NHS Fife Clinical Governance Committee

Fri 13 January 2023, 10:00 - 12:45

MS Teams

Agenda

10:00 - 10:00
0 min

1. Apologies for Absence

Arlene Wood

10:00 - 10:00
0 min

2. Declaration of Members' Interests

Arlene Wood

10:00 - 10:00
0 min

3. Minutes of Previous Meeting held on Friday 4 November 2022

Enclosed   *Arlene Wood*

📄 Item 03 - Clinical Governance Committee Minutes (unconfirmed) 20221104.pdf (11 pages)

10:00 - 10:10
10 min

4. Matters Arising / Action List

Enclosed   *Arlene Wood*

📄 Item 04 - Clinical Governance Committee Action List - 20230113.pdf (1 pages)

10:10 - 10:15
5 min

5. ACTIVE OR EMERGING ISSUES

5.1. General Covid-19 Update

Verbal   *Joy Tomlinson*

10:15 - 10:35
20 min

6. GOVERNANCE MATTERS

6.1. Corporate Risks Aligned to Clinical Governance Committee

Enclosed   *Chris McKenna/Janette Keenan*

📄 Item 06.1 - SBAR Corporate Risks Aligned to Clinical Governance Committee.pdf (6 pages)
📄 Item 06.1 - Appendix 1 Summary of Corporate Risks Aligned to the CGC.pdf (5 pages)
📄 Item 06.1 - Appendix 2 Assurance Principles.pdf (1 pages)

6.1.1. Deep Dive - Digital & Information

Chris McKenna/Alistair Graham

10:35 - 11:10
35 min

7. STRATEGY / PLANNING

7.1. Population Health & Wellbeing Strategy

Enclosed   *Margo McGurk/Susan Fraser*

📄 Item 07.1 - SBAR Population Health & Wellbeing Strategy Progress Update.pdf (3 pages)

7.2. Cancer Framework & Delivery Plan

Enclosed   *Chris McKenna*

📄 Item 07.2 - SBAR Cancer Framework and Delivery Plan.pdf (4 pages)
📄 Item 07.2 - Appendix 1 Draft NHS Fife Cancer Framework 2022-25.pdf (70 pages)
📄 Item 07.2 - Appendix 2 Draft NHS Fife Cancer Framework Annual Delivery Plan 2022-23.pdf (12 pages)
📄 Item 07.2 - Appendix 3 Management of Delivery Plan .pdf (1 pages)

7.3. Clinical Governance Framework & Delivery Plan

Enclosed   *Chris McKenna*

📄 Item 07.3 - SBAR Clinical Governance Framework and Delivery Plan.pdf (4 pages)
📄 Item 07.3 - Appendix 1 Clinical Governance Framework Overview.pdf (3 pages)
📄 Item 07.3 - Appendix 2 Clinical Governance Framework.pdf (52 pages)
📄 Item 07.3 - Appendix 3 Clinical Governance Framework Delivery Plan 2022-23.pdf (3 pages)

11:10 - 11:40
30 min

8. QUALITY / PERFORMANCE

8.1. Integrated Performance & Quality Report

Enclosed   *Chris McKenna/Janette Keenan*

📄 Item 08.1 - SBAR Integrated Performance & Quality Report.pdf (4 pages)
📄 Item 08.1 - Appendix 1 Integrated Performance & Quality Report.pdf (16 pages)

8.2. Healthcare Associated Infection Report (HAIRT)

Enclosed   *Janette Kennan*

📄 Item 08.2 - SBAR Healthcare Associated Infection Report (HAIRT).pdf (6 pages)
📄 Item 08.2 - Appendix 1 Healthcare Associated Infection Report (HAIRT).pdf (26 pages)

8.3. NHS Fife Response to the Letter from Health Improvement Scotland

Enclosed   *Chris McKenna*

📄 Item 08.3 - Letter from Health Improvement Scotland.pdf (2 pages)

8.4. High Risk Pain Medicines Patient Safety Programme – Year One Update

Enclosed   *Ben Hannan*

📄 Item 08.4 - SBAR High Risk Pain Medicines Patient Safety Programme – Year One Update.pdf (6 pages)

8.5. Fife Specialist Palliative Care Services - Service Model

Enclosed   *Chris McKenna*

📄 Item 08.5 - SBAR Fife Specialist Palliative Care Services - Service Model + Appendices.pdf (21 pages)

11:40 - 11:55
15 min

9. DIGITAL / INFORMATION

9.1. Update on Digital Strategy 2019-2024

Enclosed   *Alistair Graham*

📄 Item 09.1 - SBAR Update on Digital Strategy 2019-2024.pdf (8 pages)

9.2. Records Management Plan - National Registers of Scotland Keeper's Report

Enclosed   *Alistair Graham*

📄 Item 09.2 - SBAR Records Management Plan - National Registers of Scotland Keeper's Report.pdf (5 pages)
📄 Item 09.2 - Appendix 1 Letter from the Keeper of the Records of Scotland.pdf (2 pages)
📄 Item 09.2 - Appendix 2 Report from Keeper of the Records of Scotland.pdf (41 pages)

11:55 - 12:05
10 min

10. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

10.1. Patient Experience & Feedback Report

Enclosed   *Janette Keenan*

📄 Item 10.1 - SBAR Patient Experience & Feedback Report + Appendix 1.pdf (16 pages)

12:05 - 12:25
20 min

11. ANNUAL REPORTS

11.1. Equality Outcomes and Mainstreaming Interim Report 2021-2023

Enclosed   *Janette Keenan*

📄 Item 11.1 - SBAR Equalities Outcome Progress Report 2023.pdf (4 pages)
📄 Item 11.1 - Appendix 1 Equality Outcomes and Mainstreaming Interim Report.pdf (34 pages)

11.2. Research & Development Strategy Review 2021/2022 and Research, Innovation and Knowledge Strategy 2022-2025

Enclosed   *Chris McKenna*

📄 Item 11.2 - SBAR R&D Strategy Review 2021-2022 & RIK Strategy 2022-2025.pdf (4 pages)
📄 Item 11.2 - Appendix 1 Research Strategy Priorities 2021-2022.pdf (3 pages)
📄 Item 11.2 - Appendix 2 Research, Innovation and Knowledge Strategy 2022-2025.pdf (15 pages)

11.3. Research, Innovation & Knowledge Annual Report 2021/2022

Enclosed   *Chris McKenna*

📄 Item 11.3 - SBAR Research, Innovation & Knowledge Annual Report 2021-2022.pdf (5 pages)
📄 Item 11.3 - Appendix 1 Research, Innovation and Knowledge Annual Report 2021-2022.pdf (71 pages)

12:25 - 12:30
5 min

12. FOR ASSURANCE

12.1. Delivery of Annual Workplan 2022/2023

Enclosed   *Shirley-Anne Savage*

📄 Item 12.1 - Delivery of Annual Workplan 2022-2023.pdf (8 pages)

12.2. Proposed Annual Workplan 2023/2024

Enclosed   *Shirley-Anne Savage*

📄 Item 12.2 - SBAR Proposed Annual Workplan 2023-2024.pdf (3 pages)
📄 Item 12.2 - Appendix 1 Proposed Annual Workplan 2023-2024.pdf (6 pages)

13. LINKED COMMITTEE MINUTES

13.1. Acute Services Division Clinical Governance Committee held on 16 November 2022 (unconfirmed)

Enclosed

- Item 13.1 - Acute Services Division Clinical Governance Committee Cover Paper 20221116.pdf (1 pages)
- Item 13.1 - Acute Services Division CGC Minutes (unconfirmed) 20221116.pdf (19 pages)

13.2. Area Clinical Forum held on 1 December 2022 (unconfirmed)

Enclosed

- Item 13.2 - Area Clinical Forum Linked Minute Cover Paper 20221201.pdf (1 pages)
- Item 13.2 - Area Clinical Forum Minutes (unconfirmed) 20221201.pdf (4 pages)

13.3. Area Medical Committee held on 11 October 2022 (unconfirmed)

Enclosed

- Item 13.3 - Area Medical Committee Minutes (unconfirmed) 20221011.pdf (5 pages)

13.4. Cancer Governance & Strategy Group held on 19 August 2022 (confirmed) & 4 November 2022 (unconfirmed)

Enclosed

- Item 13.4i - Cancer Governance & Strategy Group Linked Minute Cover Paper 20220819.pdf (1 pages)
- Item 13.4i - Cancer Governance & Strategy Group (confirmed) 20220819.pdf (10 pages)
- Item 13.4ii - Cancer Governance & Strategy Group Linked Minute Cover Paper 20221104.pdf (1 pages)
- Item 13.4ii - Cancer Governance & Strategy Group (unconfirmed) 20221104.pdf (10 pages)

13.5. Clinical Governance Oversight Group held on 18 October 2022 (confirmed)

Enclosed

- Item 13.5 - Clinical Governance Oversight Group Linked Minute Cover Paper 20221018.pdf (1 pages)
- Item 13.5 - Clinical Governance Oversight Group (confirmed) 20221018.pdf (8 pages)

13.6. Fife Drugs & Therapeutic Committee held on 7 December 2022 (unconfirmed)

Enclosed

- Item 13.6 - Fife Drugs & Therapeutic Committee Linked Minute Cover Paper 20221207.pdf (1 pages)
- Item 13.6 - Fife Drugs & Therapeutic Committee (unconfirmed) 20221207.pdf (6 pages)

13.7. Infection Control Committee held on 5 October 2022 (confirmed) & 7 December 2022 (unconfirmed)

Enclosed

- Item 13.7i - Infection Control Committee Linked Minute Cover Paper 20221005.pdf (1 pages)
- Item 13.7i - Infection Control Committee Minutes (confirmed) 20221005.pdf (6 pages)
- Item 13.7ii - Infection Control Committee Linked Minute Cover Paper 20221207.pdf (1 pages)
- Item 13.7ii - Infection Control Committee Minutes (unconfirmed) 20221207.pdf (8 pages)

13.8. Information Governance & Security Steering Group held on 4 November 2022 (unconfirmed)

Enclosed

- Item 13.8 - Information Governance & Security Steering Group Linked Minute Cover Paper 20221011.pdf (1 pages)

13.9. Research, Innovation & Knowledge Oversight Group held on 14 December 2022 (unconfirmed)

Enclosed

12:35 - 12:40
5 min

14. ESCALATION OF ISSUES TO NHS FIFE BOARD

14.1. To the Board in the IPQR Summary

Verbal   *Arlene Wood*

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

Verbal   *Arlene Wood*

12:40 - 12:40
0 min

15. ANY OTHER BUSINESS

12:40 - 12:40
0 min

16. DATE OF NEXT MEETING - FRIDAY 3 MARCH 2023 AT 10AM VIA MS TEAMS

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE MEETING HELD ON FRIDAY 4 NOVEMBER 2022 AT 10AM VIA MS TEAMS

Present:
Christina Cooper, Non-Executive Member (Chair)
Martin Black, Non-Executive Member
Anne Haston, Non-Executive Member
Kirstie MacDonald, Non-Executive Whistleblowing Champion
Simon Fevre, Area Partnership Forum Representative
Aileen Lawrie, Area Clinical Forum Representative
Janette Keenan, Director of Nursing
Chris McKenna, Medical Director
Carol Potter, Chief Executive *(part)*

In Attendance:
Lynn Barker, Associate Director of Nursing
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Alistair Graham, Associate Director of Digital & Information
Colin Grieve, Non-Executive Member *(observing)*
Ben Hannan, Director of Pharmacy & Medicines
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
Elizabeth Muir, Clinical Effectiveness Manager
Gill Ogden, Head of Nursing *(deputising for Lynn Campbell & Iain MacLeod)*
Emma O'Keefe, Deputy Director of Public Health *(deputising for Joy Tomlinson)*
Shirley-Anne Savage, Service Manager *(observing)*
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and extended a welcome to Colin Grieve, Non-Executive Member, who was observing this meeting, prior to becoming a member of the Clinical Governance Committee effective 1 December.

The Chair advised that Arlene Wood has been appointed Chair of the Clinical Governance Committee, effective 1 December.

The Chair advised that Shirley-Anne Savage has been appointed as Associate Director of Quality and Clinical Governance covering for the period of Gemma Couser's maternity leave, effective 1 December.

The Chair and Medical Director thanked Martin Black for his invaluable service on the Committee, noting that he leaves the Board on 30 November.

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

1. **Apologies for Absence**

Apologies were noted from members Sinead Braiden (Non-Executive Member), Arlene Wood (Non-Executive Member) and Joy Tomlinson (Director of Public Health), plus attendees John Morrice (Associate Medical Director, Women & Children's Services), Susan Fraser (Associate Director of Planning & Performance), Lynn Campbell (Associate Director of Nursing) and Iain MacLeod (Deputy Medical Director).

2. **Declaration of Members' Interests**

There were no declarations of interest made by members.

3. **Minutes of the Previous Meeting held on 2 September 2022**

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

4. **Matters Arising / Action List**

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

4.1 **Hospital Standard Mortality Rates (HSMR) Update Report**

The Medical Director advised that the HMSR report seeks to clarify the definition of HSMR, explains how it is calculated and provides assurance on Fife's performance.

It was reported that the HSMR data is collated by Public Health Scotland, and assurance was provided that the score for Fife is around the national average and, as such, the Board is not an outlier. It was noted the calculations have been adapted to include Covid-19 as an aspect.

The Medical Director advised that a deeper dive is being carried around deaths within 30 days, as there are different pathways for end of life care in Fife, and to explore if there are any adjustments that need to be made in the report for the number of deaths.

Following a question from S Fevre, Area Partnership Forum Representative, the Medical Director explained that any person who is discharged from hospital to their home, who subsequently dies within 30 days, are counted. It was noted persons are not counted if they have been transferred from Acute care to a community hospital.

Following a query from A Haston, Non-Executive Member, the Medical Director advised that obstetrics or psychiatry specialties are not counted and are considered separately. A Lawrie, Area Clinical Forum Representative, advised that the organisation 'MBRRACE-UK' would look at the obstetrics and maternal deaths.

A further update on HSMR will be brought back to the Committee in due course.

The Committee **noted** the update provided, took **assurance** that HSMR is monitored as a key quality performance indicator, and took **assurance** that the HSMR data for NHS Fife is in keeping with the national average.

5. ACTIVE OR EMERGING ISSUES:

5.1 Covid-19

The Medical Director provided a verbal update on the current position, noting that the numbers are manageable and there has not been a spike in admittances to hospitals. There are varying amounts of Covid-19 in nursing homes and community hospitals, however, the position has improved recently. The situation will be closely monitored, particularly as we go through Winter.

The Committee **noted** the update.

6. GOVERNANCE MATTERS

6.1 Corporate Risks Aligned to Clinical Governance Committee

The Medical Director advised that the Corporate Risks aligned to the Clinical Governance Committee replaces the Board Assurance Framework and refinement of these will be a work in progress over the coming year.

It was reported that the Executive Directors' Group reviewed the risk register and had agreed on risks to be realigned to committees and risks with dual owners being allocated to single owner. An overview was provided on these risks, as outlined in the paper. It was noted a deep dive on specific risks will be carried out at each future Committee meetings to provide greater assurance.

Committee members praised the hard work of the team in developing the report.

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

7. STRATEGY / PLANNING

7.1 Draft Clinical Governance Framework and Delivery Plan

The Medical Director advised that the Clinical Governance Framework is presented to the Committee in draft for comment, with a final version to be presented in January 2023. It was also noted that that there is a comprehensive delivery plan aligned to the Clinical Governance Framework.

The Medical Director highlighted the Clinical Governance Framework, noting that it sets out our aims, values, Clinical Governance activities and enablers.

The importance of the structures around Clinical Governance was noted, and it was advised that the flow of information had been queried by the Committee at a previous meeting. The Medical Director advised that the flow of information has been demonstrated via the Sub Structure of the Clinical Governance Committee graphic within the document. A further graphic within the paper demonstrates how the profile of the Clinical Governance Oversight Group (CGOG) has been raised; this group works across and provides connection to the clinical governance meetings and activities that sit across Fife. The CGOG provides assurance of the scrutiny that is carried outwith groups.

The Medical Director explained that the Health & Social Care assurance arrangements appendix, including Clinical and Care Governance, describes the arrangements in place within the Health & Social Care Partnership, which aims to ensure that there are the correct connections and reporting into the appropriate structures of NHS Fife, Fife Council and Integrated Joint Board (IJB).

M Black, Non-Executive Member, queried the escalation route to NHS Fife for any clinical governance issues raised at the IJB. The Medical Director explained that minutes from the IJB Quality & Communities Committee (previously Care & Clinical Governance Committee) are provided to the NHS Fife Clinical Governance Committee, and that the IJB Quality & Communities Committee is only reportable to the IJB under legislation. It was also advised that the Medical Director and Director of Health & Social Care work closely to review any potential issues.

A Haston, Non-Executive Member, suggested the wording around being empowered to report quality and safety concerns should be more flexible. K MacDonald, Non-Executive Member, suggested reflecting how the values are put into practice by incorporating the existence of the peer support team in the event of a safety or quality issue. The Medical Director agreed to both suggestions and will take forward.

Action: Medical Director

The Chair thanked Gemma Couser and team for all their hard work.

The Committee **approved** the draft Clinical Governance Framework & Delivery Plan 2022/23.

7.2 Report on Outcomes from Existing Clinical Strategy

The Medical Director advised that the report provides more detail on the outcomes from the existing Clinical Strategy (since this item was presented at a recent Board Development Session held in October) and that it sets out the significant work that has been undertaken. It was noted some of the project outcomes are due to changes in the way the organisation operates due to Covid-19.

The Committee took **assurance** on the significant progress made on the recommendations of the Clinical Strategy 2016-21 and continuation of areas of priority in the Population Health and Wellbeing Strategy.

7.3 Strategic Planning & Resource Allocation (SPRA) 2023-24

The Director of Finance & Strategy highlighted that the Scottish Government Emergency Budget review has been published, noting that the financial decisions at Scottish Government and UK level involves significant prioritisation of spend, which will impact on service delivery. It was reported the cost for the current financial year has not concluded, and the wider pressures on the system have already led to some significant changes being made.

The Director of Finance & Strategy explained that the SPRA process occurs annually, and each directorate complete a set of information that allows us to have a provision on prioritisation for the coming year. A workshop environment has been created to start the process this year, and the Finance and Planning Teams will support and facilitate the workshops, with discussions in each of the areas led by Directors.

The Medical Director offered to support the Director of Finance & Strategy, noting that the challenges that are ahead in terms of competing pressures cannot be underestimated.

The Committee took **assurance** on the Strategic Planning and Resource Allocation methodology and the timeline for delivery.

7.4   Annual Delivery Plan Progress & Winter Actions

The Director of Finance & Strategy reported that following discussion at the Executive Directors' Group, they had agreed that a review will be carried out on the presentation of the report to make the information more focussed, to enable discussions on key aspects.

It was reported that the paper sets out the mid-year position against the key actions agreed in our Annual Delivery Plan. The report is aligned to the IPQR, which provides more detail, and is also linked to the Corporate Risk Register.

The Director of Finance & Strategy highlighted the financial pressures and workforce pressures on delivery of the plan. Despite the challenges, it was noted that there have been areas of improvement.

The Committee took **assurance** on progress in the delivery of the Annual Plan and its related Winter Actions.

7.5   Laboratory Information Management System Update

The Associate Director of Digital & Information spoke to the paper and advised that progress is being discussed through both the Digital & Information Senior Leadership Team (SLT) and the Acute Division SLT, and there is also additional reporting into the Acute Services Clinical Governance Group on a monthly basis. A monthly report will go to the Executive Directors' Group (EDG) on progress and associated risks.

The Committee took **assurance** from the mitigation of the risks associated with the successful implementation of the Citadel system by March 2023 and took **assurance** from the regular reporting to SLTs and EDG for the duration of the implementation period.

7.6   Integrated Unscheduled Care Report

The Medical Director advised that the report summaries the improvement activities for the key priority areas that are being undertaken in the urgent and unscheduled care areas in Fife and have been agreed with the Scottish Government.

It was noted within the report a green status equates to 'on target'.

The Committee took **assurance** from the Integrated Unscheduled Care Report.

8.   QUALITY/PERFORMANCE

8.1   Integrated Performance and Quality Report (IPQR)

The Director of Nursing advised that the team who were involved in the pilot of the Early Cancer Diagnostic Centre won an innovation award at the Scottish Health Awards held on 3 November 2022. Gemma Lawson, Healthcare Support Worker, won the People's Choice award, and the Birth at Home team were finalists in the Midwifery category.

The Director of Nursing provided an overview of the IPQR data, noting that a separate update on complaints will be provided at agenda item 9.1.

M Black, Non-Executive Member, commented on the reputational risks for the organisation in terms of the level of complaints exceeding the response target and highlighted the current position. The Director of Nursing replied that since the new Head of Patient Experience came into post, there has been positive changes made, with a real focus on meeting targets and improving processes. It was noted that work is ongoing for complaints that sit under the 20 days' response timeframe, to support areas reach this target. The Medical Director highlighted activity level pressures and challenges for staff in responding to complaints within target times, noting that a more thorough response can often take longer than the target time of 20 days.

The Director of Health & Social Care provided some practical examples that are carried out, such as an improvement report on a weekly basis, regular meetings with staff to discuss complex areas of complaints and scrutinising data with set priorities.

K MacDonald, Non-Executive Member, highlighted that quality indicators do not always provide a true reflection and suggested expanding the narrative within the IPQR.

The Director of Nursing advised that the Ombudsman in October 2022 changed the model complaints handling process for public bodies, with the exception of the NHS, to four mandatory outcomes for Key Performance Indicators (KPIs). It was noted NHS Fife will continue to have nine mandatory outcomes for KPIs, and that as the reporting for complaints develops, learnings from complaint handling will be addressed through the Organisational Learning Group. It was noted that other NHS Boards are in a similar position to NHS Fife in terms of response times for complaints, reflecting system-wide pressures on staff and services.

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

8.2 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing spoke to the main points within the report.

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

8.3 Review of Deaths of Children & Young People Interim Report

The Director of Nursing spoke to the report, advising that it provides an update on progress of the death review process for children and young people.

The Committee took **assurance** from the Review of Deaths of Children & Young People Interim Report.

9. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

9.1 Patient Experience & Feedback Report - Quarter 2

The Director of Nursing highlighted the number of complaints and the change to the assessment table within the assessment section of the paper, which now clearly demonstrates the position of complaints. It was noted there is a high number of complaints awaiting statements.

The Director Nursing spoke to the key points within the report.

The Chair questioned if the support is now in place to sustain the workforce. The Director of Nursing advised that a higher number of members within the complaints team would be ideal, however they are aware of the financial implications for additional roles. It was noted the team are currently working through developing and improving processes.

A Haston, Non-Executive Member, queried how compliments are fed back to teams. It was advised that the Datix system is used for both complaints and compliments, however, is time dependant and some areas need encouragement to report compliments.

The Chair congratulated everyone involved for all their hard work, noting the work still to be done in this area.

The Committee took **assurance** from the Quarter 2 Patient Experience & Feedback Report.

9.2 Quality Framework for Community Engagement & Participation

The Director of Nursing spoke to the report, noting that staff from NHS Fife were heavily involved in the work of developing the framework.   It was advised that the national framework will be launched later in 2022 and the Director of Nursing has contacted the Senior Community Officer at Health Improvement Scotland (HIS) and a meeting has been arranged to discuss the draft Quality Framework; this will also support avoiding any duplication between the national and NHS Fife framework.

The Committee took **assurance** from the Quality Framework for Community Engagement & Participation Report.

10. ANNUAL REPORTS

10.1 Integrated Screening Annual Report 2022

The Deputy Director of Public Health highlighted the key points from the report, noting the ongoing incidents that are being worked on both within Fife and at a national incident level. The potential impact on Covid with a reduction in screening processes and backlog of patients was also highlighted.   The Medical Director explained that

screening is not just related to cancer and is about identifying significant illness earlier at asymptomatic stage.

The Committee took **assurance** from the Integrated Screening Annual Report 2022 Report.

10.2 Medical Education Annual Report 2021-22

The Medical Director highlighted an increase in students for undergraduate medical education, noting they are accommodated in a variety of settings across NHS Fife and Primary Care. The recent Scottish Government decision to restore Primary Medical Qualification awarding status to the University of St Andrews was also highlighted, and it was noted that due to this change in legislation, a graduation ceremony took place for 55 junior doctors across Scotland who have been trained in the ScotGEM programme (Graduate Entry Medical School).

The Medical Director provided an overview on postgraduate medical education. An overview on the surveys carried out by NHS Education Scotland was also provided, and it was noted there had been excellent feedback for some specialities, however other specialities require more work to improve the experience of the doctors. In general, this has been affected by service pressures, particularly for Acute Services.

Following a question from the Chair, the Medical Director advised that a Core Trainee is provided with generalist training, and this training sits between foundation training and speciality training.

A Haston, Non-Executive Member, questioned access to medical school and if access has been widened to people from low income families and if access can be gained through work experience. The Medical Director advised that NHS had one of the most successful summer schools in Scotland, with students from all backgrounds. The Medical Director suggested discussing medical education in more detail at a future Clinical Governance Development session and agreed to liaise with the relevant team to get this session scheduled.

Action: Medical Director

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

10.3 Medical Appraisal and Revalidation Annual Report 2021-22

The Medical Director presented the report, noting that it sets out the importance and legislative responsibilities that NHS Fife has in terms of the Responsible Officer legislations to deliver effectiveness appraisal and revalidation processes for doctors. Appraisals are delivered through NHS Education Scotland (NES) trained Appraisers, and the Medical Director, as Responsible Officer, ensures that doctors can revalidate every five years or defer if they have not met the necessary milestones.

The Medical Director advised that there is an ambition to deliver a strategic framework around appraisal and revalidation which will include a workplan and will support identifying any potential issues.

The Committee took **assurance** from the Medical Appraisal and Revalidation Annual Report 2021-22.

10.4 Prevention & Control of Infection Annual Report 2021

The Director of Nursing provided an overview of the Infection Control Care Home Team, noting its development and inclusion of a Senior Infection & Control Nurse and Infection & Control Nurses to offer support within care homes. The Senior Nurses are being supported with a postgraduate study towards a masters specialist practitioners qualification. Two of our Infection & Control Nurses have completed a masters module in the Built Environment.

The Chair praised the comprehensive report and also welcomed the format, noting it was easy to read and understand.

The Committee took **assurance** from the Prevention & Control of Infection Annual Report 2021.

10.5 Controlled Drug Accountable Officer Annual Report 2022

The Director of Pharmacy & Medicines provided an overview on the various sections of the report.

Following a question from the Chair, the Director of Pharmacy & Medicines explained the membership of the Controlled Governance Group.

The Committee considered this report for **assurance** regarding operation of responsibilities of the Controlled Drug Accountable Officer in Fife.

10.6 Volunteering Annual Report 2021-22

The Director of Nursing noted that NHS Fife recognises the dedication and commitment of volunteers.   It was reported that due to Covid it had been a difficult time and volunteers had been stood down. Over the previous year, remobilisation of volunteers has taken place, and an overview of the various volunteering roles was provided. It was noted that new opportunities are being explored along with managing risks. It was advised that NHS Fife is hoping to recruit younger volunteers through the Duke of Edinburgh Award Scheme.

Following a question from M Black, Non-Executive Member, the Director of Nursing explained how volunteers are celebrated.

The Chair highlighted the importance of volunteers noting that they are an integral part of NHS Fife. M Black, Non-Executive Member praised all the volunteers within NHS Fife.

The Committee took **assurance** from the Volunteering Annual Report 2021-22.

11. FOR ASSURANCE

11.1 Delivery of Annual Workplan

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

12. LINKED COMMITTEE MINUTES

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

12.1 Acute Services Division Clinical Governance Committee held on 7 September 2022 (unconfirmed)

12.2 Area Clinical Forum held on 6 October 2022 (unconfirmed)

12.3 Cancer Governance & Strategy Group held on 19 August 2022 (unconfirmed)

12.4 Clinical Governance Oversight Group held on 16 August 2022 (confirmed)

12.5 Digital & Information Board held on 18 October 2022 (unconfirmed)

12.6 Drugs & Therapeutic Committee held on 24 August 2022 (confirmed) & 12 October 2022 (unconfirmed)

12.7 IJB Quality & Communities Committee held on 9 September 2022 (unconfirmed)

12.8 Health & Safety Subcommittee held on 9 September 2022 (unconfirmed)

12.9 Medical Devices Group held on 16 August 2022 (unconfirmed)

12.10 Portfolio Board held on 15 September 2022 (unconfirmed)

12.11 Research, Innovation & Knowledge Oversight Group held on 22 September 2022 (unconfirmed)

12.12 Resilience Forum held on 25 August 2022 (unconfirmed)

13. ESCALATION OF ISSUES TO NHS FIFE BOARD

13.1 To the Board in the IPQR Summary

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

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

There were no matters/issues to escalate to the Board.

14. ANY OTHER BUSINESS

14.1 Clinical Governance Chair

The Medical Director, on behalf of the Chief Executive, the Clinical Governance team and Committee members, warmly thanked C Cooper for all her support during her term as Chair of the Clinical Governance Committee and she was wished well for the future.

Date of Next Meeting – Friday 13 January 2022 at 10am via MS Teams.

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

CLINICAL GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Friday 13 January 2023

NHS Fife

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	01/07/22	**IPQR**	To take forward as an action whether the data within our existing statistics could be analysed further to give a better understanding of inequalities and adverse events and if there are any patterns.	**JT**	~~November 2022~~ January 2023	In progress. The Lead for Adverse Events is taking this action forward and has arranged a meeting with the Equality & Human Rights Lead Officer.	In progress
2.	04/11/22	**Medical Education**	To liaise with the team regarding presenting at a future Committee Development Session on Medical Education	**CM/HT**	A future Development Session	Both Medical Education and Addiction Services will be the two topics for a CGC Development Session in March 2023. Date tbc.	In progress
3.	02/09/22	**Addiction Services**	To liaise with the team regarding presenting at a future Committee Development Session on Addiction Services.	**LB/HT**			
4.	01/07/22	**Organisational Duty of Candour**	To arrange for a section to be built into the Organisational Duty of Candour Report 2021/22 around improving resilience. The 2021/22 report to be brought back to this Committee.	**CM**	March 2023	Report will go to CGC meeting in March, and then on a yearly basis. Closed - added to workplan.	Closed
5.	04/11/22	**Draft Clinical Governance Framework and Delivery Plan**	To take forward to the following suggestions: • wording around being empowered to report quality and safety concerns should be more flexible • reflecting how the values are put into practice by incorporating the existence of the peer support team in the event of a safety or quality issue	**CM**	January 2023	Complete.	Closed

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NHS Fife

NHS SCOTLAND

Meeting:	**Clinical Governance Committee**
Meeting date:	**13 January 2023**
Title:	**Update on Corporate Risks Aligned to Clinical Governance Committee**
Responsible Executive:	**Dr Chris McKenna, Medical Director, NHS Fife**
Report Author:	**Pauline Cumming, Risk Manager, NHS Fife**

1 Purpose

This report is presented for:

- Assurance
- Discussion

This report relates to:

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

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This paper is brought to the Committee as part of the second cycle of reporting to the governance committees on the corporate risks. The content reflects the current status of the risks aligned to this committee. The report will continue to be refined over time.

The Committee is invited to:

- Note the Corporate Risks as at 5 January 2023 set out at Appendix 1;
- Review the updates provided and consider the Assurance Principles set out at Appendix 2;
- Consider and be assured of the mitigating actions to improve the risk level; and
- Identify which risks are requested for a deep dive at the next Committee

2.2 Background

As part of the refresh of the Risk Management Framework, a Corporate Risk Register has been agreed which aligns to the Board's 4 strategic priorities. The format presents the corporate risks in a manner designed to prompt focused scrutiny and detailed conversations around the level of assurance provided on the management of the risks, including the effectiveness of mitigations in terms of:

- relevance
- proportionality
- reliability
- sufficiency

This is particularly significant for risks which are deteriorating or not improving over time.

2.3 Assessment
NHS Fife Strategic Risk Profile

The Profile is unchanged from the last report to the Committee in November 2022.

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	5	5	-	-	-	◄ ►	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◄ ►	Moderate
To deliver value and sustainability	6	4	2	-	-	◄ ►	Moderate
Total	**18**	**14**	**4**	**0**	**0**		

Summary Statement on Risk Profile

Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite.

Mitigations in place to support management of risk over time with some risks requiring daily assessment.

Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.

Risk Key	
High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3

Movement Key

▲ Improved - Risk Decreased
◄ ► No Change
▼ Deteriorated - Risk Increased

Details of the risks aligned to this Committee are summarised in Table 1 below and at Appendix 1. Please note:

- the content of the risk register will be reviewed and developed as appropriate between each committee cycle, with consideration at the Risks and Opportunities Group and recommendations to the Executive Directors' Group (EDG)
- it is acknowledged that the current risk profile may change following an appraisal of risks identified through the Strategic Planning & Resource Allocation (SPRA), and other routes as applicable.

To this end, EDG reviewed and agreed the register on 5 January 2023.

Governance Committees and Aligned Corporate Risk Overview
 The risks aligned to this Committee are as at November 2022.

Table 1 Risks aligned to the Clinical Governance Committee

Strategic Priority	Overview of Risk Level				Risk Movement	Corporate Risks	Assessment Summary of Key Changes
To improve health and wellbeing	2	-	-	-	◀▶	• 3 - COVID 19 Pandemic • 5 - Optimal Clinical Outcomes	• It is proposed that the risk target level is increased for Risk 18 - Digital and Information in terms of what might be realistically achieved in respect of risk reduction by financial year end.
To improve the quality of health and care services	1	-	-	-	◀▶	• 9 - Quality and Safety	
To deliver value and sustainability	2	1	-	-	◀▶	• 16 - Off Site Area Sterilisation and Disinfection Unit Service • 17 - Cyber Resilience • 18 - Digital and Information	• Updates to mitigations for risks 3,16 and 17

Deep Dive Review of Corporate Risks
A key objective of the new approach is to further develop the level of assurance that can be taken from the management of our corporate risks. To achieve this, deep dive reviews will continue to be commissioned for individual risks, via the following routes:

- Governance committees
- EDG
- Risks & Opportunities Group with recommendations into EDG

In determining the level of assurance that can be derived from the information provided on the corporate risks, members are asked to apply the Assurance Principles provided at Appendix 2; these are intended to support the process, and replace the questions formerly included in the BAF SBAR.

For the second cycle of reporting, a deep dive on the following risk has been prepared for members' attention.

Risk Title	Aligned Committee
Digital & Information (Finance)*	Clinical Governance (CGC)

Future deep dives will be agreed by the Lead Officers in consultation with the Chair and Committee members.

Corporate Risk Selected for "Deep Dive"

Corporate Risk Title	18 - Digital & Information (D&I)		
Strategic Priority	To deliver value and sustainability		
Risk Description	There is a risk that the organisation will fail to recognise and afford the financial investment necessary to deliver its D&I Strategy and current operational lifecycle commitment to enable transformation across Health and Social Care.		
Root Cause (s)	The **Digital Strategy** (2019-2024), outlines a set of digital programmes and initiatives. It is yet to be accompanied with a **financial feasibility assessment** although financial risk has been quantified and detailed in strategy updates to Executive Directors' Group (EDG) and CGC and included in the Strategic Planning & Resource Allocation (SPRA) 2022-23 process. **Historic investment in digital capability has not considered the total cost of ownership** as part of the decision making. This has resulted in a funding exposure for the operating and maintenance of key system. The **Digital response** necessary during the COVID pandemic has resulted in an **increased number of digital capabilities and infrastructure being introduced**. This has extended further the levels of exposure with no guarantee the short-term funding will become a permanent allocation. The **scale and number of nationally mandated programmes** of work that are **not fully funded** and result in additional local funding being found has increased. Examples include, IG&S compliance, Network Information Systems Directive (NISD) compliance, Microsoft365, eRostering, GP IT, Community Health Index (CHI) and Child Health, Peer Approved Clinical System (PACS) extension and re-procurement etc. Legacy and fragile systems are allowed to consume resource and money to run and operate as they are considered clinically important or too costly to replace.		
Current Risk Level	High	**Likelihood** 3 - Possible	**Consequence** 5 - Extreme
Target Risk Level	Low	**Likelihood** 3 - Possible	**Consequence** 2 - Minor
Management Actions (current)			
Action		**Status**	**Impact on Likelihood/ Consequence**
The development of a multiyear financial plan is necessary. This plan would also incorporate savings and efficiency identification.		**Complete**	**Nil**
A prioritisation and ranking framework should be developed to identify key digital activities and through engagement with Senior Leadership Teams (SLTs) be agreed against organisational objectives and formed into an annual workplan.		**Complete**	**Nil**
The prioritisation and ranking framework should show evidence of it being used and delivery plan items being ranked for delivery. Some items not being progressed should be seen and inform the SPRA planning considerations for 2023-24		**On Track March 2023**	**Reduced Likelihood**
Management Actions (future)			
Action		**Status**	**Impact on**

		Likelihood/ Consequence
Develop and implement a decommissioning plan for the removal of legacy, unsecured and costly systems and technologies. (Impact on risk will be effective during the implementation period.)	**On Track May 2024**	**Reduced Likelihood**
Seeks to reduce the reliance on the Digital Strategy fund to support operational costs coverage and align it to the delivery of new digital capability in line with the expectations of the Population Health and Wellbeing Strategy	**Not Started**	**Reduced Consequence & Likelihood**

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

Next Steps

The first cycle of reporting on the corporate risks to the Committee was generally well received, with comments indicating the information and presentation were improvements on the previous Board Assurance Framework approach.

Subsequent feedback and discussions with committee members and the Risks and Opportunities Group, have reinforced the need to build on this positive start, by strengthening the process to ensure it provides adequate assurance, particularly around evidence of the implementation, impact and timing of risk mitigations and actions, and demonstrates that the latter are having the desired effect.

To achieve the aims of providing assurance to the Committee and the Board, and subsequent Board approval of our risks, work is underway to further enhance the deep dive review component. This will require the inclusion of clear statements as to the proximity of the risk and the related risk appetite, as well as explicit evidence of assurances provided. One of the Board Non - executives is supporting this piece of work.

This along with feedback from all governance committees and the Risks and Opportunities Group, will continue to shape and strengthen our governance processes.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

Subject of the paper.

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

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

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication and engagement over time, most recently with EDG on 5 January 2023.

2.3.8 Route to the Meeting

- Dr Chris McKenna, Medical Director on 28 December 2022
- Janette Keenan, Director of Nursing on 28 December 2022
- Margo McGurk, Director of Finance & Strategy on 28 December 2022
- Neil McCormick, Director of Property & Asset Management on 30 December 2022
- Dr Joy Tomlinson, Director of Public Health on 30 December 2022
- EDG on 5 January 2023

2.4 Recommendation

- Assurance
- Discussion

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Summary of Risks Aligned to the Clinical Governance Committee as at 5 January 2023
- Appendix No. 2, Assurance Principles

Report Contact
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Summary of Corporate Risks Aligned to the Clinical Governance Committee as at 5 January 2023

		To improve health and wellbeing					
	Risk	**Mitigation**	**Risk Level**	**Target Risk Level by Mar 2023**	**Risk Level Trend**	**Risk Owner**	**Primary Committee**
3	**COVID 19 Pandemic** There is an ongoing risk to the health of the population, particularly the clinically vulnerable, the elderly and those living in care homes, that if we are unable to protect people through vaccination and other public health control measures to break the chain of transmission or to respond to a new variant, this will result in mild-to-moderate illness in the majority of the population, but complications requiring hospital care and	The autumn/winter vaccination programme is underway and overall uptake in the over 65 population in Fife is slightly above the Scottish average. Implementation of new treatments for individuals at higher risk of adverse outcomes. Tailored support to Care Homes with positive staff or resident cases. Public communications programme to raise awareness of infection prevention and control measures across the region population cross the population.	High 16	Mod 12	◄►	Director of Public Health	Clinical Governance

			High	Mod		Medical	Clinical
	severe disease ,including death in a minority of the population.						
5	**Optimal Clinical Outcomes** There is a risk that recovering from the legacy impact of the ongoing pandemic, combined with the impact of the cost-of-living crisis on citizens, will increase the level of challenge in meeting the health and care needs of the population both in the immediate and medium-term.	The Board has agreed a suite of local improvement programmes, as detailed in the diagram below to frame and plan our approach to meeting the challenges associated with this risk. 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. 	High 15	Mod 10	◄►	Medical Director	Clinical Governance

To improve the quality of health and care services

	Risk	Mitigation	Risk Level	Target Risk Level by Mar 2023	Risk Level Trend	Risk Owner	Primary Committee
9	**Quality & Safety** There is a risk that if our governance, arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.	Effective governance is in place and operating through the Clinical Governance Oversight Group (CGOG) providing the mechanism for assurance and escalation of clinical governance (CG) issues to Clinical Governance Committee (CGC). This is further supported by the Organisational Learning Group to ensure that learning is used to optimise patient safety, outcomes and experience, and to enhance staff wellbeing and job satisfaction. There are also effective systems & processes to ensure oversight and monitoring of national & local strategy / framework / policy /audit implementation and impact.	High 15	Mod 10	◄►	Medical Director	Clinical Governance

	Risk	Mitigation	Risk Level	Target Risk Level by Mar 2023	Risk Level Trend	Risk Owner	Primary Committee
16	**Off-Site Area Sterilisation and Disinfection Unit Service** There is a risk that by continuing to use a single off-site service Area Sterilisation Disinfection Unit (ASDU), our ability to control the supply and standard of equipment required to deliver a safe and effective service will deteriorate.	Monitoring and review through Decontamination Group. Establishment of local SSD for robotics is progressing. Currently awaiting sign off by Health Facilities Scotland (HFS) which is expected to occur in January 2023. Work to set up in St Andrews Community Hospital will commence shortly thereafter.	Mod 12	Low 6	◄►	Director of Property & Asset Management	Clinical Governance
17	**Cyber Resilience** There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or integrity of digital and information required to operate a full	Considerable focus continues in 2022 with heightened threat level to improve our resilience to attack and ability to recover quickly. The primary mechanism for prioritising items is the response to the Network Information Systems Directive (NISD) review report May	High 16	Mod 10	◄►	Medical Director	Clinical Governance

18	**Digital & Information (D&I)** There is a risk that the organisation will fail to recognise and afford the financial investment necessary to deliver its D&I Strategy and current operational lifecycle commitment to enable transformation across Health and Social Care.	Consistent alignment of the D&I Strategy with the NHS Fife Corporate Objectives and developing Health & Wellbeing Strategy Digital & Information Board Governance established and supporting prioritisation with ongoing review.	High 15	High 15 ▼	◄►	Medical Director	Clinical Governance

	health service.	2022.					

Risk Movement Key

▲   Improved - Risk Decreased

◄► No Change

▼   Deteriorated - Risk Increased

Assurance Principles

Risk Assurance Principles:

Board

➤ Ensuring efficient, effective and accountable governance

Standing Committees of the Board

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

Committee Agenda

➤ Agenda items should relate to risk (where relevant)

Seek Assurance on Effectiveness of Risk Mitigation

➤ Relevance
➤ Proportionality
➤ Reliable
➤ Sufficient

Chairs Assurance Report

➤ Consider issues for disclosure
  ⟋ Escalation
➤ Emergent risks or ⟨
  ⟍ Recording
➤ Scrutiny of risk delegated to Committee

Year End Report

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

GENERAL QUESTIONS:

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

SPECIFIC QUESTIONS WHEN ANALYSING A RISK DELEGATED TO THE COMMITTEE IN DETAIL:

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

LEVEL OF ASSURANCE

Substantial Assurance	Adequate Assurance	Limited Assurance
Controls are applied continuously with minor lapse	Controls are applied with some lapses	Significant breakdown in the application of controls

Diagram produced by NHS Lanarkshire based on principles compiled by the Assurance Mapping Group of members of Boards covered by the FTF Internal Audit Service, 2022 Page 1

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NHS Fife

NHS SCOTLAND

Meeting:	**Clinical Governance Committee**
Meeting date:	**13 January 2023**
Title:	**Population Health and Wellbeing Strategy Progress Update**
Responsible Executive:	**Margo McGurk, Director of Finance and Strategy**
Report Author:	**Susan Fraser, Associate Director Planning and Performance**

1 Purpose

This is presented for:

- Assurance

This report relates to a:

- NHS Board strategy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.3 Situation

This paper provides an update on the progress of the development of the Population Health and Wellbeing Strategy for assurance.

2.2 Background

Work on developing the Public Health and Wellbeing (PH&W) Strategy commenced in 2021. The strategy will outline how NHS Fife will deliver its organisational strategic priorities (these include improving: health and wellbeing; the quality of health and care services; staff experience and wellbeing; and, delivering value and sustainability). The strategy has a focus on population health and wellbeing which includes access and inequalities.

In previous papers, committee members have received information on how the strategy has been developed and updates on the progress to date.

There is a commitment to prepare a draft strategy document for review and approval by the NHS Fife Board by the end of March 2023.

2.3 Assessment

Significant progress has been made in the completion of

- the public and staff engagement work. The engagement work has been completed by the external company with the final report due by mid-January 2023.
- The writing up of the draft Public Health and Wellbeing Strategy that will be discussed at the next diet of committees.

A first draft of the Population Health and Wellbeing Strategy has been produced and shared at the Portfolio Board in December 2022 in terms of the proposed format of the document. Further discussions with individual directors are taking place during December 2022 and January 2023 to discuss the content of the Strategy. This is an iterative process with the Strategy content being refined after each stage. The next version of the Strategy will be shared at the committees during January 2023.

In terms of the Milestone Plan, the Review of the Clinical Strategy 2016-21 and the Public Health Wellbeing Review have now been completed and reported through the governance structure in 2022.

2.3.1 Quality/ Patient Care

It is anticipated that the Population Health and Wellbeing Strategy will have an impact on all health care services that NHS Fife delivers.

2.3.2 Workforce

Workforce is a key to the delivery of the strategy. As part of the engagement work for the strategy, we are engaging with and listening to the views of our workforce.

2.3.3 Financial

A key part of this work is to consider how we ensure value and sustainability for NHS Fife services in the future. As the strategy is finalised there may be further resource considerations. These will be managed through the existing planning processes.

2.3.4 Risk Assessment/Management

The risks associated with this work are identified and managed by the NHS Fife Corporate PMO.

2.3.5 Equality and Diversity, including health inequalities

This work is examining, in detail, the impact of health inequalities and ensuring a population health and wellbeing response.

2.3.6 Other impact

No other impacts are anticipated.

2.3.7 Communication, involvement, engagement and consultation

Engagement is being managed as part of the engagement work stream as described above.

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.

- Individual Meeting with Directors December 2022/January 2023

2.4 Recommendation

The Committee are invited to take:

- **Assurance** on the progress of the strategy through the contents of this report

3 List of appendices

N/A

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NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**13 January 2023**
Title:	**Cancer Framework and Delivery Plan**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Author:	**Kathy Nicoll, Cancer Transformation Manager**

1   Purpose

This report is presented for:

- Decision
- Approval

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- Legal requirement
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

The Draft NHS Fife Cancer Framework and Delivery Plan is being presented to the Clinical Governance Committee (CGC) for final **approval.**

2.2   Background

This Framework aligns with the national Cancer Recovery Plan, Population, Health and Wellbeing Strategy and the 4 strategic aims and builds on the success of the previous cancer strategy, Cancer, Palliative Care and Last Days of Life.

2.3 Assessment

Though extensive engagement with patients, public, staff and 3rd sector, the framework has been developed to ensure that we can make a difference to how cancer services are delivered in Fife, ensuring it remains contemporary and reflects strategic changes both locally and nationally.

Eight commitments have been identified and these are supported by key priorities which we aim to achieve by 2025.

An annual Delivery plan has been developed for 2022-23 with an assurance that objectives agreed can be delivered by March 2023.

In order to manage priorities identified, a concise approach requires to be taken to inform of progress, enable updates, escalation and assurance that objectives are being achieved.

The programme of delivery will be overseen by the Cancer Leadership Team. In order to manage workstreams effectively, an Action Tracker, Project Status Report and Lead, Critical, Active Contributor and Supporter (LCAS) project management approach will be taken on specific project actions (see appendix 3).

Annual review will be undertaken to ensure the delivery plan priorities remain relevant as cancer services are ever evolving.

2.3.1 Quality / Patient Care
The development of the Framework aims to improve outcomes, patient experience and provide value and sustainability for cancer services.

2.3.2 Workforce
Workforce implications and challenges will be identified through the Framework development within which a review of the cancer workforce is a key priority.

2.3.3 Financial
Financial implications will be considered through the Framework development.

2.3.4 Risk Assessment / Management

Title	Description	Risk Profile
Cancer Workforce issues	There is a risk that we will be unable to deliver the Cancer Framework within the stated timescales due to: lack of succession planning, inability to recruit suitably trained staff to vacant posts, national shortages of specialist posts and posts not being funded substantively, resulting in sub optimal patient experience and outcomes, increased pressure on staff and services and adverse publicity.	HR
Financial Delivery of Cancer Framework	There is a risk that we will be unable to deliver the Cancer Framework due to insufficient financial investment in Cancer Services and funding being provided on a non-recurring basis resulting in disruption to / loss of services, sub optimal patient experience and clinical outcomes, and adverse publicity.	HR
Cancer Services Property Infrastructure	There is a risk that we will be unable to deliver the Cancer Framework due to inadequate space/capacity to accommodate the expected increase in patients with a cancer diagnosis and with extended active treatment times, resulting in sub optimal patient - care, experience, outcomes and safety.	HR
Expansion of Edinburgh Cancer Centre (ECC)	There is a risk to delivery of the Cancer Framework if there is inadequate regional collaboration and funding to support the repatriation of patients should the Edinburgh Cancer Centre (ECC) expansion Initial Agreement (IA) and Outline Business Case (OBC) be successful in terms of staffing and recruitment, estate, patient experience, pathways, etc.	MR

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

Issues identified around equality and diversity require to be fully considered. Continued public and patient engagement forms a key milestone. A full Equality Impact Assessment was carried out as part of the Framework development.

2.3.6 Climate Emergency & Sustainability Impact

Through implementation of the framework we will work with colleagues to ensure we are cognisant of more sustainable, greener healthcare.

2.3.7 Communication, involvement, engagement and consultation

An engagement document identifying service aims an objectives and service priorities was completed by many stakeholders across the organisation as well as extensive engagement with across public, patient, staff and 3rd sector took place over a period of 8 months.

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 Governance & Strategy Group members for discussion and agreement with local Senior Leadership Teams (which includes members of Acute Cancer Services Delivery Group (ACSDG)).
- Cancer Leadership Team (CLT)
- Cancer Governance and Strategy Group (CGSG)
- Executive Directors Group (EDG)

2.4 Recommendation

- **Decision** – for approval

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Draft NHS Fife Cancer Framework
- Appendix No. 2, Draft Cancer Annual Delivery Plan 2022-23
- Appendix No. 2, Management of Delivery Plan

Report Contact
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Cancer Framework

For the population of Fife we will deliver effective cancer prevention, early diagnosis and high quality sustainable cancer services for those living with and beyond cancer.

2022 – 2025

Contents

Executive overview

It is my pleasure to present the Strategic Cancer Framework for NHS Fife. This framework sets out how we will deliver effective cancer prevention, early diagnosis and high quality sustainable cancer services for those living with and beyond cancer. We want to ensure that we deliver excellent cancer services which we would be happy for our family, friends and loved ones to access and experience a positive journey.

The Cancer Framework 2022 – 2025 has been developed to ensure there is a full system approach to the delivery of sustainable cancer services to support the increased incidence in cancer and those living with and beyond a cancer diagnosis in NHS Fife.

To support writing of this document extensive public, patient, staff and third sector engagement was undertaken to share thinking and incorporate their priorities on what is important to them. The framework will align with the Scottish Government Cancer Strategy, Recovery Plan post COVID and our local Health and Population Wellbeing Strategy. It will be underpinned by the 6 principles of realistic medicine and will link in with national and regional services to ensure our patients receive the best care and are at the heart our services. Assessment of health inequalities provided an understanding of population groups and factors contributing to poorer health and health inequality.

The impact of COVID will be seen for some time with a notable reduction in cancers diagnosed during the pandemic of approximately 9% across Scotland. Furthermore the temporary pause of screening is expected to affect earlier diagnosis.

A cancer governance structure to support both leadership and accountability is in place to ensure strategy and operational delivery along with innovation will combine leadership, continuous improvement an achievement throughout services.

Eight strategic commitments have been established supported by key priorities.

1. Prevention, early diagnosis and reduction in inequalities
2. Person Centred
3. Optimal pathways and integrated care
4. Research, Innovation & Knowledge
5. Digital & Information
6. Workforce
7. Property & Asset Management
8. Quality & Performance Improvement

To ensure the framework remains contemporary, a delivery plan will be agreed on an annual basis to ensure our priorities remain relevant and will continue to engage with public, patients and staff.

Key Priorities for 2022-23

- Reduction of health inequalities
- Single Point of Contact
- Rapid cancer diagnosis service expansion
- Cancer estate review
- Improving access to clinical trials
- Pathway review/Best Supportive Care
- Cancer workforce review

This Framework will ensure cancer services remain high profile within NHS Fife and allow us to have oversight and be assured that the complexity of cancer services are in line with national and local strategy.

Dr Chris McKenna
Medical Director

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Meet the Cancer Framework Leadership Team

Chris Mckenna

Dr McKenna - started his career in NHS Fife in 2011, when he was employed as one of the first consultants in Acute Medicine. He trained as an Acute Physician in the south east of Scotland and is a Fellow of the Royal College of Physicians Edinburgh. He was appointed as the Clinical Director for Emergency Care within the Acute Division in 2015 and has played a key role in the improvement of unscheduled care delivery within the Victoria Hospital. Dr McKenna completed the IHI Improvement Advisor training programme in 2012 and has been involved in a number of quality and safety initiatives across the Acute Division. In 2018 Dr McKenna took part in the Leading for the Future programme and he is passionate about the development of Medical Leadership. He took up his position as Medical Director for NHS Fife in March 2019.

Gemma Couser

Gemma is the Associate Director for Quality and Clinical Governance. Part of her portfolio includes responsibility for Cancer Strategy, Audit and Performance. Gemma began her career in the NHS as a graduate management trainee. Over the past decade she has held senior manager posts across a variety of clinical specialties including Clinical Service Manager for the Edinburgh Cancer Centre. Gemma is committed to making a positive contribution to the population of Fife and to ensuring that healthcare professionals and patients are at the heart of how our services are designed.

Kathy Nicoll

Kathy is the Cancer Transformation Manger for NHS Fife. Alongside the strategic development of the Cancer Framework, she has responsibility for the management of Cancer Waiting Times performance and the Cancer Quality Performance Indicators. Kathy chairs the national Cancer Managers' Forum and works closely with Scottish Government. She is a member of various groups at a national level supporting cancer delivery through the Early Cancer Diagnosis Programme Board, Cancer Delivery Board, Early Cancer Diagnostic Oversight Group and Cancer Prehabilitation Implementation Group. She moved from Derbyshire to Fife 27 years ago, where she still lives.

Murdina MacDonald

Murdina is the Lead Cancer Nurse for NHS Fife. She trained as a cancer nurse in 1990 at the Royal Marsden Hospital (UK) and worked within Oncology in several fields: radiotherapy, SACT, supportive care, GI and urology for over a decade. As the Lead Cancer Nurse Murdina provides forward thinking clinical and professional leadership to the tumour site cancer nursing teams and provides support, guidance and represents the broad views of nurses involved in the delivery of cancer, working collaboratively with a wide range of partner charities, cancer network teams and is a member of national nursing bodies. Murdina acts as advocate for our patients, to ensure they remain central to designing how we deliver cancer care.

Nick Haldane

Nick is a GP in St Andrews. Along with his GP workload he currently plays an active part in the in-patient care at St Andrews Community Hospital including medical cover to the Palliative Care beds. Nick enjoys his role as an Educational Supervisor helping to train the GPs of the future. Nick is the NHS Fife Lead GP for Cancer and Palliative Care providing a Primary Care voice within Fife and representing Fife Primary Care both regionally and nationally within the Cancer Networks. He grew up in Burntisland and was educated in Kirkcaldy. He graduated from the University of Dundee in 1999 and completed his GP training in Tayside before returning to Fife to take up a partnership in 2004. As a proud Fifer Nick is delighted to be able to contribute to this exciting work.

John Robertson

John is a Consultant Colorectal Surgeon working at the Victoria Hospital Kirkaldy and is the Lead Cancer Clinician for Surgery in Fife. He originally grew up and was educated in Glasgow, training there before undertaking a research degree in in cancer metastases at UCL in London. Subsequently John completed his training in the South East of Scotland rotation prior to being appointed a consultant in August 2015 in Fife. He is very keen to ensure optimal care for all cancer patients having had significant exposure in various surgical specialties throughout his training.
He continues to have daily involvement with colorectal cancer patients in clinic, endoscopically and surgically and is part of the local SCAN network. John is heavily involved in teaching and is an Honorary Senior Clinical Lecturer at the University of Edinburgh and has regular interactions with Surgical Colleagues in both NHS Lothian and Tayside.

Acknowledgement of thanks to Dr Neill Storrar, Consultant Haematologist and Lead Cancer Clinician for Oncology and Medicine for his contribution to the Framework

Our Framework

Quality and performance

To reduce cancer incidence, mortality and inequalitites for our population through effective screening and early detection.

Prevention, early diagnosis and inequalities

The patient and their family will be at the heart of how services are designed with excellent patient experience as a priority.

Person-centred

Realistic medicine

Workforce

Patient

Property and asset management

Research, innovation and knowledge is central to the delivery of high quality substainable cancer services for our patients and population.

Research, innovation and knowledge

Optimal pathways and integrated care

Patients will recieve the right treatment at the right time in the right place by the right person. This will be delivered through integrated pathways.

Digital and information

Workforce planning

Strategic priorities

1. Improve health and wellbeing
2. Improve the quality of health and care services
3. Improve staff experience and wellbeing
4. Deliver value and sustainability

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Introduction

National context

The aim of the NHS Fife Cancer Framework is to deliver a system-wide ambitious strategic plan to provide high quality, person-centred cancer care to every patient across the NHS Fife healthcare system from prevention and early diagnosis to survivorship and end of life care.

Cancer is everyone's business with cancer touching all parts of our healthcare system. This framework puts our patients and people (population and staff) at the heart.

This Framework aligns with the NHS Fife Population Health and Wellbeing Strategy and with the National Recovery & Design: An Action Plan for Cancer Services and will be supported by national and public health initiatives. Underpinning this Framework are our organisational values and the 6 principles of Realistic Medicine. We will have good conversations with patients and will be prudent about the care that is delivered. Through implementation of the framework we will work with colleagues to ensure we are cognisant of more sustainable and greener healthcare.

Incidence of cancer is rising and more people are living with and beyond a cancer diagnosis. NHS Fife continues to prioritise cancer care and recognise that a full system approach is required to deliver clinically sustainable cancer services. In order to achieve this we will ensure that the voices of those affected by cancer are listened to and are at the heart of this Framework.

Our hope is that this framework creates improvements for how we can help support our local population to be more cancer aware and improve care for those living with and beyond cancer.

The patient journey
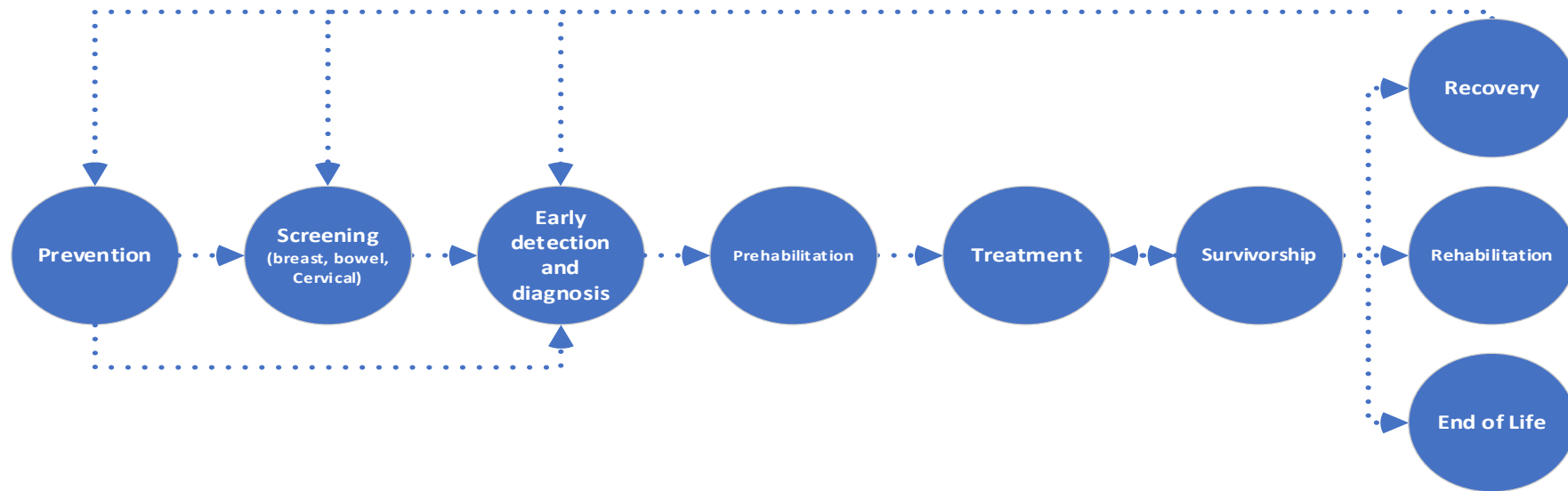
Delivering this framework

The purpose of this framework is to make a difference; a delivery plan will be agreed on an annual basis which will set out key workstreams for delivery in year to ensure this remains contemporary and reflects any strategic changes decided by the Cancer Governance and Strategy Group along with changes in national priorities.

Cancer services are dynamic and ever evolving and as such an annual review of this framework will be completed to ensure that our priorities remain relevant.

Aim	Our Cancer Commitment	What Does This Mean To Our Patients and Staff?

Deliver a system-wide ambitious strategic plan to provide high quality, person centred cancer care to every patient across the NHS Fife healthcare system

1. Prevention, Early Diagnosis and Reduction in Inequalities.
A focus to reduce cancer incidence, mortality and inequalities for our patients through effective prevention, screening and early detection initiatives

- decrease incidence
- address preventable risk factors
- improve uptake in cancer screening (breast, bowel, cervical)
- equitable access

2. Person Centred
The patient will be at the heart of how services are designed with excellent patient experience as a priority

- continued engagement
- understanding what matters to the patient
- openness honesty, transparency
- access to clear information

3. Optimal Pathways and Integrated Care
Patients will receive the right treatment at the right time in the right place by the right person. This will be delivered through the development of optimal and integrated pathways to deliver high quality cancer care.

- access to rapid investigations and diagnostics
- one-stop approach, closer to home
- access to a single point of contact
- seamless transition between services

4. Research, Innovation & Knowledge
Research, development and innovation is central to the delivery of high quality sustainable cancer services for our patients and population.

- improve access to clinical trials
- embed research into standard work
- support early diagnosis from successful research studies
- staff knowledge of new treatments

How are we going achieve our commitments?

5. Digital and Information
Digitally enabled for sustainable and efficient service models which embrace technology and innovation for both patients and within healthcare settings

- development of clinical systems fit for purpose
- introduce applications to support early diagnosis
- develop information systems which are available for all
- Reduce digital inequality

6. Workforce
Recognise workforce challenges and identify system-wide approaches to support wellbeing, education and training to ensure our patients receive the best care

- ensure wellbeing and resilience of staff
- review and transformation of cancer workforce
- timely access to training and education
- review of non-pharmacological roles

7. Property and Assets
Ensure our healthcare environments are designed to deliver optimum patient care

- review of estate to cope with demand
- develop cancer identify in Fife
- develop community digital hubs for hard to reach groups
- explore community based models

8. Quality and Performance Improvement
To make best use of available information sources to assure patients they are receiving high quality, effective care

- high quality collection of data to drive improvement
- ensure cancer patients continue to be treated as a priority-
- improve performance
- engage with national groups to share best practice

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Cancer within our population

Incidence and prevalence			
Cancer in Scotland		**Cancer in Fife**	
34,000 new cancers diagnosed per year **Lung cancer** is the most common cancer in Scotland	**44** people every day die from cancer	**2446** In 2019, 2446 Fife residents were registered as having a new cancer (all cancers) - rates are slightly higher in men	**Cancer** Lung, prostate, breast and colorectal are the most common cancers in Fife and in the rest of Scotland.
3.7% of the population are estimated to be living with cancer (**250,000** people)	**1/3** Around one third of people with a new cancer diagnosis in Scotland lives less than one year from diagnosis	**Cancer** One of the most common causes of ill health and mortality in Fife	**Cancer** Cases of cancer in Fife have been increasing which reflects the growing and ageing population
Cancer in older age Numbers are increasing due to the increasing average age of our population and the increased likelihood of cancer in older age	**9%** The total projected percentage increase in the population from 1983-1987 to 2023-2027 is **9%**		
29% Cancer deaths represent **29%** of all deaths	**4%** The percentage increase in the timeframe of 2013-2017 to 2023-2027 is **4%** in the population and **20%** in cancer cases.		

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Mortality

Cancer in Scotland

16,366
Cancer (all types) is the most common cause of mortality. In 2019 there were 16,366 cancer deaths (excluding NMSC) registered in Scotland

16,184
Draft Cancer data shows that in 2020 there were 16,184 deaths from cancer in 2020 (2.5 times greater than deaths from Covid-19 in 2020)

Cancer in Fife

1,206
In 2019 there were 1,206 deaths from all cancers in Fife and cancer was the most common cause of death.

Cancer
Lung cancer is the most common cancer in Fife and Scotland with higher mortality rates.

7,991
female (in 2019)

8,375
Male (in 2019)

31%
female

28%
male

4 in 10
of us get cancer

85-89
Risk of cancer peaks between 85 and 89 years of age

Under 75
Half of these were persons aged under 75 years of age

Cause of death
Colorectal, prostate, oesophagus, breast and cancer are the next most common cause of death.

Cancer in older age
Numbers are increasing due to the increasing average age of our population and the increased likelihood of cancer in older age

9%
The total projected percentage increase in the population from 1983-1987 to 2023-2027 is **9%**

29%
Cancer deaths represent **29%** of all deaths

4%
The percentage increase in the timeframe of 2013-2017 to 2023-2027 is **4%** in the population and **20%** in cancer cases.

21%
Mortality rates are projected to fall by 21% in the UK between 2014 and 2035

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A focus on lung cancer

Cancer in Scotland	Cancer in Fife	
Lung cancer Lung cancer is the most common cause of cancer deaths which is a considerably higher mortality rate than the next four most significant causes of mortality, which are colorectal cancer, oesophageal cancer, prostate cancer and breast cancer.	**Lung cancer** Lung cancer is the most common cause of cancer mortality for both sexes	**Smoking** Smoking is a major risk factor for lung cancer
	75 per 100,000 Mortality rate of 75 per 100,000 in Fife slightly higher than the south east region.	**2018** The numbers of deaths have remained the same in 2018 compared to 2008
	Treatment A significant proportion of people with lung cancer cannot, or choose not to, have treatment. Their survival is typically measured in weeks or short months	

Inequality and deprivation

Cancer in Scotland	Cancer in Fife	
Inequalities There are stark inequalities in cancer incidence and mortality between the most and least deprived populations. A definition for health inequalities is **'the unjust and avoidable differences across our population and between groups within it**[1]	**30% higher** Incidence of cancer is 30% higher in the most deprived areas compared to the least deprived areas.	**Mortality** Mortality is more than double the rate in the most deprived areas compared to the least deprived areas.
Inequalities Inequalities we experience can be down to where we are born, live socialise and work over the course of our life and are faced by people because of income and wealth and also inequalities in power, agency and opportunity.	**Inequalities** There are no inequalities in incidence and mortality for all types of cancer.	**Inequalities with lung cancer** There are particularly marked inequalities associated with lung cancer
	Deprived areas Late stage diagnosis is more common for people living in the most deprived areas.	**Screening programmes (breast, bowel, cervical)** The causes are complex but one factor may be lower rates of participation in the screening programmes.

[1] http://www.healthscotland.scot/health-inequalities/what-are-health-inequalities#:~:text=Health%20inequalities%20are%20the%20unjust,denote%20unjust%20differences%20between%20groups.

Screening[2] and HPV Vaccination

Cancer in Scotland		Cancer in Fife	
Cancer screening Cancer screening for breast, bowel and cervical is the process for identifying people who appear healthy but may have a higher chance of developing the disease. It aims to detect cancers at an earlier stage when treatment will be more effective. It also aims to prevent some cancers occurring For cervical screening, younger people are less likely to come forward than older people.		**Uptake of screening in Fife** Uptake in Fife in line with Scotland.	**Mental health** Collaborative project in Fife to support those experiencing severe and enduing mental health conditions to engage with screening programmes.
HPV Vaccination S4 females (2019/20) - 88.2% of those first offered 1st dose in 2016/17 had received 1st dose; 81.7% had received 2nd dose.	**15%** There is a substantial socioeconomic gradient - almost 15% difference in 2nd dose uptake between the least and most deprived quintiles at S4. Those vaccinated against HPV are more likely to take up the offer of screening than the unvaccinated population	**Uptake of screening in Fife** **Cancer screening uptake in Fife:** − Bowel 65.2% − Breast 73% − Cervical 70.3%	**Uptake of screening in Fife** Uptake is much lower in most deprived areas in Fife compared to least deprived areas: − Bowel - 18.5% lower − Breast - 18.4% lower − Cervical – 11.5% lower (for the 25-64 age group)

[2] Cancer Framework Documents\NHS Fife Integrated Screening Report 2022 v4 25.10.22 CGC.docx

Prevention and early diagnosis

Cancer in Scotland

Around 40% of cancers are thought to be preventable. There is a large opportunity to prevent many of the commonly occurring cancers in Scotland through lifestyle changes by preventing smoking, improving diet and reducing obesity and alcohol consumption. Many of these risk factors for health are influenced by the wider standards of living, including experience of poverty and influencing change requires whole system and in some cases national collaboration and change:

- 79% of lung cancers would be prevented if people did not smoke
- 65% of adults are overweight and obesity causes 6% of cancers
- 4-6% of cancers can be attributed to poor diet
- Drinking alcohol contributes 3-4% of cancers.
- Overexposure to ultraviolet radiation[3] contributes 3-4% of skin
- Exposure to certain infections contributes 3-4%.

Exposure to certain substances at work continues to contribute cancer cases.

Research shows that regular physical activity reduces the risk of a variety of cancer types.

Cancer in Fife

1,206
Whilst smoking has been declining, 1 in 5 of the population over 16 reports that they smoke in Fife – similar to Scotland.

Cancer
Highest rate of smoking is in the 16-34 age group amongst whom 24% of people smoke, higher than the rate in Scotland (20%).

Two thirds
Around two thirds of people in Fife are overweight (including obese).

Overweight
Patterns of overweight, obesity and physical activity is similar to in Scotland.

1/4
Over a quarter of people report having low or very low activity levels.

11.2 units
On average, people in Fife drink 11.2 units of alcohol per week.

1 in 4
Just over 1 in 4 people (22%) in Fife drink more than the weekly recommended level of 14 units per week

Alcohol
Patterns of alcohol consumption in Fife is similar to in Scotland.

Deprived areas
In the most deprived areas of Fife, smoking rates are 4 times higher with alcohol consumption and obesity, physical activity and diet are higher than in the least deprived areas and show similar patterns with the rest of Scotland.

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The impact of COVID-19 on cancer and screening services

Much of the data presented in the cancer framework pre-dates the COVID-19 pandemic. We know that the pandemic may change the picture presented here. For example, reduced primary care face to face appointments, constraints on performing aerosol generating procedure, reduced health service capacity due for example to social distancing, cleaning etc and redeployment are all likely to have influenced cancer related appointments and diagnosis, thus cancer registrations. Overall in Scotland, the rate (-9%) and number (-8%) of new cancers fell by between 2019 and end of 2020. Most of the decrease is estimated to be due to under-diagnosis caused by the pandemic:

- Reduction in lung cancer by 7%
- Reduction in female breast cancer by 11%
- Reduction in colorectal cancer by 19%
- Reduction in cervical cancer by 24%
- Reduction in prostate cancer of 10%

Furthermore a temporary pause and reduced capacity in screening is expected to have affected our ability to detect some cancers early. The proportion of early detected breast cancers appears to have reduced significantly as a consequence of the pausing of screening programmes (under diagnosis of early-stage breast (-20%), colorectal (-33%) and cervical (-45%) cancers compared with the number of early detected cancers in 2019.) There were also in some cases, changes to treatment to reduce risk during the pandemic.

At this stage it is difficult to assess the precise and lasting impact of COVID-19 on cancer incidence and outcomes and deprivation, but it is clear there has been a significant and potentially lasting effect on services and rate of diagnosis which we will need to monitor and respond to over time.

For more information, visit
https://publichealthscotland.scot/media/12645/2022-04-12-cancer-incidence-report.pdf

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Cancer activity in Fife – a brief summary
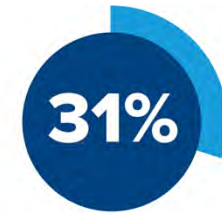
8460
Number of urgent suspected referrals recieved in 2021

10%
Percentage of cancers diagnosed from an urgent suspected cancer referral

2446
Number of cancers diagnosed in 2019

81%
Percentage of patients who recieve their first treatment in Fife

31%
Percentage of patients with surgery as a first treatment

11,600
Number of SACT episodes delivered in 2021

64%
Percentage increase of SACT episodes from 2017–2021

85.6%
5 year average 62 day cancer waiting times performace

97.3%
5 year average 31 day cancer waiting times performance

12,738
Radiotherapy attendances for Fife patients in 2019

17%
Percentage of patients treated with best supportive care

16%
Early cancer diagnosis centre conversation rates

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National context

Scottish Government vision

"To improve cancer services and patient outcomes and ensure equitable access to care wherever a patient may live, especially while the risk to COVID-19 persists. To do this, we will make the best use of workforce skills, technology and service innovation to drive earlier cancer diagnosis and treatment, and champion person-centred care"

The Remobilise, Recovery and Re-design Framework published in December 2020 aims to effectively mobilise the NHS to a better health and care system through:

- innovation and integration
- ensuring equity of access
- achieving better outcomes for people in Scotland, and their families.

Our Framework supports relevant actions identified within the recovery plan.

The revised Effective Cancer Management Framework was published December 2021. As the cancer journey continues to be challenging, this plan aims to incorporate new ways of managing cancer pathways and services in response to the pandemic in order to effectively manage cancer patients, their experience and improve their outcomes. The key elements align with our commitments.

To drive cancer up the strategic agenda a national Cancer Governance structure has been agreed. See appendix 1

Regional context

NHS Fife is part of the South East Scotland Cancer Network (SCAN) along with NHS Borders, NHS Dumfries & Galloway and NHS Lothian. Services are delivered locally where possible. Specialist interventions are delivered regionally. Reprovision of the Edinburgh Cancer Centre for the SCAN network is planned and a regional transformation programme has been initiated to support the development.

We work closely with our regional partners to ensure a coherent strategy (appendix 4) is developed through the Regional Cancer Strategy Group which will provide a forum that will support the SCAN boards to collaboratively develop their respective cancer strategies ensuring they complement and align. A regional strategy will support the Regional Cancer Planning Group to ensure that an equitable approach is taken to the development and provision of cancer services across the South East of Scotland and that national and local standards are met. Appendix 2 shows the regional governance structure.

We also work closely with NHS Tayside which supports cancer services in the North East of Fife. In addition to specifically delivered services, there are circa 400 patients from North Fife directly referred from GPs to NHS Tayside for cancer care each year. NHS will engage with NHS Tayside's aim to design, plan and deliver a new build modern cancer centre for the population of Tayside and North East Fife based at Ninewells Hospital Dundee.

For more information on where our cancer services are delivered across the region, see Table 4 Regional Services Provided to NHS Fife (December 2021)

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Local context

An ambitious Population Health and Wellbeing Strategy is in development; the Strategy will describe the vision and future direction of health and care services in Fife with a focus on health and wellbeing of citizens in Fife. Innovation and changes in models of care and staffing will be critical to enable NHS Fife to continue to deliver modern, high quality care for the next 5 years and beyond.

As a significant employer in Fife, embedded within the NHS Fife strategy plan is our aim to establish ourselves as an Anchor Institution playing a recognised role in the community, contributing to the local economy and aims to optimise on local employment opportunities. This is key in our Cancer Framework to help develop our strategic thinking and strengthen our approach to partnership working both within and out with Fife.

This Framework will align with the NHS Fife Population Health and Wellbeing Strategy and will build on the successes of the previous Cancer, Palliative Care and Last Days of Life Strategy.   The priorities within set out here also endeavour to support delivery of NHS Fife's 4 strategic aims:

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

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Accomplishments from the previous Cancer Strategy – Cancer, Palliative Care and Care in the Last Days of Life	
• Development of a clinical nursing team defined as a point of contact and subsequent employment of Clinical Support workers to support patient centred care • Implementation of Improving the Cancer Journey, in alliance with Macmillan Cancer Support • Dermatology initiative with GP practices using dermatoscopes to improve early referral of suspicious skin lesions. • The introduction of qFIT for bowel screening has led to a significant increase in screening uptake. Fife piloted project to assess the use of qFIT for symptomatic patients by GPs to improve early diagnosis. • Development of the acute oncology service within Fife to provide urgent access to specialist cancer advice, treatment and care, for patients without a clearly defined cancer pathway.	• Local campaign last year on the benefits of sun protection. • Health and Social Care support for patients returning to work following successful treatment. • Maggie's Centre Cancer in the Workplace course. • Review of Specialist Palliative Care services to improve provision of supportive care and palliation. Expansion of the Specialist Palliative Care Outreach team which is consultant led and provides increased support in the community. • The Lead GP for Cancer and Palliative Care involved in review of the Scottish Referral Guidelines for Suspected Cancer.

We have developed a governance structure to support both leadership of and accountability for cancer overseen by the Medical Director (Responsible Executive for Cancer); this model ensures that strategy, operational delivery and innovation combine to ensure leadership, continuous improvement and achievement are maintained throughout services. Cancer Services Governance Structure for NHS Fife is shown in appendix 3.

For more information on cancer services delivered in Fife please see Table 5: Local Cancer Services Provided in NHS Fife (December 2021)

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Developing this Framework in collaboration with our patients, staff and population

In order to develop the framework a full system approach to engagement was adopted. The objective of the engagement work is to ensure that the framework has meaning and ensures that those who are responsible for the delivery of the cancer services are connected to the priorities that are identified.   The development of the NHS Fife Cancer Framework has involved extensive engagement with a wide range of stakeholders and included approximately 35 services. A big thanks to all of our staff and teams who engaged to develop this framework, without your input this would not have been possible. For a full list of those teams who engaged to develop the framework please see appendix 5

This is what our staff told us

It is of the upmost importance that this framework connects with our workforce delivering cancer care. As part of the engagement sessions, services were asked to complete a Strength, Weaknesses, Opportunity and Threat (SWOT) analysis.

