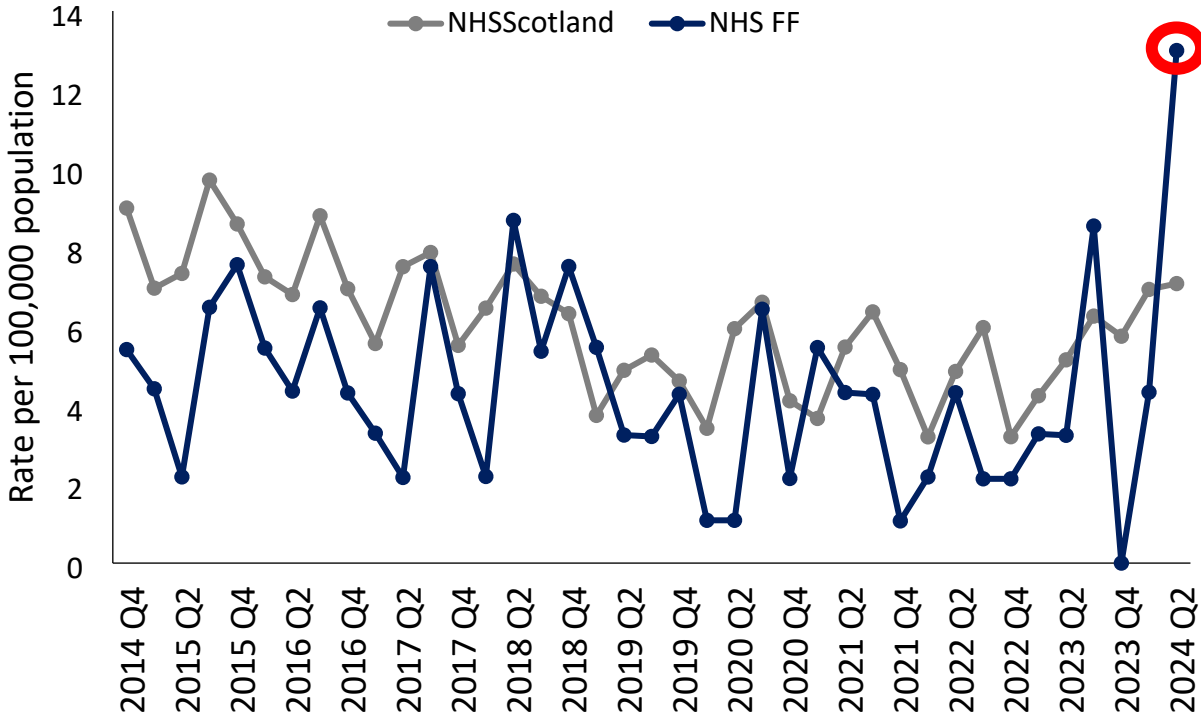
NHS Fife (FF) has been highlighted as an exception, identified as being above normal variation for community associated CDI when analysing trends in NHS FF over the past three years.

Background

There were 20 CDI cases reported by NHS FF in 2024 Q2 (April to June). Of these, 12 cases (60.0%) were identified as community associated CDI. This was an incidence of 13.0 community associated CDI cases per 100,000 population, compared with a national community associated CDI incidence of 7.1 cases per 100,000 population (**Figure 1**).

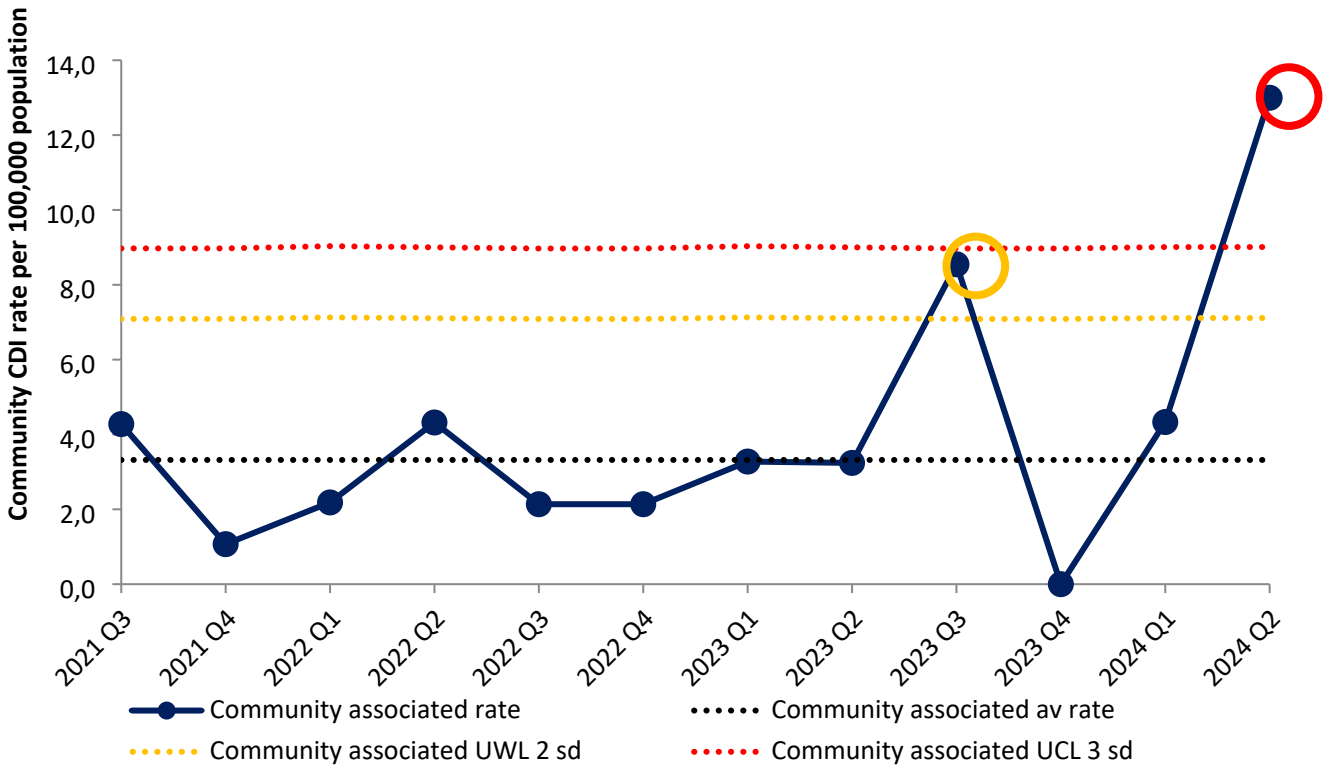
When analysing trends for NHS FF over the past three years, the 2024 Q2 community associated CDI rate in NHS FF exceeded the upper control limit in the SPC U-chart (**Figure 2**). This is the first time that NHS FF have been identified as a community associated CDI exception. Rates of community associated CDI in NHSScotland also exceeded the upper control limit in the SPC U-chart in 2024 Q2 (**Figure 3**). The community associated CDI funnel plot analysis for 2024 Q2 indicates that the rate for NHS FF was within the 95% confidence interval upper limit (**Figure 4**).

Figure 1: NHS Fife and NHS Scotland, quarterly community associated CDI rate per 100,000 population 2014 Q4 to 2024 Q2¹



¹ Quarters where NHS Fife have been highlighted as an exception are circled in red.

Figure 2: NHS Fife quarterly rates of community associated CDI per 100,000 population, three-year SPC U-chart¹

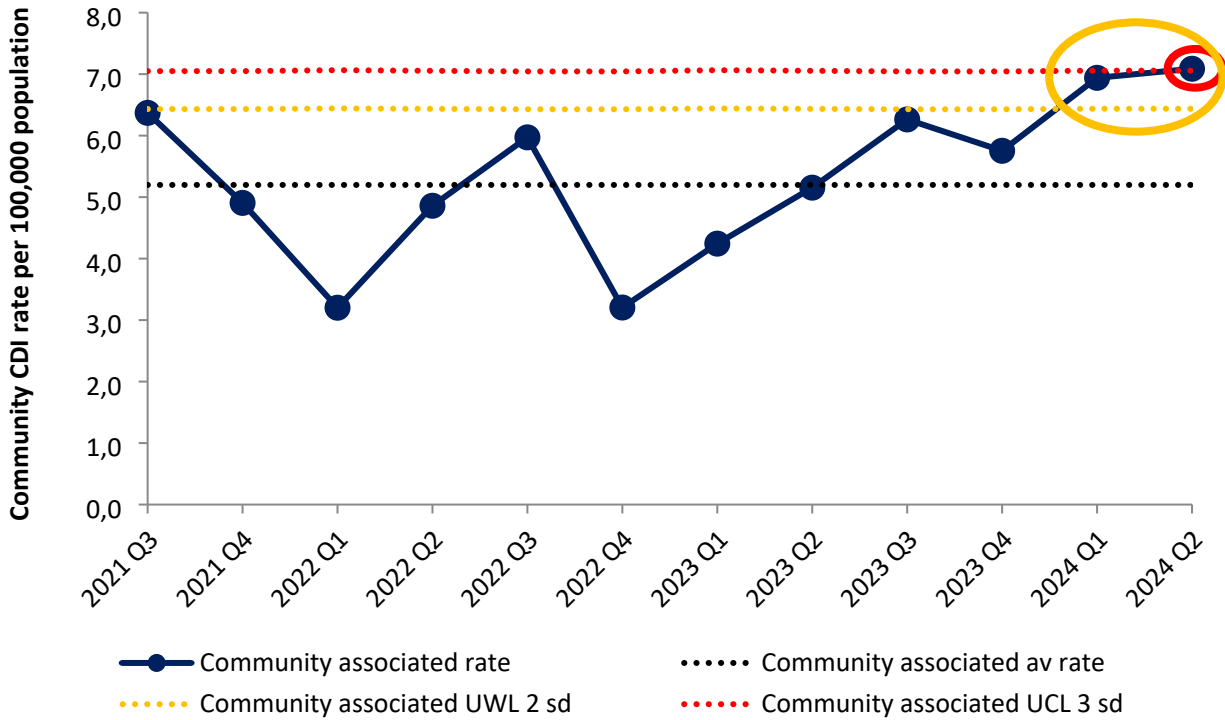


¹ Centreline calculated using the average of the twelve quarters prior to the current quarter.

² Data points circled in red represent upper control limit exceedances (3sd).

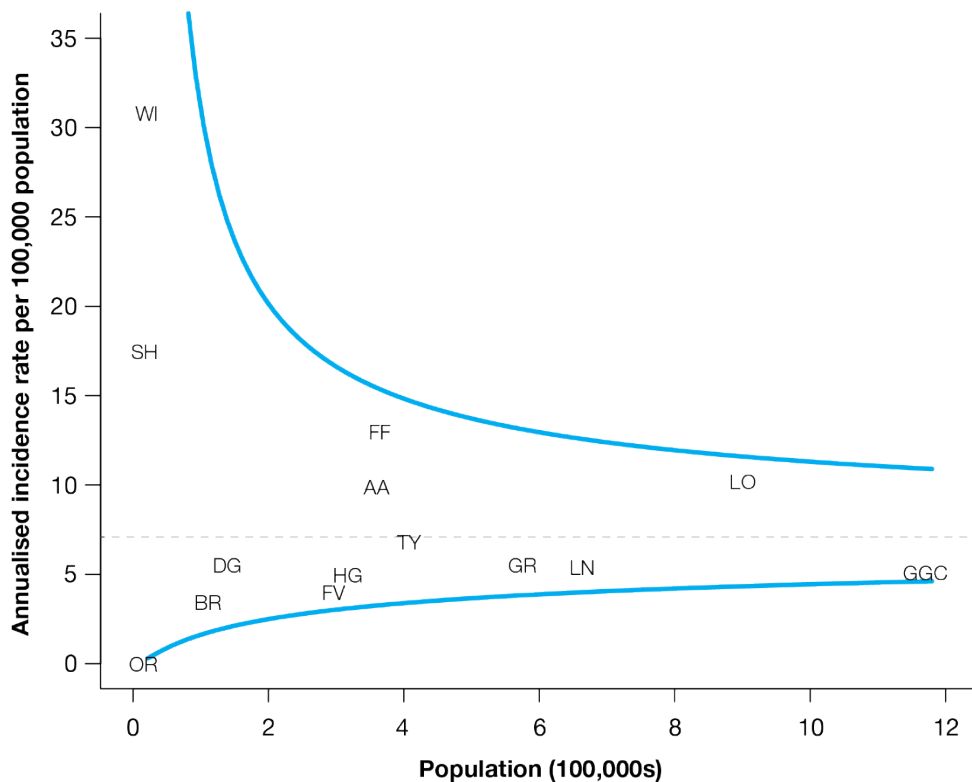
³ Data points circled in amber represent upper warning limit exceedances (2sd).

Figure 3: NHS Scotland quarterly rates of community associated CDI per 100,000 population, three-year SPC U-chart¹



¹ Centreline calculated using the average of the twelve quarters prior to the current quarter.
² Data points circled in red represent upper control limit exceedances (3sd).
³ Data points circled in amber represent an upper one-third exceedance.

Figure 4: Funnel plot of CDI incidence rates (per 100,000 population) in community associated infection cases for all NHS boards in Scotland in 2024 Q2



Assessment

Analysis of data

Following a review of data validation has been carried out to ensure accuracy, there are 6 amendments.

There were 19 CDI cases reported by NHS Fife in 2024 Q2 and 1 further case reassigned to NHS Fife.

Cases are assigned as **community associated CDI** when:

- the patient has not been discharged from a healthcare facility within the 12 weeks prior to their specimen date.

Of the 12 **community associated CDI cases** reported by ARHAI Scotland:

Amendment 1 - The case reassigned to NHS Fife, does not have a Fife postcode and suggest this should be discounted from this report.

- Four cases were reported from four distinct wards within Victoria hospital (onset of symptoms within 48 hours of admission)
- Five cases were reported from five distinct primary care locations.
- Three cases (two individuals) were reported from the Pipeland Medical Practice based in St Andrews Community Hospital.
 - One patient had two episodes of CDI within 2024 Q2, with the second episode occurring 11 weeks after onset of the previous episode.
 - On further investigation, this patient had been treated in South American in February 2024 and received multiple courses of antibiotics there.

Amendment 2 - Therefore, the first incidence of CDI should be reclassified as **unknown**.

Amendment 3 - Suggest this the total number of community associated CDI cases for Q2 is amended to **10 community associated CDI cases** and an **incidence rate of 10.8** community associated CDI cases per 100,000 population.

Of the 19 NHS Fife cases, nine (47.4%) were classed as healthcare associated CDI and 10 (52.6%) were classed as community associated CDI.

- All sample sources for the 10 cases have been performed on diarrhoea stools only.
- There have been no changes to laboratory practices.
- NHS Fife have ensured the national mandatory surveillance definition has been followed to establish that CDI has been confirmed for all cases. NHS Fife have been unable to confirm the case reassigned that does not have a Fife postcode.
- A review of time, place and person did not identify any significant links.

- A review of all cases for risk factors such as recent use of antimicrobials or medications such as proton pump inhibitors (PPI) or H2 antagonists, serious underlying medical conditions, and immunosuppression. The 2 most common risk factors were identified as recent use of antimicrobials and PPI.

Infection Control

- As these cases were community onset and no identifiable link to anyone one specific GP/Health Centre audits for SICPs/TBPs were not deemed appropriate.

Typing

The CDI [Snapshot surveillance programme](#) recommends that NHS FF send eight isolates from CDI cases aged 15 years and older to [Enteric Bacterial Infections Service](#) (EBIS) for typing each quarter. The [CDI surveillance protocol](#) recommends that as part of the clinical surveillance programme, isolates from severe CDI cases or part of a suspected outbreak are sent for typing.

- During 2024 Q2, NHS Fife submitted a total of 15 isolates for the snapshot programme. These were identified as PCR ribotypes 023 (four isolates), 005 (two isolates) and 012, 014, 015, 050, 018, 103, 106, 110 and 220 (each one isolate).
- The isolates identified as PCR ribotype 050 and 106 were isolated from patients with severe disease and were also included in the clinical surveillance programme.
- Assessment of the typing results has not identified any unusual types or possible links.

There were 3 amendments to typing.

- **Amendment 4** – 15 rather than 14 isolates submitted for the snapshot programme
- **Amendment 5** – ribotypes 023 (four rather than 3 isolates)
- **Amendment 6** – ribotype 018 rather than 081

Prescribing

- Review of prescribing and adherence to local prescribing policies within primary care settings and nationally collated prescribing data on [Discovery ARHAI Indicators dashboards](#) shows NHS Fife as slightly above National average for co-amoxiclav prescribing and this has been addressed with GPs.

Quarter 3 2024 Data

Local surveillance has identified a marked reduction in community associated CDI cases for Q3 2024 (n=5), providing assurance the increase in cases identified in Q2 is not an ongoing trend.

Recommendations

A local action plan was developed in collaboration between clinicians and the infection prevention and control team that details actions, areas of responsibility and timescales This includes:

- Communication Strategy: An awareness campaign including GP Newsletter article and a Memo to GPs, health centre managers and community pharmacists that outline the importance of Antimicrobial Stewardship (AMS) and strategies for reducing the risk of CDI.
- PPIs: Advice to GPs and community pharmacists to review and stop PPIs where appropriate.
- Antimicrobial Resistance (AMR) and AMS awareness campaign for staff, patients, care home residents, visitors and the public including supporting World Antimicrobials Awareness Week.
- Promote CDI and AMR Education and Training: The IPCT has promoted the national CDI and AMR Training and Educational resources available through NES and the local NHS Fife IPC training sessions.
- Promoting Public Health Scotland resources; Guidance on prevention and control of CDI in community-based settings in Scotland and CDI resources available on the National Infection Prevention and Control Manual (NIPCM).
- Robust Surveillance and Feedback: continue robust surveillance of all CDI cases in Fife and provide monthly feedback to healthcare providers to promote accountability and improvement.
- Rising awareness of CDI at relevant governance and local specialist groups such as the Infection Prevention and Control Team, Infection Control Committee, PAN IPC Group and Antimicrobial Management Team meetings.
- Continue to ensure that a representative sample of isolates from symptomatic CDI cases are sent to the Enteric Bacterial Infections Service (EBIS) on a quarterly basis for typing under the snapshot programme, as outlined in the [CDI snapshot protocol](#);
- Continue to ensure that isolates from any severe cases or suspected outbreaks are sent to the EBIS for clinical typing as per [CDI protocol](#);

Supporting ARHAI Epidemiological Assessment

There were 20 CDI cases reported by NHS FF in 2024 Q1. Eight (40.0%) were classed as healthcare associated CDI and 12 (60.0%) were classed as community associated CDI.

Of the 12 **community associated CDI cases**, eight (66.7%) were age 65 years or older and nine (75.0%) were female.

Cases are assigned as **community associated CDI** when:

- the patient has not been discharged from a healthcare facility within the 12 weeks prior to their specimen date.

The “requesting location” field from Electronic Communication of Surveillance in Scotland (ECOSS) was used to determine the patient location at time of specimen collection (referred to herein as where the case was reported from) for each case as below.

Of the 12 **community associated CDI cases** identified:

- Four cases were reported from four distinct wards within Victoria hospital (onset of symptoms within 48 hours of admission)
- Three cases (two individuals) were reported from the Pipeline Medical Practice based in St Andrews Community Hospital.
 - One patient had two episodes of CDI within 2024 Q2, with the second episode occurring 11 weeks after onset of the previous episode.
- Five cases were reported from five distinct primary care locations.

Specimen dates and requesting location of all CAI cases is detailed in [Error! Not a valid bookmark self-reference..](#)

Typing

The CDI [Snapshot surveillance programme](#) recommends that NHS FF send eight isolates from CDI cases aged 15 years and older to [Enteric Bacterial Infections Service](#) (EBIS) for typing each quarter. The [CDI surveillance protocol](#) recommends that as part of the clinical surveillance programme, isolates from severe CDI cases or part of a suspected outbreak are sent for typing.

- During 2024 Q2, NHS FF submitted a total of 14 isolates for the snapshot programme. These were identified as PCR ribotypes 023 (three isolates), 005 (two isolates) and 012, 014, 015, 050, 081, 103, 106, 110 and 220 (each one isolate).
- The isolates identified as PCR ribotype 050 and 106 were isolated from patients with severe disease and

were also included in the clinical surveillance programme.

Antibiotic Prescribing

The use of broad-spectrum antibiotics has an increased risk of disruption to normal gut flora compared to other antibiotics and therefore present an increased risk of CDI. The rate of use of broad spectrum antibiotics (clindamycin, cephalosporins, co-amoxiclav and ciprofloxacin/quinolones) in NHS FF acute hospitals and NHSScotland acute hospitals in defined daily doses (DDDs) per 1,000 bed days are available on [Discovery ARHAI Indicators dashboards](#). It is noted that national data on antibiotic use in primary and secondary care settings was only available up to 2024 Q1 at time of compiling this report.

Appendix 1

Table A1: Number of CAI CDI cases and requesting location reported, NHS Fife, 2024 Q2

Location	Ward/Code	Number of CDI cases	Date of cases
Victoria Hospital	Admissions Unit 1	1	14/06/2024
Victoria Hospital	43	1	06/04/2024
Victoria Hospital	KKL	1	16/04/2024
Victoria Hospital	GP		25/04/2024
Pipeline Medical Practice (St Andrews Community Hospital)	GP	3	03/04/2024, 18/06/2024, 20/05/2024
Millhill Surgery	F014B	1	07/05/2024
Bellyeoman Surgery	F017B	1	24/04/2024
Airlie Medical Practice	F035B	1	23/04/2024
Kincardine Health Centre	F802B	1	25/06/2024
New Park Medical Practice	F809B	1	01/05/2024

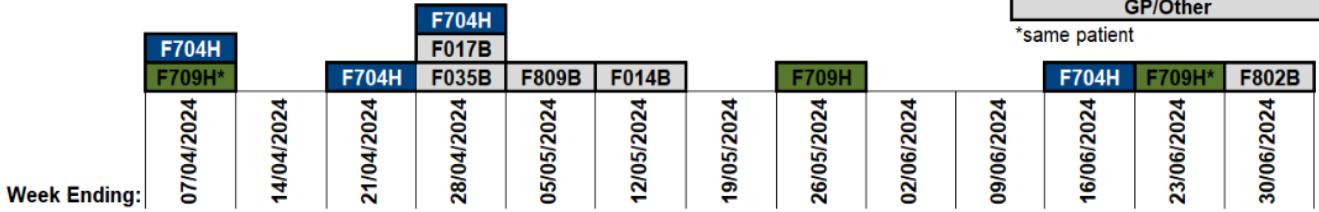
Figure A1: Epidemic curves of community associated CDI cases by (a) week and location of specimen collection and (b) week of specimen collection and PCR ribotype, NHS Fife, 01/04/2024 to 30/06/2024.

(a) Community associated CDI by week and specimen location

Location key

St Andrews Community Hospital
Victoria Hospital
GP/Other

*same patient

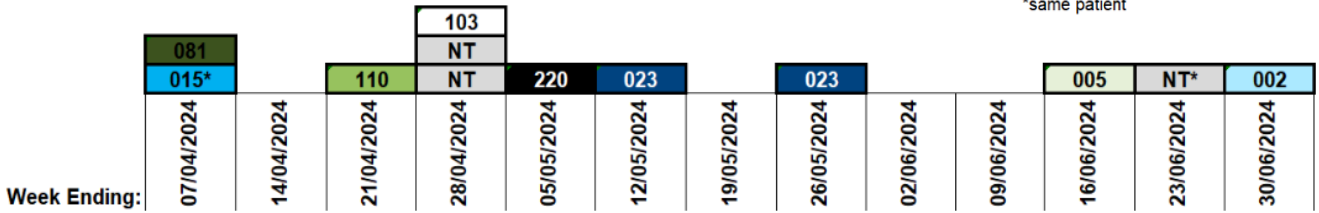


(b) Community associated CDI by week and PCR ribotype

PCR ribotype key

005	110
002	103
015	220
081	023
Not typed (NT)	

*same patient



Meeting:	Clinical Governance Committee
Meeting date:	17 January 2025
Title:	Patient Experience and Feedback Report
Responsible Executive:	Janette Keenan, Director of Nursing
Report Author:	Siobhan McIlroy, Head of Patient Experience (HoPE)

Executive Summary

- **Stage 1 Complaint Resolution:** Continued emphasis on local resolution of Stage 1 complaints within five working days to enhance patient experience and achieve an 80% target compliance rate.
- **Performance Metrics:** A 41% reduction in open Stage 1 complaints from Q2 to Q3 (65 down to 8), with a significant focus on timely resolutions contributing to improved patient satisfaction. 32% reduction from Q3 2023/24 in the average number of days taken to close a complaint.
- **Stage 2 Complaint Processing:** Collaboration with the Datix team to automate response time calculations, addressing inefficiencies and aiming for improved processing times.
- **Compliance Rates:** Compliance for closed complaints showed fluctuations—61% in October, increased to 70% in November, but dropped to 50% in December.
- **Current Delays:** As of December 2024, 60 Stage 2 complaints were pending, with 78% awaiting action from Services, highlighting delays in the complaint handling process.
- **SPSO Cases:** Three new cases in Q3, with ongoing efforts to address delays through the implementation of a Support Intervention Policy, and a focus on improving communication with the SPSO.
- **Patient Engagement Initiatives:** Promotion of Care Opinion with active outreach to clinical areas, aiming to gather diverse patient stories and enhance community engagement, resulting in 433 stories received in Q3.
- **Quality Improvement Focus:** Analysing patient feedback data to inform quality improvement strategies, ensuring alignment with patient values and needs, and fostering a culture of shared decision-making.

1. Purpose

The purpose of this paper is to provide an update on patient experience and feedback, and to describe work being taken forward to present a more rounded picture of patient experience, ensuring improvements are made and are featured in future reports.

This report is presented for:

- Assurance
- Discussion

This report relates to:

- Emerging issue
- Government policy / directive
- Local policy
- NHS Board Strategic Priority/ies – To Improve Quality of Health & Care Services

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

- Person Centred

2 Report summary

2.1 Situation

Patient complaints are reported monthly through the Fife Integrated Performance and Quality Report (IPQR). The indicators are identified as:

- Stage 1 Closure rate (target 80%)
- Stage 2 Closure rate (target 60% by 31st March 2025)

Whilst concern has been raised about the level of performance, these indicators do not adequately capture patient experience and a review is underway to ensure that the quality of patient experience is described, and to improve the complaint handling performance in line with national timeframe standards.

2.2 Background

Person centred care is about ensuring the people who use our services are at the centre of everything we do. It is delivered when health and social care professionals work together with people, to tailor services to support what matters to them. It is about:

- respect for patients' values, expressed needs and preferences
- coordination and integration of care
- communication, information, education,
- physical comfort
- emotional support
- involvement of family and friends

2.3 Assessment

Stage 1 Complaints, Concerns and Enquiries

There has been a continued focus within the Patient Experience Team and the Service to early complaint resolution. All Services are reminded of the importance of resolving Stage 1 complaints locally within the five working days. Direct dialogue between the Services and the Complainant is crucial for maintaining a high level of patient experience and satisfaction. This proactive approach to complaint resolution will help to achieve the 80% target timeframe. Local resolution also eliminates the need for a written response

from the Patient Experience Team, which can add extra steps and potential delays to the process.

All Services continue to be reminded of the significant benefits local resolution brings to patients, staff, and the Organisation, improving patient satisfaction and Experience, providing emotional relief for patients, contributing to their overall well-being, enhancing the quality of care, reducing workload, professional growth, significant stress reduction, cost savings, reputational management, and compliance with regulatory standards and timeframes. Local resolution will also prevent delays as a written response will not be required, thus speeding up the process of providing a response and improving compliance targets.

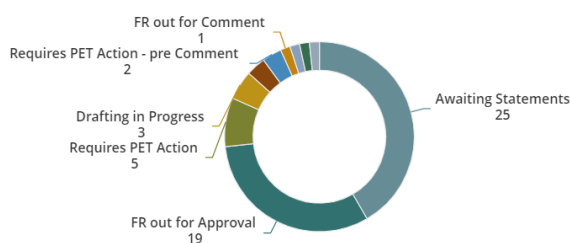
There were 65 open Stage 1's in total across the 3 months in Q3 compared to 111 in Q2 in 2023/24 which is a 41% reduction. There continues to be a targeted focus of work on reducing the number of open Stage 1's, concerns, and enquiries. There continues to be a significant reduction in open Stage 1 complaints and at the end of Q3 2023/24 there were only 8 stage 1's, all under 10 days.

The target timeframe for Stage 1 complaints is 80%. In October 2024, there were 25 new Stage 1 complaints received, with 31 closed. Of the 31 closed, 19 (61%) were closed within timescales (5 working days or 10 working days if an extension has been authorised). The compliance increased to 70% in November 2024, with 21 new Stage 1 complaints received and 12 closed within timescale. This is the second highest compliance recorded over a two-year period. December 2024 compliance dropped to 50% with 10 out of the 20 complaints closed within the timeframe.

Stage 2's Complaints

The Patient Experience Team are also collaborating with the Datix team to implement a feature that automatically calculates the number of days taken for the Patient Experience Team to draft a response. Currently, this calculation is done manually making it inefficient and time-consuming. Automating this process will enable the Patient Experience Team to assess the average time taken to draft a complaint response and identify areas for improvement.

Data taken from the last week in December 2024 shows there were 60 stage 2 complaints with the following delays in the process, with 78% of the complaints awaiting action from Services.



- Awaiting statements, or part drafted – 26 (43.3%)
- Meeting being arranged – 1 (1.7%)
- Final response out for comment or approval – 21 (35%)
- Ready to draft, drafting in progress – 3 (5%)
- Requires PET action or follow up – 9 (15%)

In October 2024, 21 Stage 2 complaints were received, 29 were closed. Of the 29 complaints closed 3 were closed on time, resulting in a compliance rate of 3.6%, the

lowest compliance for 11 months. The previous seven months showed an improved trend above the median with the compliance rate. Upon reviewing the data, the only notable change was several absences within acute services among staff involved in the complaints handling process, which may have contributed to this dip in the compliance.

The average time to close a stage 2 complaint in Q3 2024/25 has improved from Q3 2023/24 as follows:

	2023	2024	Difference
October	72	52	28% improvement
November	119	39	67% improvement
December	82	52	37% improvement

At the end of December 2024 there were 59 Stage 2 complaints in the system, six escalated from Stage 1 complaints due to noncompliance with the 5-10 working day timeframe or the complainant was unhappy with the complaint outcome.

There are currently 3 (5%) Stage 2 complaints over 100 days, all with the Service for final approval. One of these is an outlier at 319 days, involving as SAER and is currently back with the Service for comment. Additionally, there are 9 (15%) Stage 2 complaints between 50 and 100 days, 23 (38%) between 49 and 20 days, and 25 (41%) under 20 days.

For those complaints under 20 days, 16 (64%) are with the Service awaiting statements, 3 (12%) are with the Services for final approval, 2 (8%) with the Patient Experience Team, either partially drafted or being drafted, and 4 (16%) are with the Patient Experience Team awaiting action.

Scottish Public Services Ombudsmen (SPSO)

In Q3, three new SPSO cases were received, one decision, one case was upheld, zero cases not upheld, and zero cases were not taken forward.

At the end of December 2024 there are 16 open SPSO cases. Twelve are with the SPSO for review, one is with the service for review and comment and the remaining three are with the Patient Experience Team for action. The SPSO have implemented a Support Intervention Policy (SIP) for cases that are delayed. There are currently three cases with a SIP-1, two cases with a SIP-3, The Head of Patient Experience, Patient Experience Lead and Senior Administrator meet weekly to review and escalate cases.

Patient Experience are liaising with SPSO and NHS Fife Digital and Information to implement Objective Connect system which will allow healthcare records and complaint file to be transferred securely and electronically to the SPSO.

Additional fields have been added to Datix to provide data regarding SPSO status of complaints. Discussion continues regarding this information being added to the Complaint Dashboard.

Care Opinion

The promotion of Care Opinion within the Organisation continues with the Patient Experience Team regularly visiting clinical areas to offer support, training, and guidance, along with sharing good practices from other regions. Responders are encouraged to add the photograph to their profile page to help those telling their story on Care Opinion feel like they are conversing with a real person and that staff are reaching out to them from one human being to another. A profile picture makes staff more visible and more human, bringing comfort and ease to the person reading it and removing any confusion about who is responding.

The Patient Experience Team are in the process of recruiting 3 Volunteers to support the promotion and gathering of patient stories. The plan will be to focus on hearing patients' stories from those that are currently not being heard, specifically targeting, and engaging with minority communities, children and adolescents, and individuals facing mental health challenges. In addition, the Patient Experience Team will support and promote Care Opinion within services that have not yet engaged with it.

The Quarter 3 report was extremely positive. From October to December 2024, NHS Fife received 433 stories, which received 510 responses and were viewed 26,721 times. A total of 79% of the stories were completely positive, with the remaining having some level of criticality.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Analysing data will lay the foundation for quality improvement work. The Organisational Learning Group will review themes, trends and lessons learned from complaints and adverse events, which can be triangulated with activity and staffing resources.

By analysing data from patient experience feedback offers significant insights into improving the quality of care and services. This process, when combined with regularly reviewing themes, trends, and lessons learned, can identify critical areas for improvement and help develop strategies to enhance patient experience, safety, and outcomes.

Integrating the principles of realistic medicine, such as shared decision-making, encourages collaboration between patients and healthcare providers to make informed choices based on patient preferences and values. By tailoring healthcare services to individual needs, can help avoid unnecessary treatments, focusing on what matters to the patient. Encouraging collaboration between patients and healthcare providers to make informed choices based on patient preferences and values.

Ensuring healthcare delivery is aligned with patient needs and values, achieving the best possible health outcomes that matter to patients rather than merely providing services, ultimately leads to better health outcomes and value-based care. Measuring success based on patient satisfaction and experience can ensure that the care provided aligns with patient expectations and improves their quality of life.

Reducing harm and waste by minimising interventions that do not provide significant benefits, ensuring resources are used efficiently to provide high-quality care, and avoiding unnecessary expenses. By triangulating complaints with activity and staffing resources, the organisation can optimise resource allocation to areas most in need, ensuring better service delivery. Understanding common complaint points from patient feedback can lead to reduced waiting times and improved operational efficiency through streamlined processes and reduced wait times. Lessons learned can drive the development of more personalised care, improving patient satisfaction and outcomes. Patient engagement and trust in the healthcare system can improve with enhanced communication strategies based on feedback.

This approach improves patient satisfaction and supports the proactive promotion of wellbeing and public health campaigns, ensuring they address community-specific concerns and needs. Insights from complaints can lead to the development of preventive health measures, reducing the incidence of diseases. Analysis of complaints may highlight disparities in care, prompting targeted interventions to ensure equitable health services for all populations. Feedback can uncover barriers to accessing care, leading to initiatives that improve accessibility for underserved communities.

However, it is important to recognise that high volumes of complaints and adverse event reports can overwhelm the system, leading to delays in addressing issues. This can negatively impact the quality of care and service resources. Continuous focus on negative feedback without adequate support can contribute to staff burnout and turnover, adversely affecting service quality.

By analysing data from patient experience feedback, the organisations can make informed decisions to enhance the quality of care and services. Integrating the principles of realistic medicine, such as shared decision-making and personalized care, ensures that healthcare delivery is aligned with patient needs and values, ultimately leading to better health outcomes and value-based care.

2.3.2 Workforce

Workforce planning

Currently, the team establishment consists of a 1.0 WTE Band 7 team leader, 3.6 WTE Band 6 Patient Experience Officers, 1.8 WTE Band 4 Patient Experience Support Officers, 2.07 WTE Band 3 Patient Experience Administrators, and 1 Band 4 Senior Patient Experience Administrator. A Band 6 Bank (retired) Patient Experience Officer (0.27 WTE) continues to support drafting complaint responses.

Discussions have taken place with the Volunteering Lead, to recruit Volunteers to support in gathering patient feedback in the form of Care Opinion and Lived Experiences. There are three candidates interested who are going through the recruitment process with a further two candidates who have shown an interest in supporting.

2.3.3 Financial

n/a

2.3.4 Risk Assessment / Management

Complaints handling and learning from complaints are vitally important in reducing reputational risk as it enables the organisation to address issues proactively, improve services, communicate transparently, build trust, comply with regulations, and foster a culture of continuous improvement. Actively contributing to a positive reputation and a stronger more resilient organisation.

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

People can expect to experience integrated care and support services that are underpinned by a Human Rights Based Approach, in which:

- People's rights are respected, protected and fulfilled.
- Providers of care clearly inform people of their rights and entitlements.
- People are supported to be fully involved in decisions that affect them.
- Providers of care and support respect, protect and fulfil people's rights and are accountable for doing this.
- People do not experience discrimination in any form.
- People are clear about how they can seek redress if they believe their rights are being infringed or denied.

2.3.6 Climate Emergency & Sustainability Impact

n/a

2.3.7 Communication, involvement, engagement, and consultation

NMAHP leadership group has been involved in discussions and improvement action planning.

2.3.8 Route to the Meeting

Update from Patient Experience Team.

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a “moderate” level of assurance

3 List of appendices

- Appendix No. 1, PEaF Quarterly Report (Q3) for Clinical Governance Committee

Report Contact: Siobhan McIlroy, Head of Patient Experience

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Patient Experience and Feedback

PEaF Quarterly Report (Q3) for
Clinical Governance Committee

October - December 2024



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Published Month Year

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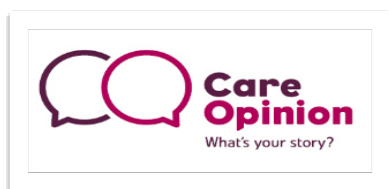
Introduction

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 Q3 include:

- **433** stories, viewed **26,721** times in all:
 - October 158 stories (174 responses) (Read, 9,849)
 - November 160 stories (184 responses) (Read, 9,758)
 - December 115 stories (152 Responses) (Read 7,114)

In Q3, Care Opinion moderators rated the stories as:

- Not critical 79% (342)
- Minimally critical 5% (21)
- Mildly critical 10% (45)
- Moderately critical 5% (21)
- Strongly critical 1% (4)

An important aspect of Care Opinion is the ability to feedback information to patients on changes which have been made. Three Care Opinion stories were 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 Q4	24/25 Q1	24/25 Q2	24/25 Q3	Total
Compliment	263	302	306	321	1192
Learning from Excellence	0	0	0	0	0
Comments and Feedback	0	3	3	2	8
Total	263	305	309	323	1200

Compliments	23/24 Q4	24/25 Q1	24/25 Q2	24/25 Q3	Total
Acute Services Division - Planned Care & Surgery	76	133	150	146	505
Acute Services Division - Emergency Care & Medicine	32	45	50	43	170
Acute Services Division - Women, Children and Clinical Services	40	23	6	22	91
Community Care Services	37	37	35	75	184
Primary and Preventative Care Services	27	29	28	20	104
Complex and Critical Care Services	6	7	8	7	28
Corporate Directorates	2	0	1	1	4
No value - Miscellaneous	45	28	28	7	108
Total	265	302	306	321	1194

Comments:

Hi all, my wife and I would like to express our heartfelt gratitude for your unwavering dedication and compassionate care throughout the past 10 weeks. Ward 52 is a truly special place it's like a family. If there is one place to heal it's here. You all have a special gift in making patients feel good during the highs and lows. You have all made a lasting impact on us both and you will be forever in our thoughts, still have not worked out who is the loudest on the ward ha! ha!

Thanks to all of you for looking after me so well last week for your dedication to all at your patients and your hard work. We as your patients are so grateful for all of you. Keep up your excellent work.

We would like to thank you all for the excellent care you gave to mum on her final week and also for the comfort and support you gave to us.

Thank you for the care and attention you gave our mum during her stay. You kept us informed and updated regularly on her care and discharge.

To all staff in ward 31. Thank you so much for all the care and attention you gave to our mum. Here's hoping she settles well at her nursing home after such a traumatic time being in pain and non-familiar place. Dementia is such a horrible disease.

I was referred to A & E yesterday afternoon following a consultation with my GP, suffering from a painful back. I saw my GP at 2pm and by 3pm I was being seen by a consultant and referred for an MRI at 4pm. I had to return just over an hour later for the result. Just after 6pm, I was reviewed by another Consultant, reassured, given pain relief, and assured another follow up appointment would be sent out.

In the flurry of negative publicity about the NHS, I just wanted to pass on my thanks and gratitude for the prompt and efficient treatment I received yesterday. All the staff I encountered from my GP practice, the receptionist in A & E, the two Consultants and the radiographers were all wonderful

I am writing to express my sincere appreciation for the excellent care that my husband received in the hospital on Tuesday 15 October after he had taken unwell in a restaurant in Dunfermline. From beginning to end, he was treated with care and professionalism. Every member of staff from the cleaner to the consultant was kind and pleasant and reassuring. He was thoroughly checked over in A and E and allowed to leave. The paramedic and ambulance crew who transported us were also first class and could not have been more helpful, caring, and professional. We are very fortunate to have the NHS and the dedicated, wonderful people who work in it. None of them have an easy job in the current difficult circumstances, yet they keep working to the best of their abilities. Thanks to each and every one of you. Reception staff, paramedics, cleaner, tea girl, junior doctor, consultant- you were all so kind. I'm relieved to say we are safely home in Strathaven, and he seems fully recovered.

Wishing you all well . Thank you so much once more .

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 – 01/10/2024 - 31/12/2024	23/24 Q4	24/25 Q1	24/25 Q2	24/25 Q3	Total
Stage 1 Complaint	113	142	116	63	434
Stage 2 Complaint	65	79	82	75	301
Concern	241	162	175	177	755
Enquiry	131	111	103	78	423
Total	550	494	476	393	1913

Stage 2 closed complaints and % closed within the 20-day standard timescale.

CLOSED COMPLAINTS	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Total	22	20	33	20	30	14	27	42	28	28	28	24	35
Closed within timescales	1	2	5	3	6	3	6	7	5	8	1	5	6
% Closed within timescales	4.5%	10.0%	15.2%	15.0%	20.0%	21.4%	22.2%	16.7%	17.9%	28.6%	3.6%	20.8%	17.1%

Themes

The quarterly ranking of each theme is highlighted in brackets.

	23/24 Q4	24/25 Q1	24/25 Q2	24/25 Q3
1	Disagreement with treatment / care plan (30)	Disagreement with treatment / care plan (41)	F5133 Disagreement with treatment / care plan (51)	Co-ordination of clinical treatment (38)
2	Co-ordination of clinical treatment (19)	Co-ordination of clinical treatment (34)	F5115 Co-ordination of clinical treatment (35)	Disagreement with treatment / care plan (32)
3	Face to face (11)	Staff attitude (9)	A0502 Face to face (10)	Staff attitude (12)
4	Lack of clear Explanation (8)	Face to face (5)	A0103 Staff attitude (7)	Telephone (6)
5	Staff attitude (8)	Accuracy of records (5)	A0504 Lack of a clear explanation (7)	Face to Face (5)

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. Obstetrics & Paediatrics (12)
2. Mental Health (12)
3. Gynaecology (7)
4. General Medicine (5)
5. General Surgery (5)
6. Orthopaedics (5)

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.

'**Care Assurance Walkarounds**' these have commenced and planned for 2024/24 across NHS Fife Acute and H&SCP.

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 2023	Jul to Sep 2023	Oct to Dec 2023	Jan to Mar 2024	2022/2023	Apr to Jun 2024	Jul to Sep 2024	Oct to Dec 2024	Jan to Mar 2025	2024/2025
New SPSO cases	8	7	8	7	30	7	7	3		17
SPSO decisions	5	0	3	1	9	3	5	1		9
SPSO cases upheld	1	0	2	1	4	1	1	1		3
SPSO cases not upheld	1	0	1	0	2	0	0	0		0
Cases not taken forward	3	0	1	6	10	2	4	0		6

New SPSO cases this quarter

This quarter, 5 new information requests have been received. These relate to the following services:

- Surgical Directorate: 3
- Women and Childrens Services: 1
- Complex and Critical Care Services: 1

Support and intervention Policy (SIP) - [SIPLeaflet.pdf](#)

- This quarter, 7 SPSO complaints had a Support and Intervention Policy applied:
 - SIP Level 1 - 3
 - SIP Level 2 - 0
 - SIP Level 3 - 2
 - SIP Level 4 - 0
 - SIP Level 5 - 0

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 patient died from multiorgan failure due to a pulmonary embolism, which was likely caused by a deep vein thrombosis (DVT). Prior to their death they had multiple healthcare visits for calf and ankle pain.

Key Learning:

- **Importance of Thorough Assessment:** *There was a failure to adequately consider DVT as a potential diagnosis, which could have been addressed through proper assessment and referral processes.*
- **Comprehensive Differential Diagnosis:** *It is crucial to thoroughly evaluate potential diagnoses, especially in patients with risk factors for conditions like DVT.*
- **Continuous Education:** *Ongoing training and education for healthcare professionals are essential to ensure proper assessment and management of medical conditions.*
- **Effective Communication:** *Clear and open communication within healthcare teams can help prevent oversights and improve patient outcomes.*

Actions:

- **Need for Education:** An educational event focusing on DVT assessment and management will be conducted for physiotherapists in the MSK service, alongside issuing reference guides to support clinical decision-making.
- **Significant Event Analysis:** A review of the incident has been completed in the GP practice, with findings shared to promote awareness and learning among colleagues.
- **Communication of Learning:** Efforts will be made to communicate the incident and share best practices to prevent similar occurrences in the future.

A patient with a 3-week history of dyspnoea and palpitations presented to the busy Emergency Department and was assessed in an area lacking continuous cardiac monitoring. The patient was triaged and seen by a junior doctor, who noted symptoms consistent with heart issues. The patient was discharged but had a fatal cardiac arrest two days later, confirmed post-mortem as cardiomegaly and ischaemic heart disease.

Key Learning:

- **Impact of Departmental Busyness:** High patient volume and low staffing hindered timely and appropriate assessment of patients.
- **Monitoring and Assessment Gaps:** Lack of continuous cardiac monitoring and inadequate visibility of patients by clinical staff contributed to missed critical signs.
- **Documentation and Communication:** Poor documentation regarding clinical findings and interactions with senior staff led to a lack of clarity in patient management.
- **Misinterpretation of Investigations:** The junior doctor did not fully appreciate the implications of ECG and CXR results..

Actions:

- **Improve Patient Flow:** Enhance strategies to manage patient flow and staffing levels in the Emergency Department for better safety and efficiency.
- **Dedicated Cardiac Monitoring:** Ensure patients with palpitations are assessed in areas equipped for cardiac monitoring.
- **Enhanced Training:** Incorporate regular training on the interpretation of ECG and CXR findings, along with clinical assessment skills for junior doctors.
- **Structured Review Process:** Establish a clear protocol for junior to senior staff reviews and ensure documentation of discussions and discharge plans.
- **Audit Standards:** Conduct regular audits of case notes to ensure adherence to improved standards of documentation and patient management.

A patient underwent a laparoscopic left salpingo-oophorectomy (LSO) and sterilisation. Post-surgery, two lesions were found on her right inner thigh, which caused ongoing pain and distress. The cause of the lesions remains unclear, but speculation includes potential contact with Vulsellum forceps during the procedure.

Key Learning:

- **Documentation Gaps:** The theatre care plan noted a reddened area, but it was unclear if this was documented at the start or end of the procedure. This highlights a need for consistent and thorough documentation.
- **Communication Failures:** There was insufficient communication between the surgical team, recovery staff, and the post-operative ward regarding the skin changes, indicating a need for improved handover processes.
- **Patient Concerns:** The importance of addressing and documenting patient concerns post-operatively and ensuring they receive adequate information and follow-up care.
- **Adverse Event Reporting:** The incident should have been reported on the DATIX system within 24 hours as per the NHS Five Adverse Events Policy, emphasizing the importance of timely reporting.

Actions:

- **Surgical Practices:** Reassess the technique of using Vulsellum forceps to avoid potential skin contact; instead, a tube organizer will be utilised.
- **Training and Policies:** Implement training sessions to improve documentation and communication practices among surgical and recovery teams.
- **Incident Reporting:** Reinforce the importance of timely reporting of adverse events to ensure proper follow-up and assessment.
- **Sharing Learnings:** Distribute this incident's findings across relevant theatre teams to enhance awareness and preventive measures.

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.

- *The Patient Experience Team are holding quarterly meeting to review feedback data more frequently and effectively. During these meetings, thematic analysis of the feedback received will be conducted, allowing the identification of recurring issues and trends. This structured approach will enable the Patient Experience Team to implement targeted quality improvement initiatives aimed at enhancing the complaint handling procedure. With the ultimate goal to improve the patient experience, ensuring that individuals feel heard and supported throughout the complaints process. Report of themes and improvement initiatives will feature in future reports.*

Q3 quarterly meeting prompted a further review of correspondence sent to complainants to ensure information was clear, concise and easy to read and understand.

Indicator Three: Staff Awareness and Training –

Subject Title		No. of staff			Notes
		NHS	SWFC	VOL	
Good conversations (Gc) (3 day course)	Q1	0	55	0	Figures provided for NHS, Social work / Fife Council, Voluntary Sector – Good Conversations training did not take place in Q2 due to vacancy in post.
	Q2	0	0	0	
	Q3	0	0	0	
	Q4				
Gc half- day intro course	Q1	16	0	0	Good Conversations training did not take place in Q2 due to vacancy in post.
	Q2	0	0	0	
	Q3	0	0	0	
	Q2				
Gc Foundation Management		0			
Human Factors	16				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	125			
	Q2	127			
	Q3	118			

	Q4		
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Indicator Four: The total number of complaints received

	Q4	Q1	Q2	Q3	Total
4a. Number of complaints received by the NHS Fife Board	233	221	198	155	797
4b. Number of complaints received by NHS Primary Care Service Contractors	N/A	N/A	N/A	N/A	N/A
4c. Total number of complaints received in the NHS Board area	233	221	198	154	797

Records logged in Datix Complaints module – 01/10/2024 - 31/12A/2024	23/24 Q4	24/25 Q1	24/25 Q2	24/25 Q3	Total
Stage 1 Complaint	113	142	116	63	434
Stage 2 Complaint	65	79	82	75	301
Concern	241	162	175	177	755
Enquiry	131	111	103	78	423
Total	550	494	476	393	1913

NHS Fife Board - sub-groups of complaints received -

	Q4	Q1	Q2	Q3	Total
4d. General Practitioner	1	1	3	1	6
4e. Dental	1	1	0	0	2
4f. Ophthalmic	0	0	0	0	0
4g. Pharmacy	0	0	0	0	0
Total - Board managed Primary Care services	2	2	3	1	8

	Q4	Q1	Q2	Q3	Total
4h. General Practitioner	90	0	0	0	90
4i. Dental	1	0	0	0	1
4j. Ophthalmic	0	0	0	0	0
4k. Pharmacy	0	0	0	0	0
Total – Independent Contractors	91	0	0	0	91
4l. Combined total of Primary Care Service complaints	93	2	3	1	99

Indicator Five: Complaints closed at each stage

Number of complaints closed by the NHS Board (<i>do not include contractor data, withdrawn cases or cases where consent not received</i>).	Number				As a % of all NHS Fife complaints closed (not contractors)			
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
5a. Stage One	108	129	132	68	60%	65%	57%	44%
5b. Stage two – non escalated	62	58	69	62	34%	29%	30%	40%
5c. Stage two - escalated	11	13	29	25	6%	6%	13%	16%
5d. Total complaints closed by NHS Board	181	200	230	155	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			
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
6a. Number of complaints upheld at stage one	37	27	37	36	34%	21%	28%	53%
6b. Number of complaints not upheld at stage one	55	69	50	22	51%	53%	38%	32%
6c. Number of complaints partially upheld at stage one	16	33	36	10	15%	26%	27%	15%
6d. Total stage one complaints outcomes	108	129	132	68	100%	100%	93%	100%
Stage two complaints Non-escalated complaints	Number				As a % of all non-escalated complaints closed by NHS Fife at stage two			
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
6e. Number of non-escalated complaints upheld at stage two	17	24	23	18	23%	34%	23%	21%
6f. Number of non-escalated complaints not upheld at stage two	23	20	26	26	32%	28%	27%	30%
6g. Number of non-escalated complaints partially upheld at stage two	20	14	16	18	27%	20%	16%	21%
6h. Total stage two, non-escalated complaints outcomes	62	58	69	62	82%	82%	66%	66%
Stage two escalated complaints Escalated complaints	Number				As a % of all escalated complaints closed by NHS Fife at stage two			
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
6i. Number of escalated complaints upheld at stage two	4	4	5	2	36%	31%	17%	8%
6j. Number of escalated complaints not upheld at stage two	5	7	16	13	45%	54%	55%	52%
6k. Number of escalated complaints partially upheld at stage two	2	2	6	10	18%	15%	21%	40%
6l. Total stage two escalated complaints outcomes	11	13	27	25	100%	100%	93%	100%

Indicator Seven: Average times -

	Q4	Q1	Q2	Q3
7a. the average time in working days to respond to complaints at stage one	14	13	18	9
7b. the average time in working days to respond to complaints at stage two	92	67	50	54
7c. the average time in working days to respond to complaints after escalation	62	36	44	36

Indicator Eight: Complaints closed in full within the timescales -

	Number				As a % of complaints closed by NHS Fife at each stage			
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
8a. Number of complaints closed at stage one within 5 working days.	39	49	54	30	36%	38%	41%	45%
8b. Number of non-escalated complaints closed at stage two within 20 working days	6	10	13	8	10%	17%	19%	13%
8c. Number of escalated complaints closed at stage two within 20 working days	2	5	7	5	18%	38%	24%	20%
8d. Total number of complaints closed within timescales	47	64	74	43	64%	93%	84%	28%

Indicator Nine: Number of cases where an extension is authorised-

	Number				As a % of complaints closed by NHS Fife at each stage			
	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3
9a. Number of complaints closed at stage one where extension was authorised	18	14	11	15	17%	11%	8%	22%
9b. Number of complaints closed at stage two where extension was authorised (this includes both escalated and non-escalated complaints)	36	17	13	30	57%	24%	13%	34%
9c. Total number of extensions authorised	54	31	24	35	30%	16%	10%	23%





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

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Meeting: Clinical Governance Committee

Meeting date: 17 January 2025

Title: Research, Innovation and Knowledge Strategy 2022-2025

Responsible Executive: Dr Christopher McKenna, Medical Director and Executive Lead, Research, Innovation and Knowledge

Report Author: Professor Frances Quirk, Associate Director Research, Innovation and Knowledge

Executive Summary

- Research, Innovation and Knowledge Strategy 2022-2025 (refreshed for 2023-2024) priorities and objectives
- Strategy life cycle completing March 2025
- New Strategy in development for April 2025

1. Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The refreshed Research, Innovation and Knowledge (RIK) Strategy 2022-2025 and the Research and Development Review of Strategic Priorities 2023-2024 are being brought to the Clinical Governance Committee for their Awareness to provide an update on activities over 2023-2024.

2.2 Background

The RIK Strategy documents the refreshed strategies to address direction and priorities for 2022-2025. The Strategy Review details the activities aligned to the Strategic Priorities within RIK across NHS Fife from April 2023 to March 2024.. The RIK strategy will support NHS Fife’s overall strategic aim to provide the highest quality care to, and improve the health of, the population of Fife, within the resources available and in partnership with its staff, community planning partner organisations and the citizens of Fife. The RIK Strategy will support this by:

- promoting a culture that supports and encourages research and innovation as part of routine practice;
- building on the opportunities to work closely with academic and community planning partners to increase the volume and quality of research and innovation;
- promoting research and innovation within an appropriate governance framework;
- developing research and innovation knowledge and skills of staff and appropriate independent contractors;
- working in partnership with the citizens of Fife to ensure that research and innovation is patient-centered;
- aligning activity and priorities with the Population Health and Wellbeing Strategy and the Boards ambition to transition to Teaching/University Hospital status.

Effective completion of activities supporting these priorities will better position NHS Fife to: seriously address the research and innovation agenda; compete successfully in the national research and innovation arena; attract new and retain existing staff; whilst improving healthcare for the citizens of Fife.

2.3 Assessment

Notwithstanding significant achievements it is recognised that there is still scope to increase the research and innovation capacity and capability within NHS Fife. The outcomes of the Research Capacity and Culture Survey identified the main barriers to research are; a lack of protected time and/or dedicated funds for research, a lack of peer group support, lack of training in research skills and a perceived lack of the relevance / importance of research.

Every NHS organisation requires an appropriate balance of service delivery, research and learning in order to deliver the healthcare needs of the population. NHS Fife is predominately involved with service delivery supported by lifelong learning. Taking account of future demographic, social and technological change NHS Fife must increase the emphasis placed on research and innovation activity in order to support the delivery of the local health plan, the Annual Delivery Plan, the Population Health and Wellbeing Strategy and the national research and innovation agenda into the future.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		

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

Clinical research and innovation inform the development of better outcomes in healthcare. New knowledge gained through clinical research and innovation results in improved methods of disease detection, prevention, diagnosis and treatment.

The benefits of clinical research and innovation are not only limited to patients who receive better health journeys as a result of their participation in clinical studies and innovation projects. Studies show that research and innovation active hospitals have improved outcomes for all patients, not just study participants, research and innovation engagement also improves staff recruitment and retention through improved job satisfaction.

2.3.2 Workforce

The overall increase in commercial and non-commercial clinical activity is placing strain on our Approvals and Clinical Research Teams and the portfolio is under constant review to balance and manage workload. Reaching capacity will impact on meeting priorities related to increasing the number of studies, recruitment numbers and CSO budget allocations.

2.3.3 Financial

NHS Fife's annual research budget allocation of Support Funding from CSO (Chief Scientist's Office) was £917,000 in 2023-24. These monies are provided for research considered eligible for funding, in recognition of the costs incurred by the NHS of undertaking and participating in such projects. This is currently the main source of funding available to support research in NHS Fife. Additional funding can be secured by increasing the number of eligibly funded projects undertaken by an NHS organisation, increasing the number of NHS Fife Chief Investigators and the recruitment into such studies. Additionally, commercial research and a small number of specific grant funded projects undertaken across NHS Fife also provide funding to support key staff to be employed to enable the research to be undertaken. Commercial research does not attract support funding from CSO since all costs to the NHS of participating in such activities must be met in full by the participating companies. Income from commercial recruitment activity during 2023-24 was £161,000.

2.3.4 Risk Assessment / Management

Research, Innovation and Knowledge Oversight Group has noted changes in the number of staff involved in research, commercial income, non-commercial income and cost avoidance generated over the reporting period. These KPI's will be a focus of monitoring and the development and implementation of strategies to address them in 2024-2025.

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

-

2.3.6 Climate Emergency & Sustainability Impact

-

2.3.7 Communication, involvement, engagement and consultation

Communication is the lynchpin of creating a research and innovation focused culture. During 2023-2024 regular NHS Fife Research and Innovation Newsletters and Bulletins were delivered, a monthly Publications Bulletin was circulated. Relevant updates, funding opportunities and education and training were circulated on StaffLink. The Publications Bulletin and R&D weekly updates have been made available as outward facing to facilitate knowledge sharing and foster opportunities for collaboration. The NHS Fife Research Annual Report 2023-2024 has been produced and will be disseminated with stakeholders and research education and training was provided for NHS Fife staff and others.

2.3.8 Route to the Meeting

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

- Research, Innovation and Knowledge Operational Group- reviewed and feedback requested and responded to (1st October 2024, by circulation)

Fife Community Advisory Council- reviewed and feedback requested (October 2024)

- Research, Innovation and Knowledge Oversight Group- reviewed and feedback requested (14th November 2024)

This paper will also be circulated to the Executive Directors Group for information as an addendum to the first meeting of 2025

- Executive Directors Group – for Information (9th January 2025)

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a “moderate” level of assurance

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Research, Innovation and Knowledge Strategy 2022-2025
- Appendix No 2 Research Strategy Priorities 2023-2024

Report Contact

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RESEARCH, INNOVATION & KNOWLEDGE STRATEGY 2022-25

[Refreshed November 2024]

*Greater knowledge
Better services ...*

Last review date: November 2024

Next Formal Review: To be replaced 1st April 2025

Implementation Date: December 2024

**Authors: Prof Frances Quirk, Associate Director Research, Innovation and Knowledge, NHS Fife
Research, Innovation and Knowledge Leadership Team**

Submission Plan	Meeting Date
NHS Fife Research Innovation and Knowledge Operational Group	1st October 2024 (by circulation)
NHS Fife Research Innovation and Knowledge Oversight Group	14 th November 2024
NHS Fife Executive Directors Group	9 th January (post meeting circulation for Information)
NHS Fife Clinical Governance Committee	17 th January 2025

	Draft vsn 1.0	Jul 2020
	Page 1	Review date November 2024

1. INTRODUCTION

- 1.1 NHS Research Scotland (NRS) via the Chief Scientist Office (CSO) has highlighted the need for the NHS to be an innovative and research-active environment, to ensure that good ideas are translated into wider practice and that ideas with commercial potential are identified and promoted.
- 1.2 The Scottish Government Health Department (SGHD) is committed to increasing the level of high quality research conducted in Scotland for the health and financial benefits of our population, so we are recognised globally as a leader in health science (Delivering Innovation through Research – Scottish Government Health and Social Care Research Strategy, 2015, UK Vision for Clinical Research Delivery and Implementation Plan). Both the SGHD and the UK Vision for Clinical Research strategies highlight what needs to be done, detailing the areas where we can and should make a difference and the need to increase the scope, relevance and quality of research to meet the health and healthcare needs of the people of Scotland.
- 1.3 The 4 national Research Governance Frameworks (RGF) for Health and Community Care (2006), updated to create an overarching UK Policy Framework for Health and Social Care Research (2017), promotes improvements in research quality and sets the standards for good practice.
- 1.4 At a local level NHS Fife, as part of Fife Partnerships is working towards greater integration of research and innovation activities in order to:

‘Develop and make best use of knowledge from research, innovation and information resources to help achieve Fife’s Population Health and Wellbeing Strategic priorities’.
- 1.5 For the purposes of this strategy ‘Research’ is defined as:
 - All forms of clinical and population research involving patients or members of the public in Fife. This includes work that entails new data collection as well as the analysis of routinely collected data. It also includes research into care pathways that cross boundaries with other agencies.

‘Development’ is defined as:

- any systematic evaluation of the application of the results of research into practice.

‘Innovation’ is defined as;

- ‘the act or process of introducing new ideas, devices, or methods’. Within healthcare, the World Health Organization (WHO) explains that ‘health innovation’ improves the efficiency, effectiveness, quality, sustainability, safety, and/or affordability of healthcare.

And 'Partners' are defined as:

- academic institutions, regional and national research networks and other agencies involved in, for example, Fife's Health and Social Care Partnership.

2. CURRENT RESEARCH, INNOVATION and KNOWLEDGE ACTIVITY

- 2.1 NHS Fife's annual research budget allocation of Support Funding from CSO (Chief Scientist's Office) was £917,000 in 23-24, a **8% increase** from 22-23. These monies are provided for research considered eligible for funding, in recognition of the costs incurred by the NHS of undertaking and participating in such projects. This is currently the main source of funding available to support research in NHS Fife. Additional funding can be secured by increasing the number of eligibly funded projects¹ undertaken by an NHS organisation, increasing the number of NHS Fife Chief Investigators and the recruitment into such studies. Additionally, commercial research and a small number of specific grant funded projects undertaken across NHS Fife also provide funding to support key staff to be employed to enable the research to be undertaken. Commercial research does not attract support funding from CSO since all costs to the NHS of participating in such activities must be met in full by the participating companies. Income from commercial recruitment activity during 23-24 was £161,000 (compared with £107,000 in 22-23, £77,000 in 21-22, and £135,603 in 20-21), a **33% increase** from 22-23.
- 2.2 Funding is used to support research and development activities in NHS Fife. It provides the responsive and collaborative infrastructure (Appendix 1) necessary to ensure the required management and governance of the research undertaken. Appendix 2 illustrates the NHS Fife committee structure in relation to RIK.
- 2.3 There were 98 recruiting research projects registered across NHS Fife for 23-24 (compared with 81 in 22-23 and 95 in 21-22), a **17% increase** from 22-23. The top 6 Scottish Specialties in 23-24 in terms of recruited participants for Eligibly funded studies were: Diabetes (388), Trauma & Emergencies (197), Respiratory Disorders (129), Cancer (98), Musculoskeletal (97) and Renal Disorders (57). There were 95 NHS Fife staff who were active as CI's and/or PI's, a **41% increase** from 22-23, with 6 of these staff acting as PI for 3 or more clinical research studies.
- 2.4 It is recognised that there is still scope to increase the research and innovation capacity within NHS Fife. The Research Capacity and Culture Survey identified a lack of protected time, and a perceived lack of the relevance / importance and visibility of research as relevant. The Survey

¹ projects funded by any of the non-commercial charitable or government organisations detailed in the list of qualifying funders on the CSO website.

responses also identified that links with Universities, particularly the University of St Andrews were key to research and innovation growth.

- 2.5 Every NHS organisation requires an appropriate balance of service delivery, research, innovation and learning in order to deliver the healthcare needs of the population. NHS Fife is predominately involved with service delivery supported by lifelong learning. Taking account of future demographic, social and technological change NHS Fife must increase the emphasis placed on research activity in order to support the delivery of the local health plan and Clinical Strategy into the future.

3. NHS FIFE'S VISION FOR RESEARCH, INNOVATION AND KNOWLEDGE

3.1 Strategy Aim

The RIK strategy will support NHS Fife's overall strategic aim to provide the highest quality care to, and improve the health of, the population of Fife, within the resources available and in partnership with its staff, community planning partner organisations and the citizens of Fife. The RIK strategy aligns with the NHS Fife Population Health and Wellbeing Strategy and supports the four priorities and ambitions within.

<https://www.nhsfife.org/news-updates/campaigns-and-projects/population-health-and-wellbeing-strategy/>

The RIK Strategy will support this by:

- promoting a culture that supports and encourages research and innovation as part of routine practice;
- building on the opportunities to work closely with academic and community planning partners to increase the volume and quality of research and innovation;
- promoting research and innovation within an appropriate governance framework;
- developing research and innovation knowledge and skills of staff and appropriate independent contractors;
- working in partnership with the citizens of Fife and Fife Community Advisory Council to ensure that all activity is patient-centered and is informed by patient and public input;

4. PROMOTING A CULTURE THAT SUPPORTS AND ENCOURAGES RESEARCH AND INNOVATION

4.1 As a result of receiving R&D support funding from NRS and Innovation support through the Health Innovation Hub South East Scotland (HISES) considerable progress has been made in NHS Fife, supporting and encouraging research and innovation activities. Work will continue to be taken forward within existing resources to make research and innovation meaningful and increasingly accessible and to ensure its integration into everyday practice and policy development.

4.2 We (NHS Fife) will continue to achieve this by:

- supporting the NHS Fife Executive Lead and Associate Director Research, Innovation and Knowledge (RIK) to deliver against corporate and strategic objectives
- supporting the NHS Fife Research, Innovation and Knowledge Oversight Group
- advocating to include RIK information in recruitment and induction materials, personal development plans, knowledge and skills frameworks, contracts and terms of employment
- enabling access to the evidence base to support research and innovation by providing access to a full range of library services
- promoting research and innovation' achievements in Fife as part of clinical governance activities
- producing an annual report on research, innovation and knowledge activity for submission to Fife NHS Board and Clinical Governance Committee
- ensuring RIK is a high profile item for discussion on the agenda of appropriate NHS Fife meetings e.g. Clinical Governance Committee
- including measurable objectives for research and innovation within NHS Fife's RIK Strategy

5 WORKING WITH PARTNERS

5.1 NHS Fife currently works with a number of partners to take forward research and innovation. By improving the co-ordination and links at a senior level we aim to increase the volume and quality of research and innovation and the opportunities for Fife-based clinicians and other staff to become Principal / Chief Investigators.

5.2 In addition to supporting an NHS Fife Executive Lead/Associate Director for Research Innovation and Knowledge we have achieved this by:

- enabling joint senior clinical appointments with our university partners

- identifying and supporting staff to nominate for honorary appointments with our university partners
- seeking opportunities to improve research and innovation collaboration with NHS Fife's Health and Social Care Partnership (HSCP)
- promoting multidisciplinary and multiagency research and innovation
- identifying local research and innovation education/training needs
- working with established regional and national networks (such as the Scottish Cancer Research Network (SCRN), Scottish Primary Care Research Network (SPCRN), Scottish Diabetes Research Network (SDRN), Scottish Stroke Research Network (SSRN), Scottish Mental Health Research Network (SMHRN), Scottish Neuroprogressive and Dementia Research Network (SDCRN), and Social Dimensions of Health Institute (SDHI), HISES, CSO Innovation team and InnoScot Health) to identify resources and mentors to provide support for staff undertaking research and Innovation.
- concentrating on developing and supporting developing researchers through targeted funding calls and support for applications for both research and Innovation Fellowships and following Fellowship completion.

NRS Fellowships, Clinical Research and Innovation Champions and Clinical Innovation pre and post Fellowship support:

- Emergency Medicine
- Palliative Care
- Pathology
- Women and Children's Health (Developmental Dysplasia of the Hip)

Collaborative workshops:

- Digital Health Science Initiatives
- Supporting the South East Regional Innovation Programme through our involvement with the South East Health Innovation Hub (HISES).
- CSO Innovation Open Innovation Challenges and Consortium

Over the next 12 months we will:

- Continue to identify and prioritise joint clinical academic and honorary positions between NHS Fife and the University of St. Andrews

- Continue to improve the research and innovation culture within the clinical environment in Fife by supporting the nursing, allied health professional and supporting staff to establish their research and innovation priorities
- Support NHS Fife's vision in helping to shape /deliver the Clinical Strategy that meets the demands of future populations and COVID-19 recovery and resilience programmes
- Deliver the Joint Annual Collaborative Research and Innovation Symposium with the University of St Andrews

5.3 As a result of the above actions we will aim to:

- *increase the number of staff actively involved in Research and Innovation activity by 7.5% each year*
- *increase the number of ongoing projects, including eligibly funded /adopted projects as defined by the CSO, and commercial research within NHS Fife by 10% per year*
- *increase the number of publications by NHS Fife Staff in peer reviewed journals by 10% per year*
- *Increase the number of clinical academic positions by 10% over the next 3 years.*

6 PROMOTING RESEARCH AND INNOVATION WITHIN AN APPROPRIATE GOVERNANCE FRAMEWORK

6.1 Research and Innovation Governance is the framework through which NHS Fife Board can be assured that the quality of research and innovation is maintained and continuously improved and that high standards of patient care are maintained when research and innovation is carried out.

Research and Innovation Governance is used as an overarching term to describe the cohesive set of management and quality improvement systems to ensure NHS Fife meets its commitment to deliver high quality research and innovation, whilst protecting patients and researchers alike. The processes and procedures for Research Governance are much better developed and supported nationally and locally than Innovation Governance. The internal framework for Innovation Governance is being rolled out in 2022 and mirrors the process at HISES

The UK Policy Framework for Health and Social Care Research (2017) highlights 'the need for organisations to be aware of the activity involved in supporting research and of what it costs'. Further, as a minimum requirement, the CSO expects that as part of sound research governance arrangements NHS organisations should ensure that expert accounting input is available for the costing and monitoring of all research (both commercial and non-commercial). NHS Fife needs to be able to demonstrate to its auditors that it is covering the entire cost of undertaking research, including appropriate R&D Department costs and organisation overheads for

commercial research. NHS Fife, therefore, needs to deliver rigorous and effective costing mechanisms and financial management in RIK.

This has been achieved in Fife through delivery of efficient research management and approval processes, developing research databases, providing support & training for researchers, ensuring financial probity, utilising EDGE to monitor individual study costs and monitoring ongoing research and the publications arising from it.

Our approach to Research and Innovation Governance demonstrates to staff, users and carers that improving the quality of research and Innovation provided by NHS Fife is viewed as an important issue across the organisation.

6.2 In order to achieve this we will:

- ensure that all externally (out with NHS Fife) and internally (within NHS Fife) commissioned research undertaken in NHS Fife is registered and accurately costed
- Implement and refine the new Innovation Governance Framework
- ensure that policies are in place to support invention and innovation in NHS Fife while exploiting the potential these activities present for the organisation
- update, improve and develop NHS Fife policy, procedures and guidelines for commercial and non-commercial research and innovation
- ensure we undertake an annual monitoring exercise to identify all ongoing research and innovation
- ensure we undertake an annual audit of all research sponsored by NHS Fife
- ensure accurate data capture systems are in place to record RIK activity for analysis and dissemination
- maintain RIK tabs and links on the NHS Fife StaffLink Corporate hub and the RIK website
- hold regular awareness raising sessions around R&D, Innovation and Intellectual Property (IP)
- continue to employ a dedicated RIK Business Accountant from the NHS Fife Finance Directorate and have:
 - appropriate financial management, ensuring that the allocation of financial resources is effective & sustainable, bringing value to RIK as a service while providing guidance on the costs of research and recovery of such costs
 - costing mechanisms for commercial and non-commercial research

- systems to identify patient recruitment to studies, raise invoices and track payments
 - systems that comply with financial probity to facilitate appropriate transfer of monies from one organisation to another
 - systems to accept, manage, monitor and disseminate funds.
- ensure that financial systems and audit trails are in place to capture and account for support funding expenditure and NHS Fife overheads from commercial research.

6.3 As a result of the above actions we will continue to:

- *provide R&D support for every research project registered in NHS Fife*
- *provide assurance to NHS Fife Board that all research activity meets the requirements of the UK Policy Framework for Health and Social Care Research*
- *increase the identification and protection of intellectual property by 5% each year thereby increasing commercialisation activity, increasing both financial and healthcare benefits for NHS Fife through opportunities arising from the HISES Innovation Programmes*
- *ensure that a minimum of 10% of all 'high risk' projects² sponsored by NHS Fife are audited annually.*
- *continue to provide accurate regular updates and annual reports on financial expenditure and research activity to the CSO*
- *continue to provide financial information for the NHS Fife Research Innovation and Knowledge Annual Report*
- *continue to identify the actual cost of research undertaken in NHS Fife and maximise our returns from commercial research.*
- *Maximise utilisation of the Clinical Research Facilities and explore opportunities for extension.*

7 WORKING IN PARTNERSHIP WITH STAFF

7.1 Research and Innovation is undertaken by and with staff for the benefit of patients and members of the public. It is essential that we work with staff and the Public Partnership Forum to promote the benefits of research and innovation activity for individual staff members as part of their commitment to personal development.

² projects where the potential for an adverse event is deemed to be higher, such as those involving investigational medicinal products, devices or investigations. NB NHS Fife does not currently sponsor Clinical Trials of Investigational Medicinal Products.

Research and Innovation activity depends on staff having appropriate skills. The Associate Director RIK and RIK Team will, in collaboration with other NHS organisations, university partners and external agencies and within existing resources, provide the necessary information for staff to access regular research education and workshops both within and out with NHS Fife.

7.2 In order to achieve this we will continue to:

- Identify / determine research and innovation education needs within NHS Fife
- encourage staff to consider research and innovation training and education and the development of evidence-based practice as part of their CPD
- work jointly with other external organisations to promote access to high quality multidisciplinary/multiagency programmes which address identified research and innovation training requirements
- encourage and support NHS Fife staff to apply for NRS Research Fellowships, CSO Clinical Innovation Fellowships, Doctoral Training Programme Fellowships and other programmes, details of which will be circulated throughout NHS Fife.
- identify sources of funding and work towards securing funds in partnership with new and established researchers and innovators to undertake research and innovation within the identified priorities and needs areas.

7.3 As a result of the above actions we will, in addition to increasing the percentage of staff actively involved in research and innovation activity:

- *review the demand and access to research and innovation training and education, plan and determine access to widely accessible programmes out with NHS Fife and with university partners aimed at increasing the capability of staff to undertake research and innovation*
- *increase the number of staff participating in research and innovation training and education both within and out with NHS Fife*
- *support staff aspirations in registering for higher degrees.*

8 PATIENT AND PUBLIC INVOLVEMENT IN RESEARCH AND INNOVATION

8.1 It is important that the organisation has systems in place to identify the involvement of consumers in research and to ensure their involvement in the development and execution of research projects.

8.2 In order to achieve this we will continue to:

- ensure that there is patient and public representation on relevant RIK groups

- encourage the involvement of patients and the public in the development of studies and patient information relating to research and innovation projects

9 COMMUNICATING RESEARCH AND INNOVATION INFORMATION ACROSS NHS FIFE

- 9.1 Two-way communication of Research and Innovation information across NHS Fife presents a significant challenge due to the dispersed nature of the organisation. In light of this, established communication networks are used where possible.
- 9.2 Health & Social Care Partnerships, the Division and Corporate Directorates use current systems such as StaffLink, local newsletters, briefing sheets or web sites to disseminate information about local and National research initiatives.
- 9.3 RIK has presence on StaffLink along with a RIK website. Relevant information and updates will also continue to be provided via the monthly electronic bulletin, quarterly newsletter and on the website and the RIK Twitter account. Updates to this information will be supported by staff within RIK and co-ordinated by the Associate Director RIK.
- 9.4 The NHS Fife Research, Innovation and Knowledge Oversight Group will continue to be actively involved in promoting research awareness, the RIK Strategy and communicating the benefits of Research and Innovation to staff, users, carers and other partner organisations in Fife, Scotland and the rest of the UK.

10 PLAN OF ACTIVITIES AND PRIORITIES FOR 2025-26

- 11.1 The life of this Strategy comes to an end on 31st March 2025. The process of development for the next iteration of the Strategy to cover the period 25-30 has commenced. The new RIK Strategy and priorities for 25-26 onwards will be presented to the first RIK Oversight Group meeting of 2025.

12 REVIEW

The new Strategy and Plan of Activities and Priorities will be developed for April 2025 and reviewed annually to 2030.

References

1. UK vision for clinical research delivery (launched March 2021)
2. The Future of UK Clinical Research Delivery: 2022 to 2025 implementation plan
3. Delivering Innovation through Research (2015)

4. Scottish Office Department of Health Research Strategy (2009)
5. UK Policy Framework for Health and Social Care Research (2017)
6. Scottish Office Department of Health Funding Manual (2004)
7. Policy Framework for the Management of Intellectual Property within the NHS Arising from Research & Development MEL (1998)23.
8. Management of Intellectual Property in the NHS. HDL (2004) 09
9. NHS Fife Population health and wellbeing strategy (2023–2028)

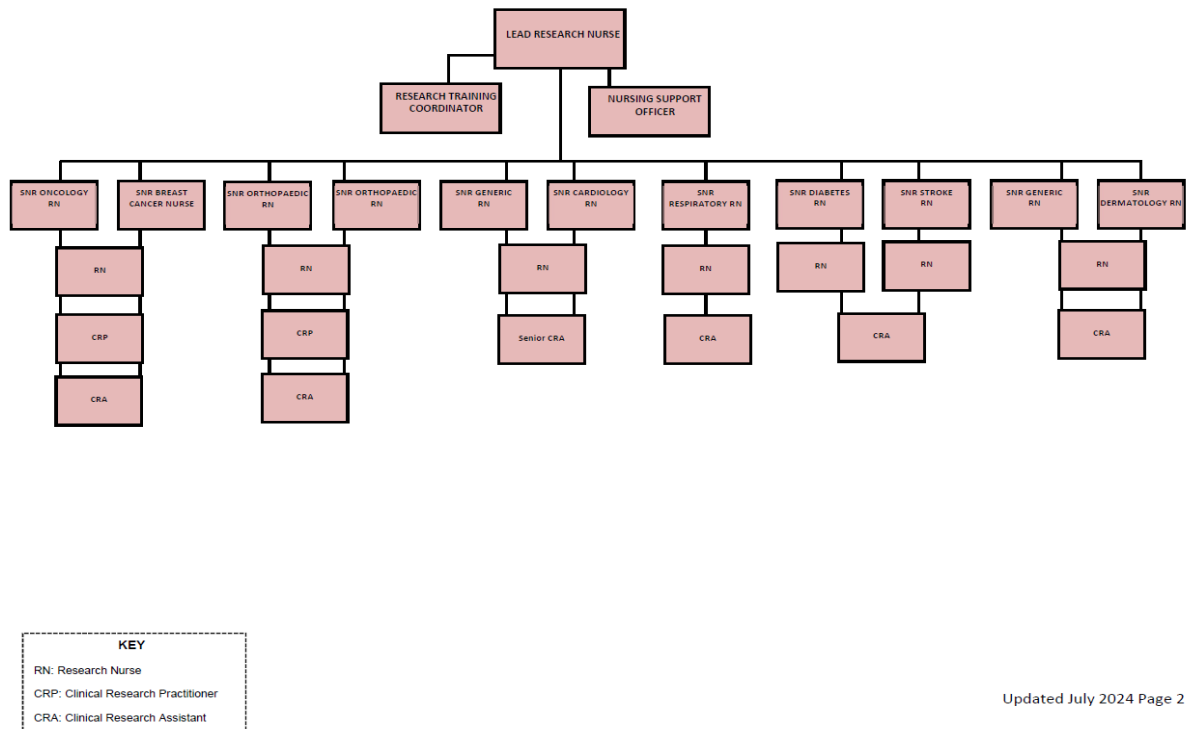
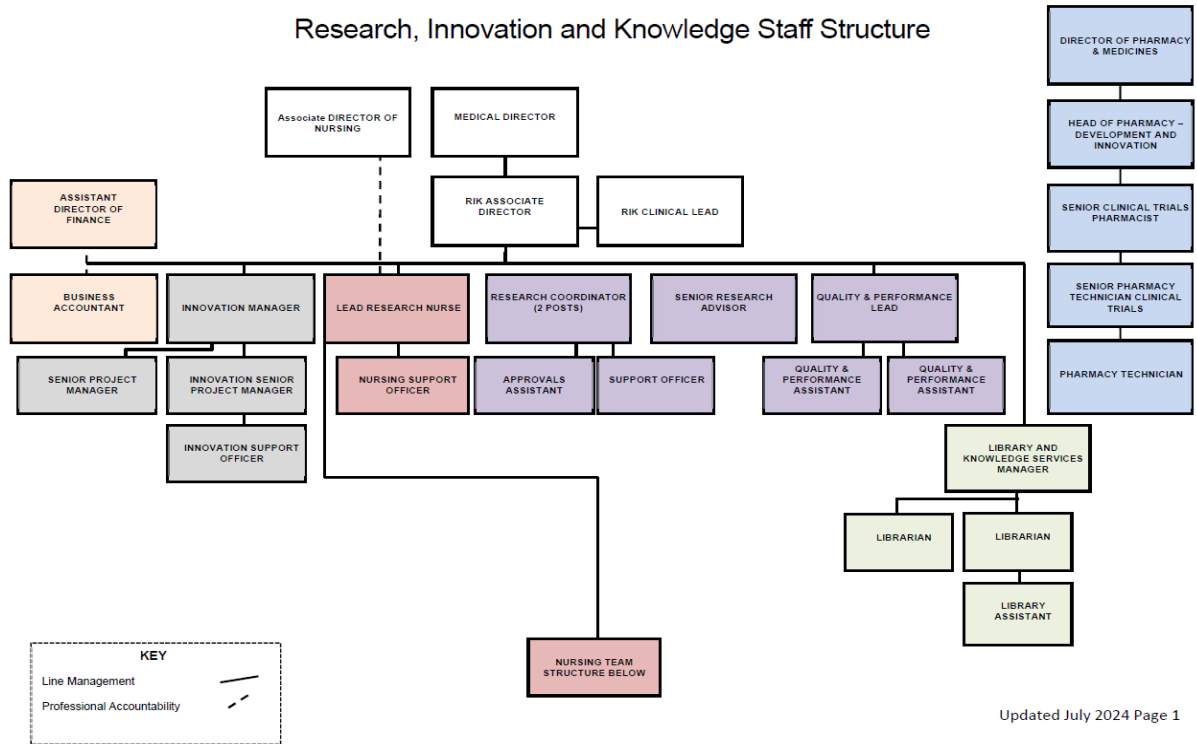
13 RECOMMENDATION

This paper is provided for:

- Assurance

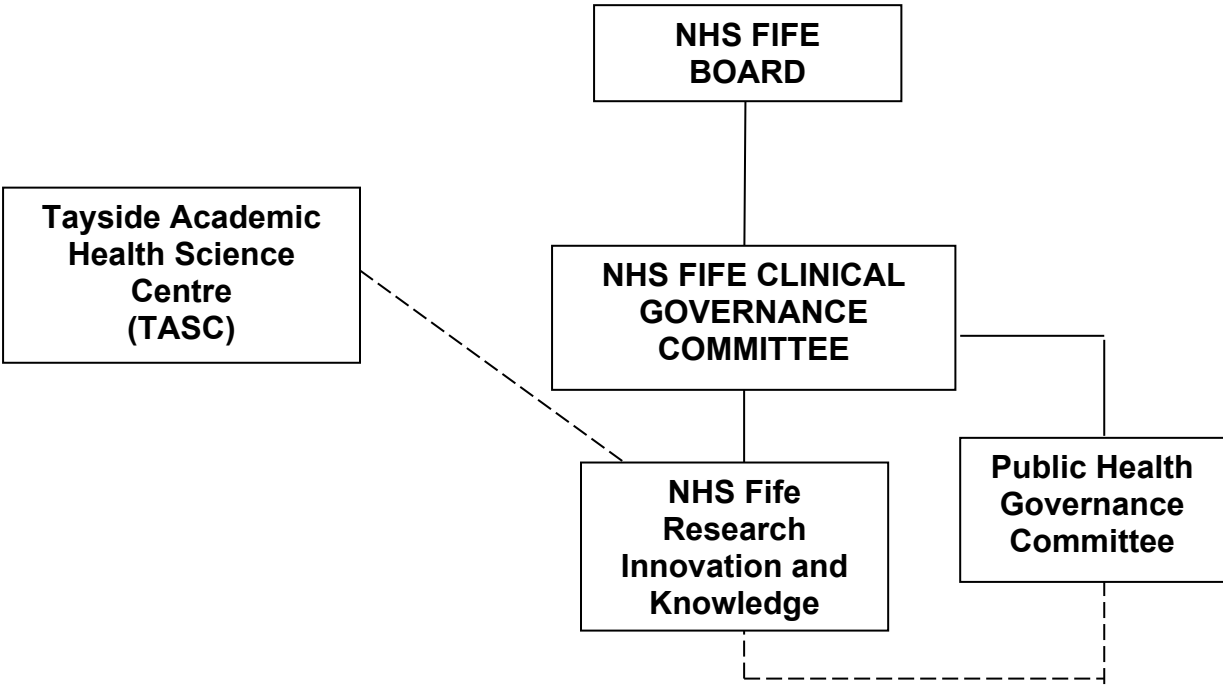
Appendix 1

NHS Fife Research, Innovation and Knowledge Support Structure 2023-24



Appendix 2

COMMITTEE STRUCTURE / NHS FIFE IN RELATION TO RESEARCH, INNOVATION AND KNOWLEDGE



Accountability _____
Communication - - - - -

OUTCOME OF ACTIVITIES AGAINST RIK STRATEGIC PRIORITIES 2023-2024

The following plan of activities has been developed from the current 2022-2025 NHS Fife Research Strategy. To ensure delivery, activities have been prioritised and resource requirements determined. Completion of this plan will better position NHS Fife to: seriously address the research and innovation agenda; successfully compete in the national research and innovation arena; attract new and retain existing staff; whilst improving healthcare for the citizens of Fife.

(A) PROMOTING A CULTURE THAT SUPPORTS AND ENCOURAGES RESEARCH AND INNOVATION.

Investment in new clinical posts (medical, pharmacy, psychology, allied health professional, nursing and supporting staff) in order to establish meaningful clinical academic positions and/or active researchers with identified and protected research time.

A1. To continue to encourage discussion of research as part of normal Personal Development Plans and appraisals of health care staff.

OUTCOME

ONGOING

A2. To continue RIK participation in the development of the medical, pharmacy, allied health professions and nursing clinical academic career development in Fife.

ONGOING

A3. To continue to support and participate in NHS Research Scotland (NRS) East of Scotland research node with St Andrews and Dundee Universities, and NHS Tayside by establishing for example joint standard operating procedures, co-sponsorship agreements.

ONGOING

(B) WORKING WITH PARTNERS.

Establish a mutually meaningful and productive link with academic institutions

In order to establish this NHS Fife will continue to:

B1. Identify and understand corporate arrangements with institutions such as St Andrews, Edinburgh, Dundee, Napier, Queen Margaret and Abertay Universities to facilitate collaboration.

OUTCOME

ONGOING

B2. Continue investment (financial or other) with academic institutions (especially St Andrews University School of Medicine) that will result in a critical mass of research active individuals, employed/seconded by NHS Fife and/or universities to build research capacity and governance structures.

ONGOING

(C) PROMOTING RESEARCH AND INNOVATION WITHIN AN APPROPRIATE GOVERNANCE FRAMEWORK AND SECURING APPROPRIATE SUPPORT TO ENSURE FINANCIAL PROBITY

In consolidating the research and innovation governance structures the current areas that need to be considered include:

C1. Continuing to identify commonalities / engagement between the clinical, research, innovation, quality improvement, information and educational governance structures within NHS Fife.

C2. Preparing for a potential inspection from Medicines and Healthcare products Regulatory Agency.

Increasing the income generated from increased research activity, creating opportunities to further enhance and invest in research programmes in Fife by:

C3. Maximising commercial and non-commercial research opportunities locally and in collaboration with external partners.

OUTCOME
ACHIEVED
ONGOING
ONGOING

(D) WORKING IN PARTNERSHIP WITH STAFF AND COMMUNICATING RESEARCH AND INNOVATION INFORMATION ACROSS NHS FIFE.

Consolidate a research and innovation communication strategy with all NHS Fife communities.

Communication is the lynchpin of creating a research and innovation focused culture. During 2023-24 we will:

D1. Deliver a regular NHS Fife Research Newsletter and Research Bulletin.

D2. Produce and disseminate an NHS Fife Research Annual Report.

D3. Provide research workshops for patients, carers and other citizens of Fife.

OUTCOME
ACHIEVED
ACHIEVED
ACHIEVED

(E) PATIENT AND PUBLIC INVOLVEMENT

E1. Develop meaningful engagement of the public in research and innovation through supporting Fife Community Advisory Council and other PPIE groups.

OUTCOME
ACHIEVED

**Professor Frances Quirk
Associate RIK Director, NHS Fife**

December 2024

Progress against these priorities has been discussed and agreed by the NHS Fife Research, Innovation and Knowledge Oversight Group.

Meeting:	Clinical Governance Committee
Meeting date:	17 January 2025
Title:	Research, Innovation and Knowledge Annual Report 2023-2024
Responsible Executive:	Dr Christopher McKenna, Medical Director and Executive Lead, Research, Innovation and Knowledge
Report Author:	Professor Frances Quirk, Associate Director Research, Innovation and Knowledge

Executive Summary

- Annual Report summarising Research, Innovation and Knowledge performance and activity
- Increased number of Principal and Chief Investigators
- Increased Commercial Income
- New content inclusion of activity from Fife Community Advisory Council (Patient and Public Advisory Group)
- New content inclusion of Fife Health Charity supported research and innovation projects

1. Purpose

This report is presented for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Research, Innovation and Knowledge Annual Report 2023-2024 is being brought to the Clinical Governance Committee for their Awareness to provide an update on activities and performance for research, innovation and library and knowledge services over the period of the report and delivery against 2023/2024 strategic priorities.

2.2 Background

This report details the activities within Research, Innovation and Knowledge across NHS Fife from April 2023 to March 2024. It details progress made over this 12 months in relation to ongoing work, previously identified challenges and identifies the key challenges currently facing Research, Innovation and Knowledge (RIK).

Continued significant developments within RIK include the strengthening of our relationship with the University of St Andrews and the Universities of Dundee and Edinburgh in relation to research and innovation activities and education and training. The joint clinical academic and Honorary appointments with the University of St Andrews have produced benefits in terms of collaboration, Doctoral Training Fellows and contribution to an expanding NHS Fife research culture. The successful Second NHS Fife and University of St Andrews Research Symposium in October 2023 contributed significantly to a greater sense of partnership and identified opportunities for potential collaboration.

The format and content of the report has been revised to reflect feedback from the lay representative member of the Research, Innovation and Knowledge Oversight Group and additional input from the Fife Community Advisory Council.

2.3 Assessment

During 2023-24 the research and innovation culture within NHS Fife has maintained recent advances, delivering: consistent levels of research activity, growing innovation activity, increased numbers of clinical academics and Honorary appointments; compliance with the research governance framework, development of an innovation governance framework, monitoring 100% of Fife Sponsored studies; and the delivery of a RIK Education and Training Programme.

The following challenges have been amalgamated from unmet objectives from the 2023-24 RIK Strategy Key Performance Indicators (KPIs), and the NRS objectives & associated performance metrics to be delivered during 2023-24:

Unmet KPIs (R&D Strategy 2023-24):

- Increase non-commercial income

R&D Strategy priorities (2023-24):

All activities detailed in the prioritised plan of the RIK Strategy for 2023-24 are ongoing or have been achieved.

This report provides the following Level of Assurance:

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

2.3.1 Quality, Patient and Value-Based Health & Care

Clinical research and innovation inform the development of better outcomes in healthcare. New knowledge gained through clinical research and innovation results in improved methods of disease detection, prevention, diagnosis and treatment.

The benefits of clinical research and innovation are not only limited to patients who receive better health journeys as a result of their participation in clinical studies and innovation projects. Studies show that research and innovation active hospitals have improved outcomes for all patients, not just study participants, research and innovation engagement also improves staff recruitment and retention through improved job satisfaction.

2.3.2 Workforce

The overall increase in commercial and non-commercial clinical activity is placing strain on our Approvals and Clinical Research Teams and the portfolio is under constant review to balance and manage workload.

2.3.3 Financial

Research is categorised as ‘commercial’ (funded by the pharmaceutical or medical device industry) or ‘non-commercial’. Non-commercial research is further divided into “eligible” (funded by charitable organisations, research councils or Government bodies), or “non-eligible” (NEF - funded by a non-eligible organisation or is unfunded).

R&D funding is provided via NHS Research Scotland (NRS) by the Chief Scientist Office (CSO) in respect of research considered ‘eligible’ for funding, in recognition of the unfunded costs incurred by the NHS for undertaking and participating in such projects.

CSO funding remains the main source of income to support all non-commercial R&D activities across NHS Fife. It is used to provide and support the R&D infrastructure (Appendix 2), to maximise its activity and to ensure the required management, governance and support of research.

CSO Funding Allocation Income 2023-2024 - £917,000.

Commercial Income 2023-2024- £161,000

Cost Avoidance (Pharmacy and Medicines) 2023-2024 -£97,781

2.3.4 Risk Assessment / Management

Research, Innovation and Knowledge Oversight Group has noted changes in the number of staff involved in research, commercial income, non-commercial income and cost avoidance generated over the reporting period. These KPI's will be a focus of monitoring and the development and implementation of strategies to address them in 2024-2025.

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

-

2.3.6 Climate Emergency & Sustainability Impact

-

2.3.7 Communication, involvement, engagement and consultation

Two-way communication of Research and Innovation information across NHS Fife has improved despite the challenges of the dispersed nature of the organisation. The new Clinical Research and Innovation Champion roles (second appointed cohort 2023-2024: Dr Joanna Bowden, Dr Rajendra Ramen, Dr Sam Pattle) will support professional engagement within NHS Fife and across our stakeholders (the University of St Andrews and the South East Health Innovation Hub). To further facilitate communication, key research information is available via a dedicated NHS Fife RIK webpage, weekly updates, and monthly or quarterly bulletins and newsletters. The format of these has been revised to take advantage of newly available platforms, such as SWAY.

Internal Communications

Updates on the research training programme, R&D support and details of research and innovation conferences are circulated regularly. A monthly Publications Bulletin circulated via email and shared with stakeholders provides visibility of the range of publications including NHS Fife authors. Monthly electronic research 'bulletins' are sent to all research/innovation active staff (past and present), providing up to date information about advice clinics, seminars, workshops and recently issued commissioned bids / grants - within and out with NHS Fife.

Details of events and training opportunities have been regularly included in the electronic organisation-wide 'StaffLink'. To reach staff that do not have access to email, details of the RIK Department, its staff and the support offered have been placed on electronic notice boards and sites across the organisation.

External Communications

Work is ongoing on a fully refreshed RIK website www.nhsfife.org/research with dedicated Clinical Research Facility, Publications and News Updates pages. The website has been updated to reflect the transition from R&D to Research, Innovation and Knowledge (RIK).

Generic R&D email address have been created to maximise the efficiency of responses to queries to the department, fife.randd@nhs.scot and for R&D news fife.rdnews2@nhs.scot

Our Public Involvement representative with a special interest in research is a member of the joint University of St Andrews and Fife Community Advisory Committee (FCAC). They

have been an active member of the NHS Fife Research, Innovation and Knowledge Oversight Group in their role as Lay Advisor.

The FCAC assist in providing lay view/input into the development of research proposals and ongoing research, and help raise awareness and understanding of research being undertaken locally. The FCAC are invited to review and feedback on our Annual Report and RIK Strategy prior to their finalization.

2.3.8 Route to the Meeting

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

- Research, Innovation and Knowledge Operational Group- reviewed and feedback requested and responded to (1st October 2024, by circulation)
- Fife Community Advisory Council- reviewed and feedback requested (October 2024)
- Research, Innovation and Knowledge Oversight Group- reviewed and feedback requested (14th November 2024)

This paper will also be circulated to the Executive Directors Group for information as an addendum to the first meeting of 2025

- Executive Directors Group – for Information (9th January 2025)

2.4 Recommendation

This paper is provided to members for:

- **Assurance** – This report provides a “**significant**” level of assurance

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Research, Innovation and Knowledge, Annual Report 2023-2024

Report Contact

Professor Frances Quirk

Associate Director Research, Innovation and Knowledge

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Research, Innovation and Knowledge

Annual Report 2023-2024



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Published November 2024

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www.nhsfife.org

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1. Executive Summary



Dr Christopher McKenna
Medical Director and Executive Lead for Research,
Innovation and Knowledge

As the Executive Lead for Research, Innovation and Knowledge (RIK) it is my absolute pleasure to introduce the 2023/24 RIK Annual Report. This report is a reflection of the significant, high-quality work undertaken by the RIK team as well as those enthusiastic clinicians and staff across NHS Fife who make research and innovation a priority in their career portfolio. NHS Fife is developing a growing reputation and profile for high quality research and innovation support and activity.

Our busy clinical research facilities allow people in Fife to participate in research which gives access to treatments that may otherwise not have been available contributing to improved equity and leading to better clinical outcomes. These facilities have seen increasing numbers of participants in 23/24 and NHS Fife has consistently high numbers of patients recruited to national and European clinical trials. Frequently being the first site in Scotland or the UK to recruit a participant to a new study.

The monthly publications bulletin of NHS Fife authors contributing to Journal articles and publications confirms our clinical team's enthusiasm and commitment to research and highlights the breadth and areas of speciality in which we contribute.

We continue to grow and develop our innovation team and on behalf of South East Health Innovation Hub (HISES) 23/24 saw the successful administration of Phase 1 for the £5.5m Reducing Drug Deaths national program, co-funded by Chief Scientists Office and Office for Life Sciences. NHS Fife Innovation team managed 11 companies across all 4 devolved nations working with Academic Health Science Centres and Scotland's Innovation Hubs in the feasibility phase of digital devices and technologies being developed to detect, respond and intervene in the circumstances of risk to life for persons who use drugs.

2023 saw the second Annual Joint NHS Fife and University of St Andrews Research and Innovation Symposium. This second event was very well attended and saw the Director of the McKenzie Institute for Early Diagnosis, Professor Peter Donnelly, step in to cover for the Deputy Chief Medical Officer as the Keynote Speaker. Professor Donnelly delivered an engaging talk on the diversity of research and clinical academic career paths.

The now annual Joint Research and Innovation Symposium is an opportunity for clinicians, academics, clinical researchers, and professional staff to share their enthusiasm for health and clinical research and innovation and provide a forum to make connections and develop collaborative opportunities.

The NHS remains one of the most valuable assets that we have in Scotland, but it is under constant operational and financial pressure. Our ability to conduct and support clinical research and innovation is fundamental to the success and sustainability of this asset for the benefit of Scotland's citizens and future health. I am steadfast in my belief that we can make a difference which is why I will continue to provide my utmost support to the work that the RIK team are committed to.

Dr Christopher McKenna

Medical Director and Executive Lead for Research, Innovation and Knowledge

2. Introduction



Professor Frances Quirk
Research, Innovation & Knowledge
Associate Director, NHS Fife

This period has been one of growth and change for us with new staff in Innovation and Clinical research and a shifting of focus in some of our portfolio to support the development of specialities who are expanding their clinical research activity, such as our Emergency Medicine team.

Our Innovation team have successfully concluded the management of Phase 1 of the National Reducing Drug Deaths Program, the £5.5m program co-funded by the Chief Scientists Office and the Office for Life Sciences supporting the development of solutions to prevent fatal overdose. The team have worked with 11 companies to complete their 12 month feasibility projects, finalise their reports and submit applications for Phase 2, which will commence in 24/25. Three of the companies worked with us directly at NHS Fife with support from the Addictions service and Dr Susanna Galea-Singer, one of our 1st cohort of Clinical Research and Innovation Champions.

The second NHS Fife and St Andrews Joint Research and Innovation Symposium was held at Balbirnie House and was again very well attended. The event provided the opportunity to showcase joint work, including presentations from PhD students and Early Career Researchers and networking in breaks to develop connections. Additional joint appointments both clinical and non-clinical and Honorary Fellowships with the University of St Andrews have produced benefits in terms of closer collaboration and contribution to an expanding NHS Fife research culture.

The benefits of this closer working were realised in a successful submission to the Chief Scientists Office Applied Health Research Program, a team consisting of St Andrews and NHS Fife staff, led by Professor Colin McCowan were awarded £950,000 to progress a program of work focused on use of unscheduled care in the last year of life. The funding is for 5 years and will further cement our leadership in unscheduled care use and end of life care research across the two institutions.

Acknowledging the hard work of our RIK team we reprised the 'Appreciation' Event at the end of the year with an afternoon tea at Pittencrieff Park, including an impromptu piano recital!

A very well meant 'Thank You' to all of our teams for their magnificent efforts over this period, each year seems busier and more successful than the last and we look forward to another successful year in 2024/2025.

Professor Frances Quirk
Associate Director Research, Innovation and Knowledge

3. Research, Innovation and Knowledge Activity and Income

Research

3.1. R&D Studies and Recruitment

The following R&D activity summary includes the studies open to recruitment in NHS Fife at some point or in follow-up, within the 2023-2024 financial year.

Data has been obtained from the NHS Fife R&D database (EDGE) and excludes PIC (Patient Identification Centre) and NLI (No Local Investigator) studies. Data are updated continually, and figures are accurate at the time of collation.

3.1.1. Number of Studies

Research is categorised as '*commercial*' (funded by the pharmaceutical or medical device industry) or '*non-commercial*.' Non-commercial research is further divided into "eligible" or "non-eligible" (NEF) depending on the organisation(s) funding the study.

Eligible studies are those that are funded by an organisation on the Chief Scientist Office (CSO) eligible funders list (which includes some charitable organisations, research councils or Government bodies). NHS Fife receives funding from the CSO via NHS Research Scotland (NRS) to support the running of these 'eligible' studies. NEF studies are those that either have no funding or are funded by an organisation which is not included on the CSO eligible funders list. NHS Fife does not receive any funding from CSO to support the running of these studies.

A total of 98 studies were actively recruiting participants during this period (Fig 1) and 35 more were in follow-up (Fig 2).

The specialties involved in recruiting to commercial studies were Dermatology (3), Musculoskeletal (2), and Diabetes (1) and Metabolic & Endocrine Disorders (1).

The specialties involved in commercial studies which were in follow-up were: Musculoskeletal (2), Infectious Diseases and Microbiology (1) and Neuroprogressive and Dementia (1).

The top 7 non-commercial research active areas in terms of number of recruiting studies were: Cancer (9), Respiratory Disorders (8), Trauma & Emergencies (8), Stroke (7), Cardiovascular 4, Mental Health (4) and Renal Disorders (4).

The top 7 non-commercial research active areas in terms of number of studies in follow-up were: Cancer (10), Infectious Diseases and Microbiology (3), Mental Health (2), Musculoskeletal (2), Ophthalmology (2), Renal Disorders (2) and Reproductive Health and Childbirth (2).