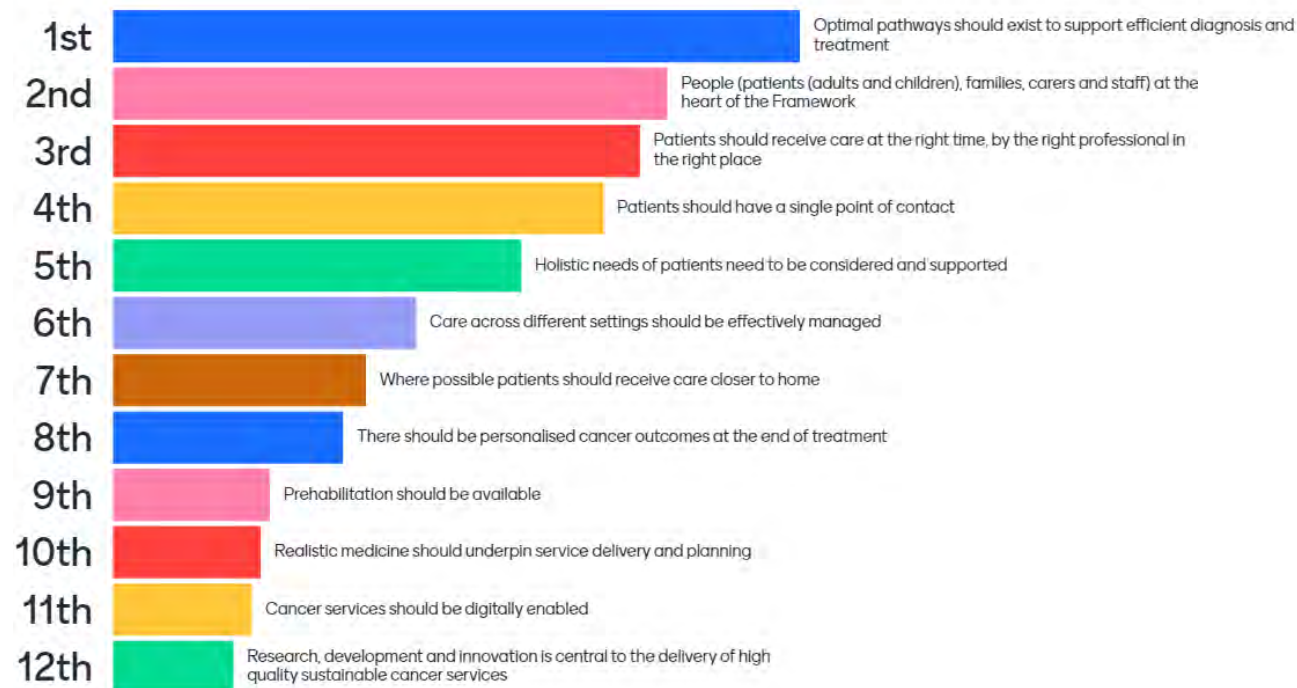| Strengths	Weaknesses	Opportunities	Threats
• A person centred approach is taken There are strong, resilient, supportive and unified teams throughout the organisation demonstrating flexibility, cohesion and multi-professional working both within Fife and interfacing with our regional partners • Continuous development of its workforce to allow personal growth through innovation,	• Staffing resources are stretched due to increasing demand and ageing population with limited cover arrangements, particularly seen in nursing and single handed specialist practitioners • National workforce shortages impact on ability to provide sustainable services • Management of succession planning. Limited opportunity for	• Establishment of a cancer identity in Fife with a view to developing a 'Cancer Unit' for Fife Development of roles and review of staffing across cancer services, introducing advanced practice models to reduce the specialist burden, work with regional partners. • To establish fully nurse-led services	• Dual site working for systemic anti cancer treatment therapies (SACT) • Intermittent clinical and medical oncology support due to site specific pressures due to resource, increasing demand and complexity. • Expanding and tolerable SACT treatments leading to better survival and increasing return of patients with resource issues

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Strengths	Weaknesses	Opportunities	Threats
education and training to maximise skills within the workplace • The workforce is knowledgeable and skilled, with specialist expertise in complex diagnostics, interventions and treatments • A progressive approach is taken optimising on the availability of new innovations and technologies to ensure patients receive timely information and the best treatment available • Accreditation and quality assurance ensures that patients receive safe care	continued professional development, education, learning and teaching due to workforce constraints • Links between services could be more efficiently optimised to ensure a whole system approach is taken to timeously manage our cancer patients, including use of the 'wider workforce, e.g. AHPs, palliative care, spiritual care • Outdated estate and perceived under-utilisation of wider estate, including of community hospitals. • Minimise cross-site working. Space a factor in relation lack of EOL beds, with no room for growth and expansion. • Requirement for additional equipment to meet demand, e.g. CT, MRI • Delivery of Cancer Waiting Times performance standards • Lack of Information systems and digital enablement	• Non-medical prescribing of oral SACT and delivery in the community • Maximise use of estate in Fife for care closer to home wherever possible • Improve interfaces between all services across Fife to provide an optimal pathway • Develop staff training programmes to provide education to ensure a skilled generalist workforce • Provide prehabilitation for all patients diagnosed with cancer • Continued development of digital resources and introduction of new and emerging technologies • Understand and maximise on the offer that can be provided by wider workforce to 'make every contact count' to spread the burden of support	• Staffing restraints due to recruitment and retention, an ageing workforce with vulnerability of and reliance on retired members of staff to undertake significant proportions of work • Projected increase in cancer cases with an anticipated increase in presentation with advanced disease • Lack of permanent funding impacts on the ability to continue with successful pilots or test of change initiatives • Lack of opportunity to educate the workforce in respect to services that transcends all care, e.g. Palliative Care, Allied Health Professionals (AHPs), Realistic Medicine • Equity of access to services, including where services are offered in tertiary centres

This is what our patients told us

Engagement was also carried out in collaboration with the public, people affected by cancer, our 3rd sector colleagues and through an Equality Impact Assessment (EQIA); this was achieved by virtual consultation as summarised below.

The patient and public engagement session was set the context of the Framework, listening to patients who have experienced cancer. Discussion led to agreement of emergent and priority themes and this is how our patients and population ranked our cancer priorities:

Ranking priorities

Rank	Priority
1st	Optimal pathways should exist to support efficient diagnosis and treatment
2nd	People (patients (adults and children), families, carers and staff) at the heart of the Framework
3rd	Patients should receive care at the right time, by the right professional in the right place
4th	Patients should have a single point of contact
5th	Holistic needs of patients need to be considered and supported
6th	Care across different settings should be effectively managed
7th	Where possible patients should receive care closer to home
8th	There should be personalised cancer outcomes at the end of treatment
9th	Prehabilitation should be available
10th	Realistic medicine should underpin service delivery and planning
11th	Cancer services should be digitally enabled
12th	Research, development and innovation is central to the delivery of high quality sustainable cancer services

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Care Opinion

Comments from Care Opinion in 2020-2021 regarding cancer experiences in Fife also provided useful insights.

There were 20 positive stories:

1. Prompt tests/diagnosis
2. Exemplary care and treatment from all disciplines
3. Professionalism
4. Communication
5. Treatment during height of pandemic

And one negative around Communication

Complaints

Complaints can be a measure of quality service provision and themes identified through Patient Liaison shows issues with:

- Coordination of care
- Communication relating to all areas of care
- Late or misdiagnosis
- Waiting times
- Support at home

"Breast Service

I would like to thank the CNSs for their support during my breast cancer diagnosis and the fact they made me feel comfortable and could have a laugh and joke about the challenges that I faced during my treatment. They go out their way to help support patients. Also, a big thank you to the Oncologists and all the nurses on the Haematology Day unit as well."

"Mother's end of life care:

I would like to say a huge thank you to all members of staff in Ward 34 for the exceptional care they gave not only to my mother but to my father too."

"Brilliant ECDC service and fantastic treatment."

"Lung Cancer:

I feel an enormous debt of gratitude to all who care for me through this, from my GP practice and consultants to all the nurses and technicians who showed me such consideration and helped me valued and positive. Thank you."

"Bowel Cancer Care

Thanks to the colorectal team who have given excellent care all along the way. The CNSs and support workers were outstanding. A special thanks to the surgeon. I appreciate the input from everyone on the team; radiologists, Oncology, the nurses on ward 52, the SEAL unit, the nurse endoscopist, the anaesthetic and theatre team and everyone who works hard in the background making such good care possible"

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Equity framework

An Equality Impact Assessment (EQIA) was carried out to set out the impacts of the cancer framework to determine key recommendations and amendments to enable a more equitable and adjusted service to meet the needs of all.

The aim of the EQIA was to understand population groups and factors contributing to poorer health/health inequality, the potential impacts and to determine recommendations to reduce or enhance such impacts.

Potential impacts to Patients	EQIA recommendation	Framework objective
• Location of services can present a challenge to patient in attending appointments and treatments including: – travel to/from appointments both within and outwith Fife – availability of patient transport – coordination of public transport – cost of travel	• Consideration of where services are – it can be stressful to go out of Fife to go to an appointment or get treatment. • We need to look at our expenses budget and who gets the support.	**2.8** Ensure care is close to home where possible, repatriating care from out with Fife, where appropriate. **2.9** Review transportation for patients to access services both within and out with Fife. **3.8** Focus on equality when planning and designing new cancer related services to avoid and reduce the impact of social inequalities in accessing cancer services including screening, diagnosis, treatment, information, support and clinical trials. **4.1** Explore a Hub and Spoke model of care to ensure equitable access to clinical trials with care closer to home. **5.4.1** Ensuring the reduction of digital exclusion in the design of solutions (with particular consideration of people without access to data, devices, digital literacy and disabilities which may affect use of digital options **7.2** Explore community-based models of care, such as community dispensing or supportive therapies. **7.4** Assess digital requirements in relation to development of Hubs for hard to reach groups.

Potential impacts to Patients	EQIA recommendation	Framework objective
• Non-smoker living in a smoking environment – smoke free homes project. • Accessibility to green space, parks. • Promotion of healthy lifestyles, such as walking.	• Restart the Smoke Free Homes Project • Link in with initiatives to enable access to parks and leisure. • Promote physical activity through existing initiatives.	**1.1** Reduce the harms associated with preventable risk factors for cancer, with a focus on supporting healthy communities, early and targeted intervention, effective and integrated harm reduction and reducing inequalities.
• Returning to work after a cancer diagnosis.	• Signpost for financial support from charities, such as Marie Curie. • Explore opportunities to retrain if not able to return to job.	**2.10** Make returning to work after a cancer diagnosis a health outcome, including signposting and awareness of public and 3rd sector organisations that support return to work after illness such as Access to Work/FEAT/Health Working Lives.
• Access to advice, including digital access.	• A combination of access to services should be available for those who do not have use of digital resources.	**5.3.1** Development of a cancer webpage for staff and patients to access up to date, relevant information. **5.2.4** Introduce patient access to information and patient initiated review. **7.4** Assess digital requirements in relation to development of Hubs for hard to reach groups.
• Access to services for protected groups.	• Improve community messaging. • A holistic approach, including spiritual care, for Palliative Care and not just medicines.	**1.2** Protect people from cancer through screening and HPV vaccination with high rates of uptake and address inequalities in uptake. **2.6** Patient choice, spiritual belief and understanding must be central to the care received and delivered.

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Our cancer commitments

Prevention early diagnosis and reduction in inequalities

Commitment 1: **To reduce cancer incidence, mortality and inequalities for our population through effective prevention, screening and early detection initiatives.**

There are striking inequalities in cancer incidence and outcomes in Fife, largely due to the unequal distribution of social factors that influence health. In order to reduce cancer incidence and mortality we need to focus on the known modifiable risk factors for cancer, reducing inequalities and addressing the broader 'upstream' factors that contribute to inequalities in our health. Preventing cancer in Fife will be a complex and a long-term endeavour and whole system collaboration with partner organisations is critical to achieving our priorities.

Where we live has a direct impact on health and wellbeing. Our ambition is to make sure the fundamental building blocks needed for good health are in place for Fife.   A Plan for Fife | Our Fife - Creating a successful, confident and fairer Fife sets out our joint ambitions within Fife Partnership over the next 10 years.

Existing workstreams in Fife are underway and support broader strategies to reduce harms and inequalities associated with cancer, and directly align with broader recommendations in relation to the NHS Fife Population Health & Wellbeing Strategy and Prevention & Early Intervention Strategy planned by the Health & Social Care Partnership (H&SCP).

To deliver this commitment the priorities identified for reducing cancer incidence, mortality and inequalities in Fife are:

- **1.1.** Reduce the harms associated with preventable risk factors for cancer, with a focus on supporting healthy communities, early and targeted intervention, effective and integrated harm reduction and reducing inequalities. Key priority areas are:
    - 1.1.1. Develop a system wide approach in collaboration with Health Promotion to focus on promoting holistic assessments of patient's risk for the cancers which are attributable to life style across hard to reach groups e.g., Making every contact count.
    - 1.1.2. Promote good community orientation through improving awareness.
    - 1.1.3. Support the public, patients and staff to eat well, have a health weight and be physically active.
    - 1.1.4. Reduce harm associated with tanning practices in our community.

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1.2. Protect people from cancer through HPV vaccination, maintaining immunisation coverage rates and reducing inequalities in coverage in line with the Fife Immunisation Strategic Framework 2021-24.

1.3. Review the impact of the Fife Rapid Cancer Diagnosis Service (formerly known as Early Cancer Diagnosis Centre (ECDC)) for those with vague symptoms with a view to expanding to other specific tumour sites

1.4. Work with partner organisations across the whole system to address the broader upstream determinants of health that contribute to cancer inequalities.

1.5. Embed a culture of 'prevention' and 'mitigating inequalities' into routine services, increasing staff awareness and capacity to intervene early with regards to risk factors for cancer.

    1.5.1.Increase health professionals' awareness to promote the Health and Social Care Partnership (HSCP) Reduce the Risk of Cancer initiative by providing key messages to share and signpost information of the key preventable risk factors for cancer)

    1.5.2.Build on work to increase advice and support relating to income maximisation for cancer patients.

1.6. Ensure screening is easy to access, local and supported by appropriate resources to support patients to participate, with a focus on populations that have difficulty accessing screening to address inequalities in uptake.

1.7. Ensure Primary Care Healthcare Professionals have appropriate and equitable access to diagnostic imaging and triage to support urgent suspected cancer referrals.

Person-centred

Commitment 2: The patient will be at the heart of how services are designed with excellent patient experience as a priority.

Patients have told us their top three priorities are to experience an optimal pathway for rapid diagnosis and treatment, that people should be at heart of the Framework and they should receive the right care at the right time in the right place.

To achieve this commitment we will:

2.1 Actively include the views and experiences of patients, families and unpaid carers through continued engagement to ensure shared decision making, including Care Opinion.

2.2 Services will be designed to ensure there is a dedicated Single Point of Contact to provide information points for appointments, advice, clinical and other support.

2.3 Improve sharing of quality information with patients and care providers through digitally enabled systems, e.g., Holistic Needs Assessments (eHNA) and Treatment Summaries, Digital Patient Hub. electronic Key Information Summaries (eKIS) in primary care including Palliative Care summaries

2.4 Develop a Cancer Services website Dedicated to helping *people* who face *cancer* learn about patient services

2.5 Ensure patients have access to prehabilitation and rehabilitation for optimum fitness prior and post treatment

2.6 Patient choice, spiritual belief and understanding must be central to the care received and delivered.

2.7 Ensure optimal pathways exist to ensure efficient diagnosis and treatment of patients.

2.8 Ensure care is close to home where possible, repatriating care from out with Fife, where appropriate.

2.9 Review transportation and financial support for patient access to services both within and out with Fife.

2.10 Make returning to work after a cancer diagnosis a health outcome, including signposting and awareness of public & 3rd sector organisations that support return to work after illness such as Access to Work/ FEAT/ Health Working Lives

2.11 Continue to offer patients support through the Macmillan Improved Cancer Journey (ICJ) pathway to ensure they can access support as their circumstances change

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Optimal pathways and integrated care

Commitment 3: **Patients will receive the right treatment at the right time in the right place by the right person. This will be delivered through the development of optimal and integrated pathways to deliver high quality cancer care.**

There is a recognised need to improve timely access for our patients and use of patient pathways and integrated models of care will be a key priority. Variation across pathways should be reduced underpinned by optimum referral pathways to deliver timely access to diagnostics and treatment. To do this, services need to be integrated to ensure the patients' care is coordinated from referral to end of life care.

Due to the growing and ageing population we need to recognise the full multi professional teams to support patients during diagnosis, treatment and beyond treatment including care for people with cancer wo do not receive cancer treatment (best supportive care). Central to meeting changing demand by embedding a greater sense of 'shared responsibility' for all steps in the pathway between patients, secondary, primary, community health services and other partner agencies with accountability for timely communication between services and the availability of accessible plans of care.

NHS Fife places great emphasis upon preventing avoidable deaths however, when preventing death is no longer an option we will continue to treat and support our patients including those affected by cancer, throughout their last months and weeks of life.

To achieve this commitment, we will:

3.1   Implement sustainable optimal cancer pathways with review of timed cancer pathway to improve cancer waiting times performance and to ensure clear timelines for appointments, diagnostics, decisions and treatments, including direct patient navigation for the most complex patient pathways from initial referral through to palliative and end of life care.

3.2   To embed a new model for Specialist Palliative Care, to optimise generalist palliative care access and provision in acute and community settings; to develop a Best Supportive Care (BSC) pathway with care that is multidisciplinary, integrated and coordinated; improving Primary Care, Acute Care and Specialist Palliative Care linkages.

3.3 Develop Systematic Antic Cancer Treatment (SACT) models to ensure patients are treated in the most appropriate setting.

3.4 Review the contribution of the wider workforce for continuing care and utilise all the workforce to ensure that every contact counts.

3.5 Ensure effective design of Multidisciplinary Team (MDT) meetings to optimise on early diagnosis and timely treatment and care fostering a culture of strong leadership and teamwork across all services.

3.6 Ensure that prehabilitation and rehabilitation are embedded in care pathways.

3.7 Actively engage with Edinburgh Cancer Centre in relation to opportunities in Fife.

3.8 Focus on equality when planning and designing new cancer related services to avoid and reduce the impact of social inequalities in accessing cancer services including screening, diagnosis, treatment, information, support and clinical trials.

Research, Innovation & Knowledge

Commitment 4: **Research, innovation and knowledge is central to the delivery high quality sustainable cancer services for our patients and population.**

A positive research culture in health care is associated with better job satisfaction for staff and better outcomes for patients. NHS Fife Research, Innovation and Knowledge hosts and sponsors a large and growing number of research studies ranging from international multi-centre drug trials to short term student projects working with a variety of commercial and non-commercial sponsors and funders, investigators and researchers with a wide range of interests and experience, members of the public and service users and colleagues from across Scotland and the UK. NHS Fife will make every effort to ensure cancer patients have access to the most up to date technology and innovative diagnostics and treatments.

To achieve this commitment, we will:

4.1 Explore a Hub and Spoke model of care to ensure equitable access to clinical trials with care closer to home.

4.2 Improve links with East Region Innovation Hub

4.3 Understand the cost benefits of improved clinical trial participation.

4.4 Embed research into standard work through the research, innovation and knowledge programme of education

4.5 Ensure staff have the appropriate time allocated to acquire knowledge of new treatments.

4.6 Support healthcare professionals to be innovative in pursuing continuous quality improvement, prioritising tests of change to support early diagnosis and wider best practices from successful research studies.

4.7 Align with the NHS Fife Innovation governance framework to ensure new innovations are appropriately planned, resourced and monitored.

4.8 Seek opportunities to test innovative solutions with the McKenzie Early Diagnosis Institute and the South East Health Innovation Hub (HISES).

4.9 Work closely with our educational partners.

4.10 Align work with Public Health to reduce inequalities in research

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Our enablers

Digital and Information

Commitment 5: **Digitally enabled for sustainable and efficient service models which embrace technology and innovation.**

Digital and Information have a strategy and programmes service area which collaborates across Digital, NHS Fife, NHS Scotland, suppliers and partners to develop strategy and deliver service change that is focussed on improved patient care through digital transformation. Existing strategic priorities currently being undertaken which supports cancer patients are:

- Near Me
- Digital Patient Hub
- Electronic Patient Record Development

To provide staff and patients access to digitally enabled health it is imperative the use of the Scottish Approach to Service Design is considered to ensure systems are efficient and effective. Digital & Information will require service commitment when adopting existing and implementing new digital capability in support of the Cancer Framework.

To achieve this commitment, we will:

5.1. Develop cancer clinical information systems that:

    5.1.1. Track patients referred with urgent suspected cancer or diagnosed with cancer.

    5.1.2. Provide a Multidisciplinary Team (MDT) solution which is fit for purpose.

    5.1.3. Manage and monitor activity, for example inpatient SACT and HPB surveillance.

5.2. Support the improvement of the cancer referral process through:

    5.2.1. Implementation of Fife Referral Organisational Guidance (FROG).

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5.2.2. Introduction applications ('Apps') to support referral, e.g. photo triage, in a secure and compliant manner.

5.2.3. Prepare for the implementation of nationally provided artificial intelligence (AI) to support early detection.

5.2.4. Implement Acute Clinical Referral Triage (ACRT) and Patient initiated review (PIR).

5.3. Ensure information is available to patients and staff to improve their patient journey and outcomes:

5.3.1. Development of a cancer webpage for staff and patients to access up to date, relevant information.

5.3.2. Development of information resources, e.g. electronic treatment summaries, palliative performance scale.

5.3.3. Implementation of Electronic Patient Record.

5.4. Support the change by:

5.4.1. Ensuring the reduction of digital exclusion in the design of solutions (with particular consideration of people without access to data, devices, digital literacy and disabilities which may affect use of digital options.

5.4.2. Ensuring the availability of the Digital Enablement team to support both Patients and Staff with their adoption and use of digital systems.

5.4.3. Ensuring the solutions are safe and secure by meeting both clinical and information governance standards.

5.4.4. Ensuring appropriate cancer data is available for reporting in support of operational improvement and strategic planning.

Workforce

Commitment 6: Recognise workforce challenges and identify system-wide approaches to support in relation to wellbeing, education and training to ensure our patients receive the best care.

To deliver this Framework we recognise that our staff are our biggest asset. The NHS is the biggest employer in Europe, and the world's largest employer of highly skilled professionals. There is evidence that staff are feeling the strain, particularly since the pandemic and there is some evidence that many of those leaving the NHS would remain if employers could reduce workload pressures, offer improved flexibility and professional development. Staffing gaps are already present, in particular in diagnostics, such as radiology, pathology and the specialist nursing workforce. Consideration of alternatives is required where there are national shortages such as oncology, and specialist consultant posts. There are also concerns around the ageing workforce and we therefore need to take the opportunity to look at how we resource the cancer workforce differently to ensure it is balanced, resilient and fit for the future. Table 3 shows the current cancer specific workforce. Any workforce implications will align with the NHS Fife Workforce Strategy.

To achieve this commitment, we will:

6.1. Review the cancer workforce including skill mix and supporting roles to inform future service delivery models and succession planning.

6.2. Work towards the national agenda to transform roles with consideration of Senior Professional Leadership/Management of CNS/ANP/AHP workforce being aligned to support the broader vision and developments.

6.3. Review wider roles, such as AHPs and palliative care to complement an integrated cancer care pathway Ensure the wellbeing and resilience of the cancer workforce including improved access to Spiritual Care and other wellbeing services as part of the approach to staff wellbeing.

6.4. Identify gaps in medical workforce working with regional partners to develop a regional plan to ensure resilience and equity of care.

6.5. Take forward leadership opportunities across the workforce to highlight opportunities available to cancer workforce colleagues, encouraging new talent to take up leadership roles.

6.6. Make sure all staff have the time to undertake appropriate training and development in order to carry out their role and to equip them for future roles.

6.7. Optimise on education and training from others in the workforce to ensure patients receive the most appropriate care, for example Realistic Medicine, Occupational Medicine and Palliative Care.

6.8. Take a holistic approach to the management of patients with cancer to include those treating patients who are not in cancer roles, for example inpatients.

6.9. Introduce a Cancer Awareness programme in teaching of Junior Doctors to educate and ensure early understanding.

Property and Asset Management

Commitment 7: Ensure our healthcare environments are designed to deliver optimum patient care

Review of our current estate is crucial to optimal patient care, with the design of patient pathways informing configuration of our estate, both currently and in the future to ensure we can accommodate future demand and growth. As cancer prevalence increases and people are living longer, current accommodation is an issue. The Framework aims to address these challenges now and in the longer term and it is therefore imperative we review estate throughout the Kingdom with the aim of increasing capacity and to give the ability to offer care closer to home, where appropriate.

To achieve this commitment, we will:

7.1. Review the estate in line with the Board's Property & Asset Management Strategy to accommodate new ways of working and new technologies so that capacity can cope with demand now and in the future.

7.2. Explore community-based models of care, e.g., community dispensing, supportive therapies and the non-hospital based services for the palliative phase of illness to ensure services are accessible for all including people living in the most deprived areas of Fife where incidence and mortality of cancer is higher.

7.3. Develop the case for a Cancer Unit in Fife in line with the developing Population Health and Wellbeing Strategy.

7.4. Assess digital requirements in relation to development of Hubs for hard-to-reach groups.

Quality and Performance Improvement

Commitment 8: **To make best use of available information sources to assure patients they are receiving timely, high quality, effective care.**

Performance data on the current Local Delivery Plan (LDP) standards set priorities between the Scottish Government and NHS Boards to provide assurance on NHS Scotland performance. In October 2008 Better Cancer Care – An Action Plan was published and stated that 95% of all patients diagnosed with cancer will begin treatment within 31 days of decision to treat irrespective of route of referral and 95% of those referred urgently by their GP with a suspicion of cancer will begin treatment within 62 days of date of receipt of referral. Graph 6 shows quarterly 62 and 31 day performance from 2017 to 2021

To strengthen the commitments made in in the 2008 publication Quality Performance Indicators (QPIs) were introduced to improve safe, effective and person centred care (CEL06 (2012)).

Cancer has remained a priority through the pandemic and the refresh of the Effective Cancer Management Framework provides teams with tools to effectively manage patients from the point of referral to first treatment and aims to improve patient experience as well as cancer waiting times performance.

To achieve this commitment, we will:

8.1. Embed the Effective Cancer Management Framework into the cancer team's workplan, supported by senior management to ensure full adoption.

8.2. Ensure cancer patients continue to be seen and treated as a priority

8.3. View national 62 day and 31 day Cancer Waiting Times targets as a minimum standard.

8.4. Continue to drive and improve quality performance through robust governance of the Quality Performance Indicators and local use of data to improve service delivery.

8.5. Full engagement with the Cancer Managers' Forum and other national groups to share good practice

8.6. Ensure consistent, good quality data collection through formal education for the cancer data collection team and through the formal Quality Assurance programmes.

Risk to delivery

Title	Description	Risk Profile
Cancer Workforce issues	There is a risk that we will be unable to deliver the Cancer Framework within the stated timescales due to: lack of succession planning, inability to recruit suitably trained staff to vacant posts, national shortages of specialist posts and posts not being funded substantively, resulting in sub optimal patient experience and outcomes, increased pressure on staff and services and adverse publicity.	
Financial Delivery of Cancer Framework	There is a risk that we will be unable to deliver the Cancer Framework due to insufficient financial investment in Cancer Services and funding being provided on a non-recurring basis resulting in disruption to / loss of services, sub optimal patient experience and clinical outcomes, and adverse publicity.	
Digital and Information Challenges	There is a risk that lack of digital and information support for cancer services will impact on our ability to delivery key commitments identified in the framework in relation to: • Lack of robust quality and performance improvement data collection systems resulting in disparate data collection impacting optimal pathways and integrated care • Digital exclusion for those without access resulting in inequalities to person centered care	
Cancer Services Property Infrastructure	There is a risk that we will be unable to deliver the Cancer Framework due to inadequate space/capacity to accommodate the expected increase in patients with a cancer diagnosis and with extended active treatment times, resulting in sub optimal patient - care, experience, outcomes and safety.	
Expansion of Edinburgh Cancer Centre (ECC)	There is a risk to delivery of the Cancer Framework if there is inadequate regional collaboration and funding to support the repatriation of patients should the Edinburgh Cancer Centre (ECC) expansion Initial Agreement (IA) and Outline Business Case (OBC) be successful in terms of staffing and recruitment, estate, patient experience, pathways.	

Risk Profile

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

In terms of grading risks the following grades have been assigned within the matrix.

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

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

Data and information

Public Health Data

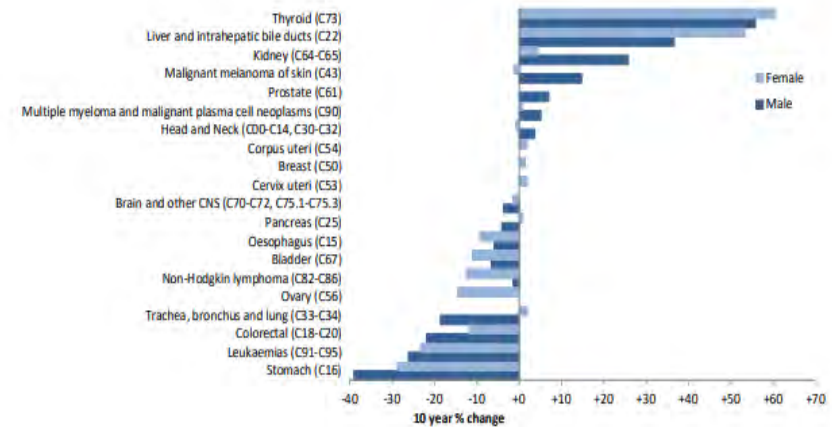**The table below shows new cases of cancer in Fife from 1995 – 2019**
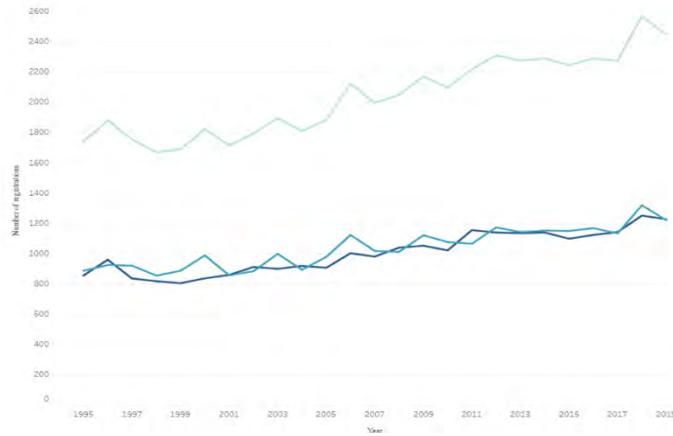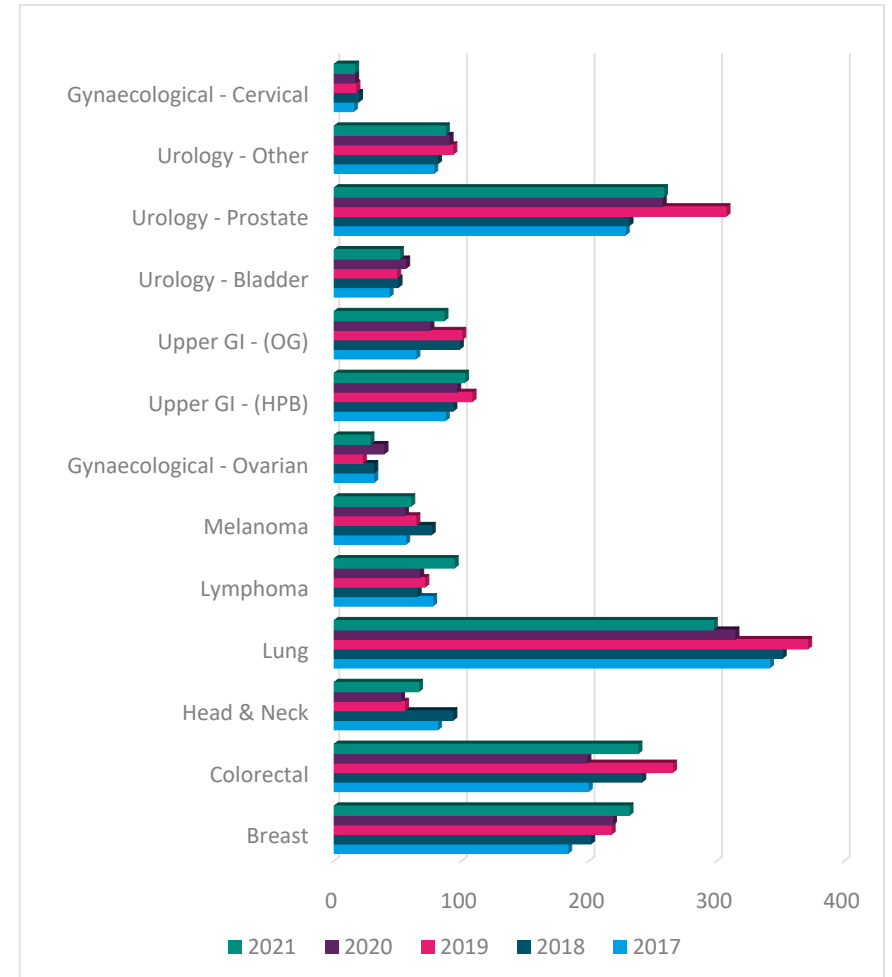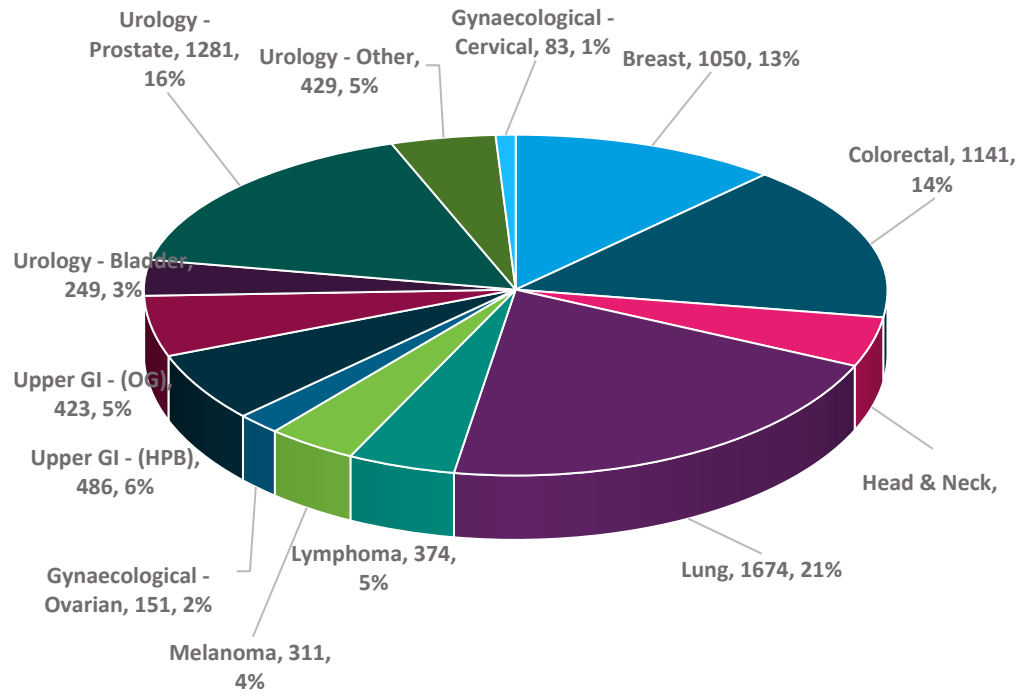

Numbers diagnosed male/female
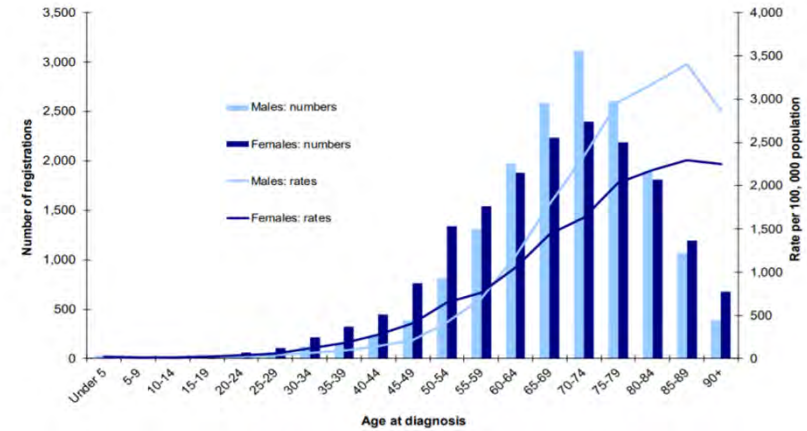
The graph shows number of deaths due to cancer in Fife from 1993 to 2019.
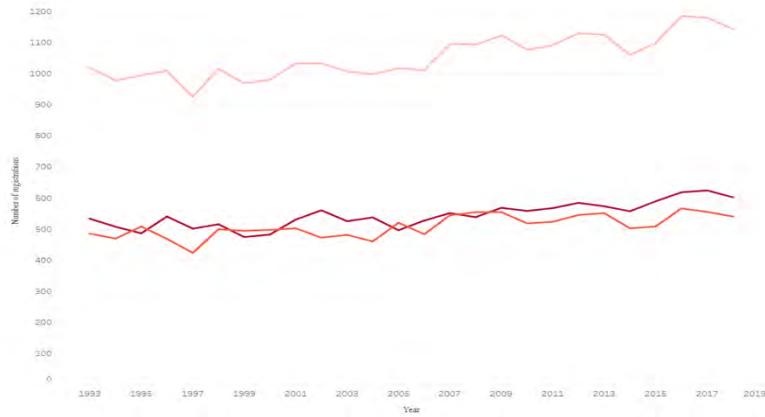
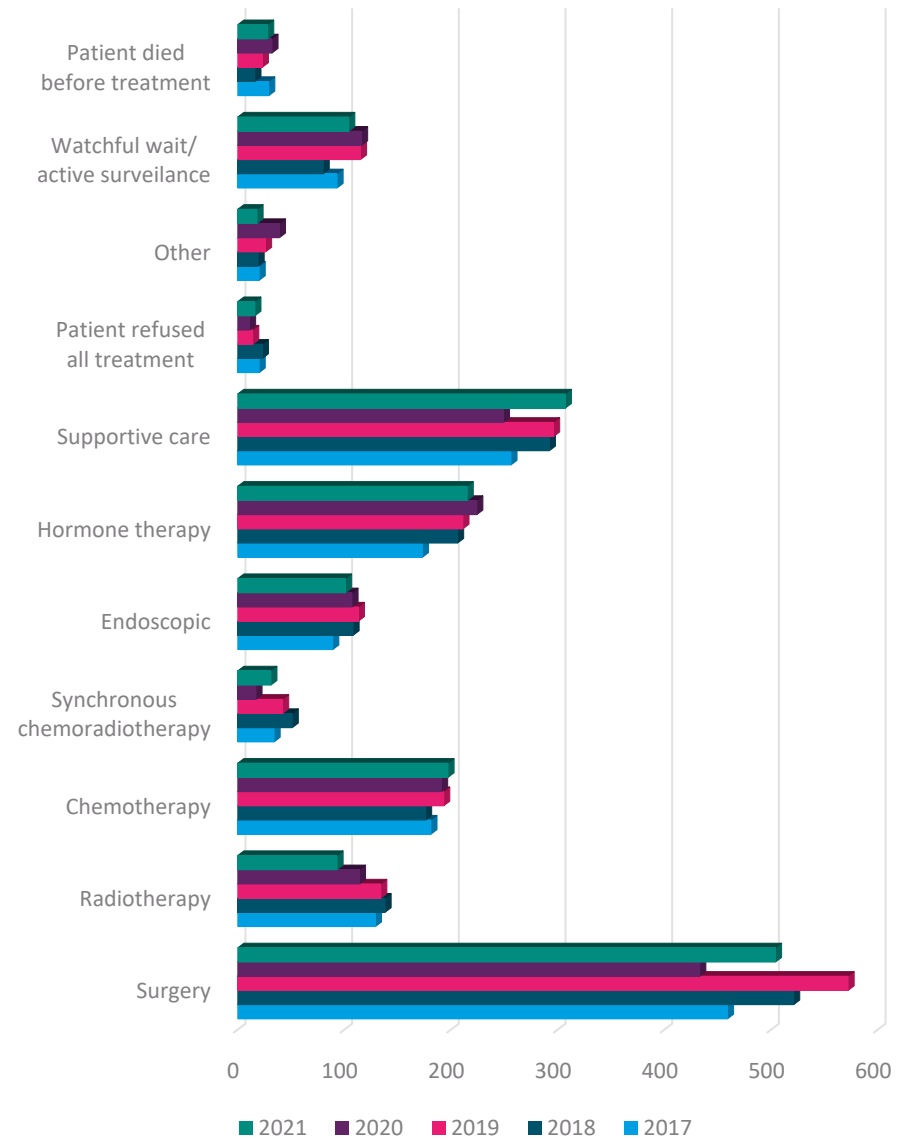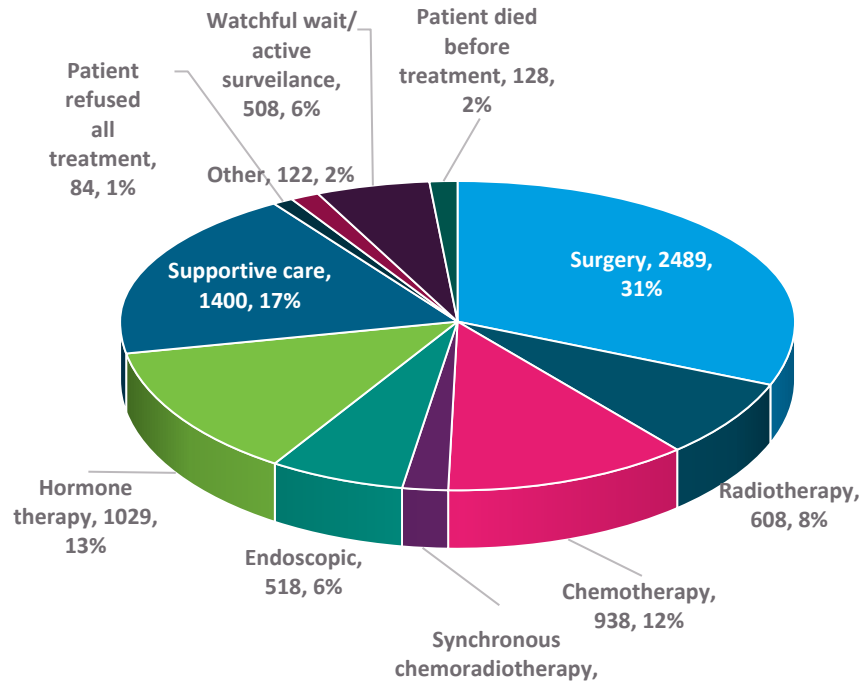**10 year percentage change in age-adjusted incidence rate for 20 most common cancers**

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Graph 1: Number of New Cancers Diagnosed (reportable cancers Jan 2017 – Dec 2021)

Pie chart labels:
- Urology - Prostate, 1281, 16%
- Urology - Other, 429, 5%
- Gynaecological - Cervical, 83, 1%
- Breast, 1050, 13%
- Colorectal, 1141, 14%
- Urology - Bladder, 249, 3%
- Upper GI - (OG), 423, 5%
- Upper GI - (HPB), 486, 6%
- Gynaecological - Ovarian, 151, 2%
- Lymphoma, 374, 5%
- Melanoma, 311, 4%
- Head & Neck,
- Lung, 1674, 21%

Bar chart categories (top to bottom): Gynaecological - Cervical, Urology - Other, Urology - Prostate, Urology - Bladder, Upper GI - (OG), Upper GI - (HPB), Gynaecological - Ovarian, Melanoma, Lymphoma, Lung, Head & Neck, Colorectal, Breast
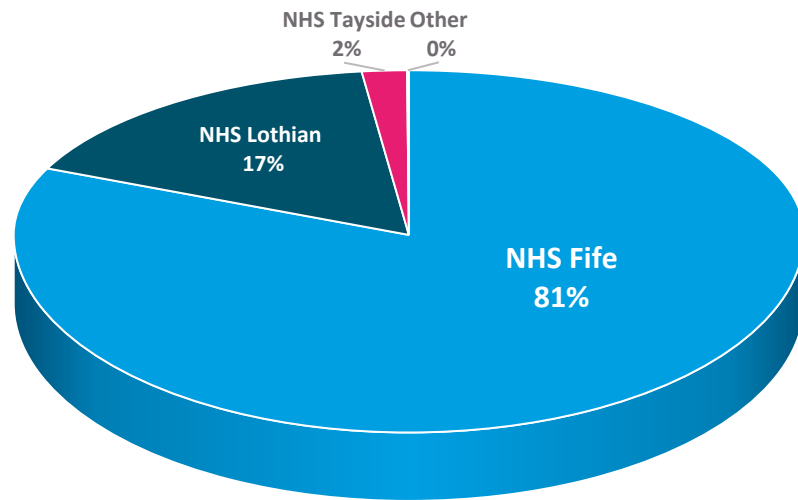
Legend: 2021, 2020, 2019, 2018, 2017

Graph 2: Number of New Patients Treated by Treatment Type (reportable cancers) January 2017 – December 2021

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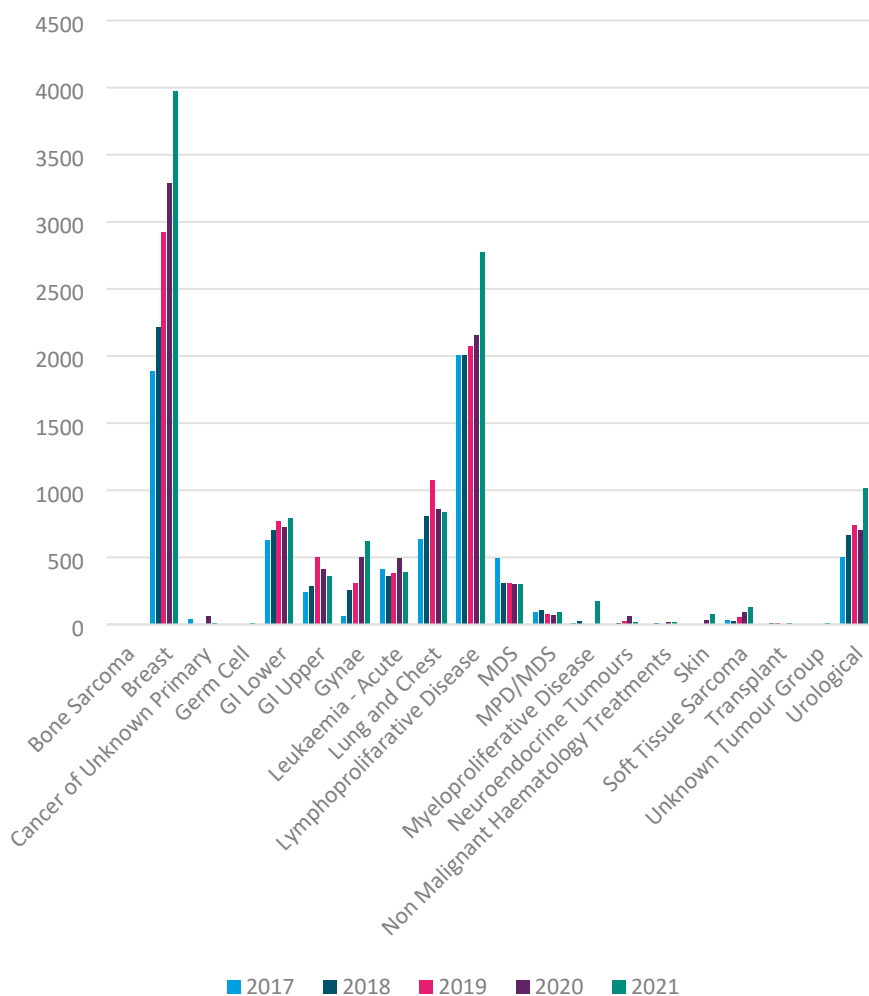| Board of Treatment	
Board of Treatment	**No pts**
NHS Fife	6448
NHS Lothian	1368
NHS Tayside	176
Other	7
Grand Total	**7999**

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Graph 4: Systemic Anti-Cancer Treatment (SACT) Episodes Jan 2017 – Dec 2021

Legend: 2017 2018 2019 2020 2021

Tumour Type	2017	2018	2019	2020	2021
Bone Sarcoma				<5	
Breast	1886	2215	2923	3290	3974
Cancer of Unknown Primary	41	5	6	65	11
Germ Cell		<5	<5	>5	<5
GI Lower	630	701	767	723	790
GI Upper	240	287	503	410	360
Gynae	63	256	305	503	618
Leukaemia - Acute	413	362	386	494	390
Lung and Chest	633	805	1073	859	841
Lymphoproliferative Disease	2005	2009	2075	2160	2775
MDS	493	311	310	302	300
MPD/MDS	92	105	77	69	89
Myeloproliferative Disease	14	28	<5		174
Neuroendocrine Tumours	<5	9	22	64	19
Non-Malignant Haematology Treatments	>5	13	<5	16	19
Skin				35	74
Soft Tissue Sarcoma	33	28	53	93	128
Transplant	<5	13	8	6	8
Unknown Tumour Group					9
Urological	501	668	744	705	1015
Grand Total	**7050**	**7816**	**9263**	**9799**	**11601**

	2017	2018	2019	2020	2021
Non SACT Interventions	1408	1639	3112	3492	4064
SACT given as Intervention	183	220	507	369	718
Total Interventions	**1591**	**1859**	**3619**	**3861**	**4782**

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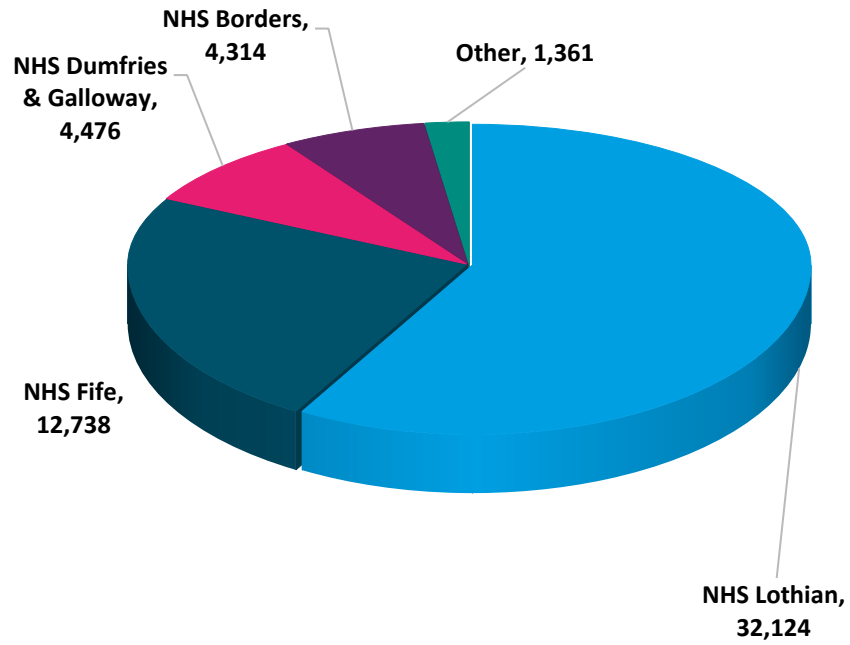
NHS Board	Number of Attendances
NHS Lothian	32,124
NHS Fife	12,738
NHS Dumfries & Galloway	4,476
NHS Borders	4,314
Other	1,361

NHS Borders, 4,314

Other, 1,361

NHS Dumfries & Galloway, 4,476

NHS Fife, 12,738

NHS Lothian, 32,124

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Graph 6: Quarterly Cancer Waiting Times Performance from Q1 2017 to Q4 2021

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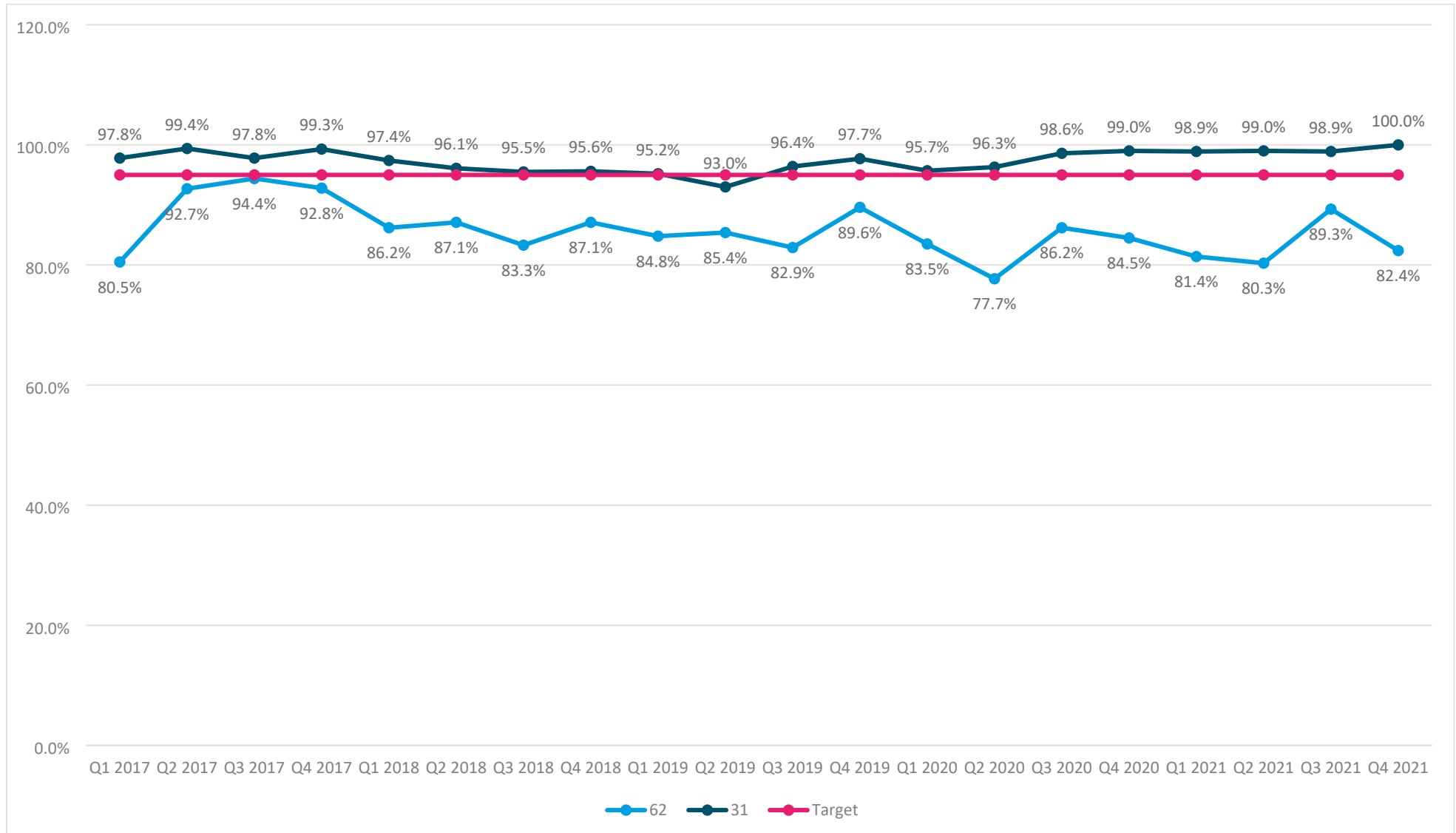
Table 1: Referral vs Diagnosis – Conversion 2017 – 2021

NHS Fife	Conversion Rates (USC Referral/Diagnosed)														
Tumour Site	**2017**			**2018**			**2019**			**2020**			**2021**		
	Referrals	Treated	Conversion	Referrals	Treated	Conversion	Referrals	Treated	Conversion	Referrals	Treated	Conversion	Referrals	Treated	Conversion
Breast	836	109	**13%**	1281	139	**11%**	1375	133	10%	1541	175	**11%**	1873	167	**9%**
Colorectal	836	43	**5%**	1048	68	**6%**	1226	89	7%	887	95	**11%**	1447	81	**6%**
Head & Neck	464	32	**7%**	747	34	**5%**	959	32	3%	753	35	**5%**	750	41	**5%**
Lung	427	130	**30%**	473	154	**33%**	466	173	37%	373	112	**30%**	397	114	**29%**
Lymphoma	27	22	**81%**	54	12	**22%**	72	15	21%	77	9	**12%**	121	14	**12%**
Melanoma	929	22	**2%**	1918	42	**2%**	2082	41	2%	1382	37	**3%**	1908	35	**2%**
Ovarian	63	14	**22%**	61	16	**26%**	77	11	14%	51	14	**27%**	77	9	**12%**
Upper GI - (HPB)	38	15	**39%**	52	23	**44%**	75	25	33%	63	20	**32%**	95	30	**32%**
Upper GI - (OG)	484	27	**6%**	658	31	**5%**	680	32	5%	390	31	**8%**	525	29	**6%**
Bladder	317	13	**4%**	434	29	**7%**	486	19	4%	398	29	**7%**	565	24	**4%**
Prostate	230	84	**37%**	333	139	**42%**	358	147	41%	309	114	**37%**	402	132	**33%**
Urology - Other	86	20	**23%**	112	24	**21%**	131	27	21%	84	22	**26%**	127	15	**12%**
Cervical	50	3	**6%**	91	5	**5%**	118	4	3%	117	8	**7%**	173	5	**3%**
Grand Total	**4787**	**534**	**11%**	**7262**	**716**	**10%**	**8105**	**748**	**9%**	**6425**	**701**	**11%**	**8460**	**696**	**8%**

Table 2: SCAN Clinical Trial Performance: Clinical Trial Quality Performance Indicator

Target = 15% for all Tumour sites.

Tumour Site	Cohort	Fife %	Fife No Pts	Borders %	Borders No Pts	D&G %	D&G No Pts	Lothian %	Lothian No Pts	SCAN %	SCAN No Pts
Lymphoma	2019-20	0%	0/73	0%	0/31			2.1%	4/187	1.4%	4/293
Acute Leukaemia	2019-20	5.9%	1/17	0%	0/4			16.1%	5/31	22%	6/51
Bladder	2019-20	1.7%	1/60	5.3%	1/19	6.3	2/32	5.6	7/125	4.7	11/236
Renal	2020	4.8%	3/62	40%	8/20	21.2%	7/33	33.3%	49/147	25.6%	67/262
Testis	2019-20	0%	0/12	0%	0/3	0%	0/6	0%	0/36	0%	0/57
Prostate	2019-20	0%	0/253	0%	0/107	0%	0/122	4%	21/525	2.1%	21/100
Oesophago-gastric	2020	2%	2/99	13.2%	5/38	4.3%	2/46	10.1%	18/178	7.5%	27/361
HPB	2020	3.8%	4/104							1.5%	7/445
Colorectal	2020-21	1.6%	4/243	11.2%	11/98	5.9%	7/119	17.2%	90/523	11.4%	112/983
Gynaecology (Cervical)	2019-20	6.8%	1/15	0%	0/6	0%	0/6	7.6%	2/26	5.7%	3/52
Gynaecology (Endometrial)	2019-20	3.8%	2/53	0%	0/13	0%	0/25	9.9%	10/101	6.2%	12/192
Gynaecology (Ovarian)	2019-20	41.4%	12/29	11.1%	1/9	40%	6/15	122.2%	77/63	82.8%	96/116
Breast	2020	2.4%	5/209	24.7%	18/73	1.9%	2/108	32.5%	299/921	24.7%	324/1311
Head and Neck	2019-20	18.8%	13/69	23.6%	5/19	20%	7/35	19.3%	37/192	19.7%	62/315
Lung	2019	1.1%	4/354	0.9%	1/106	0%	0/155	2%	15/7612	1.5%	20/1377
Melanoma	2019-20	0%	0/71	0%	0/37	0%	0/34	1%	2/188	0.6%	2/325

51/70   82/578

Table 3: Current Cancer-Specific Workforce (December 2021)

	Role	Establishment
Cancer Specific Workforce	Cancer Lead, Surgery	1 PA/Week
	Cancer Lead, Medicine & Oncology	1 PA/Week
	Cancer Lead GP & Palliative Care	2 PA/Week
	Cancer Lead Nurse	1.0wte
	Cancer Transformation Manager	1.0wte
	Cancer Audit & Performance Manager	1.0wte
	Cancer Audit Facilitators	3.6wte
	MDT Coordinators/Trackers	4.2wte
	Tracker	0.5wte
	Central Referral Unit	1.55wte

Cancer Workforce Specialty	Cancer Consultant/Lead	Staff WTE			
		Band 8A	**Band 7**	**Band 6**	**Band 5**
Pharmacy	Principle Pharmacist 1.0wte	2.8	2.0 fixed + 0.5 rotational	nil	2.0
Oncology (Visiting)	50 PA/week				
Allied Health Professionals					
Dietetics				1.0	
Occupational Therapy				3.2	
Physiotherapy				1.6	
Speech & Language		0.6	0.6	0.6	
Radiology	No cancer-specific workforce				
Other	Specialty Doctor 1.0wte				

Cancer Workforce Specialty	Consultant/Lead	Advanced Nurse Specialist (ANP) Clinical Nurse Specialist (CNS)			Clinical Support Workers (CSW) Administrative Support			
		WTE						
		Band 8A	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2
Acute Oncology	Yes		1.0	1.0				
Breast	Yes		1.0	2.0				
Colorectal	Yes		1.0	2.0	1.5		1.0	
Head & Neck (ENT & OMFS)	Yes		1.0	0.6			0.8	
Lung	Yes		2.0					
Haematology	Yes		1.0	1.0				
Haematology Day Unit	Yes		1.0	2.0	15.2		2.0	1.2
Haematology Ward 34	Yes		1.0	1.8	13.0			7.8
Gynaecology	Yes		1.0			1.0		
Dermatology	Yes			3.8				
Upper GI (HPB & OG)	Yes		2.0					
Urology	Yes		1.0	2.0	0.4	1.0	0.6	
Early Cancer Diagnosis Centre	Yes		1.0			1.0		
SACT	Yes (Nurse Consultant)	1.0						

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Table 4: Regional Services Provided to NHS Fife (December 2021)

Area	Service provided	Cancer types	Services Provided	Cancer Types
	Lothian	**Lothian**	**Tayside**	
Outpatients	Oncology (visiting)	All (seen in Fife)		
Specialist Interventions	Speech & Language	Head & Neck		
Specialist Diagnostics	PET Molecular Testing ERCP Mediastinoscopy Staging Laparoscopy	All (except Lung) All Upper GI/HPB Lung Upper GI	PET	Lung
Treatment	Chemotherapy Chemoradiation Surgery Robotic Surgery Radiotherapy (including specialist) Brachytherapy Proton Beam Immunotherapy VATS CHART Radiofrequency Ablation (RFA)	Head & Neck Head & Neck (ENT) Lung, Upper GI, HPB Complex Breast. Prostate All Prostate, Cervical Lymphoma All Lung Lung, Liver, Kidney, other abdomen	Chemoradiation Plastic Surgery	

Area	Service provided	Cancer types	Services Provided	Cancer Types
	Lothian	Lothian	Tayside	
Other	Genetics		Fertility Sparing	
Regional Multidisciplinary Team (MDT) Meetings	MDT	Head & Neck (ENT) Haematology Gynaecology Skin Upper GI HPB		

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Table 5: Local Cancer Services Provided in NHS Fife (December 2021)

Area	Service provided		Cancer types
Early Cancer Diagnosis Centre	A service to refer patients with vague symptoms who do not meet the Scottish Cancer Referral Guidelines.		Vague but concerning symptoms
Outpatients	All first outpatient appointments take place within NHS Fife. (within 14 days of referral) Follow Up appointments Post treatment care/appointments Oncology (visiting Oncologists)		All
Diagnostics	**Radiology** Xray Ultrasound CT MRI Mammography Bone Scan Skeletal survey **Other** ECHO	**Endoscopy** Bronchoscopy Colonoscopy OGD Colposcopy Cystoscopy Flexible sigmoidoscopy Flexible cystoscopy Hysteroscopy Microlaryngoscopy Nasendoscopy Ureteroscopy	All

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Area	Service provided	Cancer types
Specialist Diagnostics	CT guided biopsy	All
	Ultrasound guided biopsy	
	CT Colon	Colorectal
	MRCP	
	Cytosponge	
	Colon Capsule	
	EUS	Upper GI
	ERCP/MRCP	
	EBUS	Lung
	Thoracoscopy	
	VATs	
	TRUS	
	Trans perineal Biopsy	Prostate
	Template Biopsy	
	Bone Marrow Aspirate/Trephine	Haematology
	Biopsy (incision, excision, lymph nodes, etc)	All (except HPB)
	Cellular Pathology	All (except where treatment done out with Fife)
	Nuclear Medicine	
		Breast
Pre Treatment	Prehabilitation	Colorectal, Urology
	Maggies Prehabilitation	All

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Area	Service provided		Cancer types
Treatment	Surgery (including complex)		Breast, Colorectal, Head & Neck, Skin, Gynaecology, Urology (bladder, kidney, testes, penile)
	Robotic Surgery		Colorectal, Renal, Gynaecology
	Chemotherapy		All (except Head & Neck and very specialist)
	Hormones		
	LLETZ		Breast, Prostate
	TURBT		Gynaecology
			Bladder
	Pharmacy		
	Pharmacy Aseptic Services		
Specialist Interventions	Speech & Language	Podiatry	All
	Dietetics	Spiritual Care	
	Physiotherapy	Psychology	
	Occupational Therapy	Cancer of Unknown Primary	
Post Treatment Care	Acute hospital		All
	Acute Oncology		
	Hospice		
	Palliative Care		
	Health & Social Care		
	GP		
Multidisciplinary Team Meeting	Local MDT		Breast, Colorectal, Lung, Urology, Complex Pelvic Surgery, SCC

Area	Service provided	Cancer types
Other	Maggies ICJ pathway 3rd sector	

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Appendices

Appendix 1. Scottish Government Cancer Governance Structure (2021)
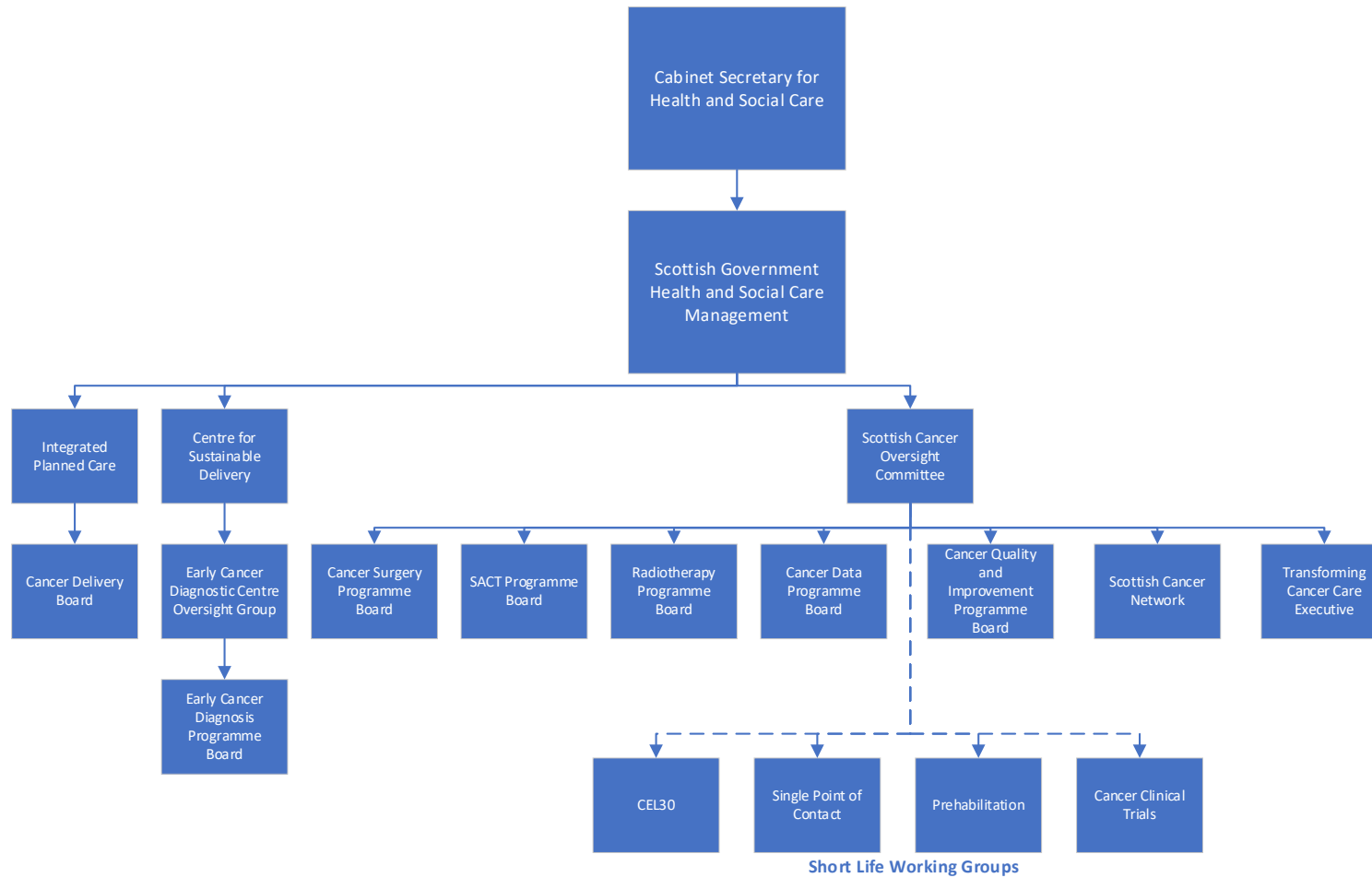
Appendix 2: Regional Governance Structure (2021)

59
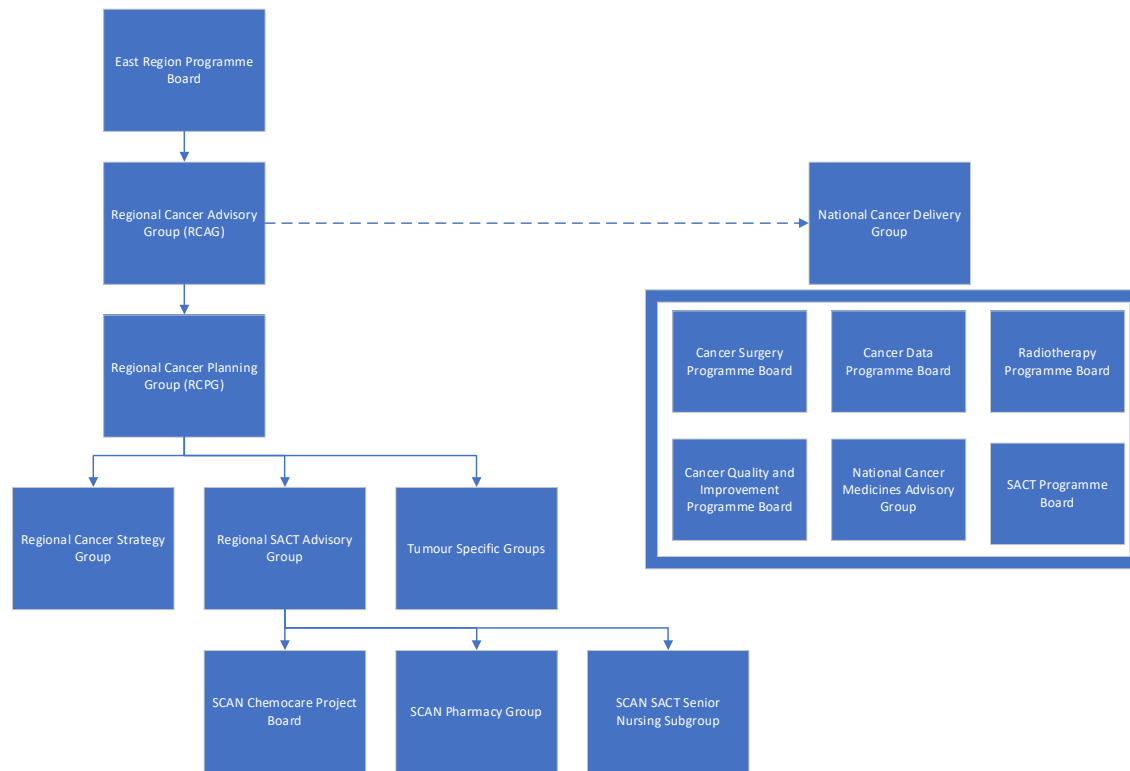
Appendix 3: NHS Fife Cancer Services Governance Structure (2021)

60
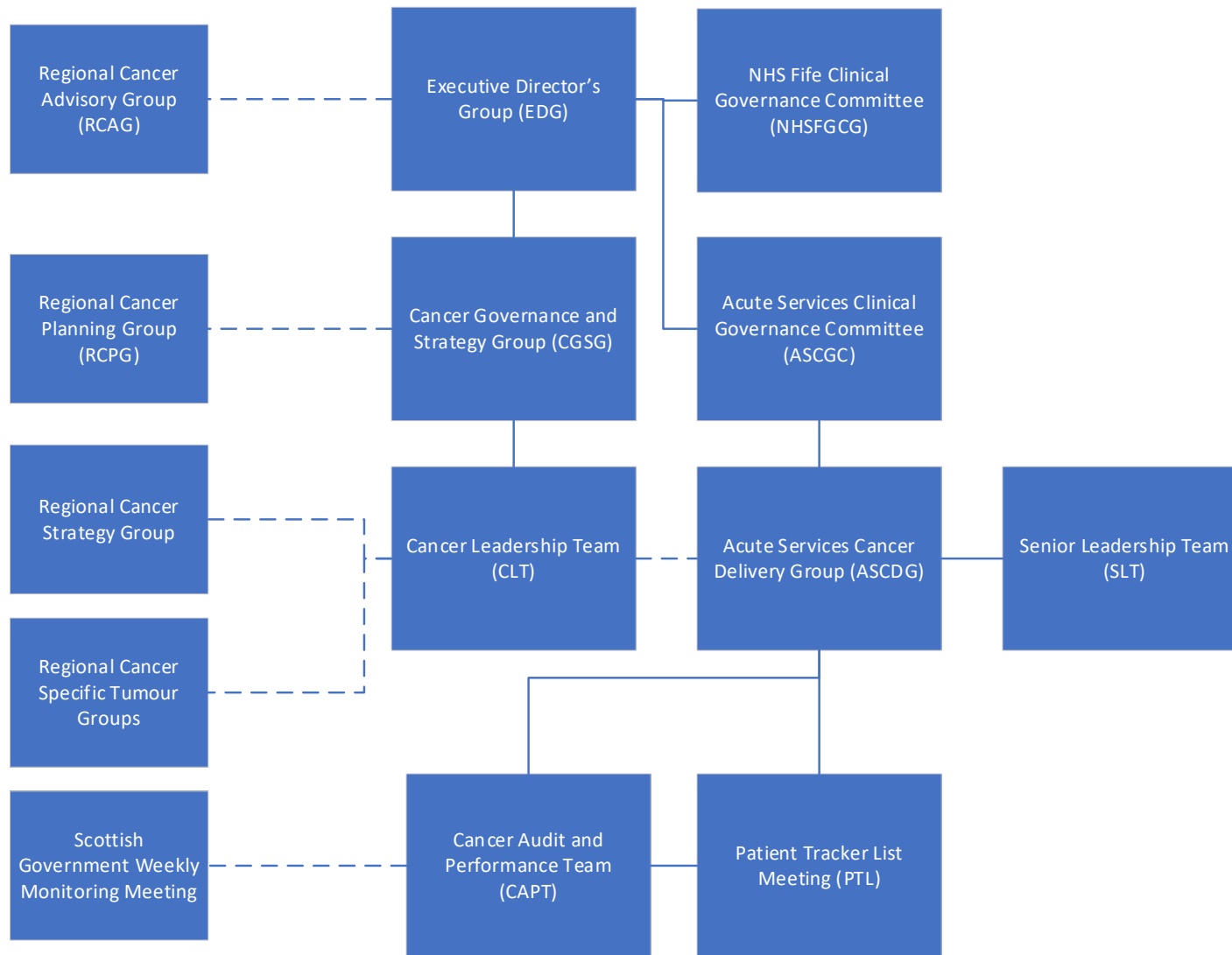
Appendix 4: SCAN Regional strategic priorities

Remobilisation of services

- Workforce sustainability
- Rapid Cancer Diagnosis Service (formerly known as Early Cancer Diagnosis Centre (ECDC)
- Review of cancer pathways across the region in order to improve patient journeys and implement improvement opportunities
- Regional approach to Acute Oncology services
- Reprovision of the Regional Cancer Centre and potential transformation opportunities with alignment between the boards' emergent local cancer strategies

SCAN Regional Services SWOT analysis – top 5

Strengths	Weaknesses	Opportunities	Threats
1. Desire to do as much locally as possible. Majority SACT delivered at cancer units. Only specialist and combined treatment at Edinburgh Cancer Centre. Outreach at Dumfries & Galloway (D&G) 2. Good use of SACT planning tool (Borders and D&G) for capacity planning. 3. Tumour group specific support workers in Fife. Planned in D&G 4. Supportive therapies within ambulatory care; D&G community hospital and Borders, keen to increase locations in Fife 5. D&G able to maintain 100% capacity during COVID due to modern build and spaces	1. Acute oncology model has limited/ no medical cover at Borders and variable for Fife. D&G no oncologist but via specialist palliative care. Sub optimal model of acute oncology units compared to Centre – lack of senior decision making increases the likelihood of admission 2. IT – limited use of Near Me and requirement to revert to face to face but improved in D&G 3. Seen as Edinburgh and not an East service. 4. Not all staff able to work at top of license, limited skill mix, limited staff pools 5. Number of manual processes in place where technology could support, e.g. SACT 'ready check'	1. Potential for regional workforce model re medical input to acute oncology service and Cancer Treatment Helpline with rotational posts; virtual resource to enable 7 day service to all units. 2. Shift supportive therapies into community settings, e.g. Borders community hospital sites; other sites in Fife and elements to community/primary care, e.g. phlebotomy; use of home models, e.g. Hospice @ Home 3. Wider opportunities (both sites) IVT biologics, OPAT, supportive therapies to be combined and provided outwith cancer unit 4. Maximise use of IT – virtual consulting; automate SACT 'ready', patient portal, access to off-site medical cover 5. Palliative Team part of MDT in future, more joined up earlier in the process.	1. Regional Aseptic service may limit what can be delivered in the Borders. 2. Workforce – unable to advertise due to wider Board issues 3. Radiotherapy patients: previously accessed accommodation (pre COVID) on site, use of hotels/self-catering. Currently out of tender 4. Service models based on individuals rather than standardised processes adopted consistently by teams are unsustainable longer term and create disparities shorter term

Appendix 5: Staff and public engagement – who we engaged with

Staff and public engagement

- Patients
- Public Health & Health Promotion
- Primary Care
- Patient Centred Care
- Palliative Care
- Health and Social Care Partnership
- Research Development and Innovation
- Psychology
- Specialist Nursing Teams
- Tumour Group Multi-Professional Teams
  - Breast
  - Colorectal
  - Dermatology
  - Respiratory
  - Oncology/Acute Oncology/Cancer of Unknown Primary
  - Systemic Anti Cancer Treatment (SACT)
  - Haematology
  - Ears, Nose & Throat (ENT)
  - Hepatopancreatobilary (HPB)
  - Urology

- Allied Health Professionals
  - Dietetics
  - Occupational Therapy
  - Physiotherapy
  - Speech & Language Therapy
- Pharmacy & Medicines
- Digital and Information
- Property and Asset Management
- Realistic Medicine Team
- Spiritual Care Team
- Radiology
- Pathology
- Organisational Development and Workforce
- Laboratories
- Cancer Audit & Performance Team
- 3rd Sector
- Occupational Health
- Dental

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Appendix 6: Measuring success

Measure	Standard	Target
Cancer Waiting Times (CWT) Performance	62 day standard from Referral to Treatment. 31 day standard Decision to Treat to Treatment.	95%
Rapid Cancer Diagnosis Service (formerly known as Early Cancer Diagnosis Centre (ECDC)	Patients referred urgent suspected cancer with vague symptoms will have a cancer diagnosis or had cancer excluded within 21 days of date of receipt of referral	21 days
First Urgent Suspected Cancer (USC) Appointment	Aim to see all patients within 14 days of receipt of an urgent suspected cancer referral	14 days
Multidisciplinary Team (MDT) Meeting	All patients with a diagnosis of cancer will be discussed at a multidisciplinary team meeting.	100%
Quality Performance Indicators (QPIs)	Quality Performance Indicators will drive improvement in clinical care and inform cancer recovery	Specific
Data Quality Assurance (DQA)	Continue to comply with the Data Quality Assurance (DQA) programme	95%
Detect Cancer Early (DCE)	To increase the proportion of people diagnosed with early stage disease (stage 1) by 25% for Breast, Colorectal and Lung	25% from 2010 baseline
Access to Clinical Nurse Specialist (CNS)	Aim to assess all patients within 48 hours of a cancer diagnosis	48 hours

Glossary of terms

Acronym	Meaning
AHP	Allied Health Professional
AI	Artificial Intelligence
ANP	Advanced Nurse Practitioner
AO	Acute Oncology
BSC	Best Supportive Care
CHART	Continuous Hyperfractionated Accelerated Radiation Therapy
CLL	Chronic Lymphocytic Leukaemia
COVID-19	Coronavirus Disease 2019
CT	Computerised Tomography
CWT	Cancer Waiting Times
DCE	Detect Cancer Early
EBUS	Endobronchial Ultrasound
ECC	Edinburgh Cancer Centre
ECHO	Echocardiogram
eHNA	Electronic Health Needs Assessment
ENT	Ears, Nose & Throat
EQIA	Equality Impact Assessment
ERCP	Endoscopic Retrograde Cholangiopancreatography
EUS	Examination Under Anaesthetic

Acronym	Meaning
FiCTS	Fife Cancer Tracking System
GP	General Practitioner
HPB	Hepatopancreatobilary
ICJ	Improved Cancer Journey
IR	Interventional Radiotherapy
LDP	Local Delivery Plan
LINAC	Linear Accelerator
LLETZ	Large Loop Excision of the Transformational Zone
MDT	Multidisciplinary
MRCP	Magnetic Resonance Cholangiopancreatograpy
MRI	Magnetic Resonance Imaging
NHS	National Health Service
OGD	Oesophago-gastroduodenoscopy
OMFS	Oral Maxillofacial Service
PET	Positron Emission Tomography
qFIT	Quantitive Faecal Immunochemical Test
QPI	Quality Performance Indicator
RCDS	Rapid Cancer Diagnosis Service (formerly known as Early Cancer Diagnosis Centre (ECDC)
RD&I	Research Development & Innovation
RFA	Radio Frequency Ablation

Acronym	Meaning
SACT	Systemic Anti Cancer Treatment
SCAN	South East Cancer Network
SCC	Squamous Cell Carcinoma
SPOCH	Single Point of Contact Hub
TRUS	Trans Rectal Ultrasound
TURBT	Trans Urethral Resection of Bladder Tumour
UK	United Kingdom
Upper GI	Upper Gastrointestinal
VATS	Video Assisted Thoracic Surgery

References

Strategic references and publications

Recovery and Redesign: An Action Plan for Cancer Services

Cancer Staging Data using 2018-2020 DCE Data – the impact of COVID-19

Beating Cancer: Ambition and Action

Effective Cancer Management Framework

Realising Realistic Medicine

'Reduce the Risk of Cancer'

Cancer In Scotland (ISD)\Cancer-in-Scotland-July-2020

Local references and documents

NHS Fife Population Health and Wellbeing Strategy [link to be provided]

Cancer Strategic Framework Communication Strategy v0.1

EQIA\Cancer Strategy Stage 1 Impact Assessment - signed 100821

High Level Summary of Engagement Sessions

Service Aims & Objectives

Service Priorities

SWOT All

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NHS Fife provides accessible communication in a variety of formats including for people who are speakers of community languages, who need Easy Read versions, who speak BSL, read Braille or use Audio formats.

NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife.EqualityandHumanRights@nhs.scot or phone 01592 729130.

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Cancer Framework Delivery Plan Year 1

2022–2023

Cancer framework delivery plan year 1 (2022–2023)

The aspiration of this framework will only be fully realised with a clear and focused annual delivery plan with key workstreams for 2022–2023. This Framework will be reviewed on a monthly basis by the Cancer Leadership Team given the changing nature of our healthcare systems.

NHS Fife Cancer Framework Delivery Plan WORKSTREAMS 2022-2023

- Single Point of Contact
- Early Cancer Diagnostic Centre Expansion
- Cancer Estate Review
- Improving Access to Clinical Trials
- Reduction of Health Inequalities
- Cancer Pathway Review
- Best Supportive Care Pathway Review
- Cancer Workforce Review
- New and Emerging
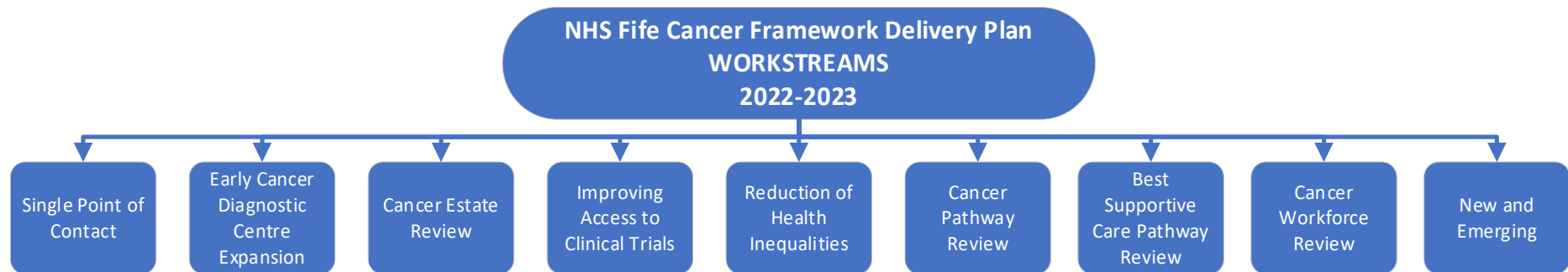
Need to build in timescales and plan for review of framework and approach for identification of new priorities for 23/24

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
Commitment 1: A focus to reduce cancer incidence, mortality and inequalities for our patients through effective prevention, screening and early detection initiatives							
1.1 Reduce the harms associated with preventable risk factors for cancer, with a focus on supporting healthy communities, early and targeted intervention, effective and integrated harm reduction and reducing inequalities.	1.1.1 Develop a system wide approach in collaboration with Health Promotion to focus on promoting holistic assessments of patient's risk for the cancers which are attributable to life style across hard to reach groups e.g., Making every contact count

1.1.2 Promote good community orientation through improving awareness | Agree plan to increase uptake of education, resources and support

Plan to increase awareness and availability of Health Promotion resources through staff training of awareness to support community orientation. | 2022-23

March 2023 | Consultant, Public Health

Health Promotion Nurse Manager | Lead Cancer GP

Lead Cancer GP Consultant, Public Health | Health Promotion Nurse Manager | Health Improvement Scotland (HIS) Communications

Health Improvement Scotland (HIS) Communications |

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
	1.1.3 Support the public, patients and staff to eat well, have a healthy weight and be physically active	Development of Action Plan to review data for the NHS National Physical Activity Pathway	2022-23	Health Promotion Nurse Manager	Consultant, Public Health	NHS/H&SCP Delivery Group	AHP Implementation Group
1.2 Protect people from cancer through HPV vaccination, maintaining immunisation coverage rates and reducing inequalities in coverage	1.2.1 Achieve HPV immunisation coverage of 85% for females by end of S3 across SIMD.	85% of females in S3 will be immunised against HPV	2022-23	Immunisation Coordinator	Immunisation Programme Director, H&SCP Associate Medical Director, H&SCP Associate Nurse Director Lead Pharmacist Head of Strategic Planning & Performance		Screening Coordinator
1.3 Review the impact of the Fife Early Cancer Diagnosis Centre with a view to expanding to other specific tumour sites.	1.3.1 Explore expansion of RCDS principles to other Urgent Suspicion of Cancer (USOC) pathways.	Defining an agreed proposal and implementation plan to expand the principles of RCDS through engagement and collaboration with Acute Services Division	March 2023	Lead Cancer Nurse	Lead GP RCDS Lead Cancer GP General Manager Cancer Transformation Manager	Project Support Officer Consultant Surgeon Clinical Director Lead Cancer Clinician	ACNS RCDS Consultant Surgeons, UGI Respiratory Physician Respiratory CNSs UGI CNSs
	1.3.2 Scope potential for Community Pharmacy USOC referral involvement.	Earlier access to a USC pathway via direct referral to Secondary Care		Lead Cancer GP	Community Pharmacy Head of Pharmacy Radiology Clinical Service Leads	Cancer Transformation Manager Project Support Officer	Director of Pharmacy

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
	1.3.3 Scope and understand population profile referred to Rapid Cancer Diagnostic Service (RCDS) (formerly known as Early Cancer Diagnosis Centre (ECDC))	Use data as a baseline to inform any further primary care or public health interventions	March 2023	Consultant, Public Health	Lead Cancer GP Lead Cancer Nurse	Project Support Officer	
Commitment 2: The patient will be at the heart of how services are designed.							
2.1 Actively include the views and experiences of patients and carers through continued engagement.	2.1.1 Widely introduce Care Opinion across the cancer services to ensure patient feedback is incorporated into quality and safety improvement	Improvement in Care Opinion feedback from cancer patients	March 2023	Lead Cancer Nurse	Head of Patient Experience	ACNS RCDS Cancer Transformation Manager Clinical Nurse Managers	Health Improvement Scotland ACNS Urology ACNS RCDS CNS UGI CNS Colorectal CNS Breast CNS Gynaecology Nurse Consultant, Haematology Acute Oncology Nurse Practitioner
	2.1.2 Cancer patients will be represented at cancer groups with a review undertaken to ensure appropriate representation and involvement	Successful appointment of patient representation at Cancer Groups	01/06/2022 Complete	Lead Cancer Nurse	Head of Patient Experience	Cancer Transformation Manager Project Support Officer	

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
2.2 Services will be designed to ensure there is a dedicated Single Point of Contact to provide information points for appointments, advice, clinical and other support	2.2.1 Introduce a Single Point of Contact and Patient Digital Hub. 2.2.2 Evaluation of new service	Make service available to agreed pilot tumour groups Assessment of evaluation will inform improvement actions	01/09/2022 Complete 31/03/2023	Cancer Transformation Manager Cancer Transformation Manager	Lead Cancer Nurse Cancer Audit & Performance Manager Lead Cancer Nurse Cancer Audit & Performance Manager	SPOCH Project Group	National SPOC Forum
2.3 Improve sharing of quality information with patients and primary care via electronic Holistic Needs Assessment (eHNA) and treatment summaries.	2.3.1 Scope baseline of use of electronic Health Needs Assessment (eHNA) and improve the usage in Cancer Care through Cancer Nurse Specialist (CNS) training 2.3.2 Introduction of Patient Initiated Review (PIR) in Breast Service 2.3.4 Explore clinical dashboard metrics for CNS to scope and understand measures already in use	90% of new patients within Upper GI, Colorectal, and Urology cancer will be offered an eHNA Release capacity in the breast service and allow patients direct access to services Identify metrics for a clinical dashboard for CNSs	2022-23 2022-23 March 23	Lead Cancer Nurse Lead Cancer Clinician Lead Cancer Nurse	CNSs in cancer care Information Governance Macmillan Improving Cancer Journey (ICJ) Consultant Surgeon, Breast ACNS Breast Senior Practitioner, PPD Senior Nurse, Excellence in Care	CNS UGI ACNS Urology CNS Urology CNSs Colorectal Business Coordinator, Planned Care CNSs in cancer care	Pathway Navigators eHealth Clinical Governance

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
2.4 Develop a Cancer Services website Dedicated to helping people who face cancer learn about patient services	2.4.1 Develop a Cancer Services website for the public to ensure access to information on specific cancer sites and learn about local, regional and National cancer Information	Electronic access to information for patients	2022-23	Lead Cancer Nurse	Digital Content Editor GPs ACNS Cancer CNSs Consultant Surgeon, Breast, Urology, UGI, HPB Respiratory Physician Cancer Transformation Manager	Project Support Officer Lead Cancer GP	Patients National Charities Local Charities National organisations
	2.4.2 Develop a virtual surgery school for patients with urology and colorectal cancer	To support Urology and Colorectal patients undergoing surgery and evaluate using monthly Performance Activity Measures (PAMs)	2022-23	Lead Cancer Nurse	Clinical Photography Communications	Consultant Anaesthetists Lead Nurse, RIK ACNS Urology ERAS Nurse Mental Health Nurse Epilepsy Nurse Physiotherapy Manager Senior Charge Nurse Stop Smoking Coord	Service Manager, Planned Care Head of Nursing, Planned Care
2.5 Ensure patients have access to prehabilitation and rehabilitation for optimum fitness prior and post treatment	2.5.1 Delivery of a universal prehabilitation model in Maggies Centre, Fife for urology and colorectal cancer patients, building on the test of change to expand to all cancers	Activity by attendee Cancer type Activity by month Performance Activity Measures (PAM)	March 23	Lead Cancer Nurse	Maggies Centre Manger	Cancer nurse Specialists AHP	Planned Care Directorate Acute Cancer Services Delivery Group Cancer Governance and Cancer Strategy group

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
Commitment 3: Patients will receive the right treatment at the right time in the right place by the right person. This will be delivered through the development of optimal pathways and integrated care.							
3.1 Implement optimal pathways and prioritised review of timed cancer pathways	3.1.1 Prioritised review of optimal and timed cancer pathways (Colorectal, Lung, Gynaecology, Urology).	Improvement in delivery of cancer waiting times standards for prioritised pathways	March 23	Cancer Transformation Manager	Lead Cancer Nurse Lead Cancer Clinician Service Manager, WCCS	Colorectal Team Urology Team Lung Team Gynaecology Team	Trackers Clinical Leads
3.2 Embed a new model of specialist palliative care, optimise on generalist palliative care and develop a best supportive care pathway.	3.2.1 Specialist Palliative Care and Primary Care will collaborate to model a best supportive care (BSC) pathway for Fife	Development of a Framework contributing towards the national agenda	March 23	Lead Cancer GP	Consultant, Palliative Care		Lead Cancer Nurse
		Develop a pathway for BSC for lung cancer	March 23	Lead Cancer GP	Consultant, Palliative Care	CNSs Lung	Cancer Transformation Manager
	3.2.3 Develop models of prescribing and supply of palliative care medicines		March 23	TBC	Lead Clinical Pharmacist, Community		
3.3 Develop a SACT model that ensures timely access to treatment and optimal treatment delivered in the most appropriate setting	3.3.1 Develop a plan for repatriation of SACT to VHK	Development of a plan to support repatriation	March 23	Cancer Transformation Manager	Lead Cancer Nurse Nurse Consultant, Haematology Principal Pharmacist, Cancer Heads of Pharmacy Capital & Estates		
Commitment 4: Research, innovation and knowledge is central to the delivery of high quality sustainable cancer services for our patients and population.							

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
4.1 Explore a Hub and Spoke model of care to ensure equitable access to clinical trials, closer to home.	4.1.1 Seek suitable Clinical Trial of Investigational Medicinal Product CTIMPS with regional partners (Lothian, Tayside) to trial hub and spoke and other models.	To increase research opportunities and equity of access to clinical trials for cancer patients in Fife – New Breast Cancer Research Nurse appointed	September 23	Associate Director, RIK	Clinical Research Team Oncology and Medicine Lead Lead Nurse, RIK Sally Tyson Senior Pharmacist-Clinical Trials	South East Scotland Clinical Research Network (SESCRN) Clinical research team Oncology Consultants	NHS Research Scotland Chief Scientist Office SESCRN
	4.1.2 Consider legal requirements for supply of clinical trial medicines.	Compliance with all legal requirements including temp controlled storage and transport between hub and spoke sites if required.	Update	TBC		Medicines Supply Chain Manger Specialist Pharmacy Technician-Dispensary	Lead Nurse, RIK
4.2 Improve links with East Region Innovation Hub.	4.2.1 Share cancer related innovation opportunities and liaise with relevant clinicians, academics, industry	Increase Research Innovation and Knowledge (RIK) cancer opportunities	March23	Innovation Manager	Associate Director, RIK Innovation Manager HISES Project Management team	HISES Innovation Project Screening Group NHS Fife Innovation Project Screening Group NHS Fife D&I	HISES Innovation Oversight Committee (IOC) RIK Operational Group RIK Oversight Group
Commitment 5: Commitment: Digitally enabled for sustainable and efficient service models which embrace technology and innovation							
5.1 Develop cancer clinical information systems	5.1.1 Explore robust tracking solution to support effective and efficient patient tracking.	Develop business case for change and implementation of project team	March 23	Cancer Transformation Manager	Cancer Audit & Performance Manager Senior Project Manager eHealth Team CAMBRIC	Trackers	SCAN

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
5.2 Support the improvement of the cancer referral process .	5.2.1 Introduce Fife Referral Organisational Guidelines (FROG)	Electronic access for GPs to optimum referral suspected cancer referral guidance	October 22	Lead Cancer Nurse	Project Support Officer Cancer Transformation Manager	Lead Cancer GP	
	5.2.2 Introduce patient access to information and patient initiated review	Introduction of PIR into breast service	October 22	Lead Cancer Clinician	Consultant Surgeon, Breast	Business Coordinator, Breast Cancer Transformation Manager	
5.4 Support change in availability of digital enablement to support patients	5.4.1 Develop a Digital Patient Hub in RCDS	Patient electronic access to appointments and information	March 23	Cancer Transformation Manager (KN holds budget for this???)	Lorna Thomson Lead Cancer Nurse Project Support Officer Cancer Transformation Manager Katie Wilkin	Lorna Muir Trish Cochrane	
Commitment 6. Recognise workforce challenges and identify system-wide approaches to support wellbeing, education and training to ensure our patients receive the best care							
6.1 Review the cancer workforce including skill mix and supporting roles to inform future service delivery models and succession planning.	6.1.1 Undertake AO/SACT (including clinical and technical pharmacy) workforce review.	Continue to define workforce required to deliver AO and SACT to meet current and future demand	March 23	Cancer Transformation Manager Shirley-Anne Savage	Claire Steele John Brown Nurse Consultant, Haematology Principal Pharmacist Oncologist	Acute Oncology Nurse Practitioners	
	6.1.2 Review MDT and Tracking resource	Understanding of resource required. Use of number of MDT and patients tracked.	December 22	Cancer Transformation Manager	Cancer Audit & Performance Manager	Trackers	

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
	6.1.3 Undertake urology cancer nursing workforce review	Completion of a skill set for Patient Navigators matrix	March 23	Lead Cancer Nurse	Heads of Nursing Senior Practitioner, PPD Senior Nurse, Excellence in Care	ACNS, Urology	Associate Director of Head of Nursing Head of Nursing
	6.1.5 Support staff retention and wellbeing through Values Based Reflective Practice (VBRP)	Availability of VRBP for all Cancer Clinical Nurse Specialists and Patient Navigators	March 23	Lead Cancer Nurse	Spiritual and Pastoral Care		All Cancer CNSs All Cancer Patient Navigators
	6.1.6 Explore funding for the continuation of VBRP	Evaluation exercise to understand required resources	March 23	Lead Cancer Nurse	Spiritual and Pastoral Care Senior Leadership Team		
6.2 Work towards the national agenda to transform roles with consideration of Senior Professional Leadership/Management of CNS/ANP/AHP workforce.	6.2.1 Promote early engagement with local transforming nursing roles programme	Achievement of objectives outlined for 2022-23 by the national group.	2022-23	Lead Cancer Nurse	Senior Nurse, PPD Executive Group TNR	Heads of Nursing	Cancer CNSs CNS in other specialties
	6.2.2 Scope and assess existing competency and role parameters for CNSs within cancer services	Define Annex 21 training for Cancer CNSs to align with the national guidelines.	2022-23	Lead Cancer Nurse	Senior Nurse PPD Executive Group TNR	Heads of Nursing	Cancer CNSs

Priority for 2022–2023	Description	Outcome (including measures)	Timescale	Leading (L) Responsible for Delivery	Critical (C) Critical for Delivery	Active Contributor (AC) Actively Engaged	Supporter (S) Inform and Support
Commitment 7. Ensure our healthcare environments are designed to deliver optimum patient care							
7.1 Review the estate across NHS Fife to accommodate new ways of working and new technologies so that capacity can cope with demand now and in the future.	7.1.1 Establish a working group to develop the concept of a cancer unit in NHS Fife	Define concept of cancer unit, unmet need in NHS Fife to inform development of a case for a unit	March 23	Cancer Transformation Manager	TBC	TBC	TBC
7.2 Explore community based models of care, e.g. community dispensing, supportive therapies.	7.2.1 Explore Community and Homecare Dispensing of oral SACT. 7.2.2 Review delivery of Non SACT Interventions.	Commence prescribing of Prostate Oral SACT	January 23	Cancer Transformation Manager	Principal Pharmacist Head of Pharmacy Head of Pharmacy, Governance & Therapeutics		
Commitment 8: To make best use of available information sources to assure patients they are receiving high quality, effective care							
8.1 Embed the Effective Cancer Management Framework into the cancer team's workplan, supported by senior management to ensure full adoption.	8.1.1 Implement the principles of the effective cancer management framework to manage patients through their pathways.	Achieve objectives outlined for 2022/23 in the action plan	March 23	Cancer Transformation Manager	Cancer Audit & Performance Manager Lead Cancer GP	Cancer Audit & Performance Team	Acute Services

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NHS Fife SMS text service number 07805800005 is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife.EqualityandHumanRights@nhs.scot or phone 01592 729130.

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Cancer Framework 2022-2025

Appendix 3

Management of Delivery Plan

Title					
Document Owner(s):		**Leading**			
Last Update:		**Contributing**			
Version:		**Supporting**			
In Scope:		**Informing**			
Out of Scope:					
			Not Started		
			In Progress		
			Complete		

ID No	Action	Lead(s)	Status	End Date	Update on Progress
1					
2					

NHS Fife Cancer Delivery Plan				
Project Status Report				
Project:		**Lead:**		
Completed by:		**Reporting Date:**		
Obj	**Update on progress for this reporting period**		**RAG Status**	**If RAG is red please comment**
1.				
2.				
3.				
4.				

Suggested Role Clarity

Lead (L) - Executive lead or Programme SRO and accountable for delivery of the objective

Critical (C) - Critical role in the delivery of the objective

Active Contributor (A) - Actively engaged in supporting the executive lead and those with critical roles

Supporter (S) - Not actively involved but informed and supportive

NHS Fife

NHS SCOTLAND

Meeting:	**Clinical Governance Committee**
Meeting date:	**13 January 2022**
Title:	**Clinical Governance Framework and Delivery Plan**
Responsible Executive:	**Dr Chris McKenna, Medical Director and Janette Owens Director of Nursing**
Report Author:	**Shirley-Anne Savage, Associate Director for Quality and Clinical Governance**

1 Purpose

This report is presented for:

- Assurance
- Discussion
- Decision

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe
- Effective
- Person Centred

2 Report summary
2.1 Situation

This paper and associated appendices provides an overview of the:

- Clinical Governance Framework; and
- Clinical Governance Delivery Plan

2.2 Background

The Clinical Governance Strategic Framework is fundamental to set out our aim of delivering safe, effective, patient-centred care as an organisation which listens, learns and improves. The Framework has been designed to ensure alignment with our 4 strategic priorities.

2.3 Assessment

Delivering Our Aim

The Clinical Governance Framework is set out in Appendix 2. The framework sets out how our aim will be achieved through (see framework summary in Appendix 1):

Our organisational values	Clinical Governance Activities	Enablers
o Care and compassion o Dignity and respect o Quality and Teamwork o Openness, honestly and responsibility	o Ensuring clinical guidelines and policies are up to dates o Clinical effectiveness and audit o Risk Management o Patient centredness o Quality Improvement o Reviewing and learning from incidents and legal claims o Organisational learning o Quality assurance o Quality performance indicators	o Clear governance structures o Clear roles and responsibilities o Our workforce o Digital an information o Research, Innovation and Knowledge o Annual delivery plan

Developing the Framework

The framework was developed with contribution from key stakeholders across NHS Fife. Early in 2022 the framework was shared in draft and key stakeholders asked to provide comments back by way of a Forms Questionnaire. Key themes identified through the 18 engagement returns were:

- o The need to provide practical examples of clinical governance activities
- o Summarising our quality performance indicators (QPIs)
- o A requirement to make the document more accessible for ease of reading
- o Clarity of reporting for key audits and QPIs

Further to this feedback the framework was updated to address the feedback provided.

One of the areas requiring further clarity was the newly established Clinical and Care Governance Structures within the Health and Social Care Partnership (HSCP). This has since been clarified and the Framework updated to reflect the structures and to include an Appendix within the Framework providing the structures in detail.

The document has also now undergone a final edit by the Digital and Graphic Design Team.

Annual Delivery Plan
Appendix 3 sets out the annual delivery plans for 2022/2023. Whist the framework has been under development key workstreams have been progressed to ensure delivery of our aim. The Clinical Governance Oversight Group will provide oversight of the delivery plan. The delivery plan will be refreshed on an annual basis.

2.3.1 Quality / Patient Care
Quality and patient care is at the heart of this framework- please refer to appendices.

2.3.2 Workforce
The wellbeing and contribution of workforce is a key to this framework – please refer to appendices.

2.3.3 Financial
N/A

2.3.4 Risk Assessment / Management
This framework aims to mitigate the Quality and Safety corporate risk.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions
N/A

2.3.6 Climate Emergency & Sustainability Impact
N/A

2.3.7 Communication, involvement, engagement and consultation
The Clinical Governance Framework has been developed through:

- The Clinical Governance Oversight Group
- Discussion with Executive Leads and Chair of the Clinical Governance Committee
- Feedback from key stakeholders

2.3.8 Route to the Meeting

- Executive Directors' Group on 6 October 2022
- Clinical Governance Oversight Group on 18 October 2022
- Clinical Governance Committee on 4 November 2022
- Executive Directors' Group on 5 January 2023

2.4 Recommendation

- Review the substance and content of the framework and associated delivery plan;
- **Approve** the Clinical Governance Framework & Delivery Plan 2022/23

3 List of appendices

The following appendices are included with this report:

- Appendix 1, Clinical Governance Framework Overview
- Appendix 2, Clinical Governance Framework
- Appendix 3, Clinical Governance Framework Delivery Plan 2022/23

Report Contact
Shirley-Anne savage
Associate Director for Quality and Clinical Governance
Email shirley-anne.savage@nhs.scot

Clinical Governance Framework Overview

An enabling framework which aligns to our strategic framework priorities:

- To improve health and wellbeing
- To improve the quality of health and care services
- To improve staff experience and wellbeing
- To deliver value and sustainability

Our Aim

Delivering safe, effective, person-centred care as an organisation that listens, learns and improves

Our Values

Care and compassion

Dignity and respect

Quality and teamwork

Openness, honesty and responsibility

Clinical Governance Activities

Ensuring clinical guidelines and polices are up to date, Clinical Audit, Risk Management, Person-Centredness, Quality Improvement, Reviewing and learning from incidents and legal claims, Organisational Learning, Quality Assurance and Quality Performance Indicators

Enablers

Clear governance structures

Clear roles and responsibilities

Our workforce

Digital and information

Research, Innovation and Knowledge

Annual delivery

1

Our Values

We will:

- role model NHS Fife's organisational values to ensure staff always feel confident to report or escalate safety and quality concerns
- review and learn when things go wrong to reduce the chances of future harm
- lead with compassion
- maintain clear governance structures which align to the Whistleblowing Policy and core principles
- ensure that the wellbeing of our workforce is a priority
- ensure that Senior Managers and Leaders are visible and will overtly demonstrate their commitment to quality and safety thereby creating an environment which encourages and empowers staff to contribute
- ensure that good practice is shared, celebrated and learnt from
- ensure that learning is shared widely across the organisation
- adopt a systems approach to learning and continuous quality improvement which engages and is driven by our staff
- develop a human factors and safety culture approach

Clinical Governance Activities

We will:

- use the risk profile to inform the prioritisation of improvement activities
- ensure clearly defined quality performance indicators that are readily available from "ward to Board" to measure, monitor and evaluate the quality and safety of care and allow early action when we identify a concern
- use multiple sources of data and other intelligence (including external reports such as inspection reports) to identify the need for improvement, provide assurance of quality performance and inform any organisational learning opportunities
- use feedback and engage with our public, learning from people's care experience to inform change, improvement and assess the quality of assurance provided by our quality systems
- develop a programme of work in collaboration with Internal Audit to provide assurance that the system of internal controls is functioning as intended
- ensure that a programme of clinical audit helps us identify areas for improvement
- ensure our clinical policies and procedures reflect current best practice and are easily accessible
- create systems and processes which support effective organisational learning
- learn from adverse events and legal claims

Enablers

We will:

- ensure our systems and processes are digitally enabled to allow easy and efficient access to information
- provide training and education to equip staff with the appropriate knowledge and skill to contribute to the delivery of this framework
- develop quality improvement capacity across the organisation
- establish clearly defined system wide governance structures and processes to provide robust internal assurance supported by clear escalation routes from the point of delivering care to our patients to our Board
- present a clear vision of responsibility and accountability for clinical governance across NHS Fife including areas delegated to the Integration Joint Board (IJB)
- develop an annual delivery plan that will support the delivery of this framework
- ensure that clinical governance meetings are supported by focused agendas, workplans, monitoring of performance and focus on risks

Clinical Governance Strategic Framework

Delivering safe, effective, person-centred care in an organisation which listens, learns and improves

2022–2025

Contents

1. Executive Introduction

> "We want to ensure that the care our patients receive is of a standard that we would want for ourselves, our friends, family and loved ones. This framework sets out the fundamental principles that apply to us all every day no matter what role we play in the organisation. Actively listening, learning and improving from the experiences of our staff and patients is at the heart of delivering safe, effective and person-centred care. To achieve this aim we must ensure that every day our organisational values are at the heart of the way we treat one another, our patients and our population."

Dr Chris McKenna
Medical Director, NHS Fife

Mrs Janette Keenan
Director of Nursing, NHS Fife

2. Purpose

2.1   Our aim is to deliver safe, effective, person-centred care as an organisation which listens, learns and improves. This framework defines the objectives, expected outcomes, activities and measures required to achieve this aim across our healthcare system.

2.2   Our healthcare system is complex and we all have a role to play in delivering high quality care for our patients across their full care pathway and ensure service design is aligned to Realistic Medicine principles.

2.3   At the heart of this framework is people:

- the patients we care for, their families and carers;
- our staff who deliver care; and
- the population of Fife

2.4   Our aim is to empower, support and equip our staff by working as a team, providing the appropriate information and support to deliver excellent care. Underpinning this is the importance of openness and learning to ensure that we are continuously making improvements to the quality of care.

2.5   This framework aligns to NHS Fife's 4 strategic priorities:

Framework Review

2.6   Given the continual changing nature of our healthcare system, this framework will be reviewed on an annual basis with an update provided to the Clinical Governance Committee by March of every year. This will ensure that this fundamental framework remains contemporary and reflects any strategic changes decided by the Board along with changes in national priorities.

2.7 The framework will be fully refreshed and reviewed in 2025.

What is Clinical Governance?

2.8 Clinical governance is defined as "A framework through which NHS organisations are accountable for continuously improving the quality of their services and safe-guarding high standards of care by creating an environment in which excellence in clinical care will flourish." (Scally & Donaldson, 1998)

2.9 Clinical Governance is a multifaceted concept which requires consideration of the following: alignment to strategy, structures, processes, leadership, roles and responsibilities, and activities underpinned by creating an environment which promotes openness, transparency, listening and learning in line with our organisational values.

2.10 Continually improving quality and safety is a fundamental priority for NHS Fife. The responsibility to deliver effective clinical governance spans our full organisation from the point of care delivery to our Health Board. How we will achieve this is set out in the framework overview (Page 6).

2.11 It is important to note that the ambitions of this framework will only be fully realised through the development and delivery of an annual delivery plan. This plan will set out practically how we will achieve our aim every year.

2.12 Some everyday examples of how you might participate in achieving the aim of this framework are set out below:

3. Framework Overview

An enabling framework which aligns to our strategic framework priorities:

- To improve health and wellbeing
- To improve the quality of health and care services
- To improve staff experience and wellbeing
- To deliver value and sustainability

Our Aim
Delivering safe, effective, person-centred care as an organisation that listens, learns and improves

Our Values
Care and compassion

Dignity and respect

Quality and teamwork

Openness, honesty and responsibility

Clinical Governance Activities
Ensuring clinical guidelines and polices are up to date, Clinical Audit, Risk Management, Person-Centredness, Quality Improvement, Reviewing and learning from incidents and legal claims, Organisational Learning, Quality Assurance and Quality Performance Indicators

Enablers
Clear governance structures

Clear roles and responsibilities

Our workforce

Digital and information

Research, Innovation and Knowledge

Annual delivery

6

Our Values

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- develop a programme of work in collaboration with Internal Audit to provide assurance that the system of internal controls is functioning as intended
- ensure that a programme of clinical audit helps us identify areas for improvement
- ensure our clinical policies and procedures reflect current best practice and are easily accessible
- create systems and processes which support effective organisational learning
- learn from adverse events and legal claims

Enablers

We will:

- ensure our systems and processes are digitally enabled to allow easy and efficient access to information
- provide training and education to equip staff with the appropriate knowledge and skill to contribute to the delivery of this framework
- develop quality improvement capacity across the organisation
- establish clearly defined system wide governance structures and processes to provide robust internal assurance supported by clear escalation routes from the point of delivering care to our patients to our Board
- present a clear vision of responsibility and accountability for clinical governance across NHS Fife including areas delegated to the Integration Joint Board (IJB)
- develop an annual delivery plan that will support the delivery of this framework
- ensure that clinical governance meetings are supported by focused agendas, workplans, monitoring of performance and focus on risks

Quality and Safety is everyone's business and we all have a role to play in delivering our aim.

4. Scope

4.1 This Framework applies to all aspects of health delivery across NHS Fife as shown in the diagram below.

9
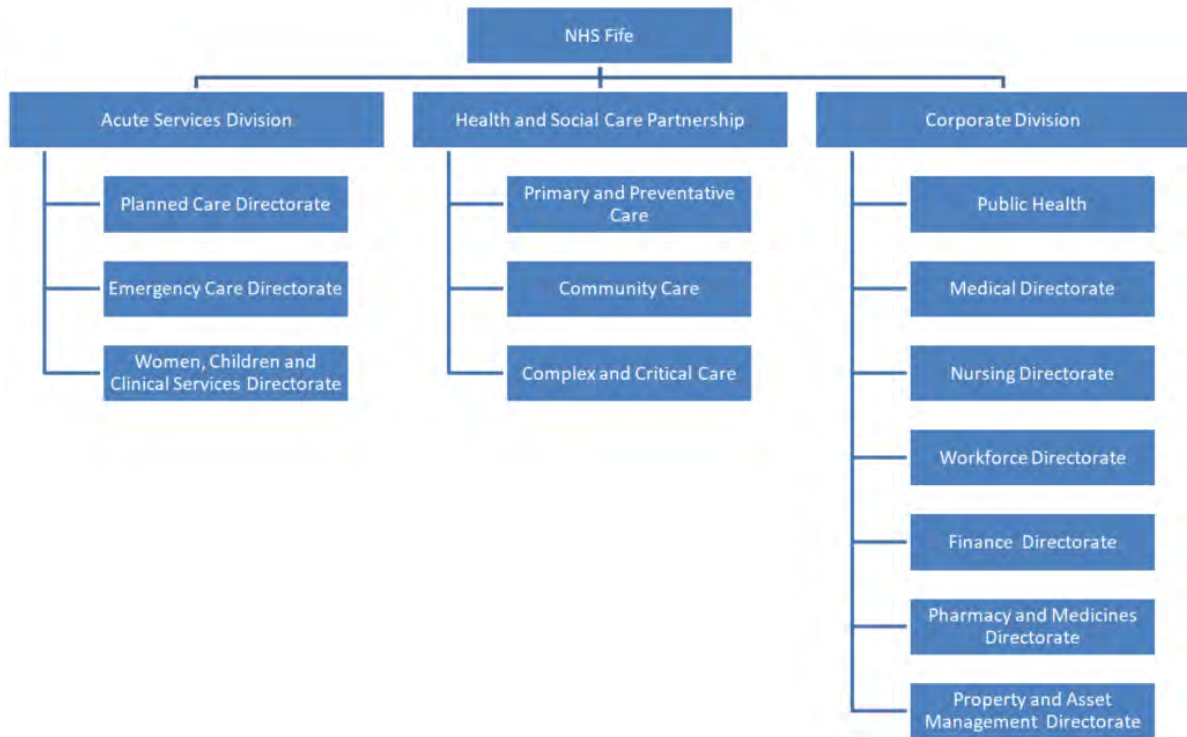
5. Strategic Context

5.1 The diagram below summarises:

- The national documents which influence our approach to clinical governance in providing the historical and contemporary context;
- NHS Fife strategies which this framework and the actions taken to implement must align with; and
- Local policies and procedures which must align to this Framework

National Policy and Strategy

Clinical Governance NHS MEL (1998) 75
Clinical Governance NHS MEL (2000) 29
Clinical Governance Arrangements NHS HDL (2001) 74
NHS Quality Improvement Scotland - National Standards - Clinical Governance & Risk Management: Achieving safe, effective, patient-focused care and services. October 2005
Scottish Government The Healthcare Quality Strategy for Scotland May 2010
Healthcare Improvement Scotland Quality of Care Approach: Quality assurance to drive improvement. December 2017
Healthcare Improvement Scotland: Quality Management System: A 90-day innovation cycle. May 2018
Healthcare Improvement Scotland: Quality of Care Approach Quality of Care Organisational Review Methodology September 2018
Essentials of Safe Care
Principles of Realistic Medicine
Excellence in Care
Learning from Adverse Events Through Reporting and Review- A National Framework for Scotland (4th Edition): December 2019
Duty of Candour Procedure (Scotland) Regulations 2018
NHS Scotland Complaints Handling Procedure DL (2016) 2019
A Blueprint for Good Governance, Scottish Government, January 2019 (updated document due shortly)
Care Home Chief Nursing Officer Scottish Government letter
NHS Scotland Whistleblowing Policy
Planning with People
Equality Act 2010
Fairer Scotland Duty 2018

NHS Fife Board Strategy

NHS Fife Population, Health and Wellbeing Strategy (expected 2023/2024)
NHS Fife Participation and Engagement Strategy (expected 2022/2023)
NHS Fife Risk Management Framework (expected 2022/2023)
NHS Fife Research, Innovation and Knowledge Strategy (expected 2022/2023)
NHS Fife Digital and Information Strategy
NHS Fife Organisational Values
Fife Health and Social Care Integration Scheme between Fife Council and NHS Fife

Policy and Procedures

The Adverse Event Policy and Procedure
Safe and Secure Use of Medicines Policy and Procedure

6. Governance Structures

6.1 This section sets out the oversight, assurance and monitoring from the point of service delivery to NHS Fife Board.

6.2 NHS Fife Board is responsible for the quality of clinical care delivered in NHS Fife. There are a number of structures below the Board which have delegated responsibility to monitor and assess the clinical governance systems and processes and initiate action and improvements when required.

6.3 The Corporate Governance Structure within NHS Fife includes the NHS Fife Clinical Governance Committee (CGC) (Figure 1), a key standing Committee of the Board. This committee has a direct reporting line to the Board.

Figure 1: NHS Fife Governance Structure

6.4 The 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. The role and remit of this Committee is detailed within the NHS Fife Code of Corporate Governance. There are a number of groups which report directly to the NHS Fife CGC. These groups have an overseeing role in the specific area of responsibility on behalf of the NHS Fife CGC (shown in Figure 2). The remit of the groups which report into the CGC are summarised in Appendix 1.

6.5 Operationally, the Executive Directors' Group (EDG) also acts as a point of escalation for clinical-governance related matters as required through the internal management structure.

6.6 The Chief Executive, as Accountable Officer of NHS Fife, and both the Medical Director and Director of Nursing hold various professional responsibilities for ensuring quality, safety and standards of care, as well as efficient and effective use of resources. EDG is the forum for broader discussion and decision-making within the NHS Fife Executive Team, in relation to the delivery of the Board's strategic priorities and key operational, clinical and performance issues, and is a key component in overall assurance reporting to the governance committees and the Board itself.

6.7   The purpose of the CGC and how the framework supports the Committee is summarised below:

	Purpose	How this framework supports delivery
1	To oversee clinical governance mechanisms in NHS Fife	Clinical governance structures are clearly defined within the framework
2	To observe and check the clinical governance activity being delivered within NHS Fife and provide assurance to the Board that the mechanisms, activity and planning are acceptable	Clinical governance quality performance indicators (QPIs) are clearly defined within the framework and reported on through Integrated Quality and Performance Report (IPQR) and are presented to the Committee for assurance. In addition the CGC workplan is designed to capture all key clinical governance planning and activity with reports scheduled
3	To oversee the clinical governance and risk management activities in relation to the development and delivery of the Clinical Strategy	The Committee has ownership and responsibility for corporate risks aligned to NHS Fife strategic priorities which sit within the remit of the committee
4	To assure the Board that appropriate clinical governance mechanisms and structures are in place for clinical governance to be supported effectively throughout the whole of Fife NHS Board's responsibilities, including health improvement activities	As set out in the framework: • Clarity of governance structures and associated terms of reference • Overview of clinical governance activities and how these support effective escalation and early identification of improvement opportunities
5	To assure the Board that the Clinical and Care Governance Arrangements in the Integration Joint Board (IJB) are working effectively	Appendix 5 (Health & Social Care Partnership Assurance Arrangements including Clinical and Care Governance) describes the arrangements in place within the H&SCP which aim to assure that there are the correct connections and reporting into the appropriate structures of NHS Fife, Fife Council and the IJB
6	To escalate any issues to the NHS Fife Board, if serious concerns are identified about the quality and safety of care in the services across NHS Fife, including the services devolved to the IJB	Agendas contain items for escalation with concerns flagged as appropriate

Figure 2: Sub Structure of the Clinical Governance Committee

*The Primary Care Governance and Strategy Group will report any significant clinical concerns into the CGC
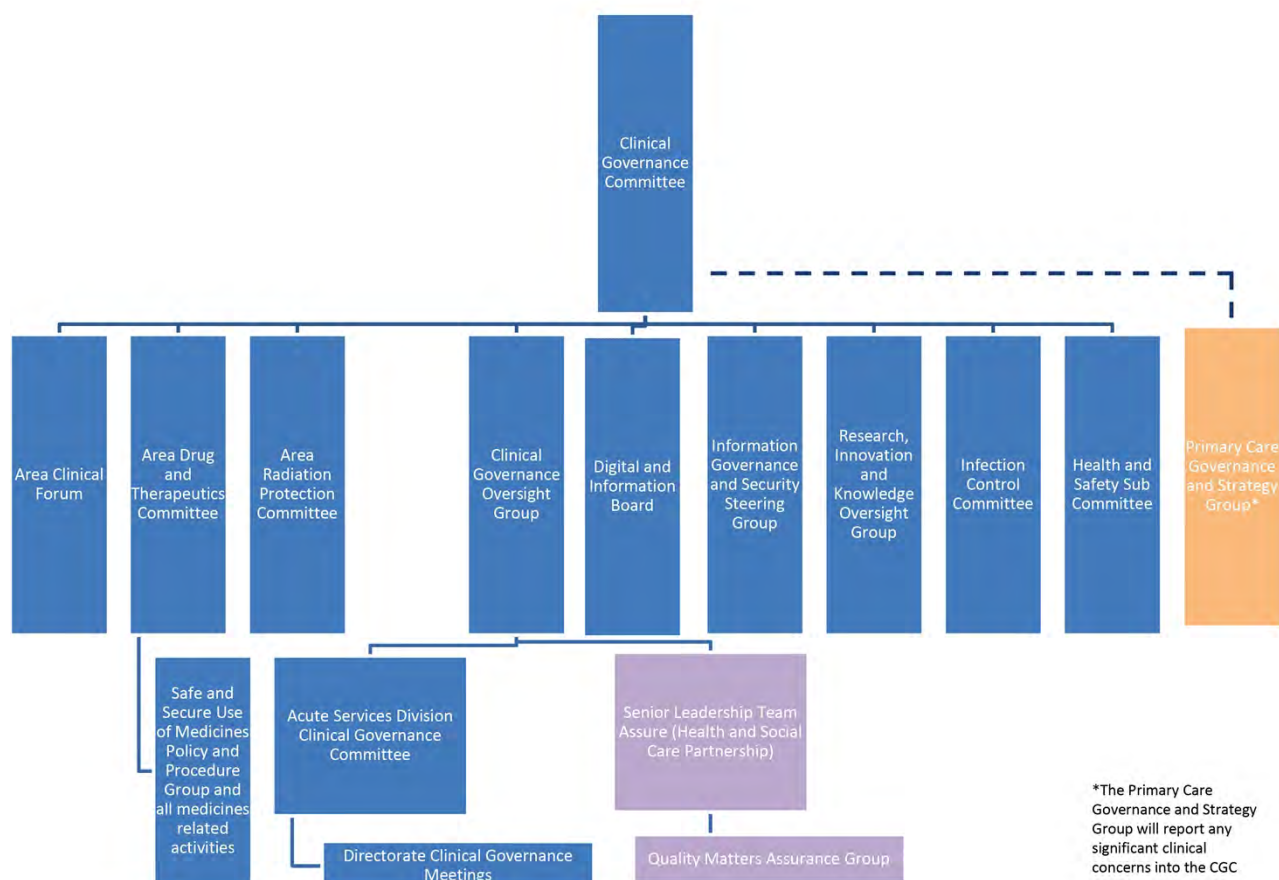
6.8   The Clinical Governance Oversight Group (CGOG) is the group responsible for the operational delivery of this framework. This group has responsibility to take an overview of the quality and safety of care across NHS Fife. The NHS Fife Medical Director chairs this group with members of the group comprising of leadership from across NHS Fife. A number of groups report into the CGOG (Figure 3). The purpose of the group is to use sources of information to provide assurance to the CGC by:

-   identifying issues relating to quality of care; either through escalation or review of information scrutinised by the group
-   reviewing and identifying risks with escalation to the CGC as required, with the Committee retaining responsibility for aligned corporate risks
-   recommending and influencing organisational improvement activities
-   monitoring outcomes and the actions implemented to improve key clinical governance outcome indicators
-   receiving annual organisational Duty of Candour Reports in advance of submission to the CGC with responsibility for the oversight of the application of the Duty of Candour Regulations (Scotland) 2018

6.9   On an annual basis the CGOG will provide an Annual Assurance Report and statement
        based on the delivery of an agreed workplan.

Figure 3: Clinical Governance Oversight Group Sub-Structure
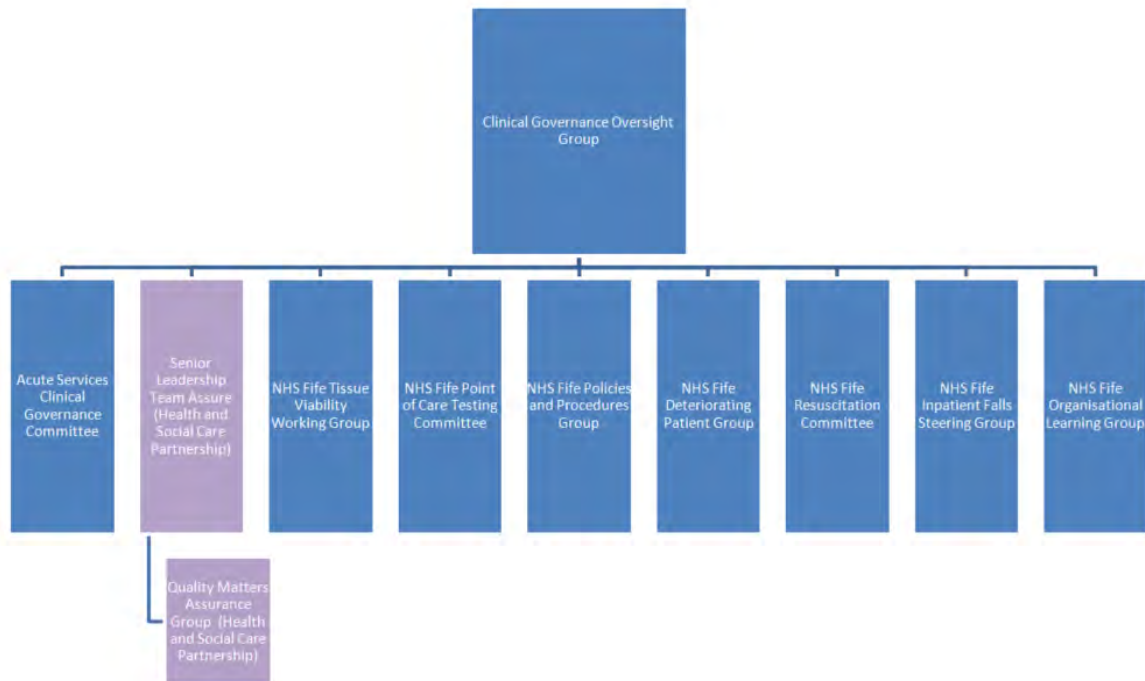
6.10   Committee assurance principles (Appendix 2) are applied to the Board and Standing
        Committees. Effective scrutiny, governance and assurance is achieved through clear
        focus on strategic direction and agreed outcomes. Practically this is underpinned by
        having a clear set of priorities and supported by:

        -   Focused agendas
        -   Workplans
        -   Monitoring of performance
        -   Focus on risks

6.11   Sub-committees and sub-groups of Standing Committees have oversight for
        operational matters; principles will be applied to ensure robust assurance is provided.

        Figure 4 and 5 show the clinical governance structures within the Acute Services
        Division, Health and Social Care Partnership and Medicines Directorate (proposed).
        These structures demonstrate the linkages between operational clinical governance
        structures and Fife wide clinical governance structures.

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Figure 4: Clinical Governance Structures within the Acute Services Division, Health and Social Care Partnership
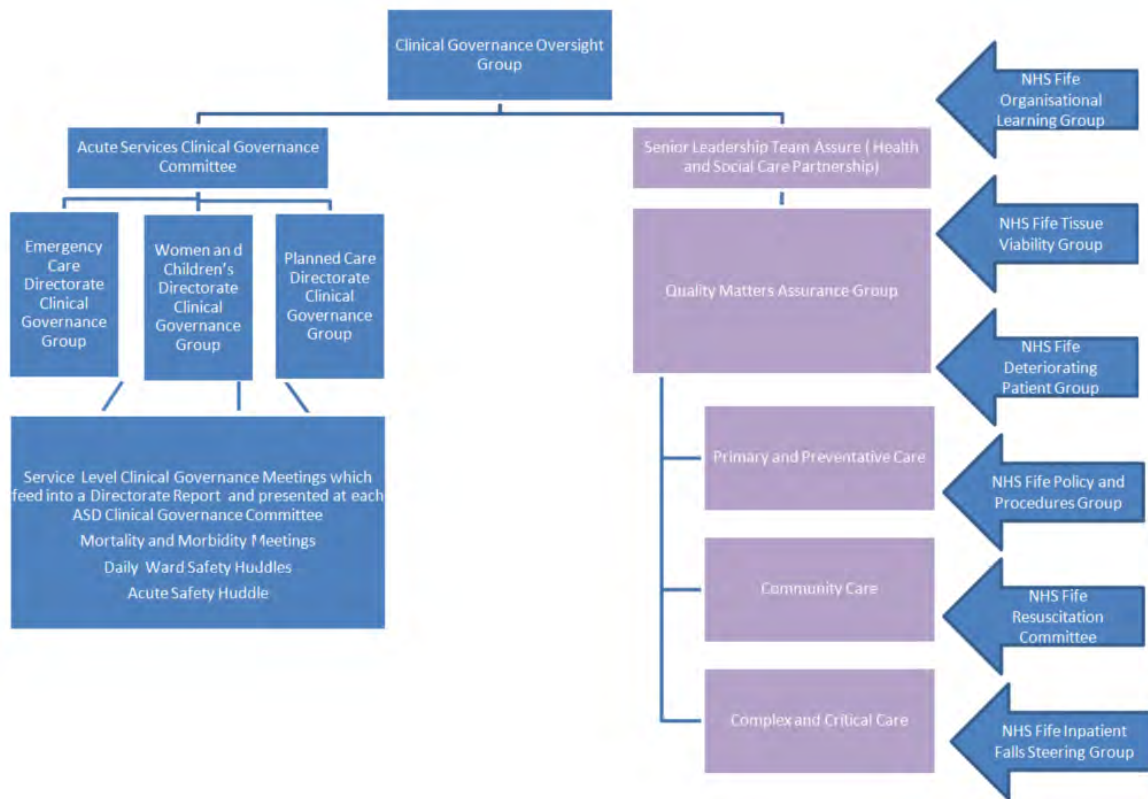
Figure 5: Medicines Governance Structure: Under Review -Proposed Core Groups and Structure shown
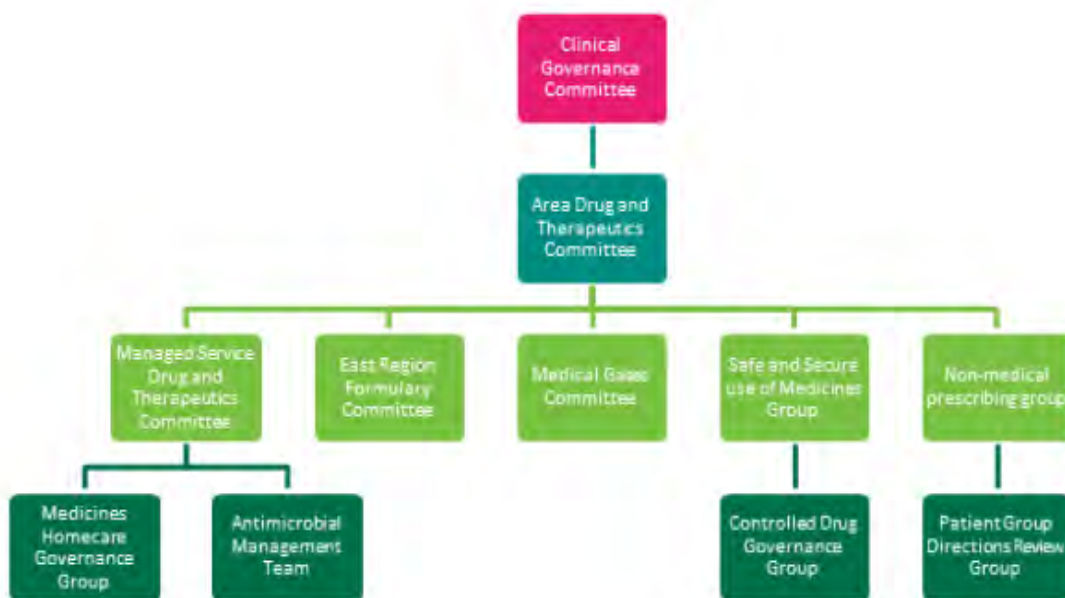
Integration Framework and Services Delegated to the Integration Joint Board

6.12 To ensure clarity of governance it is important that this framework sets out arrangements for services which are delegated to the Integration Joint Board (IJB). The clinical governance arrangements for delegated services are included in the Fife Health and Social Care Integration Scheme between Fife Council and NHS Fife (Clinical Governance Section, Appendix 3).

6.13 Ultimate management of operational clinical risks associated with services delegated to the IJB rests with NHS Fife Board and as such systems and processes through the stated governance structure support effective oversight and assurance of these risks.

6.14 As stated in section 5.8 of the Integration Scheme the IJB will develop a joint Clinical and Care Governance Framework defining governance arrangements and professional advice for delegated services and at the interface between services (Health & Social Care Partnership Assurance Arrangements including Clinical and Care Governance, Appendix 5).

7. Leadership and Our Values into Action

We all have a responsibility to role model NHS Fife's Values. This is fundamental to creating a safe and just culture. A safe and just culture is comprised of many things including openness, honesty, fairness and accountability. It requires and encourages the reporting of safety and quality concerns, promotes understanding, learning and improvement. Culture cannot be implemented solely based on policy or procedure; rather, it needs to be consistently fostered over time, and by example, at all levels in the organisation. Ultimately, everyone in the organisation has a role in helping to build and maintain a safe and just culture.

7.1 Our leadership commitments to help deliver this aim are:

Leadership	Our leaders will be visible and role model our organisational values, in doing so they will create an environment where safety and quality is a focus and staff are encouraged to share their insights and talk openly about their successes, concerns, and improvement ideas. We will make sure that training and education is available to support delivery of this framework.
Psychological Safety and Compassionate Conversations	We will ensure that staff feel supported to raise a concern about safety or quality in a way that is free from blame and focuses on making improvements. Kindness will be at the centre of how we approach delivery and design of our services.
Valuing the Experiences of People	We will actively engage with our patients, staff and population. Listening and learning from people is fundamental for ensuring we continually improve the quality and safety of our services.
We all have a role to play in delivering our Clinical Governance Agenda	We will all embrace and be clear about the role we each have to play in delivering our Clinical Governance aim.
Sharing and Celebrating Success and Learning	Success and good practice will be shared and celebrated. When things do go wrong, we will review and ensure that the learning is used to inform improvement to reduce the chances of future harm.

7.2 Psychological safety plays a role in wellbeing by creating an environment in which change can be embraced. It is about candour and whether we feel able and supported to be direct, take risks, and be willing to admit mistakes. It supports learning from those times care doesn't turn out as expected, allowing space for reflection without the fear of blame. Psychological safety for staff will be built into policy and procedures through development of support for staff following an adverse event. This includes in the immediate aftermath, considering the structure of debriefs, the inclusion of staff in the adverse events reviews, being open honest and transparent, treating staff fairly and recognising the important role they play and in the staff support system for example spiritual care, peer support, staff health and wellbeing hubs.

Being Empowered to Raise a Safety or Quality Concern

7.3 It is important that all of our staff feel able to and are supported to escalate a safety or quality concern/ issue. This can happen at any level in our organisation. The table below sets out some examples of concerns that might be identified and how to escalate these.

Example of a Safety or Quality Concern/Issue	Example Action and Escalation
When delivering care to patients or delivering a service which supports patient care you see risky or unsafe behaviour by a colleague	• You should raise your concern directly with your colleague before escalating the matter immediately to your line manager or supervisor
In a clinical service it is identified that there is an emerging theme of clinical incidents relating to medication errors	• Each incident which has been recorded on Datix is reviewed and investigated • Timely feedback is provided to those who have recorded the incidents • A multi professional improvement group is convened to understand the issue and identify appropriate improvement actions • The group monitor and evaluate the impact of improvements • The concern is escalated to the Directorate or Divisional Clinical Governance Group to set out the improvement action agreed

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Accountability

7.4   The NHS Fife Executive Leads have delegated responsibility for their respective functions from our Chief Executive. Appendix 4 sets out Executive responsibility and accountability for clinical governance.

7.5   Independent contractors provide services to NHS Fife. The principles of this framework are applicable to the work delivered by independent contractors. Links are currently by way of their Sub-Committees, the Primary Care Department and the Associate Medical Director, for the Health and Social Care Partnership to the Board Medical Director. Any links with Independent Private Providers is managed through regular meetings and quality reports as part of the Clinical Governance work plan with oversight provided by the Primary Care Strategy and Governance Group.

8. Clinical Governance Activities: Ensuring Our Care is Safe and Effective

8.1   This section articulates the activities which help to maintain and improve standards of care:

- Reviewing and Learning from Adverse Events
- Effective Risk Management
- Clinical Effectiveness
- Quality Performance Data
- Quality Improvement
- Quality Assurance

Using Quality Performance Indicators to Ensure Our Care is Safe and Effective

- It is important that we have a clearly defined set of quality measures known as quality performance indicators (QPIs) that allow us to monitor and evaluate quality and safety over time. This will ensure that we can take proactive measures to make improvements where required and prevent future harm. This data must be readily available and used at all levels of our organisation from ward to Board.

- QPIs combined with the output from adverse events, complaints, legal claims, feedback from inspections, workforce and patient/service user/public feedback must all be monitored and reviewed to identify any safety or quality concerns. The table below sets out where these QPIs are reported and reviewed.

- Data and information will be presented in a way that is meaningful and highlights areas of good practice, areas of concern and any associated improvement actions. There will be consistency in how this is presented from clinical areas through governance structures to the Board.

- When we receive feedback from internal or external inspections, we will seek to understand why our own systems did not identify areas for improvement. This will be used as a learning opportunity and appropriate improvement implemented.

- Our governance structures provide a systematic means to ensure the review of data and to identify areas for action.

- Actions taken as a result of assessment of the data will be documented, with any learning shared as appropriate.

- The impact of actions taken to improve will be monitored, measured and reported.

- There will be an evaluation of the impact reported against key priorities.

The table below sets out the key QPIs

QPI	Standard	How the data is used
Major and Extreme Adverse Events	N/A Variation in numbers reviewed	An adverse event is an incident that did or could have resulted in harm to a person or to a group of people. The grade and number of adverse events are reviewed on a monthly basis.
Adverse Events Themes	N/A	We need to ensure that we understand trends and themes of clinical incidents so that we can identify improvements to prevent future harm. It is important that we talk openly about incidents and identify good practice as well as areas for improvement.
Adverse Events Improvement Actions	70% closure of actions within timescales	It is important that we can demonstrate implementation of improvement actions following an adverse event. Reviewing this data helps to identify where organisational support might be required to help implement a change or improvement.
Organisational Duty of Candour	Annual report generated in January reviewing compliance with standards for previous year	The purpose of the duty of candour is to ensure that organisations are open, honest and supportive when there is an unexpected or unintended event that results in death or harm as defined in the Act, and did not relate directly to the natural course of someone's illness or underlying condition. This is a legal requirement which means that when such events occur, the people affected understand what has happened, receive an apology, and that organisations learn how to improve for the future. The procedure to be followed is set out in the Duty of Candour (Scotland) Regulations 2018.
Hospital Standardised Mortality Ratio (HSMR)	N/A	HSMR provides an adjusted mortality data that takes into consideration existing factors which might affect the risk of death. This data can then be used to make comparisons with other healthcare providers. This data is used locally to monitor mortality rates and to identify improvements to care.
Inpatient Falls	6.91/ 1000 occupied bed days	This data helps to identify proactive response to falls prevention in the hospital setting. There is a national aim to reduce inpatient falls by 20% by 2023. This data is reviewed nationally by the Scottish Patient Safety Programme - Adult Falls.
Inpatient Falls with Harm	1.65/ 1000 occupied bed days	As above There is a national aim to reduce inpatient falls by 30% by 2023.
Pressure Ulcers	0.89/ 1000 occupied bed days	Pressure ulcers are an unwanted complication of illness, disability or increased frailty. This data is important to ensure that improvement activities can be identified e.g. education, training, compliance with SSKIN bundle.

QPI	Standard	How the data is used
Staphylococcus Aureus Bacteraemia (SAB)	18.8/100,000 occupied bed days	Hospital associated infections are monitored through the Infection Control Committee and reported in the Hospital Associated Infection Report (HAIRT)
Clostridium Difficile (C. Diff)	6.5/100,000 occupied bed days	
Escherichia Coli Bacteraemia (ECB)	40/100,000 occupied bed days	
Surgical Site Infections	Various standards	
Complaint Closed- Stage 1	80%	Ensuring timely response to concerns raised and ensuring any actions are progressed to address concerns.
Complaints Closed- Stage 2	50%	Providing a timely and quality response to concerns that are raised by patients, families and carers.
Up to Date Policies and Procedures	95%	Our policies and procedures need to be updated to ensure that they reflect current best practice.

8.2   NHS Fife will ensure a focus on making improvements in the quality and use of data to monitor performance. This will enable early identification where improvement is required or provide an opportunity for sharing of good practice. Underpinning this is the importance of staff being empowered and supported.

8.3   National priorities such the Scottish Patient Safety Programme will be included in NHS Fife's approach to delivering this framework.

Reviewing and Learning from Adverse Events

When an adverse event occurs it can have a significant impact on the person and staff involved. It is important that we use these events as an opportunity to learn in order to improve the quality and safety of care across the system and reduce the risk of future harm.

How will we manage adverse events	- Adverse events and near misses will be reviewed at an appropriate level to ensure continual learning and improvement for our services - We will ensure that people receiving care, and their families, are informed where there is an unintended event where they are harmed as a result of the care provided. This ensures compliance with the Duty of Candour Procedure (Scotland) Regulations 2018 - Events will be reviewed in a consistent and timely manner, aligning to the Adverse Event Policy and Procedure - We will also scrutinise themes of events which result in no harm or minor harm to proactively identify opportunities for improvement
Enablers	- Training and education will be provided by the Clinical Governance Team to ensure that staff are confident to participate in and lead adverse event reviews - We will ensure effective structures and mechanisms are in place for the sharing of learning across our healthcare system - We will use the Datix system to capture and report adverse event activity
Our Values	- We will promote a culture of reporting where staff feel supported to report safety concerns - Reflective practice will be encouraged in a way that supports staff to learn and is free of blame - Staff and teams involved in adverse events will be supported - A systems approach to learning will be adopted with the learning from adverse event reviews shared widely- this will include sharing of good practice identified as well as areas for improvement - We will be open and honest with patients and families and include them in adverse event reviews
Assurance	- Executive oversight of adverse events will be provided by the Medical Director and the Director of Nursing - The Clinical Governance Team will provide oversight and monitoring of adverse event reviews at an organisational level, monitoring the completion and themes of events - We will monitor and evaluate the improvement actions identified from reviews to ensure that the intended improvements are delivered - Adverse event reviews will be monitored through our governance structures and reported to the Clinical Governance Oversight Group with assurance provided to the Clinical Governance Committee

A Human Factors Approach

A Human Factors approach is the application of scientific knowledge concerned with understanding and managing the capabilities and limitations of people. It recognises that humans will make mistakes and that we need to design our systems to mitigate the risk of human errors occurring. A human factors approach is important for adverse events as it allows reflection on system weaknesses, or in the case of near misses, the strengths, and prevention of future events. The embedding of Human Factors principles to adverse events management in policy and education will strengthen safety culture.

Risk Management

An effective Risk Management Framework will be implemented to ensure proactive management of risks across our organisation from ward to Board.

Objectives	• The safety of patients, staff and others coming into our services is protected • Risks to the delivery of our organisational objectives- quality, delivery and sustainability of services - are identified and mitigated through proactive action planning. • Risk management supports organisational change and service development when considering opportunities and risks to improve services. • We will adopt a proactive approach to risk management as an effective mechanism for proactively managing risks through effective action plans • Organisational risk appetite will be agreed and communicated at least annually
Enablers	• Ensure visibility of the organisation's risk profile, to enable effective and informed decision making. • Ensure a structured and consistent approach to managing risk from ward to board. • The Datix system facilitates the consistent recording, management and escalation of risk, across the organisation • Clear systems and processes will be in place for the escalation or risks • Effective risk management will be used to support decision making, planning and performance arrangements, by providing appropriate information for assurance to the respective management and governance structures • Risks will be aligned as appropriate to groups & standing committees and will feature on agendas The Risk Management Team will: • provide organisational support to ensure effective risk management practice • deliver training, education and development to support staff to fulfil their roles & responsibilities • communicate how risk is managed from ward to board
Our Values	• Create a forward looking, proactive culture which improves our ability to avoid or manage existing or emerging risks, minimise shocks, be resilient to unwanted events or crisis, and capitalise on opportunities

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How do I escalate a risk?	• All staff have a responsibility for identifying risk. To ensure that risks are managed effectively, they must be escalated to the appropriate levels in the organisation and to external stakeholders where necessary. If you identify a risk that you think may require escalation, raise this with your line manager to allow them to decide on the appropriate action following their consideration of factors including:
	• the risk likelihood and consequence scores
	• the effectiveness or otherwise of current management actions / mitigations
	• the threat presented by the risk e.g. to organisational objectives, national standards
	• who needs to be made aware
Assurance and Strategic Oversight	• Executive leadership will be provided by the Director of Finance and Strategy
	• The Board will set a strong risk management culture; and gain assurance on the risk management approach in accordance with Committee Assurance Principles
	• Standing Committees will be clear about their responsibilities and priorities, have focused agendas and workplans and rigorously monitor their performance in line with Committee Assurance Principles
	• The Audit and Risk Committee (A&RC) will support the Board by: Reviewing and advising the Board on the effectiveness of the risk identification, management and reporting processes

Delivering Effective Care

Clinical Effectiveness ensures that people receive evidence based care which is supported by agreed outcome measures and established programmes of clinical audit. Development of audit programmes will be aligned to areas of national priority and to local priority areas identified through e.g. risk management, adverse events, complaints and legal claims.

Objectives	• We will ensure that our clinical practice is based on current evidence • Involvement in local and national clinical audit • Clinical audit will be used to monitor against standards and used to drive improvement opportunities and provide assurance • Clinical audit programmes will be aligned to areas of risk or identified through national guidelines, compliance with best practice and national reports • Research, innovation and knowledge will contribute to the development of new practices and ways of delivering care
Enablers	• Staff will have access to training on audit methodology this will be provided by the Clinical Governance Team • We will ensure that our policies and procedures are up to date and easily accessible to staff • Staff will be supported to ensure they have the knowledge and skill to deliver best practice • Our audit programme will consist of national priorities, key programmes determined by specialities as aligned to the risk profile
Our Values	• We will focus on learning and improvement from clinical audits and ensure that recommendations were relevant are implemented
Assurance and Strategic Oversight	• Executive Leadership is provided by the Medical Director and Director of Nursing • The outcomes of audits and associated improvement actions will be presented through our Clinical Governance Structures

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Clinical Audit Programmes

Audit	Audit Programme	Where is Audit Reported?
Scottish Stroke Care Standards	To improve the care of patients who have suffered a stroke by the use of systematic, comprehensive audit of their management and outcome providing feedback through regular reporting and annual review of performance against national stroke care standards.	Acute Services Division Clinical Governance Committee
Medicines Audit Programme	11 audits have been agreed and the frequency of each determined using an audit risk/ ranking system informed by internal audit planning methodology. Audits include: System Anti Cancer Therapy• Prescribing (Medical and Non-Medical) • Pharmacy Controlled Drug Check• Medicines Administration Observational Audit: Controlled Drugs• Medicines Administration Observational Audit: Non-Controlled Drugs• Return and Destruction of Medicines• Movement of Medicines • Medicines Requiring Refrigeration • Medical Gases and Safe Handling & Security of Medicines	NHS Fife Safe and Secure Use of Medicines Policy and Procedure Group
Adult Mental Health Standards	The National Adult Mental Health Quality Indicators for Scotland were developed in 2018 with the intention of providing a core data set to provide a summary of the adult mental health profile at a local and national level. The indicator set consists of 21 indicators. Currently all mental health services across Scotland are required to report monthly on: % people who commenced psychological based therapy treatment within 18 weeks of referral • Suicide rates per 100,000 population • % of all discharged psychiatric inpatients followed up by community mental health services within 7 calendar days • Incidents of physical violence per 1000 occupied psychiatric bed days • Number of days people spend in hospital when they are ready to be discharged per 1000 population • Total psychiatric inpatient beds per 100000 population • % of did not attend appointments for community based services of people with mental health problems The reporting of the remaining indicators will be rolled out over the next couple of years. Scottish Patient Safety Programme has recommenced with work in 2 adult admission wards (Ravenscraig, WBH and Ward 2 QMH) – focusing upon Reducing Restrictive Intervention.	MH/LD and Addictions Quality and Care Governance Meeting Complex and Critical Care Clinical and Care Governance Committee QMAG Scottish Government – Public Health Scotland MH/LD/Addictions Clinical and Care Governance Meeting SPSP

Audit	Audit Programme	Where is Audit Reported?
Children and Young People Mental Health Standards	Monthly reports are submitted to the Scottish Government and quarterly local reports focusing on the Scottish Government CAMHS National Referral to Treatment Standard (RTT): 90% of all children and young referred to Child & Adolescent Mental Health Services should start treatment within 18 weeks of referral.	SG RTT
	In addition, Fife CAMHS will continue to measure the effectiveness of the service aligned to the Scottish Government's CAMHS National Service Specification which requires all CAMH services to provide:	SG CAMHS Directorate
	High Quality Care and Support (experience of service standards) • Collaborative care planning (GIRFEC) • High Quality Interventions (Assessment & Treatment) • A commitment to deliver a rights based approach • Full involvement with young people in planning and agreeing transitions • Opportunities for Children, Young People and Families to contribute to service development	MH/LD/Addictions Clinical and Care Governance Meeting
	A workforce that has capacity to meet demand and competence to deliver high quality care	
National Neonatal Audit Programme	1 in 8 babies born will be admitted to a neonatal unit. The aim of this audit to improve the standard of care provided to babies. Examples of audit measures considered include:	Women and Children's Directorate Clinical Governance Meeting Acute Services Division Clinical Governance Committee
	Temperature on admission • Antenatal steroids • Retinopathy of Prematurity (ROP) screening • Mother's milk at discharge • Consultation with parents • Neonatal unit transfers • Clinical follow-up at 2 years of age • Bronchopulmonary Dysplasia (BPD) • Recording of blood stream and cerebrospinal fluid cultures • Prevalence of Central Line-associated Bloodstream Infections (CLABSI)	
Deteriorating Patient Audit	Cumulative reports are produced quarterly (based on the financial year) for cardiac arrest, cardiac arrest review outcomes and peri arrest.	Reported to Deteriorating Patient Group and Clinical Governance Oversight Group on a quarterly basis
	Data are collected for any resuscitation event commencing in-hospital where an individual (excluding neonates) receives chest compression(s) and/or defibrillation and is attended by the hospital-based cardiac arrest team in response to a 2222 call.	
	All individuals in eligible clinical areas receiving chest compressions and/or defibrillation and attended by the hospital-based resuscitation team (or equivalent) in	

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Audit	Audit Programme	Where is Audit Reported?
	response to the 2222 call. NHS Fife is participating in the Scottish Patient Safety Programme (SPSP) Acute Adult Collaborative which is centred around the deteriorating patient and patient falls. Data collected for SPSP will also be reported in this report. It should be noted that the criteria for SPSP is different from the data collected in the audit as this is based on the National Cardiac Arrest Audit (NCAA). Every cardiac arrest is reviewed by the CPR SBAR Review Group. Decisions are then made as to whether a further investigation into the cardiac arrest is required either at an Emergency Bleep Meeting (EBM) or at a Significant Adverse Event Review (SAER).	
Falls Audit	Monthly report generated on all falls and falls with harm within NHS Fife.	Inpatient Falls Steering Group
Pressure Ulcer Audit	Monthly report generated on all pressure ulcer incidents within NHS Fife.	Tissue Viability Steering Group
National Hub for the Review and Learning from the Deaths of Children and Young People	Healthcare Improvement Scotland is responsible for overseeing death review activity through the National Hub. The National Hub will ensure that the death of every child and young person is reviewed to a minimum standard; defined within a national data core data set. Within scope are all deaths of babies and children up to their 18th birthday and also to include those up to their 26th birthday if they continue to receive aftercare or continuing care at the time of their death. NHS Fife Review of Children & Young People Deaths Commissioning Group was established in October 2021. The commissioning groups core membership is multi-disciplinary and multi- agency, this collaborative approach is central to achieving the requirements of the national guidance in delivering a high quality review which supports learning and improvement (both locally and nationally) from every child or young person's death in Scotland.	Annual Report generated for Clinical Governance Committee

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Person Centredness

Clinical governance activities relating to person centredness cover the following domains:

- Learning from people's care experience through complaints, compliments, care opinion or through active patient engagement, provides valuable information for improving quality of services delivered and assess our systems of assurance and quality
- Active public participation and engagement to gather value information for improving the quality of care and services delivered
- Volunteering
- Equality and Human Rights

Objectives	• Learning from all forms of Feedback (complaints, Care Opinion, compliments) through identifying key themes and trends. This will provide opportunities for shared learning and the sharing of good practice • Improving accessibility to processes, open, transparency, barriers – inequalities, barriers in accessing complaints processes and services • Ensure compliance with Equality Act • Involve the public through Participation and Engagement
Enablers	• The Patient Relations Team will provide training, information, data and oversight. The service will provide organisational support to ensure that the requirements of complaint handling are met, data is accurately and sufficiently recorded and that reporting on complaints key themes and learning outcomes can be used to inform change and to share good practice. The same can be said for Care Opinion and Equality & Human Rights data **Public Directory** Through Participation and Engagement, public and staff will be involved in shaping service change to ensure healthcare services meet the needs of the individual • **Equality and Human Rights** Ensure consideration given to the individual, protected characteristics, EQIA process re meeting legal requirements and engagement • **Volunteering** Working with volunteers to support delivery safe care, enhancing patient experience and care journey
Our Values	• We will focus on learning from all forms of feedback to improve the care and services delivered, ensuring a person-centred approach
Assurance and Strategic Oversight	• Executive leadership is provided by the Director of Nursing

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Quality Improvement

Quality improvement is a core activity that needs to be aligned to all of the other clinical governance activities described above to enable a systems approach to quality and safety management.

Objectives	• Continuous quality improvement will be a priority to ensure the best services and outcomes for our patients
Enablers	• We will ensure that staff have access to quality improvement training and education, this will include human factors training • Development of the NHS Fife Quality Network to create a collaborative network of staff trained in quality improvement methodology. The aim of this is to inspire a social movement towards the realisation of quality and improvement as a core part of professionalism for all
Our Values	We will: • ensure that those involved in delivering care are involved and engaged to lead quality improvement • provide visible and active leadership for improvement • develop a community of practice by providing a structure where strong relationships can be built which foster discussion, support, advice, activities and learning. The community of practice would become a wider coaching / mentoring resource that works to share knowledge, skills and experience to deliver improvement projects
Assurance and Strategic Oversight	• Leadership is provided by Associate Director of Planning and Performance Projects

Reference

(Scally, G. and Donaldson, L. , 1998. Clinical governance and the drive for quality improvement in the new NHS in England. British Medicine Journal, 4, 61-65).

Appendix 1

Responsibility of Groups Reporting into the Clinical Governance Committee

Name of group	Purpose
Clinical Governance Oversight Group	The Clinical Governance Oversight Group is the group responsible for the operational delivery of this framework. This group has responsibility to take an overview of the quality and safety of care. The NHS Fife Medical Director chairs this group with members of the group comprising of leadership from across NHS Fife. A number of groups report into the Clinical Governance Oversight Group. The purpose of the group is to use sources of information to provide assurance to the Clinical Governance Committee: • Identify issues relating to quality of care; either through escalation or review of information scrutinised by the group • Review and identify risks • Recommend and influence organisational improvement activities • Monitor outcomes and the actions implemented to improve key clinical governance outcome indicators
Acute Services Division Clinical Governance Committee	The Acute Services Division Clinical Governance Committee oversees the delivery of the Clinical Governance agenda within the Division and assures the Acute Services Division Committee and the NHS Fife Clinical Governance Committee about the quality of services provided.
Area Drugs and Therapeutics Committee	This Committee is chaired by the Medical Director and reports to the Clinical Governance Committee and the Executive Directors' Group. The Committee provides clinical and professional advice and leadership to NHS Fife Board and the Integration Joint Board to ensure patient-centred, safe, clinically effective and cost-effective medicines use and medicines governance, in all care settings.
Area Clinical Forum	The purpose of the Area Clinical Forum is to ensure that efficient and effective systems are in place which promotes the active involvement of all clinicians from across NHS Fife in the decision-making process. The Area Clinical Forum supports the work of Fife NHS Board; and specifically part of the remit is to take forward particular issues on which clinical input is required on behalf of the Board, taking into account the evidence base, best practice, clinical governance and make proposals for their resolution.
Area Radiation Protection Committee	The purpose of the committee is to provide an overview of the management of radiation protection in NHS Fife. The Committee will be concerned with radiation protection requirements for all uses of ionising and non-ionising radiations within NHS Fife and for potential exposures to staff or patients from other sources of ionising radiations.

Name of group	Purpose
Health and Safety Sub Committee	This sub-committee purpose is to ensure that NHS Fife Board provide a safe and secure environment for patients, members of the public, and staff whilst fulfilling all statutory obligations. This sub-committee reports to the Clinical Governance Committee and reports on an exception basis on any particular issues.
Quality Matters Assurance Group	This is a clinically/professionally led forum. This forum covers all delegated services. The work of the forum adheres to the policies and procedures of NHS Fife and Fife Council. The QMAG enables clinical & care governance within the HSCP and provides assurance to the Senior Leadership Team Assurance Group that clinical and care governance is discharged effectively within the partnership whilst meeting the statutory duty for the quality of care delivered specifically in relation to patient/client safety, clinical effectiveness and patient/ client experience using a person centred, rights based approach and which can be evidenced using Integration Governance Principles: "How Do You Know"? It covers all delegated services including clinical issues, care issues and integrated issues and there are strong connections through membership to other CCG forums.
Digital and Information Board	This Board is chaired by the Executive Lead for Digital and Information and reports to the NHS Fife Clinical Governance Committee. A separate Annual Report and Strategy with detailed objectives for Digital and information are reported to the Committee.
Information Governance and Security Steering Group (IG&S)	This Group is chaired by the Executive Lead for Information Governance and Security and reports to the NHS Fife Clinical Governance Committee. It is responsible for overseeing the Information Governance agenda. It is the key purpose of the IG&S Group to act as a Steering Group providing, whole system leadership, oversight and assurance to the organisation and will ensure that all IG&S risks have effective and appropriate mitigations. Accountable to the Clinical Governance Committee but also provide assurance reporting to relevant governance committees as appropriate.

Name of group	Purpose
Research, Innovation and Knowledge Oversight Group	This Group is chaired by the Executive Lead for Research, Innovation and Knowledge and oversees this agenda within NHS Fife. It reports to the NHS Fife Clinical Governance Committee. A separate Annual Report and Strategy with detailed objectives for Research, Innovation and Knowledge is available. The purpose of the Research, Innovation and Knowledge Oversight Group (RIK-OvG) is to: • Oversee, monitor and advise on the development and delivery of the NHS Fife RIK Strategy, which will be supported by an annual delivery plan • Oversee and monitor RIK performance targets (including; number of clinical research studies, number of participants recruited, commercial and non-commercial income, number of users of RIK services) • Assure the Clinical Governance Committee, via the Executive Directors Group, that appropriate governance mechanisms and structures are in place for RIK services • Escalate any issues to the Clinical Governance Committee, via the Executive Directors Group, where concerns are identified
Infection Control Committee	This Committee is chaired by the NHS Fife Executive Lead for Infection Control and reports to the NHS Fife Clinical Governance Committee. This Committee is responsible for overseeing the Infection Control agenda and quarterly and annual reports are produced.