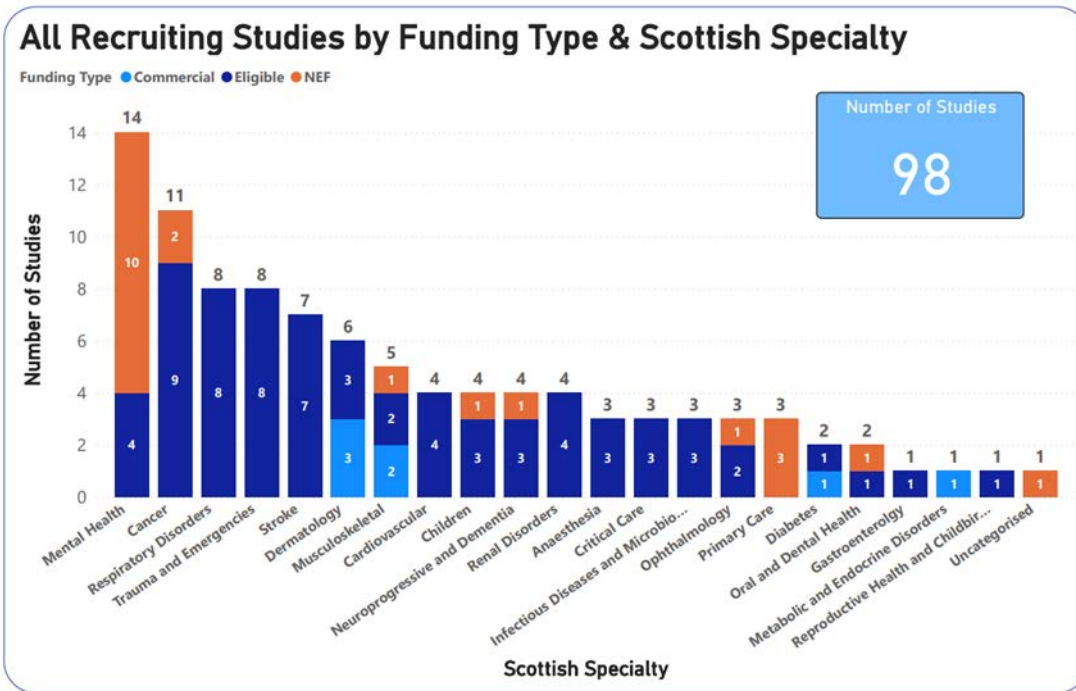


Fig 1

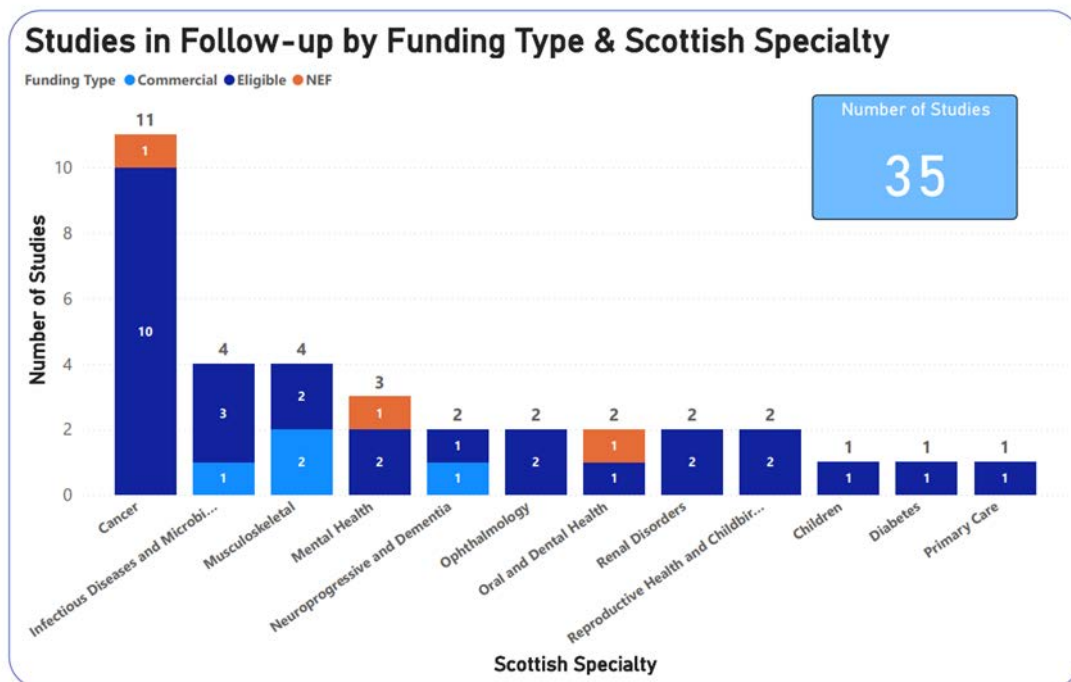


Fig 2

3.1.2 Number of Participants Recruited

There were 1183 new participants were recruited from April 2023 – March 2024 (Fig 3) into Commercial and Non-commercial eligibly funded studies.

Note: Recruitment to non-eligibly funded studies isn't routinely tracked and isn't reflected in the figures shown.

There were 454 participants were recruited into Commercial studies: Diabetes (380), Musculoskeletal (60) and Dermatology (14).

There were 729 participants were recruited into Non-commercial Eligibly funded studies.

The top 6 Scottish Specialties in 2023-2024 in terms of recruited participants for Eligibly funded studies were: Trauma & Emergencies (197), Respiratory Disorders (129), Cancer (98), Renal Disorders (57), Cardiovascular (44) and Mental Health (41).

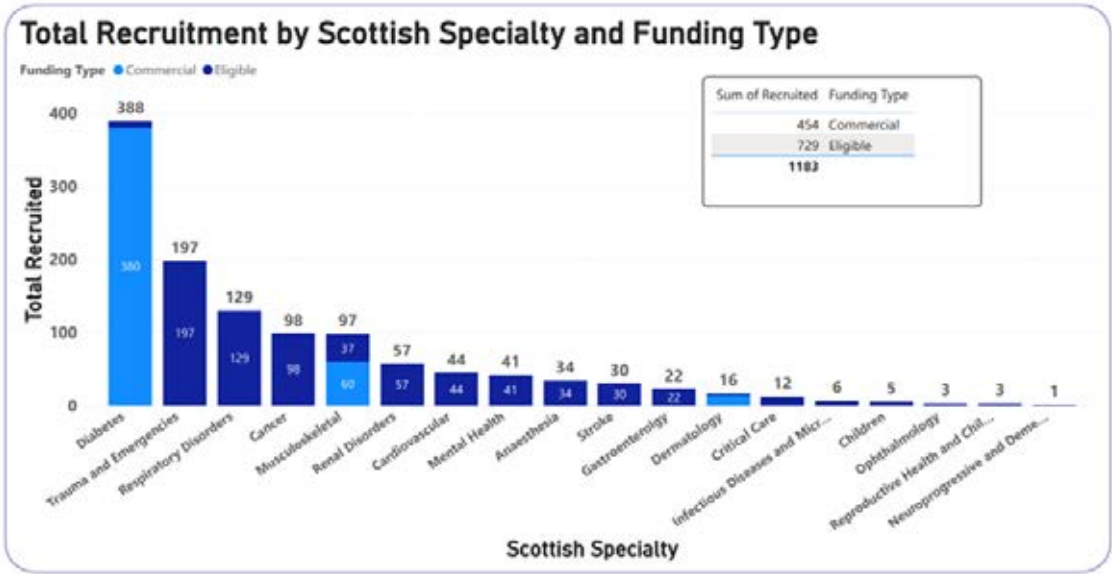


Fig 3

3.1.3 Types of Study

NHS Fife has a balanced portfolio of studies ranging from observational to complex interventional studies (including Clinical Trials of Medicinal Products (CTIMP)) across many therapeutic areas.

Of the total of 98 studies, 25 were Clinical Trials of an Intervention, 22 were Clinical Trials of a Medicinal Product, and 3 were Clinical Trials of a Medical Device.

The number of studies according to study type and disease specialty are shown in Fig 4 below:

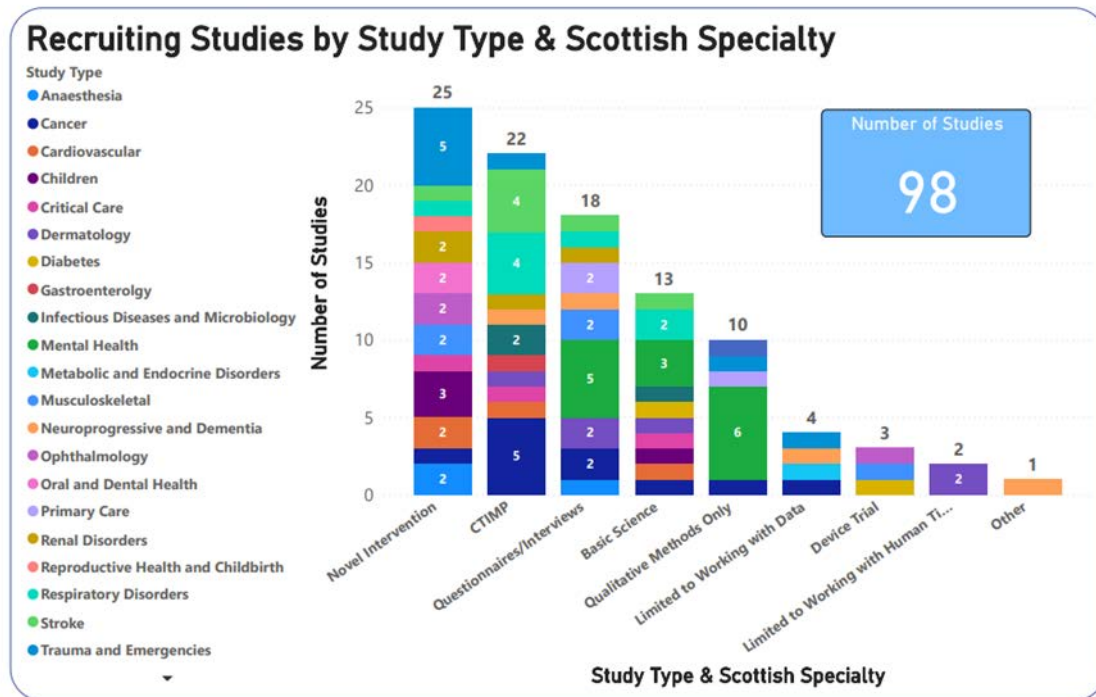


Fig 4

The number of recruits to Commercial and Non-commercial eligibly funded studies according to Study Type & Scottish Specialty are shown in Fig 5 below:

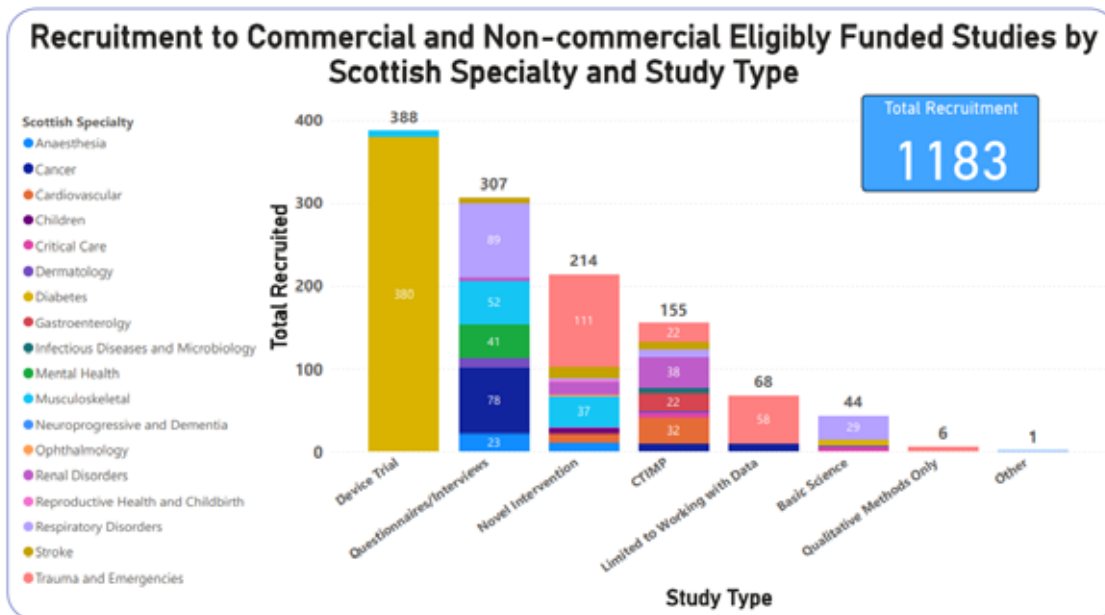


Fig 5

3.2. NHS Fife Sponsored Studies

The UK Policy Framework for Health and Social Care 2017 (UKPF) and The Medicines for Human Use (Clinical Trials) Regulations 2004 require that an organisation taking on the role of 'Sponsor' must ensure that there are proper arrangements in place to initiate, manage, monitor, and finance a study. Before accepting this role, NHS Fife will undertake a review and risk assessment to ensure that sponsorship acceptance is desirable and appropriate.

NHS Fife does not currently have the infrastructure in place to Sponsor CTIMPs (Clinical Trials of Medicinal Products) but between 2023 and 2024 NHS Fife Sponsored 5 Non-CTIMP studies (Fig 6).

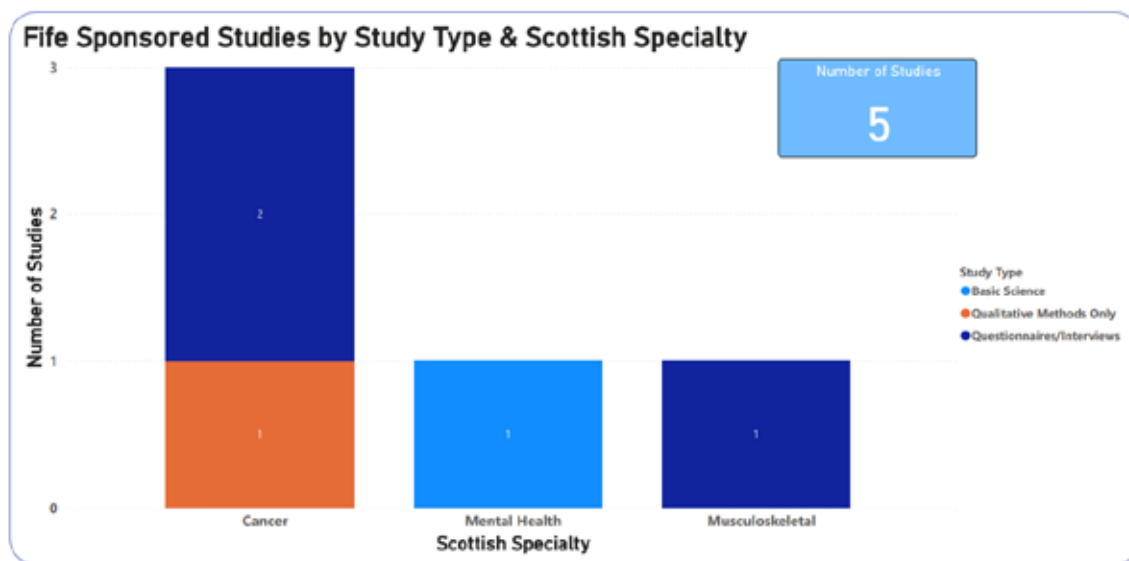


Fig 6

3.3 NHS Fife Research Active Staff

NHS Fife staff can be involved in the delivery of research by becoming the Chief Investigator (CI), or Principal Investigator (PI). The CI is the person designated as having overall responsibility for the design, conduct and reporting of a study, while the PI is the named individual who has responsibility for oversight of the study at a specific site for multisite studies.

3.3.1 NHS Fife Chief Investigators

Twelve NHS Fife staff members acted as Chief Investigator for a research study over this period.

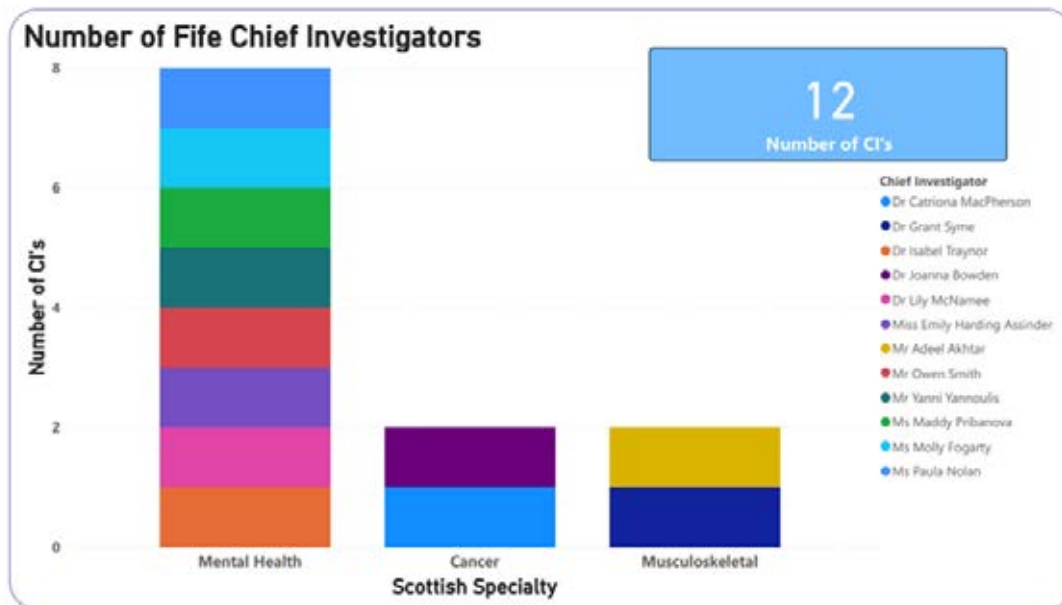


Fig 7

3.3.2 NHS Fife Principal Investigators

Eighty Three NHS Fife staff members acted as Principal Investigator for a research study from April 2023 - March 2024.

The top 6 research active Scottish Specialties with NHS Fife PIs (Principal Investigator) were Mental Health (14), Cancer (12), Neuroprogressive and Dementia (7), Musculoskeletal (6), Renal Disorders (5) and Respiratory Disorders (5).

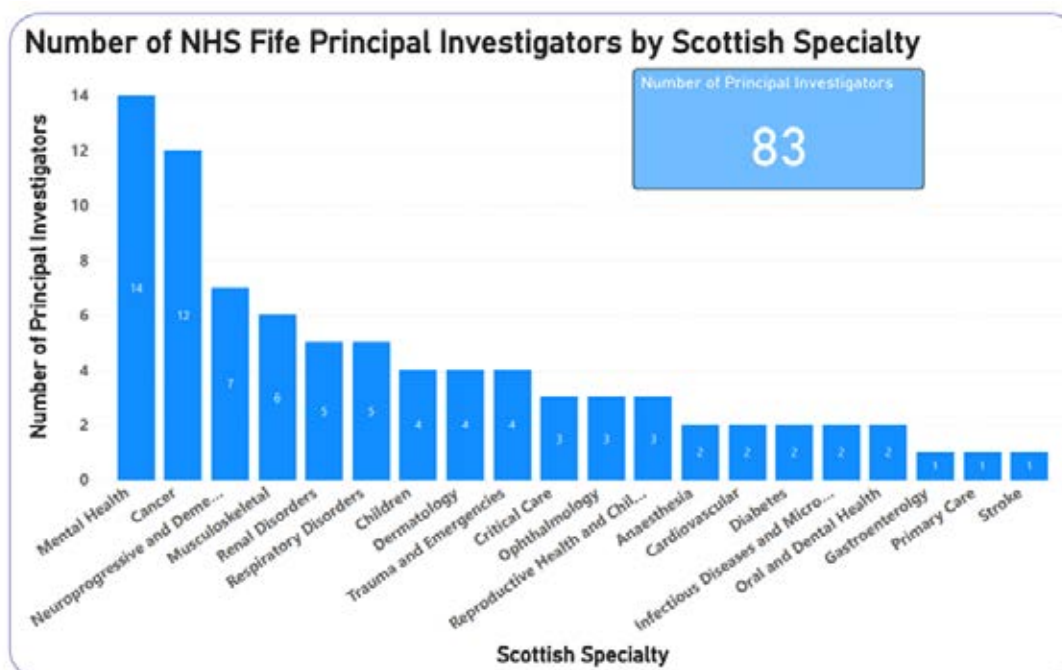


Fig 8

Most staff were Principal Investigator on a single study while 6 members of staff were Principal Investigator on 3 or more studies.

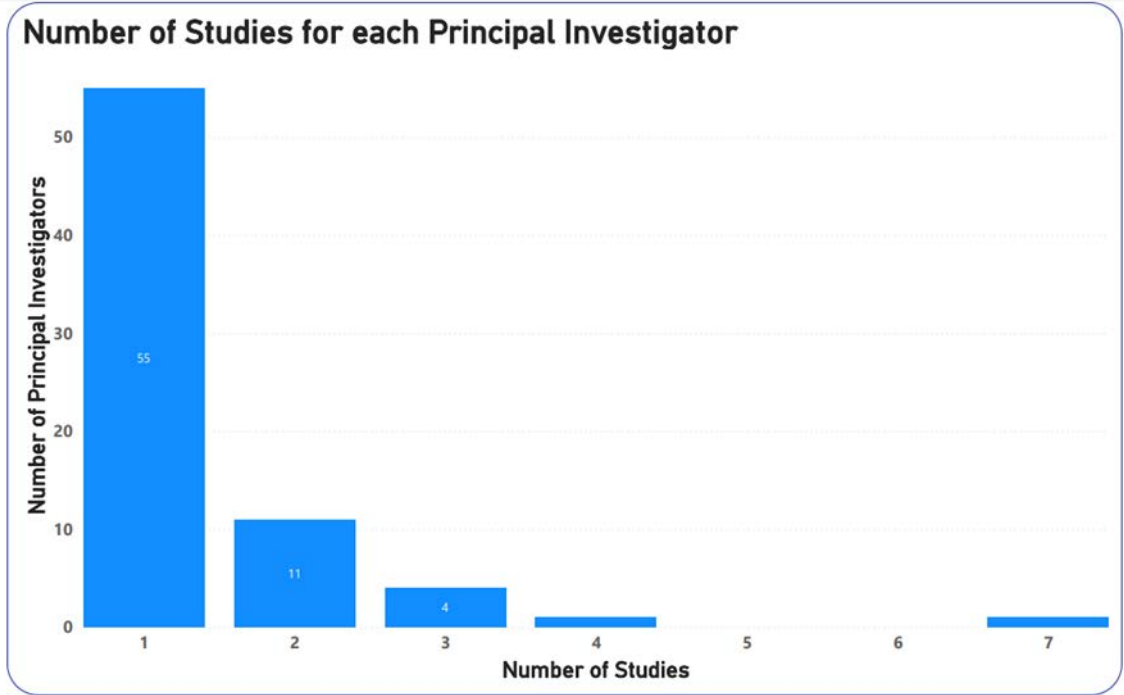


Fig 9

3.4 Trends in Research Activity

The following figures show the total recruitment and total number of studies for 2021-2022, 2022-2023 and 2023-2024.

Although the overall recruitment figure for Eligibly funded studies in 2023-2034 is significantly lower than the previous 2 years, in 2021-2022 a large part of the recruitment seen was from two large questionnaire/data only studies (CHOICE and ISARIC) which together accounted for 1033 participants, and in 2022-2023 a large part of the recruitment seen was from two large questionnaire/data only studies (CHOICE and DASHed) which accounted for 820 participants.

The significant increase in total recruitment of participants for Commercial studies in 2023 was due mainly to one study (Investigative Clinical Study for Diabetes Rev A) which accounted for 380 participants.

Commercial studies accounted for 7% of the total number of studies that were recruiting in 2023-2024, with non-eligibly funded studies accounting for 21%. These percentages were similar to those in previous years.

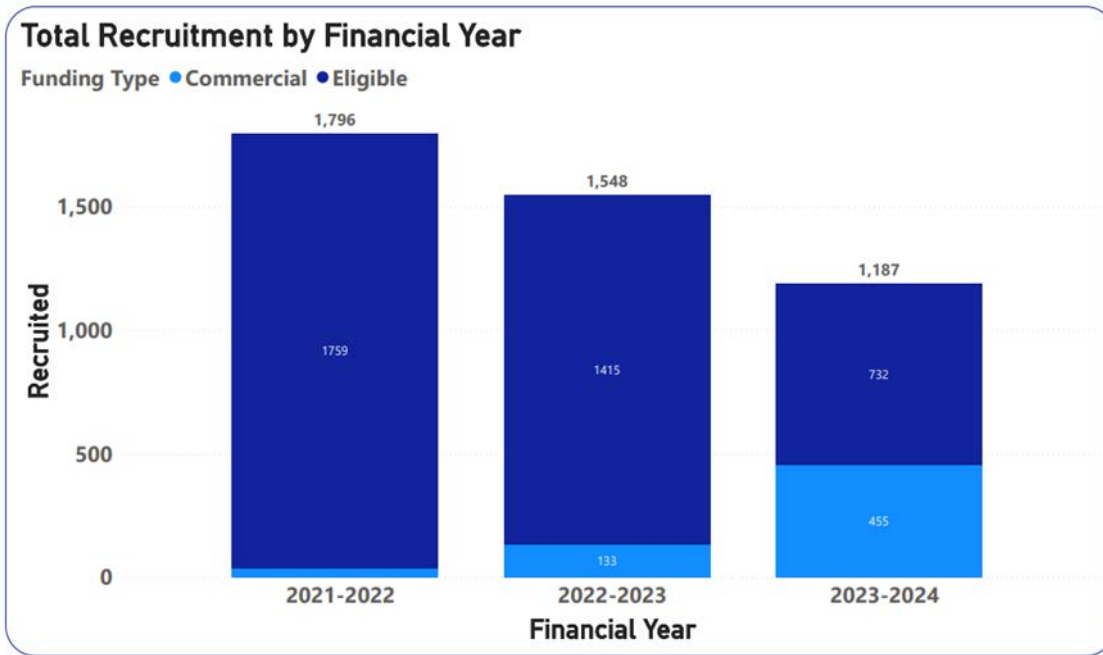


Fig 10

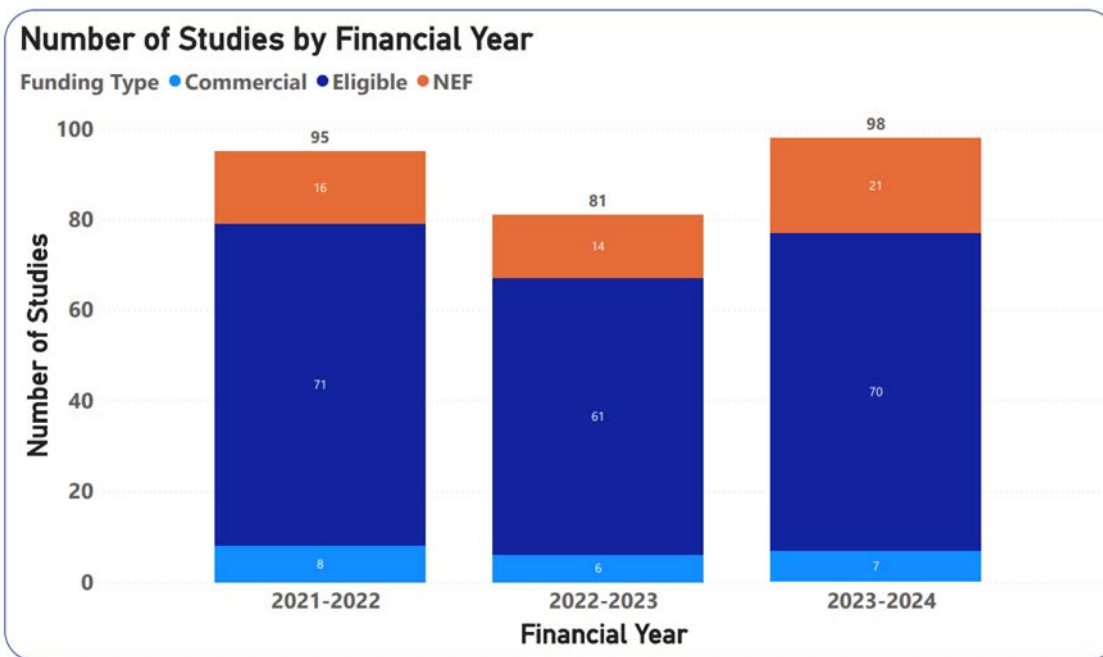


Fig 11

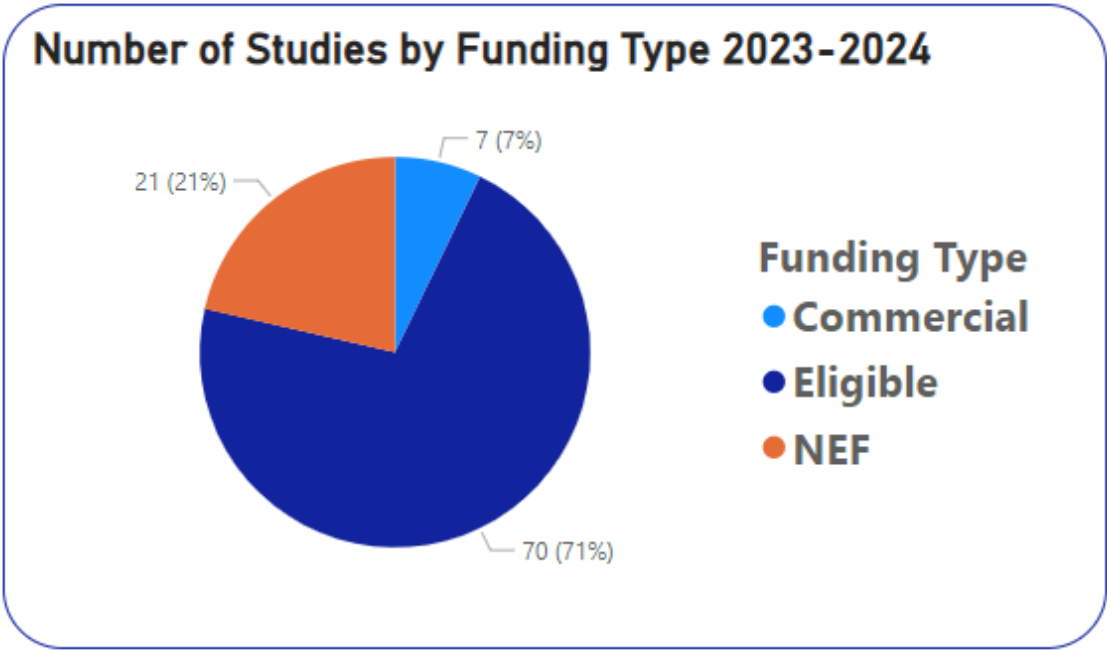


Fig 12

4. Research, Innovation and Knowledge Finance and Income



Grant McDonald
Capital Accountant

4.1 Funding

On an annual basis, NHS Fife RIK receives an allocation from the Chief Scientist Office (CSO) to support Non-commercial eligible funded clinical research activity and general infrastructure. During the COVID-19 pandemic and initial recovery year, CSO were providing an allocation based on an average of activity over the years leading into the pandemic period due to the impact COVID-19 had on research. Now in the 2023-2024 Financial Year, CSO has returned to basing their annual allocations on the activity conducted within the Health Board. This activity mostly revolves around being the lead or supporting site in eligible funded trials and recruiting participants to those trials.

Within Innovation, CSO also provides funding for the Health Innovation Southeast Scotland (HISES) hub through NHS Lothian as the lead Health Board, NHS Fife, along with NHS Borders, are member Boards of HISES. HISES is setup with the purpose of delivering *“Government’s vision to utilise the innovation process to deliver a healthier and wealthier nation for the future.”* HISES primarily support NHS Fife by contributing to funding our Innovation department with approximately 11% of the total SLA allocation from CSO to NHS Lothian. This is primarily applied to salary costs.

Additional funding to support Innovation activity is received from SLA’s (Service Level Agreements) with CSO and NHS Golden Jubilee (on behalf of CSO and Office for Life Science) for local Project Management support and to support the administration of the UK wide Reducing Drug Deaths Catalyst Challenge.

Along with HISES funding and general CSO allocation, NHS Fife is also involved in clinical research in various specialties such as Cancer, Dementia, Diabetes, and Stroke. Within these areas, NHS Fife receive Network funding from NHS Tayside as the nodal Health Board, NHS Lothian, and the University of Dundee as the holders of SLA’s for the Networks.

The following graphs show the total funding provided by CSO and other contributors over the previous 3 financial years, from 2020-2021 to 2023-2024. Key areas in funding movement are as follows:

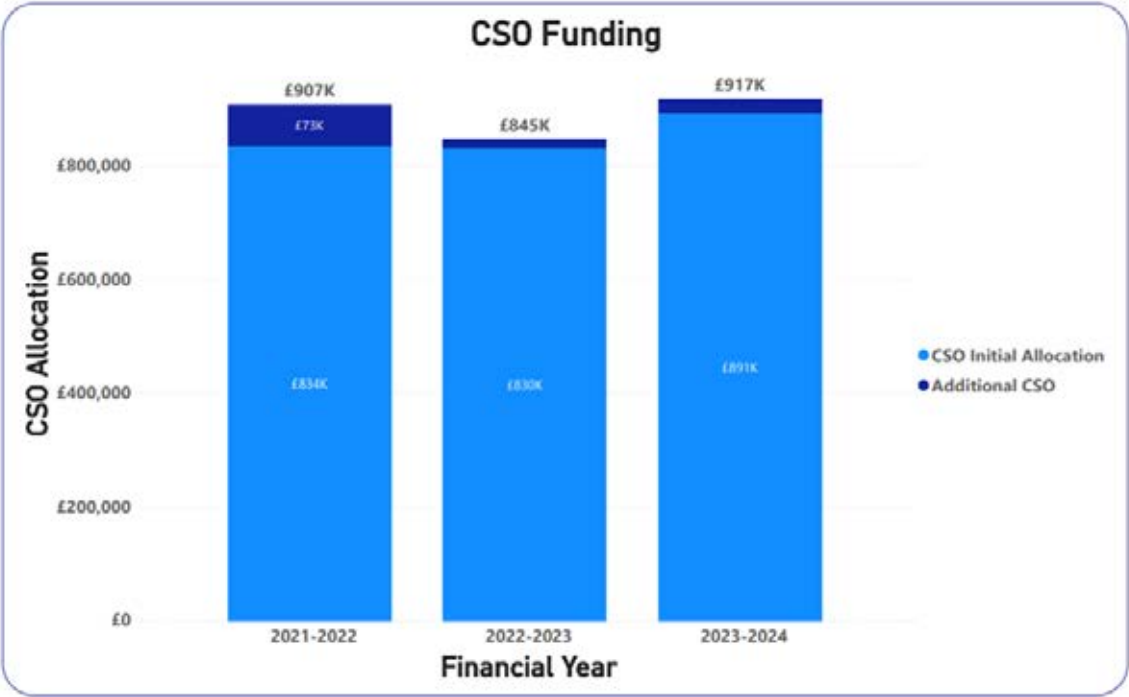
Even though the initial CSO funding had dropped £4,000 between 2021-2022 and 2022-2023, there was a substantial increase of £61,000 between 2022-2023 & 2023-2024, leading to net increase in our initial allocation over the previous 3 years of £57,000, a total increase of 6.8% in initial funding.

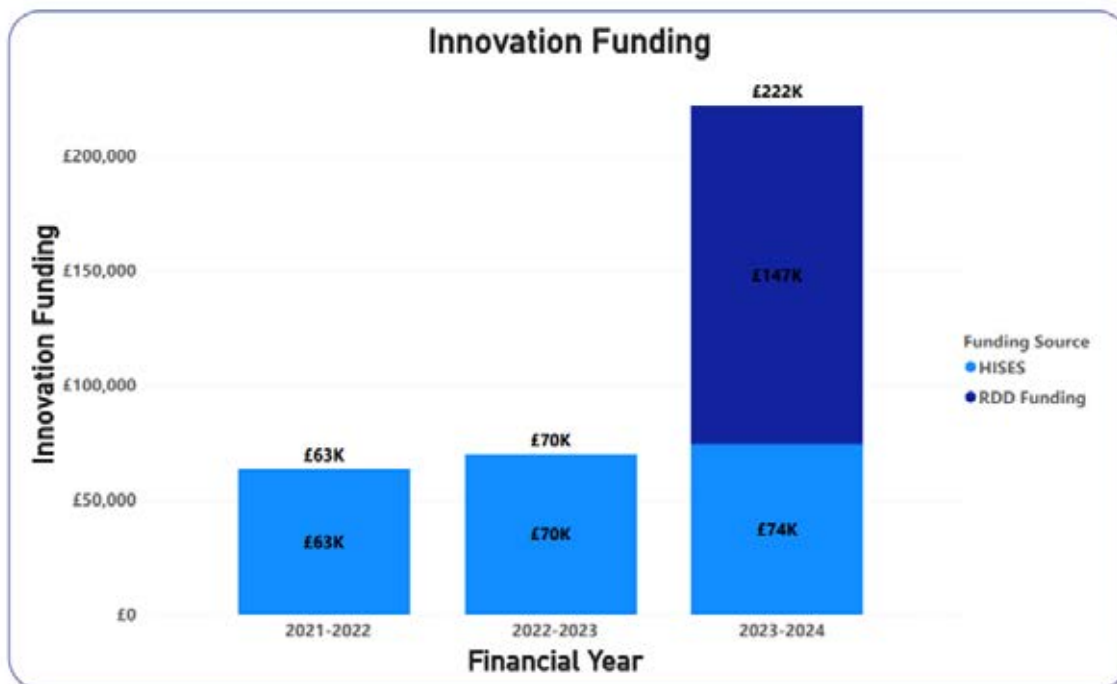
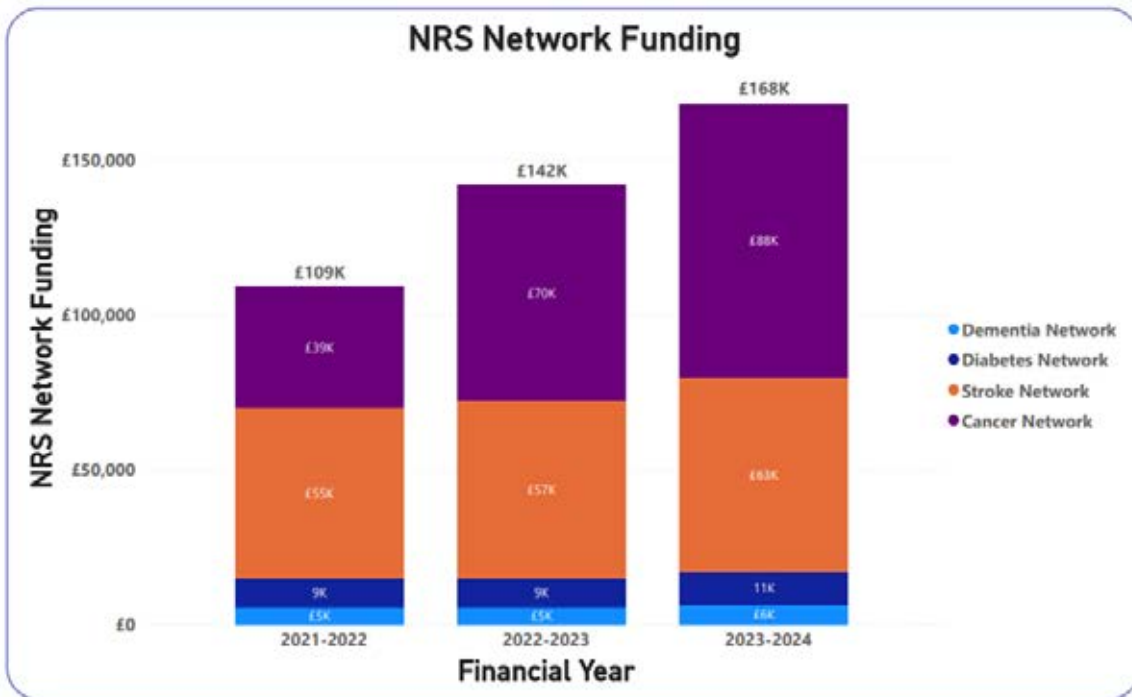
Additional funding of £26,350 was provided in 2023-2024 to employ an Innovation Project Manager to provide project development and management in the South-East Region and Scotland wide. This arrangement is expected to continue into the following year, and into 2025-2026.

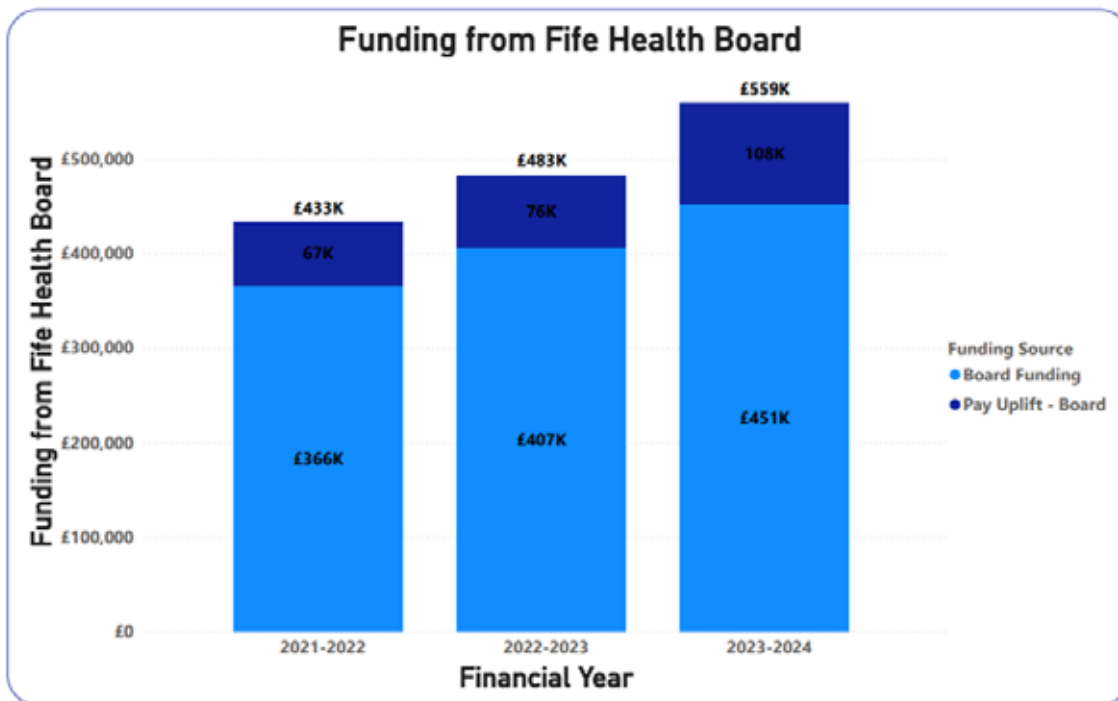
Funding from the Networks has remained stable over the past 3 years, with minimum movements except for the Cancer Network. Currently, the Cancer Network has seen the largest increase in funding, with an increase of £18,725 between 2022-2023 and 2023-2024, which is a 26.9% increase in funding.

HISES Funding has been steadily increasing over the past 3 years, with an additional £6,830 provided in 2022/2023 and £4,542 in 2023/2024.

Within Innovation, this the first full year of the Reducing Drugs Deaths (RDD) Project. As such, we have received funding of £147,398 from NHS Golden Jubilee to fund staff time in administering this project, which is expected to continue until the 2025-2026 Financial Year.







4.2 Income

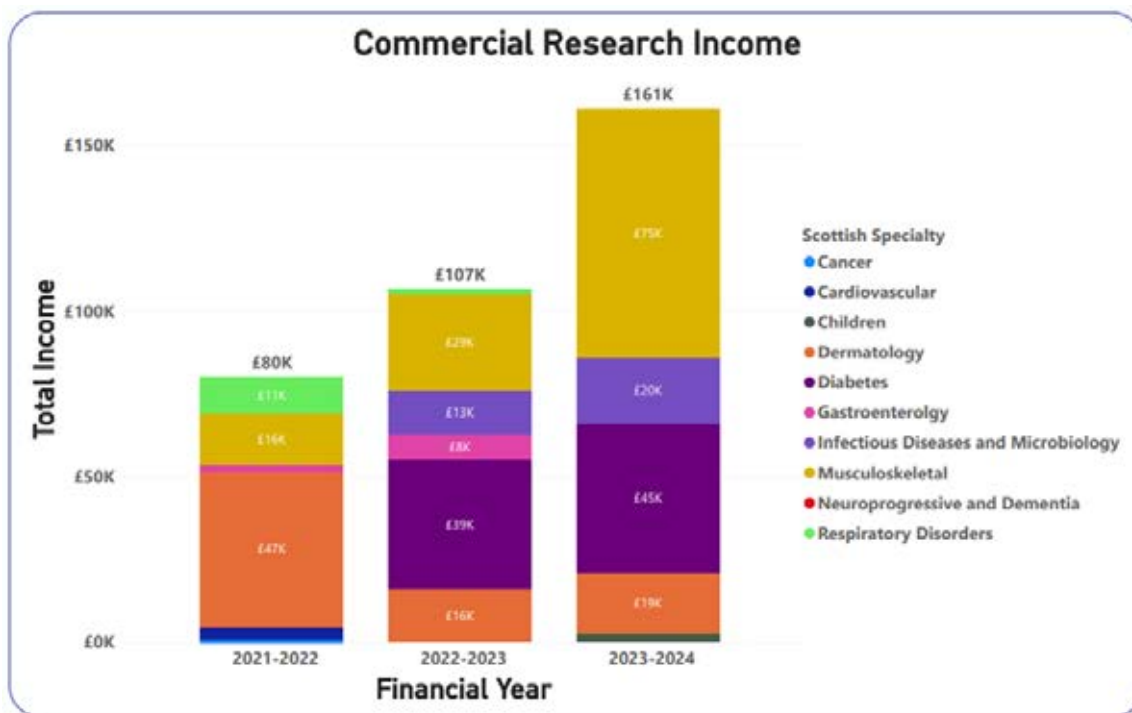
4.2.1 Commercial Income

Commercial Income for 2023-2024 was £161,000, an increase of £54,000 from 2022-2023. NHS Fife RIK commercial activity is still growing post-Covid-19 with the department looking to surpass pre-Covid levels of income soon.

Similarly to 2022-2023, the key clinical trials for commercial income are within the Musculoskeletal & Diabetes areas, with HP15-Mobile Link generating £71,000 and Lumira £45,000 in income. Other specific studies of note for 2023-2024 are Ensemble within the infectious Diseases and Microbiology specialty and the new study, Iconic Total within the Dermatology specialty which was unfortunately abandoned due the study reaching its competitive target recruitment.

In terms of specialties Musculoskeletal studies have seen the biggest increase in revenue generated over the past 3 years, with the amount of income increased by 368.75%, which is all relating to HP15-Mobile Link and will be recruiting new participants until July 2025.

The graph below provides a breakdown of the commercial income generated over the last 3 years, income is now increasing now that we are no longer in the Covid era and commercial studies are now a bigger part of NHS Fife's overall research portfolio.

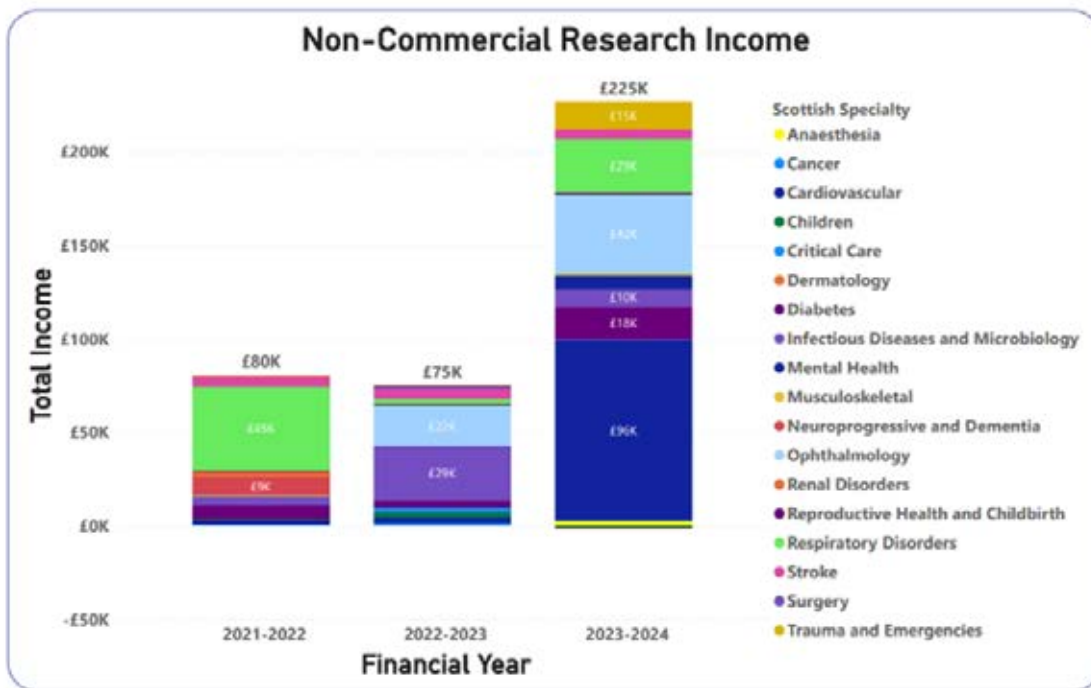


4.2.2 Non-Commercial Income

For Non-commercial research in 2023-2024, the overall research portfolio has become much more diverse, with 6 specialities generating a noticeable amount of income which are contributing to the £183,000 total income earned this financial year.

Of the £183,000 income generated, £121,000 of that was between 3 studies, Orion-4 with £84,000, Pneumo with £20,000, & Lens with £17,000. For Orion-4, it should be noted that much of this income does relate to work done in previous years and not previously invoiced.

Due to a change in calculating what is considered Research income, there was an increase of £21,000 income generated through non-commercial research due to the inclusion of the Stratifying Risk of Visual Loss from Glaucoma. This research trial had little involvement from RIK, but was work conducted by Digital and Information in developing a computational tool. This study also influenced the income generated through research in 2023-2024 of £42,000.



4.2.3 Research Portfolio

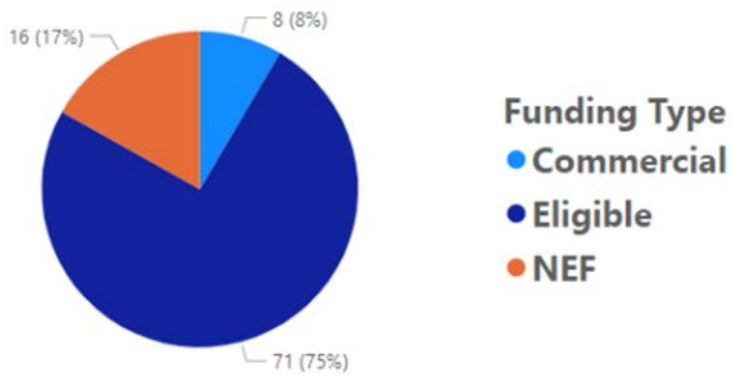
Unlike other departments within the NHS, which are generally given a budget and need to stick to that budget for the year, RIK is unique in that the department generates income through participation in various studies and clinical trials. This means that to ensure long-term sustainability for the department, we need to have a strong portfolio mix in the types of studies or trials the department participates in.

These trials come under 3 core headings, Eligibly Funded and Non-Eligibly Funded Non-Commercial studies or Commercial studies which provide different benefits to RIK.

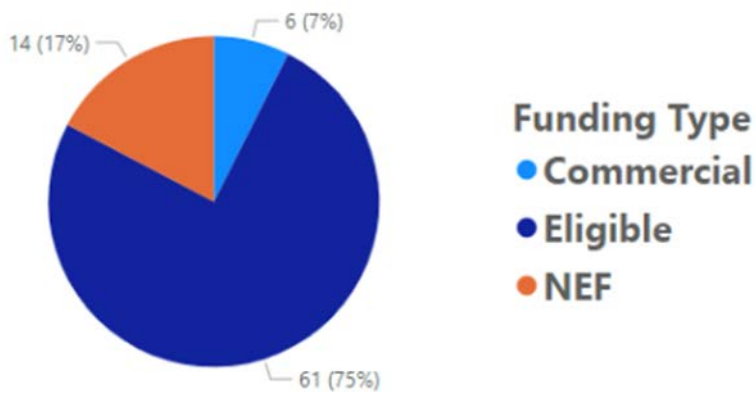
For example, Commercial Studies will provide a short-term immediate benefit to RIK through the income that is generated, whereas eligibly funded Non-commercial studies provide a long-term benefit in that they affect our CSO allocation and may provide some short-term financial benefit if available.

Over the previous 3 years, our portfolio has remained stable per the graphs below. with little movement in commercial studies, with bigger changes in the portfolio revolving around eligibly and non-eligibly funded studies.

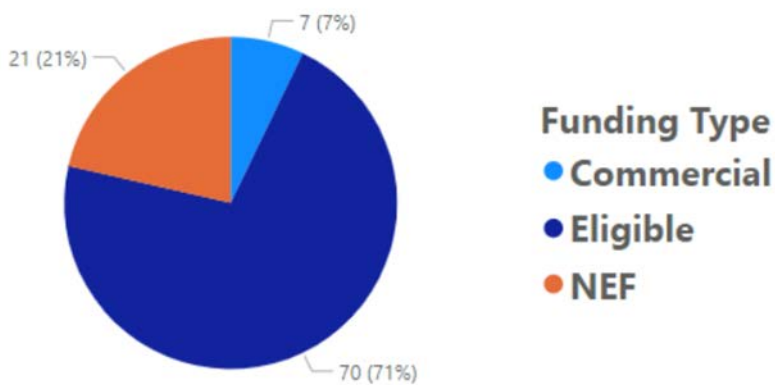
Number of Studies by Funding Type 2021-2022



Number of Studies by Funding Type 2022-2023



Number of Studies by Funding Type 2023-2024



5. Innovation



Innovation Team

Dr Ramsay Khadeir, Senior Innovation Project Manager

Holly Jones, Innovation Admin Support Officer

Neil Mitchell, Innovation Manager

Dr Angus Aitken, Innovation Project Manager

NHS Fife is a member Health Board of Health Innovation South East Scotland (HISES), one of the three Regional Innovation Hubs, established by the Chief Scientist Office. HISES is a collaboration of three NHS Boards - NHS Fife, Lothian and Borders, with NHS Lothian taking the role of lead host board and receiving the funding from CSO. HISES forms part of a national network created to deliver the Government's vision to utilise Innovation to deliver a healthier and wealthier nation for the future. To date, most of the Innovation activity that RIK has supported has been focused on HISES hosted Small Business Research Initiatives (SBRIs) and the Reducing Drug Deaths program of work. NHS Fife has contributed to the review, discussion, and approval of projects to be hosted by HISES.

NHS Fife Innovation team has grown over 2023-2024 and the team now consists of Neil Mitchell, Innovation Manager, Dr Ramsay Khadeir, Senior Project Manager, Dr Angus Aitken, Innovation Project Manager, and an Innovation Support Officer. The Innovation team has further support from Clinical Innovation Champion, Dr Susanna Galea-Singer and supports HISES Clinical Innovation Fellow and NHS Fife Lead Advanced Physiotherapist Practitioner, Joyce Henderson, an associate member of the Innovation team. The Innovation team is led by Professor Frances Quirk, Innovation Champion and Associate Director of RIK.

Reducing Drug Deaths National Innovation Challenge

NHS Fife leads the administration and management of the Office for Life Sciences (OLS) and Chief Scientist Office (CSO) funded Catalyst Challenge aimed at Reducing Drug Deaths, on behalf of HISES. The total funding for this Challenge is £5.35 million. The central objective of this competition is to develop innovative technologies that help to reduce drug-related deaths by improving detection, response or intervention in potential drug-related deaths. Phase 1 of this SBRI had 11 companies awarded up to £100,000 to conduct a 4 month feasibility project from the start of September to the end of December 2023. Those involved in Phase 1 are detailed here [£5 million fund to tackle fatal drug deaths across the UK - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/5-million-fund-to-tackle-fatal-drug-deaths-across-the-uk). Successful Phase 1 participants were invited to apply for Phase 2, a competitive process for up to £500,000 for a 12 month project. Phase 2 will commence in September 2024.

NHS Fife Clinical Innovation Champion, Dr Susanna Galea Singer, applied and was successful to support the Reducing Drug Deaths as a National Clinical Advisor, supporting the applications in Phase 1. This competitive process also saw 3 other experts in their fields join as National Clinical Advisors bringing expertise in their fields from across the UK.

Of the 11 successful applicants in Phase 1, HISES supported 3 Phase 1 projects. NHS Fife Addictions Service was vital in enabling the companies to access clinical expertise, lived and living experience members, and connection to relevant third-sector parties. The 3 companies working with NHS Fife were:

MESOX Ltd: RescuePatch: a controlled-release combination patch for naloxone and flumazenil delivery - MESOX LTD in partnership with Health Innovation Southeast Scotland (HISES), Aston University, the National Physical Laboratory and On Target Pharma. This project will investigate a novel transdermal patch combination therapy called RescuePatch. The patch will contain a reservoir of antidotes to both opioid and benzodiazepine overdoses and is designed to be applied by a non-professional, which is expected to improve responder pathways and increase the chance of patient survival.

eMoodie: Saving SAM: System for Alert and Monitoring of Potential Overdoses - eMoodie in partnership with the University of Edinburgh and NHS Scotland Health Innovation South East Scotland (HISES). This project will design and develop Saving SAM: an AI-enabled drug overdose monitoring system to enable both self and responder digital alerts.

ZioHealth: Improving Harm Reduction Strategies for Illicit Drug Use: A Handheld Device for self-monitoring Benzodiazepine use - ZiO Health Ltd working with Health Innovation South East Scotland (HISES). ZiO-Health's feasibility project is focused on improving harm reduction strategies for illicit drug use by developing a handheld therapeutic drug monitoring (TDM) device to notify users and responders of potential overdose.



Health Innovation South East Scotland (HISES) Projects

NHS Fife supported Phase I of the Mental Health SBRI which focused on the development of innovative solutions in several populations including young person's mental health, hard to reach populations, patient centered care pathways, treatment resistant conditions and prioritisation of backlog. NHS Fife provided stakeholder input to the successful companies selected to Phase 1 of this challenge with NHS Fife Children and Adolescent Mental Health (CAHMS) staff providing input and Digital and Information (D&I) staff providing guidance on implementation. In Phase 2, NHS Fife will support the implementation of a pilot to gather real world evidence of the innovative, digital products.

The national CAELUS drones project, which focuses on how drones may be utilised to rapidly transport blood products, medicines, pathology specimens between and within Board sites, has been progressing in HISES, with live flights planned between our partner Boards NHS Lothian and NHS Borders. NHS Fife signed the accession agreement for the CAELUS project to contribute valuable data to the project to feed into the Digital Twin. The Digital Twin, managed by the University of Strathclyde allows non-flying Boards to demonstrate how drones could be used in their Boards for the transport of blood, specimens and medicines. Live flights in flying Boards are planned for late summer 2024, depending on approval from Civil Aviation Authority (CAA).



Other SBRI's supported by HISES, with input from NHS Fife, include:

Remote HbA1c Monitoring for Diabetes – developing innovative solutions that address person-centred care, improve care pathway and optimise service delivery in HbA1c testing.

Life After Stroke – personalised information and support for patients' post-acute stroke in Lothian and Fife.

Multi-Morbidity – development of data-driven solutions that can improve and personalise care plans for patients with multimorbidity. This will use analytical clinical system models that could help with the risk assessment of patients.

Delayed Discharge SBRI – development of innovative technology- based solution to link statutory services to 3rd sector organisation providing services in the community.

CSO Innovation Fellowship

Joyce Henderson, Clinical Innovation Fellow and Advanced Physiotherapy Practitioner was awarded a highly competitive Innovation Fellowship which commenced in September 2022. The Fellowship focuses on Artificial Intelligence (AI) assisted screening of Developmental Dysplasia of the Hip (DDH). In order to progress the development and implementation of a handheld AI tool, UK Research and Innovation (UKRI) gap funding was sought to allow a research project comparing the current gold standard to the AI tool, as well as developing an integration module. This application was developed with Industry Partner Exo Inc, and Academic partner Professor Jacob Jeremko, University of Alberta, Canada. The application was submitted to UKRI in November 2023 with the submission being notified as successful in May 2024 for an award of £240,000. InnoScot Health have provided valuable insight and advice for this project, including development of the funding application through to agreement drafting and Intellectual Property advice.



Engagement

In October 2023, Innovation was highlighted at the second annual Joint Research and Innovation Symposium between the University of St Andrews and NHS Fife. This allowed for connections to be made with the wider Research and Innovation community in both Institutions, leading to a meeting of Strategic leaders from both the School of Medicine and NHS Fife RIK. Following this meeting an Innovation event was planned for May 2024. The aim of the event will be to bring together colleagues from St Andrews and NHS, along with industry and third sector groups to collaborate in identifying and developing creative and innovative solutions to proposed issues within the NHS, highlighted from NHS Fife's Reform, Transform, Perform (RTP) initiative.

NHS Fife Innovation has been involved in multiple engagement pieces over 2023-2024 to raise awareness of Innovation and the profile of the team. NHS Fife Innovation presented at the HISES Innovation Event online in 1Q 2024, presenting our work with the Reducing Drug Deaths projects. NHS Fife are members of the Southeast Academic Liaison Group, bringing together the 3 Health Boards of the Southeast and the 5 Higher Education Institutes in the region. NHS Fife continues to be represented at national Innovation meetings, as well as having regular attendance at external meetings and conferences such as the Digital Lifelines conference and the CSO at 50 event in Glasgow in October 2023.

6. Library and Knowledge Services



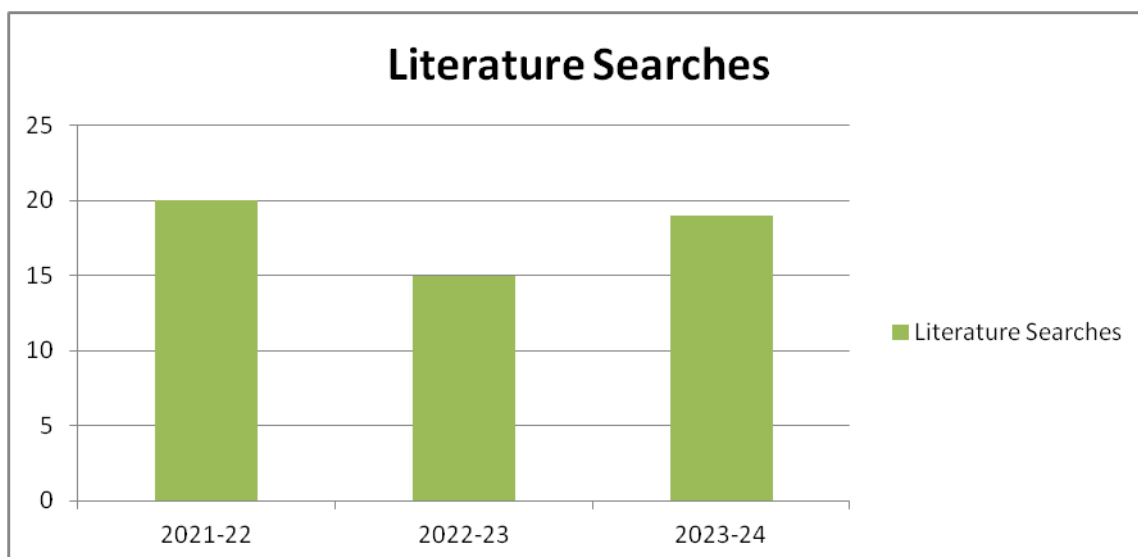
Introduction

This year the Library and Knowledge (LKS) Service continued to support staff and students by providing access to both online and physical resources, answering enquiries, carrying out literature reviews, and delivering user education sessions. Our main staffed site is the Victoria hospital. We also have locations at Queen Margaret and Stratheden hospitals.

This has been an exciting year for the library service, bringing in staffing changes. Our team currently consists of two part time librarians and our library assistant. Our Library services manager retired in 2022. Staff have been working hard to keep up to date with demand whilst this post is redesigned and readvertised. The LKS team are excited about the possibility of working with a new team manager and the ideas they may bring. Our long-standing librarian colleague also retired in March 2024, and we have welcomed our new librarian who has recently joined the team. We look forward to another year of working within the RIK team and developing the library service in line with our strategic priorities.

Literature searches

Encouragingly, demand for literature searches during 2023-24 have increased from the previous year (see Figure). Nineteen searches were completed compared to fifteen in the year 2022-23. Users of the LKS request literature searches for a variety of reasons. Some of which relate to direct patient care, reviewing medical guidelines and pathways, improvement reviews and general research around a topic. Examples of some of our work this year involved working with our Public Health colleagues. Areas looked at included the topics: young people and vaping, and hospital admissions related to adverse drug effects. Other areas of work involved looking at infant feeding and epilepsy to name a few. We collate feedback from colleagues who have requested literature searches. We appreciate all responses, and we can see the impact these searches can have, and how staff are able to utilise them when making decisions on patient care or other aspects of work.



Library resource use

Activity	Numbers/data/quantity
Library Bookstock:	
Total number of books in stock	3699
Books added to stock	118
Book Loans:	
Book loans from own stock to NHS Fife staff	114
Book loans from own stock to external Boards' patrons	83
Book loans to NHS Fife staff supplied by external NHSS libraries	53
Resource Sharing Requests:	
Journal articles requested from the British Library or CLA Licence Plus	32
Books borrowed from the British Library	0

Other core activities

Activity	Numbers/data/quantity
Current Awareness Bulletin – Public Health	Produced Monthly
Local Authors Bulletin	Produced Monthly
Information Skills Training	5 individual sessions
Library Outreach	2 Events with display



Strategic priorities

Our strategic priorities are useful in focusing our efforts beyond LKS core activities and looking to further develop our services.

Stratheden Library

Since it was decided that the library at Stratheden would not be moving to alternative accommodation, we have improved the book collection by purchasing updated stock. As the library is based at Stratheden, the stock focuses mostly on psychology, psychiatry, and mental health. This library is unstaffed, but we have made more regular visits. This is because we made the books available on the Knowledge network catalogue, opening access to requests from other health boards. Visiting Stratheden more regularly to collect requested books for loan has given us more opportunity to check the physical space, making sure all is in order.

Queen Margaret Hospital Library

The book collection at Queen Maragret will be due for an update in the coming year. This Library is staffed one day per week. Giving us the opportunity to check the space, deal with loans and maintain the computer suite.

Public Health

With the upcoming closure of Haig house, we anticipate moving all the public health library stock to the Victoria Hospital. This stock will be updated in the coming year.

Increased student numbers

It is anticipated there will be an increase in student numbers from University of St Andrews with the establishment of the new full degree program ScotCOM in 2024. We have been working on training sessions to support students and Foundation year doctors and pharmacists. We hope this training on library services and literature search techniques will help them as they complete their training.

Right Decision Service

The Right Decision Service (RDS) will be a key priority for LKS staff in the coming year 2024-25. Staffing capacity has so far made this difficult, but we anticipate having more time to concentrate on this in the future. Staff have been familiarized with the Right Decision Service and have had some initial training.

LKS Promotion

Promotional efforts have been focused mainly on StaffLink. LKS staff also set up a pop-up stall in the hub area of the Victoria Hospital, and another stall at the NHS Fife and University of St Andrews Joint Research and Innovation Symposium in October 2023. This is a helpful tool as we can talk to staff face to face and display how the library service can assist with information and research. In the coming year we aim to post via the new RIK LinkedIn account in a pre-set schedule.

Joint Research and Innovation Symposium

LKS staff attended the Second Joint Research and Innovation symposium in October 2023 to make contact with researchers in NHS Fife and the University of St Andrews, and to raise awareness of LKS and the support we offer to the research process.

7. Clinical Research Team

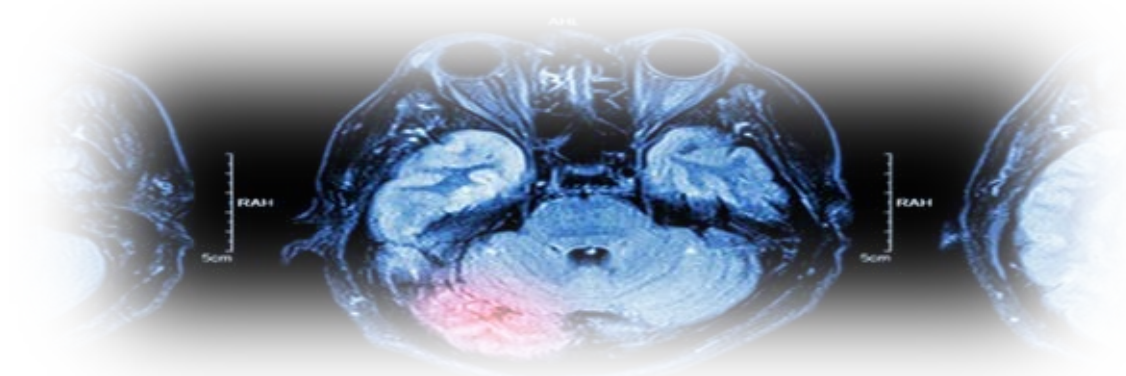


The clinical research team is led by Lead Clinical Research Nurse Karen Gray. It comprises 10 team leads for our most research active specialties in addition to research nurses, research practitioners and clinical research assistants who all work together to provide a comprehensive clinical research support service for our clinicians and researchers. The clinical team aims to support and advise researchers and staff from across the spectrum of specialties within NHS Fife and University of St Andrews with hands on expertise and support to manage their research projects and clinical trials within NHS Fife to the highest standards.

This is only possible with the enthusiasm and engagement of NHS Fife staff, our wonderful patients and the support and collaboration of the Health Board.



Diabetes/Critical Care/Stroke Team



Clinical Research Staff: Susan Fowler, Carol Cecen, Mandy Couser, Hannah Hughes and Samantha Balraj

Principal Investigators: Dr Cvorovic, Dr McMahon, Dr Redfern, Dr Thompson, Dr Robertson, Dr Raman, Dr Patterson, Dr Bull

Recruiting studies- Stroke- TICH-3, MAPS-2 and ENRICH-AF, ABC, EVIS. COMMITTED, Genomicc, Lumira and INNODIA

Follow-up studies – TRIDENT, PANDOS

Studies in set-up – PhEAST, GEKO and CGM use in adults with type 2 diabetes on basal insulin.

Summary of activity

Within the last year we have had two new staff members welcomed to the team. A Research Nurse and Clinical Research Assistant, both are already making a positive impact within the team and adding to our success. We have recently changed and streamlined some current practices to enable more efficient and effective ways of working.

Highlights

Stroke - OPTIMAS study- Fife were 10th on the final recruitment board (out of 100 activated sites)

ENRICH-AF- Fife is currently within the top 10 recruiting sites in the UK.

Being top recruiters for EVIS

1st to recruit to COMITED in Scotland

Motivation

As a team we acknowledge the importance of research and how it plays a pivotal role in advancing medical knowledge and improving patient outcomes. Therefore, being part of this and enabling patients within Fife to access research gives us a great sense of achievement and is what motivates us within our jobs.



Cardiac Care Team



Clinical Research Staff: Sandra Pirie, Vasilika Ntoko, Tina Coventry

Principal Investigators: Dr Mark Francis, Dr Jagdeep Francis

Recruiting and follow up studies: Protect-HF and ORION-4

Summary of activity

Recruiting for Protect-HF and continuing to follow-up ORION-4 participants (2 routine monitoring visits a year).

Highlights

Recruiting our first participant to Protect-HF. It has also been valuable working together with the pacing and Echo teams allowing over recruitment to the study. Attending the first ORION-4 nursing meeting allowed staff from NHS Fife to meet nurses taking part in this study from other sites. Finding out how they run the trial and discussing any issues they are having. As well as meeting the ORION-4 research team from Oxford. In addition, Vasilika and Sandra attended the heart and renal collaborators meeting where we heard about trials that are currently taking place and those planned that are taking place at Oxford University.

Achievements

Forming a brand-new Team since Valerie's retirement for cardiology research. Continuing to follow-up ORION-4 throughout this period without any issue (170 participants seen twice yearly at research clinic).

Motivation

Being involved in improving patient care through evidence-based research. Also working with enthusiastic and motivated cardiology participants.

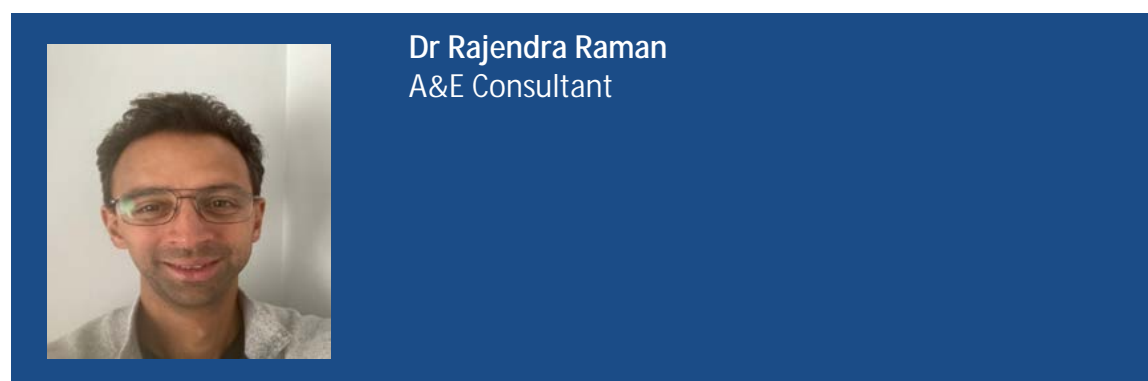
8. Clinical Research and Innovation Champions

As an element of the enabling strategy to increase Clinical Research and Innovation activity and grow our Chief Investigator and Principal Investigator numbers a competitive call was launched in September 2023 for the second cohort of Clinical Research and Innovation Champion roles.

These roles are intended to support practitioners to take on a wider organisational contribution to enhancing culture, capacity and capability and provide for the equivalent of half a day a week for 2 years (reviewed after 12 months) to facilitate this engagement.

Three Clinical Research and Innovation Champions (Dr Rajendra Raman, Dr Joanna Bowden and Dr Sam Pattle) were appointed after this competitive selection process, commencing in January 2024.

In the following interviews Drs Raman, Bowden and Pattle provide their thoughts on their motivation to apply for a Clinical Research and Innovation Champion role and the benefits for NHS Fife patients and staff of these roles.



1. What motivates you to fit research into your busy clinical life?

Until recently the evidence base for the specialty of Emergency Medicine was limited because it was felt to be too difficult to do research in our busy and sometimes chaotic environment. This situation has started to change thanks to a few pioneering academic Emergency Department clinicians, several of them in Scotland, who have been able to deliver large-scale, pragmatic, ED-based studies that have challenged dogma and changed practice. This is exciting for our specialty, and it is fantastic to be a part of this process.

2. Why did you apply for the Clinical Research Champion Award?

I was already involved in various research studies before I became aware of the Clinical Research Champion Award, and (like many of my ED colleagues) I was doing this work unpaid. The one session per week offered by the Award is therefore hugely beneficial. Beyond this, there had not previously been an ED-based Clinical Research Champion in NHS Fife, and it felt like a fantastic way to build new links between the very experienced and highly effective RIK department and the ED.

3. What will be the benefits of your role as Clinical Research Champion for NHS Fife and our patients and staff?

It feels like there is now a real buzz around research in the Emergency Department, with many ED medical and nursing staff delegated to a large number of studies, some undertaking the Associate PI programme, and a few starting to build their own study proposals. Without exception, the patients we approach for our studies seem delighted to be involved. Some have seen direct benefits to their own care, for example patients with pneumothorax (collapsed lung) avoiding invasive procedures which were previously routine but may be unnecessary. And all our patients seem pleased at the prospect of contributing to new knowledge that could help other patients in the future.

4. What advice would you give clinicians/Health professionals thinking about growing research capacity and capability within their area or service?

If your area or service is not yet engaged in research, reach out to other areas which are, and have a chat with the RIK team – I have found every single member of the team to be highly approachable and full of enthusiasm and encouragement. If your service is already engaged in research, look for opportunities to sign your staff up for the NIHR Associate PI scheme, which is an excellent way to get staff involved and engaged. And finally, if your team is receiving funds for taking part in studies, re-invest this directly into training and development opportunities for the team – as their skills and confidence increase, they will repay this investment many times over.



Dr Joanna Bowden
Palliative Care Consultant

1. What motivates you to fit research into your busy clinical life?

I have worked in clinical research for the last 13 years, in a variety of roles and teams. I thoroughly enjoy research as a natural extension of my clinical role, and one which allows me and my colleagues (and our patients and families!) to bring new ideas to be examined and explored, as well as to support patients to access novel treatments and approaches to care through clinical trials. I relish having a working week that is varied and that stretches me in different ways. Research is fundamentally collaborative, and through research I have met and enjoy working with a huge range of people in all sorts of roles.

2. Why did you apply for the Clinical Research Champion Award?

During my two existing research sessions, I lead/co-lead a range of clinical studies and spend time developing research proposals and grant writing. The Clinical Research Champion session has allowed me to extend my role to connect with other clinical researchers coming from different departments in Fife and for us to join forces to promote a research culture more widely than in our own teams and to support more colleagues to learn about research and to get hands-on research experience. Our aim is that Fife becomes more well known nationally for its high quality, meaningful clinical research activities and outputs, and for us to attract medics, nurses and allied health professionals to our region because of this, as well as to grow more of our own talent locally.

3. What will be the benefits of your role as Clinical Research Champion for NHS Fife and our patients and staff?

It is well recognised that research active clinical teams offer the best quality care for patients and families. Promoting a research culture in Fife and developing more research capacity by supporting new clinicians into research roles and attracting more researchers to our region can only be good for clinical care. I benefit greatly from my dual clinical and research roles, in terms of job satisfaction and being challenged and kept on my toes, and I know that many others would benefit in these ways too. I am a positive role model for a combined clinical/academic career and can speak honestly and enthusiastically to anyone who wishes to know more.

4. What advice would you give clinicians/Health professionals thinking about growing research capacity and capability within their area or service?

Whether you have some research experience and qualifications or none, research can be for you. It is a common misconception that you have to have a PhD to be research active! A curious mind and a genuine interest in collaborating with others to develop and deliver research are both important. There are countless opportunities for any clinician or team to become research active, including: leading small-scale projects as part of a Master's or other Advanced Practice study, supporting patient recruitment to clinical trials and identifying gaps in our evidence base for practice and developing your own research questions and studies to address these. I would encourage anyone with any interest in learning more about research to get in touch with me and/or any of my Clinical Research Champion colleagues – we will always be pleased to find the time to talk and to discuss with you what might work for you. If you decide to get involved in clinical trials and/or to develop your own research proposals, the Fife Research, Innovation and Knowledge team is incredibly supportive and has a wealth of expertise to ensure that you make the progress you need.



Dr Samuel Pattle
Consultant Pathologist

1. What motivates you to fit research into your busy clinical life?

As a diagnostic pathologist, working in a general hospital laboratory, I feel privileged to make observations across many different specialty areas of medicine as part of my routine practice. What really motivates me from that is the chance to translate those observations we are all making every day into an evidence base for real change and for the improvement in diagnostic accuracy and prognostic information for the benefit of patients. It is a constant challenge to balance the demands of near full-time clinical work with research engagement, but I would argue that this tension can only ever improve the relevance and robustness of the observations, questions, and hypotheses we work towards as clinical researchers. So, in a way, seeing so much and having a 'busy clinical life' is part of what motivates me to engage with research!

2. Why did you apply for the Clinical Research Champion Award?

Good quality clinical research relies on building teams of people with diverse backgrounds and skills, as no-one can work effectively in research on their own. Recognising this, and coming to the role from a laboratory background where highly specialised skill sets are essential to both clinical practice and research, I realised that the Clinical Research Champion Award was an opportunity to explore ways to help others within NHS Fife laboratories to get involved in research, and a way to promote what is and could be possible in pathology and lab-based research in NHS Fife, at present and with funding in future. I could also see the role empowering me to communicate more widely with the academic research community, giving me a platform for building a wider network of research contacts, thereby improving recognition of NHS Fife as a research hub, and opening further opportunities for funding and collaboration.

3. What will be the benefits of your role as Clinical Research Champion for NHS Fife and our patients and staff?

I think the benefits for staff are likely to be felt first from my involvement as a Clinical Research Champion, both in the laboratory and more widely amongst the clinical community, as I see part of the role as making pathology visible and engageable in research. We have projects that will be led by the pathology team, which will directly benefit lab-based staff who are keen to get involved in research but currently do not have the opportunity to do so. But we also want to open up pathology, and the wealth of laboratory expertise and archived patient material that can be accessed for research use, for those working in NHS Fife with research ideas and questions that would make use of patient material or histological methods. The benefits for the organisation will flow from this increased engagement, with what I hope will be a steady increase in both our internal infrastructure and our resource dedication to research activity (moving us beyond 'routine' clinical capabilities into more experimental techniques and technologies), consequent to securing funding both on our own standing, and through collaborations with research partners out with the organisation. Consequent with this will be an increased recognition and reputation of NHS Fife as a pathology research destination. As much of our planned work will be strongly focused on patient-derived material, and on methods and techniques that are (by default) employable within NHS laboratories, the benefits for our patients will follow from the research we are able to undertake through the demonstration of new diagnostic markers and techniques and the creation of new evidence bases in diagnostic research. All of this will be readily translatable and employable to routine clinical practice in future, thereby improving patient diagnosis and disease stratification through research in real world diagnostic samples and laboratories.

4. What advice would you give clinicians/Health professionals thinking about growing research capacity and capability within their area or service?

From the perspective of a pathologist who deals with diagnostic and surgical tissue specimens in both routine and research practice, I think some of the most effective ways to achieve scale and quality are to frame your research question from the perspective of what might already be out there and already collected. Some of the most illuminating and clinically impactful research studies I have had the privilege of working on have been based on well characterised patient cohorts, on existing material or data (therefore with no potential harm to the patient and no requirement for prospective data collection), and on relatively low-cost experimental investigations. If you can think about what is already available that could address your research question, and that wouldn't involve prospective collection, you are likely to find a less harmful, faster and cheaper way to engage with research. My second piece of advice would be to recognise and open up research engagement to a much more diverse group than the 'usual suspects' - expertise in data collection, coding, and technique expertise can be found at all levels of teams in NHS Fife, so harnessing that existing capacity can only ever be of benefit to improving research capacity, and growing research engagement within the organisation.

9. Clinical Researcher Career Spotlight



Karen Gray
Lead Nurse, Research & Development

1. When did you first become interested in Clinical Research as a Nurse?

I first became interested in clinical research when I was working in ICU in my previous post. We had a study going on in the department looking at Activated Protein C in Sepsis patients and the research team would come down to recruit patients. The drugs were due to be given at different time points throughout the night shift, so some of the clinical nurses, including me volunteered to be trained in how to administer the medication and were added to the study team for this purpose. I found the whole thing fascinating and at the time I was also undertaking a Master's degree which also involved research. I helped on a basic level on other studies within the department and after investigated the role of the research nurse I decided then that is what I would like to do so when a post came up in Fife for a Diabetes research nurse, I was lucky enough to get it. I have now worked in research for the last 11 years and enjoyed every minute of it.

2. What drives you to be involved in Clinical Research?

I think it is a hugely underestimated role within the NHS. Seeing the impact it can have on various aspects of a patient's life and the improvements in their quality of life makes me extremely proud to work within this area. It is an area of nursing that allows a curious mind and can support continuous development every day, which I love. We have a fantastic clinical team in NHS Fife, with enthusiastic clinicians and extremely dedicated research nurses which makes working here rewarding but incredibly supportive within such an amazing work family. I think, this is, without exception the best job I have had over my career.

3. What's your Ambition?

I am happiest when I feel satisfaction at a job well done and when the team I work with are motivated and enthusiastic about their studies. I would like to see the Department develop and expand, giving us more space within the acute hospital at the VHK but also to encourage new and exciting roles within the department which helps give opportunities to our fantastic staff. I would also like to help develop the research nurse workforce within Scotland to be recognised for the specialty and expertise they have within the NHS.

4. What is your Career Highlight?

I think it was when I was nominated and appointed as an Honorary Teaching Fellow in the School of Medicine at St Andrews University. It was such an honour and lovely to be appreciated and recognised for the work I do. I really enjoy teaching the students and it allows me to diversify my skills within the department.

5. What does the Future look like for you?

I think the future for R&D and clinical research nursing in general is a very exciting specialty to be in now. There is so much going on to help develop and promote research nursing as a distinct workforce and more opportunities for non-registered research support staff. Within NHS Fife we have had a huge amount of support from other specialties and support departments, and I would hope to continue to build collaborations and develop the clinical team to continue delivering the valuable work that they do for the people of Fife.

6. What advice would you give to Future Aspiring Clinical Research Nurses?

I would suggest getting some clinical skills under your belt first and consolidating your learning within a specialty. Research is a fantastic way to develop your skills and knowledge, but it is a very autonomous role and very different from any other strand of nursing so having a good solid knowledge base and confidence with patients is essential. Investigating the role and finding out as much as possible about what being a clinical research nurse involves will help you decide if it is for you.

Spending some time with research nurses will also give you a greater understanding of the role and the variety of work we undertake.

10. Clinical Trials Pharmacy Team



Pharmacy Team: Maria Simpson, Senior Pharmacy Technician Clinical Trials, Sandee Beattie, Senior Pharmacist, Clinical Trials and Janine Ramsay Pharmacy Technician Clinical Trials.

Activity & Highlights:

We have had some personnel changes in the clinical trials team. Sandee Beattie joined the NHS Fife clinical trials team in March 2024 as Senior Clinical Trials Pharmacist, having previously held this position in the Queen Elizabeth University Hospital, NHS GG&C. Sandee replaces Alison Casey, Senior Pharmacist Cancer Services, who was on secondment with the team until Sandee came into post. Alison is no longer helping out with the team, as she left on maternity leave, but supported the team to facilitate opening Foxtrot, Refine Lung and Her2-radical. We would all like to thank Alison for her contribution to helping us open these studies. Sandee is enjoying getting to grips with the research portfolio in NHS Fife and embracing the full functionality of EDGE. Looking forward, Sandee is hoping to work with Maria and Janine to raise awareness within the wider pharmacy team of pharmacy's input into clinical trial delivery. Research forms one of the five pillars of the Royal Pharmaceutical Society's Core Advanced Pharmacy Framework, as such Sandee would like to engage more pharmacists, who are undertaking post-graduate training, in all aspects of trial delivery and aid in generating opportunities for more pharmacy staff involvement in research.

Janine Ramsay, Pharmacy Technician Clinical Trials has only been in post since 6th May 2024, and is proving to be a valuable team member. As many of you know, Janine has worked in clinical trials previously from 2021-22, she then left us to embark on the pharmacy technician training course. Having now qualified as pharmacy technician she has returned to the clinical trials team but also spends one day per week in a clinical capacity. With Maria and Sandee's support, Janine has completed her clinical trials training and is working towards taking an active role in study set-up activities and amendment review. Janine is also currently concentrating on training and developing others.

Maria is looking forward to the next 12 months, with a full team and the opportunity for further development in clinical trials with the support of both Sandee and Janine.

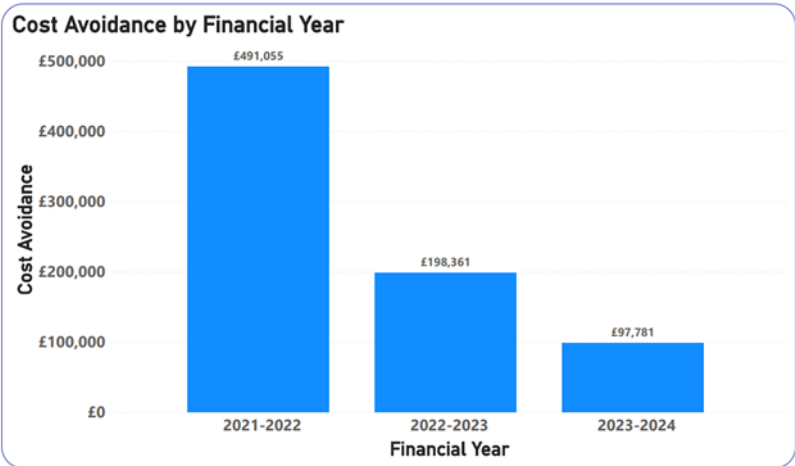
As ever the team continue to coordinate and oversee CTIMP studies in NHS Fife. We are passionate about maintaining a close relationship with the wider R&D team and enjoy working collaboratively to host studies throughout the board.

We have worked closely with the research teams to open several new CTIMP studies (including Cobalt, REFINE-Lung, HER2-Radical and Hi-Snap), and have processed amendments for the open CTIMP studies in a timely manner. Within pharmacy the clinical trials team is doing a great deal of work to streamline the in-house e-training provided to the wider pharmacy team. As studies are conducted across multiple sites in NHS Fife the wider pharmacy team are vital to processing clinical trial prescriptions at both QMH and VHK.

Motivation: Research is a key element of quality and improvement in healthcare systems and to be a part of that is something that the clinical trials pharmacy team feels very proud of.

COST AVOIDANCE 2023-2024

Study Name	Scottish Specialty	Cost Avoidance Figure
TEMPESTAS	Respiratory Disorders	£1,391.00
MYELOMA XI	Cancer	£13,608.00
FLAIR	Cancer	£82,782.00
Total		£97,781.00



11. Research Innovation and Knowledge Approvals and Support Team

RIK Approvals Team and Support



Catherine Kennedy
R&D Approvals Coordinator



Penny Trotter
R&D Approvals Coordinator

R&D Approvals Team

The R&D Approvals Team consisting of Aileen Yell, (R&D Research Coordinator) retired in June 2022 currently providing support to her replacement Dr Penny Trotter (R&D Research Coordinator) in post since June 2022, and Catherine Kennedy (R&D Research Coordinator) in post since November 2023 and Linzi Wilson, (Approvals Assistant).

Research Approvals

All research conducted within the NHS must have R&D Management Approval to ensure that the legal obligations of the Board are met. The Approvals Team ensures that such research studies are reviewed and approved within national timelines. This can include working with researchers and staff to provide advice and assistance for types of approval that are required, reviewing documentation, checking any implications around resource and costing, information governance, risk assessment, arranging contractual reviews, processing Research Passport applications, checking insurance/indemnity for research studies under the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) and dealing with any queries which arise during the process.

Between April 2023 and March 2024, the number of local management approvals was 50 studies as shown below in Figure 1. Figure 2 shows the NHS Fife Local Management Approvals by Financial Year 2021-2022, 2022-2023 and 2023-2024.

Figure 1 NHS Fife Local Management of Approvals by Month – April 2023 – March 2024

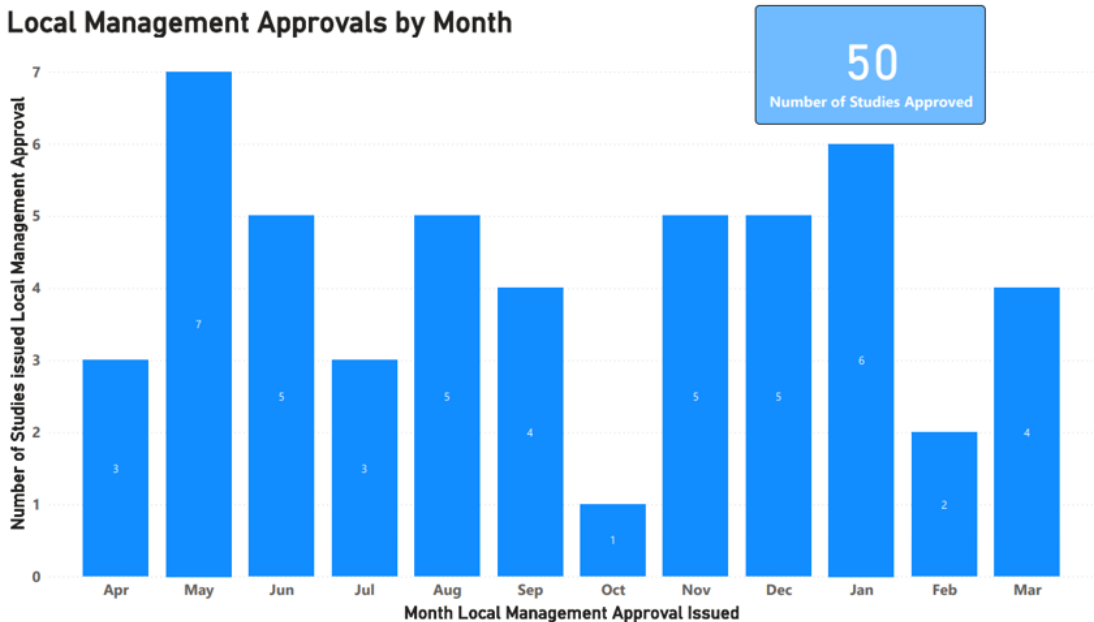
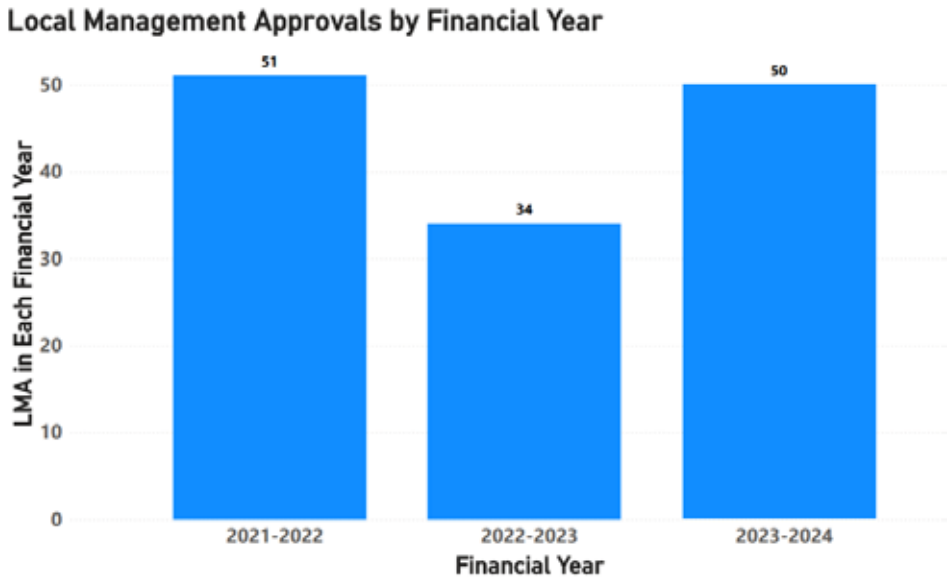


Figure 2 NHS Fife Local Management Approvals by Financial Year



Research Amendments

The majority of research projects which are approved will be subject to amendments during the period the studies are active or in follow up. The Approvals Team liaises with local study teams to ensure there are no issues around capacity or resources/costings and review and process the amendments timeously.

Between April 2023 and March 2024, the number of local management approvals was 210 study amendments approved as shown below in Figure 3. Figure 4 shows the NHS Fife approval of amendments by Financial Year 2021-2022, 2022-2023 and 2023-2024.

Figure 3 NHS Fife Approval of Amendments by Month – April 2023 – March 2024

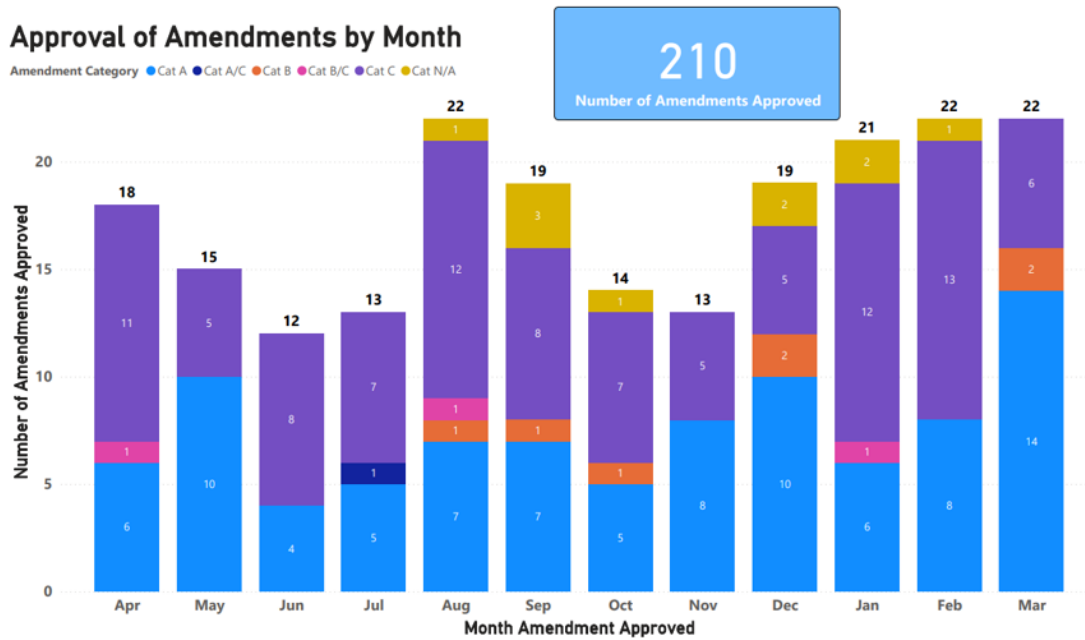
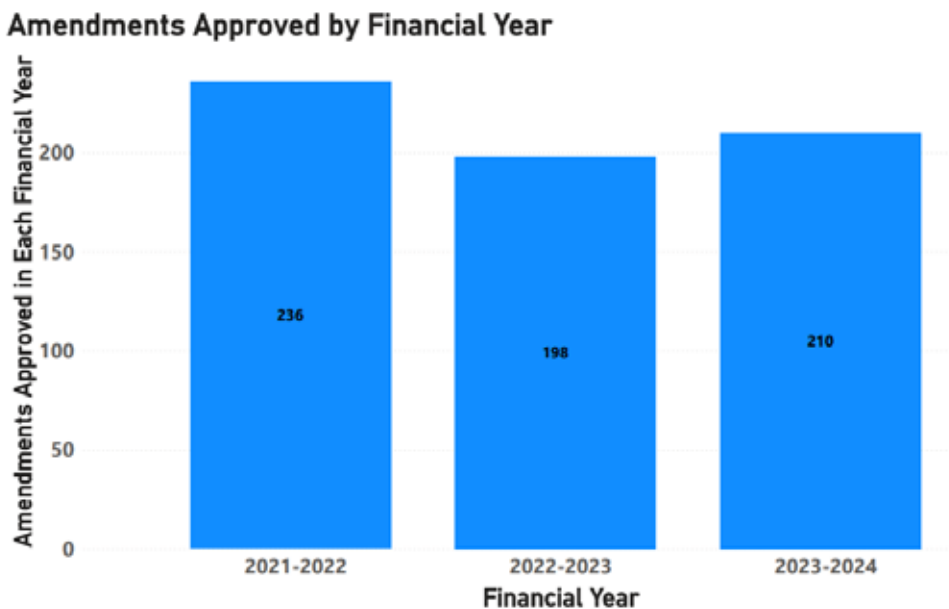


Figure 4 NHS Fife Amendments Approved by Financial Year



R&D Support



Roy Halliday
R&D Support Officer

The R&D Support Officer Roy Halliday, provides overall administrative support to the R&D Department, including being a primary point of contact for the R&D Team, responding to all types of enquiries, organising and minuting of meetings, regular production of R&D Bulletin, providing support to the Assistant RIK Director and other team members where required. The R&D Support Officer is also responsible for processing of feasibility requests, ordering via the e-Procurement Scotland system (PECOS), Scottish Standard Time System (SSTS) and assisting with the delivery of the R&D Education Programme.

Highlights

The NHS R&D Forum Annual Conference May 2023 was attended by Professor Frances Quirk (Associate Director RIK), Dr Penny Trotter (R&D Research Coordinator).



12. Research, Innovation and Knowledge Quality and Performance



Julie Aitken R&D Quality and Performance Lead.

Between April 2023 and March 2024, the R&D Quality & Performance Team consisted of Julie Aitken (R&D Quality and Performance Lead), Rachel Kuijpers and Ilsa McBain (R&D Quality and Performance Assistants).

The R&D Quality & Performance Team are responsible for several activities including:

Between April 2023 and March 2024, the R&D Quality & Performance Team consisted of Julie Aitken (R&D Quality and Performance Lead), Rachel Kuijpers (R&D Quality and Performance Assistant) and Isla McBain (R&D Quality and Performance Assistant).

The R&D Quality & Performance Team are responsible for several activities including:

Management of SOPs and Work Instructions

Standard Operating Procedures (SOPs) and Work Instructions (WIs) are vital to ensure efficient, controlled, and uniform conduct across all studies.

The R&D Quality and Performance Team ensures all SOPs and Work Instructions are constructed in accordance with the standard format, regularly reviewed, distributed, and made available to staff as appropriate. They work with the R&D Department admin and research staff to review the content of these documents and suggest improvements, as well as identifying gaps in the existing suite of documents where new procedures are required. This is an ongoing cycle and feeds into the continuous development of the department.

Between April 2023 and March 2024 6 SOPs and their associated forms and templates were reviewed, updated, and re-issued (Fig 1).

SOP/WI	Version	Active Date
SOP08 - Preparing and submitting progress reports for research studies	5	31 October 2023
SOP25 - Collection, processing, storage and transportation of biological samples for clinical research	4	09 November 2023
SOP35 - Archiving clinical research data	4	10 November 2023
SOP49 - Management of Suspected Research Misconduct	2	28 November 2023
SOP11 - The Process of Local Management Review and Approval of all Research undertaken in NHS Fife	4	04 March 2024
SOP40 - Local management review of amendments to studies	4	04 March 2024

Fig 1

Audit

The team are responsible for performing audits across all the clinical research conducted in NHS Fife. This covers a wide range of activities, looking at studies and their activities as well as procedures within the R&D Department itself. The audits are intended not only to ensure compliance to SOPs, WIs and study protocols but to assist those being audited by identifying and addressing issues and helping to improve and streamline study processes.

An Annual Governance Audit is conducted on all studies on the anniversary of them receiving Local Management Approval. Depending on the type of study, these audits cover a range of activities including a review of the study timelines, recruitment figures, safety reporting, implementation of study amendments and reporting of any deviations from the study protocol.

The team conducted 104 Annual Governance Audits between April 2023 and March 2024. A monthly breakdown is shown in Fig 2.

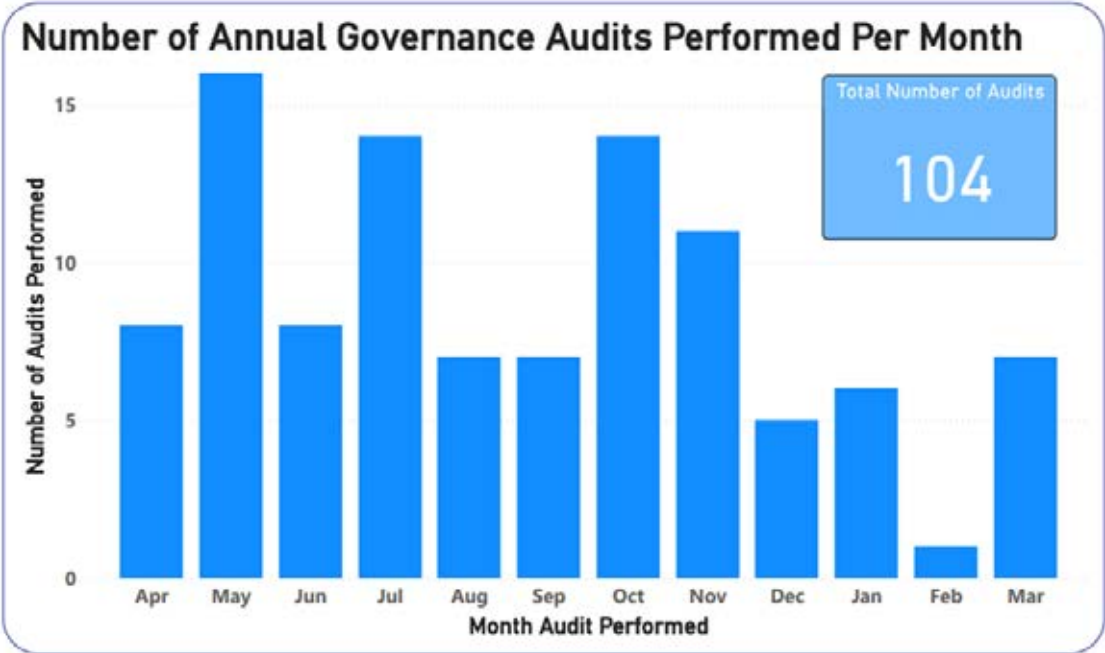


Fig 2

The Quality & Performance Team routinely audits the consent process for all studies, with the number of consent forms audited being determined by the complexity of each individual study. This audit ensures that the consent process complies with the study protocol, the correct documentation is being used and all activities are documented appropriately.

The team conducted consent audits on 18 studies with 53 individual consent forms reviewed. A monthly breakdown is shown in Fig 3.



Fig 3

Tracking Research Activity and Performance

The team liaises with research teams to review study progress and timelines, collate recruitment figures and update local and national databases to track all research activity in NHS Fife.

Highlights

An updated version of EDGE (EDGE 3) was launched in May 2023 and the Quality & Performance Team delivered several training sessions to familiarise users with the changes that were introduced and offered guidance and support to ensure that the transition went smoothly.

The team has also been busy working with the R&D Approvals Team, Clinical Trials Pharmacy Team, and R&D Research Teams to further develop our use of EDGE for managing all aspects of the life cycle of a research project. We have continued to develop reports using the data collected in EDGE to track study approval and set-up processes and track the administrative tasks associated with participant recruitment and safety monitoring.

13. Research, Innovation and Knowledge Education and Training

Senior Research Advisors Activity 2023/24 - Dr David Chinn and Dr Fleur Davey

Education and Training

During the period April 2022 and 2023, there have been regular requests from NHS Fife and University of St Andrews staff and students to the Fife R&D Senior Research Advisor (SRA), covering a broad range of queries related to aspects of clinical research.

During the period covered by this Annual Report, 42 individuals made their first contact with a Senior Research Advisor (SRA), furthermore, there were several brief contacts not formally recorded. On the whole, the initial queries to the SRA were initiated by the clinical/academic member of staff, rather than the SRA, and the majority of these went first to the R&D generic e-mail illustrating that these queries were from individuals initially unsure who to approach in RIK, and what RIK could offer them.