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Appendix 2

Committee Assurance Principles

Purpose and Remit

The overall purpose of the Board is to ensure efficient, effective and accountable governance, to provide strategic leadership and direction, and to focus on agreed outcomes. Detailed scrutiny should take place at committee level, with each committee providing assurance and escalating key issues as required. For this to be achieved successfully, Standing Committees must be clear about their priorities, have focused agendas and workplans and must monitor their own performance rigorously. Standing Committee remits are approved by the Board with input from Committees and increasingly from national governance initiatives. However, Standing Committees must ensure that they are focused on Board priorities and on the risks delegated to them.

Sub-committees and groups will frequently have an operational focus but must ensure that they are in a position to provide the required assurances on their operations and on any risks, actions and controls for which they are responsible.

Board or Standing Committee Agenda

In general, for an item to be included on the agenda it should meet the following criteria unless the Committee Chair and Lead Officer agree there are good reasons for its inclusion:

a) It is a decision delegated to that Committee
b) It relates to and/or provides assurance upon a risk delegated to that Committee. In this context, performance reports etc should be overtly related to the specific risk and should contain a conclusion on whether the performance reports indicate that controls are operating effectively to mitigate the risk as intended
c) It is a statutory or regulatory requirement or required by SG guidance
d) The Committee can add value to a decision or issue by providing a different perspective, setting boundaries or generating ideas.

Assurance

At the start of the year, the Committee should consider its remit and determine its assurance requirements together with how these will be met, using assurance mapping principles.

This should be set out in the Committee assurance plan or clearly identified within the Committee work plan. The 'three lines of assurance' are often used to help categorise assurances:

- First line: management assurance from "front line" or business operational areas;
- Second line: oversight of management activity, including effective management information, separate from those responsible for delivery, but not independent of the organisation's management chain;
- Third line: independent and more objective assurance, including the role of Internal Audit and from external bodies

Assurances should be:

a) Overtly linked to the relevant risk with an overt conclusion from the responsible director or officer
b) Streamlined so that there is no omission, no unnecessary duplication
c) Relevant: data should not be presented just because it is readily available
d) Reliable: assurances should be evaluated so that it is clear how much weight should be placed on any piece of evidence and how they fit in with other relevant evidence
e) Sufficient: there should be sufficient evidence in total to allow a reasonable conclusion to be reached

The Board has delegated responsibility for most strategic risks to Standing Committees. Following a discussion of an agenda item, the committee should formally assess the level of assurance received. This is reported to the Board via the Chair's assurance report (see below). The following criteria (based on work undertaken by the Good Governance Institute) can help in assessing the level of assurance:

a) Independent assurance (such as an auditor's opinion) carries more weight than internal evidence produced by management
b) The best assurance is commissioned specifically to assure that a control is effective: reams of evidence with only indirect relevance does not provide good assurance
c) Assurances are time-limited and should only be relied upon if current
d) Differentiate between positive, negative and neutral opinion when using independent assurance
e) Ensure that assurance is consistent: triangulate different sources and use independent evidence to assess the accuracy of internal assurance sources

Chair's Report/Assurance Report

Minutes are valuable for the group itself but are not normally an efficient and effective source of assurance. An assurance report allows issues to be collated and presented in a way that gives readers a quick and comprehensive summary of the key issues, without considering unnecessary detail or having to decode or investigate areas of interest.
The following questions should be considered at the end of every Standing Committee and sub-group meeting and areas for recording agreed. These should then be included in the Chair's summary/assurance report and taken forward by the Responsible Director:

a) Are there any issues which could be a disclosure in the Governance Statement (see below) or should be included within the Committee year-end report

b) Are there any new risks emerging which require escalation to the Board or recording in the Strategic or operational risk registers

c) Is the Committee fulfilling its workplan and if not, would any omissions have an impact on its ability to provide assurance at year-end

d) For the risks delegated to the Committee:

- Are the scores correct?

- Have there been any significant movements?

- Has the committee received assurances that internal controls intended to mitigate the risk are working as intended and are effective?

- Does performance reporting support this?

- Has the committee received assurances that actions intended to reduce the risk to its target level are working as intended and will be effective?

Year-end Reports

At the end of the financial year, Standing Committees provide their annual report to the A&RC (and Board). Standing Committee annual reports are an opportunity to reflect on the year just gone and should be used to consider overall progress and key issues going forward. The annual report should be focused on the most important issues and should include, as a minimum:

a) A clear description of movement in strategic risks aligned to the committee and areas where actions were not effective

b) Overt identification of areas of non-compliance and explanation of the impact on the control environment

c) Clear performance information and highlighting of areas of poor performance

d) Inclusion of Key Performance Indicators where possible

e) Rather than stating that a report was presented, providing a broad conclusion on whether the level of assurance provided was acceptable (noting that the new process for assessing assurance will aid this recommendation)

f) Any specific requirements for that Committee based on its remit or duties such as an overt opinion by the Staff Governance Committee (SGC) on whistle-blowing

arrangements based on an appropriate annual report or the Finance, Performance & Resources Committee (FP&RC) opinion on whether value for money was achieved

g) Consideration of key risks and concerns and how these will be reflected in the workplan for the year ahead.

The Audit and Risk Committee must decide whether an item is of sufficient significance to be included in the narrative of, or disclosed within, the Governance statement. By extension Standing Committees should consider, whether an item should be brought to the attention of the Audit Committee within their annual report/assurance statement.
Useful considerations in deciding whether an item should be disclosed include:

a) Is it material? The HIS risk management 'impact' criteria provide a helpful guide

b) Does it represent a control weakness? Some issues could not reasonably have been prevented

c) Was the control weakness in place in the year in question? A weakness in place throughout most of the year should be mentioned, even if resolved after or at year-end. However, if the issue was discovered in year but related to a weakness in previous years now rectified then it need not be disclosed

Assessing Risks

Questions for Risk Owners:

- Would you know if your controls are working effectively as intended or failing?
- Can you evidence the effectiveness of the controls?
- Can you assure your Governance Committee of the effectiveness of controls?
- Do you have assurance for all three lines of defence?
    - 1st line - management / performance / data trends
    - 2nd line – oversight / compliance / audits
    - 3rd line – internal audit and/or external audit reports / external assessments

- If Yes - why above appetite?
- If No – How are the mitigating controls reflecting improvement or is there an action plan?
- Do you understand both the criticality and effectiveness of controls
    - Criticality: How important to the mitigation of the risk? The higher the importance of the control in mitigating the risk, the more assurance is required. If the control is of low importance is it a valid control to attach resource / effort
    - Effectiveness: This should measure if the controls are well designed / appropriate as well as how effectively they are implemented

Risk Questions for Committees

General questions:

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

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

- History of the risk (when was risk opened)- has it moved towards target at any point?
- Is there a valid reason given for the current score?
- Is the target score:
    - In line with appetite
    - Realistic/achievable or does the risk require to be tolerated at a higher level?
    - Sensible/worthwhile

- Is there an appropriate split between:
    - Controls – processes already in place which take the score down from its initial/inherent position to where it is now
    - Actions – planned initiatives which should take it from its current to target
    - Assurances which monitor the application of controls/actions
    - Ensuring there is clarity over what the listed controls etc. actually do e.g. if there is a group, what is it for (noting a group might be all three or actually none)?

- Assessing controls
    - Are they 'Key' i.e. are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)
    - Overall, do the controls look as if they are applying the level of risk mitigation stated
    - Is their adequacy assessed by the risk owner– if so , is it reasonable based on the evidence provided

- Assessing Actions – as controls but accepting that there is necessarily more uncertainty :
    - are they are on track to be delivered

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- are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?
- are they likely to be sufficient to bring the risk down to the target score

- Assess Assurances:
  - Do they actually relate to the listed controls and actions (surprisingly often they don't)?
  - Do they provide relevant, reliable and sufficient evidence either individually or in composite?
  - Do the assurance sources listed actually provide a conclusion on whether:
    - the control is working
    - action is being implemented
    - the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level
  - What level of assurance is given or can be concluded and how does this compare to the required level of assurance (commensurate with the nature or scale of the risk):
    - 1st line - management / performance / data trends
    - 2nd line – oversight / compliance / audits/
    - 3rd line – internal audit and/or external audit reports / external assessments

Appendix 3

Integration Framework and Services Delegated to the Integration Joint Board, July 2021

Section 5 of the Fife Health and Social Care Integration Scheme between Fife Council and NHS Fife (March 2022) clearly defines the clinical governance arrangements for delegated services:

The arrangements for clinical and care governance agreed by the Parties are:

5.1   The Executive Medical Director, Director of Public Health and Executive Nurse Director, NHS Fife are accountable to the NHS Fife Clinical Governance Committee for quality of care delivery and professional governance in relation to the delegated NHS Fife functions.

5.2   The Chief Social Work Officer, Fife Council is accountable for ensuring proper standards and values are maintained in respect of the delivery of Social Work Services delegated to this Integration Joint Board. The Chief Social Work Officer provides specific reports including the annual report and assurance to the relevant committee of Fife Council.

5.3   The Chief Officer as Director of Health and Social Care has delegated operational responsibility for integrated services. The Chief Officer, Medical Director, Nurse Director, Director of Public Health and Chief Social Work Officer will work together to ensure appropriate standards and leadership to assure quality including at transitions of care.

5.4   The Parties will continue to monitor and report on clinical, care and professional governance matters to comply with legislative and policy requirements.

5.5   The Executive Medical Director, the Director of Public Health and the Executive Nurse Director continue to attend the NHS Fife Clinical Governance Committee which oversees the clinical governance arrangements of all NHS Fife service delivery divisions.

5.6   Professional oversight, advice and accountability in respect of care and clinical governance are provided throughout the Partnership by the Executive Medical Director Executive Nurse Director, and Professional Lead Social Worker.

5.7   Professional advice is provided to this Integration Joint Board through named professional advisors in line with section 12 of the Act. Advice is also provided through the Strategic Planning Group, Localities and an Integrated Professional Advisory Group comprising of health and social care professionals. The existing advisory groups will be linked to the Integrated Professional Advisory Group and will provide advice, as required, and be fully involved in Strategic Planning processes.

5.8   Assurance will be given through arrangements which will come together in an integrated way. The IJB will agree a clinical and care governance framework setting out efficient and effective arrangements for clinical and care governance, supported by the appropriate professional advice, covering all delegated services and at the interface between services. This framework will be developed in partnership with both Parties and the arrangements will clearly set out assurances to the IJB and its partners as well as those for the escalation and resolution of clinical and care risks (Appendix 5).

5.9   The Parties will ensure clinical and/or care governance arrangements are congruent with those of the IJB. Any changes to these arrangements will be agreed between the Parties and implemented through a minute of variation signed on behalf of both Parties and the IJB.

5.10   This Integration Joint Board will, through the Chief Officer, establish a framework and mechanisms as appropriate to receive assurance on the systems in place to discharge their statutory responsibilities for the requirements of the Act. This relates to the delivery of integrated health and social care arrangements including the Principles of Integration (Section 4), Health and Wellbeing Outcomes (Section 5), the Quality Aspects of Integrated Functions for Strategic Planning and Public Involvement (Sections 29-39), delivery of Integration through Localities, Directions and the Annual Performance Report (Sections 40-43).

5.11 The Strategic Planning Group has medical, nursing, social work, Allied Health Professionals and other key stakeholders and professional staff in its membership to ensure appropriate advice is provided throughout the process of strategy development, implementation and review.

Appendix 4

Executive Director Clinical Governance Responsibilities

NHS Fife Chief Executive

The Chief Executive has a responsibility for the organisation as a whole. In particular the Chief Executive has a responsibility for the quality of all clinical services provided within NHS Fife.

NHS Fife Medical Director

The Medical Director is the identified Executive responsible for leading the development and implementation of the Clinical Governance systems, including Clinical Effectiveness, within the organisation. The Medical Director as Caldicott Guardian is responsible for ensuring that NHS Fife complies with the guidance in the Caldicott Reports and for the development of Clinical Governance within Public Health.

Director of Nursing

The Director of Nursing is the Executive Lead as well as for participation and engagement, and Infection control.

Director of Finance and Strategy

The Director of Finance and Strategy is the executive lead for risk management.

Director of Health and Social Care

The Director of Health and Social Care is the Chief Officer for Health and Social Care to the Integration Joint Board. In particular this officer reports to the Chief Executive of Fife Council, and the Chief Executive of NHS Fife, and has responsibility to ensure the partnership reports clinical and care governance performance to the IJB Clinical and Care Governance Committee and the NHS Fife Clinical Governance Committee when appropriate (Appendix 5).

Director of Pharmacy and Medicines

The Director of Pharmacy and Medicines is the Executive lead for pharmaceutical care and medicines governance within the organisation. This ensures that pharmaceutical care services and multidisciplinary systems function to assure the safe and effective use of medicines in NHS Fife. The Director of Pharmacy and Medicines also serves as the Board's Controlled Drugs Accountable Officer.

Appendix 5

Describing the HSCP Assurance Arrangements Including Clinical and Care Governance

This document describes the arrangements in place within the HSCP which aims to assure that there are the correct connections and reporting into the appropriate structures of NHS Fife, Fife Council and IJB.

Legal Position

How is Clinical and Care Governance Supported by the Integration Scheme?

Public Bodies (Joint Working) (Scotland) Act 2014 define National Health and Wellbeing Outcomes Integration Planning and Delivery Principles with statutory responsibilities clinical and care governance. This is a required section within the Integration Scheme which is a legal document setting out the arrangements adopted by NHS Fife and Fife Council as required by Section 7 of the Act. The full act and what is defined regarding to clinical and Care governance can be read via this link Microsoft Word - Fife Integration Scheme_FINAL_19.08.15 (fifehealthandsocialcare.org)

In Summary in relation to Clinical and Care Governance the Integration Scheme defines

- The Roles of Executive Medical Director, Director of Public Health and Executive Nurse Director, including role for professional oversight and accountability to the NHS Fife Clinical Governance Committee for quality of care delivery in relation to the delegated NHS Fife functions and the accountability of the Chief Social Work Officer to Fife Council in respect of standards and value for social work and social care.

- There is a requirement for Parties (NHS Fife & Fife Council) to monitor and report on clinical, care and professional governance matters to comply with legislative and policy requirements.

- The Chief Officer as Director of Health and Social Care has delegated operational responsibility for integrated services. The Chief Officer, Medical Director, Nurse Director, Director of Public Health and Chief Social Work Officer will work together to ensure appropriate standards and leadership to assure quality including at transitions of care.

- The Integration Joint Board will, through the Chief Officer, establish a framework and mechanisms as appropriate to receive assurance on the systems in place to discharge their statutory responsibilities for the requirements of the Act. This relates to the delivery of integrated health and social care arrangements including the Principles of Integration (Section 4), Health and Wellbeing Outcomes (Section 5), the Quality Aspects of Integrated Functions for Strategic Planning and Public Involvement (Sections 29-39), delivery of Integration through Localities, Directions and the Annual Performance Report (Sections 40-43). Assurance will be given through arrangements which will come

together in an integrated way. The IJB will agree a clinical and care governance framework setting out efficient and effective arrangements for clinical and care governance, supported by the appropriate professional advice, covering all delegated services and at the interface between services. This framework will be developed in partnership with both Parties and the arrangements will clearly set out assurances to the IJB and its partners as well as those for the escalation and resolution of clinical and care risks.

- Professional advice is provided to this Integration Joint Board through named professional advisors in line with section 12 of the Act. Advice is also provided through the Strategic Planning Group, Localities and an Integrated Professional Advisory Group comprising of health and social care professionals. The Strategic Planning Group has medical, nursing, social work, Allied Health Professionals and other key stakeholders and professional staff in its membership to ensure appropriate advice is provided throughout the process of strategy development, implementation and review.

What is the Role of Directions?

A policy on Directions has been approved by the IJB having being widely consulted with partners.

In line with Policy - Any direction issued by the IJB must meet all clinical and care governance requirements and standards to ensure patient safety and public protection as well as ensure staff and financial governance. Every IJB has senior professional, clinical and financial advisors as part of their core membership to provide scrutiny of these aspects and to provide assurance. This does not require to be remitted for additional checking through Local Authority of Health Board systems: Local Authorities and Health Boards should ensure that the professional and clinical advisors tasked to provide advice to IJBs are appropriately experienced and supported in their role. All direction to the IJB will come through IJB Quality and Community and IJB Finance, Performance and Scrutiny.

Policy Position

Summary Process for Issuing And Monitoring Directions
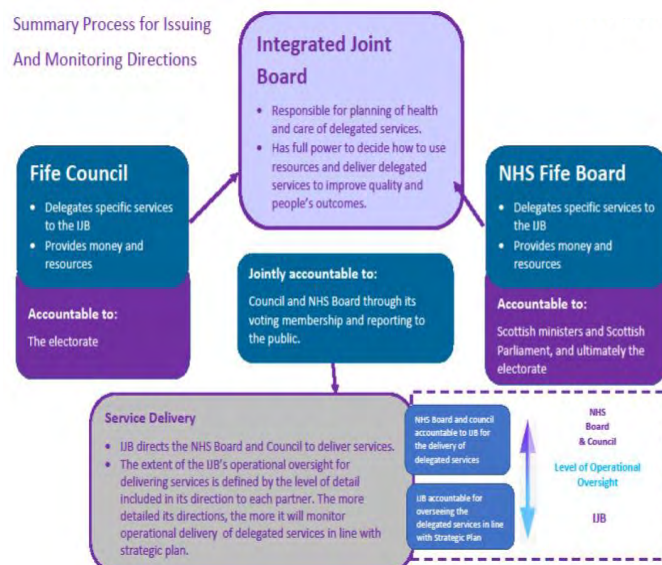
Where Do Services Within the HSCP Connect With and Report To?

The Senior Leadership Team Connects with a wide range of Partners and this is reflected in our Reporting arrangements beyond SLT into: Fife Integration Joint Board, NHS Fife, Fife Council and Fife Partnership Board.
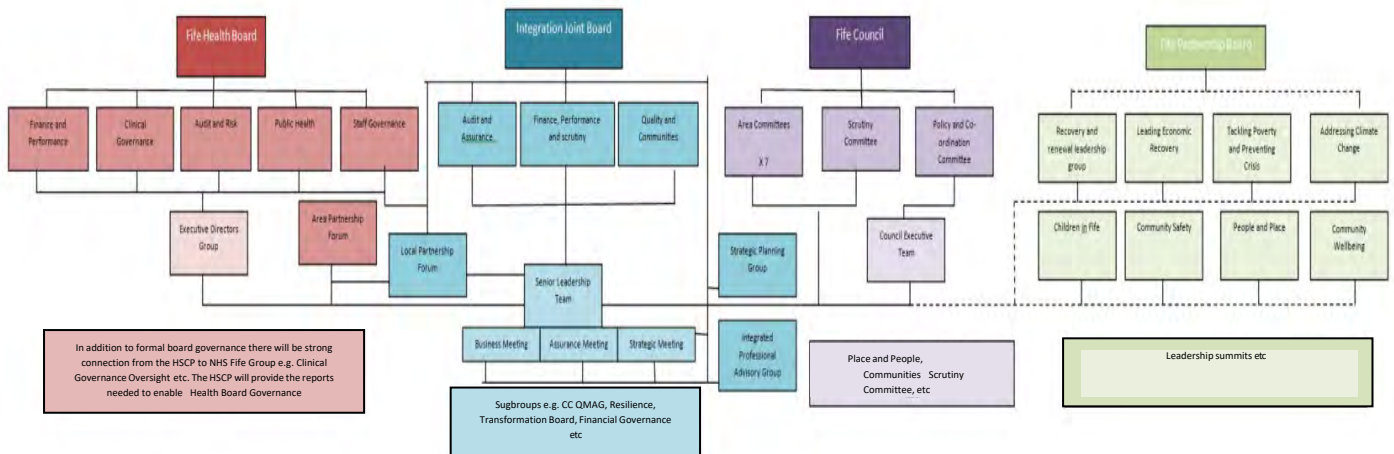
The key purpose of the Quality and Communities Committee is to provide assurance to the IJB in relation to its statutory duty, policy requirement and strategic approach around clinical and care governance, quality, safe and effective services, transformation, localities, communities and participation & engagement.

HSCP Position

How is the Chief Officer Establishing a Framework of Assurance to Aid Good Operational Governance?

A mechanism has been established in the Health and Social Care Partnership to support assurance. This includes huddles reviewing data, to clinically led portfolio groups which enables focused discussion on service specific quality matters e.g. mental health, community hospitals, children's services, this then feeds into an overarching Clinical and Care Quality Assurance Group (QMAG) which receives reports from portfolio groups and this then feeds into Senior Leadership Assurance which receives assurance, reassurance and escalation on a range of issues e.g. quality, health and safety. This then reports into the organisational governance structures and all appropriate clinical matters will be reported to the Clinical Governance Oversight Group.

Senior Leadership Assurance Group: Chaired by the Director of Health and Social Care. Clinical and Professional Membership includes Deputy Medical Director, Associate Director of Nursing, Deputy Director of Pharmacy, Director of Psychology, Associate Director AHPs and Principal Social Work Officer. Subject matter experts attend according to the agenda. The group receives reports from the topic specific subgroups including Clinical and Care Quality Assurance Matters Group; Health and Safety Forum; Resilience Forum; Risk

Management; Localities Participation & Engagement on the basis of assurance, reassurance or escalation. The value of this forum is that it enables cross- fertilisation, provides senior leadership oversight and supports good governance across the structures recognising the system complexity.

Clinical and Care Quality Matters Assurance Group (QMAG): This is a clinically/professionally led forum. This forum covers all delegated services. The work of the forum adheres to the policies and procedures of NHS Fife and Fife Council. The QMAG enables clinical & Care governance within the HSCP and provides assurance to the Senior Leadership Team Assurance Group that clinical and care governance is discharged effectively within the partnership whilst meeting the statutory duty for the quality of care delivered specifically in relation to patient/client safety, clinical effectiveness and patient/client experience using a person centred, rights based approach and which can be evidenced using Integration Governance Principles: "How Do You Know"? It covers all delegated services including clinical issues, care issues and integrated issues and there are strong connections through membership to other CCG forums.

Portfolio Clinical and Care Assurance Groups: Each of the three operational portfolios have clinical and care groups. These are clinically and professionally led and reports into CG QMAG. The groups will provide multi professional oversight of all quality data outcomes including adverse incident data, LAER, SAER, External and Internal Inspections, learning from audit and data, feedback and compliments / complaint information, Quality Improvement projects and development of new services as they relate to the specific portfolio of Services e.g. Primary and Preventative Care, Community Care and Complex and Critical Care.

Huddle: There is a fortnightly clinically and professionally led huddle. This enables a review of data including incidents e.g. falls, medication, violence and aggression, tissue viability. Integrated data sources are in development.

In Addition: The above arrangements continue to evolve given the restructure was during a pandemic. There are reporting lines from the professional leads direct to Executive Director Clinical Leads. There is Senior Clinical Representation from HSCP on all of the key NHS Fife clinical related groups e.g. infection control, clinical governance oversight group etc. A report will be provided to the Clinical Governance Oversight which details what is being actively discussed in the HSCP and provide assurance, reassurance or escalation and to enable further scrutiny and this can be managed to ensure appropriate reporting e.g. NHS Fife Business to NHS Fife and Fife Council Business to Fife Council and Integrated Business to IJB through Quality and Communities. The diagram on the next page aims to describe this system connection. The recent inspection has recognised QMAG as a good example of integrated arrangements.

System Connection

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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Clinical Governance Framework Annual Delivery Plan 2022/2023

1.1   The principles and intentions set out in the Clinical Governance Framework will only be fully realized through the support of an annual delivery plan.

1.2   Assurance and oversight of the delivery plan will be provided through the Clinical Governance Oversight Group supported by a midyear and end of year report to the Clinical Governance Committee. Any matters that require escalation will be escalated to these groups as appropriate.

1.3   The annual delivery plan for 2022/2023 is set out below:

		Workstream	Description/ Objectives	Lead(s)	Timescale	Status
Our Values	1.1	Organisational Learning	Embed the Organisational Learning Group Identify opportunity for organisational thematic learning (along with facilitating action to support improvement) and develop a means for sharing learning from clinical events and good practice more widely across the organisation	Associate Director for Quality and Clinical Governance (Q&CG) and Associate Director for Nursing (Corporate)	Mar 2023	Delivered Group established April 2022
	1.2	Safety and Just Culture	Work with Workforce Directorate to develop a programme of work to ensure that staff are supported to engage in safe, open and transparent way with clinical governance activities Roll out of trauma informed workforce	Lead for Adverse Events	Mar 2023	On Track
	1.3	Patient Representation on the Clinical Governance Committee	Recruit a Patient Representative on the Clinical Governance Committee to ensure that we are valuing and making a connection between the oversight of quality and safety with the direct experiences of our patients Recruit member of public to join the Clinical Governance Committee	Associate Director for Quality and Clinical Governance	Mar 2023	Work required
	1.4	A focus on quality and safety	Work with clinical teams to co-produce a refreshed approach to safety and quality visits	Director of Nursing Medical Director Associate Director for Q&CG	Mar 2023	Work required
Clinical Governance Activities	2.1	Organizational learning communication QI project	Scope programme of work in collaboration with realistic medicine to develop quality improvement actions to address the theme of patient communication identified in patient complaints and adverse events	Associate Director of Nursing for Corporate and Associate Director for Q&CG	Feb 2023	On track
	2.2	Risk Management Framework	Programme of work to refresh the Risk Management Framework including:	Director of Finance and Strategic	Mar 2023	On track

			Clearly defined strategic risks Development of a corporate risk register Reviewed escalation processes Development of a risk dashboard Establishing a Risk and Opportunity Group	Planning, Risk Manager and Associate Director for CG and Q			
	2.3	Scottish Patient Safety Programme	Participation in SPSP Adult Acute Collaborative	Clinical Effectiveness Manager	Ongoing	Ongoing
	2.4	Medicines Safety Programmes	Ensure NHS Fife has a programme of continued improvement with medications safety, including learning from incidents, education improvements, ensuring safe and effective prescribing	Director of Pharmacy	2023/2024	TBC
	2.5	Excellent in Care	Development of Care Assurance Framework for NHS Fife	Director of Nursing	TBC	TBC
	2.6	Quality Network	Collaborate with the Planning and Performance team to contribute to the shape of the quality network particularly in respect of the Organisational Learning Group	Associate Director of Q&CG	TBC	TBC
	2.7	Review of Adverse Events Policy and Procedure	Full review of Adverse Events Policy and Procedure to deliver: Updated training and education Revised process Increase capacity to support adverse reviews Increased focus on improvement plans and learning Staff support Policy update Procedural update	Lead for Adverse Events	Mar 23 Jun 23	On track
Enablers	3.1	Review of Clinical Governance Oversight Group	Clinical Governance Oversight Group and Adverse Event (AE) & Duty of Candour (DoC) Group to amalgamate to provide overall picture of AE/DoC in the context of the wider clinical governance picture Development of workplan for the group		Apr 22	Delivered
	3.2	Review of HSCP clinical governance structures	Review and embed new clinical and care governance structures including services delegated to the IJB			TBC
	3.3	Review of core quality data and development of Quality Reports	Development of quality report for Acute Services division to ensure clinical governance key quality indicator data is readily available at Divisional, Directorate, Service and Ward levels.	Associate Director of Q and CG and Associate Nurse Director for ASD	May 22	Delivered

	3.4	Upgrade to Datix Cloud IQ	Develop business case for Datix Cloud IQ providing improved functionality for clinical governance activities such as Morbidity and Mortality meetings	Associate Director of Q and CG	Mar 23	Paused due to national tender discussion
	3.5	Embed our systems and processes for the reviews of deaths of children and young people	Embed the required infrastructure for the delivery of the national guidance and embed local processes	Lead for Adverse Events	Sept 22	Delivered
	3.6	Development of a Quality Management System (QMS) for NHS Fife	Develop business case in partnership with Digital and Information for a QMS for NHS Fife which enables NHS Fife to achieve its quality objectives whilst enabling patient focussed quality monitoring and process improvements. The solution should enable a controlled and formalised record of relevant documentation including policies, processes, procedures and responsibilities. The solution should facilitate the key activities (Quality planning, assurance, control & improvement) required to meet quality objectives and regulatory requirements.	Associate Director for Q and CG	Apr 24	Requires work – scoping exercise complete
	3.7	NEWS2	Work in partnership with Digital and Information to deliver NEWS2 to deliver benefits to the Deteriorating Patient work including	Associate Director for Q and CG, Head of Programmes for D&I	Dec 23	Requires work- Business Case and being finalised for EDG submission

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**13 January 2023**
Title:	**Integrated Performance & Quality Report**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Bryan Archibald, Head of Performance**

1   Purpose

This is presented for:
- Discussion
- Assurance

This report relates to:
- Annual Delivery Plan

This aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

2   Report Summary

2.1   Situation

This report informs the Clinical Governance (CG) Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is generally up to the end of October 2022, although there are some measures with a significant time lag and a few which are available up to the end of November.

2.2   Background

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

Improvement actions are included following finalisation of the Annual Delivery Plan for 2022/23 and this streamlines local reporting for governance purposes with quarterly national reporting to the Scottish Government.

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

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

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

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

2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2022/23 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July 2022.

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

Measure	Update	Local/National Target	Current Status
Adverse Events [1]	Monthly	TBD	TBD
HSMR	Quarterly	1.00 (Scotland average)	Below Scottish average
Falls [2]	Monthly	6.91 per 1,000 TOBD	Not achieving
Pressure Ulcers [2]	Monthly	0.89 per 1,000 TOBD	Not achieving
SAB (HAI/HCAI)	Monthly	18.8 per 100,000 TOBD	Achieving
ECB (HAI/HCAI)	Monthly	33.0 per 100,000 TOBD	Not achieving
C Diff (HAI/HCAI)	Monthly	6.5 per 100,000 TOBD	Achieving
Complaints (S1)	Monthly	80%	Not achieving
Complaints (S2) [3]	Monthly	50%	Not achieving

[1]   Reporting on the closure rate of Major & Extreme Adverse Events started in December 2022; discussions on a performance target are in progress

[2]   As part of ongoing improvement work, revised targets for Falls and Pressure Ulcers have been set for FY 2022/23. These are a 10% reduction on the FY 2021/22 target

for Falls, and a 25% reduction on the actual achievement in FY 2020/21 for Pressure Ulcers.

³   An improvement target of 50% by March 2023, rising to 65% by March 2024 was agreed by the Director of Nursing. However, performance has been very much lower than the 50% provisional target, generally due to closing long-term complaints. A further measure (Stage 2 Complaints Raised in Month and Closed Within 20 Working Days) has been added. This is still being developed but has no target.

2.3.1 Quality/ Patient Care
IPQR contains quality measures.

2.3.2 Workforce
IPQR contains workforce measures.

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

2.3.4 Risk Assessment/Management
A mapping of key Corporate Risks to measures within the IPQR is provided via a Risk Summary Table, the Indicator Summary Table, the Executive Summary narratives and the relevant drill-downs.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions
Not applicable.

2.3.6 Climate Emergency & Sustainability Impact
Not applicable.

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

The Clinical Governance extract of the December IPQR will be available for discussion at the meeting on 13 January.

2.3.8 Route to the Meeting
The IPQR was ratified by EDG on 5 January and approved for release by the Director of Finance & Strategy.

2.4 Recommendation
The report is being presented to the CG Committee for:

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

- **Assurance**

3   List of appendices

- Integrated Performance & Quality Report – Clinical Governance Committee

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Fife Integrated Performance & Quality Report

CLINICAL GOVERNANCE

Produced in December 2022

Introduction

The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National Standards and local Key Performance Indicators (KPI).

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

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

The IPQR for the Clinical Governance Committee comprises the following:

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

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

c) **Projected & Actual Activity**
Comparing projected Scheduled Care activity to actuals for Patient TTG, New Outpatients and Diagnostics.

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

e) **Performance Exception Reports**
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2022/23, relevant to indicators are incorporated accordingly.

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

<table>
<tr><td></td><td>Prepared by:</td></tr>
<tr><td>**MARGO MCGURK**</td><td>**SUSAN FRASER**</td></tr>
<tr><td>Director of Finance & Strategy</td><td>Associate Director of Planning & Performance</td></tr>
<tr><td>5 January 2023</td><td></td></tr>
</table>

a. Corporate Risk Summary

To be cross referenced with in depth Risk Report presented at Committees and NHS Board

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	5	5	-	-	-	◄►	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◄►	Moderate
To deliver value and sustainability	6	4	2	-	-	◄►	Moderate
Total	18	14	4	0	0		

Summary Statement on Risk Profile

Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite.

Mitigations in place to support management of risk over time with some risks requiring daily assessment.

Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.

Risk Key	
High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3

Movement Key	
▲	Improved - Risk Decreased
◄►	No Change
▼	Deteriorated - Risk Increased

b. Indicator Summary

Section	Indicator	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Oct-22	36	(within limits)	▲	▼	(N/A)
	Major/Extreme Adverse Events - % Actions Closed on Time	TBD	Month	Oct-22	23.1%	(no SPC)	▲	▼	(N/A)
	HSMR	N/A	Year Ending	Jun-22	0.99	(no SPC)	▲	▲	(N/A)
	Inpatient Falls	6.91	Month	Oct-22	8.00 (red)	(within limits)	▲	▼	(N/A)
	Inpatient Falls with Harm	1.65	Month	Oct-22	2.03 (red)	(within limits)	▼	▼	(N/A)
	Pressure Ulcers	0.89	Month	Oct-22	1.03 (red)	(within limits)	▲	▼	(N/A)
	SAB - HAI/HCAI	18.8	Month	Oct-22	9.6 (green)	(within limits)	▲	▲	(Upper) QE Jun-22
	C Diff - HAI/HCAI	6.5	Month	Oct-22	3.2 (green)	(within limits)	▲	▲	(Upper) QE Jun-22
	ECB - HAI/HCAI	33.0	Month	Oct-22	41.7 (red)	(within limits)	▼	▼	(Mid) QE Jun-22
	S1 Complaints Closed in Month on Time	80%	Month	Oct-22	63.9% (red)	(within limits)	▼	▼	(Mid) 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Oct-22	0.0% (red)	(within limits)	▼	▼	(Mid) 2021/22
	S2 Complaints Opened in Month and Closed On Time	N/A	Month	Oct-22	10.3%	(within limits)	▲	▲	(N/A)
Operational Performance	IVF Treatment Waiting Times	90%	Month	Oct-22	100.0% (green)	(no SPC)	◄►	◄►	(N/A)
	4-Hour Emergency Access	95%	Month	Nov-22	70.1% (red)	(special cause)	▲	▲	(Mid) Nov-22
	Patient TTG % <= 12 Weeks	100%	Month	Oct-22	50.6% (red)	(no SPC)	▲	▲	(Upper) Sep-22
	New Outpatients % <= 12 Weeks	95%	Month	Oct-22	50.2% (red)	(no SPC)	▼	▼	(Mid) Sep-22
	Diagnostics % <= 6 Weeks	100%	Month	Oct-22	62.5% (red)	(no SPC)	▼	▼	(Mid) Sep-22
	18 Weeks RTT	90%	Month	Oct-22	69.9% (red)	(no SPC)	▲	▼	(Mid) QE Sep-22
	Cancer 31-Day DTT	95%	Month	Oct-22	96.7% (green)	(within limits)	▲	▼	(Mid) QE Sep-22
	Cancer 62-Day RTT	95%	Month	Oct-22	68.3% (red)	(special cause)	▼	▼	(Upper) QE Sep-22
	Detect Cancer Early	29%	Year Ending	Mar-22	22.2% (red)	(no SPC)	▼	▲	(Lower) 2020, 2021
	Freedom of Information Requests	85%	Month	Oct-22	93.8% (green)	(no SPC)	▲	▲	(N/A)
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Nov-22	12.1%	(no SPC)	▼	▲	(Mid) QE Jun-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Nov-22	7.7% (red)	(within limits)	▼	▲	(Mid) QE Jun-22
	Antenatal Access	80%	Month	Sep-22	86.1% (green)	(no SPC)	▼	▼	(Mid) CY 2021
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Nov-22	(£19.6m) (red)	(no SPC)	▼	—	(N/A)
	Capital Resource Limit Performance	£29.3m	Month	Nov-22	£17.8m (green)	(no SPC)	—	—	(N/A)
Staff Governance	Sickness Absence	4.00%	Month	Oct-22	6.63% (red)	(within limits)	▲	▼	(Mid) YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	Nov-22	33.6% (red)	(no SPC)	▲	—	(N/A)
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Jul-22	99 (red)	(no SPC)	—	▼	(Mid) 2021/22
	CAMHS Waiting Times	90%	Month	Oct-22	77.2% (red)	(within limits)	▲	▲	(Mid) QE Sep-22
	Psychological Therapies Waiting Times	90%	Month	Oct-22	75.8% (red)	(within limits)	▼	▼	(Mid) QE Sep-22
	Drugs & Alcohol Waiting Times	90%	Month	Sep-22	98.8% (green)	(no SPC)	▲	▲	(Mid) QE Sep-22
	COVID Vaccination (Autumn/Winter Booster, Age 65+)	80%	Month	Nov-22	87.1% (green)	(no SPC)	▲	—	(N/A)
	Flu Vaccination (Age 65+)	80%	Month	Nov-22	85.5% (green)	(no SPC)	▲	—	(N/A)
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Sep-22	94.4% (amber)	(within limits)	▼	▼	(Lower) QE Sep-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Sep-22	88.4% (amber)	(within limits)	▼	▼	(Lower) QE Sep-22

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

SPC Key
- (open green circle) Within control limits
- (open red circle) Special cause variation, out with control limits
- (grey circle) No SPC applied

Change Key
- ▲ "Better" than comparator period
- ◄► No Change
- ▼ "Worse" than comparator period
- — Not Applicable

Benchmarking Key
- (green) Upper Quartile
- (amber) Mid Range
- (red) Lower Quartile
- (grey) Not Available

c. Projected and Actual Activity

Better than Projected | Worse than Projected | No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)		Quarter End Jun-22	Quarter End Sep-22	Month End Oct-22	Month End Nov-22	Month End Dec-22	Quarter End Dec-22	Quarter End Mar-23
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	3,053	1,029	1,029	1,029	3,087	3,087
	Actual	2,878	2,996	1,012	1,215		2,227	0
	Variance	-158	-57	-17	186			
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	18,806	6,400	6,395		12,795	19,166
	Actual	20,951	21,448	6,710	8,611		15,321	0
	Variance	2,384	2,642	310	2,216			
Urgent	Actual	10,868	11,377	3,684	4,177		7,861	0
Routine	Actual	10,083	10,071	3,026	4,434		7,460	0
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	1,491	497	497	497	1,491	1,491
	Actual	1,550	1,608	595	560		1,155	0
	Variance	59	117	98	63			
Upper Endoscopy	Actual	575	630	227	191		418	0
Lower Endoscopy	Actual	182	191	77	71		148	0
Colonscopy	Actual	738	742	268	277		545	0
Cystoscopy	Actual	55	45	23	21		44	0
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	11,988	3,996	3,996	3,996	11,988	11,988
	Actual	13,471	12,936	3,950	4,311		8,261	0
	Variance	1,483	948	-46	315			
CT Scan	Actual	4,083	3,989	1,140	1,304		2,444	0
MRI	Actual	2,936	2,923	913	927		1,840	0
Non-obstetric Ultrasound	Actual	6,452	6,024	1,897	2,080		3,977	0

CLINICAL GOVERNANCE						

| | To improve the quality of health and care services | 5 | 5 | - | - | - | ◄► | Moderate |

		Target	**Current**
Major & Extreme Adverse Events	*TBD% of Action from Major and Extreme Adverse Events to be closed within time*	**TBD**	**23.1%**

The eLearning module (TURAS) Managing a Significant or Local Adverse Event review has gone live with bespoke follow up sessions planned for early next year. This is an educational tool to assist staff who may be tasked with being involved in the adverse events review process and is applicable to both clinical and non-clinical events. While the training is not mandatory, uptake will be monitored and feedback on the content is requested on completion of the module. This will be reviewed annually or sooner if an issue is identified.

The number of major and extreme events reported continues to rise slowly; this coupled with the decreasing number of significant and local adverse event reviews being concluded is presenting a challenge that NHS Fife has not faced previously. A 5-year synopsis will be presented at the Clinical Governance Oversight Group in December that describes the challenges and will raise discussion on the best way forward.

A working group, chaired by the Deputy Medical Director has been commissioned at the Clinical Governance Oversight Group to focus on the increasing numbers of cardiac arrests and associated improvement work.

HSMR		**1.00**	**0.99**

Data for 2021 and Q1 of 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending June 2022 showing a ratio below the Scottish average.

Inpatient Falls	*Reduce all patient falls rate by 10% in FY 2022/23 compared to the target for FY 2021/22*	**6.91**	**8.00**

The number of inpatient falls reduced slightly in October, with a fall in ASD (to 112) being slightly offset by a rise in the HSCP (to 128, its highest monthly figure in the last 2 years). The vast majority of falls in the last 3 months (96%) were classified as 'Minor Harm' or 'No Harm'. We still expect to meet this year's reduction target.

In-Patient Falls Steering Group members attended a national HIS Webinar "Creating a Culture of Change for Falls in Scotland". Work noted is in line with local action and learning from this event will be shared and will inform current activity.

Work is progressing well on Falls Toolkit review and associated documentation. We plan to use the refresh of this as a launch and Clinical Effectiveness will support with implementation of updated documentation.

The identification of Link Practitioners (LPs) in every ward is being finalised with H&SCP complete and work in Acute to conclude. An Excellence in Care Lead, Nurse Consultant in Older People and an AHP (TBC) will coordinate this network and support local work through these LPs (previously known as champions).

Pressure Ulcers	*Reduce pressure ulcer rate by 25% in FY 2022/23 compared to the rate in FY 2021/22*	**0.89**	**1.03**

The rate of pressure ulcers continued to vary in September but was below the 2-year average (1.15) for the 3rd successive month. The rate continues to be significantly higher in ASD.

Although bed occupancy affects rates and it is not completely valid to make numerical comparisons, the number of pressure ulcers in the first 6 months of FY 2022/23 (187) was 4% higher than for the same period in FY 2021/22.

A very successful Link Practitioners Networking Day was held on 17 November (National Stop the Pressure Day).

There has been a slight delay in starting a TV Operational group as it was agreed an Options Appraisal to ensure stakeholder involvement should be conducted - outputs from this will be discussed at the next TVSG meeting.

Fife HSCP have commenced PU LAER meetings to develop recommendations and Learning summaries. Improvement work will start on the quality of learn summaries and their dissemination.

HIS are reviewing and updating the HIS PU standards, TVN representation is on this group and will continue to provide updates.

ASD are focusing on displaying and using pressure ulcer data within clinical area; use of the safety cross has been identified as a method of ensuring staff are aware of and use data.

SAB (MRSA/MSSA)	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023*	**18.8**	**9.6**

The SAB infection rate varies from month to month but has been below the March 2023 target for the last 13 months. The cause of the majority of infections during that period has been Skin & Soft Tissue (15), VAD (9) and

Devices other than VAD (7).

The last quarterly HAI report from Health Protection Scotland, covering the quarter ending June, showed that NHS Fife has the second lowest infection rate (14.9) of all Mainland Health Boards. Fife has been below the Scottish average for 6 successive quarters. This has been achieved by enhanced surveillance of SAB, standardising vascular access devices (VAD) care, the implementation of ePVC insertion and maintenance bundles and targeted QI work.

In order to maintain such low rates and to reduce SABs further the local and national intelligence highlights the following areas for focus; medical devices including VADs and non-vascular access medical devices, skin & soft tissue infections including people who inject drugs (PWIDs). The IPCT performs the following actions:

- Enhanced surveillance and analysis of SAB data to understand the magnitude of the risks to patients in Fife
- Timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs
- Examination of the impact of interventions targeted at reducing SABs
- Uses results locally for prioritising resources
- Uses data such as the weekly ePVC report on insertion and maintenance compliance to inform clinical practice improvements
- Continues to liaise and support Drug Addiction Services with PWIDs and SABs (Note: 2022 has seen an increase in PWID related infections, when compared to 2021. Ongoing IPCT support continues)

C Diff	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023*	**6.5**	**3.2**

The C Diff infection rate varies from month to month and fell below the March 2023 target in October, for the first time since February. A key improvement aim is the reduction of 'recurrent' infections, and this continues to be a challenge, with 4 of the 35 HAI/HCAI and Community infections in the past year being identified under this category.

The last quarterly HAI report from Health Protection Scotland, covering the quarter ending June, showed that NHS Fife has the lowest infection rate (9.2) of all Mainland Health Boards. Fife has been below the Scottish average for each of the last 7 quarters. This has been achieved with strong antimicrobial stewardship, Consultant Microbiologist establishing optimum antimicrobial therapy for patients at high risk of recurrent CDI, enhanced surveillance and analysis of risk factors.

The challenge is to further reduce the noted low rates of CDI. Work focuses on recurrent CDI - patients with recurrent CDI are advised pulsed Fidaxomicin and are followed up until day 30. The use of extended pulsed Fidaxomicin (EPFX) to address recurrences has shown a good outcome.

Bezlotoxumab has been used in cases where other modalities have failed. This continues to be in place as commercial faecal transplant is still unavailable.

ECB	*We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2023*	**33.0**	**41.7**

The ECB infection rate varies from month to month and has been below the March 2023 target in 3 out of 10 months of 2022, although the most recent rate is around 25% higher than the end target. The cumulative rate for the first 7 months of FY2022/23 was 39.1, a notable reduction compared to the first 7 months of FY 2021/22 (45.3).

Urinary Catheter-related infections have been responsible for 32 of the 126 infections in the last year (25%) and remains a key focus for improvement work.

The last quarterly HAI report from Health Protection Scotland, covering the quarter ending June, showed that NHS Fife (40.2) lay in the mid-range of Mainland Health Boards and has been above the Scottish average for each of the last 4 quarters.

Noted achievements include reducing the number of CAUTs by 9% in the last 12 months compared to the same time period the previous year. Ongoing work to support best practice in urinary catheter care continues with NHS Fife`s Urinary Catheter Improvement Group (UCIG) targeting quality improvement work. This group aims to minimize urinary catheters, thus helping to prevent catheter associated healthcare infections and trauma and, furthermore, to establish catheter improvement work in Fife.

CAUTI insertion and maintenance bundles were developed and installed onto Patientrack in February 2022 and this is being piloted prior to roll out across the board. This bundle should ensure that the correct processes for the insertion and maintenance of all urinary catheters are adhered to within NHS Fife inpatient wards. Acute services engagement and a HoN lead are required to assist the roll out.

A QI project led by the IPC Care Home Senior IPCN for NHS Fife has introduced CAUTI maintenance bundles within 4 care homes in Fife. The staff are supported with an education package and the aim is to eventually roll it out across all Fife care homes, thus optimising urinary catheter maintenance and reducing the risk of CAUTIS and and ECBs.

To achieve the reduction target, NHS Fife continues to focus on enhanced surveillance. A current initiative within the HSCP includes the Infection control surveillance team alerting the patient`s care team Manager by Datix when an ECB is a urinary catheter associated infection and exploring the case via a Complex Care Review (CCR). The

	Target	Current

aim of the process is to provide further learning from all ECB CAUTIs.

In both hospital-acquired and non-hospital-acquired infections, the renal tract is the major source of infection (with cystitis/lower UTI the major entry point) along with hepato-biliary infections. QI programs need to focus on greater awareness and improved management of UTI, CAUTIs and hepato-biliary infection in patients to prevent these infections developing into bloodstream infections.

		Target	Current
Complaints – Stage 2	*At least 50% of Stage 2 complaints will be completed within 20 working days by March 2023, rising to 65% by March 2024*	**50%**	**0.0%**

Performance (against the measure of all complaints closed in the month) continues to be reported as poor. As any development in processes of handling new complaints would not be demonstrated in this metric, due to closure of any of the backlog of outstanding complaints, an additional metric is being developed which will focus on 'new' complaints (i.e. those opened in month). The provisional figure for this in October is 10.3%. The metric will be further developed in the coming months.

There has been significant improvement in terms of complaints being closed each month (149 from August to October, compared to 88 for the equivalent months last year) and in the number of open complaints at month end, which has reduced by 25% from 191 at the end of July to 142 at the end of October. Of these, 52% were awaiting statements with a further 37% in the approval process.

The Patient Experience Team (PET) has developed processes to identify where system delays occur within the complaints process. Delays have been identified with receiving statements and final response approval. Digital solutions are being reviewed to support a shared platform/documents which will help to streamline the process.

We are recruiting a Band 6 fixed term 6-month Patient Experience Team Support officer and a Band 4 Patient Experience Administrator to focus on the administration and navigation of complaints. We continue to work with services and review new ways of working.

e. Performance Exception Reports

Adverse Events	Number 36

Severity; Oct-22

- Major/Extreme 41
- Moderate 136
- Minor 338
- No Harm 912
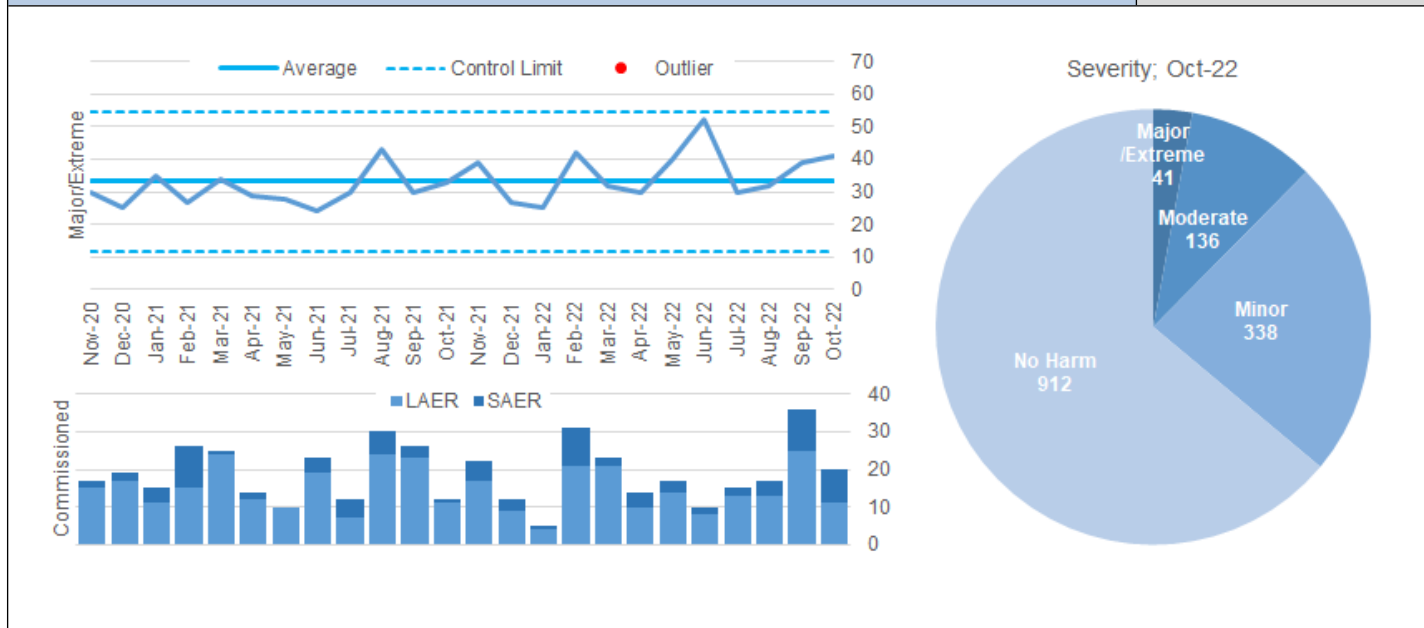
Actions from Significant and Local Adverse Event Reviews	Closure Rate 23.1%

Open Actions; Oct-22 (336)

- within time 65
- overdue 271
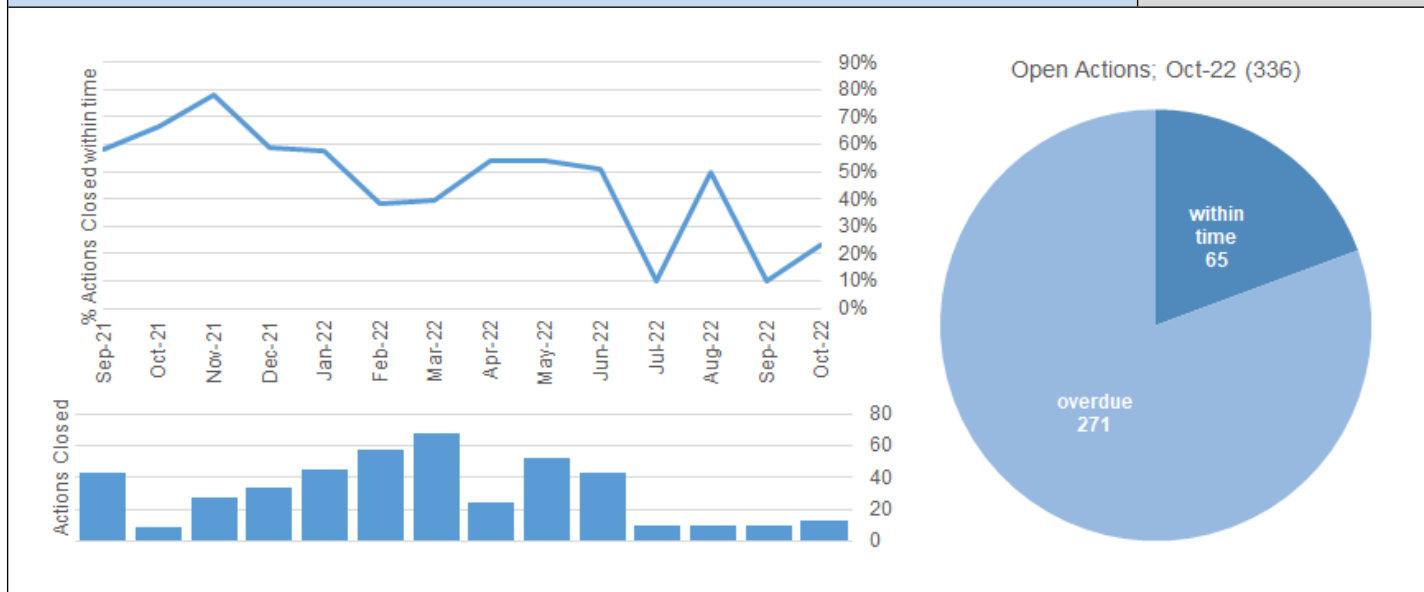
Key Deliverable		End Date
Adverse Event Process and Policy		Mar-23 On track
Key Milestones	Review of Policy	Dec-23 On track
	Increased focus on governance/assurance in relation to improvement actions from adverse events reviews	Mar-23 On track
	Training and Education	Mar-23 On track

HSMR *Value is less than one, the number of deaths within 30 days of admission for this hospital is fewer than predicted. If value is greater than one, number of deaths is more than predicted.*	**Performance** **0.99**

Reporting Period; July 2021 to June 2022ᵖ

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

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

HSMR by Scotland: July 2021 to June 2022
Allows comparisons to be made between each hospital and the average for Scotland for a particular period.

Victoria Hospital
Within Limits
Observed Deaths: 1,780
Predicted Deaths: 1,807
HSMR: 0.99
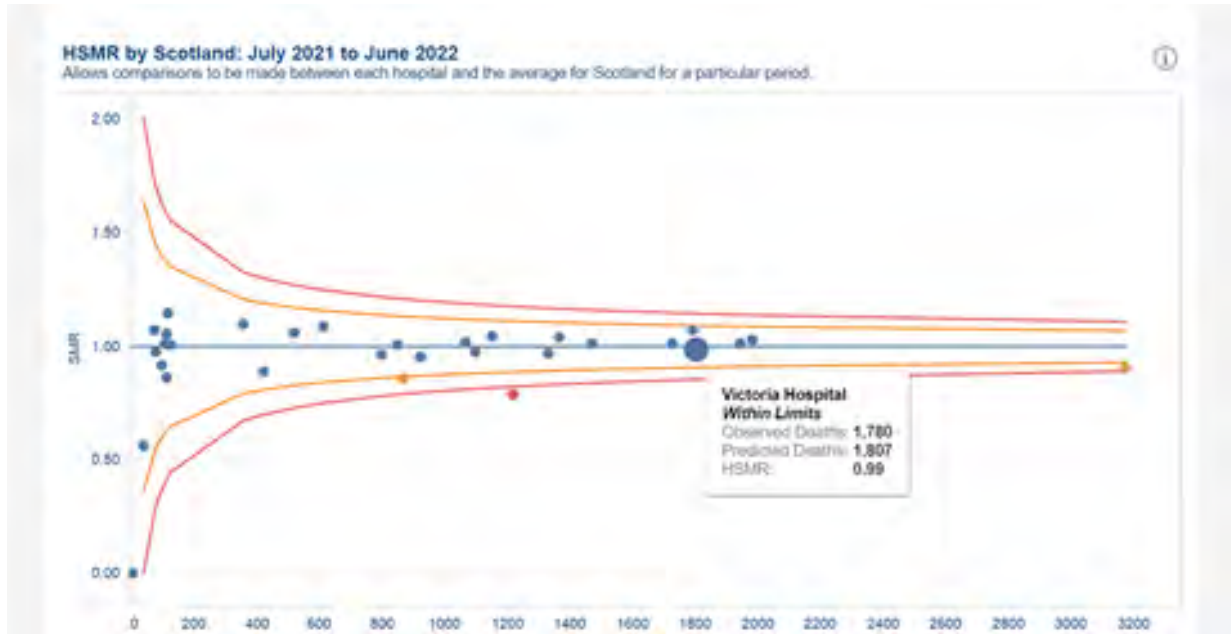
Commentary

Data for 2021 and Q1 of 2022 demonstrates a return to a typical ratio for NHS Fife, with the data for year ending June 2022 showing a ratio below the Scottish average.

CLINICAL GOVERNANCE

Inpatient Falls *Reduce Inpatient Falls rate per 1,000 Occupied Bed Days (OBD)* *Target Rate (by end March 2023) = 6.91 per 1,000 OBD*	**Performance** **8.00**

Local Performance
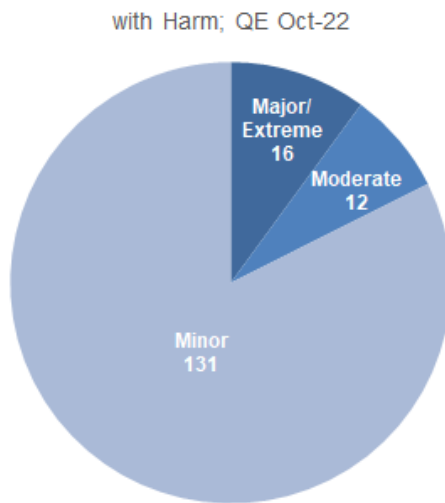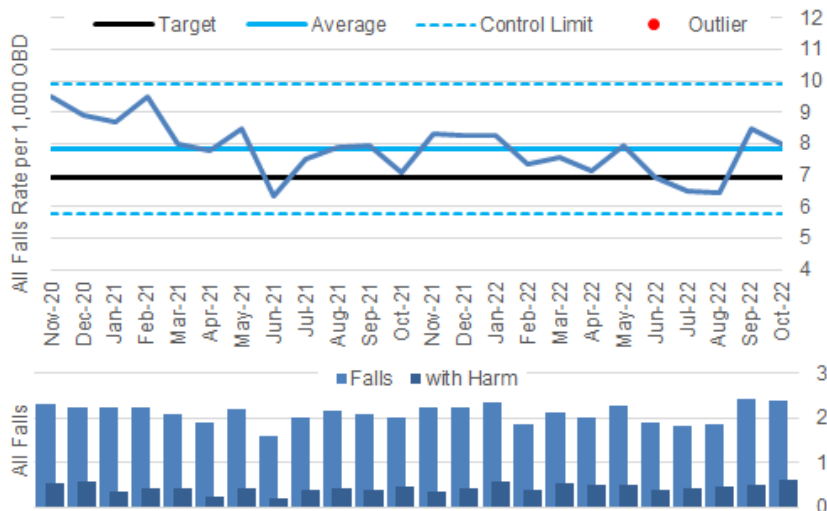
with Harm; QE Oct-22

Major/Extreme 16
Moderate 12
Minor 131

Performance by Service Area

	2021/22					2022/23						
	NOV	**DEC**	**JAN**	**FEB**	**MAR**	**APR**	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**
NHS Fife	8.32	8.25	8.26	7.33	7.59	7.13	7.94	6.91	6.48	6.45	8.48	8.00
Acute Services	8.71	8.47	9.32	7.55	7.10	8.25	8.18	7.83	8.13	6.67	9.63	7.88
HSCP	7.97	8.06	7.34	7.16	8.01	6.14	7.72	6.08	4.97	6.25	7.47	8.11

Key Deliverable		End Date
Reduction in number of Patient Falls in order to achieve specified reduction target in this FY		Mar-23 On track
Key Milestones	Refresh Falls Champions Register and Network	Jan-23 On track
	Ensure that monthly falls data continues to be discussed and displayed in each ward setting along with associated improvement plans	Mar-23 On track
	Develop an Audit programme for 2022/23	Jun-22 Complete
	Review and refresh Falls Toolkit	Apr-23 On track
	Review Related policies- Supervision, Boarding and Bed rails as identified/required by the policy timescales	Feb-23 On track
	Review LEARN summaries to support shared learning	May-23 On track
	Explore feasibility of implementation of Falls module on Patient Trak	Mar-23 On track
	Explore QI resource to support clinical staff and enhance local improvement work	Feb-23 On track

Pressure Ulcers
Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting
Target Rate (by end March 2023) = 0.89 per 1,000 OBD

**Performance
1.03**

Local Performance
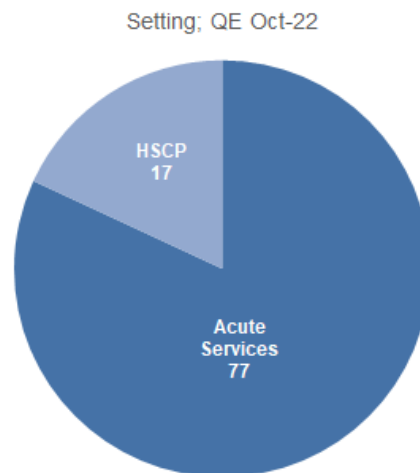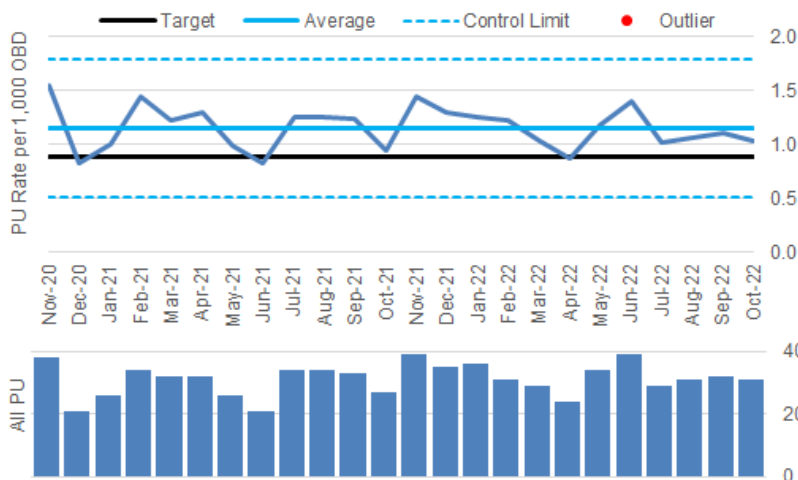
Setting; QE Oct-22

Performance by Service Area

	2021/22					2022/23						
	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
NHS Fife	1.44	1.30	1.25	1.23	1.03	0.87	1.18	1.40	1.02	1.07	1.11	1.03
Acute Services	2.54	2.16	2.10	1.84	1.76	1.37	1.77	2.05	1.48	1.69	2.02	1.90
HSCP	0.49	0.55	0.52	0.72	0.40	0.41	0.66	0.82	0.60	0.52	0.32	0.25

Key Deliverable	End Date
Reduction in number of Pressure Ulcers (PU) developed on case load across all health care setting in order to achieve specified reduction target in this FY *Data continues to show a random pattern*	Mar-23 Off track

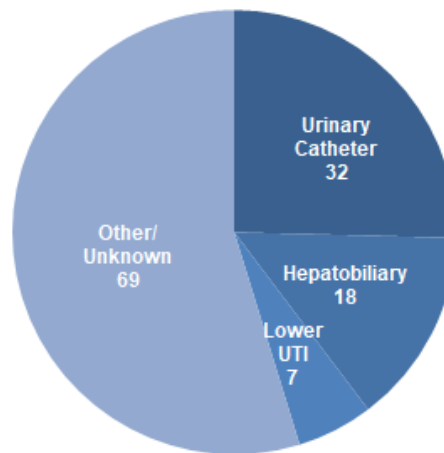|	Key Milestones	
	Refresh PU Link Practitioner Register and Network	Oct-22 Complete
	Ensure that monthly PU data continues to be discussed and displayed in each ward setting, associated improvement plans developed and implemented where required	Dec-22 On track
	PU data discussed and shared with senior HSCP management team at bi-weekly QMASH meeting	Mar-23 Complete
	PU Documentation Audit to support compliance	Mar-23 On track
	Review LEARN summaries to support shared learning	Mar-23 On track
	Measurement against the revised HIS Prevention and Management of Pressure Ulcer Standards (October 2020)	Mar-23 At risk
	Establish an operational TV group	Jan-23 At risk
	Embed the revised HIS Pressure Ulcer Standards (October 2020) *Covered by milestone above 'Measurement against the revised …'*	Oct-23 Suspended
	Develop and test electronic PURA and SSKIN bundle on Patientrack	Oct-22 Complete
	Embed the use of the CAIR resource	Mar-23 On track
	Clinical teams with an increase in PU harms to collect process measures to identify and plan improvements	Mar-23 On track
	Develop a training and education plan	Oct-22 Complete

SAB (HAI/HCAI)
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

Performance 9.6

Local Performance
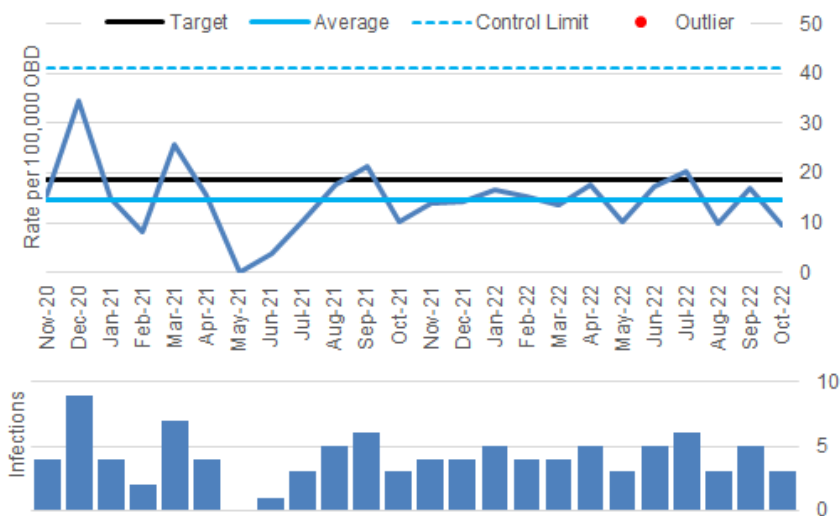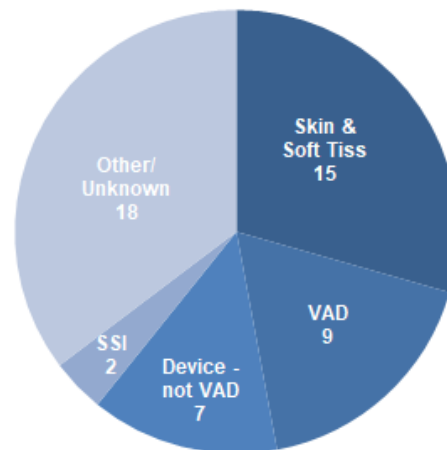
Infection Source; YE Oct-22

National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23
	Dec	**Mar**	**Jun**	**Sep**	**Dec**	**Mar**	**Jun**
NHS Fife	20.6	17.8	6.3	16.6	12.7	15.2	14.9
Scotland	18.9	18.4	18.6	18.3	17.3	16.3	17.3

| Key Deliverable	End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement Optimise communications with all clinical teams in ASD & the HSCP	Mar-23 On track
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans	Mar-23 At risk
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care	Mar-23 On track

CLINICAL GOVERNANCE

C Diff (HAI/HCAI)
Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

Performance 3.2

Local Performance
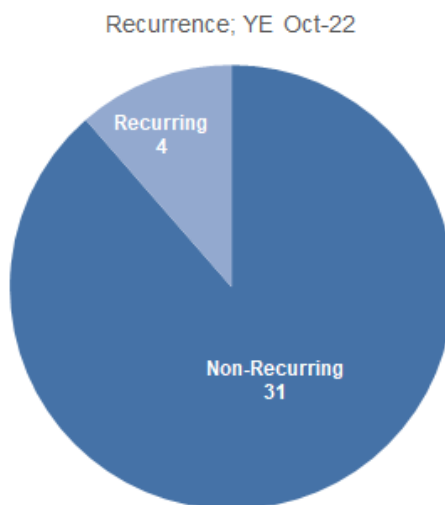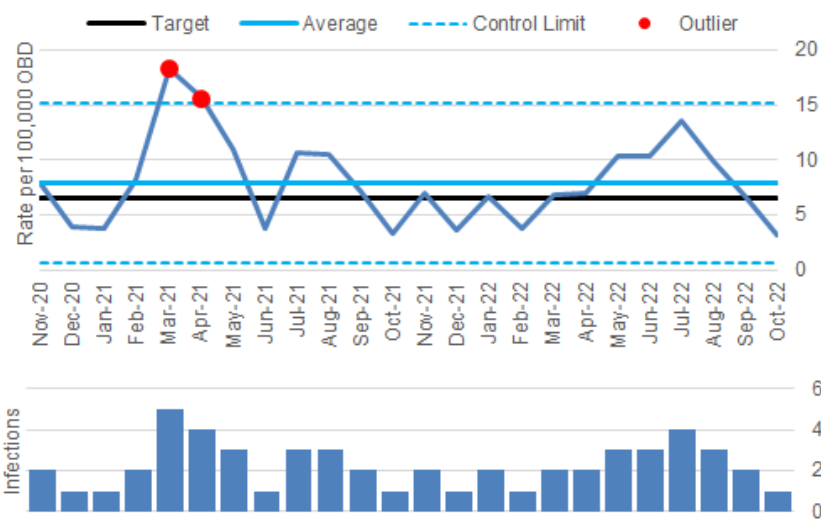
Recurrence; YE Oct-22

National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23
	Dec	**Mar**	**Jun**	**Sep**	**Dec**	**Mar**	**Jun**
NHS Fife	7.7	14.0	10.0	9.5	4.6	7.0	9.2
Scotland	16.4	15.8	14.6	16.8	13.3	12.6	14.3

Key Deliverable		End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement		Mar-23 On track
Key Milestones	Optimise communications with all clinical teams in ASD & the HSCP	Mar-23 On track
	Reduce overall prescribing of antibiotics	Mar-23 On track
	Reducing recurrence of CDI	Mar-23 On track
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans		Mar-23 At risk
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care		Mar-23 On track

CLINICAL GOVERNANCE

ECB (HAI/HCAI) *Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2022/23*	Performance 41.7

Local Performance
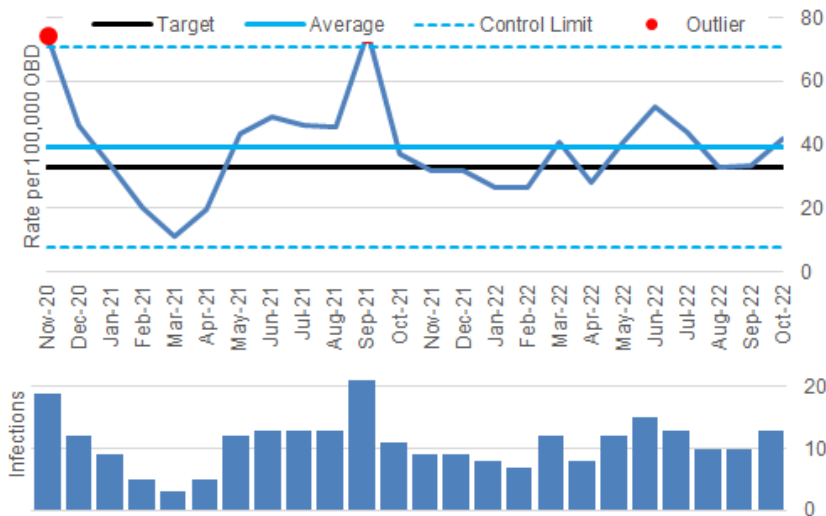
Infection Source; YE Oct-22

- Urinary Catheter 32
- Hepatobiliary 18
- Lower UTI 7
- Other/ Unknown 69

National Benchmarking

Quarter Ending	2020/21		2021/22				2022/23
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	50.3	21.6	37.6	60.3	33.6	31.6	40.2
Scotland	40.9	34.7	38.2	41.5	34.1	30.5	34.8

Key Deliverable	End Date
Local and national programme of surveillance; to undertake surveillance programmes which are compliant with mandatory national requirements and identify areas for improvement	Mar-23 On track
Key Milestones — Optimise communications with all clinical teams in ASD & the HSCP	Mar-23 On track
Ongoing work of Urinary Catheter Improvement Group (UCIG) eCatheter insertion & maintenance bundle on Patientrack- further rollout	Mar-23 At risk
Enhanced surveillance - led by Consultant Microbiologist	Mar-23 On track
Programme of audit; monitor IPC standard operating procedures, guidelines and practice in all patient care areas using the agreed tools to a pre-set plan, with feedback of findings provided in the form of written reports/ action plans	Mar-23 At risk
IPC Education & training: Infection Prevention and Control knowledge and training for staff are fundamental for safe patient care	Mar-23 On track

Complaints | Stage 2
At least 50% of Stage 2 complaints are completed within 20 working days by March 2023, rising to 65% by March 2024

Performance 0.0%

Local Performance
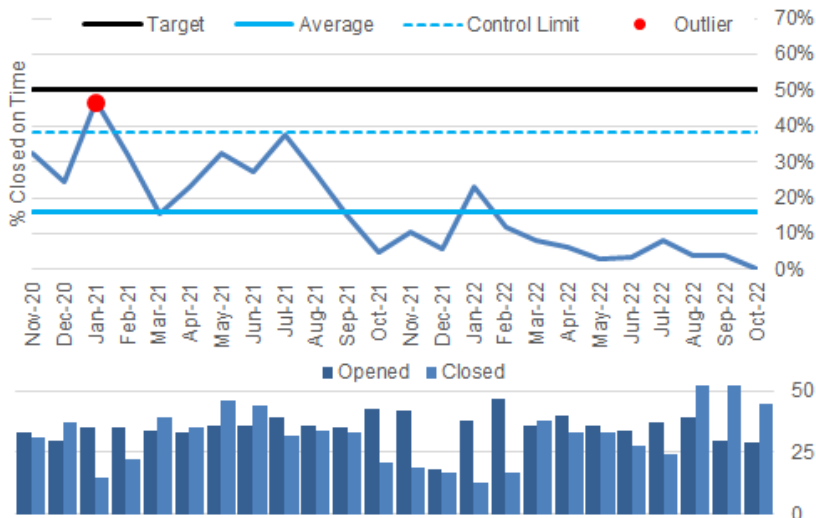
Open Complaints; Oct-22
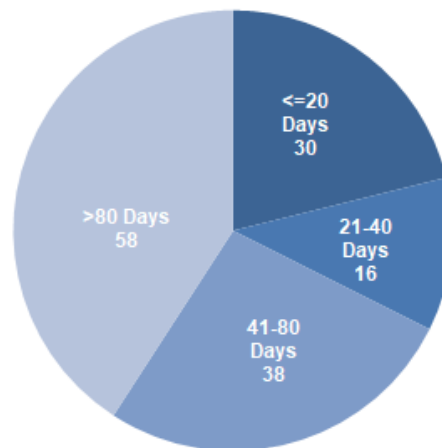
Performance by Service Area

			2021/22					2022/23						
			Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	Opened in Month	Opened	42	18	38	47	36	40	36	34	37	39	30	29
		% Closed on time	4.8%	0.0%	13.2%	6.4%	2.8%	2.5%	5.6%	5.9%	8.1%	2.6%	6.7%	10.3%
	Closed in Month	Closed	19	17	13	17	38	33	33	28	24	52	52	45
		% Closed on time	10.5%	5.9%	23.1%	11.8%	7.9%	6.1%	3.0%	3.6%	8.3%	3.8%	3.8%	0.0%
		% Acknowledged (3 days)	100.0%	88.2%	84.6%	100.0%	89.5%	87.9%	90.9%	92.9%	83.3%	80.8%	80.8%	75.6%
Acute Services	Closed in Month	% Closed on time	16.7%	7.7%	30.0%	18.2%	3.6%	8.0%	0.0%	5.0%	14.3%	2.3%	0.0%	0.0%
HSCP	Closed in Month	% Closed on time	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	9.1%	0.0%	0.0%	0.0%	6.3%	0.0%

Key Deliverable	End Date
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) *Quarterly reports being presented to EDG and CGC however response rate of stage 2 complaint responses remains very low and achieving 50% by March 2023 is unlikely*	Mar-23 Off track
Adherence to NHS Fife's Participation and Engagement Framework	Mar-23 On track
Rebrand Patient Relations to Patient Experience Team	Dec-22 On track

NHS Fife

NHS SCOTLAND

Meeting:	**Clinical Governance Committee**
Meeting date:	**13 January 2023**
Title:	**Healthcare Associated Infection Report (HAIRT)**
Responsible Executive:	**Janette Owens**
Report Author:	**Julia Cook Infection Control Manager**

1   Purpose

Update for Infection Prevention and Control for December 2022 committee to provide assurance that all IP&C priorities are being and will be delivered.

This is presented for:

- Assurance

This report relates to a:

- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

Update for Infection Prevention and Control for December 2022 committee to provide assurance that all IP&C priorities are being and will be delivered. This report is for information for the Committee update based on the most recent HAIRT circulated to the Infection Control Committee December 2022.

2.2   Background

Infection Prevention and Control provide a service to NHS Fife including a planned programme of visits, audit, education and support is provided to staff on an ongoing as well as a National programme of Surveillance for Surgical Site Infections, *Clostridiodies difficile* infection (CDI), *Staphylococcus aureus* bacteraemia (SAB) and *E. coli* bacteraemia (ECB).

Standards on Reduction of Healthcare Associated Infections:
DL (2022) 13, published on the 11th May 2022, advised reductions standards for Healthcare Associated Infections for CDI, SAB and ECB as outlined in DL (2019) 23 are to be extended by one year as a result of the COVID-19 response. Please see below for new LDP Standards.

Clostridioides difficile Infection (CDI)

- New LDP standards are to reduce incidence of healthcare associated CDI by 10% from 2019 to 2023, utilising 2018/19 as baseline data.
- Outcome measure - achieve 10% reduction by 2022/23 in healthcare associated infection rate - rate of 6.5 per 100,000 total bed days.

Staphylococcus aureus Bacteraemia SAB

- New LDP standards are to reduce incidence of healthcare associated SAB by 10% from 2019 to 2023, 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 2022/23 is 18.8 per 100,000 total bed days.

Escherichia coli Bacteraemias (ECB)

- New LDP standards are to reduce incidence of healthcare associated ECB by 25% from 2019 to 2023, 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 2022/23 is 33.0 per 100,000 total bed days.

2.3   Assessment

SAB

- During Q2 2022 (Apr-Jun), NHS Fife was below the national rate for both healthcare associated infection (HCAI) and community associated infection (CAI).
- Vascular access devices (VAD) remain the greatest challenge for hospital acquired SABs, ongoing improvement work continues.
- There have been 8 PWID SABs during the time period January-October 2022

Fife-wide Collaborative Improvement Initiatives: NHS Fife will continue to:

- Collect and analyse SAB data on a monthly basis to understand the magnitude of the risks to patients in Fife.
- Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs where possible.
- Examine the impact of interventions targeted at reducing SABs.
- Use results locally for prioritising resources.
- Use data to inform clinical practice improvements thereby improving the quality of patient care.
- Liaise with Drug addiction services re PWID (IVDU) SABs. The most recent meeting took place on 28/11/22; some progress has been made.

CDI

- During Q2 2022 (Apr-Jun), NHS Fife was below the national rate for HCAI & CAI.
- The cumulative total of CDIs from Jan-Oct 2022 (31 cases) is lower than during the same time period in 2021, when there were 40 cases.

Current CDI initiatives

- Follow up of all hospital and community cases continues to establish risk factors for CDI
- Monthly CDI reporting to Acute Services & HSCP with summary of all CDI cases
- Enhanced surveillance & HPS trigger tool completion for any triggers/ areas of concerns.
- Dr Venkatesh establishing optimum antimicrobial therapy for multiple recurrence CDI case.
- From October 2019 each CDI case is assessed for suitability of extended pulsed Fidaxomicin (EPFX) regime aiming to prevent recurrent disease in high risk patients.
- Bezlotoxumab for recurrent CDI currently used in Fife.