Just under a third of the recorded contacts in this period (11) were from people who ultimately did not require the services of the R&D department but were signposted to other departments such as Innovation, Library services or the Quality Effectiveness team. The remainder of the people who contacted the SRA had clinical research related queries. At least 5 individuals had discussions around involving Patient and Public Involvement in their study design.

Most people who contacted the SRA were NHS Fife staff wishing to incorporate research into their clinical work, additionally there were 10 contacts from people who wanted to complete a higher educational project within NHS Fife, and a small number of clinical academics who wanted to complete clinical research projects. Requests from NHS Fife staff were from a range of professions including doctors, nurses and allied health professionals although staff from other roles within the organisation also contacted the SRA's.

Individuals looking for advice regarding clinical research were generally asking for help regarding; the varied aspects of study design, how to negotiate the approvals process, and the process of applying for NHS Fife sponsorship. To progress these queries each individual had ongoing discussions with an SRA over a period of time either by e-mail or face-to-face.

During this period the SRA's also met with colleagues from the University of St Andrews Research Governance and School of Medicine departments to discuss projects from the University that were being carried out within NHS Fife, this was to share understanding of the work and address any issues that arose in a timely manner. Additionally, one of the SRA's is a member of the Scottish Health and Social Care Providers Research Leads Network, a group which meets quarterly to promote the building of research capacity and capability in nurses, midwives, allied health professionals, psychologists, and pharmacists by contributing to strategies for creating future clinical academic research opportunities.

Requests for help from Dr David Chinn were received from 8 staff with specific statistics enquiries, including data analysis. David provided 7 education sessions attended by 28 staff members and an ad-hoc teaching session to 20 trainee Clinical Psychologists

The Research, Capacity and Culture quantitative paper was published in April 2023 with the write up of the qualitative paper completed in February 2024.

GCP (Good Clinical Practice) Training- number of sessions, attendees

Date	Training	Trainers	Number of attendees
11 May 2023	GCP Update	Karen Gray and Dr Fleur Davey	5
10 August 2023	Introduction to GCP	Keith Boath and Dr Penny Trotter	5
16 August 2023	GCP Update	Karen Gray and Dr Fleur Davey	5
08 November 2023	GCP Update	Karen Gray and Dr Fleur Davey	6
15 November 2023	Introduction to GCP	Keith Boath and Dr Fleur Davey	3
07 February 2024	Introduction to GCP	Keith Boath and Dr Penny Trotter	3
14 February 2024	GCP Update	Karen Gray and Dr Fleur Davey	3

Principal Investigator training numbers of sessions, attendees

Date	Training	Trainers	Number of Attendees
04 Oct 2023	PI	Karen Gray and Dr Fleur Davey	5
28 Mar 2024	PI	Karen Gray and Dr Fleur Davey	2

Consent Training

Date	Training	Trainers	Number of Attendees
08 Feb 2024	Consent	Karen Gray and Dr Fleur Davey	6

14. Fife Health Charity Research and Innovation Support

Over the 23/24 period Fife Health Charity provided funding support for one research and innovation related project.

AI Assisted Developmental Dysplasia of the Hip-Data Manager-PI Joyce Henderson,
Award Value £33, 570

[Support for trial to help new-born babies | Fife Health Charity](#)

15. Fife Community Advisory Council

Patient and Public Involvement and Engagement in Research

NHS Fife Research, Innovation and Knowledge is committed to embedding Patient and Public Involvement and Engagement (PPIE) in research and research related activities. Whilst public and patient participants are recruited to clinical research studies and clinical trials we also aim to involve the public and patients more broadly in our program of work, providing input to the design of studies, supporting funding applications and working with clinical staff and researchers to develop clinical research studies and areas of priority. In partnership with the University of St Andrews we also support a generalised Patient and Public Involvement group called Fife Community Advisory Council (FCAC).



Fife Community Advisory Council (FCAC) was established in 2018 jointly by the University of St Andrews and NHS Fife Research, Innovation and Knowledge (RIK) to support health and social care research in Fife.

FCAC is made up of members of the public who through their knowledge and lived experiences can provide the “lay” perspective in research studies. They support Researchers, Clinicians and Scientists, contributing to the design, aims, delivery, and final recommendations of research studies. Working collaboratively, they share perspectives, skills, respecting and valuing knowledge and experience, reciprocity, and building and maintaining relationships.

FCAC governance is outlined in its Terms of Reference. It works within a published Scottish [framework](#) and follows guidance issued by the [National Institute for Health & Care Research](#) and [NHS Fife](#).

FCAC provides a bespoke approach to PPI as no two projects are ever the same. Examples of responsibilities, though not limited to are:

- suggesting what health problems to study and how best to study these, looking at what resources are available or needed to improve on these.

- reviewing and contributing to grant applications, and in some cases acting as a grant Co-applicant

reading and commenting on materials for research studies, such as participant information sheets and protocols.

Joining PPI panels who contribute to the full lifecycle of a research project, often a 3 or 5 year project.

There are currently 20 members of FCAC who have collectively contributed to 15 research studies to date in 2024. FCAC aims to have an inclusive, diverse and as representative as possible group. Current membership statistics are:

<i>70% fall within age bracket 60-79 years</i>
<i>85% identify as female</i>
<i>95% are of white ethnicity</i>
<i>50% do not consider themselves to have a disability</i>

Further options to increase representation are currently being explored and developed.

One of the FCAC members, Anne Haddow, sits on the Research, Innovation and Knowledge Group (RIK-OG).

FCAC is co-ordinated by the PPI Co-ordinator in the School of Medicine, University of St Andrews. Contact medfifecac@st-andrews.ac.uk

16. Communications

The team utilise various platforms to advertise/promote our services and that of our collaborators.

Research, Innovation and Knowledge Bulletin

The bulletin is issued every two months and distributed via Stafflink and a mailing list, since August 2023 we have used Microsoft SWAY to produce this, which is easier for the viewer to read and includes live links, using SWAY also has the benefit of producing analytics for each issue.

August 2023 issue had 187 views [Research, Innovation and Knowledge Bulletin August 2023 \(cloud.microsoft\)](#)

October 2023 issue had 334 issues [Research, Innovation and Knowledge Bulletin October 2023 \(cloud.microsoft\)](#)

December 2023 issue had 365 views [Research, Innovation and Knowledge Bulletin December 2023 \(cloud.microsoft\)](#)

February 2024 issue had 221 views [Research, Innovation and Knowledge Bulletin February 2024 \(cloud.microsoft\)](#)

Research, Innovation and Knowledge Newsletter

Between April 2023 and March 2024 there were three editions of the RIK SWAY Newsletter created. The three specialities included Orthopaedics, Oncology and Diabetes.

An amazing ground breaking £33 million pound project, the Orthopaedic new National Treatment Centre (NTC) finally opened its doors on the 23rd of March 2023. The NTC has revolutionized treatment and care for patients in NHS Fife and beyond since opening. This edition also highlighted the R&D Orthopaedic nursing team with updates on some of their studies - CORE kids, CRAFFT & FAME. The 'Fife First' section featured the AFTER study. An enhancing rehabilitation study with the aim to find out if attending physiotherapy after an ankle fracture really does help improve recovery. NHS Fife was the first site in Scotland to open the study – a fantastic achievement!

<https://sway.cloud.microsoft/uVcGmccBMOfW0s8u?ref=Link>

The August edition was especially fun to create and I was proud to highlight the Oncology team studies and achievements. Our first platform study FOxTROT was featured along with PI, Dr Sally Clive as clinician for the clinical trial focus section. The new online cancer hub created by NHS Fife was noted, as it was set up to help patients and people affected by cancer to access the information they need to help navigate through their cancer journey. Another highlight was in innovation - NHS Fife, leading the national programme management and administration for the Reducing Drug Deaths National Innovation Challenge, on behalf of HISES.

<https://sway.cloud.microsoft/D7V6fIAHnxXOjSlw?ref=Link>

The Diabetic Network was featured in the November edition. The Network enables and supports efficient recruitment for diabetes-related research. Emphasis was placed on the current recruiting diabetic studies HbA1c (Lumira), INNODIA and LENS with an innovation update from Neil Mitchell, Innovation Manager. Innovation projects running in several areas for Diabetes care included Diabetes closed loop system, remote and in pharmacy HbA1c testing and utilising machine learning tools for clinical benefit. The second annual collaborative Research and Innovation Symposium was featured with highlights and photos taken on the day at the Balbirnie House hotel.

<https://sway.cloud.microsoft/SctixvBylxvDYjUH?ref=Link>

Promotion and Advertising

The department also promotes Research and Innovation events, training and publications from internal and external collaborators again using Stafflink and a mailing list, during the period from 01st April 2023 – 31st March 2023, this was done 69 times.

Social Media



is a professional social networking platform that connects individuals and organizations across various industries. As a powerful tool for networking, knowledge sharing, and collaboration, and can greatly benefit the Research and Innovation Department of NHS Fife. <https://twitter.com/NHSFifeResearch>

17. Research, Innovation & Knowledge User Experience

R&D Participant Experience and Testimonies

“The Oncology research team was exceptional in providing expertise and emotional support throughout my participation in the FOXTROT3 trial for bowel cancer treatment. They consistently went above and beyond, dedicating additional time and effort to ensure clarity and advocacy. Their compassionate and friendly approach significantly eased the challenges of undergoing chemotherapy cycles, making a difficult experience much more manageable.”

Anonymous 2023

Library and Knowledge Services User Feedback

Project progress and time efficiency:

“I am very grateful for the assistance! I work part time, and this allowed me to progress a project more timely than if I had not had help. Thank you!”

“This is incredibly useful – I really appreciate your help.”

Information contributes to change:

“This impacted how recruitment / retention activities are conducted.”

“Now aware of new clinical tests, and an informed background to a clinical pathway development.”

“Informed practice for a niche area.”

18. Opportunities and Challenges

To ensure the successful implementation of the NHS Fife Research, Innovation and Knowledge Strategy a series of annual 'priorities' have been selected to be progressed. An update on identified priorities /challenges to be taken forward within RIK in 2023 -24 were as follows:

- a. Participation in the development of medical and nursing clinical academic career development in Fife has been continued with discussion and actions about the Associate PI Scheme and Clinical Research Practitioners.
- b. Preparations for a potential inspection by the Medicines and Healthcare products Regulatory Agency (MHRA) have continued.
- c. Details of research-related academic degree programmes, short courses and bursaries, encouraging staff to apply, have been circulated.
- d. Liaising closely with universities and other academic institutions, particularly the University of St Andrews, to establish Research and Innovation projects, programmes and opportunities.
- e. We have continued to support and participate in the NHS Research Scotland (NRS) East Node, establishing joint documentation and actively participating in membership of groups and committees.
- f. We have continued to work with the Health Informatics Centre (HIC), consolidating and adding to the joint Tayside and Fife HIC Database to facilitate service-based evaluations/research. We have developed a relationship with the South-East Region data repository and asset, DataLoch.
- g. The infrastructure and processes required for NHS Fife to act as Sponsor for increasingly complex studies are being delivered.
- h. Greater activity and collaboration with academics, pharmaceutical and medical device companies are resulting in increased utilisation of the Clinical Research Facility.

Challenges for RIK in 2023-24

During 2023-2024 the Research, Innovation and Knowledge teams within NHS Fife continued to push for growth and improvement maintaining our diverse research profile, pipeline and priorities, maintaining compliance with the research governance framework, monitoring 100% of Fife Sponsored studies; the revision of the RIK Education Programme to focus more strongly on clinical research support, the adaptation of Library Services to staff changes and planning for increased medical student numbers. All teams have continued to perform extremely well in the context of multiple challenges and changes, but external pressures and the more challenging financial climate have had an impact on productivity, staff wellbeing and ability to progress some initiatives.

Opportunities for RIK in 2023-24

We have continued to look for ways to support protected time for our research active and interested staff, funding and implementing the second cohort of Clinical Research and Innovation Champion roles has been a significant step in supporting this. The legacy of the first cohort of Clinical Research and Innovation Champions (Dr's Susanna Galea-Singer, Devesh Dhasmana and Mr Phil Walmsley) has created a foundation for our new Champions (Dr's Rajendra Raman, Joanna Bowden and Samuel Pattle) to build upon.

We anticipate that they will all work together to help support research and innovation capacity and culture growth in 24/25.

The NHS Fife Innovation team have demonstrated leadership in their successful management of Phase 1 of the Reducing Drug Deaths program and this has led to NHS Fife being highlighted in the wider Innovation landscape.

RIK Strategy priorities (2023-24)

All activities detailed in the prioritised plan of the RIK Strategy for 2023-2024 are ongoing or have been achieved.

19. Conclusions

Each of the teams that make up the Research, Innovation and Knowledge Department demonstrably rose to the challenges and opportunities that presented themselves over 23/24. Staffing changes and recruitment demands in all teams has meant many have been without a full complement of staff for prolonged periods. This is particularly the case for our Library and Knowledge Services team who have spent most of 23/24 operating with reduced staffing, they are to be commended for maintaining a quality service in challenging circumstances.

We have continued to promote the research and innovation agenda, further developing the research and innovation culture and raising the profile of RIK within NHS Fife, whilst continuing to build on connections with colleagues at HISES, the University of St Andrews and with the wider research, innovation and knowledge community.

Innovation at NHS Fife has continued to develop over 2023/24 with new appointments and an increased profile from managing the large UK wide Reducing Drug Deaths program.

The Clinical Research team and support services of Approvals and Quality and Performance have provided outstanding support to our clinicians and research staff, whilst also contributing to national initiatives and demonstrating leadership for peers and colleagues in study management, processes and data management systems.

The NHS Fife Executive Lead for RIK and Associate RIK Director have worked together to ensure a significant raising of the profile of NHS Fife RIK and the promotion of Fife as an important, emerging player in the current, and future Scottish research and innovation agenda.

20. Publications

Research and related activity: publications by NHS Fife staff

Produced by NHS Fife Library and Knowledge Service

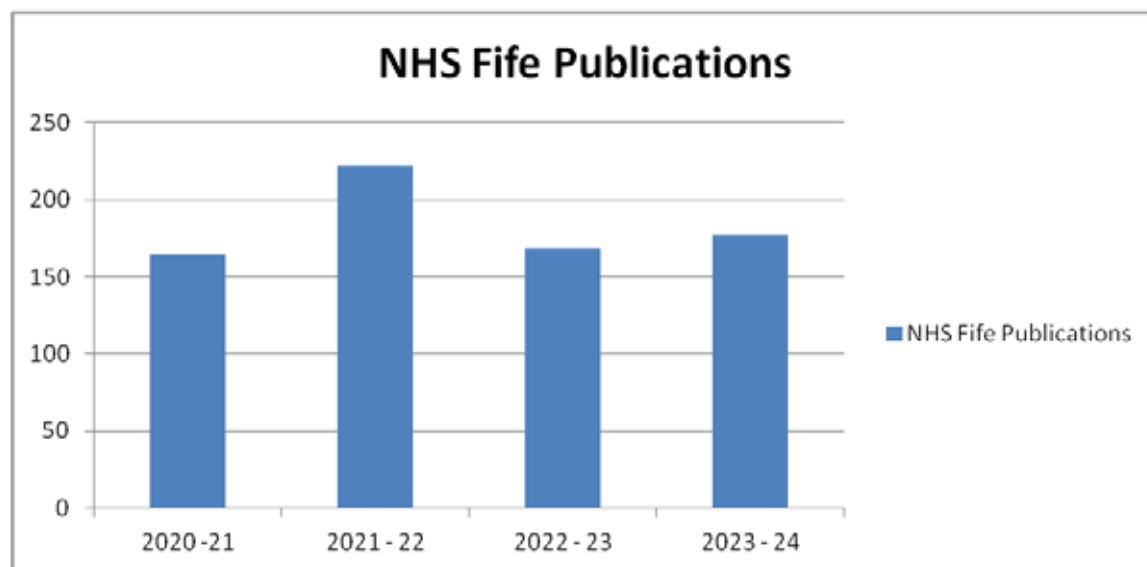
Fife.libraries2@nhs.scot; 01592 643355 ext 28790

NHS Fife Library and Knowledge Service

Core databases were searched to retrieve articles where at least one author is an NHS Fife affiliated staff member. Research may have been done solely by NHS Fife staff or with colleagues from external institutions. Our search was supplemented by information supplied by the Pure team at St Andrew's University.

We searched for records added to the databases Medline, Embase, Psych Info and Cinahl between April 2023-March 2024. There were 177 publications found by NHS Fife affiliated staff. There may be other publications not included as they have not been published on the main databases. We included: articles, conference abstracts and letters. Articles contributed by NHS Fife are distributed worldwide. There is a vast range of collaborations with staff across institutions and sometimes continents, working together on their research.

This graph shows the yearly number of publications from the past four years. There is a consistent steady number of publications which have slowly increased since 2020.



List of Publications 2023 – 24

Abed Al Ahad, M., Demsar, U., [Sullivan, F.](#), & Kulu, H. (2023). **Long-term exposure to air pollution and mortality in Scotland: a register-based individual-level longitudinal study.** *Environmental Research*, 238(2), Article 117223. Advance online publication.

Abed Al Ahad, M., Demšar, U., [Sullivan, F.](#), & Kulu, H. (2023). **The spatial-temporal effect of air pollution on individuals' reported health and its variation by ethnic groups in the United Kingdom: a multilevel longitudinal analysis.** *BMC Public Health*, 23, [897].

Addiction Cue-Reactivity Initiative (ACRI) Network, Ray, L. A., Sinha, R., Smolka, M. N., Soleimani, G., Spanagel, R., Steele, V. R., Tapert, S. F., Vollstädt-Klein, S., Wetherill, R. R., Witkiewitz, K., Yuan, K., Zhang, X., Verdejo-Garcia, A., Potenza, M. N., Janes, A. C., Kober, H., Zilverstand, A., & Ekhtiari, H., [Baldacchino, A.](#) (2024). **Parameter space and potential for biomarker development in 25 years of fMRI drug cue reactivity a systematic review: a systematic review.** *JAMA Psychiatry*. Advance online publication.

[Ahmad, M.M.](#) (2023) '**Clinical pharmacology of biological medicines.**', *Medicine (United Kingdom)*, (pagination), pp.ate of Pubaton: 2023.

[Akhtar, M.A.](#), [Hanif, H.](#) and [Blacklock, C.](#) (2023) conference abstract '**A scoping review of studies relating to digital healthcare utilisation in obese patients presenting with end stage hip and knee arthritis**', . *British Journal of Surgery* Vol 10 (7).

[Akhtar, M.A.](#), [Low, C.](#), [Blacklock, C.](#), [Tiemessen, C.](#), [Hoellwarth, J.S.](#), [Al Muderis, M.](#) and [Tetsworth, K.](#) (2023) conference abstract '**Current challenges and future prospects of osseointegration limb reconstruction for amputees**', *British Journal of Surgery* Vol 110 (7).

[Akhtar, M.A.](#), [Thomson, J.](#), [Blacklock, C.](#) and [Ballantyne, A.](#) (2023) conference abstract '**The effect of the covid-19 pandemic on BMI in patients awaiting total knee replacement**', . *British Journal of Surgery* vol 110 (7).

[Akhtar, M.A.](#), [Thomson, J.](#), [Blacklock, C.](#), [Walmsley, P.](#) and [Ballantyne, A.](#) (2023) '**The epidemiology of severe obesity in patients undergoing total knee replacement in the kingdom of fife over the last 20 years**', *British Journal of Surgery* vol 110 (7).

Alexander, C., Light, A., Chan, V., Asif, A., Clement, K., Yuan, Y., Takwoingi, Y., [Khadouri, S.](#), Warren, H. and Zimmermann, E. (2023) '**Ultrasound for the diagnosis of testicular torsion: A systematic review and meta-analysis of diagnostic accuracy**', *J.Clini Urol (P11-2)*

Allothman, A. and Dhasmana, D. (2023) '**Fifecap2019: A detailed review of diagnostic testing and antibiotic therapy**', [Abstract Only]

Anbarasan, T., Rogers, F., Blackmur, J., Drummond, L., Shehata, A., Mains, E., Leung, S., McNeil, A., Phipps, S. and Laird, A. (2023) '**Functional outcomes after radical nephrectomy versus nephron sparing surgery in elderly patients with T1a renal cell carcinoma: A multicentre study**', *J.Clini Urol (P4-7)*

Anemoulis, M., Kachtsidis, V., Geropoulos, G. and Panagiotopoulos, N. (2024) '**Robot-assisted thoracoscopic resection of ectopic parathyroid tissue in mediastinum: A scoping review**', *Innovations: Technology & Techniques in Cardiothoracic & Vascular Surgery*, 19(1), pp.17-22. [Abstract Only]

Baird, L., Akuoko, E., Buck, K., Bowden, J. and Steel, K. (2023) '**Impact of a specialist renal supportive care nurse in end-stage renal disease in fife.**', *BMJ Supportive and Palliative Care.Conference: Palliative Care Congress, Sustaining each Other, Growing Together.Edinburgh United Kingdom*, 13(Supplement 3) (pp A64).

Bakema, R., Smirnova, D., Biri, D., Kocks, J.W.H., Postma, M.J. and de Jong, L.A. (2023) '**The use of eHealth for pharmacotherapy management with patients with respiratory disease, cardiovascular disease, or diabetes: Scoping review.**', *Journal of Medical Internet Research*, 25(1)

Barrie, A., Kent, B., Jones, R., Hutton, C., Jones, M., Berry, A., Marusza, C., Reynolds, P., A'Court, J., Lum, J., Flannery, O., Knapper, T., Dela Cruz, N., Flaherty, D., Raza, M., Godavitarne, C., Ho, S., Brunt, A., et al. (2023) '**Supracondylar elbow fracture management (supra man) a national trainee collaborative evaluation of practice.**', *Bone Jt.J.*, . [Abstract Only]

Bashir, T., Achison, M., Adamson, S., Akpan, A., Aspray, T., Avenell, A., Band, M.M., Burton, L.A., Cvoro, V., Donnan, P.T., Duncan, G.W., George, J. et al. (2023) '**Activin type I receptor polymorphisms and body composition in older individuals with sarcopenia-analyses from the LACE randomised controlled trial.**', *PLoS ONE*, 18(11 November).

Belch, J.J.F., Elder, A., Bartlett, S., Fardon, T., Flinn, K., Hughes, R.C., Miller, M.R., Newby, D., Quinn, T. and Slater, M. (2023) '**Children are especially vulnerable to air pollution: We need data on transport emissions near schools.**', *Bmj*, 383, pp.2675.

Berry, A., HouchenWolloff, L., Crane, N., Townshend, D., Clayton, R. and Mangwani, J. (2023) '**Perceived barriers and facilitators of day-case surgery for major foot and ankle procedures? A cross-sectional survey of united kingdom surgeons.**', *World Journal of Orthopedics*, 14(4), pp.248-259.

Bethell, G.S., Rees, C.M., Sutcliffe, J., Hall, N.J., Macmillan, A., McIntyre, J., Clyde, D., Rashid, M., et al. (2023) '**Outcomes 1 year after non-operative management of uncomplicated appendicitis in children: Children with Appendicitis during the CoronAvirus panDEmic (CASCADE) study.**', *BJS Open*, 7(3).

Borthwick, M., Barton, G., Ioannides, C.P., Forrest, R., Graham Clarke, E., Hanks, F., James, C., Kean, D., Sapsford, D., Timmins, A., Tomlin, M., Warburton, J. and Bourne, R.S. (2023) '**Critical care pharmacy workforce: A 2020 re-evaluation of the UK deployment and characteristics.**', *Human Resources for Health*, 21(1), pp.28

Bowers, S.P., Black, P., McCheyne, L., Wilson, D., Mills, S.E.E., Agrawal, U., Williams, L., Quirk, F. and Bowden, J. (2023) '**Current definitions of advanced multimorbidity: A protocol for a scoping review.**', *BMJ Open*, 13(11), pp. e076903.

Briley, A.L., Silverio, S.A., Shennan, A.H. and Tydeman, G. (2023) '**Experiences of impacted foetal head: Findings from a pragmatic focus group study of mothers and midwives.**', *International Journal of Environmental Research and Public Health*, 20(21)

Brown, L. R., Boyd, K. M., Dhasmana, D. J., Sullivan, F., & van Beusekom, M. M. (2023). **Working collaboratively to design an instructional video for an at home blood sample collection kit.** *Patient Education and Counseling*, 136.

Brown, L.R., Ramage, M.I., Dolan, R.D., Sayers, J., Bruce, N., Dick, L., Sami, S., McMillan, D.C., Laird, B., Wigmore, S.J. and Skipworth, R.J.E. (2023) '**The impact of acute systemic inflammation secondary to oesophagectomy and anastomotic leak on computed tomography body composition analyses.**', *Cancers*, 15(9).

Byrnes, K.G., Bhatt, N.R., Ippoliti, S., Varma, R., Asif, A., Kerdegari, N., Ng, A., Chow, B., Mak, Q., Nathan, A., Gallagher, K., Khadhour, S. and Kasivisvinathan, V. (2024) '**Introducing WASHOUT: A large-scale observational study of inpatient haematuria.**', *European Urology Focus*, (pagination), pp.Date of Publication: 2024. [Abstract Only]

Cannon, E., Ntala, C., Joss, N., Rahilly, M., Metcalfe, W., O'Donnell, M., and Phelan, P.J. (2023) '**High grade urothelial carcinoma in kidney transplant patients with a history of BK viremia - just a coincidence?.**', *Clinical Transplantation*, (pagination), pp.ate of Pubaton: 2023. [Abstract Only]

Caparrotta, T.M., Blackbourn, L.A.K., Colhoun, H.M., McKeigue, P.M. and McGurnaghan, S.J. (2023) '**Investigating effectiveness and safety of sodium-glucose co-transporter 2 inhibitors in type 2 diabetes in scotland: A real-world observational pharmacoepidemiology study.**', *Diabetic Medicine*, Conference, P116.

CarrenoTarragona, G., AlvarezLarran, A., Harrison, C., MartinezAvila, J.C., HernandezBoluda, J.C., FerrerMarin, F., Radia, D.H., Mora, E., Francis, S., GonzalezMartinez, T., Goddard, K., PerezEncinas, M., Narayanan, S., Raya, J.M., Singh, V., Gutierrez, X., Toth, P., AmatMartinez, P., McIlwaine, L., Alobaidi, M., Mayani, K., McGregor, A., Stuckey, R., Psaila, B., Segura, A., Alvares, C., Davidson, K. et al. N.C.P. (2023) '**CNL and aCML should be considered as a single entity based on molecular profiles and outcomes.**', *Blood Advances*, 7(9), pp.1672-1681.

Casey, A., Davidson, E., Grover, C., Tobin, R., Grivas, A., Zhang, H., Schrempf, P., O'Neil, A.Q., Lee, L., Walsh, M., Pellie, F., Ferguson, K., Cvoro, V., Wu, H., Whalley, H., Mair, G., Whiteley, W. and Alex, B. (2023) '**Understanding the performance and reliability of NLP tools: A comparison of four NLP tools predicting stroke phenotypes in radiology reports.**', *Frontiers in Digital Health*, 5, pp.1184919.

Chien, S., Glen, P., Penman, I., Bryce, G., Cruickshank, N., Miller, M., Crumley, A., Fletcher, J., Phull, P., Gunjaca, I., Robertson, K., Apollos, J. and Fullarton, G. (2024) '**National adoption of an esophageal cell collection device for barrett's esophagus surveillance: Impact on delay to investigation and pathological findings.**', *Diseases of the Esophagus*.

Clark, C., Fenning, S. and Bowden, J. (2023) '**Lived experiences of end-of-life care at home in the uk: A scoping literature review.**', *BMJ Supportive and Palliative Care.Conference: Palliative Care Congress, Sustaining each Other, Growing Together.Edinburgh United Kingdom*, 13(Supplement 3) (pp A11).

Cleland, J.G.F., Kalra, P.A., Pellicori, P., Graham, F.J., Foley, P.W.X., Squire, I.B., Cowburn, P.J., Seed, A., Clark, A.L., Szwejkowski, B., Banerjee, P., Cooke, J., Francis, M., Clifford, P., Wong, A., Petrie, C., McMurray, J.J.V., Thomson, E.A., Wetherall, K., Robertson, M., Ford, I. and Kalra, P.R. (2024) '**Intravenous iron for heart failure, iron deficiency definitions, and clinical response: The IRONMAN trial.**', *European Heart Journal*, .

Coats, A., Young, C., Fenning, S. and Bowden, J. (2023) '**Enhanced community end-of-life care provision in fife, scotland, during the covid-19 pandemic.**', *BMJ Supportive and Palliative Care.Conference: Palliative Care Congress, Sustaining each Other, Growing Together.Edinburgh United Kingdom*, 13(Supplement 3) (pp A61).

Conti, A. A., & Baldacchino, A. M. (2023). **Early onset smoking theory of compulsivity development: a neurocognitive model for the development of compulsive tobacco smoking.** *Frontiers in Psychiatry*, 14, [1209277].

Crichton Iannone, C.R., Webb, S.C.N. and Jafar, A.J.N. (2023) '**Mapping global health activity amongst UK emergency care practitioners: Time for a europe-wide approach?.**', *European Journal of Emergency Medicine: Official Journal of the European Society for Emergency Medicine*, 30(4), pp.295-297.

Crossman, D. C. (2023). **Effect of second booster vaccinations and prior infection against SARS-CoV-2 in the UK SIREN healthcare worker cohort.** *The Lancet Regional Health - Europe*.

Cunningham, K. B., Rogowsky, R. H., Carstairs, S. A., Sullivan, F., & Ozakinci, G. (2023). **Progressing social prescribing with a focus on process of connection: evidence-informed guidance for robust evaluation and evidence synthesis.** *Public Health in Practice*, 5, [100380].

Curnow, E., Rutherford, M., Maciver, D., Johnston, L., Prior, S., Boilson, M., Shah, P., Jenkins, N. and Meff, T. (2023) **'Mental health in autistic adults: A rapid review of prevalence of psychiatric disorders and umbrella review of the effectiveness of interventions within a neurodiversity informed perspective'**, *PLoS ONE [Electronic Resource]*, 18(7).

Day, D., Wood, J., Bonhomme, P., Forteach, J. (2023) **'Towards a cost-effective repeatable training model for halo procedures: A pilot study of low-fidelity, user-resettable peer-directed simulation for em trainees'**, . *BMJ Journals, Emergency Medicine Journal*. 40 (12) RCEM Annual Scientific Conference Glasgow 2023 Meeting Abstracts RCEM Lightning Papers

Devlin, P. and Raman, R. (2024) **'Mesenteric cyst: Non-specific abdominal pain in the emergency department.'**, *BMJ Case Reports*, 17(2).

Docherty, C., McPeake, J., Quasim, T., MacTavish, P., Devine, H., O'Brien, P., Strachan, L., Lucie, P., Hogg, L., Sim, M. and Shaw, M. (2023) **'The relationship between pain, anxiety and depression in patients with post-intensive care syndrome.'**, *Journal of Critical Care*, 78, pp.154359.

Docherty, C., Shaw, M., Henderson, P., Quasim, T., Mactavish, P., Devine, H., O'Brien, P., Strachan, L., Lucie, P., Hogg, L., Sim, M. and McPeake, J. (2023) **'Evaluating pain in survivors of critical illness: The correlation between the EQ-5D-5L and the brief pain inventory.'**, *BMJ Open Respiratory Research*, 10(1)

Ekhtiari, H., Khojasteh Zonoozi, A., Rafei, P., Abolghasemi, F.S., Pemstein, D., Abdelgawad, T., Achab, S., Ghafri, H.A., Al'Absi, M., Bisch, M., Conti, A.A., Ambekar, A., Arunogiri, S., Bhad, R., Bilici, R., Brady, K., Bunt, G., Busse, A., Butner, J.L., Danesh, A., El-Khoury, J., Omari, F.E., Jokubonis, D., de Jong, C., Dom, G., Ebrahimi, M., Fathi Jouzdani, A., Ferri, M., Galea-Singer, S., Parker, D.G., Higuchi, S., Kathiresan, P., Khelifa, E., Kouimtsidis, C., Krupitsky, E.M., Long, J., Maremmani, I., McGovern, G., Mohaddes Ardabili, H., Rahimi-Movaghar, A., Rataemane, S.T., Sangchooli, A., Sibeko, G., Vella, A.M., Vista, S.B.D., Zare-Bidoky, M., Zhao, M., Javed, A., Potenza, M.N. and Baldacchino, A.M. (2024) **'World addiction medicine reports: Formation of the international society of addiction medicine global expert network (ISAM-GEN) and its global surveys.'**, *Frontiers in Psychiatry Frontiers Research Foundation*, 15, pp.1230318.

Elkholy, H., Tay, J., Arunogiri, S., Ramses Asaad, M., Baessler, F., Bhad, R., Borghi, E. N., Busse, A., Ekhtiari, H., Dave, S., Ferri, M., Greene, C., Koob, G. F., Kouimtsidis, C., Krupchanka, D., Nikendei, C., Pipyrou, S., Poznyak, V., Volkow, N. D., ... Baldacchino, A. M. (2023). **Substance use disorders among forcibly displaced people: a narrative review.** *Current Addiction Reports*.

Elshani, M., Um, I.H., Leung, S., Reynolds, P.A., Chapman, A., Kudsy, M. and Harrison, D.J. (2023) **'Transcription factor NFE2L1 decreases in glomerulonephropathies after podocyte damage.'**, *Cells*, 12(17), pp.08 29.

Everett, R., Tzimas, G., Akodad, M., Nguyen, H., Esteves, B., Meier, D., Kalk, K., Leipsic, J., Webb, J., Moss, R., Boone, R. and Blanke, P. (2023) **'Utility of cardiac computed tomography in the planning of mitral transcatheter edge-to-edge repair.'**, *Journal of Cardiovascular Computed Tomography*, Conference. [Abstract Only]

Farrow, L., Kennedy, J.W., Yapp, L., Harding, T. and Walmsley, P. (2023) **'Provision of revision knee arthroplasty services across scotland: A national audit.'**, *Knee*, 42, pp.312-319.

Fenning, S., Coats, A., Young, C., Kydland, S., Douglas, J., Kinninmonth, M. and Bowden, J. (2023) **'A 24/7 district nursing palliative care helpline in fife, scotland: Enabling timely, personcentred end of life care in the community.'**, *BMJ Supportive and Palliative Care*.Conference: *Palliative Care Congress, Sustaining each Other, Growing Together*.Edinburgh United Kingdom, 13(Supplement 3) (pp A6).

Fisher, J., Mordi, N.G. and Thomson, R. (2024) **'Clinical teachers' toolbox article: Harnessing narrative medicine to learn from underserved populations.'**, *The Clinical Teacher*, e13761.

Fleming, A.D., Mellor, J., McGurnaghan, S.J., Blackbourn, L.A.K., Goatman, K.A., Styles, C., Storkey, A.J., McKeigue, P.M. and Colhoun, H.M. (2023) **'Deep learning detection of diabetic retinopathy in scotland's diabetic eye screening programme.'**, *British Journal of Ophthalmology*.

Fornasiero, M., Geropoulos, G., Kechagias, K.S., Psarras, K., Katsikas Triantafyllidis, K., Giannos, P., Koimtzis, G., Petrou, N.A., Lucocq, J., Kontovounisios, C. and Giannis, D. (2022) **'Anastomotic leak in ovarian cancer cytoreduction surgery: A systematic review and meta-analysis.'**, *Cancers*, 14(21).

Fraser, C., Thompson, C.S. and Yeo, J.C.L. (2024) **'Isolated left sternocleidomastoid pyomyositis: A rare presentation of cervical sepsis.'**, *BMJ Case Reports*, 17(2).

Gadsby, E.W., Brown, C., Crawford, C., Dale, G., Duncan, E., Galbraith, L., Gold, K., Hibberd, C., McFarland, A., McGlashan, J., McInnes, M., McNaughton, J., Murray, J., Radin, E., Teodorowski, P. and Thomson, J. (2023) 'Test, evidence, transition projects in scotland: Developing the evidence needed for transition of effective interventions in cancer care from innovation into mainstream practice.', *BMC Cancer*, 23(1), pp.1049.

Gittins, R., Tay Wee Teck, J., Knowles, R., Clarke, N., & Baldacchino, A. M. (2023). **Implementing buprenorphine prolonged-release injection using a health at the margins approach for transactional sex-workers.** *Frontiers in Psychiatry*, 14, [1224376].

Gordon, A.L. and Elder, A. (2023) 'Cutting investment in the social care workforce will undermine the NHS recovery plan.', *BMJ (Clinical Research Ed.)*, 381, pp.861.

Graham, K., Bernards, S., Abbey, A., Banyard, V., Donnelly, P.D., Dumas, T.M., McMahon, S., Senn, C., Swartout, K.M., Trudell, A., & Wells, S. (2024). "She should be smart enough to know, hey, these things can happen": identifying men's perceptions, attitudes, and beliefs about sexual aggression toward women in drinking venues and the implications for prevention. *Feminist Criminology*, OnlineFirst. [No full text available]

Grant, R.K., Brindle, W.M., Taylor, C.L., Rycroft, E.J., Oyewole, O., Morgan, S.C., Watson, E.F., Anand, A., McAvoy, N.C., Penman, I.D., Church, N.I., Trimble, K.C., Noble, C.L., Plevris, J.N., Masterton, G.S.M. and Kalla, R. (2024) 'Tailoring follow-up endoscopy in patients with severe oesophagitis.', *Frontline Gastroenterology*, 15(2), pp.117-123.

Grant, R.K., Chopra, C., Gandhi, P., Manimaran, N., Serhan, J.T., Struthers, K.L. and Brindle, W.M. (2024) 'Unusual cause of rectal bleeding in a patient with schizophrenia.', *Gut*.

Grant, R.K., Jones, G.R., Plevris, N., Lynch, R.W., Brindle, W.M., Hutchings, H.A., Williams, J.G., Alrubaiy, L., Watkins, A., Lees, C.W. and Arnott, I.D.R. (2024) 'Validation of the ACE [albumin, CRP, and endoscopy] index in acute colitis: Analysis of the CONSTRUCT dataset.', *Journal of Crohn's and Colitis*, 18(2), pp.286-290.

Gunter, E., SevierGuy, L.J. and Heffernan, A. (2023) 'Top tips for supporting patients with a history of psychological trauma.', *British Dental Journal*, 234(7), pp.490-494.

Hall, A.J. and Walmsley, P. (2023) 'Technology-enhanced learning in orthopaedics: Virtual reality and multi-modality educational workshops may be effective in the training of surgeons and operating department staff.', *The Surgeon: Journal of the Royal Colleges of Surgeons of Edinburgh and Ireland*, 21(4), pp.217-224.

Hall, A.J., Clement, N.D., MacLulich, A.M.J., White, T.O. and Duckworth, A.D. (2024) 'Vaccination against COVID-19 reduced the mortality risk of COVID-positive hip fracture

patients to baseline levels: The nationwide data-linked IMPACT protect study', *Osteoporosis International*, 35(2), pp.353-363.

Hamilton, A.L., Layden, E.A., Storrar, N., Skinner, J., Harden, J. and Wood, M. (2023) 'Definition, measurement, precursors, and outcomes of trust within health care teams: A scoping review.', *Academic Medicine: Journal of the Association of American Medical Colleges*

Harkess, J., Webber, E., Mclaren, R., Mackenzie, A., Bett, H., Hailwood, S., Robertson, Y. and Dickson, T. (2023) 'Start with the end in mind- Embedding an integrated self-management approach within routine clinical care for newly diagnosed patients with inflammatory arthritis', *Annals of the Rheumatic Diseases* 2023;82:694. [Abstract Only]

Harmsworth, M., SavonaVentura, C. and Mahmood, T. (2023) 'High-intensity exercise during pregnancy - A position paper by the european board and college of obstetrics and gynaecology (EBCOG).', *European Journal of Obstetrics and Gynecology and Reproductive Biology*, 285, pp.56-58.

HATUA Consortium, Keenan, K., Fredricks, K. J., Al Ahad, M. A., Neema, S., Mwangi, J. R., Kesby, M., Mushi, M. F., Aduda, A., Green, D. L., Lynch, A. G., Huque, S. I., Mmbaga, B. T., Worthington, H., Kansiime, C., Olamijuwon, E., Ntinginya, N. E., Loza, O., Bazira, J., Holden, M. T. G. Sloan, D. J., ... (2023). Unravelling patient pathways in the context of antibacterial resistance in East Africa. *BMC Infectious Diseases*, 23(1), [414].

Hernandez Santiago, V., Fagbamigbe, A. F., Sullivan, F. M., Agrawal, U., Morales, D., McCowan, C., & Lipworth, B. (2023). Intranasal steroid use and COVID-19 mortality among patients with asthma and COPD: a retrospective cohort study. *Annals of Allergy Asthma & Immunology*.

Horby, P.W., Peto, L., Staplin, N., Campbell, M., Pessoa-Amorim, G., Mafham, M., Emberson, J.R., Stewart, R., Prudon, B., Uriel, A., Green, C.A., Dhasmana, D.J., Malein, F., Majumdar, J., Collini, P., Shurmer, J., Yates, B., Baillie, J.K., Buch, M.H., Day, J., Faust, S.N., Jaki, T., Jeffery, K., Juszczak, E., Knight, M., Lim, W.S., Montgomery, A., Mumford, A., Rowan, K., Thwaites, G., Haynes, R. and Landray, M.J. (2024) 'Dimethyl fumarate in patients admitted to hospital with COVID-19 (RECOVERY): A randomised, controlled, open-label, platform trial.', *Nature Communications*, 15(1).

lafrate, L., Cairns, D. and Muir, M. (2024) 'Fishing for the evidence on community water fluoridation: A commentary on the CATFISH study.', *Evidence-Based Dentistry*.

Jabbal, A., Carter, T., Brenkel, I.J. and Walmsley, P. (2023) 'The virtual knee clinic - A tool to streamline new outpatient referrals.', *Surgeon Journal of the Royal Colleges of Surgeons of Edinburgh & Ireland*.

Jabbal, M., Burt, J., Clarke, J., Moran, M., Walmsley, P., and Jenkins, P.J. (2024) 'Trends in incidence and average waiting time for arthroplasty from 1998-2021: An observational study of 282,367 patients from the scottish arthroplasty project.', *Annals of the Royal College of Surgeons of England*, 106(3), pp.249-255.

Jack, F.J.G. and Kotronoulas, G. (2023) 'The perceptions of healthcare staff regarding moral injury and the impact on staff life and work during COVID-19: A scoping review of international evidence', *Journal of Religion & Health*, 62(4), pp.2836-2860.

Jackson, A.M., Macartney, M., Brooksbank, K., Brown, C., Dawson, D., Francis, M., Japp, A., Lennie, V., Leslie, S.J., Martin, T., Neary, P., Venkatasubramanian, S., Vickers, D., Weir, R.A., McMurray, J.J.V., Jhund, P.S. and Petrie, M.C. (2023) 'A 20-year population study of peripartum cardiomyopathy.', *European Heart Journal*, .

Keenan, K., Papathomas, M., Mshana, S. E., Asiimwe, B., Kiiru, J., Lynch, A. G., Kesby, M., Neema, S., Mwanga, J. R., Mushi, M. F., Green, D. L., Jing, W., Olamijuwon, E., Zhang, Q., Sippy, R., Fredricks, K. J., Gillespie, S. H., Sabiti, W., Bazira, J., Sullivan, F ... HATUA Consortium (2024). **Evidencing the intersection of environmental, socioeconomic, behavioural and demographic drivers of antibacterial resistance in East Africa.** SSRN.

Khadhour, S., Orecchia, L., Banthia, R., Piazza, P., Mak, D., Pyrigidis, N., Narayan, P., Nawaz, F., Anbarasan, T. and Kasivisvanathan, V. (2023) 'External validation of the IDENTIFY risk calculator for patients with haematuria referred with suspected urinary tract cancer', *J.Clini Urol.*, P13-3.

Kitema, G. F., Laidlaw, A. H., O'Carroll, V., Sagahutu, J. B., & Blaikie, A. (2024). **The status and outcomes of interprofessional health education in sub-Saharan Africa: a systematic review.** *Journal of Interprofessional Care*, 38(1), 133-155. Advance online publication.

Kousha, O., O'Mahoney, P., Hammond, R., Wood, K., & Eadie, E. (2023). **.222 nm Far-UVC from filtered Krypton-Chloride excimer lamps does not cause eye irritation when deployed in a simulated office environment.** *Photochemistry and Photobiology*, Early View.

Kumar, K., Ponnuswamy, A., Capstick, T.G., Chen, C., McCabe, D., Hurst, R., Morrison, L., Moore, F., Gallardo, M., Keane, J., Harwood, S., Sinnott, T., Bryant, S., Breen, R., Kon, O.M., Lipman, M., Loebinger, M.R. and Dhasmana, D.J. (2024) 'Non-tuberculous mycobacterial pulmonary disease (NTM-PD): Epidemiology, diagnosis and multidisciplinary management.', *Clinical Medicine, Journal of the Royal College of Physicians of London*, 24(1).

Lau, L., Conti, A. A., Hemmati, Z., & Baldacchino, A. M. (2023). **The prospective association between the use of E-cigarettes and other psychoactive substances in young people: a systematic review and meta-analysis.** *Neuroscience and Biobehavioral Reviews*, 153.

Light, A., Mayor, N., Cullen, E., Kirkham, A., Padhani, A.R., Arya, M., Bomers, J.G.R., Dudderidge, T., Ehdai, B., Freeman, A., Guillaumier, S., Hindley, R., Lakhani, A., Pendse, D., Punwani, S., Rastinehad, A.R., Rouviere, O., Sanchez-Salas, R., Schoots, I.G., Sokhi, H.K., Tam, H., Tempany, C.M., Valerio, M., Verma, S., Villeirs, G., van der Meulen, J., Ahmed, H.U. and Shah, T.T. (2024) **'The transatlantic recommendations for prostate gland evaluation with magnetic resonance imaging after focal therapy (TARGET): A systematic review and international consensus recommendations.'**, *European Urology*, .

Liu, A. Q., Hammond, R., Chan, K., Chukwuenweniwe, C., Johnson, R., Khair, D., Duck, E., Olubodun, O., Barwick, K., Banya, W., Stirrup, J., Donnelly, P. D., Kaski, J. C., & Coates, A. R. (2023). **Comparison of Lymphocyte-CRP ratio to conventional inflammatory markers for predicting clinical outcomes in COVID-19.** *Journal of Personalized Medicine*, 13(6), [909].

Liu, A. Q., Hammond, R., Chan, K., Chukwuenweniwe, C., Johnson, R., Khair, D., Duck, E., Olubodun, O., Barwick, K., Banya, W., Stirrup, J., Donnelly, P. D., Kaski, J. C., & Coates, A. R. M. (2023). **Low CRB-65 scores effectively rule out adverse clinical outcomes in COVID-19 irrespective of chest radiographic abnormalities.** *Biomedicines*, 11(9), [2423].

Liu, A., Hammond, R., Chan, K., Chukwuenweniwe, C., Johnson, R., Khair, D., Duck, E., Olubodun, O., Barwick, K., Banya, W., Stirrup, J., Donnelly, P. D., Kaski, J. C., & Coates, A. R. M. (2023). **Normal high-sensitivity cardiac troponin for ruling-out inpatient mortality in acute COVID-19.** *PLoS ONE*, 18(4).

Liu, A., Hammond, R., Chan, K., Chukwuenweniwe, C., Johnson, R., Khair, D., Duck, E., Olubodun, O., Barwick, K., Banya, W., Stirrup, J., Donnelly, P. D., Kaski, J. C., & Coates, A. R. M. (2023). **Characterisation of ferritin-lymphocyte ratio in COVID-19.** *Biomedicines*, 11(10).

Liu, A., Hammond, R., Donnelly, P. D., Kaski, J. C., & Coates, A. R. M. (2023). **Effective prognostic and clinical risk stratification in COVID-19 using multimodality biomarkers.** *Journal of Internal Medicine*, Early View.

Livesey, J.A., Lone, N., Black, E., Broome, R., Syme, A., Keating, S., Elliott, L., McCahill, C., Simpson, G., Grant, H., Auld, F., Garrioch, S., Hay, A. and Craven, T.H. (2023) **'Neurological outcome following out of hospital cardiac arrest: Evaluation of performance of existing risk prediction models in a UK cohort.'**, *Journal of the Intensive Care Society*.

Low, J., Hoellwarth, J.S., Akhtar, M.A., Tetsworth, K. and Al-Muderis, M. (2024) **'Transfemoral amputation versus knee arthrodesis for failed total knee replacement: A systematic review of outcomes'**, *Knee*, 47, pp.63-80.

Low, S.S.P., El-Shakankery, K., Brown, E., Christie, A., McCormack, S. and Stares, M. (2024) 'Case report: A rare case of immunotherapy induced isolated left CN VI palsy in a patient with unresectable melanoma', *Frontiers in Oncology*.

Maclver, E., Adams, N. N., Torrance, N., Douglas, F., Kennedy, C., Skatun, D., Hernandez Santiago, V., & Grant, A. (2024). **Unforeseen emotional labour: a collaborative autoethnography exploring researcher experiences of studying Long COVID in health workers during the COVID-19 pandemic.** *SSM - Qualitative Research in Health*, 5, Article 100390. Advance online publication.

Mackay, S., Layden, E. and Madhra, M. (2023) 'Ectopic pregnancy', *Obstetrics, Gynaecology & Reproductive Medicine*, 33(3), pp.81-87. [Abstract Only]

Mains, E.A.A., Nalagatla, S., McLellan, E., McKay, A., Trail, M., Good, D.W., Ayers, J.B., Rodger, F., Blackmur, J.P., Hendry, J., Qureshi, K., Leung, S., Phipps, S., McNeill, S.A., Martindale, A., Janjua, K., Donaldson, J.F., Thomas, B.G., Chapman, A., Athanasiadis, G., Aslam, M.Z., Lamb, G., Oades, G. and Laird, A. (2024) 'Risk of isolated metastatic disease outside the abdomen is low in cT1a renal cancer: A retrospective analysis of a large cohort from the scottish renal cancer consortium.', *Journal of Clinical Urology*, 2024.

Malbrain, M.L.N.G., Caironi, P., Hahn, R.G., Llau, J.V., McDougall, M., Patrao, L., Ridley, E. and Timmins, A. (2023) 'Multidisciplinary expert panel report on fluid stewardship: Perspectives and practice', *Annals of Intensive Care*, 13(1), pp.89.

Maldonado-Barragán, A., Mshana, S. E., Keenan, K., Ke, X., Gillespie, S. H., Stelling, J., Maina, J., Bazira, J., Muhwezi, I., Mushi, M. F., Green, D. L., Kesby, M., Lynch, A. G., Sabiiti, W., Sloan, D. J., Sandeman, A., Kiiru, J., Asiimwe, B., & Holden, M. T. G. (2024). **Predominance of multidrug-resistant bacteria causing urinary tract infections among symptomatic patients in East Africa: a call for action.** *JAC-Antimicrobial Resistance*, 6(1), Article dlae019.

Malhi, G. (2024) 'Clear aligners vs fixed appliances: Which treatment option presents a higher incidence of white spot lesions, plaque accumulation and salivary caries-associated bacteria?.', *Evidence-Based Dentistry*.

Mariappan, P., Johnston, A., Trail, M., Hamid, S., Dreyer, B.A., Ramsey, S., Boden, A., Maresca, G., Hasan, R., Hollins, G., Sharpe, C., Thomas, B.G., Padovani, L., Garau, R., Enriquez, J.G., Simpson, H., Bhatt, J., Ahmad, I., Chaudhry, A.H., Khan, R.S., Dimitropoulos, K., Graham, C. and Hendry, D. (2023) 'Phase IV translational research by outcome audit confirms relevance of and informs changes to national quality performance indicators (QPIs) for NMIBC', *J.Clini Urol.*, [P13-6]

Mariappan, P., Johnston, A., Trail, M., Hamid, S., Hollins, G., Dreyer, B.A., Ramsey, S., Padovani, L., Guerrero Enriquez, J., Simpson, H., Hasan, R., Sharpe, C., Thomas, B.G., Bhatt, J., Ahmad, I., Nandwani, G.M., Chaudhry, A., Boden, A., Khan, R., Maresca, G., Dimitropoulos, K., Graham, C. and Hendry, D. (2023) **'Can repeat TURBT in patients presenting with high grade ta urothelial carcinoma be more nuanced?.'**, *European Urology*, Conference: EAU23 - 38th Annual EAU Congress. Pages s999-s1000. Milan Italy. Date of Publication, February 2023.

Mariappan, P., Johnston, A., Trail, M., Hamid, S., Hollins, G., Dreyer, B.A., Ramsey, S., Padovani, L., Garau, R., Enriquez, J.G., Boden, A., Maresca, G., Simpson, H., Hasan, R., Sharpe, C., Thomas, B.G., Chaudhry, A.H., Khan, R.S., Bhatt, J.R., Ahmad, I., Nandwani, G.M., Dimitropoulos, K., Makaroff, L., Shaw, J., Graham, C. and Hendry, D. (2024) **'Achieving benchmarks for national quality indicators reduces recurrence and progression in non-muscle-invasive bladder cancer.'**, *European Urology Oncology*, 2024.

Markiewicz, M., Stirling, P., Brennan, S., Hooper, G. and Lam, W. (2023) **'Age-related changes in patients with upper limb thalidomide embryopathy in the united kingdom.'**, *The Journal of Hand Surgery, European Volume*.

Mc Goldrick, N. and O'Keefe, E. (2024) **'Lessons learned from contact tracing COVID-19 cases in dental settings in east Scotland.'**, *Community Dental Health*. [Abstract Only]

McCartney, M., Metsis, K., MacDonald, R., Sullivan, F., Ozakinci, G., & Boylan, A-M. (2023). **'You feel like you've been duped': is the current system for health professionals declaring potential conflicts of interest in the UK fit for purpose? A mixed methods study.** *BMJ Open*, 13(7), [e072996].

McCartney, M., Sullivan, F., & Abbasi, K. (2024). **Captured by design: the drug industry and UK healthcare.** *The BMJ*, 384, Article q408.

McEachan, J.E. and Jerome, J.T.J. (2023) **'From art to science: Patient-reported outcomes in hand surgery.'**, *Journal of Hand and Microsurgery*, 15(3), pp.161-164. [abstract only]

McEachan, J.E., Dahlin, L.B., Ng, C.Y., Ring, D. and Ruettermann, M. (2024) **'Round table discussion: The management of idiopathic cubital tunnel syndrome.'**, *Journal of Hand Surgery: European Volume*, 17531934241238942.

McGovern, D.P., Lees, J.S., Traynor, J.P., Mackinnon, B., Bell, S., Hunter, R.W., Dhaun, N., Metcalfe, W., Kidder, D., Lim, M., Joss, N., Kelly, M., Taylor, A., Cousland, Z., Dey, V., Buck, K., Brix, S., Geddes, C.C., McQuarrie, E.P. and Stevens, K.I. (2023) **'Outcomes in ANCA-associated vasculitis in scotland: Validation of the renal risk score in a complete national cohort.'**, *Kidney International Reports*, 8(8), pp.1648-1656.

McGurnaghan, S.J., Caparrotta, T.M., Blackbourn, L.A.K., McKeigue, P.M. and Colhoun, H.M. (2023) *Diabetic Medicine*, Conference, P34.

McKee, E.D. and Clement, N.D. (2023) **'Does an adductor canal block influence patient-reported outcomes at one year following total knee arthroplasty?.'**, *Cureus*, 15(6), pp. e41123.

McKenzie, K., Tanfield, Y., Murray, G. and Sandhu, R. (2023) **'Facilitating the identification of intellectual disability in schools: A qualitative study of stakeholder views.'**, *Journal of Applied Research in Intellectual Disabilities*.

McNeill, E.R., Lucocq, J., Brown, K. and Kay, V. (2023) **'The impact on complication rates of delayed routine pessary reviews during the COVID-19 pandemic.'**, *International Urogynecology Journal*, 34(6), pp.1219-1225.

Mcquarrie, E., Bell, S., Campbell, J., Watters, C., Lakey, J., Metcalfe, W., Hunter, R., Stevens, K., Traynor, J., Cousland, Z., Joss, N., Walbaum, D., Kipgen, D., Crosby, J., Kelly, M., Dey, V., Buck, K., Methven, S., Stewart, G., Murugan, K., Conway, B. and Geddes, C.C. (2023) **'Safety of native and transplant kidney biopsy'**, *Nephrology, Dialysis, Transplantation : Official Publication of the European Dialysis and Transplant Association - European Renal Association*, . [Abstract Only]

Mcquarrie, E., Bell, S., Campbell, J., Watters, C., Lakey, J., Metcalfe, W., Hunter, R., Stevens, K., Traynor, J., Cousland, Z., Joss, N., Walbaum, D., Kipgen, D., Crosby, J., Kelly, M., Dey, V., Buck, K., Methven, S., Stewart, G., Murugan, K., Henderson, L., Conway, B. and Geddes, C.C. (2023) **'Native kidney biopsy: A national survey on, diagnoses and outcomes'**, *Nephrology, Dialysis, Transplantation : Official Publication of the European Dialysis and Transplant Association - European Renal Association*, . [Abstract Only]

McTeir, K., Thomson, J., Carrie, R., Pirie, D., Jamieson, K. and Anderson, J. (2023) **'Back breaking work: Development of direct to scan pathway for suspected cauda equina syndrome'**, . BMJ Journals, Emergency Medicine Journal. 40 (12) RCEM Annual Scientific Conference Glasgow 2023 Meeting Abstracts RCEM Lightning Papers

Melby, K., Farokhnia, M., Tolomeo, S., Bhad, R., Bramnes, J. G., Baldacchino, A. M., Rao, R., Kandasami, G., Butner, J. L., Phan, V., Fonseca, F., Rafei, P., Jiang, L., Georgios, T., & Dom, G. (2023). **International perspectives on opioid use disorder and treatment: results from an online convenience sample.** Heroin Addiction and Related Clinical Problems, [Ahead of Print.]

Mellor, J., Jiang, W., Fleming, A., McGurnaghan, S.J., Blackbourn, L., Styles, C., Storkey, A.J., McKeigue, P.M. and Colhoun, H.M. (2023) **'Can deep learning on retinal images augment known risk factors for cardiovascular disease prediction in diabetes? A prospective cohort study from the national screening programme in scotland.'**, *International Journal of Medical Informatics*, 175, pp.105072.

Mellor, J., Jiang, W., Fleming, A., McGurnaghan, S.J., Blackburn, L.A.K., Styles, C., Storkey, A., McKeigue, P.M. and Colhoun, H.M. (2024) '**Prediction of retinopathy progression using deep learning on retinal images within the scottish screening programme.**', *British Journal of Ophthalmology*.

Morgan, E., Wiggins, J., Mowbray, M. and Tidman, M. (2023) '**Acrodermatitis chronica atrophicans: A sign of late Lyme disease**', *The British Journal of Dermatology*. [Abstract Only]

Mowbray, M. and Christie, E. (2023) '**Review of a dermatology nurse-led hair service**', *The British Journal of Dermatology*. [Abstract Only]

Mpagama, S. G., Mvungi, H. C., Mbelele, P. M., Semvua, H. H., Liyoyo, A. A., de Guex, K. P., Sloan, D., Kibiki, G. S., Boeree, M., Phillips, P. P. J., & Heysell, S. K. (2023). **Protocol for a feasibility randomized controlled trial to evaluate the efficacy, safety and tolerability of N-acetylcysteine in reducing adverse drug reactions among adults treated for multidrug-resistant tuberculosis in Tanzania.** *Pilot and Feasibility Studies*, 9, [55].

Nabisere-Arinaitwe, R., Namatende-Sakwa, L., Bayiga, J., Nampala, J., Alinaitwe, L., Aber, F., Otaalo, B., Musaazi, J., King, R., Kesby, M., Sloan, D. J. & Sekaggya-Wiltshire, C. (2023). **"It is not easy": experiences of people living with HIV and tuberculosis on Tuberculosis treatment in Uganda.** *Journal of Clinical Tuberculosis and Other Mycobacterial Diseases*, 33, [100385].

Nabisere-Arinaitwe, R., Namatende-Sakwa, L., Bayiga, J., Nampala, J., Alinaitwe, L., Aber, F., Otaalo, B., Musaazi, J., King, R., Kesby, M., Sloan, D. J., & Sekaggya-Wiltshire, C. (2023). **"It is not easy": experiences of people living with HIV and tuberculosis on Tuberculosis treatment in Uganda.** *Journal of Clinical Tuberculosis and Other Mycobacterial Diseases*, 33, Article 100385. Advance online publication.

Ng, N., Smith, T., Leow, J.M. and Williams, M. (2023) conference abstract '**Optimising pre-operative intravenous fluids to reduce the incidence of acute kidney injury in hip fracture patients**', . *British Journal of Surgery* Vol 110 (7).

Olamijuwon, E. O., Keenan, K. L., Mushi, M. F., Kansiime, C., Konje, E. T., Kesby, M., Neema, S., Asimwe, B., Mshana, S. E., Fredricks, K. J., Sunday, B., Bazira, J., Sandeman, A. F., Sloan, D. J., Mwanga, J. R., Sabiiti, W., Holden, M., & CARE Consortium (2024). **Treatment seeking and antibiotic use for urinary tract infection symptoms in the time of COVID-19 in Tanzania and Uganda.** *Journal of Global Health*, 14, Article 05007. Advance online publication.

O'Neill, B., Yusuf, A., Lofters, A., Huang, A., Ekeleme, N., Kiran, T., Greiver, M., Sullivan, F., & Kurdyak, P. (2023). **Breast Cancer Screening Among Females With and Without Schizophrenia.** *JAMA network open*, 6(11).

Parker, R., Allison, M., Anderson, S., Aspinall, R., Bardell, S., Bains, V., Buchanan, R., Corless, L., Davidson, J., Dundas, P. et al (2023) **'Quality standards for the management of alcohol-related liver disease: Consensus recommendations from the british association for the study of the liver and british society of gastroenterology ARLD special interest group.'**, *BMJ Open Gastroenterology*, 10(1), pp.10.

Parkes, T., Foster, R., McAuley, A., Steven, D., Matheson, C. and Baldacchino, A. (2023). **'Chronic pain, prescribed opioids and overdose risk: A qualitative exploration of the views of affected individuals and family members'**, *Drugs: Education, Prevention & Policy*, 30(3), pp.229-240.

Pascall, D.J., Vink, E., Blacow, R., Bulteel, N., Campbell, A., Campbell, R., Clifford, S., Davis, C., da Silva Filipe, A., El Sakka, N., Fjodorova, L., Forrest, R., Goldstein, E., Gunson, R., Haughney, J., Holden, M., Honour, P., Hughes, J., James, E., Lewis, T., Lycett, S., MacLean, O., McHugh, M., Mollett, G., Onishi, Y., Parcell, B., Ray, S., Robertson, D.L., Shabaan, S., Shepherd, J.G., Smollett, K., Templeton, K., Wastnedge, E., Wilkie, C., Williams, T. and Thomson, E.C. (2023) **'The SARS-CoV-2 alpha variant was associated with increased clinical severity of COVID-19 in scotland: A genomics-based retrospective cohort analysis.'**, *PLoS ONE [Electronic Resource]*, 18(4).

Pascall, D.J., Vink, E., Blacow, R., Bulteel, N., Campbell, A., Campbell, R., Clifford, S., Davis, C., da Silva Filipe, A., El Sakka, N., Fjodorova, L., Forrest, R., Goldstein, E. et al. (2023) **'Directions of change in intrinsic case severity across successive SARS-CoV-2 variant waves have been inconsistent.'**, *Journal of Infection*. [Abstract Only]

Persaud, N., Bedard, M., Boozary, A., Glazier, R. H., Gomes, T., Hwang, S. W., Jüni, P., Law, M. R., Mamdani, M., Manns, B., Martin, D., Morgan, S. G., Oh, P., Pinto, A. D., Shah, B. R., Sullivan, F., Umali, N., Thorpe, K. E., Tu, K., ... CLEAN Meds study team (2023). **Effect of free medicine distribution on health care costs in Canada over 3 years: a secondary analysis of the CLEAN meds randomized clinical trial.** *JAMA Health Forum*, 4(5).

Presslie, C., Pauley, E., Barrett, F., Bell, C., Blackstock, C., Dawson, J., Dicks, P., Doherty, C., Gilmour, D., Ho, A., Jones, L., Levin, R., McFadzean, J., MacLeod, A., McGregor, A., McMahon, M., Moreland, G., Prentice, L., Shaw, A., Turner, A., Van Dijke, M., Ward, C., Swann, O., Docherty, A., Langley, R. and Williams, T. (2023) **'Establishing the healthcare burden of COVID-19 in children and young people in scotland in the first year of the pandemic'**.

Purvis, P. and Francis, O. (2023) **'Prone position ventilation in non-intubated, spontaneously ventilating patients: New guidance from the intensive care society (UK) and existing evidence.'**, *The Journal of the Intensive Care Society*, 24(3 Suppl), pp.20-21.

Quinn, S., Rhynas, S.J., Gowland, S., Cameron, L., Braid, N., Holloway, A. and O'Connor, S. (2023) 'Evaluating a visual communications tool to explore risk and safety with nurses and patients within an intellectual disability forensic service: A pilot study', *Journal of Intellectual & Developmental Disability*, 48(3), pp.284-299.

Radley, A., Beer, L., Rushdi, D., Close, H., McBurney, S., Mackenzie, A., Gourlay, A., Barnett, A., Grant, A., Greig, N., Dow, E. and Sutherland, C. (2023) 'Implementation of point-of-care HbA1C instruments into community pharmacies: Initial development of a pathway for robust community testing.', *Annals of Clinical Biochemistry*, 45632231219380

RECOVERY Collaborative Group, Dhasmana, D.J (2023). **Higher dose corticosteroids in patients admitted to hospital with COVID-19 who are hypoxic but not requiring ventilatory support (RECOVERY): a randomised, controlled, open-label, platform trial.** *Lancet* (London, England).

Reppell, M., Smaoui, N., Waring, J.F., Pivorunas., Jafferbhoy, H., Selinger, C.P. et al (2024) 'Baseline expression of immune gene modules in blood is associated with primary response to anti-TNF therapy in crohn's disease patients.', *Journal of Crohn's and Colitis*, 18(3), pp.431-445.

Rezapour, T., Rafei, P., Baldacchino, A., Conrod, P. J., Dom, G., Fishbein, D. H., Kazemi, A., Hendriks, V., Newton, N., Riggs, N. R., Squeglia, L. M., Teesson, M., Vassileva, J., Verdejo-Garcia, A., & Ekhtiari, H. (2024). **Neuroscience-informed classification of prevention interventions in substance use disorders: an RDoC-based approach.** *Neuroscience and Biobehavioral Reviews*, In Press, Article 105578. Advance online publication.

Riley, R., Causer, H., Patrick, L. and Rogowsky, R. (2024) 'Why are dominant suicidology approaches failing nurses? A call for a feminist critical suicidology perspective.', *Journal of Advanced Nursing*, 80(4), pp.1245-1247.

Ring, D., McEachan, J.E. and Dean, B.J.F. (2023) 'Clinical faceoff: Strategies for management of suspected scaphoid fractures.', *Clinical Orthopaedics & Related Research*.

Rossios, C., Bashir, T., Achison, M., Adamson, S., Akpan, A., Aspray, T., Avenell, A., Band, M.M., Burton, L.A., Cvoro, V., Donnan, P.T., Duncan, G.W., George, J., Gordon, A.L., Gregson, C.L., Hapca, A., Hume, C., Jackson, T.A., Kerr, S., Kilgour, A., Masud, T., McKenzie, A., McKenzie, E., Patel, H., Pilvinyte, K., Roberts, H.C., Sayer, A.A., Smith, K.T., Soiza, R.L., Steves, C.J., Struthers, A.D., Tiwari, D., Whitney, J., Witham, M.D. and Kemp, P.R. (2023) 'ACE I/D genotype associates with strength in sarcopenic men but not with response to ACE inhibitor therapy in older adults with sarcopenia: Results from the LACE trial.', *PLoS ONE [Electronic Resource]*, 18(10), pp.e0292402.

Ryan, C.G., Karran, E.L., Wallwork, S.B., Pate, J.W., O'Keeffe, M., Fullen, B.M., Livadas, N., Jones, N., Toumbourou, J.W., Gilchrist, P., Cameron, P.A., Fatoye, F., Ravindran, D. and Lorimer Moseley, G. (2023) **'We are all in this together-whole of community pain science education campaigns to promote better management of persistent pain.'**, *Journal of Pain*.

Saad, A., AzuaraBlanco, A., Styles, C., Bailey, C., McAuley, D., Steel, D.H., Ghanchi, F.D., Menon, G., Eleftheriadis, H., Efraimidis, S., Cook, J., Wang, A., Sones, W., Acharya, N., Lois, N., Waugh, N., Mistry, H., Maredza, M., Fatum, S., Sivaprasad, S., Aldington, S., Scanlon, P.H., Ivanova, K., Aslam, T.M., Chong, V., Jackson, A., McNally, C., Rice, R. and Prior, L. (2023) **'Patients views on a new surveillance pathway involving allied non-medical staff for people with treated diabetic macular oedema and proliferative diabetic retinopathy.'**, *Eye (Basingstoke)*, 37(6), pp.1155-1159.

Sado, K., Keenan, K., Manataki, A., Kesby, M., Mushi, M. F., Mshana, S. E., Mwangi, J. R., Neema, S., Asiimwe, B., Bazira, J., Kiiru, J., Green, D. L., Ke, X., Maldonado-Barragán, A., Abed Al Ahad, M., Fredricks, K. J., Gillespie, S. H., Sabiiti, W., Mmbaga, B. T., Sloan, D.J. ... Consortium, O. B. O. HATUA. (2024). **Treatment seeking behaviours, antibiotic use and relationships to multi-drug resistance: a study of urinary tract infection patients in Kenya, Tanzania and Uganda.** *PLOS Global Public Health*, 4(2), Article e0002709.

Schofield, J., Parkes, T., Mercer, F., Foster, R., Hnízdilová, K., Matheson, C., Steele, W., McAuley, A., Raeburn, F., Skea, L., & Baldacchino, A. (2023). **Feasibility and acceptability of an overdose prevention intervention delivered by community pharmacists for patients prescribed opioids for chronic non-cancer pain.** *Pharmacy*, 11(3), [88].

Scobie, H., Robb, K.A., Macdonald, S., Harrow, S. and Sullivan, F. (2023) **'Optimising recruitment to a lung cancer screening trial: A comparison of general practitioner and community-based recruitment.'**, *Journal of Medical Screening*, 9691413231190785.

Scott, C., Yapp, L.Z., Howard, T., Patton, J.T. and Moran, M. (2023) **'Surgical approaches to periprosthetic femoral fractures for plate fixation or revision arthroplasty.'**, *Bone & Joint Journal*, 105-B (6), pp.593-601.

Semple, C. (2024) **'As a solo parent and a doctor, I know firsthand the challenge of balancing childcare and career.'**, *Bmj*, 384, pp. q319.

Shaniv, D., Bolisetty, S., Young, T.E., Mangum, B., Ainsworth, S., Elbers, L., Schultz, P., Cucchi, M., de Wildt, S.N., van der Zanden, T.M., Caldwell, N., Smits, A. and Allegaert, K. (2023) **'Neonatal drug formularies-A global scope.'**, *Children*, 10(5).

Sinha, S., Fenning, S., Mills, S., Porteous, L., Bradshaw, S., Haldane, N. and Bowden, J. (2023) **'Advanced cancer care in the community in scotland: A national survey of general practitioners.'**, *BMJ Supportive and Palliative Care.Conference: Palliative Care Congress*,

Sustaining each Other, Growing Together. Edinburgh United Kingdom, 13(Supplement 3) (pp A64).

Sivan, M., Ormerod, M. and Maini, R. (2023) 'Does timely vaccination help prevent post-viral conditions?.', *Bmj*, 383, pp.2633.

Smith, R., Bulteel, N., Alfonso, A. and Gupta, S. (2023) 'Successful treatment of severe calciphylaxis in a renal transplant patient with previous total parathyroidectomy.', *The Journal of the Royal College of Physicians of Edinburgh*, pp.14782715231184519. [Abstract Only]

Staniszewski, B., Atukunda, I., Kousha, O., Kitema, G.F. and Blaikie, A. (2023) 'A new technique for teaching the fundal reflex test and fundoscopy: 'Screen casting' with the arclight direct ophthalmoscope attached to the camera of a mobile phone.', *Eye*. Advanced Publication.

Stirling, P.H.C., McEachan, J.E., Rodrigues, J.N. and Harrison, C.J. (2023) 'QuickDASH questionnaire items behave as 2 distinct subscales rather than one scale in dupuytren's disease.', *Journal of Hand Therapy*, 36(1), pp.228-233.

Stirling, P.H.C., McEachan, J.E., Rodrigues, J.N. and Harrison, C.J. (2023) 'Improving the structural validity of the QuickDASH questionnaire: Exploratory factor analysis and structural equation modelling in 1798 patients with carpal tunnel syndrome', *Journal of Hand Therapy*, 36(3), pp.523-527.

Stirling, P.H.C., McEachan, J.E., Rodrigues, J.N., Geoghegan, L. and Harrison, C.J. (2024) 'Modified scoring of the QuickDASH can achieve previously-unattained interval-level measurement in dupuytren disease and carpal tunnel syndrome.', *Plastic and Reconstructive Surgery - Global Open*, 12(2).

Stirling, P.H.C., Yapp, L.Z. and McEachan, J.E. (2023) 'Should 6- or 12-month outcomes be used after carpal tunnel decompression?.', *The Journal of Hand Surgery, European Volume*, pp.17531934231210067.

Stirrat, L.I., Tydeman, F., Suff, N., Hall, M., English, W.J., Shennan, A.H. and Tydeman, G. (2023) 'Cervical cerclage technique: What do experts actually achieve?.', *American Journal of Obstetrics and Gynecology MFM*, 5(7).

Tay Wee Teck, J., Gittins, R., Zlatkute, G., Oteo Perez, A., Galea-Singer, S. and Baldacchino, A. (2023) 'Developing a theoretically informed implementation model for telemedicine-delivered medication for opioid use disorder: Qualitative study with key informants.', *JMIR Mental Health*, 10, pp. e47186.

Tay Wee Teck, J., Oteo Perez, A., & Baldacchino, A. M. (2023). **Rapid opioid overdose response system technologies.** *Current Opinion in Psychiatry*.

Tay, J., Butner, J., & Baldacchino, A. M. (2023). **Understanding the use of telemedicine across different Opioid Use Disorder (OUD) treatment models: a scoping review.** *Journal of Telemedicine and Telecare*.

Taylor, A.S., Au, S., Krivankova, B., Asanai, K. and Manimaran, N. (2024) '**Carbon footprint of laparoscopic right hemicolectomy.**', *British Journal of Surgery*, 111(1).

Tolomeo, S., Baldacchino, A., & Steele, J. D. (2023). **Blunted expected reward value signals in binge alcohol drinkers.** *The Journal of Neuroscience*, 43(31), 5685-5692.

Torrance, N., MacIver, E., Adams, N. N., Skåtun, D., Scott, N., Kennedy, C., Douglas, F., Hernandez-Santiago, V., & Grant, A. (2023). **Lived experience of work and long COVID in healthcare staff.** *Occupational Medicine*, Advance Article. Advance online publication.

Tsan, S.E.H., Viknaswaran, N.L., Cheong, C.C., Cheah, S., Ng, K.T., Mong, S.X.Y. and Wang, C.Y. (2023) '**Prophylactic intravenous tranexamic acid and thromboembolism in non-cardiac surgery: A systematic review, meta-analysis and trial sequential analysis.**', *Anaesthesia*, 78(9), pp.1153-1161.

Tsiapakidou, S., Mahmood, T. and Savona-Ventura, C. (2023) '**The potential impact of tobacco use on female fertility and pregnancy outcomes: An invited scientific review by EBCOG**', *European Journal of Obstetrics, Gynecology, & Reproductive Biology*, 290, pp.85-87.

Turnbull, G.S., Akhtar, M.A., Dunstan, E.R.R. and Ballantyne, J.A. (2024) '**Experience of an anatomic femoral stem in a united kingdom center - excellent survivorship and negligible periprosthetic fracture rates at mean 12 years following primary total hip arthroplasty.**', *Journal of Arthroplasty*, 39(1), pp.187-192.

Vargesson, N., Hooper, G., Giddins, G., Hunter, A., Stirling, P. and Lam, W. (2023) '**Thalidomide upper limb embryopathy - pathogenesis, past and present management and future considerations**', *Journal of Hand Surgery: European Volume*, 17531934231177425.

Vella, A., SavonaVentura, C. and Mahmood, T. (2023) '**Harmful effects of opioid use in pregnancy: A scientific review commissioned by the european board and college of obstetrics and gynaecology (EBCOG)**', *European Journal of Obstetrics, Gynecology, & Reproductive Biology*, 286, pp.70-75.

Walker, K.G., Shah, A.P., Brennan, P.M., Blackhall, V.I., Nicol, L.G., Yalamarthy, S., Vella, M. and Cleland, J. (2023) '**Scotland's "incentivised laparoscopy practice" programme: Engaging**

trainees with take-home laparoscopy simulation.', *The Surgeon: Journal of the Royal Colleges of Surgeons of Edinburgh and Ireland*, 21(3), pp.190-197.

Wardlaw, J., Doubal, F., Cvoro, V., Werring, D., England, T., Hassan, A., Bamford, J.M., Woodhouse, L., Mhlanga, I.I., Roffe, C., O'Brien, J. and Bath, P. (2023) 'Isosorbide mononitrate, cilostazol and their combination for one year: Effect on cognitive outcomes', *Eur.Stroke J.* [Abstract Only]

Wardlaw, J.M., Mhlanga, I., Woodhouse, L., Doubal, F., Cvoro, V., England, T., Werring, D. and Bath, P. (2023) LB0021 'Effects of isosorbide mononitrate and cilostazol on brain mri findings at one year', .

Wardlaw, J.M., Woodhouse, L.J., Mhlanga, I.I., Oatey, K., Heye, A.K., Bamford, J., Cvoro, V., Doubal, F.N., England, T., Hassan, A., Montgomery, A., O'Brien, J.T., Roffe, C., Sprigg, N., Werring, D.J. and Bath, P.M. (2023) 'Isosorbide mononitrate and cilostazol treatment in patients with symptomatic cerebral small vessel disease: The lacunar intervention trial-2 (LACI-2) randomized clinical trial.', *JAMA Neurology*, .

Wei, C., SzewczykBieda, M., Bates, A.S., Donnan, P.T., Rauchhaus, P., Gandy, S., Ragupathy, S.K.A., Singh, P., Coll, K., Serhan, J., Wilson, J. and Nabi, G. (2023) 'Multicenter randomized trial assessing MRI and image-guided biopsy for suspected prostate cancer: The MULTIPROS study.', *Radiology*, 308(1), pp. e221428.

Wilkin, K., Fang, M.L. and Sixsmith, J. (2024) 'Implementing advance care planning in palliative and end of life care: A scoping review of community nursing perspectives', *BMC Geriatrics*, 24(1), pp.294.

Wilson, J. A., O'Hara, J., Fouweather, T., Homer, T., Stocken, D. D., Vale, L., Haighton, C., Rousseau, N., Wilson, R., McSweeney, L., Wilkes, S., Morrison, J., MacKenzie, K., Ah-See, K., Carrie, S., Hopkins, C., Howe, N., Hussain, M., Mehanna, H., ... Teare, M. D. Sullivan, E. (2023). **Conservative management versus tonsillectomy in adults with recurrent acute tonsillitis in the UK (NATTINA): a multicentre, open-label, randomised controlled trial.** *The Lancet*.

Wilson, N.M., Calabria, C., Warren, A., Finlay, A., O'Donovan, A., Passerello, G.L., Ribaric, N.L., Ward, P., Gillespie, R., Farrel, R., McNarry, A.F. and Pan, D. (2023) 'Quantifying hospital environmental ventilation using carbon dioxide monitoring - a multicentre study.', *Anaesthesia*,

Wyper, G.M.A., McDonald, S.A., Haagsma, J.A., Devleeschauwer, B., Charalampous, P., Maini, R., Smith, P. and Pires, S.M. (2023) 'A proposal for further developing fatigue-related post COVID-19 health states for burden of disease studies.', *Archives of Public Health*, 81(1), pp.193.

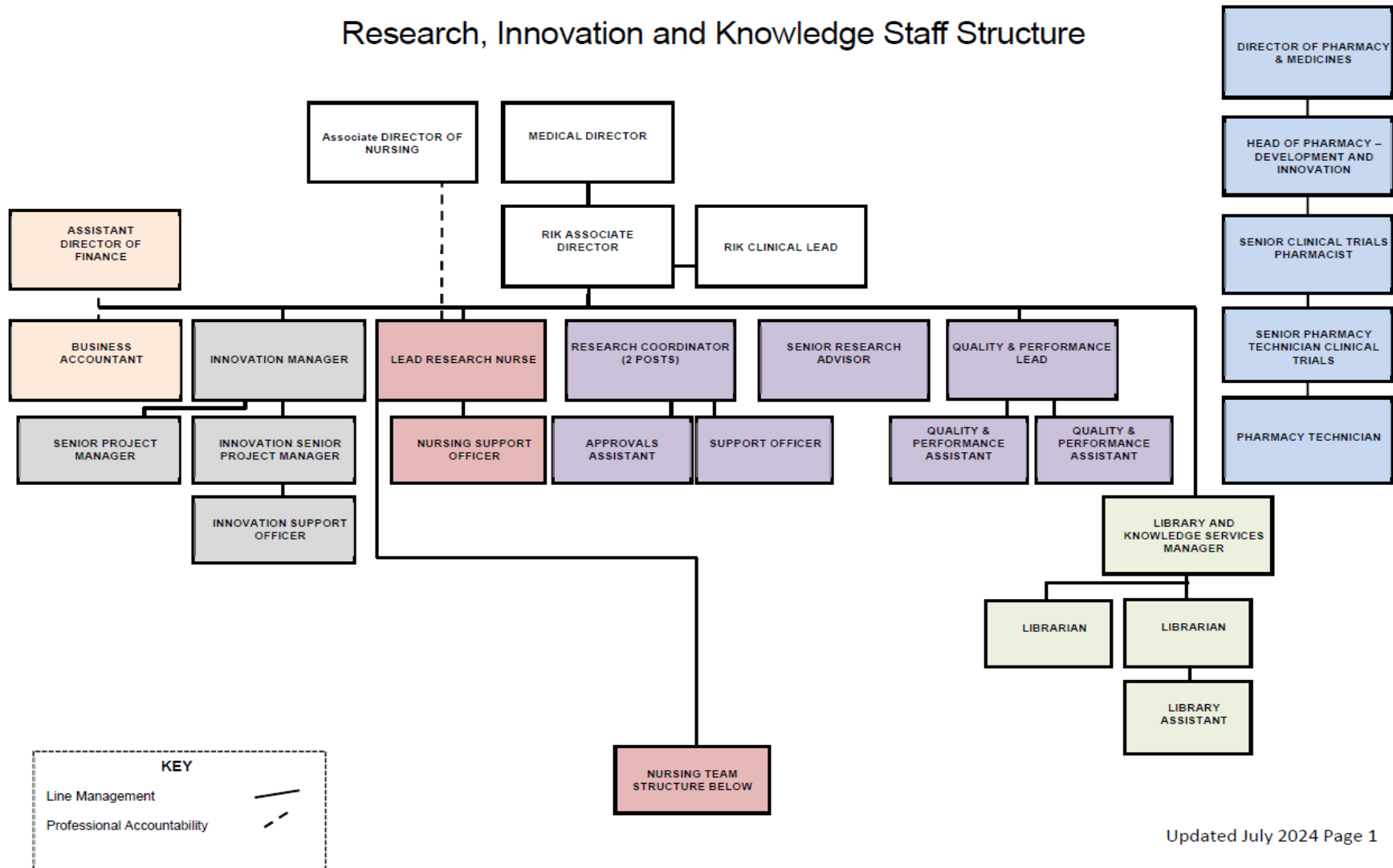
Young, S.L., Cheng, K.K.W., O'Connell, N., Sanders, R., and Agarwal, P.K. (2023) '**PACS plus criteria: A retrospective cohort review of 612 consecutive patients treated with bilateral YAG peripheral iridotomies.**', *Eye (Basingstoke)*, 37(18), pp.3834-3838.

Zachariou, M., Arandelovic, O., & Sloan, D. J. (2023). **Automated methods for tuberculosis detection/diagnosis: a literature review.** *BioMedInformatics*, 3(3).

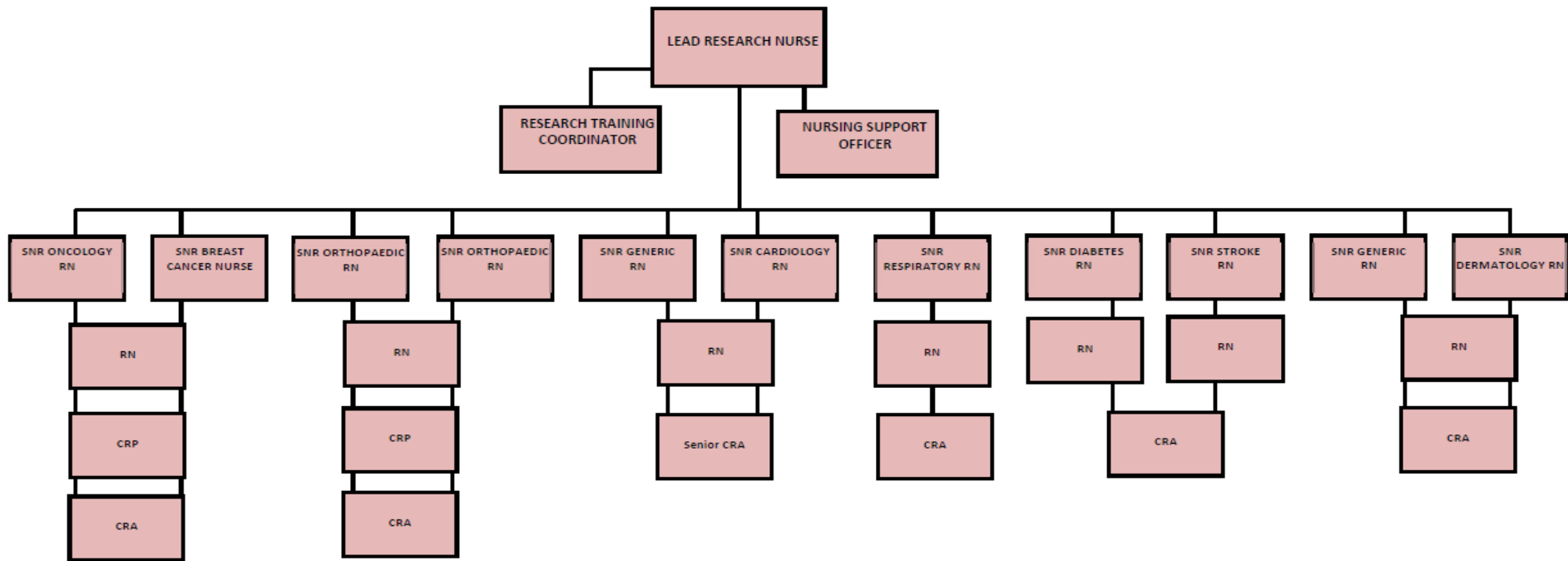
Zachariou, M., Arandjelović, O., Dombay, E., Sabiiti, W., Mtafya, B., Ntinginya, N. E., & Sloan, D. J. (2023). **Estimating phenotypic characteristics of tuberculosis bacteria.** *Computers in Biology and Medicine*, 167.

21. Appendix 1 – RIK Structure

Research, Innovation and Knowledge Staff Structure



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KEY
 RN: Research Nurse
 CRP: Clinical Research Practitioner
 CRA: Clinical Research Assistant

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AREA CLINICAL FORUM
(Meeting on 5 December 2024)

No issues were raised for escalation to the Clinical Governance Committee.

Fife NHS Board

Unconfirmed

MINUTES OF THE NHS FIFE AREA CLINICAL FORUM HELD ON THURSDAY 5 DECEMBER 2024 AT 2PM VIA MS TEAMS

Present:

Aileen Lawrie (Chair)
Aileen Boags, Lead Pharmacist
Jackie Fearn, Consultant Clinical Psychologist
Robyn Gunn, Head of Laboratory Services
Janette Keenan, Director of Nursing
Dr Susannah Mitchell, General Practitioner (*part*)
Nicola Robertson, Director of Nursing, Corporate

In Attendance:

Lorna Brocklesby, Occupational Therapy Manager (*deputising for Amanda Wong*)
Ian Campbell, Healthcare Chaplain (*item 1 - 5.2 only*)
Alistair Graham, Director of Digital & Information (*item 1 - 5.1 only*)
Sue Ponton, Head of Occupational Health Service (*item 7.1 only*)
Hazel Thomson, Board Committee Support Officer (Minutes)

1. Apologies for Absence

The Chair welcomed everyone to the meeting.

Apologies were received from members Emma O'Keefe (Consultant in Dental Public Health), Dr Chris McKenna (Medical Director), Stephen Halstead (Specialist Optometrist) and Amanda Wong (Director of Allied Health Professions).

2. Declarations of Members Interests

There were no declarations of interest from those present.

3. Minutes of the Previous Meeting held on 1 August 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 Digital Strategy Update

The Chair welcomed Alistair Graham, Director of Digital & Information to the meeting, who presented on the Digital Strategy, and advised that a Digital Framework is being developed which underpins the Population Health & Wellbeing Strategy.

Discussion followed the presentation. The high level of paper documentation for nursing & midwifery staff and the potential risk of not having a budget to introduce the infrastructure required to initiate digital records was raised. It was advised that investment is key, and through the Digital Information Programme, there will be investment in equipment within the ward areas. It was also advised that a new device, which will be mobile, is being trialled with some clinical leads. In line with business transformation, the importance of ensuring that current kit is working, and that support is available for new kit, was highlighted. In relation to training for Co-Pilot within Microsoft Office, it was reported that guidance is available, from a corporate business perspective, to support areas such as in report writing.

Concerns were raised in relation to the challenges with digital and information technology not working within General Practices. The Director of Digital & Information agreed to have an initial discussion with Dr S Mitchell, General Practitioner and report back to the Forum in 2025.

Action: Director of Digital & Information/S Mitchell, General Practitioner

It was reported that the approach to reporting suggestions or ideas in relation to digital and information technology is currently being reviewed. The Director of Digital & Information agreed to share the current method for reporting.

Action: Director of Digital & Information

The Chair offered to support testing of new systems or Apps within the Nursing & Midwifery Directorate.

5.2 Spiritual Care

The Chair welcomed Ian Campbell, Healthcare Chaplain, to the meeting who presented on Spiritual Care.

It was advised that demand for the service increases the more present the service is, which is subject to funding. The Healthcare Chaplain agreed to share the contact details for the Spiritual Care team.

Action: Healthcare Chaplain

An overview was provided on the work of the Spiritual Care team, who were commended for all their amazing work, particularly due to the limited amount of funding that is available in this area. The community listening service within General Practice was also commended, and it was noted that the service benefits time saving for health care workers within the practices. The Director of Nursing agreed to take forward an action to discuss with colleagues and explore potential additional resource for this service within GPs. It was also noted that other areas of spiritual care support are being explored.

Action: Director of Nursing

6. GOVERNANCE MATTERS

6.1 Nominations for Area Clinical Forum Chair

It was reported that the current Chair's term ends in February 2025, and that nominations are now open. Interested members to contact the Chair or Board Committee Support Officer for further detail.

6.2 ACF Mid-Year Assurance Report to NHS Fife Board – For Information

The ACF Mid-Year Assurance Report to the last Board meeting was presented to the Forum for information only.

6.3 Delivery of Annual Workplan 2024/25

It was agreed to add an update on the National Clinical Strategy Framework to the workplan.

Action: Board Committee Support Officer/Director of Nursing

The Forum took **assurance** from the annual workplan, and it was noted that there were no deferred items.

7. ANNUAL REPORTS

7.1 Occupational Health Annual Report 2023/24

The Chair welcomed Sue Ponton, Head of Occupational Health Service, to the meeting, who highlighted the key successes, challenges and insights into priority areas for future focus, from the Occupational Health Service.

Discussion followed, and an overview was provided on the resource challenges. Discussion also took place on the challenges of neurodivergent individuals. In relation to immunisations and vaccinations around pertussis, an overview was provided on the work that has been carried out, with it noted that attendance was very low at clinics and that further work is required around communications, information and education.

The Forum took a “**moderate**” level of assurance from the report.

8. UPDATES FROM EXTERNAL GROUPS

8.1 Area Clinical Forum Chairs Group for Scotland Update

The Chair reported that the main focus at the national ACF Chairs' Group was around developing a new induction pack for ACF Chair's.

9. LINKED MINUTES

The Forum **noted** the linked committee minutes:

9.1 Area Pharmaceutical Committee held on 18 September 2024 (unconfirmed)

The Lead Pharmacy agreed to check if there is representation from maternity on the Area Pharmaceutical Committee.

Action: Lead Pharmacy

Confirmation was provided that there are four travel vaccinations available on the NHS which are free to patients.

9.2 Healthcare Science held on 7 October 2024 (unconfirmed)

10. ESCALATION OF ISSUES TO THE CLINICAL GOVERNANCE COMMITTEE

There were no escalations to the Clinical Governance Committee

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

The next meeting will take place on **Thursday 6 February 2024** from 2pm – 3.30pm in the Boardroom, Staff Club, Victoria Hospital, Kirkcaldy.

AREA RADIATION PROTECTION COMMITTEE

(Meeting on 7 November 2024)

No issues were raised for escalation to the Clinical Governance Committee.

RADIATION PROTECTON COMMITTEE MEETING

Via Teams

Thursday, 7th November 2024

2pm – 3:30pm

Present:

Dr Chris McKenna (Chair)

Clare Parry, Clinical Scientist

Miriam Watts, General Manager, Surgical Directorate

Joanne Hogarth, X-ray Clinical Service Manager, RPS

Simon Willis, RPA, RWA

Neil McCormick, Director of Property and Asset Management

Emma Hall, Quality and Education Lead for NHSF, RPS

Lesley Henderson, X-ray Clinical Service Manager, RPS

Gill MacNaught, Lead MRI Physicist

Nicola MacDonald, RPA, Head of Radiation Protection

Debbie Slidders, RPS, Public Dental Service

Jane Anderson, General Manager for Women and Children's Clinical Services

Laura Cluny, Clinical Scientist in NM

Andy Ballantyne, Clinical Director for Orthopaedics

Cath Jack, Theatres Manager

1. Apologies:

Nick Weir, Consultant Physicist

Tom Hartley, Clinical Lead for Radiology

Louise Kroegler, Clinical Director for PDS

Kate Sexton, Clinical Scientist

Richard Scharff, Radiology Manager, Deputy RPS for NM

2. Minutes of previous meeting

- These were accepted.

3. REVIEW OF ACTION PLAN:

1. Radon
 - i. Included in RPA report (4b.)
 - ii. Repeat monitoring has identified radon levels at Kinghorn Medical Practice now fall below the action level.
 - iii. Repeat monitoring will be required in 5 years.
 - iv. This action can be closed.
2. Classification of NM workers
 - i. Included in RPA report (4b.)
 - ii. Radiographer staff in VHK still to be classified.
 1. Referrals will be made to Lothian OHS for health assessments late November.
 - iii. This action will remain open.

3. Orthopaedic surgeons and PPE
 - i. There has been a journal article that highlights the possibility of female surgeons having a higher prevalence of breast cancer and this has caused concern among staff. The concern is that certain types of axillary breast tissue are not being adequately protected by the PPE available.
 - ii. Additional lead PPE has been purchased for female staff to protect the axillary breast tissue to be worn underneath the existing PPE, and belts have also been purchased for the current lead tunics to ensure they fit properly.
 - iii. There is some work currently being undertaken in NHS Lothian around this issue and any results will be fed back at the next meeting.
 - iv. This action can be closed.

AGENDA ITEMS:

4. Annual Adviser Reports

- a. LPA: [4a. Laser Safety Report to NHS Fife RPC 2024.pdf](#)
 - i. Megan van Loon is LPA and will return from maternity leave February 2025.
 - ii. 5 LPS across NHS Fife.
 - iii. 9 Class 3R, 3B or 4 lasers across NHS Fife.
 - iv. 2 laser safety reviews completed.
 - v. In-house LPS training will be developed when team are back at full complement, but RP can advise on suitable courses in mean time.
 - vi. Optical radiation safety policy has been submitted to the policy review group.
 - vii. Newsletter will be developed to communicate any news to LPSs.
 - viii. [Laser safety page is available.](#)
 - ix. Team can be contacted via email at loth.lasers@nhs.scot
- b. RPA: [4b. RPA Update Fife RPC Nov 2024.pdf](#)
 - i. Radon, as above.
 - ii. RPS training courses run in June and November were well attended.
 - iii. Training for staff working with radionuclides is under review.
 - iv. The RP team were involved with emergency planning exercise NightStar involving a simulated incident where staff from A&E attended the simulation suite to treat the "casualty". This was a great learning opportunity and various procedures are being updated following the exercise.
 - v. HSE registrations have been updated.
 - vi. Work continues to prepare for consent applications.
 - vii. Classified workers, as above.
 - viii. RPA/RPA reviews have highlighted common issues with the testing of contingency plans and so short videos have been produced by RP for all modalities.
 - ix. Radiology and theatres
 1. No concerns with environmental monitoring.
 2. No concerns with risk assessments.
 3. No concerns with local rules.
 - x. Nuclear Medicine
 1. Passive monitoring continues to be carried out.
 2. Procedures for dose rate monitoring and wipe testing have been agreed and are being carried out.

3. Risk assessments and local rules will be reviewed by the end of the year.
- c. RWA: [4c. RWA report FRPC Nov 2024.pdf](#)
 - i. Last SEPA inspection was November 2022, a local inspector needs to be recruited by SEPA so no inspection will take place this year.
 - ii. Notification with SEPA for the use of radioactive sources at VHK will require renewal in May 2025.
 - iii. Work with radioactive materials at QMH follows the General Binding Rules and does not require any additional notification.
 - iv. The RWA will visit VHK radionuclide imaging department for the annual visit on 20/11/24.
 - d. MRSE
 - i. 5 MRI Incidents since previous meeting
 1. All near misses from undeclared implants/devices from referrer.
 - ii. Environmental monitoring spreadsheet has been acquired to help keep track of oxygen levels, temperature, and humidity of the scan room.
 - iii. A general trend in Scotland is an increase in off label scanning. This is where it is not possible to meet the MR conditions specified by the manufacturer for an implant/device and an off-label risk assessment is completed. A Consultant radiologist is then required to justify it and decide if the clinical benefit will outweigh the risk.
 - iv. Training
 1. MR physics now hosts a comprehensive set of training videos and other materials on their SharePoint page.
 2. This was discussed at the latest MR safety committee, and it was decided that training should be carried out from this platform rather than TURAS.
 3. JA and GM to discuss.

5. Radiation Incidents

[5. NHS Fife July-September 2024 radiation incident report.pdf](#)

- 40 ionising radiation incidents in July – September 2024.
- Only 3 of these were related to IRR.
- 2 of these were notifiable:
 - HIS – VHK, Wrong Patient (referrer error) – the wrong patient received a knee x-ray because TRAK was open on the previous patient.
 - IRIC – VHK, Repeat Exam – the patient received a repeat x-ray of their femur due to a blank image appearing after the exposure despite the correct detector being selected. The manufacturer is investigating the log files.

6. AOB

- Michelle Rooney and Clare Parry are leaving NHS Lothian and the committee thanked them for their work during their time on the committee.

7. Date of next meeting – 2025 TBC

CLINICAL GOVERNANCE OVERSIGHT GROUP

(Meeting on 22 October 2024)

No issues were raised for escalation to the Clinical Governance Committee.

CONFIRMED MEETING NOTE OF THE NHS FIFE CLINICAL GOVERNANCE OVERSIGHT GROUP HELD ON TUESDAY 22nd OCTOBER 2024 via MICROSOFT TEAMS

Attendees

Jane Anderson (JA)	Interim General Manager, Women & Children’s Services
Lynn Barker (LB)	Director of Nursing, Health & Social Care Partnership
Norma Beveridge (NB)	Director of Nursing, Acute Services Division
Dr Stephen Fenning (SF)	Associate Director of Medical Education
Fiona Forrest (FF)	Acting Director of Pharmacy & Medicines
Claire Fulton (CF)	Lead for Adverse Events
Catherine Gilvear (CG)	Fife HSCP Quality, Clinical Care & Governance Lead
Robyn Gunn (RG)	Lead Healthcare Scientist
Dr Helen Hellewell (HH)	Deputy Medical Director, Health & Social Care Partnership
Siobhan McIlroy (SM)	Head of Patient Experience
Dr Iain MacLeod (IM)	Deputy Medical Director, Acute Services Division
Dr Chris McKenna (CMcK) (Chair)	Medical Director, NHS Fife
Dr John Morrice (JM)	Associate Medical Director of Women & Children’s Services
Elizabeth Muir (EM)	Clinical Effectiveness Manager
Marie Richmond (MR)	Head of Digital Strategic Delivery
Nicola Robertson (NR)	Director of Nursing, Corporate
Jillian Torrens (JT)	Head of Complex & Critical Care,
Amanda Wong (AW)	Director of Allied Health Professions

In Attendance

Bryan Archibald (BA)	Planning & Performance Manager
Susan Fraser (S Fraser)	Associate Director of Planning & Performance
David Moyle (DM)	Programme Manager, Digital & Information
Victoria Robb (VR)	Lead Pharmacist, Medicines Safety
April Robertson (AR)	Clinical Governance Administrator (Minute Taker)

Apologies

Dr Sue Blair (SB)	Consultant in Occupational Medicine
Gemma Couser (GC)	Associate Director of Quality & Clinical Governance
Andy Durden (AD)	Chief Registrar, Obstetrics & Gyneacology
Janette Keenan (JK)	Director of Nursing, NHS Fife
Aileen Lawrie (AL)	Director of Midwifery
Dr Sally McCormack (SMcC)	Associate Medical Director for Medical & Surgical Directorate
Shirley-Anne Savage (SAS)	Associate Director for Risk & Professional Standards
Gavin Simpson (GS)	Consultant Anaesthetics
Prof Morwenna Wood (MW)	Director of Medical Education

	Items	Action
1	Apologies for Absence	
	Apologies for absence were noted from the above members.	
2	Minutes of the last meeting held on 20th August 2024	
	The Group confirmed that the note from the meeting held on the 20 th August 2024 was an accurate record.	