ECB

- During Q2 2022 (Apr-Jun), NHS Fife was above the national rate for HCAI & CAI.
- Considering the time period Jan-Oct 2022, the number of ECBs (238 cases) has risen, compared to the same time period the previous year (Jan-Oct 2021), when there were 213 ECBs.

Current ECB Initiatives

- The Infection Prevention and Control team continue to work with the Urinary Catheter Improvement Group (UCIG).
- Infection control surveillance alert the patients care team Manager by Datix when an ECB is associated with a traumatic catheter insertion, removal or maintenance.
- Monthly ECB reports and graphs are distributed within HSCP and Acute services
- Catheter insertion/Maintenance bundles now in MORSE for District nurse documentation
- Patientrack CAUTI bundles still to be implemented for Acute services/HSCP Acute services engagement and a HoN lead will be required to assist with the roll out of this bundle.
- CAUTI bundles are planned to be implemented within 4 care homes as a trial, with the aim to roll out across all care homes, to optimise urinary catheter maintenance to all care home residents. This work is to be led by the IPC Care Home lead for NHS Fife.

COVID-19 pandemic

The Scottish Government Test and Protect Transition Plan sets out changes to testing, that came into effect in May 2022, with testing only remaining in place for certain groups to protect high risk settings and support clinical care.

In Scotland, the number of nosocomial cases per week peaked in March/April 2022, and then risen again June/July, which also resulted in an increase in the number of clusters/incidents reportable to ARHAI Scotland across Scotland and NHS Fife.

Surgical Site Infection (SSI) Surveillance Programme

National surveillance programme for SSI 2021/22 has been paused due to the COVID-19 pandemic. However, a DL (2022) 13, published on the 11th May 2022 stated that resumption of the surveillance was due to commence in Q4 2022. Since then, there has been a further delay, and we are awaiting further instruction. Preparation and extra resources will be required prior to this taking place.

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 (Sept – October 2022)

- **Norovirus**

There has been **no** new ward closure due to a Norovirus outbreak

- **Seasonal Influenza**

There has been NO new closures due to confirmed Influenza

- **COVID-19**

Twenty new ARHAI Scotland reportable outbreaks/incidents of COVID-19 which are detailed in the HIIAT

Hospital Inspection Team

NHS Fife have not received any further unannounced Hospital Inspections since last report

Hand Hygiene

Ward Dashboard is no longer available to display Hand Hygiene audit, however results are still accessible via LanQIP dashboard as shown in the report card.

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 2022) was **96.2%**.

National Cleaning Services Specification

The National Cleaning Services Specification – quarterly compliance report result for Quarter 2 (Jul - Sep 2022) shows NHS Fife achieving **Green** status.

Estates Monitoring

The National Cleaning Services Specification – quarterly compliance report result for shows Quarter 2 (Jul - Sep 2022) NHS Fife achieving **Green** status.

2.3.1 Quality/ Patient Care

Effective infection prevention and control are essential to the delivery of high quality patient care and to the provision of a clean and safe environment for patients, visitors and other service users.

2.3.2 Workforce

Effective infection prevention and control are essential to the provision of a clean and safe working environment, and to overall staff health and wellbeing.

2.3.3 Financial

No financial costs identified in this report.

2.3.4 Risk Assessment/Management

Challenges and management of any risks to national infection prevention and control guidance discussed throughout report

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

Effective infection prevention and control include assessments of equality and diversity impact as appropriate

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

This paper has been considered by the Infection Control Manager

2.3.8 Route to the Meeting

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

This is a summary of the HAIRT submitted to the Infection Control Committee December 2022

2.4 Recommendation

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

3   List of appendices

The following appendices are included with this report:

- HAIRT Report

Report Contact
Julia Cook
Infection Control Manager
Email Julia.Cook@nhs.scot

HAIRT Report

HAIRT Report for Infection Control Committee on 7th December 2022.

(Validated Data up to October 2022)

December 2022

Contents

Board Wide Issues

Key Healthcare Associated Infection Headlines

1.1 Achievements:

Staphylococcus aureus **Bacteraemia Prevention (SAB)**
During Q2 2022 (Apr-Jun), NHS Fife was below the national rate for both healthcare associated infection (HCAI) and community associated infection (CAI).

Clostridioides difficile **Infection (CDI)**

During Q2 2022 (Apr-Jun), NHS Fife was below the national rate for HCAI & CAI.

Escherichia coli **bacteraemia (ECB)**

During Q2 2022 (Apr-Jun), NHS Fife was above the national rate for HCAI & CAI.

1.2 Challenges:

NHS Fife received a DL (2022) 13 on 11th May 2022 stating that due to board pressures associated with the COVID-19 pandemic, the previously agreed standards and indicators for 2022 would be extended for a further year to 2023.

SABs

Vascular access devices (VAD) remain the greatest challenge for hospital acquired SABs, ongoing improvement work continues.

There have been 8 PWID SABs during the time period January-October 2022. This is a double the number of cases that were reported during the whole of 2021 (January-December 2021). IPCT continue to liaise with the Addictions Service and the most recent meeting took place on 28th November 2022.

ECBs

Considering the time-period Jan-Oct 2022, the number of ECBs (238 cases) has risen, compared to the same timeframe the previous year (Jan-Oct 2021), when there were 213 ECBs. However, the number of HCAI (HAI + HCAI) cases is slightly lower, when comparing Jan-Oct 2022 (108 cases), to Jan-Oct 2021 (109 cases).

CDI

The cumulative total of CDIs from Jan-Oct 2022 (31 cases) is significantly lower than during the same time-period in 2021, when there were 40 cases. This improvement is also reflected in the number of Healthcare associated (HAI + HCAI + Unknown) CDIs; in Jan-Oct 2022 there were 23 cases, compared to 25 in Jan-Oct 2021.

Caesarean Section SSI/ Large Bowel Surgery SSI/ Orthopaedic Surgery SSI

National surveillance programme for SSI 2021/22 has been paused due to the COVID-19 pandemic. However, a DL (2022) 13, published on the 11th May 2022 stated that resumption of the surveillance was due to commence in Q4 2022. Since then, there has been a further delay, and we are awaiting further instruction. Much preparation and extra resources will be required prior to this taking place.

COVID-19

The Scottish Government Test and Protect Transition Plan set out changes to testing, that came into effect in May 2022 (further changes to be implemented 29/09/2022), with testing only remaining in place for certain groups to protect high risk settings and support clinical care.

In Scotland, the number of nosocomial cases per week peaked in March/April 2022, and then risen again June/July, which also resulted in an increase in the number of clusters/incidents reportable to ARHAI Scotland across Scotland and NHS Fife.

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Surveillance

2.   Staphylococcus aureus incorporating MRSA/CPE screening compliance

2.1   Trends – Quarterly

Staphylococcus aureus Bacteraemias (SABs)				
Local Data: Q2 2022 (April - June) (Q3 2022 National comparison awaited)				
In Q3 2022 NHS Fife had:	24 SABs	14 HCAI/HAI	This is **HIGHER** than:	23 Cases in Q2 2022
		10 CAI		

Q2 2022 (Apr-Jun) - ARHAI Validated data with commentary	
Healthcare associated SABs	**Community associated SABs infection**
HCAI SAB rate: **14.9** Per 100,000 bed days No of HCAI SABs: 13	CAI SABs rate: **9.6** Per 100,000 Pop No of CAI SABs: 9
This is **BELOW** National rate of 17.3	This is **BELOW** National rate of 10.2
NHS Fife was **WITHIN** the 95% confidence interval in the funnel plot analysis for HCAI & CAI.	

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New standards for reducing all Healthcare Associated SAB by 10% by 2022 (from 2018/2019 baseline). This standard will be extended by one year to 2023			
Standards application for Fife:	**SAB Rate Baseline 2018/2019**	**SAB 10% reduction target by 2022**	**SAB 10% reduction target maintenance by 2023**
SAB by rate 100,000 Total bed days	**20.9** per 100,000 TBDs	**18.8** 100,000 TBDs	**18.8** 100,000 TBDs
SAB by Number of HCAI cases	**76**	**68**	**68**
Current 12 Monthly HCAI SAB rates for Year ending June 2022 (HPS)			
SAB by rate 100,000 Total bed days	**14.8** per 100,000 TBDs		
SAB by Number of HCAI cases	**51**		

Local Device related SAB surveillance

- Localised enhanced surveillance focuses on high-risk clinical areas and vascular line SABs.
- Weekly reports issued to Senior Charge Nurses if their ward has failed to achieve **90%** of all PVC being removed prior to the 72hr breach.
- PVC & CVC related SABs will continue to be Datix'd by Dr Morris and undergo a SAER.
- There have been 2 dialysis line related SABs since the last report. The IPCT continues ongoing surveillance and provides support to the renal staff around VAD care.

As of **14/11/2022** the number of days since the last confirmed SAB is as follows:	
CVC SABs	112 Days
PWID (IVDU)	26 Days
Renal Services Dialysis Line SABs	26 Days
Acute services PVC (Peripheral venous cannula) SABs	29 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.

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- Use results locally for prioritising resources.
- Use data to inform clinical practice improvements thereby improving the quality of patient care.
- Liaise with Drug addiction services re PWID (IVDU) SABs. The most recent meeting took place on 28/11/22; some progress has been made with the PGDs and they should be available soon. The medicine cabinets, used to store the Co-Amoxiclav, have now been installed in all sites, except Lynebank and Addictions Service staff are beginning to access the IPCT refresher training presentation.

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 **98%** compliance with the **MRSA** CRA in Q3 (Jul-Sep) 2022
This was equal to Q2 2022 (98%) & **ABOVE** the compliance target of 90%.
Awaiting national comparison CHECK
MRSA Critical risk assessment (CRA) screening KPI compliance summary:

Quarter	Q3 2020 Jul-Sept	Q4 2020 Oct-Dec	Q1 2021 Jan-Mar	Q2 2021 Apr-Jun	Q3 2021 Jul-Sep	Q4 2021 Oct-Dec	Q1 2022 Jan-Mar	Q2 2022 Apr- Jun	Q3 2022 Jul-Sep
Fife	88%	98%	95%	98%	88%	93%	98%	98%	98%
Scotland	86%	82%	83%	84%	81%	82%	81%	80%	78%

CPE (Carbapenemase Producing Enterobacteriaceae)
From April 2018, CRA has also included screening for CPE.
NHS Fife achieved **100%** compliance with the **CPE** CRA for Q3 2022 (Jul-Sep)
This is **UP** from 98% in Q2 2022
Awaiting national comparison
CPE Critical risk assessment (CRA) screening KPI compliance summary:

Quarter	Q3 2020 Jul-Sept	Q4 2020 Oct-Dec	Q1 2021 Jan-Mar	Q2 2021 Apr-Jun	Q3 2021 Jul-Sep	Q4 2021 Oct-Dec	Q1 2022 Jan-Mar	Q2 2022 Apr- Jun	Q3 2022 Jul-Sep
Fife	85%	98%	88%	90%	100%	98%	100%	98%	100%
Scotland	85%	79%	82%	83%	82%	80%	80%	79%	78%

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3   Clostridioides difficile Infection (CDI)

3.1   Trends

Clostridioides difficile Infection (CDI)				
Local Data: Q3 Jul-Sep 2022 **(Q3 2022 HPS National comparison awaited)**				
In Q3 2022 NHS Fife had:	11 CDIs	9 HCAI/HAI/Unknown	This is **DOWN** from	12 Cases in
		2 CAI		Q2 2022
Q2 (Apr-Jun) 2022 ARHAI validated data with commentary				
With ARHAI Quarterly epidemiological data Commentary *Please note for ARHAI reporting- the CDI denominator may vary from locally reported denominators. This is due to some Fife resident Community onset CDIs allocated back to NHS Fife, even though they were treated at other Health boards.				
Healthcare associated CDIs		**Community associated CDIs infection**		
HCAI CDI rate: **9.2**	Per 100,000 bed days	CAI CDIs rate: **4.3**		Per 100,000 Pop
No of HCAI CDIs: 8		No of CAI CDIs: 4		
This is **BELOW** National rate of 14.3		This is **BELOW** National rate of 4.8		
NHS Fife was **WITHIN** the 95% confidence interval in the funnel plot analysis for HCAI & CAI.				

New standards for reducing all Healthcare Associated CDI by 10% by 2022 (from 2018/2019 baseline). This standard will be extended by one year to 2023.			
Standards application for Fife:	CDI Rate Baseline 2018/2019	CDI 10% reduction target by 2022	CDI 10% reduction target maintenance by 2023
CDI by rate 100,000 Total bed days	**7.2** per 100,000 TBDs	**6.5** 100,000 TBDs	**6.5** 100,000 TBDs
CDI by Number of HCAI cases	**26**	**23**	**23**
Current 12 Monthly HCAI CDI rates for Year ending June 2022 (HPS)			
CDI by rate 100,000 Total bed days	**7.6** per 100,000 TBDs		
CDI by Number of HCAI cases	**26**		

3.2   Current CDI initiatives

Follow up of all hospital and community cases continues to establish risk factors for CDI

- Monthly CDI reporting to Acute Services & HSCP with summary of all CDI cases
- Enhanced surveillance & HPS trigger tool completion for any triggers/ areas of concerns.
- Dr Venkatesh establishing optimum antimicrobial therapy for multiple recurrence CDI case.
- From October 2019 each CDI case is assessed for suitability of extended pulsed Fidaxomicin (EPFX) regime aiming to prevent recurrent disease in high risk patients.
- Bezlotoxumab for recurrent CDI currently used in Fife.

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4.0   Escherichia coli Bacteraemias (ECB)

4.1   Trends:

Escherichia coli Bacteraemias (ECB)				
Local Data: Q3 (Jul-Sep) 2022 (Q3 2022 HPS National comparison awaited)				
In Q3 2022 NHS Fife had:	77 ECBs	33 HAI/HCAIs 44 CAIs	This is UP from	70 Cases in Q2 2022
Q3 2022 There were **5** Urinary catheter associated (1 of which was from a Suprapubic catheter) ECBs, which was significantly lower than during Q2 2022, when there were **11 CAUTIs**. Please note that 1 of the Q2 2022 CAUTIs was associated with another board.				

Q2 (Apr-Jun) 2022	
HPS Validated data ECBs with HPS commentary *Please note for HPS reporting- the ECB denominator may vary from locally reported denominators. Due to some Fife resident Community onset ECB allocated back to NHS Fife, even though they were treated at other Health boards.	
Healthcare associated ECBs	Community associated ECBs infection
HCAI ECB rate: **40.2** Per 100,000 bed days No of HCAI ECBs: 35	CAI ECBs rate: **43.9** Per 100,000 Pop No of CAI ECBs: 41
This is **ABOVE** National rate of 34.8	This is **ABOVE** National rate of 38.7
For HCAI & CAI ECBs: NHS Fife was **WITHIN** the 95% confidence interval in the funnel plot analysis	

Two HCAI reduction standards have been set for ECBs:

1) 25% reduction ECBs - 2021/2022		
New standards for reducing all Healthcare Associated ECB by 25% by 2021/22 (from 2018/2019 baseline).		
Standards application for Fife:	**ECB Rate Baseline 2018/2019**	**ECB 25% reduction target by 2022**
ECB by rate 100,000 Total bed days	**44.0** per 100,000 TBDs	**33.0** per 100,000 TBDs
ECB by Number of HCAI cases	**160**	**120**
Current 12 Monthly HCAI ECB rates for Year ending June 2022 (HPS)		
ECB by rate 100,000 Total bed days	**41.3** per 100,000 TBDs	
ECB by Number of HCAI cases	**142**	

2) 25% Reduction ECBs - 2023/2024		
New standards for reducing all Healthcare Associated ECB by 25% by 2023/2024 (from 2018/2019 baseline)		
Standards application for Fife:	**ECB Rate Baseline 2018/2019**	**ECB 25% reduction target by 2023/4**
ECB by rate 100,000 Total bed days	**44.0** per 100,000 TBDs	**33.0** 100,000 TBDs
ECB by Number of HCAI cases	**160**	**120**

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2021-2017 NHS Fife's Urinary catheter Associated ECBs – HPS data Q1 2022 data still awaited			
Hospital Acquired Infections (HAI) (Acute & HSCP Hospitals) CATHETER Device related *E.coli* Bacteraemia Count of Device- Catheter over Total Fife **HAI** ECBs			
	NHS Scotland	**NHS Fife**	Rate calculation
2022 Q3 2022	TBC	***0%**	
2022 Q2 2022	16.4%	**26.7%***	
2022 Q1	17.6%	**0%**	
2021 TOTAL	16.0%	**15.4%**	* Locally calculated data- TBC by HPS when Q3 data published on Discovery
2020 TOTAL	16.4 %	**27.5 %**	
2019 TOTAL	16.1 %	**24.5 %**	
2018 TOTAL	14.5 %	**24.2 %**	
2017 -TOTAL	11.8 %	**10.4 %**	
Data from NSS Discovery ARHAI Indicators			

Healthcare Associated Infections (HCAI) CATHETER Device related *E.coli* Bacteraemia Count of Device- Catheter over Total Fife **HCAI** ECBs			
	NHS Scotland	**NHS Fife**	Rate calculation
2022 Q3	TBC	***20%**	
2022 Q2	20.1%	**35%***	
2022 Q1	21.2%	**33.3 %**	
2021 TOTAL	27.0%	**36%**	* Locally calculated data- TBC by HPS when Q3 data published on Discovery
2020 TOTAL	24.1 %	**23.0 %**	
2019 TOTAL	22.8 %	**28.0 %**	
2018 TOTAL	22.1%	**36.6 %**	
2017 TOTAL	18.3 %	**35.3 %**	
Data from NSS Discovery ARHAI Indicators			

4.2 Current ECB Initiatives

The Urinary Catheter Improvement Group (UCIG) work was commissioned following a raised ECB CAUTI incidence. The IPC Surveillance team continue to liaise with the Urinary Catheter Improvement Group last held in October 2022 and the next meeting planned for December 2022. This group aims to minimize urinary catheters to prevent catheter associated healthcare infections and trauma associated with urinary catheter insertion/maintenance/removal and self-removal, furthermore, to establish catheter improvement work in Fife.

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.

Monthly ECB reports and graphs are distributed within HSCP and Acute services
So far in 2022, we have had 31 CAUTI ECBs, of which 5 have been associated with trauma.

CAUTI insertion & maintenance bundles have now been installed onto Patientrack in February 2022 and are due to be trailed on V54 ward & Glenrothes Hospital, before being rolled out across the board. This bundle should ensure that the correct processes are adhered to for the implementation and maintenance of all urinary catheters within NHS Fife inpatient wards. Acute services engagement and a HON lead will be required to assist the roll out of this CAUTI bundle.

CAUTI bundles have been implemented within 4 care homes as a trial, with the aim to roll out across all care homes, to optimise urinary catheter maintenance to all care home residents. This work is to be led by the IPC Care Home Senior IPCN for NHS Fife.

5.   Hand Hygiene

- Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections.
- NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non-compliance.
- Reporting of Hand Hygiene performance is based on data submitted by each ward via LanQIP
- A minimum of 20 observations are required to be audited per month per ward.
- Hand Hygiene audit results of all staff groups by individual ward, hospital or directorate within both the Acute services & HSCP should be viewed on Ward Dashboard.
- From October 2021 it was noted that Ward Dashboard is no longer widely available.
  However, Hand Hygiene audit results are still accessible via LanQIP dashboard as shown in the report card.

  Hand Hygiene compliance can be accessed for reporting purposes on LanQIP dashboard.

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 2022) was **96.2%**.
- 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).

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- **National Cleaning Services Specification**

Domestic Location	Q2 Jul-Sep 22	Q1 Apr-Jun 22
Fife	96.2↑	96.0%
Scotland	Awaiting national comparison	95.4%

- The National Cleaning Services Specification – quarterly compliance report result for Quarter 2 (Jul-Sep) 23 shows NHS Fife achieving **GREEN** status.

- **Estates Monitoring**

Estates Location	Q2 Jul-Sep 22	Q1 Apr-Jun 22
Fife	96.3	96.3
Scotland	Awaiting national comparison	96.7

- The Estates Monitoring – quarterly compliance report result for Quarter 2 (Jul-Sep) 23 shows NHS Fife achieving **GREEN** status.

6.2   Current Initiatives

·   Areas with results below 90% for all Hospital & Healthcare facilities have been identified to relevant managers for action.

·

7.1   Outbreaks

> This section gives details on any outbreaks that have taken place in the Board since the last report, or a brief note confirming that none has taken place.
>
> Where there has been an outbreak this states the causative organism, when it was declared, number of patients & staff affected & number of deaths (if any) & how many days the closure lasted.
>
> A summary of all outbreaks since the last report will be within Section 4.1h of the Agenda.
>
> All ward/ bay closures due to Norovirus & Influenza are reported to HPS weekly plus all closures due to an Acute Respiratory Illness (ARI).
>
> All Influenza patients admitted to ICU are also notifiable to HPS

Sep – end of October 2022

Norovirus

There have been no new ward closures due to Norovirus or suspected outbreak since last ICC report

Seasonal Influenza

There has been no new closures due to confirmed Influenza since the last reporting period.

Weekly national seasonal respiratory report- Week 47, **week ending 30th of November 2022**

In week 46, There were:

- The proportion of NHS24 calls for respiratory symptoms remained at **Low** activity level overall.
- Influenza incidence remained at **Moderate** activity level overall.
- Seasonal coronavirus (non-SARS-CoV-2), *Mycoplasma pneumoniae* and parainfluenza remained at **Baseline** activity level.
- HMPV remained at **Low** activity level.
- Adenovirus, RSV and rhinovirus decreased from Moderate to **Low** activity level.
- The number of laboratory-confirmed RSV cases was 240. This compares with 318 laboratory-confirmed cases in week 46.
  - o The highest number (47.5%) of RSV detections in week 47 were in those aged under 5 years, followed by those aged 75 and over (18.3%). The majority (82.1%) of diagnoses across all age groups occurred in the hospital setting.
- The hospitalisation rate for influenza has been generally increasing since week 25 and was 2.5 per 100,000 in week 46, with the highest hospital admission rate for confirmed influenza noted in patients aged less than one year old (10.3 per 100,000). The current hospitalisation rate for influenza is lower than that for the five previous seasons prior to the COVID-19 pandemic.

7.2   COVID-19 pandemic

NHS Fife is currently managing the pandemic COVID-19 across all of its services.

Please note COVID-19 cases are being reported on the [Scottish Government website.](#)

COVID weekly main points

- In Scotland, in the week ending 15 November 2022, the estimated number of people testing positive for COVID-19 was 83,700 (95% credible interval: 67,000 to 102,500), equating to 1.59% of the population, or around 1 in 65 people (Source: [Coronavirus (COVID-19) Infection Survey, UK - Office for National Statistics (external link)](#))
- In the week ending 20 November 2022, there were 40 deaths involving COVID-19 (7 fewer than the previous week) (Source: [National Records of Scotland (external link)](#))
- In the week ending 27 November 2022, there were on average 570 patients in hospital with COVID-19, a 5.9% decrease from the previous week ending 20 November 2022 (606)
- In the week ending 27 November 2022 there were 10 new admissions to Intensive Care Units (ICUs) with a laboratory confirmed test of COVID-19, an increase of 2 from the previous week (20 November 2022)
- By week ending 27 November 2022 of the 1,784,619 people vaccinated for COVID-19 as part of the Winter 2022 vaccination programme, 91.2% were vaccinated for Flu at the same vaccination appointment

COVID-19 incidents/clusters/outbreaks September – October 2022, there has been 20 new COVID-19 outbreaks/incidents reportable to ARHAI Scotland during this reporting period.

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Hospital	Ward	Date First Reported ARHAI	Total No. Patients	Total No. HCWs	Total No. Deaths
HSCP					
Adamson	Tarvit Ward	02/09/2022	5	1	0
Cameron	Balcurvie Ward	31/10/2022	2	0	0
Cameron	Balgonie Ward	07/10/2022	13	3	0
Cameron	Letham Ward	23/09/2022	18	4	0
Glenrothes	Ward 1	05/09/2022	4	0	1
Glenrothes	Ward 1	07/10/2022	5	1	0
Glenrothes	Ward 1	28/10/2022	2	1	0
Glenrothes	Ward 2	07/10/2022	12	9	1
Glenrothes	Ward 3	07/10/2022	11	5	2
Lynebank	Mayfield	07/10/2022	9	8	0
QMH	Ward 7	07/10/2022	10	4	1
QMH	Ward 8	07/10/2022	3	0	0
ASD					
VHK	AU1	23/09/2022	2	0	0
VHK	AU1	29/09/2022	2	0	0
VHK	Ward 6	29/09/2022	21	2	1
VHK	Ward 9	28/09/2022	3	5	0
VHK	Ward 9	28/10/2022	2	0	0
VHK	Ward 32	29/09/2022	4	0	0
VHK	Ward 42	05/09/2022	3	1	1
VHK	Ward 43	29/09/2022	2	0	0

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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, and we are currently awaiting further instruction.

8 a)   Caesarean section SSI

All Caesarean Section surveillance has been postponed due to the COVID19 pandemic until further notice

8 b)   Hip Arthroplasty SSI

All Orthopaedic surveillance has been postponed due to the COVID19 pandemic until further notice

8 c)   Hemi arthroplasty SSI

All Orthopaedic surveillance has been postponed due to the COVID19 pandemic until further notice

8 d)   Knees SSI

All Orthopaedic surveillance has been postponed due to the COVID19 pandemic until further notice

8 e)   Large Bowel SSI

All large bowel surveillance has been postponed due to the COVID19 pandemic until further notice

9. Hospital Inspection Team

There have been no inspections during this reporting period

10.   Assessment

- **CDIs**: The number of *Clostridioides difficile* cases has improved, so far, in 2022, compared to 2021, which is also reflected in the cumulative total of HCAIs. However, the number of HCAIs need to remain low to achieve the target set for 2022/2023
- Reducing incidence of recurrence of infections is key to reducing healthcare CDIs
- **SABs**: The Acute Services Division continues to see intermittent blood stream infections related to vascular access device infections
- Interventions to reduce peripheral vascular device infections and dialysis line infections have been effective but remains a challenge, with local surveillance continuing
- IPCT will continue to support the Addictions Service in addressing the reduction of SABs in PWIDs
- **ECBs**: Healthcare associated (HAI/HCAI) ECBs remain a challenge
- Addressing CAUTI related ECBs through the Urinary Catheter Improvement Group
- **SSIs surveillance** currently suspended during COVID pandemic for C-sections, Large bowel surgery and Orthopaedic procedure surgeries (Total hip replacements, Knee replacements & Repair fractured neck of femurs). Awaiting further instruction regarding resumption of surveillance. Increased resources and months of preparing will be required prior to recommencing.

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Summary

Healthcare Associated Infection Reporting Template (HAIRT)

The HAIRT template provides CDI, SAB & ECBs information for NHS Fife categorizing by:

- Total NHS Fife
- VHK wards,
- QMH wards (wards 5,6,& 7) &
- Community Hospital wards (QMH 1-4, SH, SACH, GH, LH, CH, AH, RWH, WBH, All Hospices)
- Out of Hospital (Infections that occur in the community/GP or within 48 hours of hospital admission

ECBs, CDIs & SABs are categorized as:

Healthcare Associated (HCAI & HAI) or **Community** Onset (Community or Not known).

Please see HPS definition of Healthcare Associated & Community infections in 'References & Links'

The 2019 Scottish Government's new standards aim to reduce the Healthcare Associated Infections.

The information provided is local data, and may differ from the national surveillance reports carried out by Health Protection Scotland. This is due to some Fife residents who are treated at other health boards being allocated back to Fife's data. However, these reports aim to provide more detailed and up to date local information on HAI activities than is possible to provide through the national statistics.

Hand hygiene and cleaning compliances are shown by Total Fife, VHK & QMH.

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-22	5	2	7	2	2	4	8	15	23
May-22	3	5	8	3	2	5	12	10	22
Jun-22	5	3	8	3	0	3	15	10	25
Jul-22	6	3	9	4	1	5	13	14	27
Aug-22	3	5	8	3	1	4	10	15	25
Sep-22	5	2	7	2	0	2	10	15	25
Oct-22	3	4	7	1	0	1	13	12	25

Cleaning Compliance (%) TOTAL FIFE										
	Nov-21	Dec-21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Overall	95.7	96.2	96.1	96.4	96.1	96.2	95.9	95.8	96.4	96.3	96.1

Estates Monitoring Compliance (%) TOTAL FIFE										
	Nov-21	Dec-21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Overall	96.6	97.1	96.3	97.4	96.6	96.6	96.3	96.2	96.0	96.6	96.2

Victoria Hospital

	VHK		
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
Month	HAI	HAI	HAI
Apr-22	2	1	2
May-22	2	2	8
Jun-22	2	1	5
Jul-22	1	1	3
Aug-22	2	0	2
Sep-22	2	0	2
Oct-22	2	0	3

Cleaning Compliance (%) Victoria Hospital											
	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Overall	95.7	95.4	96.4	95.2	96.2	96.0	95.9	95.7	95.9	95.7	96.5	95.9

Estates Monitoring Compliance (%) Victoria Hospital											
	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep 22
Overall	96.5	97.3	97.7	96.3	98.0	98.0	97.4	97.2	97.0	96.8	97.4	97.1

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Queen Margaret Hospital

Month	QMH		
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
	HAI	**HAI**	**HAI**
Apr-22	0	0	0
May-22	0	1	0
Jun-22	0	0	0
Jul-22	2	0	0
Aug-22	0	1	0
Sep-22	2	0	1
Oct-22	0	0	3

Cleaning Compliance (%) Queen Margaret's hospital												
	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul-22	Aug-22	Sep 22
Overall	96.7	97.0	96.9	97.5	97.8	96.0	97.2	97.1	96.4	97.6	96.5	96.3

Estates Monitoring Compliance (%)Queen Margaret's hospital												
	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22
Overall	95.7	97.0	97.4	96.4	96.5	96.6	96.0	95.4	96.6	95.5	95.9	95.4

Community Hospitals

Month	COMMUNITY HOSPITALS		
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
	HAI	**HAI**	**HAI**
Apr-22	0	0	0
May-22	0	0	0
Jun-22	0	0	0
Jul-22	0	0	0
Aug-22	0	1	0
Sep-22	0	1	0
Oct-22	1	0	0

Out of Hospital

Month	OUT OF HOSPITAL					
	SAB <48hrs admx		CDI <48hrs admx		ECB <48hrs admx	
	HCAI	Community / Not Known	HCAI / UnKnown	Community	**HCAI**	Community / Not Known
Apr-22	3	2	1	2	6	15
May-22	1	5	0	2	4	10
Jun-22	3	3	2	0	10	10
Jul-22	3	3	3	1	10	14
Aug-22	1	5	1	1	8	15
Sep-22	1	2	1	0	7	15
Oct-22	0	4	1	0	7	12

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Appendix 1 References and Links

References & Links
Understanding the Report Cards – Infection Case Numbers *Clostridioides difficile infections (CDI)* and *Staphylococcus aureus* bacteraemia *(SAB)* cases are presented for each hospital, broken down by month by Healthcare Associated (HCAI & HAI) & Community (Community/Unknown) onset. More information on these organisms can be found on the NHS24 website: *Clostridioides difficile*: https://www.hps.scot.nhs.uk/a-to-z-of-topics/clostridioides-difficile-infection/ *Staphylococcus aureus* : https://www.hps.scot.nhs.uk/a-to-z-of-topics/staphylococcus-aureus-bacteraemia-surveillance/ For <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. **Targets** There are national targets associated with reductions in C.diff and SABs and from 2019 for e.coli bacteraemias (ECBs). More information on these can be found on the Scotland Performs website: http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance **Understanding the Report Cards – Hand Hygiene Compliance** Hospitals carry out regular audits of how well their staff are complying with hand hygiene. Each hospital report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used. **Understanding the Report Cards – Cleaning Compliance** Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website: http://www.hfs.scot.nhs.uk/online-services/publications/hai/ **Understanding the Report Cards – *'Out of Hospital Infections'*** *Clostridium difficile infections* and *Staphylococcus aureus bacteraemia* cases can be associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infections from community sources. The final Report Card report in this section covers '*Out of Hospital Infections*' and reports on SAB and CDI cases reported to NHS Fife which are not attributable to a hospital.
For HPS categories for Healthcare Associated Infections: **https://www.hps.scot.nhs.uk/web-resources-container/quarterly-epidemiological-commentary-for-the-surveillance-of-healthcare-associated-infections-in-scotland-methods-caveats/**

Appendix 2 Categories of Healthcare & Community Infections

Categories of Healthcare & community Infections

		Quarterly Epidemiology Commentary category	
		Healthcare associated infection case	Community associated infection case
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	x¹	

HPS **ECB** & **SAB** definitions for Hospital Acquired, Healthcare Associated, Community or Not known

Hospital Acquired Infection (HAI):
Positive Blood culture obtained from patient who has been
-Hospitalised for >48 hours
If the patient was transferred from another hospital the duration of the in-patient stay is calculated from the date of the first hospital admission
OR
-The patient was discharged from hospital in the 48 hours prior to the positive blood culture being obtained
OR
-A patient receives regular haemodialysis as an outpatient

Community Infection
-Positive Blood culture obtained from a patient with 48 hours of admission to hospital who does not fulfil any of the criteria for the healthcare associated blood stream infections

Not known:
-Only to be used if the ECB is not a HAI and unable to determine if community or HCAI

Healthcare Associated Infection (HCAI):-
Positive blood culture obtained within 48 hours of admission to hospital and fulfils one or more of the following criteria:
-Was hospitalised overnight in the 30 days prior to the +ve blood culture being obtained.
OR
-Resides in a Nursing home, long term facility or residential home
OR
-IV,IM, Intra-articular or sub cut medication in the 30 days prior to the positive blood culture, but EXCLUDING IV illicit drug use.
OR
-Underwent venepuncture in the 30 days before +ve BC
OR
-Underwent medical procedure which broke mucous or skin barrier i.e. biopsies or dental extraction in the 30 days before +ve BC
OR
-Underwent any care for chronic medical condition or manipulation of medical device by a healthcare worker in the community in the 30 days prior to the +ve BC being obtained i.e. podiatry or dressing of chronic ulcers, catheter change or insertion
OR
-Has a long term indwelling device (i.e. catheter, central line, drain (excluding a haemodialysis line)

HPS **CDI** Definition for Hospital Acquired, Healthcare Associated, Unknown or Community onset

HPS Linkage Origin Definitions

CDI Origin	Origin sub category : definitions
Healthcare	**HAI :** Specimen taken after more than 2 days in hospital (day three or later following admission on day one)

	HCAI : Specimen taken within 2 or less days in hospital and a discharge from hospital 4 weeks prior to specimen date; or specimen taken in the community and a discharge from hospital within 4 weeks of the specimen date **Unknown** : Specimen taken 2 or less days in hospital and a previous discharge from hospital 4-12 weeks prior to specimen date; or specimen taken in the community and a discharge from hospital in 4-12 weeks prior to the specimen date
Community	**CAI :** Specimen taken 2 or less days in hospital and no hospital discharges in the 12 weeks prior to specimen date; or not in hospital when specimen taken and no hospital discharges in the 12 weeks prior to specimen date.

CDI Surveillance Protocol link:	https://www.hps.scot.nhs.uk/web-resources-container/protocol-for-the-scottish-surveillance-programme-for-clostridium-difficile-infection-user-manual/

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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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NHS Chief Executives

Executive Nurse Directors

11 November 2022

Medical Directors

Pharmacy Directors

Dear Colleagues

Safe Delivery of Care inspections of acute hospitals

You will recall I wrote to you on 20 April this year to alert you to some serious concerns that had come to light during our initial Safe Delivery of Care acute hospital inspections in order that you could review systems and procedures within your Boards.

We have now carried out seven Safe Delivery of Care acute hospital inspections. The inspections undertaken so far continue to identify good examples of staff working together, in difficult circumstances, to manage and mitigate risks during a time of unprecedented system pressures. Despite the challenges associated with patient flow, waiting times and workforce pressures our inspections have highlighted many positive and caring interactions between staff and patients, with staff working extremely hard to deliver safe care. We have also observed examples of good practice in the use of safety huddles to manage patient care and patient flow.

However, we have identified further serious concerns that we wanted to alert you to so you can review the systems and procedures within your Boards.   These are concerns which directly impinge on the safety of patients and staff.

Of the seven inspections undertaken so far, we have found instances of extreme overcrowding in emergency departments and other admission units. Inspections have revealed patients seated in corridors and chaired waiting areas for extended periods with care needs such as fluid and nutrition and administration of medicines not being met, and many patients being cared for in non-standard care areas, such as treatment rooms or areas with increased bay capacity. Whilst we understand the unprecedented pressures on services, our inspectors have frequently found a lack of application of risk based approaches in assessing and caring for patients being placed in these areas, which has impacted the Board's ability to mitigate the associated risks and ensure safe patient placement, care and dignity.   We have also identified concerns in relation to patient and staff safety in the planning for and staff awareness of emergency fire evacuation procedures within these overcrowded areas.

We continue to observe the impact of higher than normal levels of supplementary staffing on patient care, and have witnessed an understandable focus on patient flow in planning and

decision making. However, when making decisions about the deployment of resources we would urge all Boards to take individual patient acuity, dependency and complexity into consideration during safety 'huddles' and when making real time staffing decisions in the distribution and deployment of staff.

In addition staff well-being continues to be a prominent feature of our inspections, with staff expressing feelings of exhaustion and highlighting to inspectors concerns around their ability to provide safe patient care, escalate concerns and feel that they are being listened too.

We have also identified instances of unsafe practice around medicines governance which could result in serious harm to patients. For example, inspectors have observed prepared intravenous medications left unattended in open ward areas, inadequate checks of medication, dose or patient details and medication cupboards left unlocked and unattended.

We would encourage all Boards to ensure that senior managers are proactive in identifying risks to patient safety, rights and wellbeing, including but not limited to those described within this letter, to enable appropriate action to be taken to promptly mitigate any associated risks.

We would ask all Boards to review their policies and procedures in relation to areas of severe overcrowding, emergency fire evacuation and storage and administration of medications to ensure that risk assessments, policies and procedures are being reviewed, updated and appropriately applied. We would also ask that you assure yourselves that all staff, including supplementary staff and managers are familiar with these policies and procedures.

We welcome your consideration of the important issues outlined above and appreciate your ongoing contribution to our inspections at this challenging time for NHS Scotland. We have worked closely with Directors of Nursing to highlight and share our inspection findings to date and support learning. Our current winter webinar series is focused on topics such as 'safe to start' and 'a system under pressure' providing a range of techniques and approaches to support, promote and share practice across Boards during this time of unprecedented pressure. We will continue to share the learning from our inspections over the coming months and offer ongoing improvement support to the system.

I am sure you will wish to bring this letter to the attention of other appropriate colleagues in your respective systems, including Chief Officers of Integration Joint Boards. I have also copied this letter to the Chief Operating Officer, National Clinical Director, Chief Medical Officer and Chief Nursing Officer at the Scottish Government for their awareness and consideration.

We look forward to continuing to work with you to support the delivery of safe, effective, person-centred care.

Yours Sincerely

Lynsey Cleland
Director of Quality Assurance

NHS Fife

NHS SCOTLAND

Meeting:	**Clinical Governance Committee**
Meeting date:	**13 January 2023**
Title:	**High Risk Pain Medicines Patient Safety Programme –**
	Year One Update
Responsible Executive:	**Ben Hannan, Director of Pharmacy & Medicines**
Report Author:	**Deborah Steven, Programme Director, High Risk Pain**
	Medicines Patient Safety Programme

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- National Health & Wellbeing Outcomes/Care & Wellbeing Portfolio

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The High-Risk Pain Medicines (HRPM) Patient Safety Programme is a strategic priority agreed by NHS Fife in response to national and international growing concern of adverse effects and harm to patients when these medicines are used ineffectively or inappropriately, and, subsequent changes in policy and guidance on how chronic pain is managed.

NHS Fife are high prescribers of these medicines, as measured by national therapeutic indicators, and have a higher-than-average involvement of prescribed medicines in drug related deaths. The programme looks to understand how pain is currently managed across Fife, including identifying examples of good practice with the aim of seeking a reduction in the prescribing culture and use of High-Risk Pain Medicines across all NHS Fife settings and increased awareness and utilisation of non-pharmacological strategies for managing pain.

To achieve these objectives the programme was arranged over the following three annual phases:
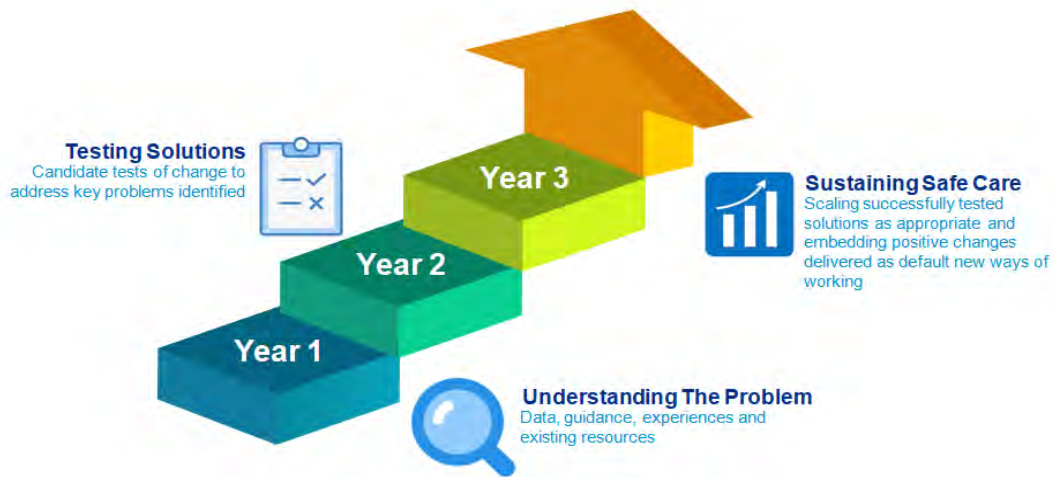
The purpose of this paper is to assure on progress to date and outline the areas of work being planned for the remainder of Year One.

2.2 Background

A programme structure has been applied to this area of work to support the co-ordination of activity and decision making required across multiple streams, which is illustrated below:
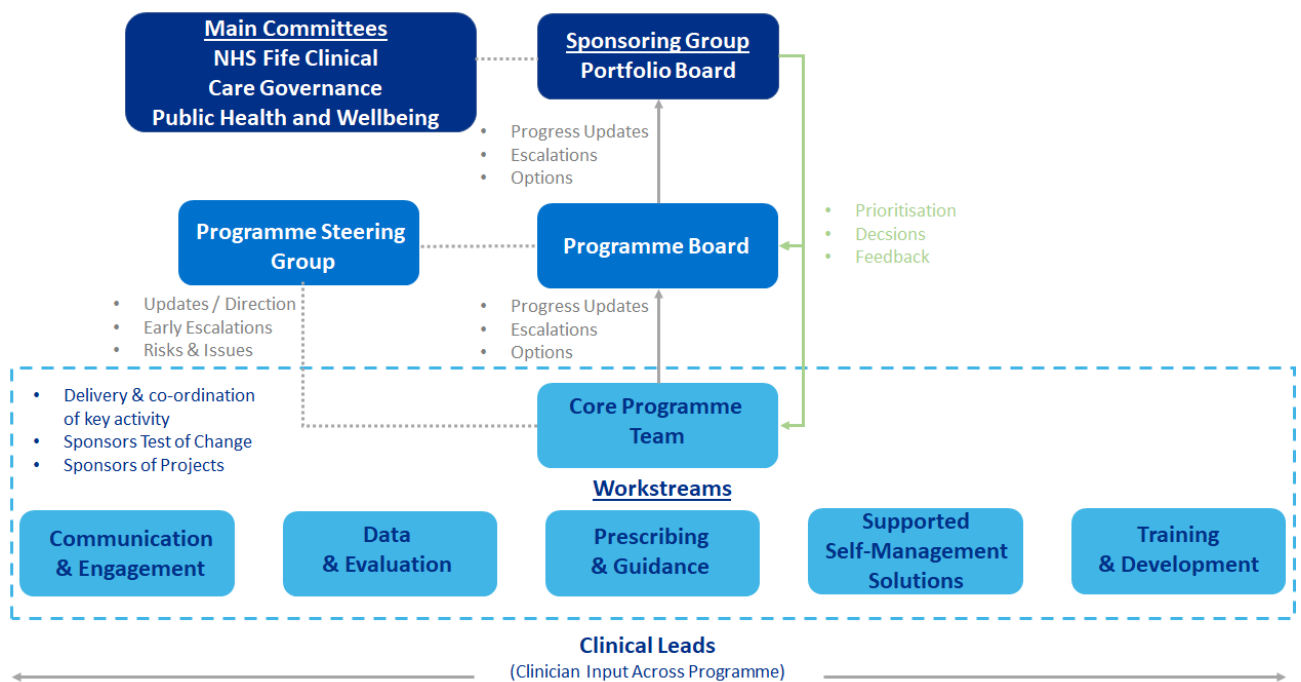
The Workstreams and Clinical Leads Group are the vehicle for taking forward the work of the programme. Key outputs in each workstream have been identified, where their related milestones are tracked at the Programme level and reported to the Portfolio Board. The Core Programme Team have a role in supporting Workstreams in the use of a Workstream Tracker. This ensures activity is aligned to key programme milestones and provides activity visibility across all workstreams at a project level.

2.3 Assessment

Work has been completed to formally establish the governance structure and programme workstreams. This includes the completion of communications enablers, for example a Blink Hub, as well as the required Stage 1 Equality Impact Assessment. The report assesses that positive progress has been made by the HRPM Patient Safety Programme on work towards understanding the problem and should provide assurance. The report recommends priority work areas to complete Year One successfully.

2.3.1 Quality/Patient Care

The focus of this programme is to improve patient safety and care in relation to administering and subsequent use of high-risk pain medicines. The starting point agreed was to understand the problem in a Fife context.

National and International research was a cornerstone activity for the programme to understand the problem in a holistic manner. Findings from this research will be disseminated towards the end of Year One. Research undertaken to date covers analgesic and opioid stewardship. However, gabapentinoids, benzodiazepines and NSAIDs are also in scope for the HRPM Patient Safety Programme. To complement this research, further desk research at local and national levels has been completed alongside audits. These assess staff confidence levels to address pain medicine issues in primary care practice pharmacy teams, as well as the adherence to surgery and Opioids 2021 guidance on specific wards.

Other work completed includes agreeing Primary Care indicators to better understand our prescribing data, patient journey mapping and resource mapping on existing services in Supported Self-Management Solutions.

A mid-way point Phase 1: Understanding the Problem event was hosted in November 2022. The event was attended by key stakeholders and aimed to create a common understanding on the main drivers of the programme, create awareness of wider work across the programme, as well as support ideas sharing on how best to complete Year One. Feedback was overall very positive with a main gap area identified on the growing need for co-ordination around internal communication between workstreams. Also, the need for a communications campaign targeted at patients in support of clinicians.

Priorities were identified and to address areas acknowledged for improvement, the programme has developed a Business Case to clarify programme purpose/scope. CQL Clusters have also been engaged on what the initial data shows on HRPM and to seek opportunities on how we continue to engage and shape potential tests of change/improvement work. The programme has also aligned additional expertise to develop our consultation with clinicians, as well as supported workstreams with planning to ensure alignment of workplans to agreed milestones.

For the remainder of Phase 1 the primary focus is on the following areas

Understanding The Problem (Theme)	Activity Area
Understanding our prescribing data	1. Confirming measures for Primary Care, Secondary Care, Drugs Related Deaths and collating the associated data into dashboards 2. Sharing our understanding of the data picture and engaging stakeholders using dashboards 3. Undertake a series of Acute audits across the system, to help address data gaps in our present understanding (examples include a Front Door Audit and Acute Discharge Audit)
Understanding our guidelines and how best to implement	1. Reviewing how current guidance is accessed and used, with areas for improvement identified.
Understanding what resources are out there	1. Complete the mapping of existing services and the analysis of available data to inform baselines in supported self-management service areas 2. Complete the review of the Pain Management Jigsaw with opportunities for improvements identified
Understanding our prescriber/staff and patient/carer experiences	1. Understand the interfaces between services and the key roles involved through the completion of patient journey maps 2. Complete an analysis of staff knowledge, skills, and attitudes regarding the management of pain 3. Identify any training gaps likely needing addressed in the management of pain 4. Understanding the public perspective through the development of patient and carer stories, for those living with chronic pain conditions

2.3.2 Workforce

Dedicated workforce recruited to with no issues of concern to escalate.

2.3.3 Financial

The budget for Year One of the programme is £200,000. A review of outturn to date and forecasted spend for the remainder of Year One totals around £130,000, thereby an anticipated underspend of around £70,000 for Year One activity. Given Year One activity is forecast to be within current budget constraints, no financial implications are anticipated for this phase of the programme.

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

This is a system wide programme of work, therefore will cover all areas across Fife including where health inequalities are experienced by local communities. A Stage 1 Equalities Impact Assessment (EQIA) has been published. It highlighted the need to build community links with opportunities for joint working to advance the equality of opportunity. Stage 1 also highlighted the need to capture both patient and staff experiences in the management of pain to foster good relations. These considerations having informed work plans for Year One with work

being progressed on engaging staff via events/surveys. Patients/carers are being engaged through the development of patient stories.

There is a requirement to complete a Stage 2 EQIA. Planning with the Equalities and Human Rights Lead Officer for this activity will occur in January 2023. The detail of the Stage 2 assessment will be informed by the intent around the next phase of the programme; therefore, this will be developed following Year One completion.

2.3.5 Risk Assessment / Management

From the perspective of continuing to improve the overall health and quality of care for the people of Fife, the following risks are relevant to the programmes area of work:

Ineffective/High Prescribing
There is a risk that patient safety, care and wellbeing is compromised due to limited staff/clinician knowledge of unintended consequences from extended, ineffective, or high prescribing of HRPM.

Ineffective Pain Management Pathways
There is a risk that patients experience poor quality of care and possible admissions due to inadequate pain management pathways.

The above risks are being mitigated by the work of the programme. The programme also uses a RAID (Risk, Assumptions, Issues & Dependencies) Log, which is regularly assessed and reviewed to inform risk mitigations.

2.3.6 Climate Emergency & Sustainability Impact

Pain medicines are among the most widely used medications. As a result, the environment is becoming increasingly contaminated with analgesic residues created by the manufacture, consumption, and disposal of these medication. Improved prescribing initiation and monitoring because of the programme should lead to reduced volume of prescribing, increase in appropriate destruction pathways and reduction of overall waste.

2.3.7 Communication, involvement, engagement, and consultation

Awareness, engagement, and development are a fundamental parts of programme work. The following are key activities that have taken place to involve and engage internal and external stakeholders as appropriate:

What	When
GP Cluster Quality Leads	August 2021
Pharmacy Senior Leadership team, Addiction Services	November 2021
Pharmacy Managed Service	December 2021
Physiotherapy Senior Management Team	11 February 2022
Senior Nurse Forum	21 March 2022
Royal Pharmaceutical Society Best Practice Event	20 May 2022
Grand Round, GP Cluster Quality Leads	29 June 2022
Fife Voluntary Action, Health & Social Care Forum	14 July 2022

What	When
GP Learn @ Lunch Session-awareness (also recorded/circulated)	16 August 2022
Grand Round	21 September 2022
ScotGem Medical Students	6 October 2022
GPST Lunchtime Training	7 October 2022
Phase 1: Understanding the Problem Event, GP Learn @ Lunch Session, Showcasing the Art of the Possible	1 November 2022
GP Cluster Quality Leads, data & engagement	23 November 2022
Patient gateway events to raise awareness and plan ongoing engagement	1, 6 and 7 December 2022
GP Practice Visits – Oakley	13 December 2022
3 GP Practices Visits – Lochgelly	28 February 2023

Further events are being planned as part of the Communications & Engagement Workstream/Plan. A priority is placed on engaging patients to detail their experiences of pain management over January 2023.

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.

1. HRPM Steering Group, 6 December 2022
2. HRPM Programme Board, 20 December 2022

2.4 Recommendation

The Clinical Governance Committee is asked to take **assurance** from the Year One delivery of the HRPM Patient Safety Programme.

3 List of appendices

None.

Report Contact

Deborah Steven
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NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**13 January 2023**
Title:	**Fife Specialist Palliative Care Services (FSPCS) – Service Model**
Responsible Executive:	**Nicky Connor, Director, HSCP**
Report Author:	**Karen Wright, Clinical Services Manager/ Joanna Bowden, Consultant, Palliative Care**

1 Purpose

This is presented for:

- Discussion

This report relates to a:
- Annual Operational Plan

This aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Approximately 4000 people die each year in Fife with cancer and circulatory diseases the most common cause of death. Prevalence increases with age and, since the number of people in Fife aged 75 and over is projected to rise by 74% by 2043, more people will be living and dying with cancer and long-term conditions resulting in increased demand for generalist and specialist palliative care for longer.

In Scotland, much of the care that people receive when their health is deteriorating could be termed generalist palliative care, being provided by health and social care staff to people living in the community, in care homes and in hospitals.

Specialist palliative care can help people with more complex palliative care needs and is provided by specially trained multi-professional specialist care teams ... whose expertise should be accessible in any care setting at any time.

Palliative care is not synonymous with death, rather it is about life, about the care of someone who is alive, someone who still has hours, days, months, or years remaining in

their life, and about optimising wellbeing in those circumstances – for the person and those they are close to.

It is known that most people with deteriorating health prefer to be cared for in their own homes, provided that sufficient support is available to them and their families.

The Fife Specialist Palliative Care Services (FSPCS) is entirely funded and delivered by the Health and Social Care Partnership (HSCP) and, as such, accountable for ensuring that care and support is integrated across all care and residential settings in Fife.

Historically, the majority of the FSPCS budget was allocated to direct clinical care with 80% allocated solely to the hospice in-patient facilities, where 4% of the population typically died. Instinctively this allocation of resource was considered by the service to be at odds with both the national and local ambitions to support palliative care for the whole population.

This report provides an overview of the remodelled FSPCS, which now incorporates a Palliative Care Outreach Team (PCOT). Some of these changes to the service model predate the pandemic and some in direct response to the pandemic. FSPCS as part of their 2018/19 service review and supported by positive feedback from bereaved families and professional partner colleagues were encouraged to transform their service delivery model.

2.2 Background

In December 2015, the Scottish Government published the Strategic Framework for Action on Palliative and End of Life Care which set out the aim that "*by 2021, everyone in Scotland who needs palliative care will have access to it*".

Building on this, the Fife Clinical Strategy 2016-2019 called for the provision of "*robust 7-day specialist palliative care that is able to meet the needs of the most complex patients and their carers in all care settings (including hospice, community and hospital) as well as to support and lead the development, education and support of generalist palliative care across Fife*".

In 2018/19, a comprehensive external review of the FSPCS (funded by Macmillan) was undertaken which examined the current and anticipated future palliative care needs of the Fife population and explored how the service could best support the strategic vision of improving access to palliative care for all those in need.

Service Review findings included:

- The FSPCS was highly valued
- The service was not meeting the needs of the Fife population
- The service was inefficient due to lack of central oversight and co-ordination
- 91% of referrals were for people with cancer. The service offer was inflexible and disadvantaged non-cancer and people at home

The review concluded that the most effective enabler to improve palliative care services in Fife was to fund a larger community specialist palliative care workforce and infrastructure. However, acknowledging the significant resource constraints within HSCP, two key and "within budget" recommendations were implemented.

- Single Point of Access (SPOA) *(Appendix 1)*
- Treat and Advise, Educate and Develop (Appendix 2)

2.3 Assessment

In March 2020, the FSPCS team revised their care delivery model in response to changing needs and preferences.   These changes were aligned with recommendations contained within the external service review which was published in 2019 which highlighted the need for more community resource; more clinical responsiveness; accessible advice and support for professionals delivering palliative care and development initiatives such as quality improvement, pathway design, standard setting, research and education.

By April 2020, as a consequence of the COVID pandemic, the service were managing two half-empty hospice units with no waiting lists, but with excess staff, with simultaneously rapidly rising demand for palliative care in people's own homes and care homes. This rising community demand reflected the fact that many more people with advanced illness were choosing to be at home and palliative care needing to come to them.   The decision was taken to temporarily close the hospice beds in Queen Margaret Hospital, Dunfermline (Ward 16) and to redeploy the staff to create and introduce a new enhanced 7 day outreach service to support the emergent increased demand for community and acute hospital palliative care. The decision was taken to consolidate the hospice beds in one location – the Victoria Hospice in Kirkcaldy – due to its relatively central location and because of its co-location to Victoria Hospital enabling hospice staff to provide in-reach as required. This reduction in demand for in-patient hospice beds has been sustained and continues to date. Fife patients requiring admission for generalist palliative and/or end of life care can be admitted to any of the community hospitals across Fife.

A new Fife Specialist Palliative Care Community Outreach Team was established with redeployed staff (Registered Nurses, Healthcare Support Workers and medical staff) working alongside the existing Clinical Nurse Specialists providing a seven day service alongside their HSCP and third sector colleagues.

From the outset of the pandemic it quickly became apparent that senior specialist clinicians would be required to support a responsive, expert palliative care service in all care and residential settings 7 days a week.   The clinical team then committed to offering a Single Point of Access (SPOA) professional advice and referral line 7 days a week from within their existing workforce. This team are agile, responsive and flexible in a way that they would never have contemplated possible before the pandemic.

The core work of the Outreach Team is to direct and deliver clinical care for patients and families with complex needs, whose usual care teams require additional support and input to ensure that needs are met.   It has been particularly striking how many patients with intractable, distressing physical conditions such as bowel obstruction, bleeding and seizures have been able to be cared for at home, with many of them able to die there with the care and support they have required.   This would not have been possible under the previous service model.   The success of this model has required a very high level of collaboration with District Nurses and GP teams in the community, as well as with Marie Curie nursing service, End of Life Team, Macmillan Improving the Cancer Journey Link Worker and Fife Carers.

Palliative care is core business for primary care teams, many secondary care teams, social carers, unpaid carers and the third sector.

Where FSPCS add the greatest value as a specialist service:-

- Delivering direct care for people with the most complex needs

- Supporting usual care teams and generalists to care for the rest

- Offering a responsive clinical service when needs change quickly

- Co-developing palliative care pathways within other services

- Formal education

This revised model of specialist palliative care was needed, supporting good palliative care for the majority.

A proposal was submitted to Macmillan which secured three year funding to employ a specialist Occupational Therapist (OT) when it became clear that if patients and families were to be optimally set up for care (and often death) at home that this specialist input was essential.

Whilst these changes were initiated in early 2020, they have continued to be built upon and sustained since their introduction. (Appendix 3)

Many of the changes made over the last two years have directly resulted in improved outcomes and experiences, both for patients and those close to them, but also for colleagues in health, social care and the third sector. (Appendix 4)

- FSPCS are now supporting more patients with non-cancer diagnosis; from 9% to 21% and rising

- There has been an increase from 36% to 71% of patients under FSPCS dying at home with lower rates of acute hospital admission near death

3,297 fewer days in hospital in their last 100 days of life; 35% reduction on previous years.

2.3.1 Quality/ Patient Care

In response to a marked and sustained reduction in demand for in-patient hospice beds since April 2020 across Fife, the FSPCS introduced a new service model to address and meet unmet need across community settings. This service model ensures that patients are cared for in their preferred setting ensuring that the patients' needs and those of their families and carers are met. The increased demand for community-based palliative and end of life care has been observed UK-wide.

2.3.2 Workforce

Our workforce are integral partners in the redesign of our service model. We anticipate that there will be a positive impact on the workforce, through recruitment and retention to this specialist service as further joined up collaborative care is delivered across Fife.

All workforce related issues are discussed and developed in conjunction with staff side, HR and all relevant management, clinical and staff consideration.

2.3.3 Financial

The service model described within this report can be delivered within the existing revenue budget of the Fife Specialist Palliative Care Services and will deliver local and national strategy aspirations.

2.3.4 Risk Assessment/Management

There are no active risks associated with this service.

2.3.5 Equality and Diversity, including health inequalities

This is encompassed within the Home First EQIA.

2.3.6 Other impact

There are no issues to raise with environment or climate change.

2.3.7 Communication, involvement, engagement and consultation

The service recognised that solutions to develop the optimal clinical service model could not be found within the service alone and through extensive stakeholder engagement from 2019 onwards have sought the views of service users, staff and delivery partners. This engagement was undertaken through surveys, stakeholder events, small group discussions and face-to-face interviews. User interviews previously obtained as part of the 'best supportive care' initiatives which were co-led as part of the Macmillan funded 'Transforming Care after Treatment' (TCAT) programme were also incorporated in the feedback. (Appendix 6) Stakeholder engagement has taken place over the last 2-3 years which has informed the current service model in response to changing demand.

As part of the development of a web page for palliative and end of life care, meetings have taken place with Senior Communication Colleagues. A number of consultants were present at these meetings. The future service model was discussed and the communication team appraised of progress in recent months, the IJB Development Session presentation and associated narrative has since been shared. The Communications Team are aware that we are about to progress this SBAR through committee phase and their input will be required in response to any future media and/or other enquiry. Meetings have been arranged to update the Communications Team to ensure that NHS Fife/ HSCP are responsive to any media interest.

Further Stakeholder Engagement will take place, as required, to share this service model with the wider Fife population.

2.3.8 Route to the Meeting

The new service model 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.

- FSPCS Senior Management Team (9th August 2022)
- Fife Palliative Care Collaborative (27th September 2022)
- IJB Development Session (29th August 2022)
- Executive Directors Group (3rd November 2022)
- Quality and Communities Committee (8th November 2022)
- Finance, Performance & Scrutiny Committee (11th November 2022)

2.4   Recommendation

Discussion

The Clinical Governance Committee are asked to support the new service outreach delivery model which will enable 7 day specialist palliative care service to meet the needs of the most complex patients and their carers in all care settings including hospice, community, peoples own homes and hospitals. Achieving this will require the re-provision of the palliative care service in Fife. This will support delivery of the national palliative care strategic framework to enable everyone in Fife who needs palliative care will have access to it in the most appropriate setting. This will be achieved through the reduction in the number of specialist in-patient hospice beds, and a delivery model which focuses on a team delivering specialist care at home.

3   List of appendices

The following appendices are included with this report:

Appendix 1 – Single Point of Access

Appendix 2 – Treat and Advise, Educate and Develop

Appendix 3 – FSPCS – Out Reach Team

Appendix 4 – Outcomes

Appendix 5 – Feedback

Appendix 6 - Communication, Involvement, Engagement and Consultation

Report Contact

Author Name: **Karen Wright and Dr Jo Bowden**

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Single Point of Access (SPOA)

The first major clinical service change was the launch of SPOA in September 2019 which then moved to a 7 day service in April 2020.   A professional-to-professional advice line staffed by a senior nurse and medic from the Fife Specialist Palliative Care Service.

- 7 day, professional advice and referral line led **by Specialist Palliative Care**
  - o Senior clinical advice and referrals for external callers: primary and secondary care, social care and third sector
- **7 day oversight and co-ordination hub for the specialist service**
  - o Senior clinical advice within team
  - o Oversight of service's staffing and bed resource
- Practicalities
  - o Senior specialist nurse prescriber and senior medic, 7 days 8 a.m. – 6 p.m.
  - o Based in one office
  - o Single phone number, two phones and answerphone
  - o Paper-based and electronic administration
- Daily morning handover lead by SPOA nurse, with outreach team and hospice clinician;
  - o Hospice bed state and waiting list
  - o Staff on duty
    - ▪ Fixed commitments
    - ▪ Capacity for unplanned care
  - o Referrals from previous day reviewed – including handover across the service
    - ▪ Prioritising and allocating – flexible offer
  - o Highlight any concerns on current caseload

Achievements

- 150-200 new patients each month. Through SPOA the service are reaching many more people in Fife than they were able to previously – an increase of around 40%.
- 90% of calls are within Monday to Friday 0900-1700 hours.   (Out of hours calls are less frequent but require more input and action when the wider health and social care offer is limited)
- The service are reaching more people via SPOA and altered model of outreach care. 55% more people had access to specialist palliative care support in 2020 than in 2019.
- The service are offering a tailored response based on clinical information and discussion with callers and clinical needs:
  - o 40% of calls require advice only
  - o 27% lead to community assessment, often on the day (this includes community hospital inpatients across Fife)
  - o 24% lead to hospital assessment, invariably on the day

- o 6% identified for hospice admission
- The service are supporting more patients with a non-cancer diagnosis. Prior to the launch of SPOA, only 9% of all contacts with the service related to patients with non-cancer illness.   This figure has risen to 21% and continues to rise.
- More patients under FSPCS now die at home with lower rates of acute admission near death
  - o **Increased from 36% to 71% home deaths**
  - o **3,297 fewer days in hospital in their last 100 days of life (35% reduction) and 1,293 fewer days in their last 30 days (30% reduction)**
- Any health or social care professional can access expert clinical advice 7 days a week. Prior to SPOA, the overwhelming majority of clinical contacts with the service were made by Junior Doctors and District Nurses.   Since the introduction of SPOA, calls have been received from a much broader range of community and hospital clinicians, as well as from social care and third sector teams.
- All requests for advice, assessment or admission triaged by senior clinicians
- Optimal co-ordination of specialist palliative care resources
- For each SPOA contact, there is a service commitment to reach a shared decision with the caller about whether a clinical assessment (and ongoing review) from the team is warranted or whether the patient can be supported by their usual care team with advice
- Early professional to professional discussions help to ensure that expectations are realistic from the outset, and that the specialist resource is preserved for those patients and families with the greatest (most complex and/or urgent) needs – this, in turn, reinforces to clinicians in all care settings that they themselves are providers of palliative care.
- Offering direct clinical support through assessments and ongoing review to those with the most complex needs.
- The clinical team can share information more effectively. For example, when patients move between different care settings or
- simultaneously providing prompt clinical advice to primary care and secondary care teams caring for a larger group of patients with advancing illness, but with less complex needs.

Fife Specialist Palliative Care Service

Single Point of Access (SPOA)

Tel: 01592 729246, or Ext. 29246

Available Monday to Sunday, 8am to 6pm
(calls will be transferred to hospice inpatients out-of-hours)

Treat & Advise, Educate and Develop Model

Recognising the significant resource constraints at that time within HSCP, a "Treat and Advise; Educate and Develop" approach was proposed and introduced to maximise the impact of the specialist service across Fife remaining within the existing budget.

Treat and Advise

Clinical resource within Fife Specialist Palliative Care Service should ideally be prioritised for patients with the greatest need, whose usual clinical teams require specialist support to supplement the care that they are providing already.   This includes urgent "on the day" clinical responsiveness as needed.

Educate and Develop

To support greater access to a basic level of palliative care for all, the FHCSP workforce should be skilled and confident, and pathways of care should be robust and person-centred. To achieve this. FSPC must:-

- Support the development and sustainability of the wider palliative care workforce across the HSCP through formal and informal education **(Educate)**

- Work collaboratively with delivery partners in health, social care and the third sector to develop effective policies, guidelines and pathways of care and to evaluate their impact. **(Develop)**

Our greatest value as a specialist service is in:-

- Delivering direct clinical care for people with the most complex needs **(TREAT)**

- Supporting usual care teams to care for those with less complex needs **(TREAT AND EDUCATE)**

- Offering a responsive service when needs change quickly **(TREAT AND ADVISE)**

- Co-developing palliative care pathways **(DEVELOP)**

- Formal Education **(EDUCATE)**

During the time of the pandemic, and in keeping with the 'teach and advise, educate and develop' model, the Fife Palliative Care Collaborative (FPCC) was introduced, meeting on a monthly basis. The FPCC has worked with a wide range of services (Pharmacy, District Nursing, General Practice, Urgent Care, Spiritual Care, Hospital at Home, Care Homes, Marie Curie and the End of Life Team) to develop policies, guidelines and standard operating procedures which support the provision of safe and timely palliative care in all residential care settings in Fife 24/7.   This has included:-

- NHS Fife clinical guideline for palliative care in the time of the pandemic

- 'Grab bag' standard operating procedure for use by community and palliative care nurses – supporting urgent access to symptom control for people near the end of life in the community

- Patient Group Directives (PGDs) for the timely administration of palliative medications

- A dose range community kardex, supporting anticipatory prescribing and timely symptom control for people in their own homes and care homes

- Palliative care guidance in the time of the pandemic for use by care homes

- Non-invasive ventilation and high flow oxygen withdrawal guidance

- Specialist input at care home intelligence and psychiatric ward MDT meetings

- Grand Round, GP and psychiatry teaching sessions on symptom control, and

- Community nursing team and urgent care practitioner team teaching on grab bag SOP and PGDs

- Extension of the Palliative Care Support Line (PCSL) to 24/7.   The line provides direct access to urgent District Nursing care and support without the need to go via NHS24 for people in their last weeks of life at home.

- Extension of the District Nursing role to include verification of death.

Fife Specialist Palliative Care leads an extensive programme of teaching and training, all of which has been active during 21/22:

o Supporting regular undergraduate placements to medical students from Edinburgh, Dundee, St Andrews and ScotGEM and an undergraduate BSc dissertation in Palliative Care.

o Hosting several intermediate medical trainees spending time in the service to meet the outcomes of the new IMT curriculum.

o Supporting senior Medicine for the Elderly trainees to develop their Specialist Palliative Care skills.

o Hosting a steady stream of nurses in allied clinical services (DNs, out of hours, Clinical Nurse Specialists) who are undertaking advanced practice or clinical assessment doing practice hours within the service.

o Internally in this time period 3 non medical prescribers have been supervised and supported by the senior clinical team.

o In housing education sessions are happening weekly and are attended by all those internal to specialist palliative care but also open to the team in Adamson and St Andrew's community hospital who support the palliative care beds in those settings.

o Delivered several sessions for Fife and other regions describing our innovative new ways of working since the COVID-19 pandemic. Most recently this included a short presentation as part of a national forum on Integrated Care.

Over the last year the service have established an integrated forum focused on developing standards and practices for people with advanced cancer who are for Best Supportive Care, with representation from Primary Care, Social Care and the Third Sector. The team is co-leading this work with Oncology, and their work and outputs to date have inspired interest from across Scotland. This area is an important dimension of advanced cancer care within the new Fife Cancer Framework.

Research

During the last year the service have completed two clinical trials (testing an intervention for people with advanced cancer aiming to maintain strength and activity – MENAC study and testing and intervention relating to anticipatory care planning for people starting palliative chemotherapy – GI-ACP study). They met their recruitment targets for both studies, and most importantly - enabled people in Fife to participate in research.

In January 2022 the service opened a new clinical trial, the MABEL study, investigating morphine for breathlessness of advanced disease. This study being open has already led to closer collaborative working between teams caring for people with advanced heart and lung disease, and improved recognition of breathlessness as a distressing and treatable symptom.

In 2021 the service secured funding from Fife Health Charities to undertake a study of the reality of end of life care in the community in Fife. This is a mixed methods study that involves in-depth qualitative interviews with patients and their unpaid caregivers. Given the increased number of people preferring to die at home, and the increase in the number of people in Fife who have been supported to do so, this study will provide critical insights into the lived experiences of people nearing the end of life and also their family and unpaid carers. The findings of this study will inform recommendations for improvements in community based care and support for people who are dying and those they are close to.

The early intervention research which aims to collect data on the concerns of parents preparing their children for bad news, understanding the impacts of parental cancer diagnosis, and starting preparation of the family for the effects of advanced disease has been delayed by about 2 years. This is in part because of recruitment issues and in part because of younger people having delayed advice about symptoms during lockdowns leading to a higher number of patients having a very short time form diagnosis to death. Some attempt to quantify these impacts will now be added to the study as well as the impact of using a virtual clinic.

In early 2022 the service were selected by the University of St Andrews to support a Wellcome Trust funded PhD student examining pathways and experiences of people with multimorbidity over their last year of life. Planning is underway for this exciting project.

The service are working actively to increase the research skills and capacity of our clinical team – with formal and informal educational and development opportunities and close working with the Research, Innovation and Knowledge department.

Fife Specialist Palliative Care Service – Out Reach Team

The FSPC Outreach Team now typically carries a daily caseload of 60 patients across all Fife community and acute settings. This service has been delivered by the multi-disciplinary team released from the temporary closure of the inpatient hospice at Queen Margaret Hospital and the Day Hospice in conjunction with the Band 6 Clinical Nurse Specialists who previously provided the community specialist palliative care support.

The outreach team has been in a position to offer an enhanced range of clinical and care interventions for people who have complex palliative care needs in their own homes, care homes and community hospital beds.   These interventions include planned and urgent clinical assessments and monitoring of complex physical, psychological, spiritual and practical status, and personal care where the person's care needs cannot be met by their families/informal carers and where other agencies are unable to provide this.

In response to identified need and associated clinical demands in the community and acute hospital settings, the service have actively engaged in diversification of their workforce, primarily to include Advanced Nurse Practitioners able to lead, deliver care and educate others. Furthermore, the service have consolidated a previous trial of a specialist Advanced OT in the community securing Macmillan funding for a pump primed post and committing to assimilating funding for this position into their existing budget going forward given the necessity for this core role in supporting patients nearing the end of their lives and their families in the community.

The service:-

- enables and supports prompt discharge from the acute hospital for people with deteriorating health who may be nearing the end of life and,

- provide responsive clinical assessments and care for people with complex needs in the community who would otherwise be at high risk of hospital admission.

Staffing Model

Band 6 Clinical Nurse Specialists	- Continue to provide clinical assessments and advice, supported where necessary by medical and allied health professional staff and now prioritise those patients with the greatest need - Three of the Band 6 Specialist Nurses have been supported to complete their non-medical prescribing qualification. Two others are currently undertaking their non-medical prescribing training and one is undertaking clinical assessment training.
Band 5 Registered Nurses and Healthcare Assistants	- Offer personal care at home for between 8 and 12 patients at a time across the whole of Fife. - The level of input can vary from care once a day up to care three or four times a day for those with the greatest need. - This care has been pivotal in supporting people with advanced illness and their families and informal carers at home. - By visiting these patients regularly, the team are well

	placed to escalate clinical concerns as they emerge, triggering a rapid review by the relevant member of the multidisciplinary team, or by the patient's GP.
	• Band 5 Registered Nurses regularly support with the daily renewal of syringe pumps – this enables District Nursing colleagues to deliver time-critical care to other patients when resource is stretched.
Medical Team	• Offer multiple medical home visits each day (dependent on need) across the whole of Fife, seven days a week.
	• Patients with the most extreme needs have had daily consultant-led care over their last days or several weeks of life.
	• The team have been able to support a breadth of clinical complexity, encompassing people with complete bowel obstruction, intractable seizures, airway obstruction, haemorrhage and sever terminal agitation.
Senior OT	• This new post has been transformational for the outreach team and has enabled patients with deteriorating health and debility to remain in their own homes with the appropriate care and equipment.
	• As the majority of care in the community is provided by informal carers, the timely access to OT assessments and interventions has been invaluable for these individuals.
Advanced Nurse Practitioners	• To deliver and support holistic care to the people of Fife with advanced life limiting illness whilst supporting people to remain in their preferred place of care and death.
	• To provide clinical leadership
	• To promote high professional standards
	• To facilitate learning
	• To provide clinical supervision and mentorship
Physiotherapy (Test of Change)	• Functional rehabilitation – to maintain or improve independence, reducing dependence on carers and encouraging self-management and a sense of control. This could be provided at home or as group-based community rehabilitation within the day hospice.
	• Non-pharmacological symptom management – interventions for pain, breathlessness, fatigue and lymphoedema.
	• Exercise prescription – individual programmes aimed at improving muscle strength and mobility.
	• Manual handling assessment – to guide carers and other healthcare professionals in safe techniques.

The service are confident that the enhanced community 7 day model, multidisciplinary and responsive care provided by FSPCS, in close collaboration with their Primary Care, Social Care and Third Sector colleagues, was and continues to be a major enabler of this shift.

Outcomes

**Ensuring timely access to specialist inpatient palliative care for those who need it**

Since the reduction in inpatient hospice beds, the proportion of people on the waiting list for hospice care who were admitted has risen from 55% in 2019 to 75% in 2021:

Percentage of patients referred admitted
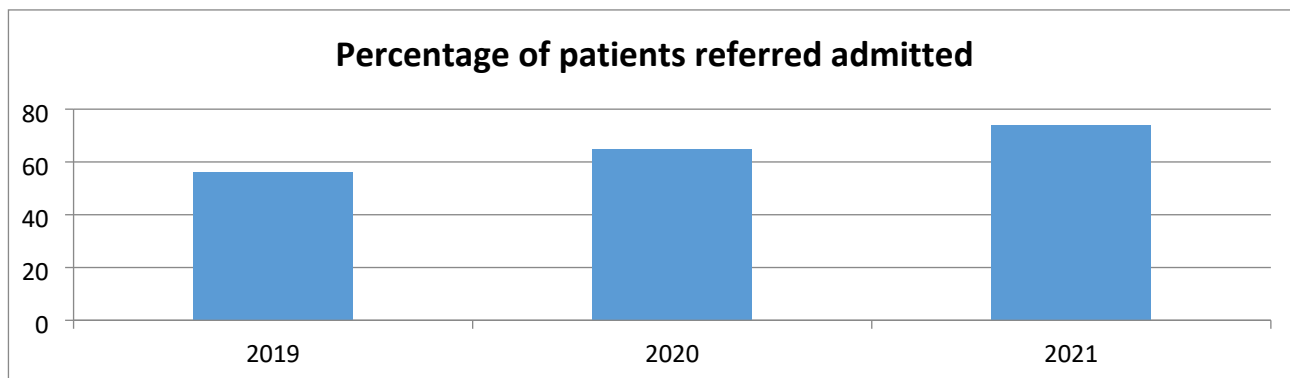
Since the reduction in hospice inpatient beds, the average (mean) number of days spent on the hospice waiting list for patients has fallen from 3.4 to 1.4 days. Commonly there are no patients on the waiting list with on the day admissions the norm for most who need it.

Average no. days on waiting list prior to admission
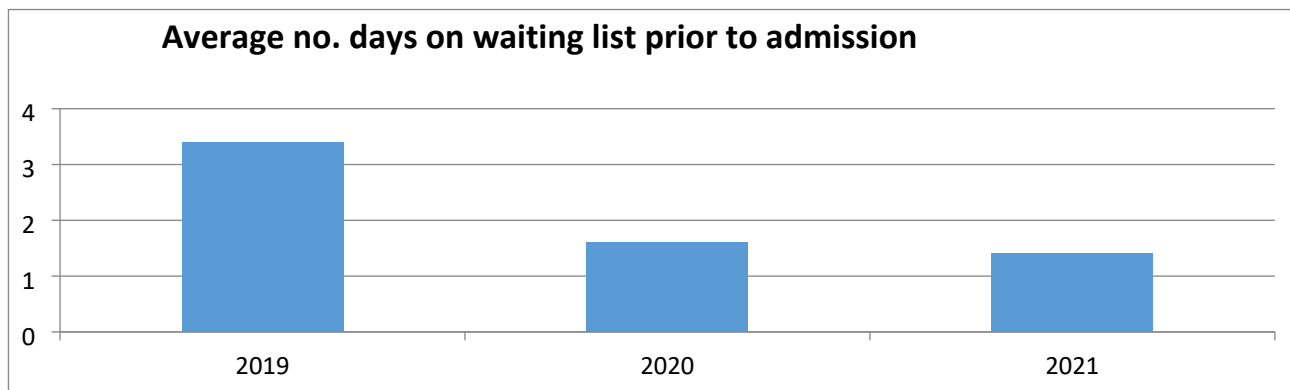
The percentage of patients who have died in another care location whilst on the hospice waiting list has fallen by half, from 12% in 2019 to 6% in 2021.

Percentage of patients referred dying on waiting list
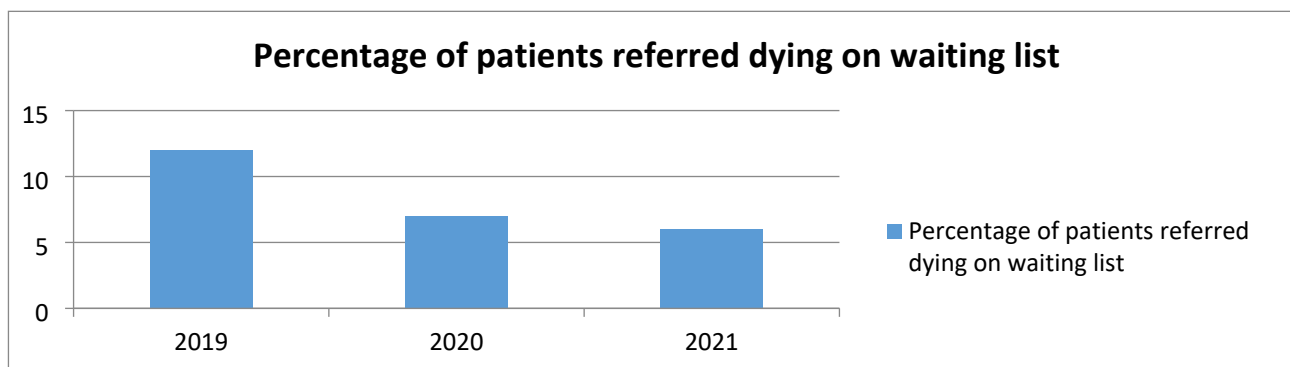
The hospice has developed closer working relationships with the discharge hub to ensure optimal flow through the hospice. The hospice continues to admit 7 days a week from all care and residential settings including the acute hospital.