3	Matters Arising/Action List	
3.1	NHS Fife Clinical Governance Oversight Group Terms of Reference	
	The terms of reference were approved by the group with one amendment to change the title Head of Laboratory Services to Lead Healthcare Scientist. Dr McKenna asked for the terms of reference to come back to the group in six months' time.	
3.2	SBAR NHS Fife Local Targets Sign-off Process	
	<p>BA explained to the Group that;</p> <ul style="list-style-type: none"> • The IPQR includes a section on Quality & Care, informing Clinical Governance Committee of performance against a range of key indicators. Quality & Care is one of 5 sections within IPQR that is presented to NHS Fife Board. • There are 15 indicators within Quality & Care section of the IPQR, of which three have defined national targets (all Healthcare Associated Infections indicators; CDI, SAB, ECB)- these have been unchanged since 2019. There are two with a national aim (both inpatient falls indicators) but there was an acknowledgement by Health Improvement Scotland (HIS) that NHS Boards were starting from different positions and recording of 'harm' was inconsistent across Scotland, therefore there was an allowance to define local aim. • There are further four indicators where targets were defined locally with no additional national guidance: LAER/SAER Actions, Pressure Ulcers as well as Stage 1 and Stage 2 Complaints. • The other 6 indicators currently have no defined targets. These are Major/ Extreme Adverse Events, HSMR and 4 x Mental Health Incidents. <p>CMcK thank BA for the presentation, stating this gave the group assurance as to how the targets contained within the IPQR have been agreed.</p>	
3.3	SBAR NHS Fife Adverse Events Improvement Plan	
	<p>CF spoke to the improvement plan the paper coming to the Group is to seek endorsement on proposed changes that are emergent from the change to the adverse events clinical trigger list previous presented in April 2024.</p> <p>CF provided the following update;</p> <p>Adverse Events Improvement Plan provides detail and progress on areas of improvement identified for 2024/2025, broadly these are:</p> <ul style="list-style-type: none"> • Reporting; • Reviewing; • Learning and improving from adverse events; and • Improving support and engagement of patient/families and staff with the process. • Adverse Events Trigger List has been updated to align with Healthcare Improvement Scotland, Reporting and Learning from Adverse Events – A National Framework <p>There are two key changes that have emerged from the agreed update to the Adverse Events Trigger List, these are:</p>	
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	<ul style="list-style-type: none"> Type of events triggering major and extreme harm Review and learning from events which are proposed not to trigger major/ extreme <p>The following points were presented for endorsement from this meeting:</p> <ul style="list-style-type: none"> The trigger list is implemented from 6th January 2025 to allow time for all the necessary changes to process to be described and documented. Ownership of changes detailed in sections 1.7 and 1.8 of the improvement plan are agreed or reassigned. Relevant documents as detailed in section 1.7 and 1.8 are submitted to Adverse Events Lead timely to allow the updated processes and associated terms of reference / process maps / templates to be presented as part of the overall package of adverse event reviews to CGOG on 10th December 2024. <p>These points and the timescale were discussed and agreed achievable.</p>	CF
4	PATIENT EXPERIENCE	
4.1	NHS Fife Patient Experience Flash Cards	
	<p>SM shared the Flashcard with the Group highlighting;</p> <p>The work around Stage 1 (S1) complaints and local resolutions to close these within the 5-day target or 10 days where an extension has been authorised. This has resulted in a significant reduction in the amount of open S1 complaints.</p> <p>S2 complaints - there has been a vast improvement of days taken to close a complaint from this time last year, from 94 days to 44 days. “Acknowledged on time” (which sits within the Patient Experience Team) has remained at 100% for the last 3 months.</p> <p>There has been an increase in “patient stories” within the Acute Division from 299 in September 2023 to 386 in September 2024. These were responded to 484 times, and they've been read more than 32,538 times, a 60% increase from last year. Within Health and Social Care Partnership there has been a real focus on collecting their care opinion stories and promoting this within their areas. This resulted in 247 stories, an increase of 425% from the previous year. Staff and services responded to these stories 307 times and have been read more than 11,521 times so far (a 398% increase from 2,310 times in 2023/24).</p> <p>SM shared the following Patient Experience Updates;</p> <ul style="list-style-type: none"> New Single Point of Contact (SPOC): Streamlines complaint handling process across Directorates. Local Resolution Emphasis: Encourages resolving complaints directly to enhance patient satisfaction and reduce workload. Dashboard Utilisation: Provides clarity on complaint status with further work required. Promotion and Training: Regular support visits to clinical areas to encourage staff engagement with Care Opinion. Volunteer Recruitment: Aiming to gather diverse Care Opinion patient stories, particularly from underrepresented groups. 	
5	GOVERNANCE	

5.1	SBAR NHS Fife Health & Social Care Partnership Clinical Governance Assurance Report	
	<p>LB informed the group that this SBAR relates to Fife HSCP Quality Matters Assurance Group Clinical Quality (QMAG) meeting on 12th July 2024 and the interim Quality Matters Assurance Safety Huddles (QMASH).</p> <p>Highlights were;</p> <p>Risk: Deep Dive Risk 10 An SBAR report was shared for assurance indicating that sufficient controls were in place for child and adult protection as evidenced by social work. The report indicated that there was ongoing work with the Executive Nurse Director to consider responsibilities and governance for health adult support and protection.</p> <p>Inspections: Mental Welfare Commission (MWC) Visits A verbal update was provided on the visit to Daleview (20th June), a regional low security unit for males with learning disabilities. The MWC recommendations focused on consistent care planning and meaningful activities; inspectors commented on the unit's impressive gardens.</p> <p>Bairns Hoose Update (Assurance): The Head of Service provided an update on the Bairns Hoose model which provides a child-centred approach to justice, care, and recovery for children who have experienced trauma, including victims or witnesses of abuse or violence, as well as those under the age of criminal responsibility whose behaviour has caused harm. The model supports children and young people. Fife was approved to lead the Pathfinder work.</p> <p>There was discussion relating to the funding for paediatric dietetic service. CMcK asked for a paper to be presented at the next Clinical Governance Oversight Group meeting.</p>	JA
5.2	SBAR NHS Fife Acute Services Division Clinical Governance Quality Assurance Report 25 September 2024	
	<p>This report is carried forward to December's meeting</p> <p>CMcK informed the group that the Stroke Audit Data which is routinely reported to the Acute Services Division Clinical Governance Committee should now also be presented at this group and the Board due to the increasing profile being raised around stroke performance by the Scottish Government Minister. He informed the group he is the accountable person for stroke services within NHS Fife.</p>	GC
5.3	NHS Fife Clinical Policy & Procedure Update 26 th August 2024	
	<p>EM advised at the 26th August 2024 meeting of the NHS Fife Clinical Policy & Procedure Co-ordination & Authorisation Group that;</p> <p>There are two Fife wide procedures and one Acute Services division made obsolete at the meeting.</p> <p>Fife Wide Procedures</p> <p>FWP-OEDC-01 - NHS Fife Wide Procedure on Organised Events During COVID19 Pandemic (01/11/2024)</p>	

	<p>The NHS Fife Wide Procedure on Organised Events During COVID19 Pandemic, was developed for use during the COVID-19 pandemic. National guidance has now changed, there are no longer special measures (e.g. social distancing, use of FRSMs etc) for COVID-19 in staff only areas and this guidance is no longer extant.</p> <p>FWP-TDC-01 – NHS Fife Wide Procedure for Travel During Covid-19 (01/11/2024)</p> <p>This procedure is no longer required as Scottish government guidance now applies.</p> <p>ASD-ABTA-01 - Acute Services Division Procedure for the use and Administration of Botulinum Toxin-A for Management of Spasticity in Children with Cerebral Palsy</p> <p>Due to the low numbers of Children & Young People being referred for consideration of BoNT-A, there is no actual service need within NHS Fife for a dedicated injection clinic. With such a low number of injections required, as seen in the review period, it would not allow any staff member to maintain their competency in injections, let alone develop them which would impact safety and efficacy of any procedure. It was therefore recommended that the service not be restarted.</p> <p>Fife Wide Procedure There are two procedures past their review dates:</p> <p>FWP-RDEOLK-01 - NHS Fife Wide Procedure for Rapid Discharge for End of Life Care in Normal Place of Residence (01/08/2024) Due to staff capacity the review was not able to be completed, the aim is to have it to the group for the October meeting.</p> <p>FWP-TWC-01 - NHS Fife Wide Procedure Trial without Catheter (01/07/2024)</p> <p>No update was received an action was taken to obtain an update for October meeting.</p> <p>The Group were given assurance that they have a 98% compliance rate for all clinical policies and procedures for NHS Fife.</p> <p>CMcK raised a concern regarding locating clinical policies and procedures which are currently held on StaffLink. MR responded that going forward there is functionality within InPhase which could be used for the storage of policies and procedures which is being considered.</p>	
5.4	NHS Fife Activity Tracker	
	<p>EM shared the following with the group:</p> <p>One new Consultation</p> <ul style="list-style-type: none"> • Healthcare Improvement Scotland Standards for Maternity Care - Scoping Consultation <p>Two Reports and Publications</p> <ul style="list-style-type: none"> • Acute adult and older people hospital at home programme report 2023-24 • Quality of care review guidance: September 2024 	

	<p>New standard issued</p> <ul style="list-style-type: none"> Gender identity healthcare: Adults & Young People 	
5.5	<p>East Region Neonatal Services Draft Implementation Plan</p> <p>JM explained there was previously a very sensible move across the country to have the smallest, most premature, sickest neonates looked after in large centres. Moving mothers and babies to the big centres, which are Aberdeen, Edinburgh and Glasgow. We were early adopters of the “Best Start” process and have reduced our number of neonatal cots from 20 down to 17. Recently RSN, the organisation has recommended a further reduction to 10 cots. This is a dramatic change with which we have a number of issues which are detailed within the paper.</p> <p>As a team we wish to highlight our concerns regarding the recommended reduction of total cot numbers and the loss of intensive care capability for NHS Fife in respect of the negative impact this will have on patient safety, morbidity and mortality, as well as patient and staff experience.</p> <p>We have reviewed the same dataset as RSM against our locally held data and have identified that if we reduce to 10 cots, we will regularly be unable to meet the current capacity demands.</p> <p>There was much discussion within the Group, all members were very supportive of the paper and it’s progression to the Clinical Governance Committee, 1st November 2024.</p>	
5.6	<p>SBAR Mental Welfare Commission Investigation into Care & Treatment of Mr E</p> <p>JT shared with the group that, in January 2024 the Mental Welfare Commission (MWC) published an investigation report in the care and treatment of Mr E, titled “They didn’t ask me”. The full report can be found on the MWC website at Investigation Mr E 2024.pdf (mwccot.org.uk)</p> <p>The report identified significant issues in relation to legislation and integration of services. The MWC have highlighted numerous areas for improvement in HSCP. An analysis of structures and processes in Fife to ‘benchmark’ against the learning identified and recommendations made in the Mr E report, and then development of an action plan to address any local issues identified, would be beneficial in minimising the risk of a similar occurrence within Fife.</p> <p>JT explained, they have set now set HSCP’s own ambitions in terms of learning from Mr E’s experience and from the Mental Welfare Commission's report and ensuring that they are feeding back and learning and within our own organisation and supporting staff to be able to inform their practise and improve it in relation to these specific learning outcomes.</p> <p>A discussion followed around how the learning from this paper could be shared. IM felt this was the role of the Organisational Learning Leadership Group (OLLG)and as a member of the OLLG would be happy to support this work.</p>	
5.7	<p>SBAR NHS Fife Welch Allyn Project Update</p> <p>MR shared that Digital and Information were asked to support Proof of Concept (PoC) which connected Welch Allyn monitors to our existing Patientrack system. The evaluation of the PoC concludes it was successful with significant benefits achieved.</p> <p>Unfortunately following the PoC funding was not available to support further implementation or to keep the current system live. Therefore, a financial assessment is</p>	

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	<p>being undertaken and a paper will be submitted to appropriate committees regarding required and/or available funding.</p> <p>CMcK commented that there will be an application made to the NHS Fife charities for licenses, this would be aligned to the areas at the highest risk of patients deteriorating. This is about stopping patients from dying and forms the basis of why we are all here. MR will provide the updated costings to CMcK.</p>	MR
5.7.1	Proof of Concept - Welch Allyn Integration with Patienttrack	
	This was noted by the Group.	
5.8	SBAR NHS Fife InPhase Implementation	
	<p>DM explained there was a planned implementation of a new integrated risk management, adverse events and patient safety system for NHS Fife. The new InPhase System, which National Procurement have purchased, will fully replace our current DATIX system.</p> <p>As part of NHS Scotland's recent procurement framework, a new risk and incident management system has been identified to replace existing systems. This national contract allows local NHS Boards to benefit from the framework, ensuring alignment with national standards while providing cost efficiencies and enhanced system capabilities.</p> <p>In line with this, NHS Fife has decided to adopt Ideagen's InPhase as the replacement for RLD Datix. The decision to transition from Datix presents a key opportunity to implement a system that offers greater functionality, improved user experience, and long-term cost savings. One of the driving factors behind this move is the significant financial benefit, specifically avoiding the upcoming £87,000 annual renewal fee for RLD Datix, which is due in March 2025.</p> <p>The overall goal of this project is to successfully migrate the various functionalities and services currently supported by DATIX to InPhase, ensuring a seamless transition for the teams involved. This will involve close collaboration with stakeholders across NHS Fife to ensure the new system is configured to meet local needs while adhering to the wider national standards. This will include migration of existing data from the DATIX system.</p> <p>NHS Fife are looking to implement the new system by end of March 2025 to avoid procurement of DATIX into next financial year. An implementation Group has been established with fortnightly meetings to assist the crossover of systems. Fortnightly meetings are also held with the Ideagen team. Ideagen will provide a comprehensive training on the InPhase system to all users.</p> <p>CMcK sought clarity whether this had gone to Executive Director's Group but was happy there was enough information within the paper to be progressed. He will discuss it with SAS.</p>	CMcK/SAS
5.9	SBAR NHS Fife Medicines Safety Annual Report	
	<p>VR spoke to the paper highlighting;</p> <p>From April 2023- March 2024:</p> <ul style="list-style-type: none"> • 1580 medication incidents were reported compared to 1466 the previous year • 72% of incidents were classed as "no harm" and 1.7% were classed as "major" • The top 3 types of incidents were related to: administration, prescribing and supply 	

	<ul style="list-style-type: none"> Oxycodone (a high-risk pain medicine) is the most reported medicine involved in incidents Actions taken include – developing an attractive stock dashboard and attractive stock organisational action plan and producing educational resources to support staff <p>VR reminded the group that NHS Fife has reporting culture which should not be discouraged.</p> <p>VR also highlighted the importance of the Medicines Safety Drumbeat which looks at all medication incidents for NHS Fife on a weekly basis. This helps to look at themes and reactive learning.</p> <p>NHS Fife has a well embedded medicines governance structure to respond to and identify learning and actions from medication incidents. There is a multidisciplinary approach to medicines safety also substantial local expertise across professional groups in both reactive and proactive improvement approaches.</p> <p>CMcK thanked VR for a really good piece of work and commented he was proud of the work the staff are doing across NHS Fife.</p>	
5.9.1	NHS Fife Medicines Safety Annual Report (October 2024)	
	This was noted by the Group.	
6	LINKED COMMITTEE MINUTES	
6.1	NHS Fife Clinical Policy & Procedure Co-ordination & Authorisation Group, unconfirmed - 26 th August 2024 (EM)	
	The minutes of the meeting were noted by the Group and no escalation is needed.	
6.2	NHS Fife Acute Services Division Clinical Governance Committee, unconfirmed - 25 th September 2024 (IM)	
	This meeting note has been carried forward to December's meeting.	
6.3	NHS Fife Health & Social Care Partnership Quality Matters Assurance Group - 6 th September 2024 (LB)	
	The minutes of the meeting were noted by the Group and no escalation is needed.	
6.4	NHS Fife Safer Mobility and Falls Reduction Oversight Group - 6 th August 2024	
	The minutes of the meeting were noted by the Group and no escalation is needed.	
6.5	NHS Fife Point of Care Testing Committee - 4 th September 2024	
	The minutes of the meeting were noted by the Group and no escalation is needed.	
6.6	NHS Fife Deteriorating Patient Group - unconfirmed, 3 rd September 2024	
	The minutes of the meeting were noted by the Group and no escalation is needed.	
6.7	NHS Fife Health & Social Care Partnership Falls Oversight Group - 29 th July 2024	
	The minutes of the meeting were noted by the Group and no escalation is needed.	

6.8	Fife Partnership Reviews of Children & Young People Deaths' Governance Group, unconfirmed - 22 nd August 2024	
	The minutes of the meeting were noted by the Group and no escalation is needed.	
6.9	NHS Fife Food, Fluid and Nutritional Care Steering Group - 18 th September 2024	
	This meeting note has been carried forward to December's meeting.	
7	ITEMS TO NOTE / INFORMATION	
7.1	NHS Fife Clinical Governance Oversight Group Assurance Summary 22 nd August 2024	
	This was noted by the Group.	
7.2	NHS Fife Deteriorating Patient August 2024 Highlight Report	
	This was noted by the Group.	
7.3	NHS Fife Clinical Governance Oversight Group Annual Workplan 2024/25 (GC)	
	This was noted by the Group.	
8	ISSUES TO BE ESCALATED	
	There were no issues for escalation.	
9	ANY OTHER BUSINESS	
9.1	Unconfirmed Dates for CGOG Meetings 2025-2026	
	These were noted by the Group and no comments made.	
9.2	Date of Next Meeting 10 th December 2024 10.00 via Microsoft Teams	

CLINICAL GOVERNANCE OVERSIGHT GROUP

(Meeting on 10 December 2024)

No issues were raised for escalation to the Clinical Governance Committee.

UNCONFIRMED MEETING NOTE OF THE NHS FIFE CLINICAL GOVERNANCE OVERSIGHT GROUP HELD ON TUESDAY 10th DECEMBER 2024 via MICROSOFT TEAMS

Attendees

Jane Anderson (JA)	Interim General Manager, Women & Children’s Services
Gemma Couser (GC)	Associate Director of Quality & Clinical Governance
Andy Durden (AD)	Chief Registrar, Obstetrics & Gynaecology
Dr Stephen Fenning (SF)	Associate Director of Medical Education
Fiona Forrest (FF)	Acting Director of Pharmacy & Medicines
Claire Fulton (CF)	Lead for Adverse Events
Robyn Gunn (RG)	Lead Healthcare Scientist
Dr Helen Hellewell (HH)	Deputy Medical Director, Health & Social Care Partnership
Janette Keenan (JK)	Director of Nursing, NHS Fife
Aileen Lawrie (AL)	Director of Midwifery
Siobhan Mcilroy (SM)	Head of Patient Experience
Dr Iain MacLeod (IM)	Deputy Medical Director, Acute Services Division
Dr Chris McKenna (CMcK) (Chair)	Medical Director, NHS Fife
Dr John Morrice (JM)	Associate Medical Director of Women & Children’s Services
Marie Richmond (MR)	Head of Digital Strategic Delivery
Nicola Robertson (NR)	Director of Nursing, Corporate
Gavin Simpson (GS)	Consultant Anaesthetics
Jillian Torrens (JT)	Head of Complex & Critical Care,

In Attendance

David Comiskey (DC)	Head of Audiology Service
Tanya Lonergan (TL)	Associate Director of Nursing, Health & Social Care Partnership
Sean McAuley (SMcA)	Consultant, Care of the Elderly
April Robertson (AR)	Clinical Governance Administrator (Minute Taker)

Apologies

Lynn Barker (LB)	Director of Nursing, Health & Social Care Partnership
Norma Beveridge (NB)	Director of Nursing, Acute Services Division
Dr Sue Blair (SB)	Consultant in Occupational Medicine
Catherine Gilvear (CG)	Fife HSCP Quality, Clinical Care & Governance Lead
Dr Sally McCormack (SMcC)	Associate Medical Director for Medical & Surgical Directorate
Elizabeth Muir (EM)	Clinical Effectiveness Manager
Shirley-Anne Savage (SAS)	Associate Director for Risk & Professional Standards
Amanda Wong (AW)	Director of Allied Health Professions
Prof Morwenna Wood (MW)	Director of Medical Education

	Items	Action
1	Apologies for Absence	
	Apologies for absence were noted from the above members.	
2	Minutes of the last meeting held on 22nd October 2024	
	The Group confirmed that the note from the meeting held on the 22 nd October 2024 was an accurate record.	
3	Matters Arising/Action List	

3.1	NHS Fife Adverse Events New Processes	
	<p>CF thanked everyone for their input to the processes. She explained that for major and extreme outcome in term of harm events there are 5 review options:</p> <ul style="list-style-type: none"> • cardiac arrest review • sudden unexpected death in infancy (SUDI) • unexpected drug and alcohol deaths • suicides. • All other event outcomes that trigger major/extreme harm should follow SAER process. Supported by Adverse Events policy (revision due Feb 2025) <p>NR asked if there had been any thought to adding time frames into the flow chart. CF noted the oversight and it will be added to the flow chart as it was previously.</p> <p>CF further explained, following the update to the trigger list, there are 4 specific moderate harm (unless individual event triggers major/extreme harm, in this instance it would follow SAER process) event types that require to have ongoing organisational focus on review and learning with completion of a Complex Care Review (CCR). These events are:</p> <ul style="list-style-type: none"> • Tissue viability (grade 3) • Falls with harm, • Catheter related E-Coli infection • SABS <p>Specific perinatal events also come into this categorisation and are already defined as part of the adverse events policy.</p> <p>The Adverse Events policy revision is due February 2025, CF sought a 6-month extension to this to allow these new processes to be embedded and accurately described within the policy. This was endorsed by the group.</p> <p>CMcK thanked CF for all the good work, commenting we were making incremental progress.</p>	
3.2	NHS Fife SBAR Suicide Cluster Review	
	<p>TL presented the paper explaining to the Group, the proposal seeks approval for the new review process for patients who are known to Mental Health, Learning Disability, Addiction services or Child & Adolescent Mental Health Services (CAMHS). It aims to improve patient safety, reduce suicides, and foster continuous learning, while ensuring a standardise procedures, improve documentation, and facilitate better coordination across services.</p> <p>With the adverse events policy under revision, this paper proposes incorporating a cluster meeting approach similar to Drug and Alcohol Death Reviews, to streamline the review of suicides, for identifying themes and sharing learning.</p> <p>Outcomes may include the completion of the review, the need for further meetings, or escalation to a Significant Adverse Event Review (SAER). It is noted that an SBAR will not be required as outcome will be managed through the Suicide Review process.</p> <p>Lessons learned will be disseminated through Team Meetings, the Service Quality Matters Assurance Group (QMAG), and relevant governance structures, with ongoing oversight from Clinical Governance to address any unresolved issues</p>	

	CMcK thanked TL for the paper, no further comments were made.	
3.3	NHS Fife Paediatric Dietetic Service	
	CMcK noted that common ground has been reached and there is no impact to the neonatal dietetic service.	
3.4	NHS Fife Stroke Standards Report (Quarter 3)	
	<p>SMcC shared his presentation, giving some background, after meeting with the Scottish Government to look at the data on performance and areas for improvement. The Progressive Stroke Pathway was published in 2022 which give a vision of how strokes in Scotland should look and the Stroke Improvement Plan was published in June 2023 which gave direction as to how that vision could be met.</p> <p>SMcA outlined the stroke standards:</p> <ul style="list-style-type: none"> • 80% of patients receive the ‘appropriate’ Stroke Care Bundle. Since January 2024 there has been an improving trend emerging with overall compliance. • 90% of all patients admitted to hospital with a diagnosis of stroke are admitted to the Stroke Unit on the day of admission, or the day following presentation at hospital, and remain in specialist stroke care unit until in-hospital stroke-related needs are met. • 90% of patients have CT/MRI imaging within 12 hours of arrival at first hospital, unless there is a documented contraindication. Noting there is good local performance with this element of the bundle. • All appropriate patients (100%) are screened by a standardised assessment method to identify any difficulty swallowing safely due to low conscious level and/or the presence of signs of dysphagia. This is carried out within 4 hours of arrival at admitting hospital and before giving food/drink and oral medications and is clearly documented. • 95% of appropriate patients have their aspirin treatment initiated on day of admission or the following day and continued for all patients in whom a haemorrhagic stroke, or other contraindication, as specified in the national audit, has been excluded. • 80% of new patients with a stroke or TIA are seen within 4 days of receipt of referral to the neurovascular clinic. • Thrombolysis <ul style="list-style-type: none"> ○ 50% of patients receive the bolus within 30 minutes of arrival. ○ 80% of patients receive the bolus within one hour of arrival. • Patients who have been thrombolysed are discussed at the Stroke MCN (Managed Clinical Network)Thrombolysis Governance Subgroup monthly to ascertain what factors contributed to the patient not being thrombolysed within the 30 minutes and 1-hour timeframes. • 80% of patients undergoing carotid endarterectomy or symptomatic <p>SMcA also pointed out that the numbers were good due to great working relations with Accident & Emergency and Radiology. He added, the data has improved over</p>	

	<p>the last year due to a new local area coordinator in place, Laura Mackie (Stroke Facilitator, Clinical Effectiveness Team)</p> <p>JK gave feedback from the National Audit Programme Board where colleagues from other areas are asking about the good work being carried out in Fife.</p> <p>Interesting discussion followed, all supportive of the paper. IM thought it would be good for this information to be brought through the Acute Services Clinical Governance Group and welcomed SMcA to discuss this further.</p> <p>CMcK thanked SMcA for his presentation and stated this would not be seen routinely at CGOG but would be contained in the services unless there was an escalation.</p>	
3.5	NHS Fife InPhase	
	<p>GC shared that InPhase has recently been bought over by a new company. It is not clear if the if the product specification, functionality and implementation transition over time is going to be the same as we had first envisaged. The complexity of the transition has perhaps been underestimated. A decision has been made to continue with the scoping work as well as working with services at an individual level to better understand the specification and functionality required.</p> <p>CMcK agreed, commenting this would give us an opportunity to learn from the experience of other boards and the national group which has been formed.</p>	
4	QUALITY / PERFORMANCE	
4.1	NHS Fife Quarterly Deteriorating Patient Report (Quarter 2)	
	<p>GS presented the report highlighting;</p> <ul style="list-style-type: none"> • New additions to the report of Average Patient Acuity (A-PAC) & Total Patient Acuity (T-PAC) Scores. These are derived from the total early warning scores in our hospitals, an addition of every single sick patient in our organisation. Adding them all together reflects the burden of acuity in the whole of Victoria Hospital. This is a useful footnote which has been added to the quarterly reports, which gives us an idea of how sick the hospital was when looking at the number of cardiac arrests that were coming through. • Survival rate from a cardiac arrest during this quarter has increased from 15% to 27% • There are still not enough DNACPR's completed on admission when patients are very frail <p>GS also shared with the group that after targeted work, there had been a significant improvement in Admissions Unit 1. Compliance with Observations of Time and Structured Responses using T-PAC and A-PAC.</p>	
4.2	NHS Fife Deteriorating Patient Improvement Programme incorporating NEWS 2	
	<p>GC spoke to the group around this paper explaining this was a complex system wide change which will have an impact across all clinical areas. She pointed out that last year the Deteriorating Patient Improvement Group was set up, the focus of that group was to discuss all the improvement actions identified to improve the number of cardiac arrests and their early indications. The NEWS2 Implementation Group had then been set up some months ago but this has created a lot of duplication in the system. Going forward it was proposed that a single Deteriorating Patient Oversight Group that GS chairs with an extended membership round that table with leadership</p>	

	<p>from both divisions (Acute & HSCP) The group would work through all of the actions which need to be taken in order to deliver NEWS2.</p> <p>The implementation of NEWS2 was initially planned for May 2025, however, that now looked to be too soon- in recognition of the work required to prepare the clinical systems.</p> <p>CMcK asked around using Maternity Early Warning Score (MEWS) when antenatal or post-natal present elsewhere in the hospital (not maternity services). GS confirmed that it would be possible to introduce the MEWS score to Patientrack.</p> <p>GS concluded by explaining, to progress this system wide change there is a requirement to undertake the following nine key pieces of work:</p> <ul style="list-style-type: none"> ○ Review of Know the Score Campaign materials ○ Update Patientrack Alerting List ○ Review of the deteriorating patient Structured Response sticker ○ Development of revised escalation protocols for each hospital site across NHS Fife ○ Update of the Continuous Observation FEWS Policy to create an NHS Fife Deteriorating Patient Policy ○ Development of the Digital Patientrack Observation system ○ Development of an education and training package ○ Development of a communication plan ○ Review of all clinical policies and procedures to reflect update to NEWS2 <p>MR supported the paper adding, she agreed the number of meetings should be minimised to allow the utilisation of the people to be maximised in the groups which are already established.</p> <p>She continued, the purpose of not putting a timeline in here is a good idea, this is a complete digital transformation, around which the Clinical Governance has to be correct before any changes can be implemented. Digital & Information team need to develop a project plan which can then give assurance for a realistic time scale for delivery.</p> <p>CMcK agreed that the move to NEWS2 should be delayed allowing everything to be in place.</p>	
5	ADVERSE EVENTS	
5.1	NHS Fife Adverse Events IPQR Brief	
	<p>CF informed the Group, the national high-level standard for completion of significant adverse event reviews (SAERs) is 90 days from commissioning of the SAER to submission of the SAER for review and approval. Recently the Adverse Event Section of the Integrated Performance and Quality Report (IPQR) was updated to include NHS Fife performance against the 90-day standard. It has been identified that our local reporting of the process steps that require completion within 90 days does not align with the definition of the national standard.</p> <p>CF shared the following recommendations;</p> <ul style="list-style-type: none"> ● IPQR metric, 90-day target, is updated to accurately reflect the portion of the 	

	<p>process that it should be measuring (commissioning of SAER to report received for SAER panel)</p> <ul style="list-style-type: none"> • IPQR narrative, provided by Adverse Event Lead, to comment on the full SAER process including identification of challenges and success • Update to KPI metrics to include all steps in the SAER process • Introduce fortnightly KPI analysis by the Clinical Governance team with escalation, where immediate remedial action is required, through SAER Oversight Group and to the SAER panel if required. • Continue to report bi-monthly KPI's to CGOG <p>Focusing on the fortnightly KPI analysis meeting CF described the purpose of the meeting to better understanding our data to target steps in the process where delays are indentified. She will look to have a conversation starting early in January as to how the Adverse Events team can present data in a way that can support colleagues to take similar approach to understand their own SAER process status through local clinical governance routes.</p>	
5.2	NHS Fife Adverse Events Incidents Flashcard	
	This was noted by the Group and no comments were made.	
6	GOVERNANCE	
6.1	SBAR NHS Fife Health & Social Care Partnership Clinical Governance Assurance Report from 16 th September 2024	
	<p>HH spoke to the paper, there were no items for escalation.</p> <p>CMcK asked for future assurance reports to articulate any deterioration in the summary to explain the issue where one arose. HH agreed to look at how this information could be presented in the future.</p>	
6.2	NHS Fife Acute Services Division Clinical Governance Assurance Report from 25 th September 2024	
	<p>IM pointed out the following highlights from the report;</p> <p>Endoscopy</p> <p>The presentation highlighted that the admission process for patients attending was historically very chaotic with patient being ill prepared both clinically and psychologically. This resulted in the admission times being longer and operating lists being delayed. The senior nursing team within endoscopy began to try out various changes to both admission paperwork and processes which were a great success. Patients now experience a calm admission process and are fully informed about the procedure in a timely manner prior to surgery. This has made a huge improvement to the endoscopy unit.</p> <p>Next steps for the Endoscopy team include:</p> <ul style="list-style-type: none"> • Team to pre-assess all patients attending for Endoscopy procedures • Continue with staff training • Develop more patient information leaflets for other procedures and look at digital access for leaflets • Present a poster at the NHS Scotland event in 2025 <p>Renal</p>	
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	<p>Despite the challenges outlined and limited staffing resource, the renal service continues to provide a high standard of care and are achieving several SRR quality standards.</p> <p>The services are approaching their 30th anniversary of NHS Fife Renal Service in January 2025 and are looking forward to celebrating our successes and tackling our challenges.</p> <p>CMcK commended the comprehensive report and was very happy to take assurance from same.</p>	
6.3	SBAR NHS Fife Clinical Policy & Procedure Framework	
	<p>NR spoke to the paper and proposed to the Group a title change, removing the word “Clinical”. This would then allow the framework to be used across the whole organisation.</p> <p>CMcK wishes look further at the paper before this decision is made.</p> <p>FF would also like to look at the document and consider how she could align the medicines governance routes and policies under this framework.</p> <p>The framework will be brought back to February’s meeting.</p>	ALL
6.4	SBAR Independent National Audiology Review Update	
	<p>DC presented his paper sharing the following with the Group;</p> <p>Review of Audiology Services in Scotland Local Board Assurance Framework November 2024</p> <ul style="list-style-type: none"> • A request was made that feedback be provided on specific points relating to recommendations of the Independent Review of Audiology Services in Scotland where Health Boards have responsibility to carry out actions. Topics were Staff Training, Recruitment, Governance and Service Provision. This feedback is of particular importance as it forms topical assessment of services across Scotland in relation to the ‘Primary Aims’ highlighted in NHS Scotland Planning & Delivery Board desired outcomes for Audiology Services. • NHS Fife, along with NHS Tayside & NHS Lothian currently performs external peer review for diagnostic Auditory Brainstem Response testing. This project has been a pilot, producing audit and will likely be used as a template to roll-out this form of peer review across all services in Scotland, with appropriate Scottish Government support. The hope is that this will be a taken as a good example to roll out across the rest of Scotland. • The focus on the improvements within the diagnostic newborn service was noted with an expansion of the team to support. <p>DC concluded that the accommodation for audiology compliant workspace has improved from 14% to 28% after investment in 2 test rooms to deliver our diagnostic work for the ear, nose and throat clinic. Feedback was still awaited from the Scottish Government.</p>	

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6.5	SBAR NHS Fife Audiology Reports	
	<p>DC shared with the group that In August 2024 The Local Medical Committee (LMC) advised paper copy reports from Audiology had not been received by General Practitioners (GP's) in recent times. These reports generally confirm hearing status and advise when hearing aids are issued. Reports do not include request for referrers to take any further action.</p> <p>On investigation it was identified that paper copy reports have not been sent by Audiology to GP's since January 2020. Electronic upload of reports into Clinical Portal commenced in January 2020. There is no alert system to advise GP's a report is available.</p> <p>Due to a change in Audiology & Surgical Directorate management we are not able to identify why this change was implemented or how this was communicated to GP's.</p> <p>The potential information deficit based on the number of referrals received by Audiology during this time is 5924 reports from 01/01/2020 to 24/09/24. This information was collated by Audiology staff using Auditbase patient management system and Electronic Health Records staff using Trak referral audit.</p> <p>Medical Director confirmed with LMC that stakeholders would prefer Audiology Direct Referral reports, new and legacy, be sent to generic email accounts for each practice. There is no longer any need to post paper copy reports. Information Governance content that this is an acceptable interim process whilst options for transfer of records via EDT Hub are explored. This should be for a period of no more than three years.</p> <p>Current Position:</p> <ul style="list-style-type: none"> • Generic email addresses for each practice confirmed. • Data collation ongoing. • Agreement that backdated reports will be made available by 31/12/24. Advance warning of delivery to be provided. • Standard operating procedure for transmission of reports to be developed with support from Electronic Health Records colleagues. • Health records management have confirmed that other Healthcare Science disciplines, ECG & EEG, do not have similar issues. 	
6.6	NHS Fife Clinical Policy & Procedure Update 28 th October 2024	
	<p>NR advised at the 28th October 2024 meeting of the NHS Fife Clinical Policy & Procedure Co-ordination & Authorisation Group that;</p> <p>There were two new Fife wide procedures approved at the meeting:</p> <p>Fife Wide Procedures</p> <p>ORS-01 – NHS Fife Wide Optical Radiation Safety Policy</p> <p>This policy sets out the framework to oversee health and safety relating to uses of all medical lasers within NHS Fife classified as Class 3R, Class 3B or Class 4. This includes lasers which are owned, loaned, leased or on trial by NHS Fife.</p> <p>NHS Fife will ensure, as far as reasonably practicable, the health and safety of members of the public, of its employees, of students, agency workers and of other</p>	
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	<p>outside workers working on the premises who may be exposed to the hazards arising from the use of lasers and other sources of artificial optical radiation.</p> <p>L-01 - Ligature Policy</p> <p>The policy exists to help reduce and/or prevent the likelihood of high-risk or vulnerable patients from using environmental ligature points to harm themselves, either accidentally or intentionally, through asphyxiation, strangulation or hanging. It was noted that further to comments from CMcK that this policy was due to return to the Policy and Procedure group for endorsement.</p> <p>Fife Wide Procedure</p> <p>There is one new Fife Wide procedure:</p> <p>FWP-NE-01 – NHS Fife Nurse/Midwife Escort Procedure</p> <p>This procedure is to ensure that every patient within and between NHS Fife and Fife Health & Social Care Partnership (FHSCP), who require transfer to another ward, department or hospital for ongoing care or investigation, has a safe, comfortable, and dignified transfer.</p> <p>Health & Social Care Partnership Procedure</p> <p>There is one new Health & Social Care Partnership procedure approved:</p> <p>H&SCP Procedure for Oral Suction of Adults within a Community Setting</p> <p>This procedure is to provide a consistent approach in NHS Fife for healthcare practitioners undertaking oral suction of adults in a community setting, whilst providing patients with safe and effective practice.</p> <p>Acute Services Division</p> <p>The Acute Services Division Nurse Escort procedure was made obsolete with the introduction of a Fife Wide Nurse Escort Procedure.</p> <p>Fife Wide Procedure</p> <p>There is one procedure past it's review date:</p> <p>FWP-RDEOLK-01 - NHS Fife Wide Procedure for Rapid Discharge for End-of-Life Care in Normal Place of Residence (01/08/2024)</p> <p>Due to staff capacity the review was not able to be completed, the aim is to have it to the group for the December meeting.</p> <p>CMcK pointed out that he has recently returned the Ligature Policy with some amendments, NR will ensure the policy is updated and returned to The CPPCA group on 16th December 2024.</p> <p>The Group were given assurance that they have a 99% compliance rate for all clinical policies and procedures for NHS Fife.</p>	NR
6.7	NHS Fife Activity Tracker 2024 - 2025	
	In the interests of time GC noted no issues to flag and asked colleagues to note updates within paper provided.	

	•	
6.8	SBAR NHS Fife Corporate Risks Aligned to the Clinical Governance Committee as of 6 th September 2024	
	<p>CMcK encouraged the Group to look at the risk - Optimal Clinical Outcomes, this has been revised significantly and will proceed to Executive Directors Group (EDG) any comments should be feedback to GC/SAS in the next 2 weeks.</p> <p>The Group noted the above SBAR and no comments were made.</p>	
6.9	SBAR NHS Fife Mental Health Clinical Integrated Performance & Quality Report	
	<p>TL spoke to the report by Daniel Low (Head of Nursing, HSCP) explaining mental health has been reporting and providing narrative for the IPQR since July 2024, and the data set currently being reported upon as self-harm, ligatures, restraint and violence and aggression. These are reported as they are the highest number of incidents and causes of harm. This kind of incident has an adverse effect on patients and staff within the wards. These are reported so targets can be looked at, improvements for safety and recovery made and to decrease the length of stay for individuals.</p> <ul style="list-style-type: none"> • Key quality care themes recognised within the Scottish Government's mental health strategy are person-centered, safe and effective, efficient, equitable and timely care. • Considering work being developed and ongoing it is recommended to continue with these data sets and suggests targets for improvement are recommended at 10% for Ligature and Self Harm, and 20% for restraint and violence and aggression. <p>There are several other data sets which are not frequent incidents within mental health that may be considered for reporting but at this time the data is not readily available to report from:</p> <ul style="list-style-type: none"> • Safety reporting could include data about patient death/suicide, follow-up after discharge, Self-harm, Medication, and violence. • Person Centered could include advanced statements, Improvement in symptoms, or “what matters to me”. • Effective treatment could include safe prescribing, the number of emergency detentions, waiting times, or readmissions. <p>The frequent collection of reliable data for IPQR would be challenging with some of these data sets as the systems aren't in place. Once Hospital Electronic Prescribing & Medicines Administration (HEPMA) has been rolled out, consideration for reporting on prescribing of antipsychotics could be considered. Similarly, the data around access times is unreliable and if cleaned up could be represented in future IPQR data.</p> <p>CMcK was content with the paper, he sought assurance from TL that the new projections would be embedded in the run charts on the IPQR. TL agreed this would now be in place.</p>	
6.10	SBAR Clinical Outcomes of Closed Loop System insulin therapy	
	CMcK told the Group he had brought this paper to today's meeting for their	

	comments which he would welcome with a view to bringing the paper back to a future CGOG meeting.	
7	LINKED COMMITTEE MINUTES	
7.1	NHS Fife Clinical Policy & Procedure Co-ordination & Authorisation Group, unconfirmed - 28 th October 2024 (EM)	
	The minutes of the meeting were noted by the Group and no escalation is needed.	
7.2	NHS Fife Acute Services Division Clinical Governance Committee, unconfirmed - 25 th September 2024 (IM)	
	The minutes of the meeting were noted by the Group and no escalation is needed.	
7.3	NHS Fife Health & Social Care Partnership Quality Matters Assurance Group, unconfirmed - 1st November 2024 (LB)	
	The minutes of the meeting were noted by the Group and no escalation is needed.	
7.4	NHS Fife Safer Mobility and Falls Reduction Oversight Group - 6 th November 2024	
	The minutes of the meeting were noted by the Group and no escalation is needed.	
7.5	NHS Fife Point of Care Testing Committee - 4 th September 2024	
	The minutes of the meeting were noted by the Group and no escalation is needed.	
8	ITEMS TO NOTE / INFORMATION	
8.1	NHS Fife Clinical Governance Oversight Group Assurance Summary 22 nd October 2024	
	This was noted by the Group.	
8.2	NHS Fife Clinical Governance Oversight Group Annual Workplan 2024/25 (GC)	
	This was noted by the Group.	
9	ISSUES TO BE ESCALATED	
	There were no issues for escalation.	
10	ANY OTHER BUSINESS	
	Date of Next Meeting 11 th February 2025 10.00 via Microsoft Teams	

AREA DRUG & THERAPEUTICS COMMITTEE

(Meeting on 23 October 2024)

No issues were raised for escalation to the Clinical Governance Committee.

UNCONFIRMED

MINUTES OF THE MEETING OF THE FIFE DRUGS AND THERAPEUTICS COMMITTEE HELD ON WEDNESDAY 23 OCTOBER 2024 AT 2.00PM VIA MICROSOFT TEAMS

Present: Ms Fiona Forrest (Chair)
 Dr Jacqueline Drummond
 Dr David Griffith
 Dr Helen Hellewell
 Ms Alice Matthew
 Ms Mairi McKinley
 Ms Sally O'Brien (representing Ms Lynn Barker)
 Mr Satheesh Yalamarathi

In attendance: Mr John Brown (agenda item 8.1)
 Mr Ryan Headspeath (agenda items 6.3, 6.4)
 Ms Victoria Robb (agenda items 6.1, 6.2)
 Ms Sandra MacDonald, Administration Officer (minutes)

1 WELCOME AND APOLOGIES FOR ABSENCE

Ms Forrest welcomed everyone to the October meeting of the ADTC.

Apologies for absence were noted from Ms Lynn Barker, Dr Caroline Bates, Dr Iain Gourley, Dr Sally McCormack, Mr Fraser Notman, Ms Nicola Robertson, Ms Rose Robertson, Ms Amanda Wong

It was confirmed that the meeting was quorate.

2 MINUTES OF PREVIOUS MEETING ON 21 AUGUST 2024

The minutes of the meeting held on 21 August 2024 were accepted as a true record.

3 ACTION POINT LOG

It was noted that all action log items scheduled for update had been included on the agenda.

Submissions to MSDTC for non-Formulary items – reminder of governance route

Ms Forrest updated the Committee on discussions around the medicines governance/ meetings route and approval process. Further work is required to update the medicines governance structure and it is anticipated that the updated Terms of Reference for the ADTC and MSDTC will be brought to the next ADTC meeting in December.

ACTION

FF

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 Medicines Safety

6.1 Medicines Safety Annual Report

Ms Robb introduced the Medicines Safety Annual Report which provides the committee with a “moderate” level of assurance. Ms Robb highlighted key points.

It was noted that 1580 medicine incidents were reported on Datix during April 2023-March 2024, compared to 1446 during April 2022-March 2023. It was noted that the increase in reporting highlighted the strong culture of reporting medicine incidents within Fife. The report details the type of medication incidents reported on Datix, gives a breakdown of the level of severity and the actions undertaken. Educational resources have been produced to support staff, an attractive stock dashboard has been developed and a weekly Medicines Safety Drumbeat meeting has been established. It was noted that the top three types of incidents were related to administration, prescribing and supply of medicine.

The report outlines the aims of the NHS Fife High Risk Medicines Safety Programme, the workplan for continued delivery of the Programme and provides an update on the ongoing work of the Safety Groups established for five specific high risk medicines (Anticoagulants, Insulin, Lithium, Sodium Valproate and High Risk Pain Medicines).

The Safe and Secure Use of Medicines Policies and Procedures (SSUMPP) and the Medicines Audit and Assurance Programme are continually reviewed, to provide assurance in the implementation of policies.

The ADTC thanked Ms Robb for the comprehensive report and all those involved for their support in building the medicines safety and learning culture within NHS Fife.

Mr Yalamarthy noted the good work ongoing and queried whether there was an opportunity to increase awareness around this work with Clinicians in the Acute sector. Ms Robb to link in with Mr Yalamarthy and medical colleagues to take this forward. Dr Hellewell highlighted good medical engagement with focussed pieces of work, however ongoing medical engagement would be welcome. The ADTC noted that medical representation at weekly Drumbeat meetings would also be welcome.

VR

It was noted that feedback on the weekly Medicines Safety Minute publication is that it is very useful and well received. The importance of maintaining engagement with Primary Care through regular Primary Care focussed content in the Medicines Safety Minute also was highlighted.

The ADTC noted the Medicines Safety Annual Report and was assured by the proactive and reactive approach to medicines safety and governance within Fife.

6.2 Valproate Patient Pathways

Ms Robb highlighted that a review of the valproate patient pathways is currently underway to determine if any changes are required in response to the MHRA Update - Valproate Use in Men. The finalised pathways to be submitted to the MSPG for approval and thereafter the ADTC for formal ratification.

6.3 Methotrexate Shared Care Agreement

Mr Headspeath introduced the revised Methotrexate Shared Care Agreement and highlighted the key updates. The Shared Care Agreement was discussed previously at the GP Sub-Committee. Comments received were actioned and the GP Sub-Committee is supportive of the revised version.

It was noted that the extant Shared Care Agreement for Methotrexate in rheumatology patients has been revised to include inflammatory rheumatic, skin, bowel and respiratory disorders.

Key updates have been made to the Consultant/Specialist Service section to clarify that the Specialty is responsible for initiation and supply for at least eight weeks and that the patient should be reviewed 3-4 months after initiation of treatment to assess response. A clarification point has been added relating to patient initiated reviews and contact details for the Specialist Services have also been updated.

The monitoring section has been reviewed and monitoring must now be undertaken at least every three months (the previous version of the Shared Care Agreement stated 6-12 monthly reviews). There is clearer guidance around LFTs, creatinine levels and at what point treatment should be stopped. Advice around NSAIDs and PPIs is included within the drug interactions section. Guidance around pregnancy and fertility has been included and this is in line with recommendations in the product licence.

Dr Hellewell confirmed that she was content with the content of the revised Shared Agreement from a safety point of view and suggested additional layout changes be considered to raise awareness of the key changes (i.e. key updated points to be outlined in red/bold).

A short briefing document with key changes to be prepared and training sessions for GP Practices arranged. Mr Headspeath to link in with Dr Hellewell regarding a PLT drop-in on-line session.

Ms Forrest highlighted two SAERs related to methotrexate and questioned whether any further strengthening of the guidance around the potential for drug interaction with NSAIDs should be considered. It was noted that the advice in the Shared Care Agreement around NSAIDs is taken from the product SPS and there is no additional formal guidance available at present. The revised Shared Care Agreement contains clearer guidance around monitoring compared to the previous version as well as additional advice around identifying potential trends in serum creatinine. Any amendment to guidance around monitoring would also require to be discussed and agreed with the GP Sub-Committee. Following discussion, the ADTC agreed that no further change to the guidance around the potential for drug interaction with NSAIDs was required at this stage, as the revised SCA strengthens the monitoring advice and there is also currently no clear evidence base which states the frequency of monitoring when prescribed concomitantly with NSAIDs. It was agreed that a Scriptswitch safety message should be added to GP prescribing systems.

RH/MMT

The ADTC approved the revised Shared Care Agreement for Methotrexate subject to the agreed layout changes. A Scriptswitch safety message to be added to the GP prescribing system and training/ communication to be progressed as agreed to highlight the changes.

RH

6.4 Hydroxychloroquine Shared Care Agreement

Mr Headspeath introduced the updated Hydroxychloroquine Shared Care Agreement. The Shared Care Agreement has been discussed at the GP Sub-Committee and was accepted with some revisions. The finalised version has been brought to the ADTC for noting.

The ADTC noted that there have been no significant clinical changes to the Shared Care Agreement. The Specialist Service will initiate treatment with hydroxychloroquine and GP Practices will not be asked to take on prescribing until at least four months after initiation. There are no implications for GP Practices with regard to routine blood monitoring.

The ADTC ratified the Hydroxychloroquine Shared Care Agreement and thanked Mr Headspeath for the work involved. The revised Hydroxychloroquine Shared Care Agreement to be communicated to GP Practices through the PLT drop-in on-line session.

RH

7 ADTC SUB-GROUP UPDATE REPORTS

7.1 East Region Formulary Committee

Ms Mathew introduced the update report from the East Region Formulary Committee (ERFC) and highlighted key points.

The ADTC noted that the pre-ERFC stop and assess process is ongoing until December 2024 however it is unclear whether this will continue in 2025.

The ERFC is actively seeking new members to ensure that there is fair representation across the three Boards. It was noted that Dr Griffith is stepping down from his role as NHS Fife Co-Chair and a replacement is still to be identified. Additional GP representation and Oncology/Haematology Pharmacy representation would also be welcome. A Fife GP who had initially expressed an interest is unable to provide support due to the timing of the ERFC meetings. The ADTC also noted that there is no NHS Borders Formulary Pharmacist at present and the NHS Fife Formulary Pharmacist is continuing to provide support for the ERFC professional secretary role.

A discussion on the requirement for additional Fife representation followed. Dr Griffith agreed to continue to provide support in the role of Co-Chair in the short-term until a replacement is identified. Dr Hellewell to discuss GP representation with Cluster Quality Leads.

HH

Ms Forrest also highlighted ongoing discussions across the three Boards regarding the model for the ERF team going forward. An update on progress to be provided at the next meeting.

FF

The ADTC noted the comprehensive update from the East Region Formulary Committee.

7.2 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 and provisionally approved.

The ADTC noted that a request has been made to the Pharmacy Team for additional MSDTC members. Work on developing guidance/ a flow chart clarifying the governance route for guidelines prior to submission to the MSDTC is ongoing along with review of the MSDTC Terms of Reference.

The ADTC noted the update on behalf of the MSDTC and the breadth of work and robust scrutiny/ assessment of guidelines progressed through the Committee. Terms of Reference for the MSDTC along with clarity on the governance routes to be brought to the next ADTC meeting.

JB/
SMcC

7.3 Antimicrobial Management Team (AMT)

Dr Griffith introduced the update report on behalf of the AMT and highlighted key points.

The ADTC noted that the work of the Team has been severely restricted due to the departure of key members. An AMT Pharmacist is now in post and AMT meetings are expected to resume in November. Work on revision of the Hospital Empirical Antibiotic Guidance is being progressed as a priority along with updating the Primary Care Antibiotic Guidelines. Ms Forrest queried whether there were any plans to formalise review of the gentamicin guidance

within the workplan and it was noted that gentamicin and vancomycin prescribing will be included within the revision of the Hospital Empirical Antibiotic Guidance.

The ADTC noted the update on behalf of the AMT and the workplan going forward.

7.4 Medical Gas Committee - Audit Report

Ms Forrest highlighted the Medical Gas Committee Audit Report.

The ADTC noted that overall there was good compliance with the management of medical gas cylinder stores and the use of medical gas cylinder manifold systems. Specific actions have been identified and these are being progressed.

The ADTC noted the Medical Gas Stores Audit Report 2024. A further update to be brought to the ADTC in April 2025 as part of the 6-monthly Medical Gas Committee update.

CS

8 BUSINESS

8.1 Fife Prescribing Forum Terms of Reference

Mr Brown introduced the updated Fife Prescribing Forum Terms of Reference and highlighted key changes.

The remit and scope of the Forum has been updated to assist with identification of variation in prescribing across the NHS Fife in comparison to other boards, prescribing use in relation to efficiencies and to consider the implications of prescribing of non-formulary items / medicines under the PACS process.

The governance arrangements within the Terms of Reference have also been updated to reflect that the Forum is now a sub-group of the RTP Medicines Oversight Board and will liaise with both the Acute and Partnership Medicines Efficiency Groups.

Changes to membership of the Forum were highlighted. It was noted that meetings will be determined to be quorate if one individual from each core membership group is present i.e. one doctor, one pharmacist, one finance team member and one service management team member. In addition it will be deemed good practice if all four members of the speciality in discussion (Clinical Pharmacist, Clinical Lead, Finance Business Partner and Service Manager) are present.

The ADTC noted the importance of maintaining clinical engagement at the Forum and suitable diary arrangements for 2025 are being explored.

The ADTC approved the updated Terms of Reference and thanked Mr Brown for the work involved in progressing the review.

8.2 High Cost Medicines Non Formulary/ Unlicensed Medicines Approval Process

Ms Forrest briefed the ADTC on proposed amendments to the high cost medicines Non Formulary and Unlicensed Medicines approval process and highlighted the amended paperwork. The paperwork has been amended to ensure that there is a robust approval process for high cost medicines and continuing good grip and control of the prescribing budget. The amended paperwork is in line with the processes in the other two East Region Boards.

The proposed updated Non-Formulary Request Form will capture greater clinical detail and provide a robust scrutiny and approval process. All Non-Formulary Request Forms will require Consultant and Lead Clinical Pharmacist signature; for non-formulary medicines costing between £1K-£5K per patient Clinical Director approval will be required; for non-formulary medicines costing £5k- £10k per annum per patient approval by Clinical Director and Associate Medical Director is required; and where the cost of the medicine is >£10k per annum per patient, authorisation by the High Cost Medicines Panel is required.

Dr Hellewell welcomed this work but highlighted that in some circumstances the form signatory could also be a member of the High Cost Medicines Panel. It was proposed that going forward consideration be given to formalisation of the Panel, with clarification of the members' roles and establishment of a quorate.

An amendment to the current Unlicensed Medicine / Off-Label Request form in line with the proposed approval process for the Non-Formulary Request form was also noted.

The ADTC was content to trial the proposed approval process for high cost Non-Formulary and Unlicensed/Off-Label Medicines, with the agreed revisions to the paperwork. Communication to be developed and implemented prior to cascade to ensure that paperwork is completed correctly and the clinical rationale for the individual high-cost Non-Formulary or Unlicensed/Off-Label medicine compared to potential alternatives captured. A review of the policy to be brought back to the next ADTC meeting in December.

FF/MMT

9 Digital Medicines Programme update

Ms Forrest introduced the update report on behalf of the Digital Medicines Programme.

Two key elements of the Digital Medicines Programme will be implemented between now and the beginning of April (EIDL which will go live from 5 November in the National Orthopaedic Treatment Centre and Mental Health, with other areas following on 19 November; and the Pharmacy Stock Control system). The expected implementation date of HEPMA is for full rollout by the end of August 2026.

A discussion followed on awareness across the organisation. It was noted that focussed work to promote training and detailed communication for Primary Care is being developed prior to EIDL going live.