Enhanced community end of life care provision in Fife during the COVID-19 Pandemic

Over the four years prior to the pandemic, place of death remained relatively stable across Fife with 53-56% of deaths in hospital, 23-25% at home and the remainder in care/nursing homes. Compared with the preceding 12 months, between April 2020 and March 2021:

- There was a 6% reduction in the number of people dying in hospital (113 fewer deaths)

- FSPCS patients spent 3,297 fewer days in hospital in their last 100 days of life (35% reduction) and 1,293 fewer days in hospital in their last 30 days of life (30% reduction).

- There was a 68% reduction in the number of patients under Specialist Palliative Care who attended ED in their last 100 days of life (from 156 in 19/20 to 50 in 20/21)

- There was a 50% reduction in the number of patients under Specialist Palliative Care who utilised the Scottish Ambulance Service in their last 100 days of life (from 337 in 19/20 to 169 in 20/21)

Feedback

"We could not have sustained caring for (patient's name) at home without the advice and support and the essential hands on input from the Specialist Team."   **Bereaved relative**

"I still do not know what prompted (patient's name) to change her mind and want to come home for her last weeks.   I am pleased she did as that meant (relative's name) and I could have time with her which had not been possible at the hospice due to COVID.   And maybe she felt that too."   **Bereaved spouse**

"Historically the organisation of palliative care for patients who wish to diet at home has primarily been the job of the DN however with the introduction of the Palliative Outreach team this job has been shared and this has been successful."
                    District Nurse

"For my team it was having access to the specialist palliative care doctors and being able to contact them through the SPOA to discuss patients allowing for prompt symptom management."
                    District Nurse

"We were completely blown away with the care they provided. They were great with my brothers and I also, reassuring us and keeping is informed. We 100% know that our Mum's needs were put first."   **Care Opinion**

"This is such a valuable service, especially during the pandemic, as we were lucky enough to be able to get dad our dad home for end of life care.   If he had stayed in hospital we would be unable to visit and may not have got to spend his last moments with him.   This service has allowed us to have precious time with our loved one."   **Care Opinion**

"My mum wanted to end her time at home to be comfortable and the whole team made sure that happened and I can't thank them enough.   They also went out of their way to offer me support and kindness at all times."   **Care Opinion**

"Invaluable service and vastly improved. Most patients want high quality end of life care at home and this service helps facilitate this much more than previously."   **Fife GP**

"The palliative care team has recently been caring for a few of my patients in the final weeks and days of life. The service provided has been invaluable.."   **Fife GP**

"As a GP. I have felt supported.... I have phoned for advice regarding symptom control and was able to speak to someone right away."   **Fife GP**

"As a GP, this support has definitely reduced stress levels (for us) and improved patients' and relatives' experiences."   **Fife GP**

"I have also contacted with more complex issues e.g. challenging symptoms with unhappy relatives and the team was able to do a home visit quickly (including over a weekend)...this allowed the family to feel comvortable with a relative dying at home and she was able to experience a 'good death'. Without this support, I think the patient may have needed admission to an acute ward."   **Fife GP**

"As a community charge nurse I have found the guidance and support from the team to be invaluable and has really helped us deliver person-centred palliative care and support our patients to have the death they wish."   **Community Nurse**

"Making palliative care out-reach a 24 hours service, rather than part-time."   **District Nurse**

John's story

John was a 67 year old man who had advanced pancreatic cancer. He was admitted to the Victoria Hospital with a serious infection. He was referred to the specialist palliative care hospital support team because he had unpleasant physical symptoms and was distressed.
When asked what mattered to him, John explained how he had two daughters: one had died at a young age and the other was soon to have a baby. He wanted to live long enough to hold his new grandchild, so that when he died and met his daughter who had died, he could tell her about her new niece or nephew. John was desperate to get home for this.
John's health was rapidly deteriorating, but the specialist palliative care team assessed and controlled his physical symptoms in a way that allowed him to be lucid. The hospital occupational therapist arranged for symptom relieving equipment to be delivered to his home and coordinated district nurse and Marie Curie support.   He was stabilised and discharged home, where a community specialist palliative care nurse continued to review him to ensure his ongoing comfort.
John survived to meet his new grandchild, 10 days before he died. He died peacefully at home with his family present – including his grandchild. His wife told us "palliative care saved John's life".

Bereaved wife feedback, home based care that would not previously have been possible

"I would like to say a massive thank you for all the help, care and support towards my wonderful husband ***, myself and our two children
I feel so privileged to be afforded the opportunity to keep **** at home with myself and the children. It was something that **** and I both wanted. Although it was tiring and challenging, I would not change a thing and would do it again to have the extra days, hours and minutes with him. It may not be possible for everyone, but having the opportunity to help **** at home was a privilege and it would be nice to see more of this for other families in the future.
The children and I are missing **** so very much and I would do anything to have him back. As **** reminds me when I look sad that Daddy can't come back, but he's watching us every day. So for now I am trying to be the best mum I can for **** and ****, even when it does lead to some major wobbles at night when things are all so quiet.
You all went above and beyond to help to keep **** at home and even more in his last days and I will be forever grateful."

Bereaved daughter feedback describing high quality, responsive multidisciplinary care in the community. And prompt hospice admission for high quality end of life care, which was her mother's preference.

"The care Mum got under the palliative care team was phenomenal. After the first team visit things just kept getting better in terms of quality of care. All the nurses, doctors, OTs, chaplains etc who came to the house were kind, compassionate, competent and always put Mum and Dad first. They responded quickly to any worries/requests and didn't make them feel like a burden in any way.
The hospice was just wonderful. All the staff were so friendly and kind. They gave us time, whether it was about talking about Mum's condition or even just having a general chit chat of a distraction… I'll always remember the care and compassion they had for Mum in her final hours. Even though Mum was unresponsive, they still spoke to her to explain what was happening in such a kind and caring manner. We'll be forever grateful for all the efforts the palliative care team and the hospice staff made to help Mum, Dad and I through the past few weeks/months."

Communication, Involvement, Engagement and Consultation

From the services' experience and through interviews with service users and those important to them, it has been consistently reinforced that what matters to people receiving specialist palliative care is their personal experience of care rather than the technicalities of where and how the service is provided.

- In addition to receiving the best treatments, people want to be treated as individuals, with dignity and respect and to have their voices heard in decisions about treatment and care.

- Sensitive face-to-face communications is highly valued.

- People expect services to be of high quality and to be responsive to their changing needs and be well co-ordinated.

- They want to know who to contact and what to expect and, should they need it, they expect to be offered optimal symptom control and psychological, social and spiritual support.

- They wish to be cared for, and enabled to die, in the place of their choice, often in their own home, but also in hospice, valuing the hospice setting as a safe and comfortable environment.

- They want to be assured that their families and carers will receive support during their illness and, when they die, following bereavement.

Stakeholder events recognised that people have changing needs in the last phase of life and services should be responsive to these and to the needs of the families and carers, whose role is central in enabling people to live and die at home.

Stakeholders saw the value of the "Teach and Advise, Educate and Develop" concept of specialist palliative care, which placed emphasis on building capacity within primary and community care teams and care settings to deliver their own versions of "best supportive care" as well as on direct provision of specialist palliative care.

Stakeholders envisaged shifting the balance of specialist palliative care activity from hospital/hospice-based services to community and to release funds for investment.

Evidence

A literature review of where specialist palliative care adds most value demonstrated that better palliative care in the last phase of life can be provided through intentional palliative and end of life care interventions, including home-based palliative care, which has been shown to have the best overall impact in terms of service user experience and cost effectiveness. This suggest that not only should the community specialist palliative care service not be reduced, but the service should be supported to maximise the reach of specialist palliative care across Fife, particularly through enhanced community provision and supports.

One of the joys from the 2018/2019 Service Review was in finding consensus around the fundamentals with our professional and public stakeholders. People did not and do not expect Specialist Palliative Care to support everyone with advanced illness in Fife – that is simply not possible and it is not needed. Our revised mission is to ensure good palliative care for as many people in Fife as possible, rather than 5 star care for a tiny minority.

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**13 January 2023**
Title:	**Update on Digital Strategy 2019-2024**
Responsible Executive:	**Dr Chris McKenna – Medical Director**
Report Author:	**Alistair Graham, Associate Director of Digital and Information**

1 Purpose

This is presented for:
- Discussion
- Assurance

This report relates to a:
- Annual Delivery Plan

This aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

As we progress through the fourth year of the five-year Digital and Information Strategy (2019-2024), this paper is presented as an update to the digital plan designed to meet the strategic ambitions outlined in 2019. The paper also seeks to prompt **discussion** and provide **assurance** that the plan is aligned to the current organisational priorities and being adapted to support our priorities for the Population Health and Wellbeing strategy as we ensure the people of Fife live long and healthy lives.

2.2 Background

NHS Fife's Digital and Information Strategy "Digital at the Heart of Delivery" was endorsed by the NHS Fife Board in September 2020. The strategy outlined the challenge which had been presented to NHS Fife from a National, Local and Regional perspective through various digital and data strategies and delivery plans and noted, at that time, the disruptive drivers which may result in the strategy not being realised.

The strategy noted the shared vision of NHS Fife and their delivery partners and outlined the 5 key ambitions for Digital and Information: -

- Modernising Patient Delivery – Ensuring we provide our patient/service users with a modern fit for purpose digital healthcare service
- Joined Up Care – Joining Up Our Services to ensure all relevant information is available at point of contact.
- Information and Informatics – Exploiting data to improve patient safety and quality outcomes to support developments
- Technical Infrastructure – Ensuring the infrastructure on which digital is situated is fit for purpose, secure and meets the needs of our service.
- Workforce and Business Systems – Assisting our workforce by ensuring the systems on which they operate are effective, efficient and compliment their working practices.

As the Population. Health and Wellbeing Strategy nears its conclusion the Digital ambitions will be re-aligned to the strategic priorities, noted below, and the outlined national care programmes: -

- To improve health and wellbeing
- To improve the quality of health and care services
- To improve staff experience and wellbeing
- To deliver value and sustainability

2.3 Assessment

Supplier Availability & Management

The criticality of responsive and responsible suppliers to provide safe, secure and user designed solutions has been further demonstrated during this period.

Throughout the year 2022-23 the Digital Strategy and Delivery Plan has been negatively impacted, nationally and locally, by the suppliers of digital systems to NHS Scotland.

Nationally we have seen the negotiated exit of two suppliers from the Child Health and GP IT Reprovisioning programmes. For the later the supplier unable to deliver to an already delayed timeline results in a single supplier situation for the delivery of GP IT systems to all practices in Scotland. This removes the opportunity for choice and increases the scale of change to our GP practices. The case for GP IT Reprovisioning will now be made through the remainder of 2022-23, to support the changes necessary in the financial year 2023-24. As previously reported, the same GP supplier also declined the national framework terms for our original procurement of HEPMA in 2021.

Locally the picture is similar. The current LIMS provider's behaviour resulting in the need for the rapid deployment of the new National Consortium LIMS system, the Patient Management System (PMS) supplier's guidance resulting in a delay to a refreshed user interface and taking 4 months to present a contract from the PMS call off contract for the chosen HEPMA solution.

All of which has resulted in additional effort and delays in progressing some elements of the outline plan and strategy.

Suppliers' services and solutions have also been impacted in the year through targeted cyber-attacks. Most notable was the attack leading to the disconnection of the Adastra system used by Out of Hours and Flow Navigation Centre. This system being unavailable from 4 August 2022 until 13 September 2022, with full services returning in October 2022.

Engagement & Prioritisation

The engagement model that seeks to ensure a ranked agreement of delivery has been operating through the Digital and Information Board, the Senior Leadership Teams (SLT) of the Acute and HSCP to align the digital deliverables to operational and strategic requirements.

This continuous ranking will remain a key element, particularly as the financial constraints of future years is considered.

Reviewing progress against the 5 ambitions the items of note and for consideration are as follows:-

Modernising Patient Delivery

The delivery plans have seen the completion of the Digital Maturity Assessment, Near Me (Phase 1) projects and the outpatient appointments and waiting list management via Patient Initiated Reviews (PIR) and Active Clinical Referral Triage (ACRT), to key services outlined by the Integrated Planned Care Board.

Phase 2 implementation of Near Me seeks to ensure the remote consultation technology is readily available for patients to access from hubs based in the community. Three venues have been identified within Glenrothes, Kirkcaldy and St Andrews, two of which have been provided by 3rd sector agencies, to support joined up working, and work is ongoing to provide the Near Me function from those locations. Further capability to the "digital front door" has been introduced through the Chat Health system introduced into School Nursing Service and the Pre-op digital solution "Elsie" is available for the National Treatment Centre (NTC). Work continues with the Patient Hub to enable the supplier interfacing, that will allow for a more modern and patient centre provision of outpatient and attendance information,

reducing the reliance on paper and will be further enhanced by the delivery of features identified as part of NHS Fife's National Treatment Centre. The patient centred focus also continues through the implementation of Queuebuster, a call handling system, that allows patients or careers to arrange a call back facility at their convenience. The implementation currently in place is within the Health Records outpatient teams.

Assessments have been completed to support clinical decision making, consultant to consultant support and Electronic Patient Record (Paperlite) delivery. Priority is being given to Paperlite as recognising the opportunity the National Treatment Centre provides to ensure the Electronic Paper Record (EPR) can support the efficient and safe flow of patients through the system. Further digital improvements have been implemented in Endoscopy and Pathology, with the later just waiting on the arrival of the scanners for full implementation to conclude in Quarter 4 of 2022-23. A specific business case for the digitisation of Ophthalmology is also being considered.

Patient Flow remains a focus through the support being provided to the Discharge without Delay work and a plan being agreed for implementation in a phased manner.

Digital Infrastructure maintenance and improvement is closely aligned with the capital plans and continuous investment in the technical infrastructure. Work has completed this year in the procurement and replacement of the two Data Centres housed in NHS Fife and the specific infrastructure that TrakCare operates on. The Digital readiness of our staff and patients is a key focus for the remaining period of the strategy.

The accelerated delivery of the National Programmes for Laboratory Information Management Systems has been well presented to Committees with the associated risks well documented. The impact of the prioritisation of LIMS has delayed TrakCare and Clinical Portal improvement work.

Joined Up Care

Delivery has completed on community pharmacy access, health and social care portal (Phase 2), and Phlebotomy Service Clinics. As well as bedside risk assessment (community hospital delivery and handover) with further work planned in relation to task management. Mental Health Pathways and Palliative Care Plans were completed as part of the Community System Rollout.

The following projects continue to be progressed with final delivery expected to complete in 2023 – 24, community and mental health system (Morse), including the implementation of Morse to the current Tiara users, who had previously been excluded from the scope of replacement.

The Health and Social Care Portal is now available to all Fife users through an enterprise licencing agreement and upgrades to the portal, for improved clinical use and access to

data are underway. Additional data source such as GP data and Scottish Ambulance Service Electronic Personal Record Form (ePRF) will be made available via portal. Enhanced role based access controls will also be introduced to support appropriate sharing. The work and skills requirement within Joined Up Care, has led to a redesign within the Digital and Information team to extend the capability for data management and integration.

Work has progressed with relation to the national CHI replacement which has decoupled from the Child Health Replacement programme which has experienced delays with the work extending beyond 2023-24 before completion and we see some challenges with the appropriate design of a national approach to Neurology Electronic Referral, resulting in a delay to implementation.

While we have seen delays in developing a contract for HEPMA, the contract for the immediate discharge solution (eIDD) have concluded and work commences with the planning and implementation of a revised, updated and more sustainable solution that supports clinical use with an automate Medicines Reconciliation process. In addition, work continues with the wider Medicines Automation Programme.

The assessment of the Women and Children's Redesign (Business Case) will be concluded in 2022-23, with outcomes given consideration for the remainder of the digital strategy period.

Additional areas of work have been identified and are under assessment for commitment to the delivery plan and into 2023-24. These include the opportunity to test the integration of medical devices with Patientrack, the implementation of National Early Warning Score Version 2 (NEWS2), an approach to safe and reliable results handling and other features to support patient flow across our systems.

Information and Informatics

Most deliverables, within this, area persist for the duration of the strategy with work steadily progressing in several areas including business and health intelligence, management information hub, improving data quality and Information Security/Data Protection.

It is recognised the volume and complexity of assessments required of all digital and information assets has resulted in increased workloads for the Information Governance and Security team and Digital Operations, something that will endure beyond the pandemic response. Additional focus on the organisation's Records Management requirements and general improvements to Information Governance continue to be overseen by the Information Governance and Security Steering Group. The Information Commissioners Office has also confirmed their intention to carry out audit for NHS Scotland Boards during 2022-23, with the NHS Fife audit planned for March 2023. Particular focus has been brought to our digital asset register, compliance with standards and the need for a specific system decommissioning stream in support for Cost Improvement Plans.

Fife Safe Haven has been completed ahead of target. The NIS and Cyber Essentials Audit also completed in 19/20, 21/22 and 22/23, however this remains a constant deliverable to continue to improve NHS Fife's security posture. The last audit was completed in May 2022 and demonstrated an overall compliance status of 76% and increase from 69% achieved in 2021. The details from this outcome have inform the NISD workplan for 2022-23.

A Data and Insight Hub has also been formed to deliver a collaborative group across a wide range of service areas supporting the delivery of validated, effective data tools in support of operational and strategic planning.

Technical Infrastructure

Like Information and Informatics, this section relates to operational requirements and therefore several ambitions stretch across the whole timeline of the strategy. Work continues with the adaptation of revenue-based business model for MS Products with a considerable level of technical support being provided to the Office 365 delivery. Additional financial risk sits within this area given the consumption of licence costs is directly associated with recruitment and headcount levels.

The move to the regional IT Service Management tool is complete (Service Now) and the team, including our digital clinical leads, continue to focus on developing a prominent role through the Regional and National initiatives.

Work will progress in 2022-23 to develop a future Telephony and Communication platform strategy to provide an approach to maintenance or replacement of the current telephone developed for consideration during 2023-24.

Workforce and Business Systems

e-Rostering Programme has commenced in 2022-23, with 8 service areas adopting roster management for some or all their services. The full implemented will proceed over multiple years. A heavy reliance on national deliverables, particularly interfacing, exists and further scrutiny on this national programme being given by Chief Executives. Benefits being listed include real time insights into workforce demand and fulfilment, improved employee experience around rostering and leave management and the potential to support compliance with the Health and Care (Staffing) Act 2019.

At the outset of the strategy, recognition was made that delivery of the key ambitions would be directly related to the ability of digital and information to complete Business Cases and secure the funding for delivery. This continues to be a significant challenge for NHS Fife, and we must now turn to ensuring that the current digital systems are utilised to their maximum as we transition digital to the position of an enablement framework to the NHS Fife Population Health and Wellbeing Strategy.

2.3.1 Quality/ Patient Care

The aims which were clearly outlined in the Digital Strategy 2019/24 focussed on the ambitions laid out in several key strategies and plans at a local, regional, and national level. The requests for support which have followed the pandemic focus mainly on the use of technology to support improvements in quality and patient care, and to this end it is apparent the deliverables which were outlined in 2019 remain central to delivery of these two aims.

2.3.2 Workforce

As we progressed through the fourth year of the strategy, the Digital and Information workforce plan, supported by the national strategic fund was able to tackle the underlying issue of temporary and fixed term roles, with further attention required in 2022-23. There continues to be a large turnover of staff within key technology or expert areas, with the ability to recruit challenging as the NHS competes with itself and the private sector where salaries are significantly higher. Through the SPRA process support has been established to improve the balance towards a more substantive workforce model.

A revised workforce plan has been developed by the Digital and Information SLT with implementation now underway. This plan is focussed on medium to long term workforce planning, and short to medium term development of workforce capacity and engagement. This sees the team utilise and extend its workforce support through the Modern Apprenticeships and through the Kickstart scheme.

As we prepare for the final years of the strategy, we also consider the work necessary to ensure our wider workforce can feel supported in their digital adoption. We will work closely with colleagues in Partnership and Workforce to ensure this support is well designed and are delighted to welcome Partnership representation to the Digital and Information Board at this critical time.

2.3.3 Financial

The scale of the ambition in the strategy and the financial impact associated continues to be a risk that is managed. Digital and Information continue to work closely with Finance and Clinical colleagues to establish the prioritisation of business cases and work packages to ensure maximum return on investment is achieved. Several Cost Improvement Plans have been provided in support of the financial sustainability challenge.

Additional risk is also associated with the medium-term cost to digital capability that was introduced as a direct response to the COVID-19 pandemic.

2.3.4 Risk Assessment/Management

The risk management approach continues to be maintained via the Corporate Risk Register, with additional risk reporting and presentation being provided to the Information Governance and Security Steering Group and Digital and Information Board.

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

An Equality Impact Assessment (Stage 1) is completed for all new systems and technology changes. In many cases these identify the requirement for full EQIAs to be prepared and considered as part of the project implementation.

2.3.6   Climate Emergency & Sustainability Impact

Consideration of the Scottish Public Sector Green ICT Strategy forms part of the revised strategic thinking.

2.3.7   Communication, involvement, engagement, and consultation

- The Digital and Information strategy was discussed at all relevant Groups and Committees prior to sign off by the NHS Fife Board.
- The challenges outlined have been presented to the Digital & Information Board and form a consistent part of that group's workplan
- The engagement model has been further developed to include Acute and HSCP SLTs

2.3.8   Route to the Meeting

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

- Executive Directors Group – 5 January 2023

2.4   Recommendation

- **Discussion** – the Committee are asked to note the delays in progress to the TrakCare and Clinical Portal improvement work due the prioritisation of the LIMS project and the impact from suppliers on the ability to deliver the strategy in a timely manner.
- **Assurance** – Provided the Committe with assurance of the progress for the Digital and Information Strategy - 2019-2024.

3   List of appendices

No appendices are included with this report

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

NHS Fife

NHS SCOTLAND

Meeting:	Clinical Governance Committee
Meeting date:	13 January 2023
Title:	Records Management Plan - National Registers of Scotland Keeper's Report
Responsible Executive:	Margo McGurk, Director of Finance and Strategy, SIRO
Report Author:	Margaret Guthrie – Head of Information Governance and Security

1   Purpose

This is presented for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

NHS Fife has an obligation under the Public Records (Scotland) Act 2011 (PRSA) to submit a Records Management Plan (RMP) to the Keeper of Records of Scotland (the Keeper). A submission was made to the Keeper in February 2021.

The Keeper assessed NHS Fife's RMP and wrote to Chief Executive in response with his determination (Appendix 1) and included his report (Appendix 2).

The Keeper, in their response, agreed that the evidence provided combine to set out proper arrangements for the management of NHS Fife's public records. The Keeper added that in reaching this determination, they expect NHS Fife to fully implement the agreed plan to meet the obligations under the act.

This report is provided to update the Committee on the Keeper's response and to outline the work ahead to fully implement the Records Management Plan. This work will be overseen by the Information Governance and Security Steering Group.

2.2 Background

The PRSA was passed in 2011 and implemented in 2013. It interacts with several pieces of legislation which contain preservation of records and archiving provisions as well as the Freedom of Information (Scotland) Act 2002 and UK data protection legislation. It therefore has an organisation wide impact.

Under the PRSA NHS Fife is required to implement and regularly review their records management plan (RMP). The Keeper will review the organisation's progress at a date set by them and NHS Fife's RMP was submitted in February 2021, the report has now been assessed and the Keeper determination, detailed with Appendix 2, is the RMP is agreed and further recommends NHS Fife should publish the RMP an example of good practice within the authority and the sector.

While a positive outcome, it should be noted the Keeper requires regular updates on the RMP's delivery (Appendix 1) and specifically areas considered to be improvement plans.

The Keepers assessment process looks at the 15 areas:-

1. Senior Officer
2. Records Manager
3. Policy
4. Business Classification
5. Retention Schedule
6. Destruction Arrangements
7. Archiving and Transfer
8. Information Security
9. Data Protection
10. Business Continuity and Vital Records
11. Audit Trail
12. Competency Framework for Records Management staff
13. Assessment and Review
14. Shared Information
15. Public records created or held by third parties

The assessment outcome is noted as:-

Key:					
G	The Keeper agrees this element of an authority's plan.	**A**	The Keeper agrees this element of an authority's plan as an 'improvement model'. This means that he is convinced of the authority's commitment to closing a gap in provision. He will request that he is updated as work on this element progresses.	**R**	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Keeper may choose to return the RMP on this basis.

13 areas were assessed as Green, with 2 (Business Classification and Audit Trial) being assessed as Amber and requiring improvement.

The following report seeks to outline an approach to delivering records management capability and capacity across all areas of NHS Fife to ensure compliance. The report is provided for assurance and to provide the opportunity for feedback.

As we consider records management it is apparent the history of Health structures and the previous existence of Community Health Partnerships, which had historic responsibility for records management can still be evidenced with the Acute, Community and Mental Health records are managed separately.

The management of mixed records, paper and digital, also provides additional complexity and demands on physical space requirements, when considering the retention of paper to meet archive and retention regulations.

2.3 Assessment

Delivering the RMP is a significant piece of work and requires input and support from the organisation for the 15 elements outlined above.

These elements cover all areas of NHS Fife and include considerations for the health records of our patients and the corporate records associated with the running and management of the organisation and its resources. Subsequently all areas of NHS Fife are required to adopt, assure and evidence their records management plans are a core element of their functions. The Records Management team will be the lead function and provide assurance and guidance to the operational areas and leads that handle and manage the records.

The role of managing the RMP and implementing required policies and procedures is continuous and an annual programme of work is required. Appropriate management of the RMP supports an organisation and reduces risk related to data management.

A significant area of concern is the paper records retained in the business and the requirement for further storage is ongoing and unavailable. A key finding is many of these records are not filed in any format and are not labelled appropriately which be labour intensive and will require input from both the Records Management area and departments. As concerning are services assume it appropriate to seek to archive these records into storage around the estate with little evidence of control or planned maintenance – out of sight out of mind.

A pathway to achieve an acceptable level of compliance is as follows:

- **Education** encompassing good use of available communication channels and clear user guides and support from the RM team. Recruitment to a Records Management Champions Programme is underway with 25 staff members undergoing the information sharing session.
- **Planning** with consideration given to good use of resources such as personnel, space, equipment and shared learning
- **Cleanse** both electronic and paper records
- **Automate** the retention and classification of data using existing and new systems
- **Implementation** in all areas of the business
- **Maintain** an annual Programme of Work
- **Resource** a dedicated team to deliver the plan and maintain good practice going forward

Key elements of activity are underway for the 2 Amber areas, that require improvement plans. The points to note are: -

Business Classification – the documentation of information assets (paper and digital) and will support the archive and retention requirements associated with each asset. Contractual arrangements and ownership will also be clarified through the information asset owner.

Audit Trail – an improvement plan that support the implementation and evidencing of audit trail across a range of system including those most recently introduced citing M365 platform.

A Records Management Steering Group will be established to support implementation. The progress will be reported to the Information Governance and Steering Group for oversight.

The programme has commenced and will develop and be run under a project management methodology. Based on a willing adopter model, through the Records Management Team, the services will be given the skills and education necessary to develop their practices for Records Management. Significant learning has taken place in the examples referenced and this will continue with the early services seeking to improve their records management practices. Each service will be subject to a review and improvement recommendation provided on the review findings.

Consideration will also be given the availability of the correct systems and tool to support implementation and maintenance. In addition, further consideration may be given to the scanning function currently helping to support the digitisation of the health record and the role experienced records management teams can play across all our records functions.

2.3.1 Quality/ Patient Care

Assurance that the department records are retained in line with the current legal and legislative requirement.

2.3.2 Workforce

Improvement and maintaining good practice – enhanced knowledge of policy and procedure, reduction in resource allowing teams to work in a streamlined productive way.

2.3.3 Financial

The programme approach will require further financial consideration. The Information Governance and Security department is funded for one WTE Corporate Records Manager and many service areas quoting a loss of skills and or resource in support of records management. Further consideration will be given to this by the Information Governance and Security Steering Group.

2.3.4 Risk Assessment/Management

Summary Risk Position across Data Protection and Public Records domains.

Categorisation	Total Risks	Current Risk Level Breakdown
DPA and GDPR Risk that data maybe lost, used inappropriately or retained for longer than necessary	16	High Risk – 7 Moderate Risk – 6 Low Risk - 3
Public Records Risks that inhibit the organisations ability to create, maintain and comply with a Records Management Policy	3	High Risk – 3 Moderate Risk – 0 Low Risk - 0

2.3.5 Equality and Diversity, including health inequalities

An Equality Impact Assessment (Stage 1) is completed for all new systems and technology changes. In many cases these identify the requirement for full EQIAs to be prepared and considered as part of the project implementation.

2.3.6 Climate Emergency & Sustainability Impact

He benefits of reduced reliance on the production, use and retention of paper will be considered as part of the project's benefits.

2.3.7 Communication, involvement, engagement, and consultation

Various service areas have been consulted on to assess the baseline of records management knowledge and understanding.

2.3.8 Route to the Meeting

- Digital & Information Senior Leadership Team
- Information Governance and Security Steering Group – 11 October 2022
- Executive Directors Group – 5 January 2023

2.4 Recommendation

Assurance – The committee is asked to consider the Keeper's report provides assurance and the governance arrangements for implementing the RMP are adequate.

3. List of appendices

Appendix 1 – Letter from the Keeper of the Records of Scotland

Appendix 2 – Report from Keeper of the Records of Scotland

Report Contact

Alistair Graham
Associate Director of Digital and Information
Email – alistair.graham1@nhs.scot

National Records of Scotland

HM General Register House
Edinburgh EH1 3YY
T: +44(0)131 535 1314
www.nrscotland.gov.uk

Carol Potter
Chief Executive
NHS Fife
Hayfield House, Hayfield Road
Kirkcaldy
Fife
KY2 5AH   6th October 2022

Dear Ms Potter

Records Management Plan (RMP): NHS Fife

Thank you for submitting the records management plan (RMP) of NHS Fife and the accompanying evidence as required under Section 1(1)(a) of the Public Records (Scotland) Act 2011.

I have now reviewed the plan and the supporting evidence, and I am pleased to be able to **agree** that they combine to set out proper arrangements for the management of NHS Fife's public records. I will publish the assessment report for your authority on the National Records of Scotland website.

In reaching this determination, I expect NHS Fife to fully implement the agreed plan to meet its full obligations under the Act.

I enclose the report into my findings with recommendations (if applicable). I would urge you to consider any recommendations I have made, and remind you that, under section 5 of the Act, an authority must:

> (a) keep its records management plan under review, and
>
> (b) if the Keeper so requires (whether at the time of agreement of the plan or otherwise) carry out a review of the plan by such date ("the review date") as the Keeper may determine in accordance with subsections 2 to 4.

Your RMP has been agreed on certain conditions. I am able to do this for certain elements under what I have termed an 'improvement plan'. These conditions are highlighted in the enclosed report, but for ease of reference I include them here:

4. Business Classification

11. Audit trail

I therefore request that I am regularly updated on the progress of work in these areas. If you are unclear what is required of your improvement plan please contact my Assessment Team at public_records@nrscotland.gov.uk

A40551786 - NRS - Public Records (Scotland) Act (PRSA) - NHS Fife - Formal Resubmission - Agreement Report - 06 October 2022

I may review an agreed RMP only after 5 years has elapsed since the date of any previous agreement. If I believe there is evidence to support the view that an agreed plan is not being implemented, or if the authority has failed to comply with its agreed RMP, I may intervene before the 5 year period has elapsed.

I would recommend that you publish the agreed plan, both for the information of your staff and service users and to assist in the sharing of best practice across Scottish public authorities. If you do, it would be helpful if you could inform
public_records@nrscotland.gov.uk

Yours sincerely

Paul Lowe
Keeper of the Records of Scotland

Public Records (Scotland) Act 2011

NHS Fife

The Keeper of the Records of Scotland

6ᵗʰ October 2022

A40552255 - NRS - Public Records (Scotland) Act (PRSA) - NHS Fife - Formal Resubmission - Agreement Report - 06 October 2022

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Contents

1. Public Records (Scotland) Act 2011

The Public Records (Scotland) Act 2011 (the Act) received Royal assent on 20 April 2011. It is the first new public records legislation in Scotland since 1937 and came fully into force on 1 January 2013. Its primary aim is to promote efficient and accountable record keeping by named Scottish public authorities.

The Act has its origins in *The Historical Abuse Systemic Review: Residential Schools and Children's Homes in Scotland 1950-1995* (The Shaw Report) published in 2007. The Shaw Report recorded how its investigations were hampered by poor record keeping and found that thousands of records had been created, but were then lost due to an inadequate legislative framework and poor records management. Crucially, it demonstrated how former residents of children's homes were denied access to information about their formative years. The Shaw Report demonstrated that management of records in all formats (paper and electronic) is not just a bureaucratic process, but central to good governance and should not be ignored. A follow-up review of public records legislation by the Keeper of the Records of Scotland (the Keeper) found further evidence of poor records management across the public sector. This resulted in the passage of the Act by the Scottish Parliament in March 2011.

The Act requires a named authority to prepare and implement a records management plan (RMP) which must set out proper arrangements for the management of its records. A plan must clearly describe the way the authority cares for the records that it creates, in any format, whilst carrying out its business activities. The RMP must be agreed with the Keeper and regularly reviewed.

2. Executive Summary

This report sets out the findings of the Keeper's assessment of the RMP of NHS Fife by the Public Records (Scotland) Act 2011 Assessment Team following its submission to the Keeper on 27th February 2021.

The assessment considered whether the RMP of NHS Fife was developed with proper regard to the 15 elements of the Keeper's statutory Model Records Management Plan (the Model Plan) under section 8(3) of the Act, and whether in this respect it complies with it and the specific requirements of the Act.

The outcome of the assessment and the Keeper's decision on whether the RMP of NHS Fife complies with the Act can be found under section 7 of this report with relevant recommendations.

3. Authority Background

NHS Fife is one of 14 territorial NHS Boards in Scotland. The organisation provides healthcare to a population of more than 370,000 and currently employs around 8,500 staff. NHS Fife is in essence a collection of services for the benefit of patients. These services are wide in nature and varied in scope but may be thought of as departments or specialist areas.

NHS Fife is working to improve health services with the involvement and support of a variety of partners, including Fife Council, Fife Health and Social Care Partnership, other Health Boards in Scotland, the voluntary and independent sector, and most importantly, the public.

[Welcome to the NHS Fife | NHS Fife](#)

4. Keeper's Assessment Process

The RMP was assessed by the Public Records (Scotland) Act Assessment Team on behalf of the Keeper. Assessors used the checklist elements listed in section 5, to establish whether NHS Fife's RMP was developed with proper regard to the elements of the Model Plan and is compliant with the Act. The assessment also considered whether there was sufficient supporting evidence of such compliance.

Key:

G	The Keeper agrees this element of an authority's plan.		A	The Keeper agrees this element of an authority's plan as an 'improvement model'. This means that he is convinced of the authority's commitment to closing a gap in provision. He will request that he is updated as work on this element progresses.		R	There is a serious gap in provision for this element with no clear explanation of how this will be addressed. The Keeper may choose to return the RMP on this basis.

5. Model Plan Elements: Checklist

NHS Fife

Element	Present	Evidence	Notes
1. Senior Officer	**G**	**G**	NHS Fife have identified Mrs Carol Potter, Chief Executive, as the individual with overall responsibility for records management in the authority. The identification of the Chief Executive to this role is supported by a *Covering Letter* from Mrs Potter (19 October 2020), which specifically mentions the Public Records Scotland Act 2011 (the Act), and by both the *Corporate Records Management Policy* section 3.1 and the *Health Records Policy* section 3.1.2 (for both see element 3) The submitted *RMP* was approved and signed by the Chief Executive on 25th February 2021. The Keeper agrees that NHS Fife have identified an appropriate individual to this role as required by the Act.
2. Records Manager	**G**	**G**	The Act requires that each authority identifies an individual staff member as holding operational responsibility for records management and that staff member has appropriate corporate responsibility, access to resources, and skills.

<table>
<tr><td></td><td></td><td>The Keeper has agreed that in the case of an NHS territorial board, if they operate separate health and corporate records structures, two individuals may be identified in the element.

With this in mind NHS Fife have identified Craig McKinnon, Corporate Records Manager, as having day to day responsibility for the management of corporate records in the authority and Gail Watt, Divisional Head of Health Records, as having the same responsibility for health records.

This is supported by a *Covering Letter* from the Chief executive of NHS Fife (see element 1), which was received with the *RMP*, and by the *NHS Fife Health Records Policy* (Section 3.1.5) (see element 3).

The Health Records Manager is co-creator of the board's *Retention & Destruction of Health Records* (Live and Deceased Patients).

The Keeper has been provided with the *Corporate Records Manager Job Description* which makes it clear that "The Corporate Records Manager will be the lead NHS Fife contact for Corporate Records Management. This includes both internally and in liaison with external partners and other bodies, including the National Records of Scotland as required by the Public Records (Scotland) Act 2011 Element 2."

The Keeper has also been provided with the *Divisional Health Records Manager Job Description* which confirms that this role brings responsibility for "the day to day efficient and effective operational management of the Health Records Service"

The Corporate Records Manager is the Owner/Author of the *Records Management Plan* (the *RMP*). The Corporate Records Manager is also responsible for the creation of the *Records Management Policy* (see element 3) and the *Document*</td></tr>
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			Version Control and Naming Convention Guidance (see element 11). The Keeper has been provided with certificates as evidence of the Corporate Records Manager's competency for the role and as evidence that NHS Fife supports development of skills The *RMP* specifically states "A bespoke training programme has been developed, with dedicated resources, to provide the Corporate Records Manager with a good grounding in the key concepts of Records Management and how to implement these." (*RMP* page 23). The Keeper commends this commitment. For more on staff development see element 12. Policy and guidance documents submitted in evidence show the Corporate Records Manager as the first point of contact for advice. For example *Document Version Control and Naming Convention Guidance* (see element 11) section 4. The *NHS Fife Health Records Policy* (section 4.7) requires that "The Divisional Health Records Manager...should be made aware when new collections of records or information sets are created or where management arrangements or physical locations change." and (section 4.9) that they are "responsible for planning and documenting Health Records departmental local procedures." NHS Fife operate a self-assessment checklist for health records (see element 13) this includes a requirement to annually confirm that "There is a clearly identified, suitably qualified and supported lead individual responsible for patient records". The Keeper agrees that NHS Fife have identified appropriate individuals to this role as required by the Act.
3. Policy	**G**	**G**	The Act requires an authority to have an appropriate policy statement on records management.

The Introduction to the *RMP* (page 3) states that a health board is expected to have "Health Records and Corporate Records Management Policies [that] provide further detail concerning standards for the management of records."

To this end NHS Fife have a *Health Records Policy* which has been provided to the Keeper. This is version 4.0 approved by the Director of Acute Services and last reviewed in December 2017.

The *Health Records Policy* is publically available at:
Health Records | NHS Fife

The *Health Records Policy* specifically mentions the Public Records (Scotland) Act and the Data Protection Act 2018 (see element 9)

NHS Fife also have a *Corporate Records Management Policy* which has also be provided to the Keeper. This is version 5.0 approved by the Medical Director and last reviewed in January 2021

The Corporate Records Policy is publically available at:
Records Management Policy | NHS Fife

The *Corporate Records Policy* specifically mentions the Public Records (Scotland) Act and the Data Protection Act 2018 (see element 9)

The Keeper has been provided with a screen-shot showing information governance policies and guidance on the 'Stafflink' intranet. "Stafflink is NHS Fife's recognised method for disseminating information to all staff. This is a live feed on the main staff page that requires a mandatory acknowledgement for any new policy/critical update posted." (*RMP* page 10)

			Both policies are specifically endorsed by the Chief Executive (see element 1) in a *Covering Letter*. The Keeper agrees that the *RMP* supports the objectives of the *Records Management Policies*. The Keeper agrees that NHS Fife has a 'formal records management policy statement' as required by the Act.
4. Business Classification	**A**	**G**	The Keeper of the Records of Scotland (the Keeper) expects that the public records of an authority are known and are identified within a structure. NHS Fife recognise this: The *Health Records Policy* (see element 3) states that "This document aims to set out the policy to be adhered to in relation to Health Records Management within NHS Fife to ensure that Health Records are: • properly controlled • readily accessible and available for use...Taking into consideration: access, storage & retrieval" (*Health Records Policy* section 1) and that "Health Records are confidential documents and should be clearly identifiable, accessible and retrievable" (section 4.3) The corporate *Records Management Policy* (also see element 3) states "NHS Fife is committed to implementing best practice recordkeeping systems throughout the organisation to preserve the integrity of all records, in all formats." (*Records Management Policy* section 1.2.) The Introduction to the *RMP* states: "Effective records management involves efficient and systematic control of the creation, storage, retrieval, maintenance, use

and disposal of records, including processes for capturing and maintaining evidence." and "The guiding principles of records management are to ensure that information is available when and where it is needed, in an organised and efficient manner, and in a well maintained environment." (both – *RMP* page 3)

In order to control this environment, and to pursue the aspirations of the records management policies, NHS Fife have an overarching *Business Classification Scheme* which has been provided to the Keeper and is presented in a series of hierarchical relationship graphics. They have separate document indicating retention decisions against each record type which has also been provided (see element 5). Neither document indicates the format in which the record is held and the Keeper has accepted that both digital and hard-copy records are represented in these documents.

The Keeper has been provided with a draft version of NHS Fife's Information Asset Register Records Management Project Initiation Document. This is v0.2, February 2022. "It has been proposed as part of the ongoing data compliance review within NHS Fife that a collection of our Information Assets (IA's) are collated and entered into a database/system to allow knowledge of all organisation information assets which reflects the risks and potential outcomes that are possible, should that Asset become lost or compromised." (Initiation Document introduction). As this is a draft document, the Keeper cannot accept it as indicative of an actual project underway in NHS Fife. However, he acknowledges the principles laid out in the project are sound and the timescales and communication plan are reasonable. The adoption of an authority-wide Information Asset Register particularly if retention decisions are included against record type, should create a single point of reference and a strong business tool for the organisation.

The *RMP* (page 11) explains that the *Business Classification Scheme* is being populated at a local level (the involvement of local business areas in this type of

			work is commended). It appears that this work is not yet concluded.

work is commended). It appears that this work is not yet concluded.

Since the agreement of NHS Fife's *Records Management Plan* in 2013 all territorial health boards in Scotland have committed to the adoption of the Microsoft M365 package and will, going forward, be utilising the records management functionality in that system. The M365 roll-out is not complete and is currently being piloted in another NHS Scotland board. The M365 adoption will require NHS Fife to map their *Business Classification Scheme* to the, national, M365 structure. This work is also not yet complete.

A full M365 implementation is likely to bed-in incrementally. However, the Keeper's Assessment Team reports that NHS Fife's <u>Corporate Records Manager</u> has been consistently engaged in developments centrally through a NHS records management forum.

NHS Fife have provided the Keeper with a copy of the SharePoint 'Roadmap' showing how this roll-out will proceed.

<u>Hard Copy Records</u>
The storage of hard-copy Health Records is explained in the *Health Records Policy* (section 4.3.2).

<u>E-Mail</u>
NHS Fife recognise the specific requirements/risks involved in the management of e-mail and have issued appropriate staff housekeeping guidance. NHS Fife have provided the Keeper with a copy of their *E-Mail Policy*. This is version 7.0, October 2020, and is available publically at:
<u>Email Policy | NHS Fife</u>

<u>Scanning</u>

			Work is in progress to ascertain the feasibility of scanning all health records so they can be accessed electronically, this is an ongoing process (noted on *RMP* page 15). Training (see also element 12) A guidance document to support the appropriate use of the *Business Classification Scheme* has been provided to staff (*Records Management Policy* section 1.4). The Keeper has been provided with a copy of this guidance (see element 11). In their original submission NHS Fife achieved an 'improvement model' agreement, meaning that the Keeper considered that the authority was not fully compliant against the element. NHS Fife recognised this. It is the Keeper's opinion that, although a very clear path to compliance in this element is being followed, the amber 'improvement model' RAG status should remain for the time being. **Therefore, the Keeper agrees this element of NHS Fife's records management plan under 'improvement model' terms. This means that the authority has identified a gap in provision (the planned records management system has not yet been rolled-out in the organisation) and have put measures in place to close that gap. The Keeper's agreement is conditional on him receiving updates as the M365 project progresses.**
5. Retention schedule	**G**	**G**	The Keeper expects an authority to have allocated retention periods to its public records and for those records to be retained and disposed of in accordance with a Retention Schedule. The *Health Records Policy* (see element 3) requires that NHS Fife commits NHS Fife "to ensure that Health Records are properly controlled...and eventually archived or otherwise disposed of. Taking into consideration... retention & destruction schedules." (*Health Records Policy* section 1) and that "Health Records are retained and disposed of appropriately using consistent documented retention and disposal

procedures, which include provision of appraisal and permanent preservation for Health Records with archival value." (section 4.2)

The principle of applying retention to records is also supported in the published *Data Protection and Confidentiality Policy* (see element 9).

With these policy commitments in mind, NHS Fife operate two retention schedules one *NHS Fife Retention and Disposal of Records Schedule* for corporate records and one *NHS Fife Health Records Retention and Destruction Policy* for health records, both of which have been provided to the Keeper. The *Health Records Retention and Destruction Policy* is version 4.0 (2020). The corporate schedule does not include a control sheet.

These retention schedules combine to include all public record types in all formats. A sample entry might be:

Type of Record: Diaries – health visitors, district nurses and community midwives
Minimum Retention Period: 2 years after end of year to which diary relates. Patient relevant information should be transferred to the patient record.
Note: It is not good practice to record patient identifiable information in diaries.
Name: Acute Services Division Associate Director of Nursing Health and Social Care Partnership Lead Nurse, West Division Lead Nurse, East Division Lead Nurse, Fife Wide Division (including Mental Health Service) Administrative/Business/Health Records Managers, within each Division responsible for Health Records.

Retention decisions are based on those recommended by the Scottish Government Records Management NHS Code of Practice (Scotland):
https://www.informationgovernance.scot.nhs.uk/wp-content/uploads/2020/06/SG-HSC-Scotland-Records-Management-Code-of-Practice-2020-v20200602.pdf
The Keeper recognises that the NHS Fife Corporate Records Manager was involved

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on the recent review of this national code of practice.

Retention schedules are available electronically via 'Stafflink' (see element 3). Destruction instructions are available to staff in the policies (see element 6).

For the different formats featured in NHS Fife records management systems see element 4 above. Specifically:

Digital shared drives:
The majority of the corporate records of NHS Fife are managed digitally on a central shared drive system that is being transitioned to M365. However, there is no reason to suspect that this will affect the retention decisions allocated to the authority's public records (although it may well change how retention is applied).

Digital Line of Business: The Keeper can agree that records held on the various business systems (particularly in the 'health' area) have specified retention decisions allocated and that these are understood.

Physical in-house: Physical records are included in the *NHS Fife Retention Schedule* (for example the diaries in the example above). However, unlike digital records, paper records cannot be automatically deleted and must be manually destroyed (see element 6).

Furthermore, the Keeper is satisfied that local business areas have adequate input to how retention decisions are allocated to particular record types.

The *NHS Fife Retention and Disposal of Records Schedule* specifically refers to the organisations responsibility under data protection legislation (see element 9)

The Keeper agrees that NHS Fife has schedules providing retention decisions for
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	G	**G**	the record types created while pursuing its functions.
6. Destruction Arrangements	**G**	**G**	The Act requires that public records are destroyed in a timely, controlled and secure manner.
			NHS Fife recognise this:
			The *Health Records Policy* (see element 3) states that records must be properly controlled "Taking into consideration:...retention & destruction schedules" (*Health Records Policy* section 1) and that health records must be "retained and disposed of appropriately using consistent documented retention and disposal procedures, which include provision of appraisal and permanent preservation for Health Records with archival value." (Section 4.2) There must be "documented procedures for the retention, archiving or destruction of Health Records in accordance with national guidelines. The method of destruction must ensure that confidentiality is maintained at all times." (section 4.3.5)
			The Introduction to the *RMP* (page 3) States: "Effective records management involves efficient and systematic control of the creation, storage, retrieval, maintenance, use and **disposal** of records, including processes for capturing and maintaining evidence."
			NHS Fife have formal policies for the destruction of public records including those held in hard-copy format including the destruction of hardware. These are explained in the Health *Records Retention and Destruction Policy* and the *NHS Fife Retention and Disposal of Records Schedule* (see element 5). The former includes a section on when retention should be overruled, for example for 'legal hold' (Health *Records Retention and Destruction Policy* section 4.4.3). The NHS Fife *Information Security Policy* (see element 8) supports the suitable destruction of hardware (*IS Policy* section 3.8).

The *Health Records Retention and Destruction Policy* explains that "Each department should have a comprehensive records management programme which includes cost-effective management of non-current as well as active records, and which takes account of their department's risk management strategy." In a large organisation departmental oversight of disposition is commended.

The authority has provided the Keeper with samples of receipts and audits showing these processes are in operation. They have also provided the Keeper with a copy of a destruction guidance poster issued for staff.

NHS Fife publish destruction policies, for the benefit of service users, at
Health Records Retention and Destruction | NHS Fife
and
Disposal of Confidential Waste Procedure - Paper Records | NHS Fife

E-Mail Staff are instructed on the appropriate deletion of e-mail. The corporate *E-Mail Policy* (see element 4) states: "Ephemeral email messages should be managed within the mailbox and kept only for as long as required before being deleted…Emails must be deleted on a regular basis – this includes inbox, sent items and deleted items." (*E-mail Policy* Section 4.7 'Housekeeping')

Back-Up NHS Fife quite properly keep back-up tapes of public records for business continuity purposes (see element 10). These copies are permanently destroyed after 1 year.

Destruction Logs It is considered best practice to retain a log of what records have been destroyed (see Keeper's Model Plan Model Records Management Plan | National Records of Scotland (nrscotland.gov.uk) element 6). NHS Fife recognise this and state in their *Health Records Retention and Destruction Policy* "It is

essential that the destruction process is documented. The following information should be recorded and preserved so that the organisation is aware of those records that have been destroyed and are therefore no longer available. Disposal schedules would constitute the basis of such a record.
- Description of record
- Reference number if applicable
- Number of records destroyed
- Date of destruction
- Who authorised destruction
- Who carried out the process
- Reason for destruction (Referring to retention & destruction policy.)"

This is commendable.

However, it will be important that this principle can be applied to digital records when the national M365 system is adopted. The Keeper will be interested how that will work in NHS Fife going forward.

Training The *Health Records Policy* commits NHS Fife to train their staff on the destruction of confidential waste (*Heath Records Policy* section 4.10).

The Keeper has also been provided with a destruction of confidential waste poster to show that staff are reminded how to do this. NHS Fife clearly have arrangements in place for the controlled, secure and irretrievable destruction of hard-copy public records as required; a sample shredding receipt has been provided.

However, unlike digital records, paper records cannot be automatically deleted and must be manually destroyed. The *NHS Fife Waste Management Policy* (version 2.0 2018) has been provided as part of the *RMP* evidence package, but does not seem to specifically refer to the destruction of hard-

			copy records. The Keeper suggests that NHS Fife consider creating a separate guidance document (or adapting the *Waste Management Policy*) to direct staff how to dispose of their hard-copy information asset when appropriate. That aside the destruction of paper records is clearly operational in the authority so the Keeper agrees that NHS Fife has processes in place to irretrievably destroy their records when appropriate.
7. Archiving and Transfer	**G**	**G**	The Act requires that all Scottish public authorities identify a suitable repository for the permanent preservation of any records considered suitable for archiving. A formal arrangement for transfer to that repository must be in place. NHS Fife note that "Effective management of information allows fast, accurate and reliable access to records, ensuring the timely destruction of redundant information and the identification and <u>protection of vital and historically important records</u>." (*RMP* Introduction page 3). The *Health Records Policy* (see Element 3) notes that there is a requirement for health records to be retained appropriately "using consistent documented retention and disposal procedures, which include <u>provision of appraisal and</u> <u>permanent preservation for Health Records with archival value</u>." (*Health Records Policy* section 4.2) and that there should be "documented procedures for the retention, archiving or destruction of Health Records in accordance with national guidelines." (section 4.3.5) NHS Fife have also provided the Keeper with a copy of their *Health Records Retention and Destruction Policy* (see element 5). Section 4.5 of this Policy explains "Records which must be permanently preserved". NHS Fife have identified Fife Cultural Trust as the repository to which they will

			transfer public records selected for permanent preservation (*RMP* page 15). The archive facility operated by Fife Cultural Trust is at: Archives - OnFife. The Keeper agrees that Fife Cultural Trust Archives is a proper repository of the preservation of records. NHS Fife have a formal *Service Level Agreement* (*SLA*) with Fife Cultural Trust which has been supplied to the Keeper. They have also provided catalogue entries and a sample deposit receipt in evidence that the arrangements explained in the *RMP* are operational. The Keeper agrees that NHS Fife has arrangements in place to properly archive records when appropriate.
8. Information Security	**G**	**G**	The Act requires that public records are held in accordance with information security compliance requirements. The *Health Records Policy* (see element 3) states that NHS Fife will ensure that "Health Records are secure – from unauthorised and inadvertent alteration and erasure. Access and disclosure are properly controlled and audit trails will track all use and changes to ensure that Health Records are held in a robust format which remains readable for as long as they are required." (*Health Records Policy* section 4.2) and that "Health Records systems should be secure and their creation, management, storage, transport and disposal should comply with current legislation." (section 4.3). The *RMP* states (page 16): "NHS Fife provides systems which maintain appropriate confidentiality security and integrity for all data including storage and use." With these commitments in mind NHS Fife have provided the Keeper with the authority's *Information Security Policy* (version 5.0 dated 2020). This Policy is

| | | | supported by a suite of supplemental policies and guidance documents such as *Internet Policy*, *Mobile Device Management Policy* and *Clear Desk Clear Screen* guidance these have also been provided to the Keeper. These are available to staff on the intranet (screen-shot provided).

The *Information Security Policy* explains that: "Information is vital to NHS Fife. The data stored in information systems used by NHS Fife represent an extremely valuable asset, which are used in its provision of essential services. The reliance of information technology makes it necessary to ensure that these systems are developed, operated, used and maintained in a safe and secure fashion. It is used in every aspect of its operations, from manual systems of record keeping to administration processes such as payroll and accounting; and patient care systems. It is central to the implementation of the Electronic Patient Record and information sharing between NHS Organisations, Health and Social Care, GP Practices and outside agencies." and that "Information Security is important to ensure that NHS Fife does not become vulnerable to the potentially highly damaging financial, legal or political implications arising from a serious breach of security or confidentiality. "(both: *Information Security Policy* section 1).

Many policies supporting information security, and the *Information Security Policy* itself, have been made public for the reassurance of service users:

Information Security Policy | NHS Fife

IT Change Management Policy | NHS Fife

Fife Wide Decommissioning of Fife Premises Policy | NHS Fife

Mobile Device Management Policy | NHS Fife |
|---|---|---|---|

			Data Encryption Policy | NHS Fife Clear Desk Clear Screen Policy | NHS Fife Acceptable Use Policy | NHS Fife Password Policy | NHS Fife Email Policy | NHS Fife Information Security is, of course, also supported in the *NHS Fife Data Protection and Confidentially Policy* (see element 9) Data Protection | NHS Fife These documents explain that NHS Fife have the following procedures in place to ensure the security of its public records: Digital: Digital records on shared drives are governed by published information security procedures. These are available to staff and training is provided. As noted under element 4, these will be transferring to the M365 structure. The Keeper is content that information security will be properly considered under this structure. All digital health record information systems are password protected and passwords are changed at regular intervals (*Health Records Policy* – see element 3 – section 4.3.1). Digital Line-of-Business: The Keeper can agree that line-of-business systems operated by NHS Fife have adequate information security provision as part of their functionality.

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<u>Hard-Copy</u>: The protection of physical records is a feature of the board's *Information Security Policy* (section 8) and of the *Health Records Policy* (for example sections 4.3.2 and 4.5.2). Access to hard-copy records is restricted to appropriate staff (details of security ID card have been provided). NHS Fife also operate the Fairwarning system which restricts use of personal information (see also element 9).

NHS Fife Information Security provision has been mapped against the Information Security practices with the NHS Scotland Information Security Framework: IS-Policy-Framework.pdf (scot.nhs.uk)

A system for reporting information security breaches (actual or potential) is in place. The Keeper has been provided with a copy of the *Incident Management Policy* which is available to staff on the intranet. Reporting is also a feature of the *Information Security Policy*, for example sections 3.7 and 3.10.

As an NHS Board dealing with highly sensitive personal information NHS Fife have appointed 'Caldicott Guardians' (see element 9). Caldicott Guardians have responsibility for contributing to the Board's information security framework.

NHS Fife staff are routinely reminded of their responsibilities with regard to records management and information security. The Keeper has been provided with an example of the board's 'Stafflink' guidance circulars (Tracking of Health Records) and desktop notifications (FairWarning).

The Keeper agrees that NHS Fife have procedures in place to appropriately ensure the security of their records as required by the Act.

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<tr>
<td>9. Data Protection</td>
<td>**G**</td>
<td>**G**</td>
<td>The Keeper expects a Scottish public authority to manage records involving personal data in compliance with data protection law.</td>
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NHS Fife is registered as a data controller with the Information Commissioner's Office (ICO): Information Commissioners - Data protection register - entry details (ico.org.uk)

NHS Fife have a *Data Protection and Confidentiality Policy*. The Keeper has been provided with a copy of this *Policy*. This is version 5.0 dated August 2018. This is published at:
Data Protection | NHS Fife

The *Data Protection and Confidentiality Policy* confirms that "NHS Fife complies with Data Protection legislation, such as GDPR, UK Data Protection Act 2018, Networking and Information Systems Regulations 2018 (NIS) and other guidelines designed to protect the privacy and confidentiality of patients, staff and other members of the public." (*Data Protection and Confidentiality Policy* section 1)

The *Data Protection and Confidentiality Policy* explains the 7 principles of data protection (page 2).

Service users can make a subject access request using an contact telephone number available at: Accessing Records | NHS Fife The Divisional Health Records Manager (see element 2) is one of 'designated officers' responsible for responding to subject access requests.(*Health Records Policy* – see element 3 - section 3.1.5). This in response to a commitment by NHS Fife that "There are documented procedures for handling Subject Access and other legal requests with clear responsibility for responding by fully trained dedicated staff who process requests efficiently and in accordance with the law." (*Health Records Policy* section 4.3.5)

NHS Fife have appointed a Data Protection Officer as required by the Data Protection Act 2018:
Margo McGurk | NHS Fife

			As an NHS Board dealing with highly sensitive personal information NHS Fife have also appointed 'Caldicott Guardians'. Caldicott Guardians are senior clinical managers of the Board responsible for protecting the confidentiality, privacy and fairness of patients and service-user information and enabling appropriate information-sharing. "The Caldicott Guardian must be a key member of the broader Information Governance function with support staff, Caldicott or Information Governance leads e.g. Data Protection Officer, Freedom of Information leads, Health Records Manager and IT Security staff contributing to the work as required." (*Health Records Policy* – see element 3 – section 3.1.3) Relevant staff in NHS Fife are provided training on the NHS Scotland Code of Practice on Confidentiality. The Keeper agrees that NHS Fife have arrangements in place that allow them to properly comply with data protection legislation.
10. Business Continuity and Vital Records	**G**	**G**	The Keeper expects that record recovery is an integral part of an authority's business continuity planning. NHS Fife has an overarching *Corporate Business Continuity Plan* (*BCP*) which has been provided to the Keeper. This is v1.1 dated May 2020. The *Corporate Business Continuity Plan* explains the principles "to be integrated and evidenced within the organisations business planning processes". The Keeper agrees this includes record recovery, for example at section 4.2. As well a central *BCP*, each area of NHS Fife has operational business continuity plans based on the principles set out in the *Corporate Policy*. The template for the creation of a local plan, and guidance on how to complete this, have also been

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<td>provided to the Keeper and he agrees that they include provision for record recovery in an emergency.

The Keeper has been provided with a separate letter from Carol Potter, NHS Fife Chief Executive, dated 19th October 2020, which states: "These documents [the local plans] are not for general distribution for both security and data protection reasons. I am satisfied that robust processes are in place within NHS Fife to ensure business continuity and protect vital records." The Keeper welcomes this reassurance and has previously agreed that detailed business continuity plans, which might, for example, contain home phone numbers of key staff, do not need to be supplied in evidence.

Details of record recovery, and the availabity of back-ups, are provided in the *RMP* (pages 20/21).

The Keeper has been provided with a copy of the NHS Fife *eHealth Business Continuity and Disaster Recovery Framework Plan* which considers the recovery of systems in the case of an emergency (version 6.0 June 2020). The Keeper agrees that this includes the recovery of public records, for example at section 1.3.1

All relevant business continuity documents, plans and templates are available on the 'Resilience' section of the NHS Fife intranet.

The Keeper agrees that NHS Fife have an approved and operational business continuity process and that information management and records recovery properly feature in the authority's plans.</td>
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<tr>
<td>11. Audit trail</td>
<td>**A**</td>
<td>**G**</td>
<td>The Keeper expects an authority to have processes in place to track public records in such a way that their location is known and changes recorded.</td>
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NHS Fife recognise this:

The Introduction to the *RMP* (page 3) states: "Effective records management involves efficient and systematic control of the creation, storage, **retrieval, maintenance, use** and disposal of records, including processes for capturing and maintaining evidence." and that "The guiding principles of records management are to ensure that information **is available when and where it is needed** , in an organised and efficient manner, and in a well maintained environment."

The *Health Records Policy* (see element 3) requires that NHS Fife commits "to ensure that Health Records are properly controlled...readily accessible and available for use, and eventually archived or otherwise disposed of. Taking into consideration...access, storage & retrieval" (*Health Records Policy* section 1) and that "Health Records and the information within them can be located and displayed in a way consistent with the record's initial use and that the current version is identified where multiple versions exist" (section 4.2).

With access, identification and retrieval in mind, NHS Fife have a *Document Version Control and Naming Convention Guidance* document which has been provided to the Keeper. This is version 3.0 approved by the *Information Governance and Security Manager / Data Protection Manager* on 11th January 2021. The author of the *Guidance* is the Corporate Records Manager (see element 2). The *Document Version Control and Naming Convention Guidance* explains the purpose behind version control and naming conventions. The Keeper agrees that this gives clear and appropriate instructions to staff to ensure that records are named in such a way that they can be easily located.

<u>Digital Line-of-Business</u>: NHS Fife operate line-of-business systems, particularly in the 'Health' areas. The Keeper can accept these systems have record tracking

			functionality. In his report on their original submission (2013) the Keeper noted that this element was an area for improvement. At that time this was due to the naming convention and version control procedures not being full rolled out. The Keeper is happy to acknowledge that this was subsequently done and a copy of the latest guidance has been provided (see above). However, as with all other NHS territorial boards in Scotland, NHS Fife is transitioning to the M365 structure which will bring with it new tracking functionality using a powerful search tool and automated version control. The use of naming conventions will still be vital for the efficient use of this system. The *RMP* (page 22) gives a commitment for appropriately training staff on how to use this. Due to the developing nature of what will become a Scotland-Wide records management provision (see element 4 for more on this) the Keeper has determined that this element of the NHS Fife records management plan should retain an 'amber' improvement model rating for the time being. He is, however, convinced that appropriate steps are being taken towards full compliance over time.
12. Competency Framework for records management staff	**G**	**G**	The Keeper expects staff creating, or otherwise processing records, to be appropriately trained and supported. NHS Fife has made the following commitment that "NHS Fife will provide appropriate training and development support to ensure all staff are aware of their records management responsibilities." (*RMP* page 23) The Keeper has been provided with the *NHS Fife Corporate Records Manager Job Description* that confirms that the post holder must have "A minimum of 8 years post

graduate work experience, including 4 years within information field, a recognised Certificate in Scottish Public Sector Records Management and extensive knowledge and experience in Corporate Records Management."

The *Health Records Policy* (see element 3) commits NHS Fife to ensure that the Divisional Health Records Manager (see element 2) holds a Health Records qualification or is suitably trained in Health Records practices and that "all staff are made aware of their responsibilities for Health Record keeping and management" (*Health Records Policy* sections 3.1.5 and 4.2 respectively).

It goes on to make the following commitment: "All staff employed by NHS Fife including volunteers and contractors should be given training on their personal responsibilities for Health Records keeping. This includes the creation, use, storage, security and confidentiality of Health Records. Appropriate training should be provided for all users of the Health Records systems to meet local and national standards. All new employees to the organisation will be given basic training as part of the organisation's induction process." (*Health Records Policy* section 4.10). The *Policy* includes a list of available training including in the Scottish Government Records Management NHS Code of Practice (Scotland) (see element 5).

The Chief Executive (see element 1), in a *Covering Letter* provided to the Keeper, confirms that information governance policies are circulated throughout the organisation and senior management teams are responsible for their dissemination and implementation locally. With this in mind, NHS staff Fife are routinely reminded of their responsibilities with regard to records management and information security. The Keeper has been provided with an example of the board's 'Stafflink' guidance circulars (Tracking of Health Records) and desktop notifications (FairWarning).

Information Governance Training is mandatory within NHS Fife. This is supported with an all staff leaflet from the Information Governance and Security Team (see

			under General Comments below) which has been provided to the Keeper. The *RMP* commits NHS Fife to train its staff on the correct naming of documents (page 22) Business areas creating and managing health records are provided with a self-assessment checklist. One of the items on that checklist is that "The Board has mechanisms in place to ensure that all Health Records managers and staff receive training in Health Records." The Keeper agrees that the individual identified at element 2 has the appropriate responsibilities, resources and skills to implement the records management plan. Furthermore, he agrees that NHS Fife consider information governance training for staff as required.
13. Assessment and Review	**G**	**G**	Section 1(5)(i)(a) of the Act says that an authority must keep its RMP under review. This is acknowledged by the Board. The control sheet to the *RMP*, signed by the Chief Executive states "This plan will be reviewed every year (or sooner if new legislation, codes of practice or national standards are to be introduced)." (*RMP* page 2) The *NHS Fife Information Security Policy* (see element 8) requires that "regular audits of how personal information is handled is carried out" (*IS Policy* section 3.5) and that "regular risk assessments are performed on systems" (section 3.7) Furthermore the *Information Security Policy* instructs that "There must be a regular audit of external contractors and service providers in respect of their need for access to systems and data and their awareness of responsibilities regarding security and confidentiality" (section 3.12) and that "Backups (see element 10) shall be tested periodically to ensure that systems/files can be restored if and when

			required" (section 8.3). The Records Manager (See element 2) reviews the implementation of the plan supported by the Information Governance and Security Steering Group (see under General Comments below) and reports his findings to the Strategic Management Team annually. Reports will be submitted to the Information Governance Steering Group and annually to the Board of Directors Management Team. The *RMP* explains that "The progress on the Records Management Plan will also be reviewed by NHS Fife Internal Audit Service" (RMP page 24). The use of Internal Audit is also supported by the *Information Security Policy* (section 8.6) The use of an independent audit of information governance provision is commended by the Keeper. This text seems to suggest that the Internal Audit review is additional to that conducted by the Records Manager. This is to be expected. NHS Fife have provided their *Records Management Maturity Model* spreadsheet, which is based on that successfully implemented by another health board. The Keeper agrees it provides a useful self-assessment methodology for NHS Fife. NHS Fife have applied a review schedule to the evidential documents provided to the Keeper. They state in the introduction of several of these that "If a policy/procedure is past its review date then the content will remain extant until either such time as the policy review is complete and the new version published, or there are national policy or legislative changes." and "Reviewed policies will have a review date set that is relevant to the content (advised by the author) but will be no longer than 3 years." This is a reasonable provision. Bearing in mind the caveats above: The *Information Security Policy* (see element 8) is due for review by February 2023.

			The *NHS Fife Health Records Retention and Destruction Policy* (see element 5) is due for review by June 2023. The *Health Records Policy* (see element 3) is due for review by September 2023. The *E-mail Policy* is due for review by October 2023. The *Corporate Records Management Policy* (see element 3) and the *Document Version Control and Naming Convention Guidance* (see element 11) are both due for review by January 2024. The Keeper has received a letter from the NHS Fife Chief Executive (see element 1) confirming that "A process for assuring Business Continuity Plans has been established ". An explanation of the testing of business continuity procedures is explained in the *eHealth Business Continuity and Disaster Recovery Framework Plan* (see element 10). The Keeper agrees that NHS Fife have made a firm commitment to review their *RMP* as required by the Act and have explained who will carry out this review and by what methodology. Furthermore he agrees that supporting policy and guidance documents have appropriate review periods allocated.
14. Shared Information	**G**	**G**	The Keeper expects a Scottish public authority to ensure that information sharing, both within the Authority and with other bodies or individuals, is necessary, lawful and controlled. "Information is...central to the implementation of the Electronic Patient Record and information sharing between NHS Organisations, Health and Social Care, GP Practices and outside agencies." (*Information Security Policy* section 1)

			The *RMP* states that the sharing of information is a core NHS Scotland activity and takes place in line with the Data Protection Act 2018 and other relevant privacy regulation (*RMP* page 25). NHS Fife enters into data sharing agreements using formal agreements and samples (for example with the Prison Service) and templates Information Sharing Agreement which includes information governance considerations, for example section 7 'Data retention and secure disposal'. Staff guidance on the creation of information sharing agreements within the board have been provided to the Keeper. **The Keeper agrees that NHS Fife properly consider information governance when entering into arrangements to share information with third parties.**
15. Public records created or held by third parties	**G**	**G**	The Public Records (Scotland) Act 2011 (PRSA) makes it clear that records created by third parties when carrying out the functions of a scheduled authority should be considered 'public records' - PRSA Part 1 3 (1)(b). As part of its routine operations, NHS Fife contract-out certain of its functions to third-parties. NHS Fife have provided the Keeper with the contractual clauses used to ensure these third-parties properly consider information governance issues when creating records as they pursue activities on behalf of NHS Fife. The Keeper notes these clauses include auditing of systems by the health board and re-transfer of records as appropriate. Furthermore, the RMP notes that NHS Fife will direct any third-party creating

			records on its behalf regarding "specific guidance points to cover all records related matters, such as information security, information storage, email, access to information and records, data protection and other compliance requirements" (*RMP* page 30). The Keeper agrees that NHS Fife has properly considered the management of records created by third parties while they undertake activities in pursuance of functions of the health board under contract.

NHS Fife

General Notes on submission

This assessment is on the *Records Management Plan* (the *RMP*) of NHS Fife as submitted to the Keeper of the Records of Scotland (the Keeper), for his review and agreement, on 27th February 2021. This is version 2.0 approved by the Chief Executive (see element 1) on 25th February 2021.

The *RMP* is publically available at: Records Management Plan | NHS Fife

This is the second formal records management plan received from NHS Fife by the Keeper. The first was agreed on the 27th September 2013: Microsoft Word - Keeper'sAssessmentReportFifeNHS_FINAL-Signed_.rtf (nrscotland.gov.uk)

The *RMP* is supported by a *Covering Letter* of endorsement from the Chief Executive of NHS Fife (see element 1) who also signed the *RMP's* cover sheet.

The *RMP* is based on the Keeper's, 15 element, Model Plan http://www.nrscotland.gov.uk/record-keeping/public-records-scotland-act-2011/resources/model-records-management-plan.

NHS Fife discus records management in their published Information Strategy (page 29): nhs-fife-digital-and-information-strategy-2019-2024-1.pdf (nhsfife.org)

The Keeper agrees that robust records management supports the Corporate Objectives of NHS Fife such as optimising resources, increasing efficiency and better communicating with partners: Corporate objectives | NHS Fife:

 NHS Fife make the following statement in their *RMP* :

"Systematic management of records allows organisations to:

- know what records they have, and locate them easily
- increase efficiency and effectiveness
- make savings in administration costs, both in staff time and storage
- support decision making
- be accountable
- achieve business objectives and targets
- provide continuity in the event of a disaster
- meet legislative and regulatory requirements
- protect the interests of employees, clients and stakeholders" (*RMP* introduction page 3).

The Keeper fully agrees this statement.

NHS Fife also state that "Records management, through the proper control of the content, storage and volume of records, reduces vulnerability to legal challenge or financial loss and promotes best value in terms of human and space resources through greater coordination of information and storage systems" (*Health Records Policy* - see element 3 - section 4).

The Keeper also agrees this statement.

The authority refers to records as a business 'asset' (for example *Information Security Policy* section 1, or *Data Protection and Confidentiality Policy* section 4.3). This is an important recognition and the Keeper commends it.

Key Group Information Governance and Security Steering Group:

The Public Records (Scotland) Act is a standing item on the NHS Fife Information Governance and Security Group (IGSG) agenda, which meets quarterly. NHS Fife have provided the Keeper with example agenda and minutes from this group in their evidence package which confirms that PRSA is indeed a standing item.

The IGSG is responsible for ensuring that the records management and information security policies are followed. The routinely review the *Information Security Policy* (see elements 8 and 13).

The RMP and other relevant policies are reviewed by the IGSG. For example, see control sheet of the NHS Fife E-Mail Policy (see element 4)

Clearly the Information Governance and Security Group is vital to the records management process in NHS Fife and the Keeper thanks the authority for sharing details of their remit as part of this submission.

6. Keeper's Summary

Elements 1 - 15 that the Keeper considers should be in a public authority records management plan have been properly considered by NHS Fife. Policies and governance structures are in place to implement the actions required by the plan.

Elements that require development by NHS Fife are as follows:
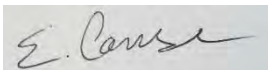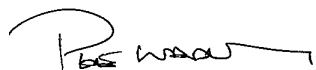
4. Business Classification

11. Audit trail

7. Keeper's Determination

Based on the assessment process detailed above, the Keeper **agrees** the RMP of **NHS Fife**.

- The Keeper recommends that NHS Fife should publish its agreed RMP as an example of good practice within the authority and the sector.

This report follows the Keeper's assessment carried out by,

…………………………………

Pete Wadley
Public Records Officer

…………………………………

Liz Course
Public Records Officer

8. Endorsement of Report by the Keeper of the Records of Scotland

The report has been examined and is endorsed under the signature of the Keeper of the Records of Scotland as proof of compliance under section 1 of the Public Records (Scotland) Act 2011, and confirms formal agreement by the Keeper of the RMP as submitted by NHS Fife In agreeing this RMP, the Keeper expects NHS Fife to fully implement the agreed RMP and meet its obligations under the Act.

……………………………………………

Paul Lowe

Assessment Report

Keeper of the Records of Scotland

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**13 January 2023**
Title:	**Patient Experience and Feedback Report**
Responsible Executive:	**Janette Owens, Director of Nursing**
Report author:	**Siobhan McIlroy, Head of Patient Experience (HoPE)**

1   Purpose

The purpose of this paper is to provide an update on patient experience and feedback, and to describe work being taken forward to present a more rounded picture of patient experience, ensuring improvements are made and are featured in future reports.

This is presented for:

- Assurance

This report relates to a:

- Emerging issue
- Government policy/directive
- Local policy

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

- Person Centred

2   Report summary

2.1   Situation

Patient complaints are reported 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 50% by 31st March 2023)

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

1

that the quality of patient experience is described, and to improve the complaint handling performance in line with national standards.

2.2   Background

Person centred care is about ensuring the people who use our services are at the centre of everything we do. It is delivered when health and social care professionals work together with people, to tailor services to support what matters to them. It is about:

- respect for patients' values, expressed needs and preferences
- coordination and integration of care
- communication, information, education,
- physical comfort
- emotional support
- involvement of family and friends

How do we know we are getting it right?

DEFINING THE PATIENT EXPERIENCE

Patient experience is based partly on the patients' and family's *expectations* of what is about to happen and the *cumulative evaluation* of their journey through our system.

- We have opportunities to delight or disappoint based on their clinical and emotional interactions with us, and their interactions with our staff, our processes, and the environment

MEASURING THE EXPERIENCE

Currently, 'patient experience and feedback' is captured through:
- Care Opinion
- Compliments and comments
- Complaints
- Initiatives, such as the Care Experience Improvement Model

Moving forward, we will also make use of:
- Surveys e.g. Your Care Experience
- Focus groups
- Post discharge / appointment phone calls
- Warm welcome / fond farewell
- Care Assurance processes, for example:
  - Shadowing / observation
  - Walkarounds
  - 15 step challenge

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> **IMPROVING THE EXPERIENCE**
> It is important to analyse the data, identifying themes and any particular issues:
> - Develop and share goals and targets based on data
> - Assess processes
> - Create an enabling infrastructure:
>   - Framework
>   - Leadership
>   - Education and training
> - Engage staff, patients, families, and carers in improvement work

2.3 Assessment

On reviewing the stage 2 complaints, an improving position remains evident. Weekly Summary data collection commenced in August 2022, and 192 stage 2 complaints have now reduced to 148 (23% reduction). There is now a level of detail that clarifies where each complaint is in the process, and additional data will include the number of stage 2 complaints received weekly.

STAGE 2	17/10/2022		21/11/2022		19/12/2022	
Total	**143**	**%**	**143**	**%**	**148**	**%**
Awaiting Statements	63	44	72	50	71	48
Returned to Service insufficient statement	0	0	1	1	1	1
Requires PRD Action	15	10	12	8	12	8
Ready to draft	5	3	7	5	2	1
Drafting in Progress	1	1	3	2	3	2
FR out for comment	17	12	9	6	11	7
FR out for approval	37	26	34	24	43	29
FR with Director H&SCP	1	1	1	1	2	1
FR with GM for sign off	0	0	1	1	0	0
FR with Head of Service for sign off	3	2	1	1	3	2
FR sent to CEO	1	1	2	1	0	0
Signed Final Response			7		11	

During this period we have been able to demonstrate almost 50% of stage 2 complaints are subject to a delay in receiving statements, with a further 40% awaiting comments or approval from services.

As of 13 December 2022, there were 148 stage 2 complaints however, only 18 were within the 20-day target. Out of those 18, none had statement returned within the agreed target; therefore predicted compliance the national 20-day target remains extremely low.

Performance (against the measure of all complaints closed in the month) improved slightly in November 2022 (6.7%). As any development in processes of handling new complaints would not be demonstrated in this metric due to the closure of any of the backlog of outstanding complaints, an additional metric has been incorporated based on receipt of new complaints and whether they are closed within the 20-day response target.

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The number of Stage 2 complaints closed in November 2022 was 30. Process mapping, feedback, and discussions will continue to take place over the next quarter to investigate issues with delays in receiving statements within the agreed local 10-day target.

A Recovery and Improvement Plan (Appendix 1) has been developed to guide the redesign of the Patient Experience service, focusing on patient experience and feedback.

The development of a quarterly report for the Clinical Governance Committee captures information on 'Measuring the Experience' and 'Improving the Experience'.

The report provides information on different methods of gathering feedback. As we emerge from the pandemic, we will report on any work taken forward to understand and improve the patient experience.

The report also captures performance data required as part of the Model Complaints Handling Procedure.

In line with the Organisational Learning Group, future reports will highlight emerging themes, lessons learned, and quality improvement initiatives.

2.3.1 Quality/ Patient Care

Analysing data will lay the foundation for quality improvement work. The Organisational Learning Group will review themes, trends and lessons learned from complaints and adverse events which can be triangulated with activity and staffing resource.

2.3.2 Workforce

Workforce planning

The Patient Relations Team was rebranded to the Patient Experience Team (PET) and the launch of this commenced 19 December 2022. The Patient Relations Team will be referred to as the Patient Experience Team within this document.

Current Establishment:

Head of Patient Experience	Band 8a	Permanent	1.0 WTE
PET Leader	Band 7	Permanent	1.0 WTE
PET Officers	Band 6	Permanent	3.4 WTE
PET Support Officers	Band 4	Permanent	1.8 WTE
PET Administrators	Band 3	Permanent	2.07 WTE

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Additional team support consists of:

PET Officers (in post)	Band 6	Bank	1.0WTE
PET Officers (starting Jan 2023)	Band 6	6-month Fixed Term	1.0WTE
PET Officers (interview Jan 2023)	Band 6	6-month Fixed Term	1.0WTE
PET Support Officer (in post)	Band 4	9-month Fixed Term	0.69 WTE
PET Administrator/ Navigator (Shortlisting)	Band 4	9-month Fixed Term	1.0 WTE
PET Feedback Administrator (commence post Jan 2023)	Band 4	Bank	0.26 WTE

2.3.3 Financial
n/a

2.3.4 Risk Assessment/Management
Complaints handling and learning from complaints are vitally important in reducing reputational risk.