Dr Drummond highlighted that some individuals have experienced difficulty accessing the training and this has been fed back to the Digital Medicines Team. The ADTC noted that Psychiatry will continue to use Winscribe for discharge letters as well as EIDL for the time being until training has been completed prior to full transition to EIDL. No issues with the process are anticipated.

A query regarding electronic prescribing from GP Practices to Community Pharmacy was noted. Ms Forrest to highlight with the Digital Medicines Programme Board.

FF

The ADTC noted the Digital Medicines Programme update report. An update to be given at the next ADTC meeting in December.

DW

10 Risks Due for Review in Datix

Ms Forrest took the ADTC through the risks scheduled for review and agreed current risk levels and further management actions required.

Risk 1347 - Shared Care Protocols

The ADTC noted that a risk assessment has been undertaken in relation to the expired Shared Care Protocols. That process has identified those that can be withdrawn and the remaining extant Shared Care Protocols have been prioritised for review. It was proposed that the current risk level be downgraded to 12. The ADTC noted the actions taken in relation to the expired Shared Care Protocols and agreed that the current risk level should be downgraded as proposed

Risk 1504 - Lack of a Central IT Location to Store Guidance Documents

The ADTC noted the update provided and the actions that have been taken to mitigate the potential risks around circulation of out of date versions of guidance documents. A more robust process for the upload of new/ updated guidance documents as well as removal of outdated information has been implemented. The ADTC was supportive of hosting the guidance documents on Stafflink as an interim solution but noted difficulties with the searchability function.

It was noted that the meeting was no longer quorate and it was agreed that this risk should be brought back to the next ADTC for further discussion.

FF

Risk 1621 - Medicine Shortages

The ADTC noted that the Medicines Shortage Policy has been approved and implemented and there is a robust process in place for the management of medicines shortages in line with the Policy. It was noted that despite the mitigations in place and implementation of more robust processes, the operational risk around medicines shortages has not reduced. The ADTC noted the update and proposed no change to the risk level at present. It was

suggested that further work in Community Pharmacy be considered. To be brought back to the next ADTC meeting for discussion.

FF

11 EFFECTIVE PRESCRIBING

11.1 NCMAG113 Anastrozole

The ADTC noted the NCMAG113 Anastrozole Advice Document.

11.2 NCMAG114 Raloxifene

The ADTC noted the NCMAG114 Raloxifene Advice Document.

11.3 NCMAG115 Tamoxifen

The ADTC noted the NCMAG115 Tamoxifen Advice Document.

11.4 NCMAG118 Trametinib

The ADTC noted the NCMAG118 Trametinib Advice Document.

12 PACS/SMC Non Submissions

12.1 Latest Submissions

The table detailing the latest PACS2/SMC non submissions was noted.

13 ADTC-COLLABORATIVE/SCOTTISH GOVERNMENT COMMUNICATION

13.1 National Consensus Statement on the use of GLP-1/GIP RAS for the Treatment of Obesity in the NHS in Scotland

The ADTC noted the National Consensus Statement on the use of GLP-1/GIP RAS for the Treatment of Obesity in the NHS in Scotland. There are ongoing discussions within NHS Fife regarding the implementation of this, whilst awaiting East Region Formulary approval.

14 ADTC 2025 Meeting Dates

The ADTC noted the meeting dates for 2025.

15 ESCALATIONS / POINTS FOR RAISING AT CLINICAL GOVERNANCE COMMITTEE

There were no items identified as requiring escalation at this stage to the Clinical Governance Committee.

16 ANY OTHER COMPETENT BUSINESS

There was no other competent business.

Other Information

- a **Minutes of Diabetes MCN Prescribing Group 24 September 2024.** For information.
- b **Minutes of Heart Disease MCN Prescribing Sub-Group 5 September 2024.** For information.
- c **Minutes of Respiratory MCN Steering Group 14 August 2024.** For information.
- d **Date of Next Meeting**
The next meeting is to be held on **Wednesday 18 December 2024 at 2.00pm via MS Teams.** Papers for next meeting/apologies for absence to be submitted by 4 December.

HEALTH AND SAFETY SUBCOMMITTEE

(Meeting on 6 December 2024)

No issues were raised for escalation to the Clinical Governance Committee.



**Minute of the H&S Sub-Committee Meeting
Friday 6 December 2024 at 10 am on Teams**

Present

Neil McCormick, Director of Property & Asset Management (Chair) (NMcC)
 Janette Keenan, Director of Nursing (JK)
 David Miller, Director of Workforce (DM)
 Dr Chris McKenna, Medical Director (CMcK)

In Attendance

Billy Nixon, H&S Manager (BN)
 Anne-Marie Marshall (Manual Handling Team Lead (A-MM) (joined at 10.35 am)
 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	<p><u>Welcome & Apologies</u></p> <p>NMcC welcomed members of the Sub-Committee to the meeting.</p> <p>Apologies were received from Claire Dobson and Iain MacLeod.</p> <p><u>Staff Side Representation</u> It was noted that there was no Staff Side representation present at today's meeting.</p> <p><u>Action</u> - David Miller agreed to take forward and update the group at the next meeting.</p>	DM
2	<p><u>Minute/Matters Arising:</u></p> <p>The Minute of 6 September 2024 was approved as an accurate record.</p> <p>Item 4.1 <u>Self-Harm Ligature Risks</u> In terms of patient self-harm incidents, it would be helpful to identify the cause of incidents ie personal items including headphones, a belt etc or fixed environmental points. Can personal items be recorded on Datix?</p> <p><u>Action</u> - BN to advise the Sub-Committee</p> <p>4.2 <u>H&S Heads of Service Riddor Reporting Exercise</u></p> <p>Riddor Reportable information over the past 5 years was gathered from Scottish Boards identifying varying numbers of Riddor incidents across</p>	BN

	<p>Scotland. It was agreed that the report be distributed to Sub-Committee members for information.</p> <p>Action - BN agreed to distribute to the Sub-Committee</p>	<p>BN</p>
<p>3</p>	<p><u>Governance Arrangements:</u></p> <p>3.1 <u>Health & Safety Sub-Committee Terms of Reference 2025-26</u></p> <p>A 'draft' copy of the Health & Safety Terms of Reference (ToR) for 2025-26 will be prepared and distributed to the Sub-Committee members prior to the next meeting.</p> <p>Action - Andrea to take this forward.</p> <p>Action - The ToR (draft) will be discussed for final approval when the Sub-Group next meets on 7 March 2025.</p> <p>3.2 <u>Health & Safety Sub Committee Annual Statement of Assurance 2024-25</u></p> <p>A 'draft' copy of the Health & Safety Sub-Committee Annual Statement of Assurance 2024-25 will be prepared and distributed to Sub-Committee members prior to the next meeting.</p> <p>Action - Andrea to take this forward.</p> <p>Action - The Annual Statement of Assurance (draft) will be discussed for final approval when the Sub-Group next meets on 7 March 2025.</p> <p>Following approval by the Sub-Committee, the Annual Statement of Assurance 2024-25 will be noted at the next Clinical Governance Committee.</p> <p>3.3 <u>H&S Sub-Committee Annual Workplan 2025-26</u></p> <p>The H&S Sub-Committee Annual Workplan (draft) will be prepared by BN and distributed to the Sub-Committee in advance of the next meeting.</p> <p>Action - Andrea to take this forward.</p> <p>Action - The Annual Workplan (draft) will be discussed for final approval when the Sub-Group next meets on 7 March 2025.</p>	<p>Andrea</p> <p>All</p> <p>Andrea</p> <p>All</p> <p>Andrea</p> <p>All</p>
<p>4</p>	<p><u>Operational Updates</u></p> <p>4.1 <u>H&S Incident Report</u> (September - November 2024)</p> <p>The H&S Incident Report for the period September 2024 to November 2024 was distributed and noted by the Sub-Committee.</p> <p>Sharps (staff) 35 reported incidents in the quarter, of which:</p> <p>13 incidents - no harm 20 incidents - minor harm 2 incident - moderate harm</p>	

<p>For the quarter, there were 19 sharps incidents recorded with no SBAR attached, over 55% of the total reported.</p> <p>Many sharp incidents are not reportable and, therefore, the H&S Department do not receive any electronic notifications.</p> <p>The Department operates a manual system of checking Datix for all recorded sharps incidents and the approver of the incident is then sent a notification reminding them of the requirement for an SBAR.</p> <p>Despite being asked for an accompanying SBAR, many approvers sign off the incident and it is automatically closed.</p> <p>Action - the Sub-Committee agreed for BN to arrange for a message to be sent out on Blink, reminding staff of the procedure when recording a sharps incident on Datix.</p> <p>CMcK advised that Datix was being replaced in the future with a National Procurement approved system called InPhase, a software solution to monitor quality, performance and compliance.</p> <p>Due to several problems with installation, experienced by other boards, we should expect a delay of around six-months or more before it comes to NHS Fife.</p> <p>BN added that he was present at a demonstration of the InPhase system during a recent H&S Head of Service meeting. He explained that the system is modern and its functionality is simpler, especially around the reporting aspect as well as more detailed reports and graphs.</p> <p>Action - BN agreed to distribute several mock examples of reports and graphs from the InPhase system and distribute to the Sub-Committee out with the meeting.</p> <p>Slips, Trips & Falls (staff) 19 reported incidents in the quarter, of which:</p> <p>5 incidents - no harm 9 incidents - minor harm 5 incident - moderate harm</p> <p>Violence & Aggression (staff) 331 reported incidents in the quarter, of which:</p> <p>251 incidents - no harm 68 incidents - minor harm 11 incidents - moderate harm 1 incident major harm 0 incidents extreme harm</p> <p>Incidents reported to Police = 31 Incidents reported as sexual assault/harassment = 19 Incidents reported as hate crimes = 9</p> <p>Musculoskeletal (staff) 11 reported incidents in the quarter, of which: 1 incident - no harm 8 incidents - minor harm</p>	<p>BN</p> <p>BN</p>
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2 incidents - moderate harm

0 incidents - major harm

- 6 load handling
- 5 patient handling

Self-Harm (patients)

73 reported incidents in the quarter, of which:

47 incidents - no harm

15 incidents - minor harm

8 incidents - moderate harm

1 incident - major harm

2 incidents - extreme harm

Riddor (all)

7 reported incidents in the quarter, of which:

1 incident - no harm

1 incident - minor harm

3 incidents - moderate harm

2 incidents - major harm

4.2 Reinforced Autoclaved Aerated Concrete (RAAC) Update

NMcC advised that all of the discovery surveys are now complete across the Fife estate.

Many of the RAAC was in good condition and several having minor concerns.

In the near future, through National Procurement, a Point Cloud survey, involving laser scanners will follow. This will allow for accurate recording of all of the RAAC and will show if there has been any movement when scanned again next year.

Our local Surveyor, Bob Terry, has been recording and photographing affected buildings to demonstrate that there has been no change since the first recordings. This will continue on a yearly basis.

4.3 Violence and Aggression - Mental Health Training Update

BN advised that his team has taken over the responsibility for all mental health violence and aggression training across NHS Fife and the HSCP, effective October 2024.

Funding has been secured and the vacancy for a Violence and Aggression Trainer will be advertised in the near future, with interviews being held thereafter.

With this in mind, two-day physical intervention courses have been arranged for the end of December, January and up to the end of March 2025. These include training for regular staff members as well as senior sessions for Senior Charge Nurses, Lead Nurses and Senior Managers.

BN added that the meetings have been oversubscribed to compensate for no-shows.

Domestic Breakaway courses have also been organised at Stratheden. These two-day courses are offered every two weeks.

NMcC advised that for this month, it is important that the levels of violence and aggression training compliance increases. He added that on the report, there are eight areas of the organisation where violence and aggression is high, particularly in the HSCP, Mental Health and A&E,

BN agreed to speak with Bill Coyne with a view to given our Mental Health Wards high priority in terms of training.

NMcC advised that the NHS Fife Board was interested in our compliance with mandatory training across the organisation and stressed the importance of achieving as close to 100% compliance figures as possible.

Protected time for training through AfC will be introduced in the near future, however, it is vitally important that we find a balance meantime.

4.4 Sharps Incident Review

Discussed in item 4.1 above.

4.5 Moving and Handling Update

The Moving and Handling Training Report (April - November 2024) was distributed to the Sub-Committee in advance of the meeting.

BN advised that there has been many training courses arranged including Induction, moving and handling, Arjo Huntleigh sling training including the lateral lifter, bariatric and single-handed care.

Supportive training visits have also taken place in patient homes.

The Training Team follow up training requests in order to identify the training needs of that individual based on their training history. In many cases, Induction Training is offered again to staff who have had no up-to-date training for the last two years or more. Manual Handling staff are conscious of rotas, staff shortages etc in wards and to the difficulties of being released to attend training courses.

DM agreed with the concern around staff not attending mandatory Manual Handling training sessions, adding that the risks are too high in terms of someone hurting themselves as a result and, organisationally, we are, therefore, not covered.

From a Board perspective, we have been tasked with addressing the situation with a view to increasing the attendance at Mandatory Training sessions.

DM suggested adapting training and taking it to the staff in wards and departments. BN added that a problem exists around this when a person moves ward or leaves the organisation as the Health and Safety team is

not notified of moves and therefore has no way of identifying who is trained.

DM summarised by saying that the message should be to staff, as part of their contract, to keep up-to-date with their training,

Refresher training courses are vitally important to those staff who feel they do not need up-to-date training when, in fact, it is those staff who do.

He thanked the Manual Handling team for the incredible work they do and understands their frustration when training courses are not attended, as agreed.

BN advised that we have two Manual Handling Trainers employed within the organisation. If one of the trainers goes off, then the department has suddenly lost half of its training capacity. He raised the suggestion of introducing Secondment training roles, for the short-term, to increase compliance figures which would help with the protection of staff as well as the organisation?

NMcC added that the Portering team has engaged with the Manual Handling trainers who can accommodate different staff groups, who have agreed to attend Induction Training as a refresher. This course will cover all of their training requirements over a two-day period.

A-M Marshall joined the meeting.

A-MM advised that recent no-shows at Induction Training sessions include new members of staff who have been asked to cancel their training due to the wards being too busy and to head straight to the ward. This is not a good reflection on the organisation with no initial assessment having been carried out on the new member of staff and no time afforded to their training requirements.

A-MM added that she has faced difficulties around those staff who have been in the organisation for several years and do not feel that they require refresher training. Unfortunately, the organisation may find itself in a situation where that particular member of staff has an injury and contacts a lawyer seeking compensation. The outcome being that the organisation has no recourse, as the individual's training records are not up-to-date.

If individual training requirements were assessed on a more regular basis, then shorter courses could be attended to keep records up-to-date, resulting in less time away from busy wards and working locations.

Turas

A-MM advised that the team regularly check training waiting lists for cancellations and immediately call and email Senior Charge Nurses to ask if staff who are on waiting lists are available to attend, at short notice. This is often met with unwelcoming responses and behaviour and can be put down to increasing pressure and stress nursing staff are facing at that particular time.

This week for example, out of 54 training spots there were 65 cancellations which would have resulted in no training taking place at all

JK

	<p>had it not been for the efforts of the Manual Handling team chasing waiting lists.</p> <p>JK added that the poor behaviour shown from nursing staff is completely unacceptable, possible symptom of how busy we are, however, this is no excuse.</p> <p>Action - the Sub-Committee agreed for JK to meet with Norma Beveridge, Director of Nursing (Acute Services) and Lynn Garvey, Director of HSCP early next week to discuss concerns in finer detail and update the Sub-Committee as appropriate.</p> <p>DM added that he is in the process of preparing a Recovery Plan on a risk -based approach in terms of training which will be discussed at the EDG meeting on 20 December 2024 prior to escalation to Staff Governance Committee and the NHS Fife Board.</p>	
<p>5</p>	<p><u>HSE Enforcement Activity</u></p> <p>There was no enforcement activity to report within NHS Fife.</p> <p>Enforcement activity continues in several Boards throughout Scotland.</p> <p>It was noted that the HSE had visited NHS Grampian in relation to a patient fall with concerns around the member of staff's training record, particularly around moving and handling.</p>	
<p>6</p>	<p><u>Policies & Procedures</u></p> <p>6.1 <u>Noise at Work Procedure Review (GP/N1)</u></p> <p>BN advised the Sub-Committee that the Noise at Work Procedure (GP/N1) is due for renewal in February 2025 adding that the Procedure will only require a brief update as there has been no change to noise levels in the Guidance document (3rd edition). From there, the Procedure will be submitted to the Policy Group for approval.</p>	
<p>7</p>	<p><u>Performance</u></p> <p>7.1 <u>ASD&CD H&S Committee Update</u></p> <ul style="list-style-type: none"> • ASD&CD H&S Committee Minute of 22 July 2024 (meeting cancelled). • ASD&CD H&S Committee Minute of 23 September 2024 was circulated to the group for noting. <p>7.2 <u>HSCP H&S Assurance Group Update</u></p> <ul style="list-style-type: none"> • The HSCP H&S Assurance Group minute of 23 July 2024 (unconfirmed) was circulated to the group for noting. <p>NMcC - at the last Staff Governance Committee meeting, the question was raised around how the HSCP health and safety issues are fed into Staff Governance?</p> <p>The Sub-Committee agreed that any feedback can be raised at this meeting and escalated thereafter. On-going.</p>	

	<p>NMcC stressed the importance of linking in with Jillian Torrens, Head of Critical and Complex Care, HSCP who replaced Rona Laskowski when she retired in June 2024. This was noted by the Sub-Committee.</p>	
<p>8. <u>Any Other Business</u></p> <p>8.1 <u>HIS Feedback</u></p> <p>JK advised that she had received amazing feedback from the safe delivery of care inspection at VHK this week.</p> <p>To note, and for awareness, in January 2025, the HIS will be inspecting Mental Health and Maternity Units throughout Scotland.</p> <p>8.2 <u>Face Fit Testing</u></p> <p>BN stressed the importance of having an up-to-date register of Face Fit Testing trainers throughout the organisation, particularly when people move or change wards. He added that a lack of Face Fit trainers has been identified in several wards.</p> <p>The subject was discussed at length with a potential suggestion being considered.</p> <p>NMcC agreed to fund Face Fit training for Barry Williams, the H&S Assistant Advisor. BN to liaise with NMcC out with the meeting.</p> <p><u>Face Fit Testing for Doctors</u> - CMcK advised A-MM to contact Iain MacLeod, Deputy Medical Director in the first instance.</p> <p><u>Face Fit Testing for Trainee Doctors</u> – CMcK advised A-MM to contact Morwenna Wood, Consultant Nephrologist, Renal in the first instance.</p>		
<p>9 <u>Date & Time of Next Meeting</u></p> <p>Friday 7 March 2025 at 1 pm on Teams.</p>		

MEDICAL DEVICE GROUP
(Meeting on 11 December 2024)

No issues were raised for escalation to the Clinical Governance Committee.



Minute Medical Device Group
Wednesday 11 December 2024 at 2 pm on Teams

Present

Dr Chris McKenna, Medical Director (**Chair**) (CMcK)
Neil McCormick, Director of Property & Asset Management (NMcC)
Iain MacLeod, Deputy Medical Director (IMacL)
Iain Forrest, Medical Physics Manager (IF)
Alistair Graham, Associate Director of D&I (AG)
Rose Robertson, Assistant Director of Finance (RR)
Mike McAdams, Estates Compliance Manager (MMcA)

In Attendance

Julia Cook, Infection Control Manager (JC) (joined at 2.10 pm)
Claire Steele, Head of Pharmacy, Medicines Supply & Quality (CS) (joined at 2.20 pm)
Robyn Gunn, Head of Laboratory Services (RG)
Richard Scharff, Radiology Clinical Activity Manager (RS)
Kevin Booth, Head of Financial Services & Procurement (KB)
Miriam Watts, General Manager, Directorate Office Planned Care (MW)
Mairi McKinley, Head of Practice & Professional Development, Nurse Director (MMcK) (for Nicola Robertson)
Andrea Barker, Note Taker

The meeting was recorded on Teams

The order of the minute does not necessarily reflect that of the discussion

		<u>Action</u>
1	<p><u>WELCOME & APOLOGIES</u></p> <p>Members were welcomed to the meeting.</p> <p>Apologies were received from Nicola Robertson (Mairi McKinley).</p>	
2	<p><u>MINUTE OF LAST MEETING/MATTERS ARISING</u></p> <p>The Minute of 11 September 2024 was approved by the group.</p> <p>Action from 11 September 2024 meeting:</p> <p>4.2 <u>Scan for Safety Update</u> (KB)</p> <p>In terms of Procurement, KB was not aware of much discussion on the subject at the Regional Procurement Group and agreed to update the group at the next meeting in December 2024.</p>	

	<p>By way of an update, KB reported that there have been no real discussions around Scan for Safety regionally. He agreed to update the group as things progress.</p> <p>Action now closed.</p>	
3	<p><u>GOVERNANCE</u></p>	
3.1	<p><u>Medical Device Group Terms of Reference Update and Comments</u></p> <p>NMcC advised that to bring NHS Fife into compliance with the National requirement, our Terms of Reference (ToR) has been adapted to incorporate best practice for the Medical Device Group.</p> <p><u>Post Meeting Update</u> - A revised (v2) draft ToR was distributed to the group for comment on 31 December 2024.</p> <p><u>Action</u> - for members of the Medical Device Group Please email CMcK, NMcC and Andrea with any additions or amendments by Monday 3 February 2025.</p> <p>The final draft will be presented for approval at the next Medical Device Group meeting on Wednesday 12 March 2025.</p>	All
3.2	<p><u>Revised Medical Device Policies</u></p> <p>NMcC advised that there is a deadline being imposed nationally for all NHS Boards in Scotland to have a Medical Device Policy in place by the end of March 2025.</p> <p>Our existing policy was sent to the Scottish Government (SG) for consideration. Specific feedback came back on the fact that we have focused on medical equipment rather than medical device.</p> <p>Software as a medical device will be incorporated into the policy.</p> <p>In terms of best practice, national policy styles, as examples, have been received from the Golden Jubilee Hospital, Clydebank.</p> <p><u>Action</u> - MMcA has agreed to prepare an NHS Fife Medical Device Policy 'draft' with support from Bryan Hynd, NHS Forth Valley.</p> <p><u>Action</u> - The 'draft' policy will be presented, for approval, at the next Medical Device Group meeting on 12 March 2025.</p> <p><u>Post Meeting Note</u> - The 12 March 2025 agenda has been updated to reflect the above request.</p>	MMcA MMcA

4

FOR DISCUSSION

4.1

Scan for Safety Update

A Scan for Safety Update was provided by CMcK on behalf of Gemma Couser:

- Marie Richmond (MR) will confirm that the DPIA for Scan for Safety is in hand.
- It was agreed that a plan around the Project Implementation for Scan for Safety will be prepared in February/March 2025 with the intention to have meeting with key stakeholders in January 2025. An update will then be provided to FCGC in February 2025.
- MR will consider PM support and will confirm shortly.
- We had a really good discussion about the development of the Digital Strategic Framework, Clinical Governance Strategic Framework and Medical Device Policy - recognising the connection that needs to exist between all three.

CMcK added that the national implementation of Scan for Safety will start early in 2025. Updates will be given via the Medical Device Group and the Clinical Governance Oversight Group and how it aligns with Digital Governance, Clinical Governance and the Medical Device Policy.

AG added that he was expecting Scan for Safety to be listed in the Annual Delivery Plan for 2025/26.

CMcK advised that the National Roll Out Plan suggests that NHS Fife will be in September 2025, which will give us the opportunity to gain experience from other Boards who will have already started the project.

Scan for Safety will cover four specialities:

- Cardiac Surgery
- Interventional Radiology
- Ophthalmology
- Orthopaedics

NMcC advised that the National Team has funding for 2025 and then no funding after that, therefore, we must be mindful and take advantage of the available funding whilst we go through implementation.

4.2

Software as a Medical Device

In terms of the compliance of software, AG supported reviewing Software as a Medical Device Policy with MMcA.

He added that an additional route for software medical device would be the Information Asset Register process, overseen by the Information Governance team, which would include health and care processes.

	<p>In terms of the recording of software medical device, AG advised that these should sit in a medical device database as well as on the Information Asset Register given data requirements.</p> <p>Rather than having multiple records of a particular piece of software, there will be one element that describes how the software is being used, culminating in an overarching record of a particular device.</p> <p>CMcK raised the question around an internal checklist for 'signing-off' the use of software as medical device?</p> <p>AG advised that an internal checklist does not exist in terms of its totality, however, there would require to be a clinical governance aspect involved in terms of a clinical sign-off.</p> <p>He added that this will be put under review through the policies enabling clear decisions to be made.</p> <p>MMcA advised that the 'draft' Medical Device Policy will have a branch across all divisions of NHS Fife including:</p> <ul style="list-style-type: none"> • Procurement • Clinical needs • Maintenance • Support with the supply and fitting of spare parts <p>Flow charts are being considered for use in the 'draft' policy as appendices covering the approval process for medical equipment and medical device via an agreed standard. Moving forward, this will stop the unnecessary purchasing of one-off pieces of medical equipment or device.</p> <p><u>Clinical Trial Equipment</u></p> <p>IMacL flagged up the use of trial equipment, whether it is something new or innovative, for a specific group of patients or research and the governance around this.</p> <p>It was agreed that clinical trial equipment would link the Medical Device Group with the Research Operational Group, chaired by Frances Quirk, Associate Director, Research and Development.</p> <p>Action - It was agreed that MMcA include clinical trial equipment as a sub-section in the 'draft' Medical Device Policy.</p>	MMcA
5	<p><u>FOR INFORMATION</u></p> <p>There was no information to report.</p>	
6	<p><u>MINUTES FOR NOTING</u></p>	

<p>6.1</p> <p>(a)</p> <p>(b)</p>	<p><u>Capital Equipment Management Group</u> (CEMG)</p> <p>Copies of the Fife Capital Equipment Management Group minutes, noted below, were distributed to group members in advance of the meeting:</p> <p>CEMG Minute of 5 September 2024</p> <p>CEMG Minute of 3 October 2024</p> <p>There were no comments or questions raised by the group.</p>	
<p>6.2</p> <p>(a)</p>	<p><u>Point of Care Testing Committee</u> (PoCTC)</p> <p>A copy of the Point of Care Testing Committee minute of 4 September 2024 (unconfirmed) along with a Summary Note of the Meeting, noted below, was distributed to group members in advance of the meeting:</p> <p>There were no comments or questions raised by the group.</p>	
<p>7</p>	<p><u>ANY OTHER BUSINESS</u></p>	
<p>7.1</p>	<p><u>Replacement of T34 Syringe Driver Infusion Pumps - End of Life</u></p> <p>A previously unseen formal notification, dated June 2023, announcing end of life for a whole range of Infusion Pumps currently supplied by BD/CME has recently come to the attention of Medical Equipment Technical Services Department (METS) indirectly via Practice Development.</p> <p>The notification states that spare parts and other technical support activities ceased on 30 April 2024 for versions of the device manufactured before 1 April 2018. This affects approximately 170 of the 280 registered as active assets in use within NHS Fife.</p> <p>Currently METS has a stock of spare parts that could possibly support the repair and maintenance of these identified units for another 12 months, where the repairs are considered appropriate for any particular device.</p> <p>A small number of older pumps have been condemned in recent months due to age and general condition. It is inevitable that the condemnation rate will increase leading to possible equipment shortages.</p> <p>Approximately 100 of the 170 affected units are 10 years or older and are due routine replacement due to their age. As time moves on, more units will reach their planned replacement date, and there is also the possibility that the manufacturer will extend their end-of-life notification which will affect our more recent units and possibly increase the number of units that require to be replaced.</p>	

A limited stock provided by NSS from Covid-19 contingency resources has already allowed replacement of some of our older device, but that stock is now exhausted.

Due to the recent transfer of assets from our previous maintenance database (Micad) to the National Medical Equipment Maintenance Database (eQuip) and the procurement route of some medical equipment, it cannot be 100% guaranteed that all medical equipment and device are registered on the system.

Our records show that out of the 170 affected units, 52 are located at VHK. 15 at QMH and 101 units are within the community, with 2 devices currently unaccounted for.

The problematical history of the T34 Syringe Driver and its subsequent replacement with the Bodyguard T model has caused National Procurement to look at viable alternative device. The timescale for this is currently unknown.

A replacement BD Bodyguard T is currently £1,421.86 including VAT but the supplier has said that this price is only valid in Scotland to the end of October 2024. The cost will then be £1,589.08 including VAT.

The larger risk currently sits with the community as they have most of the identified units. (52 at the VHK, 15 at QMH and 101 units in the community).

RR advised that a request for funding has been included in the 5-Year Capital Equipment Prioritisation plan for the replacement of 10 x T34 Syringe Driver Units.

It was agreed that RR and MMcA will discuss prioritization, allocation and funding of the end-of-life units out with this meeting.

Action - The group agreed for Replacement of T34 Syringe Driver Infusion Pumps to be added as an item for discussion at the next meeting.

Post Meeting Note - The 12 March 2025 agenda has been updated to reflect the above request.

7.2 Replacement of Defibrillator Devices

MMcK advised that an audit had been carried out across all sites including Acute, Community Hospitals and practices culminating in the recently produced SBAR in relation to the replacement of 145 devices, with a final decision to be reached around finances.

RR added that £250k has been included for defibrillator replacement in the 5-Year Capital Prioritisation Plan recently submitted to SG. The outcome to be advised.

Action - The group agreed for Replacement Defibrillator Device be added as an item for discussion at the next meeting.

Post Meeting Note - The 12 March 2025 agenda has been updated to reflect the above request.

7.3

Development of Acute Inpatient Management of Parkinson's Disease Guideline

NMcC advised that the Medical Device Group has been approached by Marie-Claire Grounds, Consultant Physician, Medicine of the Elderly seeking approval for the use of the optimal website for the calculation of Parkinson's medication conversations. This follows a new guideline, recently submitted by NHS Fife to the MSDTC for acute inpatient management of Parkinson's Disease.

Subsequently, the MSDTC has refused to agree to the guideline on the basis that a medical device is being used that is not UKCA marked.

Post Meeting Note - CMcK responded to Marie-Claire via email advising that currently there is no process for approving a digital solution that does not have a UKCA mark. He added that he will be seeking to clarify this process through the development of a new Medical Device Policy which he hope to have this all finalised by the end of March 2025. Meantime, CMcK suggested Marie-Claire link in with the BGS to address the issue.

7.4

5-Year Capital Equipment Prioritisation Plan

RR confirmed that, following news that additional capital money has been made available this financial year, an NHS Fife 5-Year Capital Equipment Prioritisation Plan has been submitted to Mike Conroy through the National Infrastructure Board on 10 December 2024. This follows specific guidelines including the tendering, procurement and have delivered by 31 March 2025.

She added that given the tight timescale, a more robust process by way of flow charts to check consistency, would have ensued if a Medical Device Policy and regime was in place.

CMcK added that the connection between the Capital Equipment Management Group and the Medical Device Group is important, recognizing that we need to be clear of what is and what is not considered a medical device. This will be recognized through the Medical Device Policy.

MMcA added that any flow chart appendices to the policy will require to be taken through a medical device quality assurance process before escalating to other groups and committees.

A discussion followed in terms of the housekeeping and administration in identifying what our medical devices are and the agreed way forward

	<p>all medical equipment and devices will be recorded on an eEquip database. IF has been tasked with brining our medical equipment and devices data accurate and up-to-date so it is robust and fit for purpose.</p> <p>NMcC advised that standardization of equipment across the board on eEquip will enable us to be able to cut down on the use of costly maintenance contracts with external companies.</p> <p>He added that consideration will be given to training up our Maintenance team locally and equipping them to be able to carry out in-house maintenance issues.</p>	
8	<p><u>DATE & TIME OF NEXT MEETING</u></p> <p>Wednesday 12 March 2025 at 2 pm on Team</p>	

Unconfirmed

RESEARCH, INNOVATION & KNOWLEDGE GROUP

(Meeting on 14 November 2024)

No issues were raised for escalation to the Clinical Governance Committee.

NHS Fife Research, Innovation and Knowledge

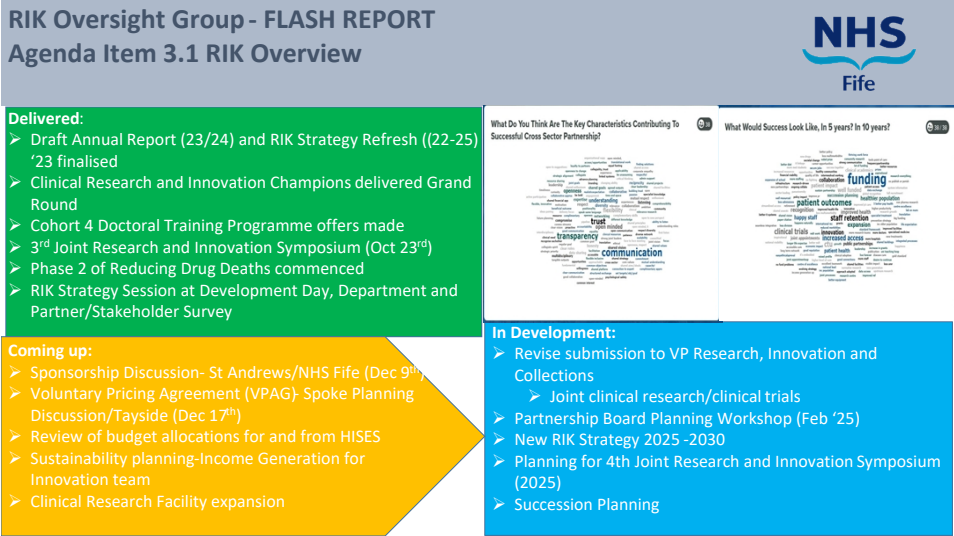
**RESEARCH, INNOVATION & KNOWLEDGE OVERSIGHT GROUP MEETING
MINUTES
Microsoft TEAMS,**

14 NOVEMBER (14.00 – 15.30)



ACTION

	<p>Present: Dr Chris McKenna, Medical Director, Executive Lead for Research, Innovation & Knowledge (CMcK) Prof. Frances Quirk, RIK Associate Director (FQ) Anne Haddow, Lay Advisor, Fife Community Advisory Council (AH) Dr Grant Syme, Physiotherapist Consultant (GS) Alistair Graham, Associate Director, Digital & Information (AG) Karen Gray, Lead Nurse (KG) Neil Mitchell, Innovation Manager (NM) Prof. Colin McCowan, Head of Population Health and Behavioural Science Division, University of St. Andrews (CMcC) Gemma Couser, Associate Director of Quality and Clinical Governance (GC) Prof. Nick Feasey, Director of Research, University of St. Andrews (NF) Shirley-Anne Savage, Associate Director for Risk and Professional Standards (S-AS) In Attendance: Roy Halliday, R&D Support Officer – minutes (RH)</p>	
<p>1.0</p>	<p>CHAIRPERSON’S WELCOME/APOLOGIES AND OPENING REMARKS Apologies; Mairi McKinley, Head of Practice & Professional Development Peter Donnelly, Chair in Public Health, University of St. Andrews</p>	
<p>2.0</p>	<p>STANDING ITEMS</p>	
<p>2.1</p>	<p>OVERSIGHT OF R, I K OVERSIGHT GROUP MINUTE</p> <p>CMcK welcomed all to the meeting and noted the apologies. CMcK also welcomed Prof. Nick Feasey, the recently appointed Director of Research at the University of St. Andrews.</p> <p>The RIK Oversight Group Minutes were accepted with no amendments.</p> <p>Actions:</p> <p>Action 3.1 The link to the Grand Round on 12th June had been sent to colleagues at the University of St. Andrews.</p>	


NHS Fife Research, Innovation and Knowledge

<p>2.2</p>	<p>Action.5.2 Innovation Scout proposal – FQ advised that due to the changing landscape at Innoscot Health, this was no longer a priority.</p> <p>OVERSIGHT OF RIK OPERATIONAL GROUP MINUTE AND ACTION LIST</p> <p>For noting - Nothing from this meeting required escalation.</p>	
<p>3.0</p>	<p>STRATEGIC PRIORITIES/INITIATIVES</p>	
<p>3.1</p>	<p>RIK OVERVIEW</p> <div data-bbox="336 701 1294 1234">  <p>Delivered:</p> <ul style="list-style-type: none"> ➢ Draft Annual Report (23/24) and RIK Strategy Refresh ((22-25) '23 finalised ➢ Clinical Research and Innovation Champions delivered Grand Round ➢ Cohort 4 Doctoral Training Programme offers made ➢ 3rd Joint Research and Innovation Symposium (Oct 23rd) ➢ Phase 2 of Reducing Drug Deaths commenced ➢ RIK Strategy Session at Development Day, Department and Partner/Stakeholder Survey <p>Coming up:</p> <ul style="list-style-type: none"> ➢ Sponsorship Discussion- St Andrews/NHS Fife (Dec 9th) ➢ Voluntary Pricing Agreement (VPAG)- Spoke Planning Discussion/Tayside (Dec 17th) ➢ Review of budget allocations for and from HISES ➢ Sustainability planning-Income Generation for Innovation team ➢ Clinical Research Facility expansion <p>In Development:</p> <ul style="list-style-type: none"> ➢ Revise submission to VP Research, Innovation and Collections <ul style="list-style-type: none"> ➢ Joint clinical research/clinical trials ➢ Partnership Board Planning Workshop (Feb '25) ➢ New RIK Strategy 2025 -2030 ➢ Planning for 4th Joint Research and Innovation Symposium (2025) ➢ Succession Planning </div> <p>FQ highlighted that the RIK Annual Report 2023-2024 and the RIK Strategy refresh had been added to the groups Teams channel for feedback, these have also been to the Operational Group and the Fife Community Advisory Group.</p> <p>FQ advised that the Clinical Research and Innovation Champions delivered a Grand Round on 12th June describing what they are doing, what they have achieved to date and their plans going forward.</p> <p>FQ added that the 3rd NHS Fife and University of St. Andrews joint symposium took place on 23rd October at the University and was a hugely succesful day, planning will soon be underway for the 4th symposium in October next year.</p> <p>FQ noted that she would be meeting with Prof. Nick Feasey in due course to discuss joint working/co sponsorship.</p> <p>FQ advised that the ABPI and the UK Government have agreed that £400m will be committed to supporting commercial clinical trials infrastructure in the UK, Discussions are ongoing with the CSO as to Scotland’s share and how the monies will be split between the Boards.</p>	

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	<p>Each of the Dunfermline Group Boards have collated all of their commercial activity over the last five years to use in the discussions. There will be four main Clinical Trial Delivery Centre hubs Glasgow, Lothian, Tayside, and Aberdeen. NHS Fife will likely become a spoke to one of these hubs.</p> <p>FQ noted that there are ongoing discussions regarding the expansion of our Clinical research Facility at VHK in terms of more Clinical Rooms and office space.</p> <p>FQ added that NF is leading on revising the previous version of submission to the Vice President, Research, Innovations and Collections at St. Andrews University regarding joint clinical trials.</p>	
<p>3.2</p>	<p>DRAFT RIK ANNUAL REPORT 2023--24</p>	
	<p>Discussed in 3.1</p>	
<p>3.3</p>	<p>REFRESHED RIK STRATEGY 2022-25</p>	
	<p>Discussed in 3.1</p>	
<p>4.0</p>	<p>RESEARCH AND DEVELOPMENT</p>	
<p>4.1</p>	<p>CLINICAL RESEARCH UPDATE</p> <div data-bbox="347 1115 1281 1216" style="background-color: #d9e1f2; padding: 5px;"> <p>RIK Oversight Group- FLASH REPORT Agenda item 4.1 RIK Overview</p>  </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div data-bbox="347 1234 826 1440" style="background-color: #2e8b57; color: white; padding: 5px;"> <p>Delivered:</p> <ul style="list-style-type: none"> ➢ New breach and CAPA (Corrective and Preventative Actions) process for capturing any changes to practice to prevent recurrence of errors or risk of errors in the first place. ➢ New mobile phones from reconditioned stock in line with the RTP. ➢ Commended on 100% study follow up completion by ABC study. ➢ Further support provided for the Emergency Department team. ➢ NHS Fife is now a member of the UKCRF (UK Clinical Research Facility) Network with access to shared resources. </div> <div data-bbox="834 1234 1281 1440" style="background-color: #0070c0; color: white; padding: 5px;">  </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div data-bbox="347 1447 826 1641" style="background-color: #ffc107; padding: 5px;"> <p>Coming up:</p> <ul style="list-style-type: none"> ➢ Development of QR code for R&D studies to allow rapid referral and more patient opportunities. ➢ Refreshed clinical research website pages. ➢ Possible Hub and Spoke study support plan for studies working across NHS Tayside and NHS Fife. ➢ Replacement research nursing post to be restructured to provide 'floating' support across the clinical team. </div> <div data-bbox="834 1447 1281 1641" style="background-color: #0070c0; color: white; padding: 5px;"> <p>In Development:</p> <ul style="list-style-type: none"> ➢ New space for VHK development ➢ Looking at new and more efficient methods of working within the ED to ensure timely access to study material. ➢ New process to help support Oncology studies with generating NHS Fife Chemocare prescriptions to help support Fife studies. ➢ Exploring possibilities for lab support within the CRF. </div> </div> <p>KG advised that new processes have been put in place to capture breaches and corrective and preventative actions and to flag up if any patterns are taking place.</p> <p>KG added that the department had been commended by a study sponsor as being the only site in the UK that has successfully completed 100% of follow up data.</p>	



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	<p>KG added that the department has supplied additional resources to the Emergency Department who have a large number of studies that are live as well as a few in set-up.</p> <p>KG advised that NHS Fife has now become a member of UKCRF (United Kingdom Clinical Research Facility) Network which will allow us access its shared resources.</p> <p>KG noted that the clinical Research pages of the NHS Fife website have been refreshed and updated.</p> <p>KG advised that she is currently looking at new processes for supporting oncology studies and generating Chemocare prescriptions with the help of Pharmacy colleagues.</p>	
<p>5.0</p>	<p>INNOVATION</p>	
<p>5.1</p>	<div data-bbox="347 1021 1281 1541" data-label="Complex-Block">  <p>RESEARCH, INNOVATION AND KNOWLEDGE 5.1 RIK Oversight Committee-Innovation Update</p> <p>Delivered:</p> <ul style="list-style-type: none"> ➢ Reducing Drug Deaths entered Phase 2 ➢ Joint Innovation Event – Reform, Transform, Perform ➢ Innovation Fellowship research project commenced , with collaboration agreement fully executed ➢ Innovation Project Review Group commenced ➢ WYSA Mental Health ready to launch ➢ Joint Research and Innovation Symposium ➢ Innovation Grand Round delivered ➢ Essentials of Sponsorship and Leadership training ➢ Innovation team attended Digital Lifelines conference ➢ I4i Acquired Brain Injury Sports Concussion funding application submitted <p>Coming up:</p> <ul style="list-style-type: none"> ➢ Protocol and documents for Innovation Fellowship research to go through Sponsorship review in NHS Fife ➢ Funding application for 'Redesigning Systems' to be submitted ➢ Data access being explored for Automating Processes Reform, Transform, Perform project ➢ Sustainable income streams being explored for Innovation team to be worked up to SBAR for Oversight Group ➢ Scoping work on 2 new innovation projects - alternative flooring for falls and explanatory surgery videos ➢ Innovation Capacity and Capability Survey <p>In Development:</p> <ul style="list-style-type: none"> ➢ Build wider relationships with St Andrews, out with School of Medicine ➢ Development of documentation for exhibitor presence at conferences and symposia ➢ Collaborate with regional partners to take forward projects from Innovation Event ➢ Develop income/sustainability pipelines based on capacity and capability survey </div> <p>NM advised that he attended the joint Innovation event with colleagues from the University of St. Andrews in May, themes for discussion were based on the Reform, Transform, Perform initiative. Discussions took place regarding nine potential projects, two of which are progressing to the next stage.</p> <p>NM noted that Joyce Henderson’s (Innovation Fellow) project has received MRC funding which will allow further work on her study.</p> <p>NM added that the Innovation Project Review Group is now in place and the ToR have been agreed, with two meetings having taken place with minutes being attached to the agenda for today’s meeting.</p>	

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	<p>NM advised that the team delivered a Grand Round earlier in the year with the aim of raising awareness in NHS Fife and highlighting some of the work currently taking place.</p> <p>NM noted that the Innovation team have been exploring options on how to become more sustainable and generate income through funding applications and joint partnerships, with the view to producing an SBAR to bring to this group in the first meeting of 2025.</p> <p>NM noted that he is currently doing some scoping work for two Consultants who have approached him with regards to potential projects, one is from an Orthopaedic Surgeon looking at alternate flooring for patients who have the likelihood of falling after surgery, the other came from a Cardiologist looking at providing explanatory surgery videos to show to patients detailing what their surgery would entail which would hopefully provide them with some useful information and reduce potential anxiety.</p> <p>NM added that the team are currently looking at the development of documentation for exhibiting at conferences/meetings.</p> <p>NM added that the team will be developing ways of generating income with NHS Fife Clinicians which will allow the team to become more sustainable.</p> <p>A discussion took place regarding data sharing and data access between NHS Fife and the University of St. Andrews, FQ advised that she will raise this subject at the next Partnership Board workshop. CMcK noted that a strategic plan needs to be created and a small working group will be set-up to move this forward.</p>	<p>NM</p>
<p>5.2</p>	<p>REDUCING DRUG DEATHS CHALLENGE</p>	

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	<p>Small Business Research Initiative (SBRI) funded by  CHIEF SCIENTIST OFFICE  Office for Life Sciences</p> <div style="background-color: #002060; color: white; padding: 10px;"> <p>5.2 Reducing Drug Deaths Innovation Challenge</p> <ul style="list-style-type: none"> >Phase 2 – Real world evaluation <ul style="list-style-type: none"> > 7 companies have been selected to progress to Phase 2 >Projects commenced in August-September 2024. Each project will run for 12 months with funding of up to £500,000 >NHS Fife <ul style="list-style-type: none"> >2 projects will work with NHS Fife as a test bed collaborator >Mesox - developing a wearable patch of the antidotes naloxone and flumazenil. >eMoodie - Developing a wristband that monitors vital signs such as blood oxygen levels, heart rate, and movement patterns to detect potential overdose risks </div> <p>NM advised that the Reducing Drug Deaths Challenge has now entered Phase 2, with seven companies selected, five of the projects are electronic/digital apps, two are interventional drug development, the projects will run for 12 months with funding up to £500,000 each.</p> <p>NHS Fife will be collaborating on two of the projects, one is developing a wearable patch for antidotes of Naloxone and Flumazenil, the other is the development of a wristband that would monitor vital signs and movement patterns which may indicate a potential overdose.</p>	
6.0	LIBRARY & KNOWLEDGE SERVICES	
6.1	<p>LIBRARY STAFFING REVIEW</p> <p>FQ advised that the Library Manager post has been evaluated by HR and the post will be advertised in January 2025. Once the post is filled the Library & Knowledge Service will be back to a full complement of staff.</p>	
7.0	PARTNERSHIP UPDATES	
7.1	<p>DOCTORAL TRAINING PROGRAMME</p> <p>CMcC advised that interviews for Cohort 4 students took place in October with two offers having been made, they will be working with NF on a project looking at multimorbidity and infection and FQ on a project looking at multimorbidity in the Emergency Department.</p> <p>CMcC noted that this will bring the total number of fellows to six. The last round of recruitment within this funding will start in May 2025. The Wellcome Trust have indicated that they believe the scheme will continue but there has been no official announcement. The DTP committee have started planning for a resubmission.</p>	
7.2	JOINT RESEARCH OFFICE	

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	<p>NF discussed the upcoming joint meeting on 09th December and the opportunity to develop the joint research capability, NF and FQ are working together on the agenda for this meeting.</p> <p>NF advised that the Dean of Medicine, David Crossman is retiring and shortlisting is currently taking place with interviews in December.</p>	
7.3	<p>NHS FIFE & UNIVERSITY OF ST. ANDREWS PARTNERSHIP GC discussed the Partnership Board meeting and actions arising which were to review the membership and include D&I, and to do asset mapping across both organisations to understand what the strategic opportunities might be as the partnership evolves and lastly a meeting needs to take place with the key stakeholders to define what the joint strategic vision will look like and develop a delivery plan, a workshop is tentatively scheduled for February 2025.</p>	GC
7.4	<p>R&D/FIFE COMMUNITY ADVISORY COUNCIL. AH noted the high numbers of projects the Fife Community Advisory Council members are involved with.</p> <p>FQ advised that there had been substantial growth in engagement with FCAC recently which should be acknowledged and applauded.</p>	
8.0	<p>AOCB CMcK congratulated the team on all the hard work that is going on and both he and FQ asked if the next meeting could be organised as a face-to-face meeting.</p>	RH
9.0	<p>DATE AND TIME OF NEXT MEETING TBC</p>	

RESILIENCE FORUM
(Meeting on 18 September 2024)

CGC to note:

- Changes noted to the function of the Civil Contingencies Division within Scottish Government. This includes a reduction in support for Local Resilience Partnerships. A nationally convened Short-Life Working group has been tasked with identifying and mitigating issues related to this change.

Department of Public Health

Bankhead Central Office, Bankhead Park, Glenrothes, KY7 6GH

Minute of Resilience Forum meeting held on Wednesday 18th September 2024 at 2pm via Microsoft TEAMS

Chair:

Joy Tomlinson, Director of Public Health, NHS Fife (JT)

Present:

Jane Anderson, Acute NHS Fife	(JA)
Samantha Mclaughlin, Scottish Ambulance Service	(SMc)
Susan Cameron, Head of Resilience, NHS Fife	(SC)
Avril Sweeney, Risk Compliance Manager, NHS Fife	(AS)
Lynne Parsons, Employee Director, NHS Fife	(LP)
Susan Fraser, Associate Director of Planning and Performance, NHS Fife	(SF)
Jeremy Stewart, Emergency Planning Officer, NHS Fife	(JS)
Allan Young, Head of Digital Operations, NHS Fife	(AY)
Craig Burns, Emergency Planning Officer, NHS Fife	(CB)
Malcolm Landells, Scottish Ambulance Service	(ML)

Minute prepared from chair's own notes.

Agenda Item

1. Welcome and Introductions

JT welcomed everyone to the meeting and round the table introductions took place.

2. Apologies

Apologies were noted from Alistair Graham, Ian Campbell, Lynne Garvey, Margo McGurk, Neil McCormick, Nicola Robertson, Olivia Robertson and Sharon Docherty

3. Minutes of Previous Meeting (13th June 2024)

Minutes from the previous meeting were accepted as an accurate record.

3.1 Action Tracker

Business Continuity policy development was added.

4. Matters Arising

Civil Contingencies arrangements letter noting the following:

- Mhairi McCowan appointed as Deputy Director of Civil Contingencies
- No longer supplying the provision of administration support around Local Resilience Partnerships and other functional groups and the administration and activation of Resilience Partnerships in emergencies.
- Activation of partnerships in response advised that:
 - Police Scotland Emergency and Resilience planning (business hours) and the on-call Emergency Procedures Advisor (out of hours) continue to be available to partners for advice and support with the practicalities of any partner activating and co-ordinating an RP.

5. Resilience Governance & Assurance

SC provided verbal update on key elements of Q1 report. This will include:

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- SLWG progressing risk review
- CONTEST, counter terrorism strategy, is being refreshed for Scotland and will be shared.
- PREVENT, new training is now live on TURAS
- Safe hands 3, national MI exercise Lessons Learned will be shared with Forum when available.

Business Continuity Dashboard

- Ongoing work to support teams noted. Plan status can be used as a lever to open conversations
- National development underway to replace DATIX

6. Whole system Overview

- AS noting that appointment of Lynne Garvey as Director of H&SCP will also mean change in resilience lead. No emerging concerns.
- SAS winter preparedness exercise will take place soon. TRIM service (self-referral system for support within SAS) has 67 trained assessors and two co-ordinators. There have been 294 referrals in the last 2 years. Further System development will take place between 2024 and 2027.
- Digital Resilience, the cyber-threat level continues to be high with exercising and penetration testing continuing.. NIS audit has seen an increase from 77% complaint to 93%.

ACTION - AY to share lessons learned EDG SBAR summarising D&G incident.

7. Emergency Plans

CBRN feedback being incorporated. Complementary SOP on contaminated waste disposal being developed by facilities. Noting MoU in place with Babcock, setting out resources that they will provide.

Operation CONSORT, plan in place with Police Scotland to manage VVIP healthcare contacts. An overarching approach with similar plans for a slightly different purpose will be used for politicians and high-profile prisoners.

8. Training & Exercising

The QMH simulation centre was used during the recent Babcock exercise Night Star. Staff were given the chance to use PPE and joint working with Babcock staff in managing situation.

A Nitizene exercise was held on the 26th August in VKH with wide representation from agencies in Fife. Lessons were identified to strengthen approaches locally and nationally.

9. Fife Regional Resilience Events Brief

For information purposes only

10. National Updates

Letter for information purposes only

11. AOB

There was no other business.

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12. Date of next meeting:

Thursday 12th December at 2.30pm via MS TEAMS