2.3.5 Equality and Diversity, including health inequalities
People can expect to experience integrated care and support services that are underpinned by a Human Rights Based Approach, in which:

- People's rights are respected, protected and fulfilled
- Providers of care clearly inform people of their rights and entitlements
- People are supported to be fully involved in decisions that affect them
- Providers of care and support respect, protect and fulfil people's rights and are accountable for doing this
- People do not experience discrimination in any form
- People are clear about how they can seek redress if they believe their rights are being infringed or denied

2.3.6 Other impact
n/a

2.3.7 Communication, involvement, engagement, and consultation
NMAHP leadership group has been involved in discussions and improvement action planning.

2.3.8 Route to the Meeting
Update from Patient Experience Team

2.4 Recommendation

- **Assurance**

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3 List of appendices

Appendix 1 – Patient Experience and Feedback Recovery and Improvement Plan, December 2022

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Patient Experience and Feedback

Recovery and Improvement Plan

December 2022

CONTENTS

ISSUE: 1	RECOVERY

OBJECTIVE	**Backlog of 'ready to draft' complaints responses is addressed**. 40 responses to be drafted by PR officers as at 01/02/22. This number will inevitably increase as more statements from services are received. Aim is to have no backlog, to allow PR officers to focus on managing new complaints within the Model CHP timescales, and support services to provide statements.

No	ACTIONS	LEAD	DATE	PROGRESS	STATUS
1.1	Provide weekly report on complaints in system to share with operational teams: ECD, PCD, W&CS, CCS, PPCS, C&CS, corporate services	PET Admin	31/03/22	Weekly report produced providing information on number of complaints within 15 days (green); 15 – 20 days (amber); >20 days (red); status (awaiting statements, for approval etc).	complete
1.2	Prepare complaint information, statements to draft	PET Admin	31/03/22	Packs prepared for weekend drafting	complete
1.3	Identify staff, experienced in complaints management, to support focused drive on drafting responses	ADoN	31/03/22	Senior nurses working additional hours at weekends to reduce backlog, supporting PRT	complete
1.4	Focus on 'ready to draft' responses by PROs	PET Lead	31/03/22	PROs prioritised drafting backlog of responses	complete
1.5	Highlight 'ready to draft' responses: number, complexity	PET Admin	31/03/22	Backlog of 'ready to draft' responses cleared	complete

OBJECTIVE	Define timeline / trajectory for improvement in complaints response times

No	ACTIONS	LEAD	DATE	PROGRESS	STATUS
1.6	Re-establish weekly meetings with service SPOC	PET Lead	8/4/22	Weekly /bi-weekly meetings re-established	Complete
1.7	Reduce backlog of statements from services and expedite Final Responses awaiting approval	PET Lead / SPOC	31/03/23	Challenges remain with receiving statements within timescales. Long term sickness absence remains within PRD officer's workforce, however only as of 19/12/22 on d (3%) of complaints are with the PRD team in the drafting process As of 19/12/22, 72 (49%) stage 2 complaints are outstanding awaiting statement returns.	In progress

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No	ACTIONS	LEAD	DATE	PROGRESS	STATUS
				New statement memo with aim to reduce duplication, streamlining processes and improving quality, awaiting testing Requested digital support to explore options for a shared document platform to support statement and final response processes. To implement a standard operating procedure to escalate delays in the process To process map delays within complaint handling process To review 20 final responses and discuss with services	
1.8	Analyse data from process mapping exercises and agree improvement trajectory with services	PET Lead / HoPE	31/12/22	Additional fields have been added to Datix to support data collection. This has allowed more meaningful data to be entered and exported direct to excel for interpretation. Weekly reports continue to be sent to the services generated from Datix. Weekly meetings with services reinstated to review current complaints and delays.	Complete
1.9	Establish focus groups to discuss complaints management with services	PET Lead / HoPE	31/03/23	Initial induction meetings have taken place with HoPE and several HoN and ADoN's. Questionnaires regarding the complaint handling processes, documentation and systems will be sent to the services prior to meeting.	In progress

ISSUE: 2	'MEASURING THE EXPERIENCE': ANALYSIS AND REPORTING				
OBJECTIVE	Provide clear analysis of patient experience and feedback data, designing effective format for reports which promotes discussion and learning				
No	ACTIONS	LEAD	DATE	PROGRESS	STATUS
2.1	Collaborate with Risk Management Coordinator to broaden use of DATIX in Complaints Management, coding themes, capturing lessons learned, actions planned	ADoN	31/12/22	Additional data fields have been added to Datix as a solution for extracting more detailed data. Ongoing national work regarding coding and categorization of complaints.	Complete
2.2	Data collection and analysis systems to be developed to facilitate 'live' status of complaints, avoid duplication, and enable bottlenecks to be identified	ADoN / HoPE	31/12/22	SharePoint not a viable solution for data collection and analysis system.	Complete

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				Additional data fields have been added to Datix and data extracted to excel. This negates the need to manually update data onto an excel spreadsheet. Additional fields are being added to Datix for multi-directorate complaints and this will allow us to identify more easily services involved and track the progression of the whole complaint.	
2.3	Arrange meeting with Digital and Information Services to ensure systems are not being duplicated	DoN / ADoN	1/5/22	Solution identified and agreed.	Complete
2.4	Capture data required for 9 KPIs in the Model Complaints Handling Procedure	PET Lead	31/03/23	Data systems are currently in place to gather this data. Further work is to be done to enhance the quality of the data. Complaints handling feedback Questionnaire has been designed to in relation to KPI-2 "Complaint Process Experience". A new feedback questionnaire has been design using MS Forms and is due to be tested on 04/01/2022. A new feedback field has been added to Datix to capture patients that have consented to provide feedback. Initially this will be a test of change for Stage 2 complaints only and will then be spread out to cover all complaints and concerns. MS Forms will also capture live response rates and data that can be used for future learning and quality improvement.	In progress
2.5	Develop criteria against which quality of statements are assessed	PET Lead	31/03/23	Criteria has been developed against which quality of statements are assessed. This still needs to be tested and implemented	In progress
2.6	Develop criteria against which quality of draft responses are assessed	PET Lead	31/03/23	Criteria has been developed against which quality of draft response are assessed. This still needs to be tested and implemented	In progress
2.7	Develop criteria against which complaints are assessed as being upheld, not upheld or partially upheld	PET Lead	31/12/22	New complaint statement requests whether each complaint point is upheld or not upheld.	Complete

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2.8	Design template for EDG and CGC SBARs reporting	DoN	8/6/22		Complete
2.9	Design quarterly report template for CGC, including MCHP which will inform Annual Report	DoN	8/6/22		Complete
2.10	Complete Annual Report for SG	DoN	30/9/22		Complete
2.11	Complaint's dashboard	HoPE	31/03/23	Requested digital support to explore the extraction of data from Datix to produce a live Patient Experience Dashboard. Initial meeting to discuss is in January 2023.	In progress

ISSUE: 3	COMPLAINTS HANDLING SERVICE MODEL				
OBJECTIVE	Review and redesign service model to improve effectiveness and efficiency of processes				
No	**ACTIONS**	**LEAD**	**DATE**	**PROGRESS**	**STATUS**
3.1	Carry out detailed process map of PRO work	PET Lead	31/12/22	Process mapping undertaken	Complete
3.2	Carry out detailed process map of PR administrators' work	PET Lead	22/4/22	Process mapping undertaken	Complete
3.3	Review outcomes and implement recommendations from process mapping sessions	HoPE	31/12/22	Outcomes reviewed and recommendations made	Complete
3.4	Benchmark complaints management teams / processes across other Boards and public sector agencies	PET Lead	31/12/22	Contact to be made with all Boards to review establishments, documentation, and processes	Complete
3.5	Process mapping analysis to elicit gaps, duplication, more efficient way of working	PET Lead	31/12/22	Process mapping completed with Quality Improvement project manager	Complete
3.6	Proactively seek feedback from complainants re the complaints handling process (as per KPI) (will also support QI)	PET Lead	31/12/22	Collating all forms of feedback from complainants and reviewing for learning opportunities	Complete
3.7	Poor uptake with feedback from complaints re the complaints handling process (as per KPI)	HoPE	31/03/23	A new feedback questionnaire has been design using MS Forms and is due to be tested on 04/01/2022. A new feedback field has been added to Datix to capture patients that have consented to provide feedback. Initially this will be a test of change for Stage 2 complaints only and will then be spread out to cover all complaints and concerns.	In progress

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No	ACTIONS	LEAD	DATE	PROGRESS	STATUS
				MS Forms will also capture live response rates and data that can be used for future learning and quality improvement. This is being done as a Quality Improvement Project	
3.8	Sending email via Datix System	HoPE / PET Lead	30/09/22	Datix systems has been changed to allow the ability to send emails to recipients with NHS straight from the complaint file. This was not activated previously within the Complaints module. This allows direct emails from Datix rather than having to exit Datix, send from MS Mail, copy sent email and paste within the progress note in Datix complaint file. The ability to send emails from Datix has streamlined the process and is a more efficient way of working.	Completed

ISSUE: 4	'IMPROVING THE EXPERIENCE': QUALITY IMPROVEMENT				
OBJECTIVE	Ensure that lessons learned from all forms of patient feedback are used to inform quality improvement and promote patient safety				
No	ACTIONS	LEAD	DATE	PROGRESS	STATUS
4.1	Link with Organisational Learning Group	ADoN / HoPE	06/10/22	OLG in early stages of development. ADoN co-Chair. Systems and processes being worked through	Completed
4.2	Identify small Tests of Change in department	ADoN	1/4/22	Blended approach to office working has been established, minimum 50% office-based	Complete
4.3	Identify small Tests of Change in Complaints Handling	PET Lead	31/12/22	Identify ToCs following review of outcomes and recommendations from process mapping	Complete
4.4	Review recorded answer phone message	HoPE / PET Lead		Review answer phone message – length, details Ensure information provide in answer phone message is accurate and update Consider allocated telephone extension for internal queries for NHS staff	Complete
4.5	Review complaint "Holding" Letter process	HoPE / PET Lead	30/09/22	Holding letters are issued every 20 days to complainants advising of delays in providing response letters. This has been changed to an email (where possible) which is a quicker process and releases time. The "Holding" letter/email has	Complete

No	ACTIONS	LEAD	DATE	PROGRESS	STATUS
				also been changed to reflect the feedback from patients who were unhappy with the content.	
4.6	Review of the Complaints "Acknowledgement" process	HoPE / PET Lead	31/12/22	Current review of the delays with complainants receiving "Acknowledgement" letters within 3 working days. The current way the data is extracted from Datix is not always accurate and false breaches are occurring. This continues to be reviewed monthly and true breaches looked at for learning opportunities. The report does not capture the data based on monthly performance. The data is pulled from the complaints closed date, therefore the breaches may be anything from 3 to 12 months old. New system in place to review complaints acknowledgement letters daily to help improve this target	Complete

ISSUE: 5	WORKFORCE				
OBJECTIVE	Ensure that PRT is supported and developed. Ensure that workload and workforce planning is considered in design of team				
No	**ACTIONS**	**LEAD**	**DATE**	**PROGRESS**	**STATUS**
5.1	Support staff well-being	ADoN / HoPE	30/09/22	First 'Spaces for listening' session took place with Chaplain Service in July. Enquire about additional 'Spaces for listening' sessions. It is planned that these sessions will be provided every 3 months and staff are keen to continue with this. The second session took place 29/09/22.	Completed
5.2	Appoint additional PR officer via bank contract to focus on expediting draft responses	ADoN	1/5/22	Commences in post 31/5/22.	Complete
5.3	Leadership: recruit Head of Patient Experience (HoPE)	ADoN	7/4/22	Post appointed to	Complete
5.4	Ensure PDPs undertaken to support staff development	PET Lead	31/12/22	PDP's have commenced	Complete

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5.5	Source training opportunities for PRT	PET Lead	31/12/22	Ongoing training being sourced Good conversations training commenced SPSO training to commence in new year PDP's will highlight further training requirements	Complete
5.6	Develop system to categorise complaints from 'simple' to 'complex' to provide approximate time to draft response	HoPE / PET Lead	31/03/23	Complexity scoring system has been developed (similar to OPEL) and awaiting testing. New field added to Datix to capture data. Testing will begin January 2023 to ensure parameters are correct	In progress
5.7	Measure workload to support workforce planning	PET Lead	31/12/22	HoPE to confirm progress with PR Lead Twice weekly review of caseloads and ongoing review of roles and responsibilities as new systems, processes and roles develop	Complete
5.8	Review of PR team roles and responsibilities	HoPE / PET Lead	30/11/22	Review of systems and process along with tasks, roles and responsibilities continues to develop. Successful test of change with PR Support Officer reviewing incoming mail to PR department, releasing PR officers to draft complex complaints, this works well and will continue	Complete
5.9	Establishment and budget	HoPE / PET Lead	31/03/23	Benchmarking and reviewing current budget, establishment, banding and roles within PR department has taken place Review of current vacancies within establishment 9-month fixed term 0.69 WTE Band 4 PR Support Officers post has been appointed to and currently in post Administrator 1.0 WTE Band 4 post has been advertised and shortlisted, interviews January 2023 Continue to cover long term 0.8WTE Patient Experience Officer with Band 6 Bank 1.0 WTE (within establishment budget) 2 x 6-month fixed term Band 6 1.0WTE Patient Experience Officer post (Recruited to 1 post due to commence January 2023 and further interview to take place early January 2023 (both posts funded from underspend) Will test a new post in January 2023 approximately 10hrs per week to collect Patient Experience feedback	In progress

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5.10	Rebranding of Team	HoPE / PET Lead	31/12/22	Rebranded Patient Relations Team to Patient Experience Team

Complete

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NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**13 January 2023**
Title:	**Equality Outcomes and Mainstreaming Interim Report 2021-2023**
Responsible Executive:	**Janette Keenan, Director of Nursing**
Report Author:	**Isla Bumba, NHS Fife Equalities and Human Rights Lead**

1   Purpose

This report is presented for:

- Assurance
- Discussion
- Decision

This report relates to:

- Government policy / directive
- Legal requirement
- Local policy

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

- Safe
- Effective
- Person Centred

This report aligns to the following Staff Governance Standard(s):

- Well informed
- Appropriately trained & developed
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health & wellbeing of staff, patients and the wider community

2   Report summary

2.1   Situation

The Equality Act (2010) and the Public Sector Duty (2011) legally requires NHS Fife to devise, monitor and publish an Equality Outcomes and Mainstreaming plan every 4 years.

It also requires NHS Fife to publish an interim progress report after 2 years, and a final progress report at the end of the 4-year period. The Interim report is due to be published at the end of March 2023 with agreement of NHS Fife Board. The Commission for Equality and Human Rights regularly monitors authorities' including Health Boards compliance with the Equality Act 2010.

The attached document provided is:

An interim report giving information and detail of the work undertaken over the past two years to progress the outlined set of equality outcomes for the period 2021 – 2023. This report also details NHS Fife's mainstreaming activity and how we intend to continue to make progress against these actions for the next two years.

2.2 Background

The core areas of The Equality Act 2010 (Specific Duties) (Scotland) Regulations (2012) require NHS Fife to:

- Report on progress on mainstreaming the equality duty
- Publish equality outcomes and report on progress
- Gather and use employee information
- Publish gender pay gap information
- Publish statements on equal pay including occupational segregation information

Additionally, the Public Sector General Duty 2011 of the Equality Act 2010 requires NHS Fife to:

- Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited under this Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a relevant protected characteristic and those who do not.

The attached report will summarise and document how NHS Fife has complied with the above legislation.

2.3 Assessment

The Equality Outcomes and Mainstreaming report has been worked on for many months, working collaboratively with many services across NHS Fife and is now complete. This report covers a summary of NHS Fife and its workforce, the Fife population, how NHS Fife is mainstreaming equality work and details the progress on each equality outcome as set in the 2021 – 2025 plan, and the progress on each specific action.

Due to COVID-19 there have been challenges with achieving the outlined outcomes, and so this report acknowledges this and details how NHS Fife intends on addressing this challenge and any delays experienced, by meeting the outcomes over the years 2023 – 2025.

2.3.1 Quality / Patient Care

An update is provided in the report regarding the progress made towards each of the specified equality outcomes:

- Outcome 1 – Person-centered Care – To improve the mental health outcomes for patients over 65 years
- Outcome 2 – To improve the health of Black and/or Minority Ethnic Patients in our community
- Outcome 3 – To make senior management equality focussed by improving and embedding knowledge and skills through learning, mentoring and leadership
- Outcome 4 – To improve the health and wellbeing of our Black and Minority Ethnic staff

2.3.2 Workforce

It is recognised that there is work to be done in terms of improvements to equality, diversity and inclusion within NHS Fife in support of this strand of the NHS Scotland Staff Governance standard and the spotlight on the ethnic minority staff group generated by the pandemic. While we have achieved improvements in the uptake of Equality & Diversity training and 2021 saw the launch of our BAME Network, jointly chaired by members of staff, alongside the support for our new international recruits, there are other staff groups within the protected characteristics, where specific action has still to be taken, for example, for LGBTQ+ staff.

2.3.3 Financial

n/a

2.3.4 Risk Assessment / Management

NHS Fife carries out Equality Impact Assessments (EQIAs) and this is a key way to mainstream equality across the organisation. EQIA's are a way to ensure that NHS Fife, like all other Public sector organisations, is assessing the impact that all services, policies and changes has on equality. They involve using an evidence base (including public engagement work) to predict potential outcomes of changes on any of the Protected Characteristics, and then making appropriate adjustments to mitigate any negative impacts.

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

The attached report will summarise and document how NHS Fife has complied with:

- The Equality Act 2010 (Specific Duties) (Scotland) Regulations (2012).
- The Public Sector General Duty 2011

2.3.6 Climate Emergency & Sustainability Impact

n/a

2.3.7 Communication, involvement, engagement and consultation

- The report details communication, involvement and engagement work

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.

- Equality and Human Rights Strategy Group
- EDG 5 January 2023

2.4 Recommendation

- **Assurance** – The report details NHS Fife's mainstreaming activity and how we intend to continue to make progress against these actions for the next two years.
- **Discussion** - Consider content of Report
- **Decision** – Agreement to publish the Interim Report by 31 March 2023

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1 NHS Fife Equality Outcomes and Mainstreaming Interim Report

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NHS Fife's Equality Outcomes & Mainstreaming Interim Report

March 2023

NHS Fife's Corporate Equality and Human Rights Statement

NHS Fife is committed to making health and care accessible by eliminating discrimination, promoting inclusion and ensuring a Human Rights based approach underpins all our functions and services.

Contents

1. Foreword by Janette Keenan, Director of Nursing & Executive Lead for Equality and Human Rights

As the Executive Lead for Equality and Human Rights, I am pleased to present NHS Fife's Equality Mainstreaming Plan (2021-2025) Interim Progress Report.

NHS Fife as a public authority must ensure that The General Equality Duty 2011 and the Specific Duties (Scotland) Regulations 2012 of the Equality Act 2010 are met and published as required. This report aims to provide an update on progress towards delivering our corporate Equality Mainstreaming Plan (2021-2025), highlighting what difference the plan is making to our patients and service users and, to provide examples of how equality is being embedded throughout our organisation. Co-production is used to drive that work, to help shape and inform the future of health and care across Fife by listening and acting upon the voices of those representative of protected characteristics. Using Human Rights - PANEL Principles (Participation, Accountability, Non-discrimination, Empowerment and Legality (reference only) we ensure that our work is person centred, safe and effective.

Our equality work will contribute significantly to NHS Fife Population Health and Well-being Strategy which will be published in 2023. The Equality and Human Rights Strategy Group (EHRSG) has been refreshed. The EHRSG holds responsibility for ensuring NHS Fife fulfils and complies with its Equality and Human Rights legal and ethical obligations, in line with local and national legislation and guidance. It will act to guide progress of mainstreaming Equalities and Human Rights throughout NHS Fife, and aid monitoring and reporting on NHS Fife's progress towards the Equality Outcomes and Mainstreaming Reports, including the Plans, Progress Reports and Final Reports. The Group will ensure participation and engagement structures are equitable and fair, and improve learning from trends in complaints, comments and case studies, and to provide a forum for sharing of current issues relating to Equality and Human Rights.

We have taken steps to incorporate the Fairer Scotland Duty 2018 into our Equality Impact Assessments (EQIA) and reviewed our EQIA Toolkit for the organisation. In addition to this we developed a new EQIA training programme for staff.

If you would like to know more about our work on Equality Mainstreaming, please email fife.equalityandhumanrights@nhs.scot.

2. Introduction

NHS Fife is delivering its [Equality Outcomes & Mainstreaming Plan 2021 - 2025](#) in partnership with the NHS Fife board, Senior Managers, staff, services, patients and local communities. This Equality Outcomes and Mainstreaming Interim Report will feedback on the progress made throughout 2021 and 2022 on the 2021 – 2025 Plan for Fife and provide a thorough update on future developments.

2.1   Aims of this report

This two-year interim progress report discusses the work NHS Fife has carried out so far in the delivery of the four high-level equality outcomes that were outlined in 2021. This report aims to cover the revisions to our current mainstreaming plan created in 2021, what progress has been made with the plans up to March 2023, who has been involved in the co-delivery of these plans, and highlight how we have used patient engagement to ensure lived experiences and patient opinions are being heard and accounted for in all NHS Fife decisions. This report will also cover a general workforce update such as details of workforce networks, staff training and an employee satisfaction and wellbeing update. Additionally, we have also provided an update on our Board membership composition which has changed over the past two years.

This reports overarching aim is to document the progress NHS Fife is making to ensure we are adhering to all equality legislation, ensure appropriate governance, and report back to the Scottish Government. Additionally, this report aims to enable NHS Fife to remain open and transparent with our patients and members of the public about what work we are undertaking in relation to Equality.

2.2   Why we need to mainstream and have equality outcomes

Mainstreaming equality is a specific requirement for public bodies in Scotland, laid out by the Scottish Government. It is a means to ensure we are integrating equality into all aspects of NHS Fife, and by the development of specific equality outcomes every 4 years, NHS Fife must continue specific areas of work aimed at addressing particular areas in need of improvement. The equality outcomes outlined in the 2021 – 2025 plan do not limit our actions but provide a specific focus for the organisation as identified from patient feedback and both local and national evidence, and allows us to adhere to the legislative responsibilities laid out by the Equality Act 2010.

2.3   The legislation

The Equality Act 2010 is a means to legally protect people from discrimination in the work place and in wider society, and it was introduced to the public sector (through the public sector Equality Duty), including health boards, to ensure they have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and any other conduct that is prohibited under this Act
2. Advance equality of opportunity between people who share a relevant protected characteristic and those who do not share it;
3. Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Equality Act 2010 works to protect individuals with 'Protected Characteristics' which are as follows: Age, Gender Reassignment, Marriage and Civil Partnership, Maternity and Pregnancy, Disability, Race and Ethnicity, Sex, Sexual Orientation and Religion and Beliefs.

In addition to the Equality Act 2010, NHS Fife strives to ensure that the Fairer Duty Scotland Act, the Human Rights Act 1998, the Patients Rights Act 2011, The BSL Scotland Act 2015, the United Nations Rights Convention on the Rights of the Child, Children and Young People (Scotland) Act 2014, the Breastfeeding Act (Scotland) 2005 and the Public Bodies (Joint Working) (Scotland) Act 2014 are all embedded in our Equality Impact Assessment (EQIA) process. This ensures that NHS Fife is not only mainstreaming the content of the Equality Act 2010, but of all of the above listed legislation.

NHS Fife's previous mainstreaming reports have illustrated how NHS Fife is committed to embed equalities into all of our functions and our continued approach is outlined hereafter.

3. NHS Fife & the Mainstreaming Update

3.1 About NHS Fife

NHS Fife works collaboratively with the Fife Health and Social Care Partnership to ensure the health needs of around 37,000 people living in Fife are met by delivering safe, accessible and high quality health and social care services.

NHS Fife has approximately 8,500 members of staff and consists of a number of different facilities across the county which have varying roles within the health care service and these are supported by a network of GPs, dentists, opticians and pharmacies. These facilities are as follows:

- **The Victoria Hospital**, Kirkcaldy – The largest hospital in Fife and is the location of Accident and emergency services as well as minor injuries, specialist, acute and support health services. Additionally, there is an onsite Maggie's Centre
- **Queen Margaret Hospital**, Dunfermline – This is the second largest hospital in Fife and is home to a number of community and therapy services in addition to a minor injuries unit, outpatient and diagnostic clinics.
- **Adamson Hospital**, Cupar – A community hospital with a 24-bedded inpatient unit, a minor injuries unit, X-ray department and a range of outpatient clinics.
- **Cameron Hospital** – This community hospital delivers a wide range of inpatient services including stroke rehabilitation and outpatient services such as addiction services.
- **Glenrothes Hospital** – This community hospital provides outpatients services such as dietetics, occupational therapy, physiotherapy, podiatry and speech and language therapy.
- **Whyteman's Brae Hospital**, Kirkcaldy - It caters for psychiatry and elderly patients, including an inpatient ward, amongst other outpatient clinics.
- **Lynebank Hospital**, Dunfermline – A community hospital which has a range of services including an inpatient learning disabilities service providing care for adults aged 18 – 65, in addition to community learning disability services, dietetics, speech therapy, clinical psychology, addiction services, dental access and audiology, amongst others.
- **Stratheden Hospital**, Cupar - cares for patients with mental health issues and contains inpatient services for this.
- **St. Andrews Community Hospital** - contains a minor injuries unit in addition to offering outpatients services and inpatient wards for rehabilitation services.
- **Randolph Weymss Memorial Hospital** - contains one inpatient ward and also sexual health clinics, physiotherapy and children's services.

Further information is available on NHS Fife's website here.

3.2   Leadership & Governance

3.2.1 The Board

NHS Fife makes a clear and consistent commitment to Equality and Human Rights throughout the organisation by demonstrating diversity at a senior level and amongst Board members.

The overall purpose of the NHS Fife Board is to ensure the efficient, effective and accountable governance and to provide strategic leadership for the overall system, focussing on agreed outcomes.

The role of the Board is specifically to:

1.   Improve and protect the health of local people
2.   Improve health services for local people
3.   Focus clearly on health outcomes and people's experience of their local health system
4.   Promote integrated health and community planning by working closely with other local organisations
5.   Provide a single focus of accountability for the performance of the local NHS system.

The functions of the NHS Board comprise:

- Strategy development
- Resource allocations
- Implementation of an annual delivery plan
- Performance review and management.

The Board comprises of 18 members:

- A Chairperson (female)
- Nine non-executive members, including the designated whistle blowing champion (5 male, 4 female)
- Two stakeholder members (2 female)
- A member of Fife Council (male)
- The Chief Executive of NHS Fife (female)
- Four Executive Directors (3 female, 1 male)

3.2.2 Governance statement

NHS Fife's Equality and Human Rights department is delegated to the Population Health & Wellbeing Committee and to the Staff Governance Committee for compliance relating to Equality and Human Rights legislation.

3.2.3 Equality and Human Rights Team and Strategy Group

NHS Fife's Equality and Human Rights Department has re-launched their [public website](#) to improve accessibility to resources and to make it more user-friendly. Additionally, the Equality and Human Rights Internal Intranet page has been updated and re-launched to allow for staff to easily navigate the resources and improve overall mainstreaming efforts.

NHS Fife has an Equality and Human Rights Strategy Group which is co-chaired by the Director of Nursing (the Executive lead for Equalities) and the Equality and Human Rights Lead Officer, and comprises of NHS staff, a staff-side representative, and members of the Fife Health and Social Care Partnership. The group supports NHS Fife to meet the legal requirements of the Equality Act 2010 and has a key role in ensuring that our mainstreaming plan and equality outcomes are delivered. As part of NHS Fife's goal to constantly review services and make improvements where possible, this group's remit and terms of reference were revised in 2022 in addition to updating and expanding the group's membership, in order to ensure the group aligns with NHS Fife's current equality outcomes and mainstreaming plan.

In winter of 2022, NHS Fife also began an Equality and Human Rights Online Network which is available for all members of staff to join and aims to distribute useful and topical pieces of information/ training and updates relating to Equality and Human Rights in Fife. So far this network has 104 members and this will be used to monitor mainstreaming and general engagement of NHS Fife with Equalities. NHS Fife endeavours to declare an update on this network, its progress and relevant statistics in the 2025 Equality Outcomes Report.

3.3   Equality Impact Assessments

NHS Fife carries out Equality Impact Assessments (EQIAs) and this is a key way to mainstream equality across the organisation. EQIA's are a way to ensure that NHS Fife, like all other Public sector organisations, is assessing the impact that all services, policies and changes has on equality. They involve using an evidence base (including public engagement work) to predict potential outcomes of changes on any of the Protected Characteristics, and then making appropriate adjustments to mitigate any negative impacts.

Due to COVID-19, the volume of changes, new policies and procedures that were introduced was significantly reduced; therefore we have seen a reduction in the number of EQIA's being completed. This has also subsequently caused a slow in momentum and reduction of knowledge regarding EQIA's and their importance. As this issue has been successfully identified, significant efforts have been made to review, update and re-

launch all EQIA-related materials including both EQIA forms (Stage 1 and 2), and also the EQIA toolkit to aid staff in completion of EQIAs. All new and improved EQIA materials have been launched on the new NHS Fife Equality and Human Rights public website, and also the staff Intranet.

Additionally, a robust and detailed training programme has been developed and began in 2023 to ensure staff learning and promote the use of EQIA's in all aspects of the organisation. This training schedule aims to educate a minimum of 60 members of staff per year, and the numbers of attendees to these sessions will be utilised as a performance indicator to allow for year-by-year comparisons and this will be reported on in the 2025 Equality Mainstreaming review.

NHS Fife will continue to monitor and audit our EQIA process and seek to make regular changes and improvements as and when they are identified.

Published EQIA's in 2021 – 2022:

Stage 2 EQIAs:

There have been no Stage 2 EQIA's published over the 2021-2023 period so far.

Stage 1 EQIAs:

Title	Publication Date
Mental Health Inpatients Redesign	November 2022
Child and Young Persons Death Review	November 2022
Buddy Healthcare Pre-Operative Assessment App	November 2022
Heel Prick Blood Sampling Teaching Pack	June 2022
High Risk Pain Medicines Patient Safety Program	May 2022
Hospital Electronic Prescribing Medicines Administration (HEPMA)	October 2021
Parent - Patient Continence Information Leaflets and Documents	September 2021
Service Now Project Team	August 2021

Mental Health Inpatient Intensive Rehabilitation	July 2021

All EQIA's produced by NHS Fife are published within 2 weeks of completion onto the Equality and Human Rights website here.

3.4   Workforce Update

We recognise that there is work to be done in terms of improvements to equality, diversity and inclusion within NHS Fife in support of this strand of the NHS Scotland Staff Governance standard and the spotlight on the ethnic minority staff group generated by the pandemic. While we have achieved improvements in the uptake of Equality & Diversity training and 2021 saw the launch of our BAME Network, jointly chaired by members of staff, alongside the support for our new international recruits, there are other staff groups within the protected characteristics, where specific action has still to be taken, for example, for LGBTQ+ staff.

We will also seek to improve data collection on protected characteristics of the workforce, leading in turn to improvements in the workforce data we publish and supporting continued compliance with the Public Sector Equality Duty, Disability Confident, Pride campaign and the newly established BAME network. The Board has recently appointed a new Equality & Human Rights Lead, who will support this work, in collaboration with H&SCP colleagues.

Other activities that we have been able to commence during the previous two years as the NHS comes out of its emergency response footing due to the COVID-19 pandemic include a participation in the Kickstart Programme in 2022. This is a scheme aimed at attracting 12 – 24 year olds at risk of long-term unemployment into work through offering paid-work opportunities.

NHS Fife is also refreshing its previous commitments to introduce an increasing number of modern apprenticeship opportunities through a range of job families across the health board, providing participants an alternative to further or higher education by offering the opportunity to work, learn and earn whilst gathering a recognised qualification.

3.4.1 Staff Wellbeing Update

NHS Fife does all it can to support employees to stay well, to support employees in the most appropriate way when they are unwell, and to create a culture of kindness, where employees look after each other. NHS Fife has held the Healthy Working Lives Gold Award since 2016 until its cessation in 2022. NHS Fife's new employee Health and Wellbeing programme is 'Well@Work'.

The most recent NHS Fife Workforce Plan (2022-2025) outlines their approach to staff wellbeing as focussed on the Four Pillars of Wellbeing as detailed in the diagram below, with each area of wellbeing being supported by:

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

For full details of how NHS Fife is supporting staff wellness, please refer to the NHS Fife Workforce Plan 2022 -2025.

3.4.2 Equality Profiling

NHS Fife will publish data regarding equality profiling and a gender pay gap statement in their end of year report which will be published on the NHS Fife website after April 2023.

3.4.3 Staff Training

NHS Fife has two mandatory training modules relating to Equality and Human Rights which are 'Equality and Diversity: Equality and Human Rights' and 'Human Trafficking' and a range of additional non-compulsory Equality-related training modules. NHS Fife offers staff equality training in a range of formats, including online training modules (see below), training seminars both digital and in-person, and 1-1 or personalised training sessions where appropriate.

In this report, we aim to document the number of staff who have completed each specific Equality-related training module available on Turas (the online training site) and the overall percentage of staff that are compliant with up-to-date equality training (this must be updated every 3 years). The most up-to-date figures show that 71% of NHS Fife staff engaged with at least 1 of the core online Equality-related modules, including the 2 mandatory modules over the November 2019 - November 2022 period. Additionally, please see the below table for the number of each of the specific modules relating to Equality and Human Rights, completed over the April 1st 2020 – October 31st 2021 period.

Course	Number of Staff Completed
British Sign Language (BSL) and Tactile BSL	13
Coercive control	19
Deaf awareness	21
Deafblind awareness	3
Domestic abuse awareness raising tool	25
Equality and diversity : equality and human rights	3924
Gender-Based Violence	208
Human trafficking	2521
Menopause awareness	10
Raising awareness of Gypsy Traveller communities	24
Sight loss awareness	5
Transgender awareness	10

Figure 1. The number of NHS Fife staff to complete each online Equality Training Module.

3.4.4 Hate Reporting

The NHS Fife Equality and Human Rights Lead Officer receives a report which documents all hate incidents that have occurred within NHS Fife in the outlined time-period. NHS Fife will report in each Equality Outcome and Mainstreaming report, the number of reported hate incidents in the reported time period and which of the Protected Characteristics they relate to. This will allow for monitoring of improvements to mainstreaming by the expansion of knowledge of hate incidents, the importance of accurate reporting, and the support offered after the incident. The reports for 2021 - 2023 are as follows:

Number of Reported Hate Incidents by Protected Characteristics

Figure 2. Number of hate incidents reported on DATIX by Protected Characteristics between April 1st 2021 – December 6th 2022 (time of writing)

Protected Characteristic
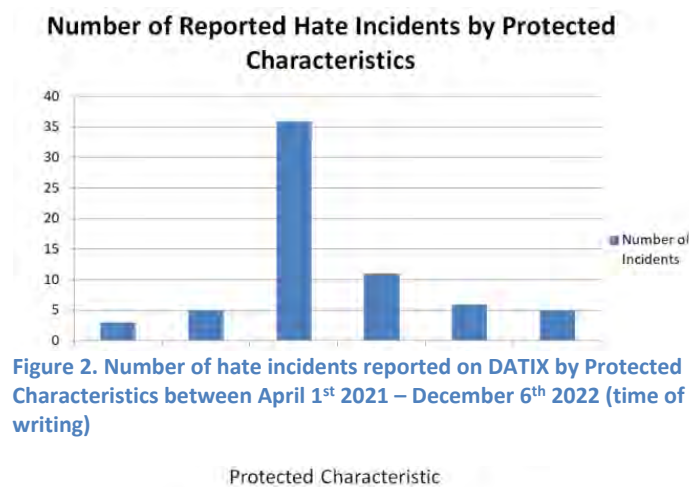
3.5   Procurement

NHS Fife is 'treating suppliers equally and without discrimination' Equality is considered throughout its tendering processes and complies with all legislative aspects of procurement as required under 'The Procurement Reform (Scotland) Act 2014' and further legislation detailed in:
• The Public Contracts (Scotland) Regulations 2015 and
• The Procurement (Scotland) Regulations 2016

NHS Fife Procurement continues to review existing policies and procedures and carries out EQIAs on any new documentation.

4. NHS Fife's Population & Health

The following section gives oversight to the Fife population and any key pieces of data.

4.1 Population Estimates & Projections

The latest data shows that on June 30th 2021, Fife had a population of 374,730 which is a 0.2% increase from 2020. In 2021, Fife had the 3rd largest population out of all 32 council areas in Scotland, despite seeing a lesser increase in population size by 7.1% compared to 8.2% for Scotland overall.
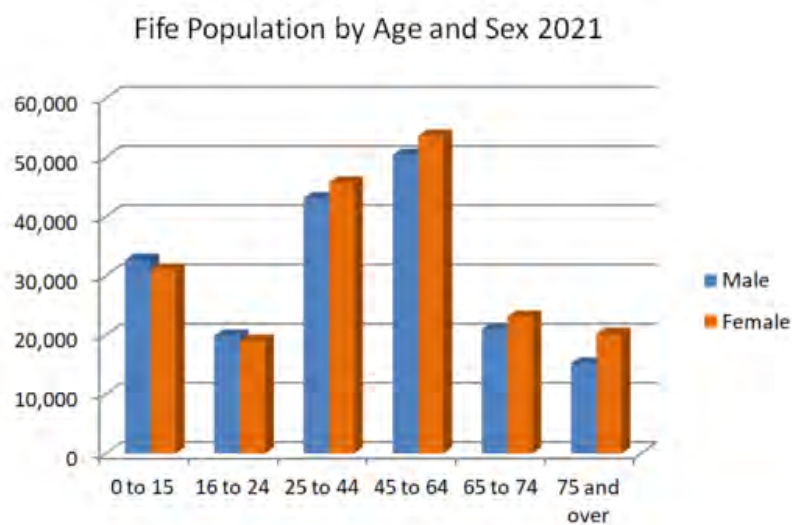

Figure 3. The population of Fife by age and sex in 2021.

Over the next 10 years, the population of Fife is projected to decrease by 2.3% due to natural change (more deaths than births), however the total net migration (net migration within Scotland, from overseas and from the rest of the UK) is projected to result in a population increase of 2.3% over the same period. This will result in a total change of 0.1% to the population.

4.2 Deprivation

The Fife Child Poverty Action Report 2021/22 stated that percentage of children in Fife living in relative poverty is 17.3% and in absolute poverty is 14.1% (compared with the overall Scottish figures of 15.9% and 12.9% respectively). The highest rate of children living in relative poverty is in Kirkcaldy central (25.8%) and the lowest rate in St. Andrews (9.1%). 23.6% of children in P6-7 in Fife are registered for free school meals, and 19.4% of all secondary school pupils.

The [Fife's Fuel Poverty COVID-19 Recovery Plan 2021-22](#) revealed that fuel poverty affects 26% of people in Fife and 11% are in extreme fuel poverty, with both anticipated to increase considerably. In addition to this, the number of households in Fife struggling to heat their homes since the beginning of the COVID-19 pandemic has nearly doubled. According to this plan, 72.7% of participants of the Scottish Housing Condition Survey (SHCS) saying that their household income was directly impacted by the pandemic and a further 27.3% saying that in-direct causes of the pandemic have resulted in financial struggles. Finally, this plan also stated that 20.5% of participants in the SHCS survey in Fife lost their job due to the pandemic.

4.3   Births & Early Years

In 2021, there were 3,157 births (1623 male and 1534 female) and for the years 2018-2021, the most deprived areas saw 32% more premature births than the overall average for Fife. Additionally, the [Latest Data](#) (2018 -2021) showed the most deprived areas of Fife saw 97% more smokers during pregnancy than the overall average for the population.

The most recent data from the [Pupil's Census](#) showed that in 2021, there were 5,044 (18.04%) and 8,655 (39.12%) primary and secondary school pupils, respectively, in Fife with Additional Support Needs. The reasons for support are shown below:

Additional Support Need	Number of Primary School Pupils	Number of Secondary School Pupils
Learning Disability	191	345
Dyslexia	579	2,146
Other specific learning difficulty (e.g. numeric)	177	792
Other moderate learning difficulty	248	821
Visual Impairment	76	153
Hearing Impairment	88	181
Physical or motor impairment	212	415
Language or Speech disorder	607	361
Autistic Spectrum Disorder (ASD)	523	692
Social, emotional and behavioural difficulty	1,105	2280

Physical health problem	399	793
Mental Health Problem	55	668
Interrupted learning	130	815
English as an additional Language	1,106	898
Looked after	245	414
More able pupil	24	122
Communication support needs	138	86
Young carer	32	349
Bereavement	85	188
Substance misuse	10	49
Family Issues	432	637
Risk of exclusion	12	104
Other	226	330

Figure 3. Additional Support Needs for Pupils in Fife Schools

4.4   Life Expectancy & Mortality

The most recent data (2019 – 2021) shows that in Fife, life expectancy at birth was higher for females (81.0 years) than for males (76.8 years) and that the leading causes of death in 2021 for males and females (as seen in the below graphs) mirrors that seen in Scotland overall. In 2021, there were 4,575 deaths in Fife, of which 2283 were male and 2292 were female.
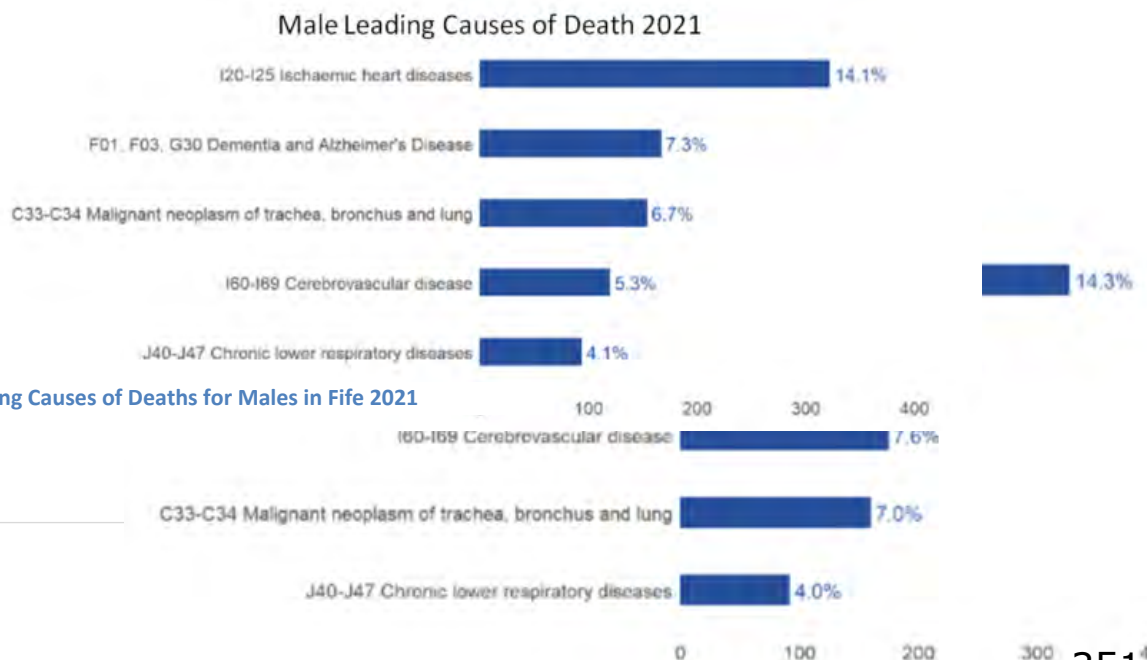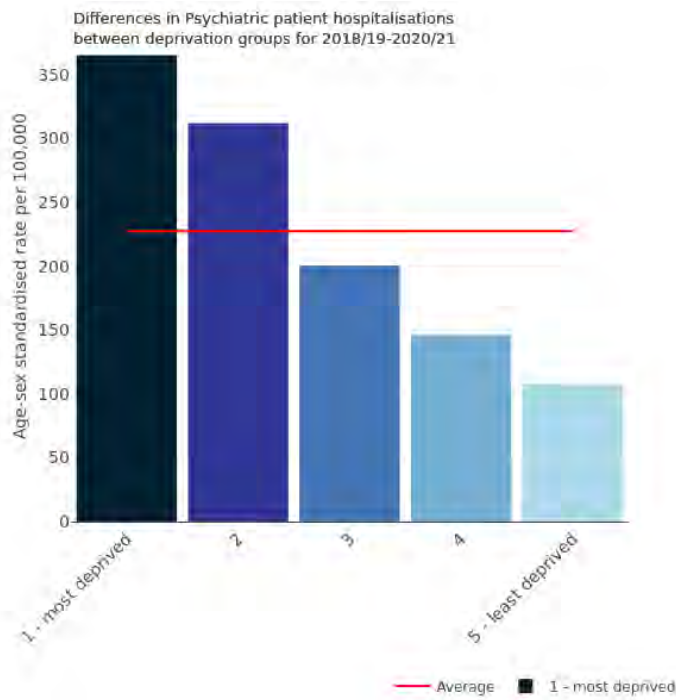

Figure 4. Leading Causes of Deaths for Males in Fife 2021

Health Risk Behaviours and the Impact of Health Inequalities

The following data illustrates the correlation between health outcomes, health risk behaviours and health inequalities in Fife.

The most deprived areas of Fife saw 75% more psychiatric patient hospitalisations than the overall average, and these would be 53% lower if the levels of the least deprived area were experienced across the whole population (ScotPHO).

Figure 6. The differences in psychiatric patient hospitalisations between different deprivation groups across Fife between the years 2018 - 2021

Alcohol-related hospital admissions would be 60% lower if the levels of the least deprived area were experienced across the whole population (ScotPHO).
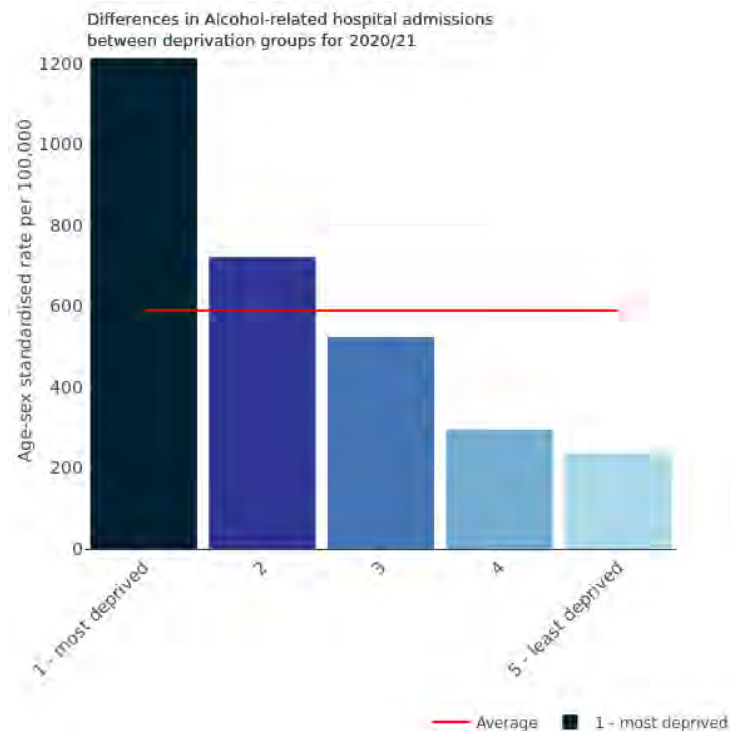
Figure 7. The differences in Alcohol-related hospital admissions between deprivation groups across Fife in 2020-2021

Drug-related hospital admissions would be 84% lower if the levels of the least deprived area were experienced across the whole population. It was also found that for the years 2017 – 2021, the most deprived areas in Fife had 152% more drug-related deaths than the overall average (ScotPHO).
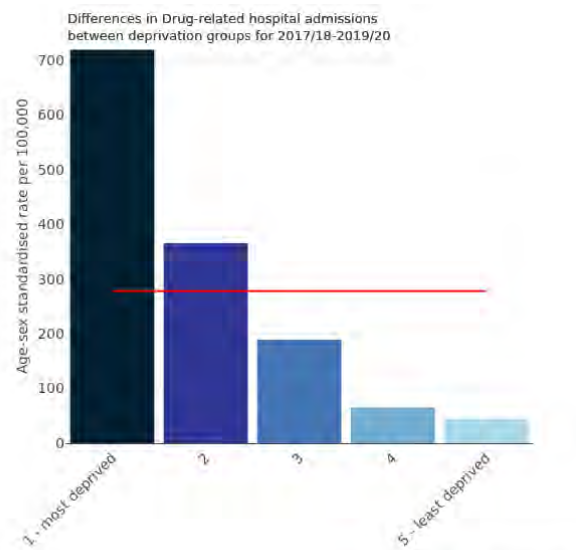
Figure 8. The differences in Drug-related hospital admissions between different deprivation groups across Fife between 2017 - 2020

More information relating to health inequalities can be found in the Director of Public Health Report.

5. Equality Outcomes 2021 – 2025

5.1

Overview of Progress

NHS Fife's equality outcomes are based on evidence collected prior to the publication of the 2021 – 2025 plan, and it highlights areas for improvement regarding groups with specific Protected Characteristics.

In this section, an update will be provided regarding the progress made towards each of the specified equality outcomes. Due to the COVID-19 pandemic persisting through 2021 and into 2022, the progress made has been limited in this timeframe, however we will report on the detailed plans for 2023 – 2025, where progress has not yet been made. Additionally, the difficulties caused by COVID-19 resulted in the need to slightly revise of some of the following outcomes to account for the needs of the service changing throughout this time.

5.2 Outcome 1 – Person-centered Care – To improve the mental health outcomes for patients over 65 years

> **Action:** NHS Fife will provide opportunities for older people to participate in volunteering within NHS Fife to improve and support both their health and wellbeing, and also our patient's health and wellbeing. Additionally, the range and number of volunteering activities will be increased to enable more opportunities for older people in our community.

NHS Fife's volunteering team have implemented a 'no upper age limit' rule when recruiting for volunteers to the health board and they are working closely with occupational health to ensure adequate support for those over 70 to return to volunteering activities following the suspension of volunteer services due to COVID-19. Additionally, NHS Fife are mindful of the possible impact to this demographic of the use of digital technology as part of the application and training process, so alternatives have been developed, such as hard paper copies of application forms and face-to-face training rather than online delivery. Additionally, lead nurses, together with the volunteering service are aware of the benefits to our older inpatient population of volunteer involvement. Our medicine of the elderly and stroke wards at Queen Margaret Hospital, Dunfermline, have a number of volunteers engaging with patients providing a singing group, conversational visiting and meaningful activities. NHS Fife also benefits from a number of volunteer gardeners which are placed in various sites across Fife. The volunteers are retired individuals who all have a keen interest in gardening and utilising their gardening skills to improve NHS Fife garden areas for the benefit of both patients and staff. Discussions have also taken place with NHS Fife Facilities to involve volunteer gardeners in Staff Wellbeing hubs where there are outside spaces.

> **Action**: To improve the nutrition and hydration status of Older Adult Mental Health Inpatients and improve the level of engagement in meaningful and therapeutic activity.

'Simple Pleasures' is a Quality Improvement project which explores person-centred choices relating to nutrition, hydration and meaningful activity. The project commenced in April 2022 and will run until April 2023 and it uses scale and spread methodology by confining testing to one Older Adult MH inpatient ward. Any key findings will then be spread to remaining Older Adult MH inpatient wards in a controlled and structured way.

The Multi Disciplinary approach to the QI project sees representation from Consultant Psychiatrist and Clinical Lead, Catering management, activities coordinators, dieticians, nursing staff and quality improvement practitioner. Patient voice is also being incorporated with the use of qualitative information captured through supported conversations on ward.

The project is at the testing change stage following successful baseline data gathering. Changes being tested include changing crockery and drinking utensils from traditional plastic tumblers and mugs to china mugs (where appropriate) and the implementation of fruit tea and sparkling water into hydration choices. Environmental changes to the dining area are also being explored with tables being "dressed" for meals including table clothes, crockery and ambient music. All of which are aimed at improving patient engagement with mealtimes where cognitive decline has impacted association with verbal cues. Patient involvement in setting the tables for lunch is also being explored, aimed at promoting patients sense of purpose and maximising therapeutic benefit. Communication and engagement is also being improved, with additional changes to "All about me" forms used to gather person centred information on patients. The addition of structured questions relating to mealtime preferences is being tested. This includes specific questions such as how the patient enjoys their tea/coffee- with examples provided for cues e.g. Strong tea in a proper china mug with no milk and one sugar, or a milky coffee in a large mug. This combined with information relating to meal choices is hoped to improve the quality of person centred care planning for those patients who find it difficult to maintain good levels of nutrition and hydration, as well as ensuring all patients receive a high level of person centred care whilst an inpatient in the ward.

The project is also focused on improving the level of engagement with therapeutic and meaningful activity on the ward. Changes being tested are the implementation of a therapeutic and meaningful activity record which tracks the level of engagement on a patient specific basis each day. It specifies the activity offered, and the level and duration of engagement the patient participated in. This information should allow staff to build a good picture of the kinds of activities patients engage in best, and combined with information contained in the all about me form should help inform good quality person centred care plans relating to patient activity. It is also hoped that the learning from this can also be rolled out in the ongoing activity to monitor and reduce PRN administration by improving the use of non-pharmacological activity. More information on this approach   can be found below.

> **Action:** Monitor PRN (Pro re nata – As needed) usage on Older Adult Mental Health Inpatient wards and work to identify patient-specific patterns which can be used to improve person- centred care.

Older Adult Mental Health wards piloted the implementation of the PRN Toolkit and use of PRN stickers from Aug 2021 to July 22. Initially PRN was recorded in patient notes through the use of red stickers for intramuscular administration and yellow stickers for oral administration. The stickers provided information at a glance of how, when and why the PRN was administered. The sticker had the date, time, medication used and the reason for its usage recorded. Staff are then required to undertake a post administration review 60 minutes post administration to record the therapeutic effect this had on the patient (much improved, slightly improved etc.)

Historically this information required manual audit, with staff going through patient notes to gather information and use this in Multidisciplinary Team (MDT) meetings. By turning these stickers digital, reports were auto generated indicating specific trends in patient's usage of PRN, e.g. specific days and times. This provided staff with the necessary information to inform person centred care.

The introduction of green stickers (for non-pharmacological activity) was also introduced. The aim of this initiative was to increase the use of non-pharmacological activity as potential opportunities to reduce the use of oral PRN medication. The results of this have been positive, with a noted increase in the use of non-pharmacological activity.

NHS Fife is also going to be beginning a new initiative with Older Adults to focus work on improving the outcome of non-pharmacological activity to achieve maximum therapeutic benefit. It is hoped that improved information gathering and person-centred care planning related to activity will help ensure staff are attempting patient-specific activities that have been proven to be beneficial for that patient in the past. This has linked nicely to the work being tested in the above mentioned 'Simple Pleasures' project.

PRN stickers and toolkit are used throughout all Mental Health Older Adult Wards and have been recently implemented in the General Adult Psychiatry wards following their success.

Action: Reduce the number of falls in Older Adult Mental Health Wards.

A collaborative project was run in three of the five older adult mental health wards, with an aim of reducing the number of falls by 25%. The collaborative was supported by a quality improvement (QI) practitioner and used QI methodology to identify successful change ideas. This project was initially meant to run for 1 year, but was extended due to the impact of Covid-19. The collaborative ended in July 2022 with the biggest success showing one of the wards achieving a sustained reduction from week 35 of the project, reducing their mean number of falls per week by 66.7%.

Both of the other wards also achieved shifts below the median in their number of falls during the time of the collaborative and have subsequently since July 2022 have both shown a sustained reduction in their weekly falls by 75%.

The collaborative tested a number of changes and have implemented most of these changes after successful Plan-Do-Study-Act (PDSA) cycles. These include the introduction of fortnightly MDT falls meetings which facilitate person-centred conversations about patients who have either experienced multiple falls, or have been highlighted as being at risk of experiencing a fall. This MDT approach ensures that each patient is provided with a detailed person-centred action plan relating to their falls risk which includes physical, mental and social factors.

Wards have also implemented routine lying and standing blood pressure tests as well as improved 'at a glance' mobility status boards at a patient's bedside. All of the changes have proved positive and have led to a much more proactive person-centred approach rather than a reactive approach. One of the ward areas have also looked at taking this 'at a glance' approach further and are testing the use of flower symbols on the boards to alert staff to hidden disabilities or additional requirements such as hearing aids, glasses, etc. The aim is to provide staff with a suitable alert without compromising patient dignity or confidentiality.

The learning from this is expected to be spread to the remaining Older Adult Mental Health wards in a structured way.

> **Action:** Explore the potential to gain feedback on care from inpatients in Older Adult Mental Health wards.

Historically, due to the level of cognition with many patients within Older Adult Mental Health inpatient wards, their opinions and feedback has been somewhat overlooked. However, this year, the QI Team are using accessible storyboarding in an attempt to gain valuable feedback relating to patient care and treatment from those patients who are 'harder to reach'.

The Mental Health QI Team undertakes the Scottish Patient Safety Program (SPSP) climate tool survey on an annual basis. The survey gives patients an opportunity to have their say about the care and treatment they receive, and it is a Scottish innovation that is leading the way in person-centred care. The tool is designed to enquire about environmental, relational, medical and personal safety and the information gathered from the survey supports learning among staff delivering care, and supports the QI team to target areas for development.

The person-centred approach of storyboarding is to be trialled using QI methodology and if successful, will allow this patient demographic to be provided with an opportunity to give valuable feedback which shapes patient safety.

> **Action:** Patients who need language and/or communication support whilst in long term inpatient care receive this regularly via additional support technological devices and access to interpreting.

As seen across the world, older people in Fife tend to exhibit hearing impairments at a far greater rate than the rest of the population. NHS Fife have introduced and sourced a range of technological devices to enable patients with hearing difficulties to have easier access to healthcare and more efficient and accurate communication when they are in our facilities. NHS Fife have a number of Sarabec crescendo 60 personal listening systems which are used to enable hard of hearing patients to hear individuals trying to communicate with them better. These devices work by containing earphones which the hard of hearing patient can place in their ears; these are then attached to a sound control device which is attached to a small microphone. The microphone is place on an item of clothing near the hearing persons face, or held close to the individuals mouth, and they can then speak into it and the sound

be enhanced or reduced as appropriate for the patient. This device has had very positive feedback from patients and staff and can be delivered to any NHS Fife inpatients for them to use for the duration of their inpatient stay. NHS Fife also use whiteboards to communicate with hard of hearing patients, and allows for quick and easy conversation between staff and patient. Finally, for patients where English is not their preferred language, interpreters will be arranged for all consultations with NHSF staff, even in care home settings.

It has been shown that effective communication between patients and staff results in improved mental wellbeing and so NHS Fife Equality and Human Rights team have made communication and language support a top priority.

> **Action:** Improve access to timely dementia diagnoses and improve support for access to appropriate post-diagnostic support.

In November 2021 the Older Adult Community Mental Health Team (CMHT) introduced an Advanced Nurse Practitioner role within their team. Advance practice is a level of practice which aligns to four pillars, clinical practice, leadership, facilitation of learning and evidence, research and development. Historically, advanced practice roles in nursing have focused on assessment, diagnosis and treatment of physical health conditions.

Currently, services objectives of the CMHT are aligned to improving access to timely diagnoses of dementia, supporting access to post-diagnostic support, and improving physical health of those with mental health illnesses. The ability of an ANP to carry out assessment, diagnosis and recommended treatments in a timely, person-centred way offers the opportunity to improve access to a timely diagnosis and reduces the need for individuals to see multiple practitioners.

The recruited ANP has developed a non-medical prescribing forum for those working in Older Adult Mental Health services and it is currently widening to include trainee and ANP colleagues working in the Acute Mental Health services. This collaboration offers the opportunity to share knowledge and skills, whilst promoting parity of esteem for patients, demonstrating the ability of the ANP to work across the four pillars of practice and contributing to service development.

Feedback from patients and relatives have been collected to ensure the ANP role is providing a high quality of care and to date, 90% of feedback questionnaires have been returned. At present, all feedback has been positive with 100% of patients agreeing that the ANP respected them and treated them with dignity and 91% of these strongly agreed.
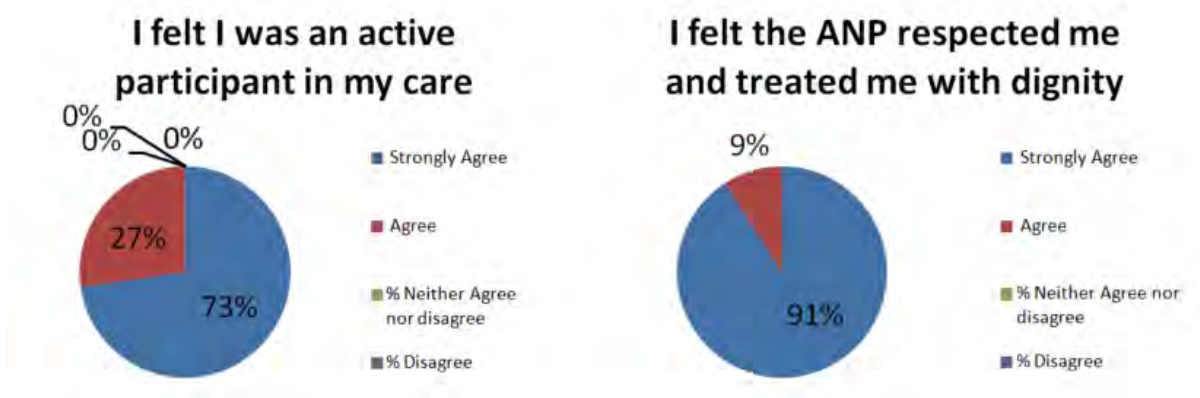
I felt I was an active participant in my care

0%
0% 0%

Legend:
- Strongly Agree
- Agree
- % Neither Agree nor disagree
- % Disagree

27%
73%

I felt the ANP respected me and treated me with dignity

9%

Legend:
- Strongly Agree
- Agree
- % Neither Agree nor disagree
- % Disagree

91%

Figure 9. Results from ANP Feedback Questionnaires.

Action: To improve ease of conversation for older patients with communication issues at outpatient clinics and short stay inpatient wards.

Through Autumn/Winter 2022, NHS Fife trialled a new communication support poster (see *Figure 8*) which aimed to improve the ability of patients to declare any communication issues they may have with outpatient and emergency reception staff by pointing to the image that applies to them. The outcome of this was to enable reception staff to rapidly make appropriate adaptations to improve the patient's experience. The adaptations include arranging an interpreter immediately for patients whose preferred language is not English, for patients who are hard of hearing, staff could speak louder, move to a private/quiet area or exchange their Type IIR mask for a fluid-resistant clear mask to allow lip readers to do so. Additionally, for patients with sight issues, this would involve staff not relying on the patient to read any small print documents. NHS Fife have found that this has drastically reduced the time it takes for staff to identify communication issues and has improved the overall experience of patients, including over 65s who have a higher occurrence of hearing and sight impairments than the general population.

I would welcome support due to:

- Hearing loss or deafness
- Visual impairment
- Speech impairment
- Require quiet/private area

This poster has been designed by the NHS Fife Equality and Human Rights team and the NHS Fife Communications team to be as accessible as possible and so it was created in an easy-read format, colour scheme and size appropriate for individuals with sight impairments. Additionally, it was designed in a font that is used specifically to ease reading for people with learning difficulties.

Figure 10. The NHS Fife Additional Communication Support Needs Poster

5.3   Outcome 2 – To improve the health of Black and/or Minority Ethnic Patients in our community

Action: NHS Fife to improve ethnicity data collection.

NHS Fife currently has poor ethnicity data due to staff and patient apprehension on the purpose of this data collection. It has been identified that staff learning must be undertaken in order to address this and ensure all staff who should be collecting this data understand its significance and value to both the individual patients care, and the health and wellbeing of the overall population. NHS Fife plans to undertake a collaborative evaluation with Public Health Scotland to explore the issues and opinions of staff with regards to collecting patient ethnicity data. This will look to establish the barriers in this process and work to explore the ways to address said barriers through training and other identified means. Once this has

been established, NHS Fife will trial the decided methodologies and undertake an evaluation to explore if there has been an improvement in this data collection. This could then be rolled out across NHS Scotland dependent on the results and success of this trial.

In Fife, the majority ethnicity is the White Scottish population or other White British

Action: To continue to expand, develop and ensure patients receive communication support from interpreting and translation, and achieve the best quality and value for our patients and NHS Fife.

ethnicities which tend to have English as their preferred language, however ethnic minorities regularly have an alternative language as their preferred communication means. Therefore, NHS Fife strives to enhance the care of black and minority ethnic patients through means of the interpreting and translation services. Since 2021 NHS Fife has seen an influx of patients whose preferred language is not English, with the top 5 requested community languages being Polish, Romanian, Russian, Arabic and Bulgarian.

NHS Fife is currently progressing on a service redesign for the Interpreting and Translation services. The aims of this service redesign is to ensure that NHSF is adhering to the Scottish Government procurement frameworks and/or the NSS frameworks, enhancing quality assurance, and enabling us to provide an optimum service across all sectors of the health board. NHSF hopes that this redesign will allow us to ensure patients have wider access to interpreting and translation services and the quality of these is of a higher calibre.

FGM is most common in some African, Middle Eastern and Asian ethnicities, including Somali, Iraqi, Yemeni, Indonesian, Guinean, and Djiboutian, amongst others. In Scotland,

Action: To improve the management of Female Genital Mutilation (FGM) in Fife.

FGM can be seen very rarely in White ethnicities but is known to adversely impact ethnic minorities in Scotland. In 2022, NHS Fife sourced FGM information leaflets which were in Arabic and Somalia, 2 of the most commonly spoken languages in FGM –prevalent communities. This will enable these communities to engage more easily with information and resources around FGM, enhancing population knowledge and overall improving patient-care. Additionally, NHS Fife is working to update the FGM protocol in 2023 and redistribute them to staff to improve knowledge and understanding of how best to manage FGM. This will be accompanied by a series of training sessions for maternity, obstetrics and gynaecology staff which will continue to take place bi-annually.

5.4 Outcome 3 – To make senior management equality focussed by improving and embedding knowledge and skills through learning, mentoring and leadership.

NHS Fife has arranged for bi-annual board development sessions on Equality and Human Rights which will aim to improve the knowledge and understanding of this at the most

Action: Bi-annual Board development sessions will take place.

senior level. The desired outcomes of this is to make board decisions and actions equality focussed and aid efforts to mainstream equalities across NHS Fife.

Due to the COVID-19 pandemic which has absorbed NHS Fife, along with health boards across the country, other efforts to this equality outcome were required to be suspended to allow the board to focus on tackling COVID-19. NHS Fife strived to get back on track with equalities as a priority and towards the end of 2022, the Board successfully undertook a development session with the Equality and Human Rights Lead officer, where they learned about the importance of EQIA's and had a hands-on experience of how to complete them. NHS Fife aims to continue these efforts and undertake further board development sessions throughout the 2023 – 2025 period.

5.5   Outcome 4 – To improve the health and wellbeing of our Black and Minority Ethnic staff.

> **Action:** To improve engagement including supporting to establish networks and forums, or other means, with a particular staff groups, ensuring their voice is heard across NHS Fife, nationally and including it at NHS Fife board level.

NHS Fife established a Minority Ethnic Staff Network in 2021, where the aim of the Network is to work in partnership with staff and management to progress the general equality duty, and encourage a culture of respect and equality for everyone. Throughout winter of 2022, NHS Fife re-evaluated this network and undertook a survey for feedback of opinions regarding the purpose of the network, its function and its governance. The evaluation of the results of this is currently ongoing, with NHS Fife aiming to make appropriate amendments to this forum early in 2023.

> **Action:** To increase involvement of BAME volunteers to the service.

NHS Fife have made continued efforts to engage and attract a younger volunteer demographic which has also resulted in a larger number of BAME volunteers entering the service. The volunteer service has supported the international recruitment program with volunteers assisting new recruits during the initial orientation with tours of the hospital site.

Action: NHS Fife to make efforts to boost the recruitment of International Medical Graduates, Internationally trained Nurses and Radiographers, and improve the rates of retention of these staff members.

Research tells us that the career outcomes for doctors working in the UK who graduate from abroad is vulnerable to differential attainment. Differential attainment is the achievement gap between different groups of doctors not based on ability and is generally down to attitudes, illness or discrimination. NHS Fife recruits multiple doctors from abroad and medical job adverts often result in a high number of international applicants. Doctors in training schemes, particularly GP training schemes, are also recruited from abroad. There is a wide range of points where performance measures lower in International Medical Graduates (IMGs) including recruitment, progression, relationships with seniors and training outcomes. One of the main issues that are faced by the IMGs is housing, therefore NHS Fife has been working with the local Mosque councils and 3rd sector organisations to assist with these issues. The NHS Fife IMGs are also encouraged to utilise the NES IMG induction and buddy system along with the Scotland wide support groups for IMGs. NHS Fife is striving to make more new and stronger links with local organisations to further the support for these medics around issues such as accommodation. NHS Fife is also undertaking an evaluation of the work done so far by a series of IMG interviews. The aim is that the results of these will shape and help plan for future intakes of IMGs.

In early 2022, NHS Fife welcomed its first cohort of international nurses and radiographers, totalling at 38 and 3, respectively. In order to fully support these recruits, and ensure they assimilate appropriately, NHS Fife has developed an extensive program to enable them to settle in rapidly. NHS Fife also aligns each of the recruits with our Spiritual Care team to ensure they are emotionally and spiritually supported in their transition in addition to the professional and personal support provided. All of these staff were formally invited to join NHS Fife's BAME network to provide support and allow networking with other staff of similar cultural backgrounds and overall enhance staff wellbeing.

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.

For more information, please contact us.

NHS Fife Equality & Human Rights Team
Patient Relations
1st Floor, Hayfield House,
Hayfield Road, Kirkcaldy
Fife, KY2 5AH

Phone: 01592 729130
Ext: 29130
Email: fife.EqualityandHumanRights@nhs.scot

BSL users can contact us via www.contactscotland-bsl.org – the online British Sign Language interpreting service OR via our partner agency, the Deaf Communication service (DCS) by email at swinfo.deafcommunications@fife.gov.uk.

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**13 January 2023**
Title:	**Research and Development Strategy Review 2021-2022 and Research, Innovation and Knowledge Strategy 2022-2025**
Responsible Executive:	**Dr Chris Mckenna**
Report Author:	**Professor Frances Quirk, Assistant RIK Director**

1   Purpose

This is presented for:

- Assurance

This report relates to a:

- Annual Operational Plan

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

The Research and Development Review of Strategic Priorities 2021-2022 and the Research, Innovation and Knowledge (RIK) Strategy 2022-2025 are being brought to the Clinical Governance Committee for their Awareness to provide an update on activities against 2021/2022 strategic priorities and to provide the refreshed RIK Strategy for 2022-2025.

2.2   Background

This Review details the activities aligned to the 2021-2022 Strategic Priorities within RIK across NHS Fife from April 2021 to March 2022. The RIK Strategy documents the refreshed strategies to address priorities for 2022-2025. 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

Despite ongoing 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 identify 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 Population Health and Wellbeing Strategy and the national research and innovation agenda into the future.

2.3.1 Quality/ Patient 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-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 ongoing requests to prioritise COVID studies alongside restarting suspended studies has placed strain on staff's ability to adequately service restarted non-COVID studies and will have implications for capacity to participate in future eligible funded studies and future budget allocations. Reaching capacity will impact on meeting priorities related to increasing the number of studies, recruitment numbers and CSO budget allocations.

2.3.3 Financial

NHS Fife's annual research budget allocation of Support Funding from CSO (Chief Scientist's Office) was £834,000 in 2021-22. These monies are provided for research considered eligible for funding, in recognition of the costs incurred by the NHS of undertaking and participating in such projects. This is currently the main source of funding available to support research in NHS Fife. Additional funding can be secured by increasing the number of eligibly funded projects1 undertaken by an NHS organisation, increasing the number of NHS Fife Chief Investigators and the recruitment into such studies. Additionally, commercial research and a small number of specific grant funded projects undertaken across NHS Fife also provide funding to support key staff to be employed to enable the research to be undertaken. Commercial research does not attract support funding from CSO since all costs to the NHS of participating in such activities must be met in full by the participating companies. Income from commercial recruitment activity during 2021-22 was £77,000 (compared with £135,603 in 2020-2021 and £99,850 in 2019-20).

2.3.4 Risk Assessment/Management

Research, Innovation and Knowledge Oversight Group has noted a reduction in the number of staff involved in research and the commercial income generated over the reporting period. These unmet KPI's will be a focus of monitoring and the development of strategies to address them in 2022-2023. A strategy to support and develop growth in Chief and Principal Investigators has been developed and is being implemented.

2.3.5 Equality and Diversity, including health inequalities
-

2.3.6 Other impact
-
2.3.7 Communication, involvement, engagement and consultation

Communication is the lynchpin of creating a research focused culture. During 2021-2022 regular NHS Fife Research Newsletters and Bulletins were delivered, a monthly Publications Bulletin was circulated, a new weekly R&D News Update was initiated for inclusion in the weekly staff update and the website was refreshed to reflect the transition from R&D to RIK. The Publications Bulletin and R&D weekly updates have been made available as outward facing to facilitate knowledge sharing and foster opportunities for collaboration. The NHS Fife Research

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[1] projects funded by any of the non commercial charitable or government organisations detailed in the list of qualifying funders on the CSO website.

Annual Report 2021-2022 has been produced and will be disseminated and research education and training was provided for NHS Fife staff and others.

2.3.8 Route to the Meeting

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

- Research, Innovation and Knowledge Operational Group – papers reviewed, feedback requested and responded to (4th November 2022)
- Fife Community Advisory Council – papers reviewed and feedback received (5th December 2022)
- Research, Innovation and Knowledge Oversight Group – papers reviewed, feedback requested and responded to (14th December 2022)
- Executive Directors Group- for Awareness (5th January 2023)

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:
- Appendix No 1 Research Strategy Priorities 2021-2022
- Appendix No 2 Research, Innovation and Knowledge Strategy 2022-2025

Report Contact

Professor Frances Quirk
Assistant Research, Innovation and Knowledge Director
Email frances.quirk@nhs.scot

OUTCOME OF ACTIVITIES AGAINST R&D STRATEGIC PRIORITIES 2021-2022

The following plan of activities has been developed from the 2020-2022 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.

	OUTCOME
A1. To continue to encourage discussion of research as part of normal Personal Development Plans and appraisals of health care staff.	**ONGOING**
A2. To continue R&D participation in the development of the medical, 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:

	OUTCOME
B1. Identify and understand corporate arrangements with institutions such as St Andrews, Edinburgh, Dundee, Napier, Queen Margaret and Abertay Universities to facilitate collaboration.	**ONGOING**
B2. Continue investment (financial or other) with academic institutions (especially St Andrews University Medical School) that will result in a critical mass of research active individuals, employed/seconded by NHS Fife and/or universities to build research capacity and governance structures.	**ONGOING**

(C) **PROMOTING RESEARCH 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:

OUTCOME

C1. Continuing to identify commonalities / engagement between the clinical, research, innovation, quality improvement, information and educational governance structures within NHS Fife.

ACHIEVED

C2. Preparing for a potential inspection from Medicines and Healthcare products Regulatory Agency.

ONGOING

Increasing the income generated from increased research activity, creating opportunities to further enhance and invest in research programmes in Fife by:

C3. Maximising commercial research opportunities locally and in collaboration on with external partners.

ONGOING

(D) **WORKING IN PARTNERSHIP WITH STAFF AND COMMUNICATING RESEARCH AND INNOVATION INFORMATION ACROSS NHS FIFE.**

Consolidate a research and innovation communication strategy with all NHS Fife communities.

Communication is the linchpin of creating a research and innovation focused culture. During 2021-22 we will:

OUTCOME

D1. Deliver a regular NHS Fife Research Newsletter.

ACHIEVED

D2. Produce and disseminate an NHS Fife Research Annual Report.

ACHIEVED

D3. Provide research workshops for patients, carers and other citizens of Fife

ACHIEVED

(E) **PATIENT AND PUBLIC INVOLVEMENT**

OUTCOME

E1. Develop meaningful engagement of the public in research and innovation

ACHIEVED

Professor Frances Quirk
Assistant RIK Director, NHS Fife

December 2022

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Progress against these priorities has been discussed and agreed by the NHS Fife RIK Operational Group and the NHS Fife Research, Innovation and Knowledge Oversight Group.

3

RESEARCH, INNOVATION & KNOWLEDGE STRATEGY 2022-25

Greater knowledge
Better services …

Last review date: November 2022

Next Formal Review: August 2023

Implementation Date: December 2022

Authors: Prof Frances Quirk, Assistant Research, Innovation and Knowledge Director, NHS Fife Research, Innovation and Knowledge Leadership Team

Approval/Noting Record	Date
NHS Fife Research Innovation and Knowledge Operational Group	3rd November 2022
NHS Fife Research Innovation and Knowledge Oversight Group	14th December 2022
NHS Fife Executive Directors Group	5th January 2023
NHS Clinical Governance Committee	13th January 2023

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.

2

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 £834,000 in 2021-2021. These monies are provided for research considered eligible for funding, in recognition of the costs incurred by the NHS of undertaking and participating in such projects. This is currently the main source of funding available to support research in NHS Fife. Additional funding can be secured by increasing the number of eligibly funded projects[1] undertaken by an NHS organisation, increasing the number of NHS Fife Chief Investigators and the recruitment into such studies. Additionally, commercial research and a small number of specific grant funded projects undertaken across NHS Fife also provide funding to support key staff to be employed to enable the research to be undertaken. Commercial research does not attract support funding from CSO since all costs to the NHS of participating in such activities must be met in full by the participating companies. Income from commercial recruitment activity during 2021-22 was £77,000 (compared with £135,603 in 20-21 and £99,850 in 19-20).

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 are currently 153 research projects registered across NHS Fife (compared with 103 in 20-21 and 259 in 19-20). The main specialities supporting commercial studies were Dermatology and Musculoskeletal and for non-commercial studies the main specialities were Cancer and Paediatrics. This research tends to be limited to a few individuals working independently or as part of large national multi-centre trials. There are currently 60 NHS Fife staff who are active as CI's and/or PI's.

2.4 Despite ongoing achievements it is recognised that there is still scope to increase the research and innovation capacity within NHS Fife. The recently completed 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 responses also identified that links with Universities, particularly the University of St Andrews were key to research and innovation growth.

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[1] projects funded by any of the non-commercial charitable or government organisations detailed in the list of qualifying funders on the CSO website.

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 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;

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 Assistant Director for Research, Innovation and Knowledge (RIK) to deliver against corporate and strategic objectives

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- supporting the NHS Fife the 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/Assistant 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

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Dementia Research Network (SDCRN), and Social Dimensions of Health Institute (SDHI), HISES, Scottish Health and Industry Partnership (SHIP) 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.

<u>NRS Fellowships and Clinical Innovation pre and post Fellowship support:</u>

  o Infectious Diseases
  o Orthopaedics
  o Palliative Care
  o Women and Children's Health (Developmental Dysplasia of the Hip)

<u>Collaborative workshops:</u>

  o Digital Health Science Initiatives

  o Supporting the South East Regional Innovation Programme through our involvement with the South East Health Innovation Hub (HISES).

  o SHIP 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 pharmacy, 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*

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- *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 R&D.

This has been achieved in Fife through delivery of efficient research management and approval processes, developing research databases, providing support & training for researchers, ensuring financial probity, 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

7

- 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 and guidance on the costs of research and recovery of such costs
  - costing mechanisms for commercial and non-commercial research
  - systems to identify patient recruitment to studies, raise invoices and track payments
  - systems that comply with financial probity to facilitate appropriate transfer of monies from one organisation to another
  - systems to accept, manage, monitor and disseminate funds.

- ensure that financial systems and audit trails are in place to capture and account for support funding expenditure and NHS Fife overheads from commercial research.

6.3 As a result of the above actions we will continue to:

- *provide R&D support for every research project registered in NHS Fife*

- *provide assurance to NHS Fife Board that all research activity meets the requirements of the UK Policy Framework for Health and Social Care Research*

- *increase the identification and protection of intellectual property by 5% each year thereby increasing commercialisation activity, increasing both financial and healthcare benefits for NHS Fife through opportunities arising from the HISES Innovation Programmes*

8

- *ensure that a minimum of 10% of all 'high risk' projects[2] sponsored by NHS Fife are audited annually.*

- *continue to provide accurate regular updates and annual reports on financial expenditure and research activity to the CSO*

- *continue to provide financial information for the NHS Fife Research Innovation and Knowledge Annual Report*

- *continue to identify the actual cost of research undertaken in NHS Fife and maximise our returns from commercial research.*

- *Maximise utilisation of the Clinical Research Facilities and explore opportunities for extension.*

7 WORKING IN PARTNERSHIP WITH STAFF

7.1 Research 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.

Research and Innovation activity depends on staff having appropriate skills. The Assistant RIK Director and RIK Team will, in collaboration with other NHS organisations, university partners and external agencies and within existing resources, provide the necessary information for staff to access regular research education and workshops both within and out with NHS Fife.

7.2 In order to achieve this we will continue to:

- Identify / determine research 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, SHIP Clinical Innovation Fellowships, Doctoral Training Programme Fellowships and other programmes, details of which will be circulated throughout NHS Fife.

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[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.

9

- 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:

> o *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*
>
> o *increase the number of staff participating in research and innovation training and education both within and out with NHS Fife*
>
> o *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 a weekly news update, monthly electronic bulletin, quarterly newsletter and SWAY monthly updates on the website and the RIK Twitter account. Updates to this information will be supported by staff within RIK and co-ordinated by the Assistant RIK Director.

9.4   The NHS Fife Research, Innovation and Knowledge Oversight Group will continue to be actively involved in promoting research awareness, the 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 2022-23

11.1   In order to ensure the continued implementation of this wide-ranging strategy, it has been agreed that a number of strategic 'priorities' will be selected annually, to be advanced throughout the year, and reported on at the year end. These priorities are included in Appendix 3.

12   REVIEW

This Strategy and Plan of Activities and Priorities will be reviewed in August 2023 leading to refinements to the first Research, Innovation and Knowledge Strategy and Annual Priorities from November 2023.

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

13   RECOMMENDATION

The Executive Directors Group is asked to:

- note the contents of this paper

Appendix 1

NHS Fife Research, Innovation and Knowledge Support Structure 2022-23

Research, Innovation and Knowledge Staff Structure

KEY
Line Management
Professional Accountability

Updated October 2022 Page 1

KEY
RN: Research Nurse
CRP: Clinical Research Practitioner
CRA: Clinical Research Assistant

Updated October 2022 Page 2

12
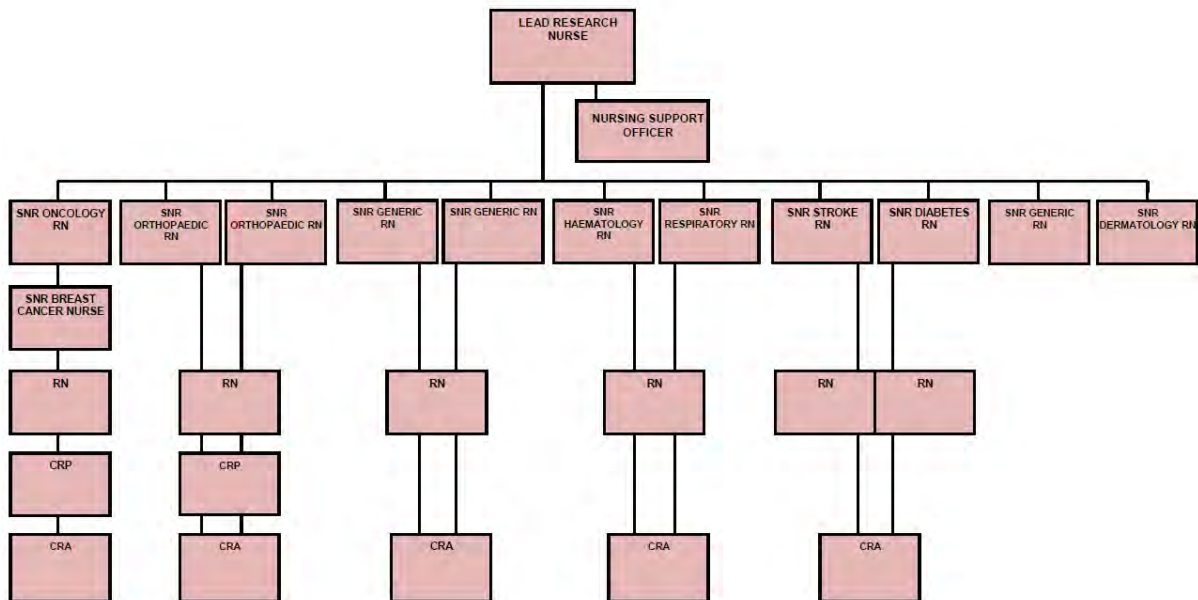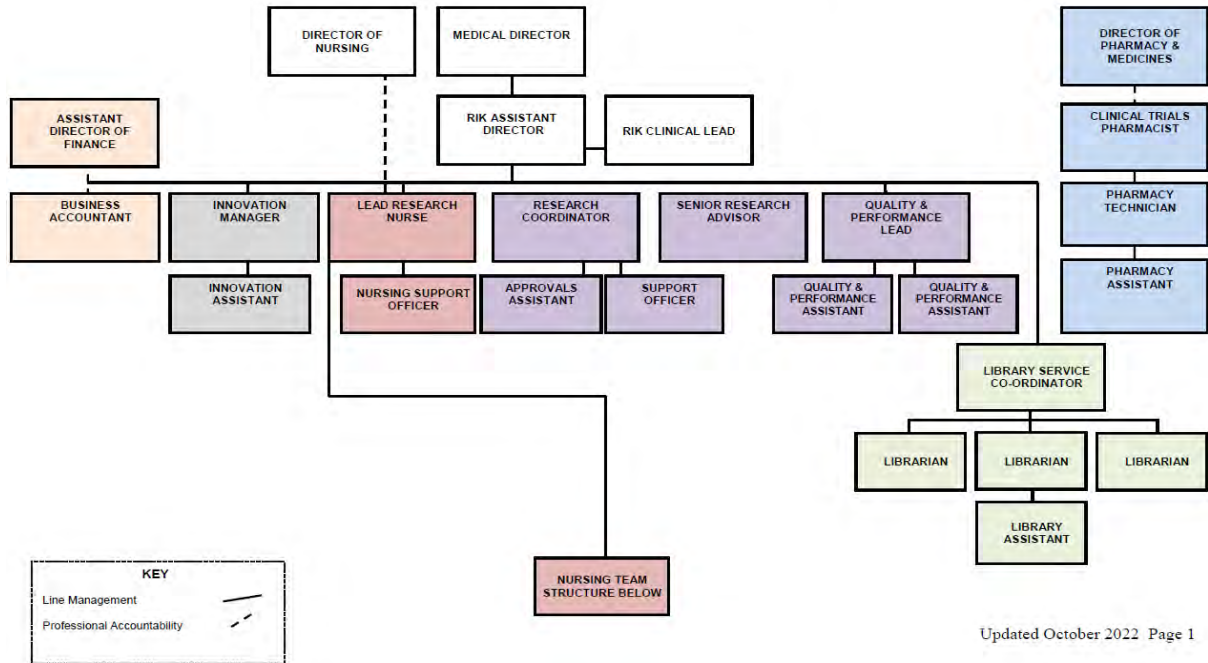
Appendix 2

COMMITTEE STRUCTURE / NHS FIFE IN RELATION TO RESEARCH, INNOVATION AND KNOWLEDGE

```
                              ┌─────────────────┐
                              │    NHS FIFE     │
                              │     BOARD       │
                              └─────────────────┘
                                       │
┌──────────────────┐          ┌─────────────────────┐
│ Tayside Academic │          │  NHS FIFE CLINICAL  │
│ Health Science   │          │    GOVERNANCE       │
│    Centre        │          │    COMMITTEE        │
│    (TASC)        │          └─────────────────────┘
└──────────────────┘                   │         │
                          ┌─────────────────┐  ┌──────────────┐
                          │   NHS Fife      │  │Public Health │
                          │   Research      │  │ Governance   │
                          │ Innovation and  │  │  Committee   │
                          │  Knowledge      │  └──────────────┘
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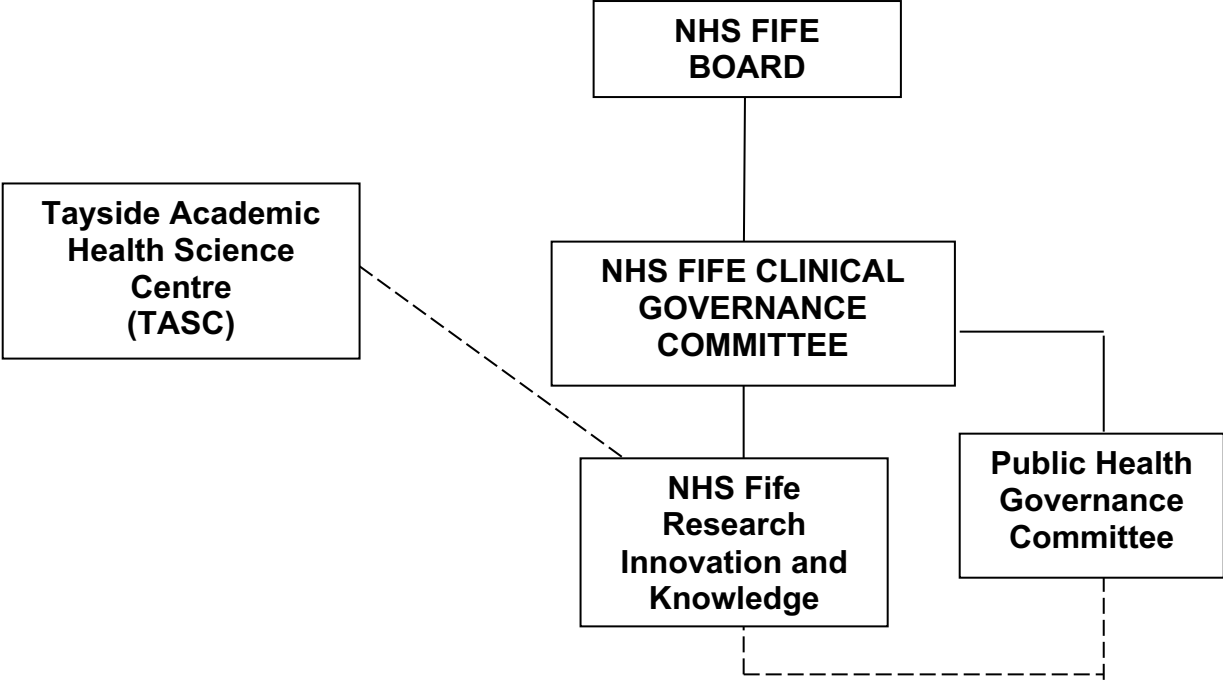
Accountability ─────────

Communication – – – – – – –

PLAN OF ACTIVITIES AND PRIORITIES FOR 2022-23

The following plan of activities has been developed from the current NHS Fife RIK 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 or innovators with identified and protected time.

A1. To continue to encourage discussion of research and innovation as part of normal Personal Development Plans and appraisals of health care staff.

A2. To continue RIK participation in the development of the medical, nursing and allied health professional clinical academic career development in Fife.

A3. To continue to support and participate in NHS Research Scotland (NRS) East of Scotland research node with St Andrews and Dundee Universities, and NHS Tayside by establishing for example joint standard operating procedures, co-sponsorship agreements.

(B)   WORKING WITH PARTNERS.

Establish a mutually meaningful and productive link with academic institutions

In order to establish this NHS Fife will continue to:

B1. Identify and understand corporate arrangements with institutions such as St Andrews, Dundee, Edinburgh, Napier, Queen Margaret and Abertay Universities to facilitate collaboration.

B2. Continue investment (financial or other) with academic institutions (especially St Andrews University Medical School) that will result in a critical mass of research and innovation active individuals, employed/seconded by NHS Fife and/or universities to build research and innovation capacity and governance structures.

(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 structure the current areas that need to be considered include:

C1. Continuing to identify commonalities / engagement between the clinical, research, innovation, quality improvement, digital and e/health, information governance structures within NHS Fife.

C2. Consolidate preparations for future inspection(s) from Medicines and Healthcare products Regulatory Agency.

Increasing the income generated from increased research activity, creating opportunities to further enhance and invest in research programmes in Fife by:

C3. Maximising commercial research opportunities locally and in collaboration with external partners.

(D)   WORKING IN PARTNERSHIP WITH STAFF AND COMMUNICATING RESEARCH AND INNOVATION INFORMATION ACROSS NHS FIFE.

Consolidate a research and innovation communication strategy with all NHS Fife communities.

Communication is the linchpin of creating a research and innovation focused culture. During 2022-23 we will:

D1. Deliver regular NHS Fife RIK news updates, bulletins and newsletters.

D2. Produce and disseminate an NHS Fife RIK Annual Report.

D3. Support research and innovation workshops for patients, carers and other citizens of Fife.

(E)   PATIENT AND PUBLIC INVOLVEMENT

E1. Develop ongoing, meaningful engagement of the public in research and innovation.

Prof Frances Quirk
Assistant RIK Director
NHS Fife

December 2022

These priorities have been discussed and agreed by the NHS Fife RIK Operational Group and the NHS Fife Research, Innovation and Knowledge Oversight Group.

NHS Fife

Meeting:	**Clinical Governance Committee**
Meeting date:	**13 January 2023**
Title:	**Research, Innovation and Knowledge Annual Report 2021/2022**
Responsible Executive:	**Dr Chris Mckenna**
Report Author:	**Professor Frances Quirk, Research, Innovation and Knowledge Assistant Director**

1   Purpose

This is presented for:

- Assurance

This report relates to a:

- Annual Operational Plan

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

- Safe
- Effective
- Person Centred

2   Report summary

2.1   Situation

The Research, Innovation and Knowledge Annual Report 2021-2022 is being brought to the Clinical Governance Committee for their Awareness to provide an update on activities in increasing culture to include research and innovation as part of roles and to build research and innovation capacity and delivery against 2021/2022 strategic priorities.

2.2   Background

This report details the activities within Research, Innovation and Knowledge across NHS Fife from April 2021 to March 2022. It details progress made over the last 12 months in relation to ongoing work, previously identified challenges and identifies the key challenges currently facing Research, Innovation and Knowledge (RIK).

Continued significant developments within RIK include our relationship with the Universities of St Andrews, Edinburgh and Dundee in relation to research and innovation activities and education and training. The joint clinical academic appointments with the Universities of Dundee and St Andrews have produced benefits in terms of major research grants and contribution to an expanding NHS Fife research culture. Work has advanced particularly well with the University of St Andrews, building on the experience of developing the teaching agenda, the appointment of a project officer to support scoping options and development of a business case for a Joint Research Office. The joint research and teaching Honorary Appointments within the University of Andrews School of Medicine confirmed in 2021 have contributed to a growing sense of partnership.

The format of the report has been revised to reflect feedback from the lay representative member of the Research, Innovation and Knowledge Oversight Group and input from the Fife Community Advisory Council.

2.3 Assessment

During 2021-22 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; compliance with the research governance framework, development of an innovation governance framework, monitoring 100% of Fife Sponsored studies; and the delivery of a R&D Education Programme revised to accommodate Covid restrictions.

The following challenges have been amalgamated from unmet objectives from the 2021-22 R&D Strategy Key Performance Indicators (KPIs), and the NRS objectives & associated performance metrics to be delivered during 2021-22:

Unmet KPIs (R&D Strategy2021-22):

- Increase the number of staff actively involved in research
- Increase commercial income
  .

R&D Strategy priorities (2021-22):

All activities detailed in the prioritised plan of the R&D Strategy for 2021-22 are ongoing or have been achieved.

2.3.1 Quality/ Patient Care

-

2.3.2 Workforce

The restarting of non-COVID studies and the continued requests to prioritise Covid- related studies, along with requirements to work from home, have led to some resourcing implications and challenges for staff in RIK. The wellbeing of staff is considered a priority and this has been an ongoing focus with the appointment of a Wellbeing Champion.

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 2021-2022 -£834,000
Commercial Income 2021-2022- £77,000
Cost Savings (Pharmacy and Medicines) 2021-2022 -£492,000

2.3.4 Risk Assessment/Management

Research, Innovation and Knowledge Oversight Group has noted a reduction in the number of staff involved in research and commercial income generated over the reporting period. These unmet KPI's will be a focus of monitoring and the development and implementation of strategies to address them in 2022-2023.

2.3.5 Equality and Diversity, including health inequalities

-

2.3.6 Other impact

Within Fife, research and innovation activity is undertaken by and with staff for the benefit of patients. It is essential to work with staff to promote the benefits of research and innovation activity for individual staff members as part of their commitment to personal and professional development.

Research and innovation activity depends on staff having appropriate skills. Local access or directed access to regular research education and workshops provided by RIK is usually available to all NHS Fife staff and open to staff outside NHS Fife. Whilst many workshops continued to be suspended due to Covid restrictions where possible these have been resumed as online via Teams.

2.3.7 Communication, involvement, engagement and consultation

Two-way communication of Research and Innovation information across NHS Fife has improved despite the challenges of the dispersed nature of the organisation. To help facilitate communication, key research information is available via a dedicated NHS Fife RIK webpage, weekly updates, and monthly or quarterly bulletins and newsletters. The format of these has been revised to take advantage of newly available platforms, such as SWAY.

Internal Communications

Updates on the research training programme, R&D support and details of research and innovation conferences are circulated regularly. 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 has been completed on a fully functioning RIK website www.nhsfife.org/research with dedicated Clinical Research Facility, Publications and News Updates pages. The website has been refreshed to reflect the transition from R&D to Research, Innovation and Knowledge. Further development of R&D communications has been progressed via a regular weekly R&D News update which is included in the weekly All Staff update and also a monthly summary via the R&D website.

Generic R&D email address have been created to maximise the efficiency of responses to queries to the department, fife.randd@nhs.scot and for R&D news fife.rdnews2@nhs.scot

Our Public Involvement representative with a special interest in research is a member of the joint University of St Andrews and Fife Community Advisory Committee (FCAC). They have been an active member of the NHS Fife Research, 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.

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 (4th November 2022)
- Fife Community Advisory Council- reviewed and feedback requested and responded to (28th November 2022)
- Research, Innovation and Knowledge Oversight Group- reviewed and feedback requested and responded to (14th December 2022)
- Executive Directors Group – for Awareness (5th January 2023)

2.4 Recommendation

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

3 List of appendices

The following appendices are included with this report:

- Appendix No 1 Research, Innovation and Knowledge Annual Report 2021-2022

Report Contact

Professor Frances Quirk
Research, Innovation and Knowledge Assistant Director
Email frances.quirk@nhs.scot

Research, Innovation and Knowledge

Annual Report 2021-2022

Contents

1. Executive Summary

The NHS Fife R&D Department, now the Research, Innovation & Knowledge (RIK) Department has seen 20 years of significant sustainable progress and is increasingly able to support high quality and more complex research and innovation related activities in Fife, working with partners in the NHS, Universities, Industry and other relevant stakeholders.

Throughout these years this department has utilised a multitude of innovative models to help sustain the increasing research activities in Fife. One such example is the R&D research nurse model with research nurses located within the R&D Department, which has had acclaim due to its effective results in recruiting, establishing and communicating the research activities within various fields. This model was instrumental in Fife becoming a major recruitment site for several COVID-19 related national studies following a rapid 10-day turnaround during both lockdown periods to make Fife's very busy clinical environments research friendly and active. Another example is the Clinical Research Facility at the Victoria Hospital in Kirkcaldy enabling complex clinical trials to occur locally, again for the benefit of Fife patients.

These and other examples are only possible due to the Research, Innovation & Knowledge department's ability to work with colleagues spanning the clinical and academic divide. The delivery business model around innovation and diversity in investment and activities allow this department to move forward with confidence. Last but not least this is also a testament to the effective and responsive leadership qualities that NHS Fife's RIK Assistant Director and Innovation Champion, Professor Frances Quirk has brought. In these challenging times Professor Quirk and the team have sustained and further improved the credibility, professionalism and governance of this department internally to NHS staff and externally to our partners. Professor Quirk has also been instrumental in establishing the first building blocks of a Fife health innovation agenda.

RIK in Fife has again utilised the principles of added value and critical mass to good effect. We look forward to next year, keen to work even more closely with neighbouring Health Boards, Universities and other agencies either under the auspices of the East of Scotland Research Node, Health Innovation South East Scotland (HISES) and other similar national and regional collaborations in a landscape that is continuously changing and demanding only the best for our Fife citizens that we serve with pride. We, especially, also look forward to continue to synergise our research and innovation strategic priorities with the University of St Andrews, our local university and medical school.

Many thanks to the whole RIK team for their consistent hard work and commitment towards the implementation of the Research strategy. We also thank Dr Christopher McKenna who has supported RIK even when his attention has been needed urgently elsewhere.

We are all looking forward to another exciting and productive year.

Professor Alex Baldacchino
Research, Innovation & Knowledge Director, NHS Fife

2. Introduction

This report details the activities within Research, Innovation and Knowledge (RIK) across NHS Fife from April 2021 to March 2022. The report details progress made over the last 12 months in relation to ongoing work, previously identified challenges and identifies the key challenges currently facing RIK.

There were significant changes over this period, not least responding to the ongoing impact of COVID-19 pandemic, addressing recovery, resilience and growth and the requirements to make adjustments to our ways of working, restarting suspending studies and continuing to respond to the Scottish Government Urgent Public Health priorities.

The period that this report covers was the first full year for Professor Frances Quirk in the role of Assistant Director Research, Innovation and Knowledge providing the opportunity to experience the full cycle of work, albeit a less than usual one with the ongoing impact of COVID-19 on our clinical research portfolio and workforce. This has also been our first full year as the rebadged Research, Innovation and Knowledge (RIK) Department with the addition of Innovation and Library and Knowledge Services towards the end of 2020.

Continuing significant developments within RIK include our relationships with the Universities of St Andrews and Dundee in relation to research activities and the South East Region Innovation Hub (HISES) for Innovation. The joint clinical academic appointments 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. Work has advanced particularly well with the University of St Andrews, with a renewed commitment to partnership between the University of St Andrews and NHS Fife with the establishment of a Joint Research Office project and planning team reflecting key representation across the two organisations. The intention of the Joint Research Office team is to review and refine current research governance processes and the provision of relevant education and training to facilitate collaborative working and contribute to a more effective and efficient platform for joint research.

Professor Frances Quirk
Research, Innovation & Knowledge Assistant Director, NHS Fife

3

3. Research, Innovation and Knowledge Activity and Income

Research

1. R&D Studies and Recruitment

1. Number of Research Studies & Participants Recruited

The following R&D activity summary includes the studies open to recruitment in NHS Fife at some point within the 2021-2022 financial year. A further 56 studies had completed recruitment but were still collecting data during this period.

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.

1.1 Number of Commercial/Non-commercial 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 97 studies were actively recruiting participants during this period.

The specialties involved in commercial studies were: Dermatology (3), Musculoskeletal (2), Children (1), Diabetes (1) and Gastroenterology (1).

The top 5 non-commercial research active areas in terms of number of studies were: Cancer (13), Children (8), Stroke (8), Cardiovascular (7) and Infectious Diseases and Microbiology (7).

All Recruiting Studies by Funding Type & Scottish Specialty

Funding Type ● Eligibly Funded ● Non-Eligibly Funded

97 Total Number of Studies
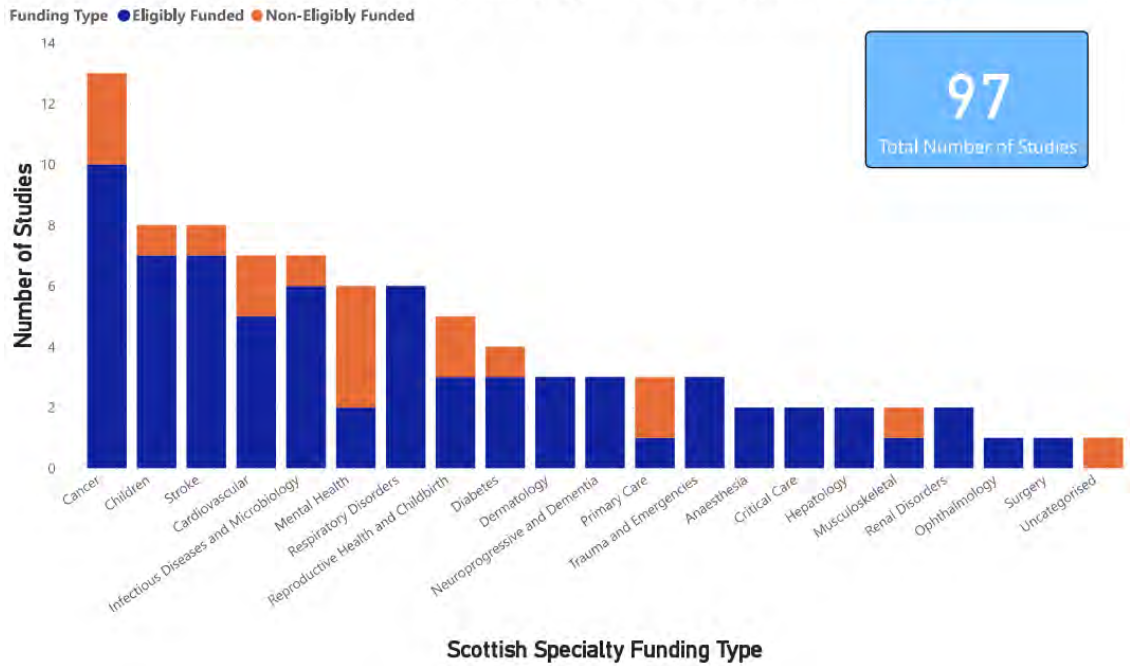
Fig 1

1.2 Number of Participants Recruited

A total of 2296 new participants were recruited during this period.

A total of 37 participants were recruited in Commercial studies Musculoskeletal (19), Gastroenterology (15), Dermatology (2) and Children (1).

1664 participants were recruited in Eligibly funded studies.

The top 5 Scottish Specialties in 2021-2022 in terms of recruited participants for Eligibly funded studies were: Reproductive Health & Childbirth (667), Infectious Diseases & Microbiology (515), Trauma & Emergencies (99), Critical Care (96) and Respiratory (71).

A total of 595 participants were recruited in Non-Eligibly funded studies.

Total Recruitment by Scottish Specialty and Funding Type

Funding Type ● Commercial ● Eligibly Funded ● Non-Eligibly Funded

Funding Type	Total Recruited
Eligibly Funded	1664
Non-Eligibly Funded	595
Commercial	37
Total	**2296**

Fig 2

5
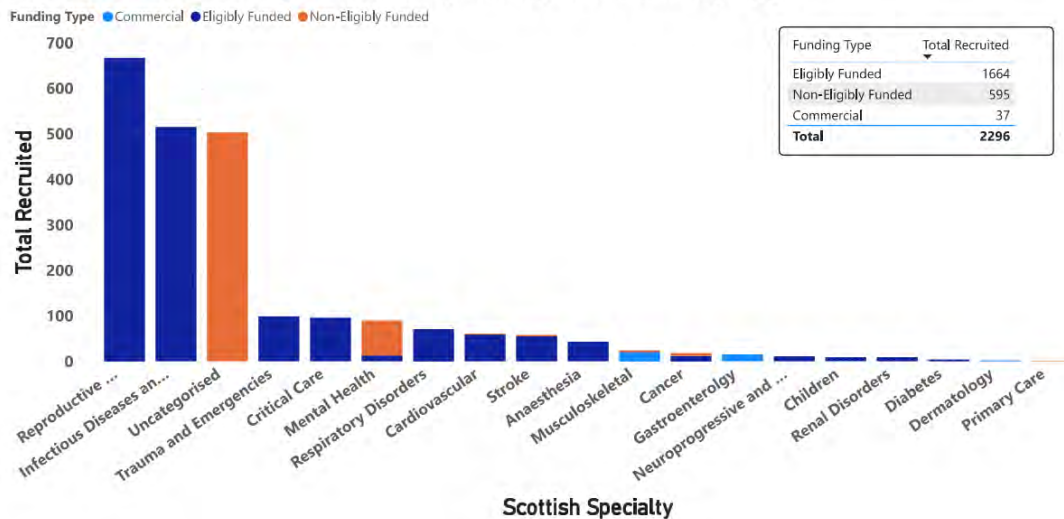
1.3 Types of Study

NHS Fife has a balanced portfolio of studies ranging from observational to complex interventional studies (including Clinical Trials of Medicinal Products (CTIMP)) across a number of therapeutic areas.

Of the total of 97 studies, 23 were Clinical Trials of a Medicinal Product, 16 were Clinical Trials of an intervention and 2 were Clinical Trials of a medical device.

The number of studies according to study type and disease specialty are shown below:
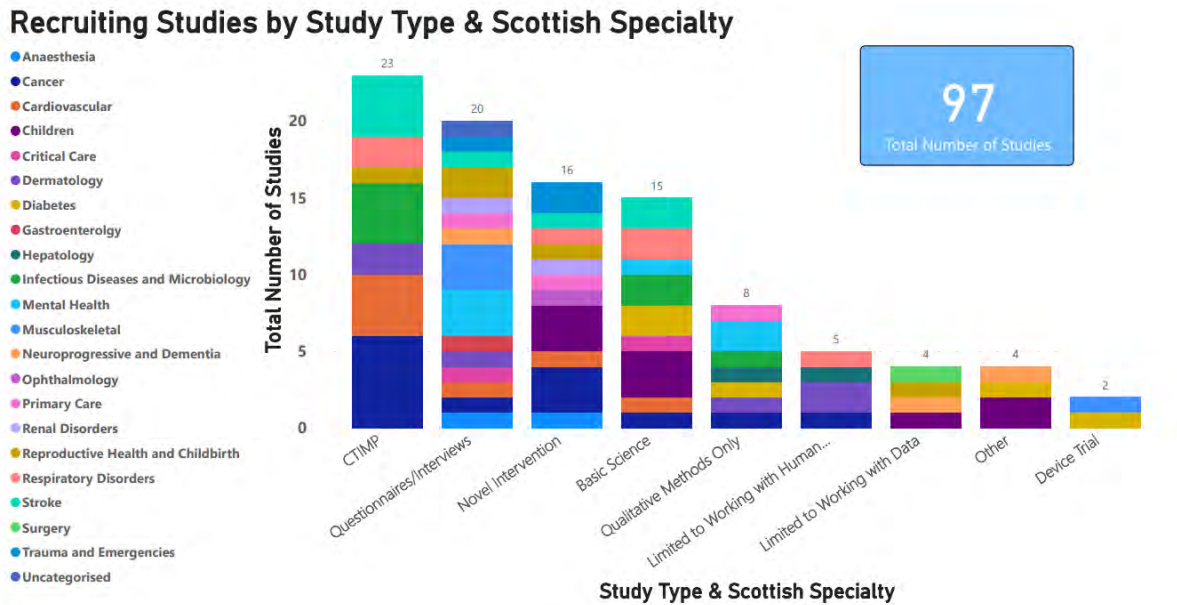
Fig 3

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. Prior to accepting this role, the NHS Fife will undertake a review and risk assessment to ensure that the acceptance of sponsorship is desirable and appropriate.

NHS Fife does not currently have the infrastructure in place to Sponsor CTIMPs but between 2021 and 2022 NHS Fife Sponsored 7 Non-CTIMP studies. These were all non-interventional studies e.g., studies administering questionnaires or interviews or limited to working with data.
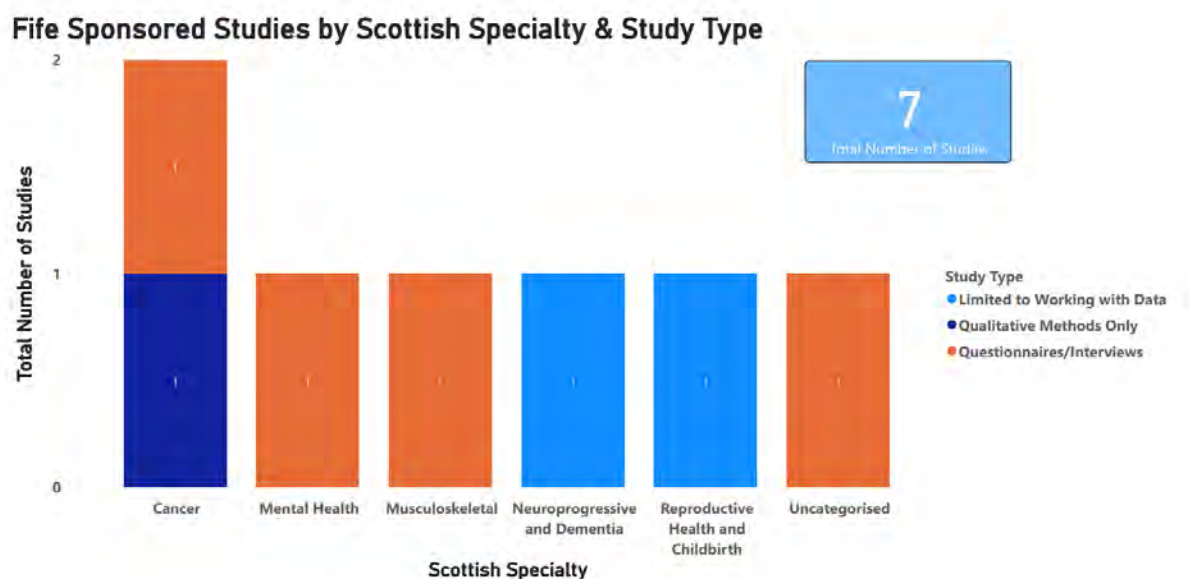
Fig 4

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.

3.1 NHS Fife Chief Investigators

A total of 9 NHS Fife staff members acted as Chief Investigator for a research study over this period.

Number of Fife Chief Investigators
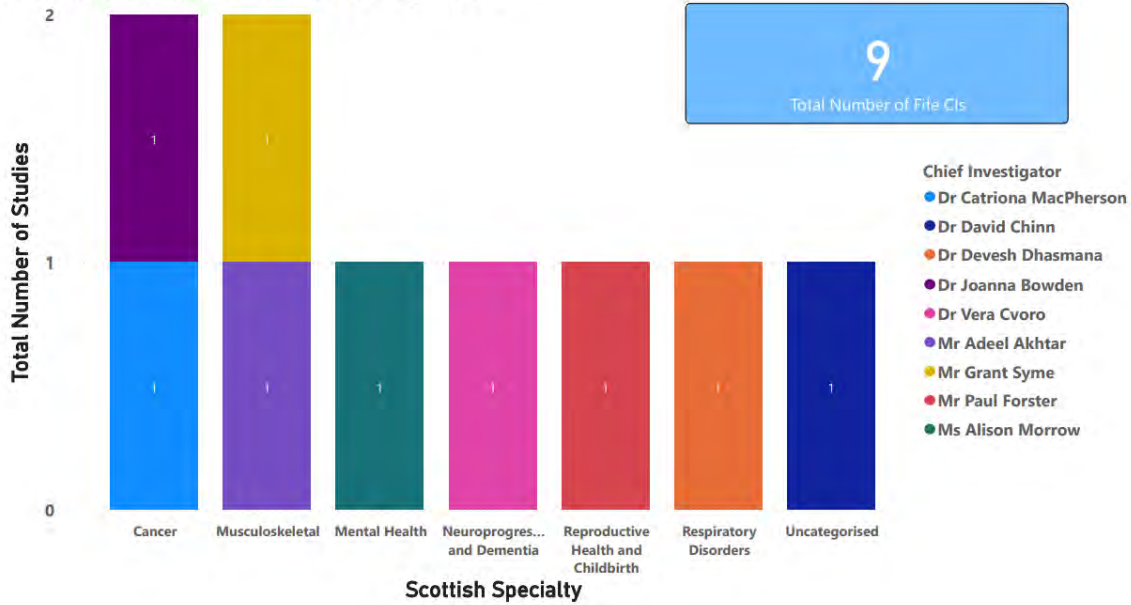
Fig 5

3.2 NHS Fife Principal Investigators

A total of 51 NHS Fife staff members acted as Principal Investigator for a research study.

The top 6 research active Scottish Specialties with NHS Fife PIs were Cancer (7), Children (7), Respiratory Disorders (5), Dermatology (4), Mental Health (4) and Reproductive Health and Childbirth (4).

Number of NHS Fife Principal Investigators by Scottish Specialty
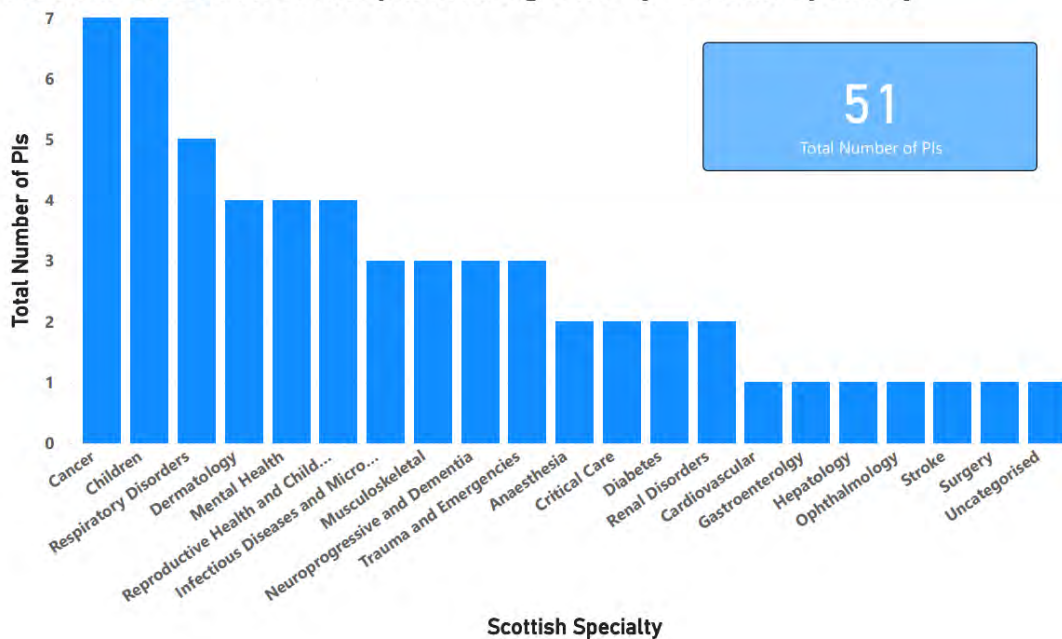
Fig 6

The majority of staff were Principal Investigator on a single study while 4 members of staff were Principal Investigator on 5 or more studies.

Number of Studies for each Principal Investigator
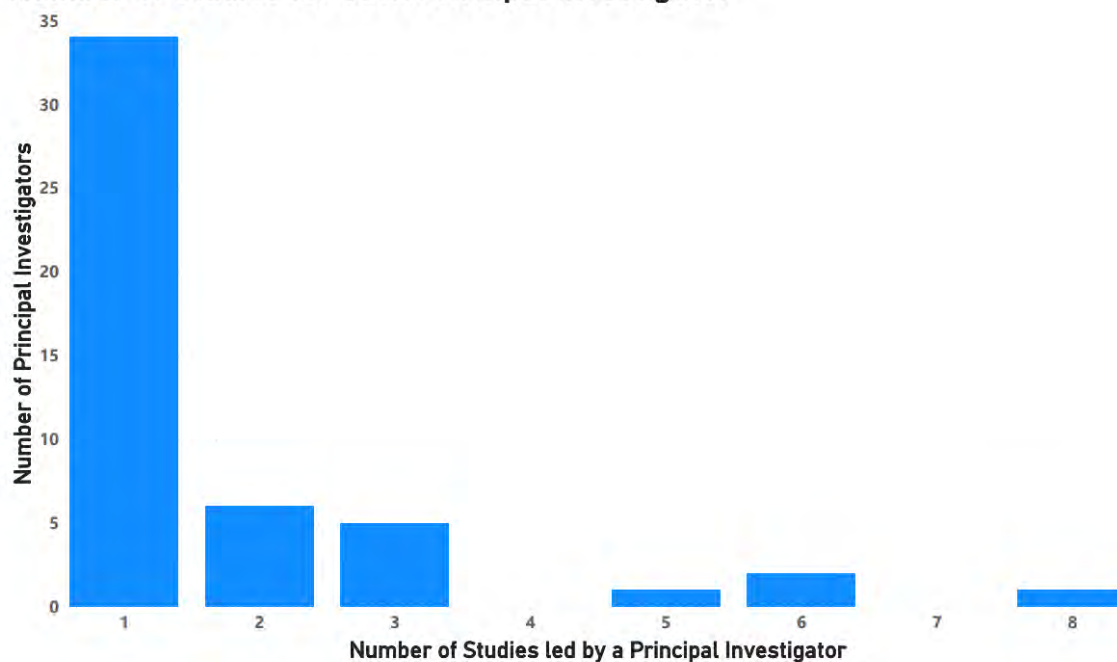
Fig 7

4. Trends in Research Activity

The following figures show the total recruitment and total number of studies for 2019-2020, 2020-2021 and 2021-2022. The figures for 2019-2020 and 2020-2021 reflect the figures reported in the Annual report for those financial years.

The increase in Non-Eligibly funded and Eligibly funded recruitment seen in 2021-2022 (Fig 8) was due mainly to two large questionnaire studies which accounted for 503 and 794 recruits respectively.

The figures reported for the total numbers of studies in 2019-2020 (Fig 9) included both recruiting studies and studies in follow-up. These figures have been reported separately in 2020-2021 and 2021-2022.

Total Recruitment by Financial Year

Funding Source ● Commercial Studies ● Eligibly Funded ● Non-Eligibly Funded
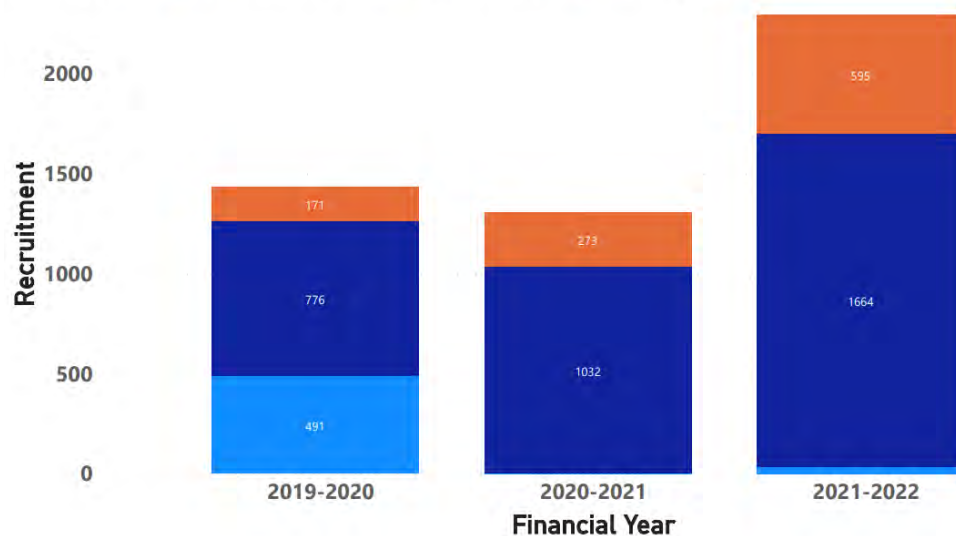
Fig 8

Number of Studies by Financial Year

Funding Source ● Commercial Studies ● Eligibly Funded ● Non-Eligibly Funded

Fig 9

10
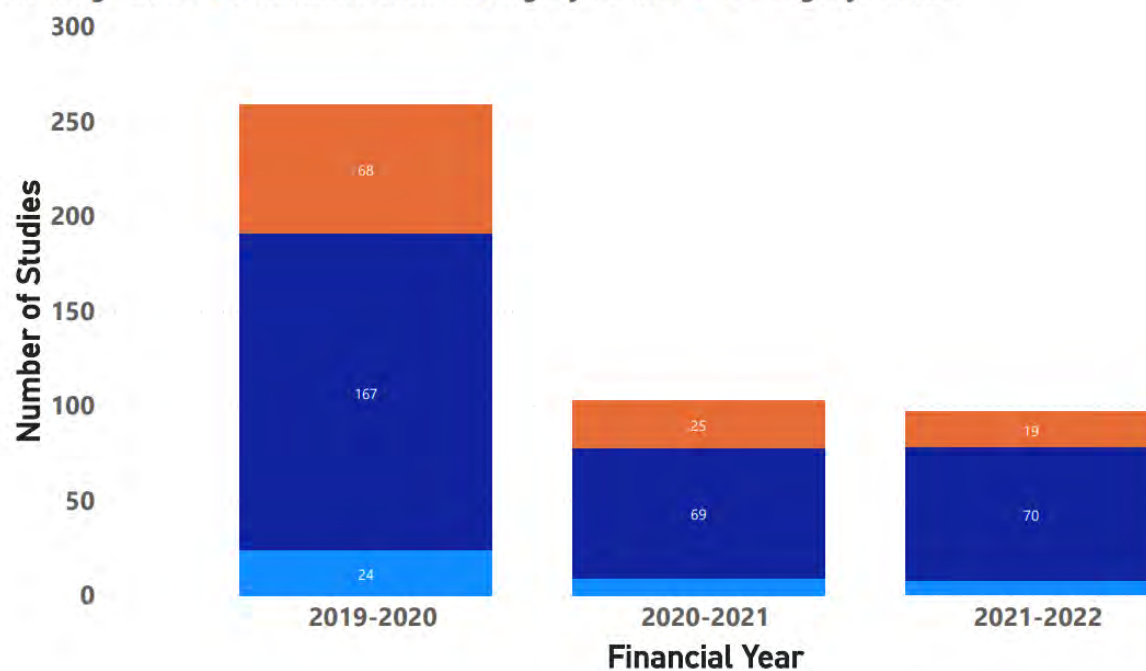
4. Research, Innovation and Knowledge Finance and Income

1. Funding

On an annual basis, NHS Fife RIK receives an allocation from Chief Scientist Office (CSO) to support clinical research activity and general infrastructure. Normally this allocation would be calculated using activity-based measures, however, due to the exceptional circumstances caused by the COVID-19 pandemic this approach is currently not being used as the pandemic greatly reduced clinical research activity.

CSO also provide funding for Health Innovation South East Scotland (HISES) through NHS Lothian. 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."*

As well as CSO funding, NHS Fife also receives Network funding to further clinical research in areas such as Cancer, Dementia, Diabetes, & Stroke, which is provided through NHS Tayside as the nodal Health Board, Lothian, & the University of Dundee.

The following graphs show total funding provided by CSO & other contributors over the previous 3 financial years, from 2019-202020 to 2021-2022. However, the key points to note are:

- Initial CSO funding has increased by £8,000 between 2020-2021 and 2021-2022 from £826,000 to £834,000, however, funding is down £14,000 from 2019-202020 to 2021-2022 from £848,000 to £834,000

- The movements within the other sources of funding relate to income received as an allocation from CSO relating to COVID-19 studies such as RECOVERY, GenOMICC, & ISARIC.

- Funding received from the South East Scotland Health Innovation Hub (HISES) has increased over the past 3 financial years, from £17,670 in 2019-202020 to £63,036. A total increase in funding of £45,366 from 2019-202020 to 2021-2022.

CSO Funding

Fig 10

Innovation Funding
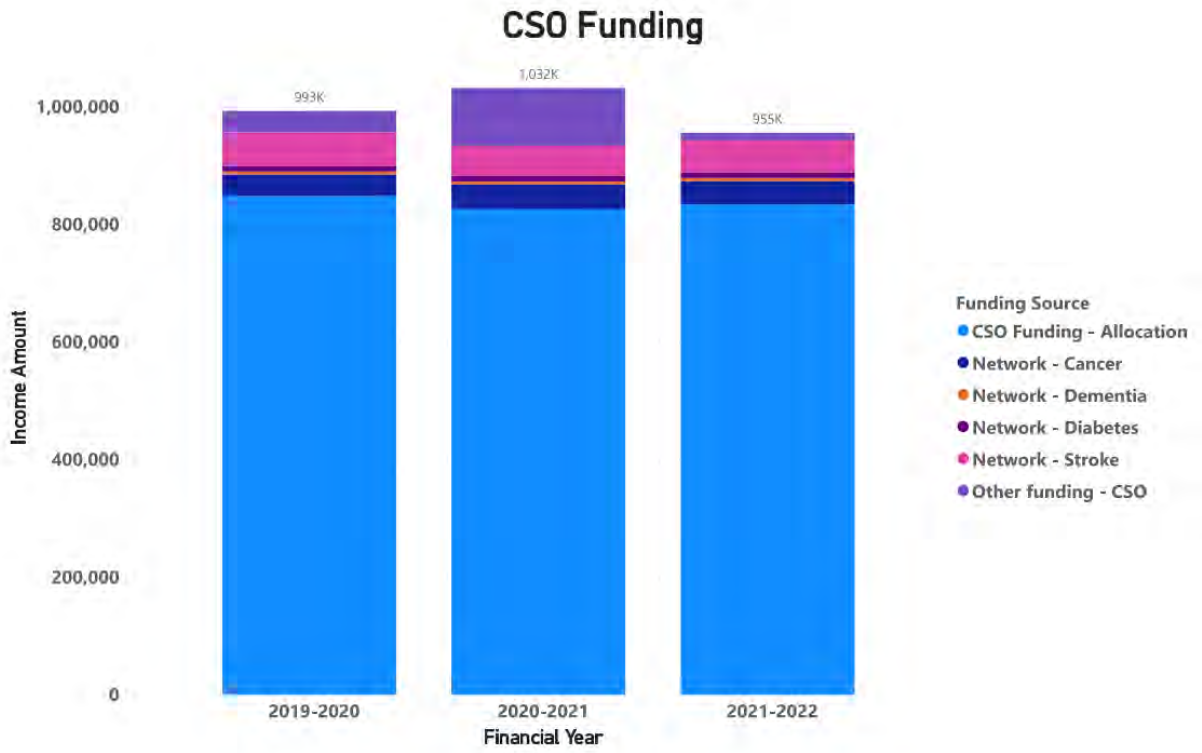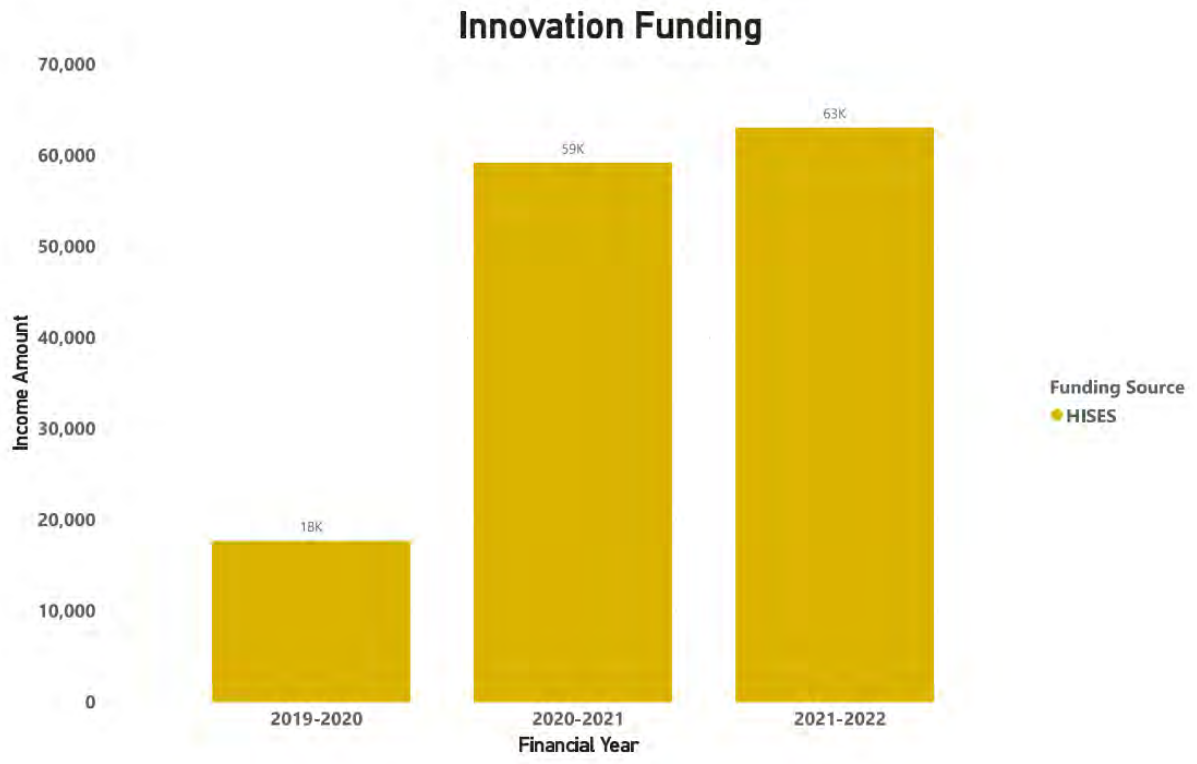
Fig 11

2. Income

2.1 Commercial Income

Commercial income for 2021-2022 was £77,000, down £42,000 from 2020-2021. The reduction in income was due to the lack of income received from Diabetes studies which totalled circa £60,000 in 2021-2022.

As shown in the following graph, Dermatology studies generated the majority of commercial income for RIK, totalling £44,000.
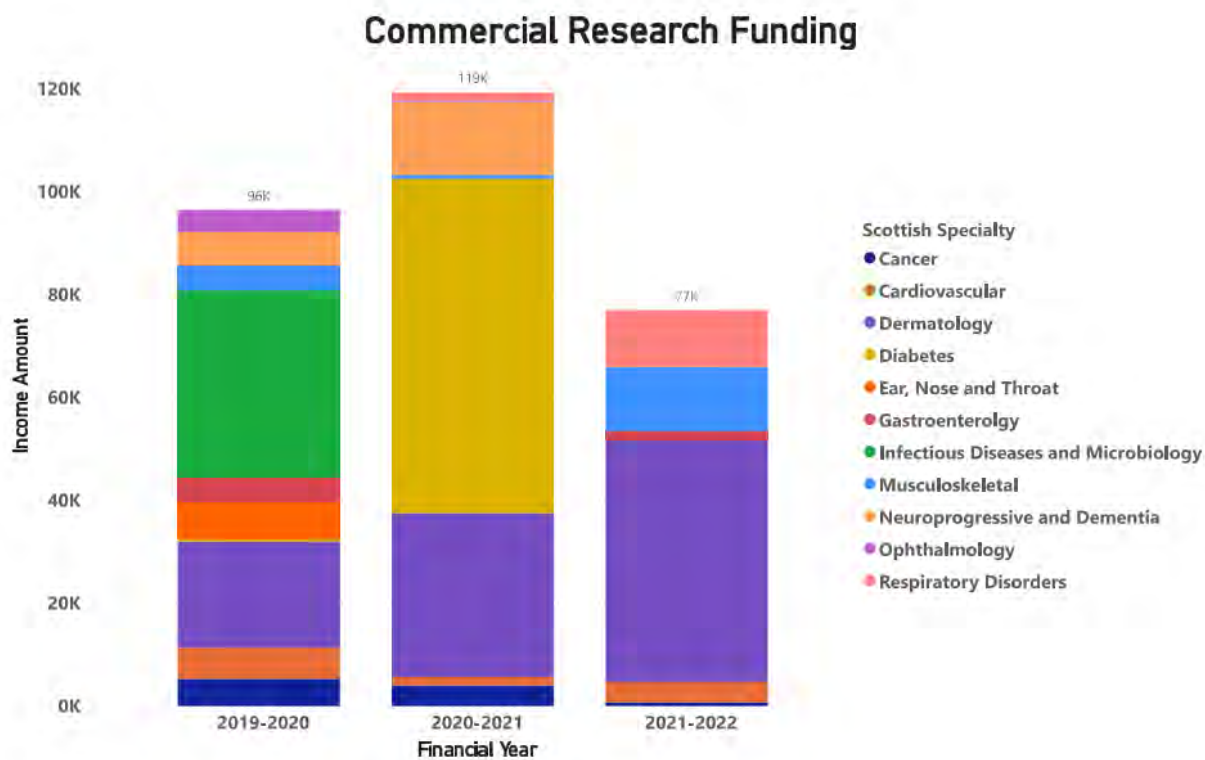
Fig 12

2.2 Non-Commercial Income

Over the previous 3 financial years, non-commercial income has increased by £33,000 to £145,000 in 2021-2022 from £112,000 in 2020-2022, after a reduction in income by £9,000 from 2019-2020 to 2020-2021, where total income was £121,000 in 2019-2020.

For 2021-2022, as shown in the following graph, studies within the Respiratory and Infectious Diseases and Microbiology fields generated the most non-commercial income for NHS Fife, totalling circa £80,000 and £40,000 respectively.

13
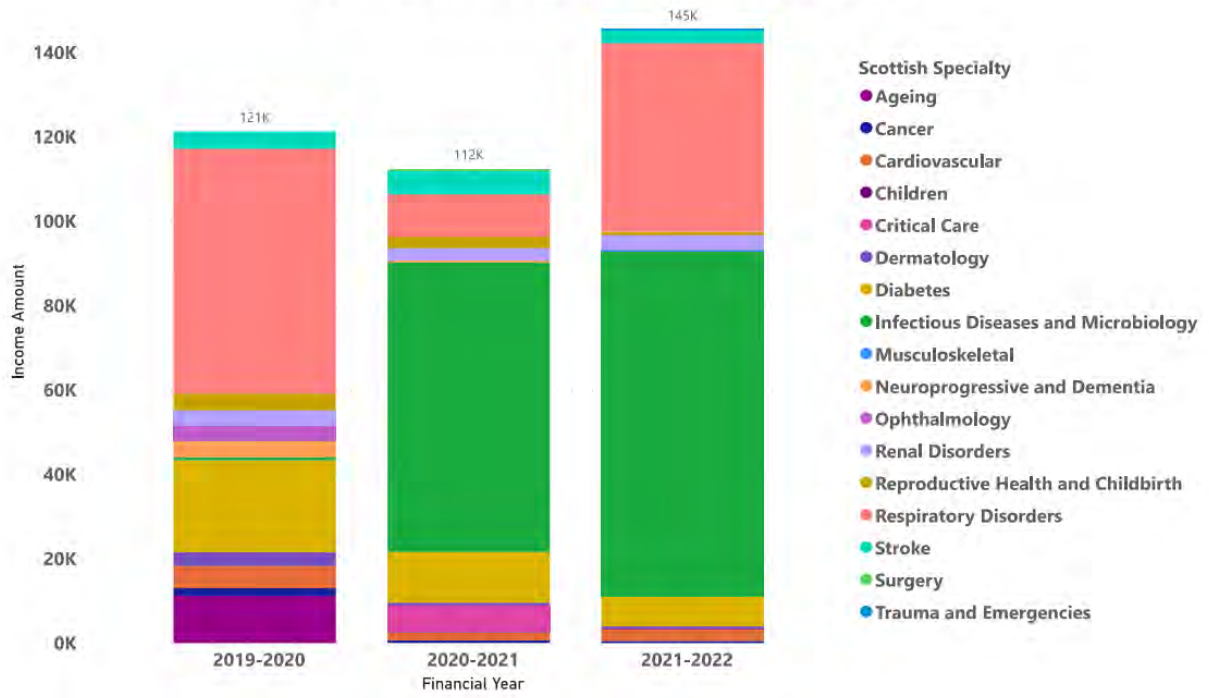
Fig 13

5. Innovation

Neil Mitchell
Innovation Manager
NHS Fife
(commenced April 2022)

NHS Fife is a member of Health Innovation South East Scotland (HISES), one of the three Regional Innovation test beds, set up 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. 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. The majority of the Innovation activity that RIK has supported has been focused on HISES hosted Small Business Research Initiatives (SBRIs). NHS Fife has contributed to the review, discussion and approval of projects to be hosted by HISES.

NHS Fife supported Phase I of the Kindocoin, Delayed Discharge SBRI in 2020-2021, which developed an innovative technology- based solution to link statutory services to 3rd sector organisation providing services in the community. Phase II of this SBRI is running with two companies in NHS Lothian, with the support of NHS Fife and is due to complete in March 2023. Other SBRI's supported by HISES, with input from NHS Fife, include:

- **Care Homes Platform** – identifying how current care home captured data can be utilised in the development of a minimum care home data set that in time can be used for analysis, risk identification and creation of decision support tools.
- **Multi-Morbidity** – development of data-driven solutions that can improve and personalise care plans for patients with multimorbidity. This will use analytical models in the clinical system that could assist with the risk assessment of patients. Phase II is due to launch in October 2022.
- **Hip Fractures** – developing a system using routinely collected health data and data-analytic techniques to improve the outcomes for patients with hip fractures. One company has successfully launched into Phase II in August 2022
- **Care Calendar** – This Innovation focuses on stroke patients and ensures that actions required as part of their Stroke Bundle are undertaken and recorded. This should maximise positive patient outcomes, whilst enhancing the patient flow through secondary care on to discharge and beyond.

NHS Fife is also supportive of Innovation nationally through membership of National Consortia. NHS Fife staff currently contribute to 3 National Consortia; the Dermatology Artificial Intelligence (AI) Consortium, the Eye Health Consortium and the Drug Deaths Consortium. The Dermatology AI consortium is seeking to deliver the vision of '25 by 25' – skin cancer diagnosis within 25 minutes by 2025, through the use of AI. The Eye Health Consortium will be launching an Eye Health Innovation Challenge to develop innovative technology to enable remote home vision testing for Glaucoma. The Drug Deaths consortium is chaired by Professor Alex Baldacchino (former NHS Fife Director of Research) and aims to find innovative solutions to prevent drug deaths using overdose detection and response technology.

NHS Fife has developed the Innovation Governance Framework, providing a route for Innovation projects to be reviewed and scrutinised ensuring robust and deliverable projects, this is aligned with the Innovation Governance Framework developed and implemented at HISES.

NHS Fife has invested in Innovation locally with the appointment of an Innovation Manager within Research, Innovation and Knowledge. The Innovation Manager will have a primary role in driving forward Innovation locally, as well as liaising with our regional partners in HISES and nationally with the Scottish Health and Industry Partnership (SHIP) on catalyst challenges and Small Business Research Initiative (SBRI) funding. The Innovation Manager will work in partnership with NHS Fife Innovation Champion and Assistant RIK Director, Professor Frances Quirk and the recently appointed Clinical Innovation Champion, Dr Susanna Galea-Singer.

Dr Susanna Galea-Singer is an Addiction Psychiatrist, Clinical Lead for Addiction Services and Clinical Innovation Champion. Appointed as Clinical Innovation Champion in March 2022 after a competitive selection process, Susanna brings a wealth of experience in Innovation. Susanna has a Master's in Innovative design and worked in New Zealand as the lead for Innovation within XXX. Susanna is featured in section X.

SHIP launched the first round of Clinical Innovation Fellowships in 2022 and after a highly competitive application process, NHS Fife's Advanced Physiotherapy Practitioner, Joyce Henderson, was awarded a SHIP Clinical Innovation Fellowship, one of only 9 across Scotland and the only one awarded to an Allied Health Professional. This is the first round of Innovation Fellowships and a great achievement for Joyce and NHS Fife. Joyce is the Lead Advanced Practice Physiotherapist within Women, Children and Clinical Services and her Fellowship will focus on Artificial Intelligence (AI) assisted screening of Developmental Dysplasia of the Hip (DDH). Joyce is featured in this Annual Report under our Career Spotlight in section 4.

Lastly, NHS Fife regularly works with InnoScot Health to identify, protect, develop and commercialise healthcare innovations to improve patient care. From the period January 2021 to January 2022, two NHS Fife projects were disclosed and discussed with InnoScot Health. Four projects are currently being supported by InnoScot Health; providing advice on copyright and licensing, and supporting idea development and industry discussions, as well as liaising with academic partners. InnoScot Health also contributes to NHS Fife RIK Operational Meetings, as well as contributing regionally to HISES Network Group and Oversight Committee. InnoScot Health provides advice and training to NHS Fife in Intellectual Property and Innovation education sessions, as well as regulatory guidance.

6. Research, Innovation and Knowledge Library and Knowledge Services

Alan Mill, Library Assistant
Marie Smith, Library Services Co-ordinator/Librarian
Hannah Colston, Librarian
Wendy Haynes, Librarian

The year 2021-2022 brought another difficult period for NHS staff coping with the ongoing pandemic. The Library & Knowledge 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. From mid-2021-2022 staff ceased working from home and returned to the library to provide a personal presence to best support library users.

Staff well-being continued to be a priority during the year. Working through the pandemic has proved challenging for all staff and we have made efforts to support each other and stay connected throughout this period. Technology such as MS Teams has allowed us to stay connected to our colleagues, library users and the wider NHSS library network.

We look forward to 2022-2023 and anticipate consolidation of core library service provision to service users following home working and continued development of collaborative working with the wider RIK Department.

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NHS Fife Library & Knowledge Service - Core Business Activity

Activity	Numbers/data/quantity
Library patrons:	
Total number of registered library users at 31st March 2022	1,943
New borrowers registered	288
Library:	
Total number of books in stock	3,692
Books added to stock	132
Book loans:	
Book loans from own stock to NHS Fife patrons	160
Book loans from own stock to external Boards' patrons	48
Book loans to NHS Fife patrons supplied by external NHSS libraries	58
Book renewals	354
Book returns	201
Resource Sharing requests:	
Journal articles requested from the British Library or CLA Licence Plus	69
Books borrowed from the British Library	11
Journal articles supplied from national ejournal subscriptions	22
Literature searches / evidence searches / scoping searches	20
User education Individual or small group	Online Learn@Lunch session with pharmacists, promoting library services. 13 individual sessions.

Number of registered individuals with a library/Athens account at 31/3/22:	NHS Fife workforce:	% of workforce registered:
1,943	9,796	20%

Total number of accesses to The Knowledge Network, Library Search and national subscription resources 2021-2022	19,711

Library user/Athens accounts by area of work
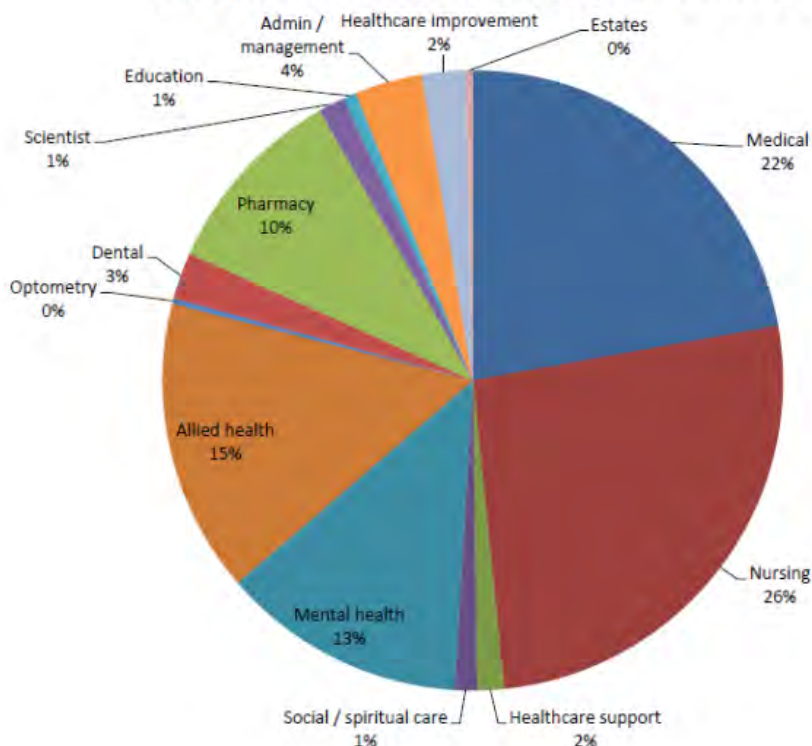
Progress and Service Highlights

Bulletin

In April 2021 the Library & Knowledge Service (LKS), in liaison with the R+D team, introduced a Bulletin containing details of journal articles and similar papers authored by NHS Fife staff. This "Local authors' Bulletin" is now well established and is produced on a monthly basis. So far twelve have been circulated to relevant individuals both in NHS Fife and beyond. The aim is to highlight research and related activity that is taking place across NHS Fife and identify research-active individuals. The bulletin is also posted on StaffLink and added to the RIK webpages on the NHS Fife website.

Journal Club

We were approached in summer 2021 by the Public Health, Health Protection team with a request to support a regular journal club for team members. The journal club was initiated with the aim of supporting team-building with a new complement of staff who were working from home, and providing an educational opportunity to prompt discussion and learning across a range of relevant health topics. In discussion with the journal club lead, library staff select and appraise journal articles on a specific topic for each 6-weekly meeting. A librarian attends each meeting and assists with facilitating each session.

A great opportunity for learning and feedback from the team is positive.

19

Review of Stock Management Policies

During 2021 library staff carried out a review of the service's stock management policies and procedures. These documents cover all aspects of selection, acquisition, receipt, processing, cataloguing, stock editing and annual stock check. Revised policies and procedures have been documented and implemented although work is ongoing to finalise all documentation.

Review of Bookstock

We undertook a review of specific sections of the bookstock at VHK and Stratheden libraries during 2021-2022. Tasks such as this have been difficult to carry out during COVID-19 restrictions whilst LKS staff were working from home. Staff have returned to the workplace and are catching up with a number of duties that require a physical presence in the library. A range of new titles has been purchased for VHK and Stratheden. We have particularly focussed on enhancing the Well@Work collection held at VHK. This collection provides a range of titles to support staff health and well-being and is available to all staff across NHS Fife.

Library & Knowledge Services User experience

We are just at the beginning of the project. The information has helped with clarity of thinking and project planning.

The service provided was very helpful. It saved me time and ensured completeness of the search.

[The information provided] allowed us to update the resources we use for training/education.

Thank you for your help - responded very quickly and information provided was well presented and easy to access.

[The information provided] allowed us to update the resources we provide to patients and carers.

Information now added to NHS Fife adult catheterisation procedure documents.

[Information provided] allows the department to start planning/creating protocol for ERAS patients coming in for cystectomy for bladder cancer.

7. Clinical Innovator Career Spotlight – Joyce Henderson

Joyce Henderson, NHS Fife Lead Advanced Physiotherapy Practitioner, has been awarded an Innovation Fellowship from the Scottish Health and Industry Partnership (SHIP)

1. When did you first become interested in Innovation?

I've always had an interest in Innovation, as I have a curious mind and am always keen to identify and solve problems, finding solutions to pathways or processes that are not working well.

When things are not working effectively and efficiently, this frustrates me and I enjoy mapping the issues and looking for solutions. Inefficiency costs money and time, both of which the NHS are short of. My journey to Innovation started following a training session, when a number of participants, including me, had difficulty mastering the task and struggled to learn the new skill. I began to investigate the training process and identified that the tools used could be improved. This led to collaboration with an industry partner and subsequently the development of a prototype, which I am keen to test during my Clinical Innovation Fellowship.

"I really enjoy looking for solutions to problems or processes in all aspects of life".

2. What drives you to innovate or be involved in Innovation?

I am primarily driven to improve the lives of patients, and their families, work colleagues and community as a whole. The NHS is under a tremendous pressure and without Innovation and Innovators the NHS will struggle to cope with increasing demand. The COVID-19 pandemic has highlighted there are demonstrable health inequalities across the nation, and we now have the opportunity to address these inequalities. Scottish Government and NHS leaders have shown there is an appetite for transformational change. Digital and technological Innovations and advancements that are key to the NHS becoming the efficient and effective workforce we want to be and deliver preventative and proactive models of care that are so needed.

"We can't work any harder, so we must work smarter".

3. What's your Ambition?

My ambition for the Fellowship project is to see transformational change in services. I am passionate about Women and Children's Services, therefore developing and leading in transformation change for the service is important to me. COVID-19 has highlighted weaknesses in care and other pressures have demonstrated that healthcare is not equal and vulnerable families need more support. Digital and technical advancements that are becoming available will help us to streamline our services, create capacity and fundamentally shift the balance from low value, high demand tasks helping us enable experienced and skilled clinicians to deliver the best possible care at the right place and right time.

4. What is your Career Highlight?

Being awarded an inaugural Clinical Innovation Fellowship has been the highlight of my career to date! I am delighted to have this opportunity and particularly pleased to be the first and only Allied Health Professional (AHP) in this cohort. I believe this is a clear signal that Scotland is keen to support all staff to be Innovators. This recognises the value of AHP's and frontline staff, and what they can offer in leading Innovation and delivering transformational change. This is a great opportunity to demonstrate the value of Innovation and raise awareness of Innovation among all staff.

5. What does the Future look like for you?

My goal is to demonstrate that Innovation is for everyone. I am truly impressed with the depth and breadth of talent that lies in the Innovation field in Scotland. I believe that NHS Scotland is at the beginning of an exciting new epoch of digital and technical advancements. I want to be a leader in the early adoption and validation of the best clinical tools, technology and artificial intelligence to guide and improve healthcare outcomes for my patients. I would like to continue to develop further novel approaches and applications.

"I want to encourage other would- be Innovators"

I would also like to see a greater emphasis on Innovation in the undergraduate curriculum and postgraduate training courses and would relish the opportunity to be involved in shaping that process.

6. What advice would you give to Future Innovators?

"Get your thinking caps on!"

The NHS needs more Innovators and novel products, and it is the frontline staff that are key to developing these. I would encourage anyone interested in Innovation to reach out to the Innovation team within RIK, as well as network and collaborate to develop your ideas. Find like-minded individuals and establish a great team around you. The knowledge and support I have received from HISES and the NHS Fife Innovation team, specifically my mentor Professor Frances Quirk and Innovation Manager Neil Mitchell has been invaluable and a great source of encouragement. Perseverance and resilience are key attributes to anyone looking to Innovate.

"if you believe in it, stick with it, be resilient and persistent"

There will be barriers but if you are determined, it is achievable. The NHS, along with regional and national bodies, like HISES and SHIP are keen to see Innovation flourish and offer advice and help in developing and guiding aspiring Innovators. My journey, so far, has been difficult and challenging; particularly when you factor in clinical demands, but being involved in Innovation has definitely been one of the best things I have ever done.

8. Research, Innovation and Knowledge Clinical Research Support

R&D Nursing

Susan and Sandra who are part of the clinical research team organising some sampling for one of our studies in the Clinical Research Facility, Victoria Hospital in Kirkcaldy.

Nursing Team: **Lead Nurse Karen Gray** leads the nursing team of 22. This is made up of 10 Senior Research Nurses, 5 Research Nurses, 5 Clinical Research Assistants, 1 senior research assistant and a nursing support officer.

Activity: The number of patients recruited to NHS research trials in 2021-2022 was 2296. This shows an increase in activity over the previous year, this uptake in recruitment is directly linked to the COVID-19 studies we conducted during the pandemic (See chart below). While the pandemic may not yet be over, we have managed to reopen all suspended trials and open some new ones. We are very proud of our contribution to the national pandemic studies, for which we recruited over 580 participants in 2021-2022. NHS Fife participation in clinical research demonstrates our commitment to improving the quality of care we offer and to making our contribution to wider health equity and improvement. Our research teams' work in collaboration with the clinical staff to inform the best possible treatment opportunities and with active Health Board participation in research this leads to better patient outcomes across all specialties.

Research experienced many challenges in activity in 2021-2022 due to the impact the COVID-19 pandemic had on normal services within the Health Board. Research staff responded well to the unprecedented challenges, and by the start of 2021 we had reopened our previously suspended studies. We have managed to increase our staffing to continue to support research alongside the additional workload of ongoing COVID-19 studies.

Highlights: Despite the challenges we have had remarkable success in Orthopaedics , Dermatology and in National trials such as SIREN, PANORAMIC and ISARIC. With the Orthopaedic Centre planned to open later this year we have had notable growth within this area and the workforce developed accordingly. NHS Fife research has contributed a significant amount to the development of national COVID-19 management policies and the team has responded to the changing landscape of clinical research with enthusiasm and good humour. The challenges have been great and have stalled us in many ways, but the past year has seen some fantastic work being done and the integration of research into standard care practice in many specialties, especially in the Respiratory department and has been an unexpected benefit of these challenges.

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 Research Team feels immensely proud of. The team demonstrate professionalism and excellence every day and strive to provide as many opportunities and treatments for patients as possible.

To continue to support this level of engagement with the clinicians we have expanded our team to include additional research nurses and clinical research assistants to deliver the best opportunities and quality research to the people of Fife. This will allow us to continue to grow and develop our capabilities and capacity to support even more research within NHS Fife.

The Dermatology Clinical Research Team

Anna Morrow – Senior Dermatology Research Nurse

Led by **Senior Research Nurse, Anna Morrow**, our Dermatology team has continued to offer trials to patients from various Dermatology specialties, including paediatrics and for Alopecia patients.

Principal Investigators:

Dr Ann Sergeant, Dr Alice Tidman, Dr Megan Mowbray, Dr Sally McCormack,
Dr Alastair Mitchell

Summary of Activity: The research team work closely with the Dermatology clinical team to deliver a variety of research studies to the patients of Fife. We run a range of studies from observational, which can help evidence the best practice, to clinical drug trials, looking at the safety and efficacy of treatments for patients with mild to severe degrees of their condition. There has been particular focus recently on biologic medications. Since returning from maternity leave in May, I have been working on setting up several new studies that are hoping to be open to recruitment by the end of this year.

Highlights: Receiving positive feedback from patients is always rewarding and on a recent patient feedback form a study participant wrote "This study has changed my life" which has to be a personal highlight since starting this role and a reminder of the impact our work can have.

Motivation: Prior to taking on this role I underestimated the impact dermatological conditions can have on a person's quality of life. I am highly motivated by the first-hand benefits I have been able to witness in our study participants and the way in which it improves so many aspects of their life, from confidence, to relationships, to work and general mental and physical well-being. Being involved in research allows us to bring trials and medications to the Fife patient population that sometimes would not otherwise be available to them. An added benefit of running clinical drug trials is the cost saving it means for the Health Board, allowing that funding to be used elsewhere in NHS Fife.

The Diabetic/Critical Care Team

Susan Fowler (L) – Senior Research Nurse and Sandra Pirie (R) is one of our Research Nurses working in Diabetes and Critical Care.

Clinical Research Staff: Team Lead Susan Fowler, Sandra Pirie (Research Nurse) and Evgeniya Postovalova (Clinical Research Assistant).

Principal Investigators: Dr Robert Thompson Anaesthetics), Dr Michael MacMahon (Anaesthetics), Dr Caroline Styles (Ophthalmology), Dr Catherine Patterson (Diabetes), Dr Patrick Liu (Respiratory), Dr Katie Hunter (Anaesthetics)

 Recruiting Studies:

Genomiccs, Heal COVID, Optimise II , Flo-ela, PHADE, Lumira HbA1C, Innodia

Follow-up: SIREN, LENS, SNAP 3

Highlights: [Genomiccs](#) is a research study that aims to identify genes that cause people who develop an infection, which would be mild in the main, to become critically unwell. The identification of these genes aims to allow the development of targeted therapies for individual patients.

During the COVID-19 pandemic, the study incorporated critically unwell COVID-19 patients. One of the treatments identified, Baricitinib, was able to be put forward to trial as part of the [RECOVERY Trial](#) (which NHS Fife is also part of) as a direct result of study findings, Baricitinib was found to be effective in patients with severe COVID.

This year has brought an alarming rise in small children and babies developing acute severe hepatitis in the UK and other countries around the world. It was unclear what was responsible for this sudden increase and to try to understand why and help prevent any future cases, [Genomiccs](#) has now included affected children (and their parents) in the study to identify genes that may be helpful in recognizing specific groups of individuals who are susceptible to this.

To date NHS Fife research nurses have recruited 61 participants into the [Genomiccs](#) study.

The Stroke Care Team

Dr Vera Cvoro (L) – Consultant in Stroke Medicine and Mandy Couser (R) is our Senior Stroke Research Nurse.

Recruiting Studies: [Optimas,](#) [TICH-3,](#) [ENRICH-AF,](#) [TRUSTED,](#) [TRIDENT,](#) [LACI-2,](#) [PRECIOUS](#)

Clinical Research Staff: **Senior Research Nurse Mandy Couser** leads the Stroke research team, assisted by Hannah Hughes (Research Nurse) and Evgeniya Postovalova (Clinical Research Assistant).

Principal Investigator: Dr Vera Cvoro (Stroke)

Highlights: The [OPTIMAS](#) study aims to identify the best time to start taking a direct oral anticoagulant (DOAC) such as Edoxaban, following an ischaemic stroke in people with Atrial Fibrillation, to prevent further ischaemic strokes.

Currently 52 participants have been recruited to the study (the target was 15). NHS Fife are hugely grateful to Stroke survivors in Fife, who have embraced this study so enthusiastically and in February this year our Stroke research team celebrated being the top recruiter in the UK despite being one of the smaller Health Boards involved in the study.

Clinical Trials Pharmacy

Pharmacy Team:
*Senior Pharmacist –
Clinical Trials, Clare Cliff
with Maria Simpson,
Senior Pharmacy
Technician Clinical Trials
and Audrey Hunter,
Senior Pharmacy
Assistant.
Alison Casey has joined
the team to provide
Senior Pharmacist
maternity leave cover.*
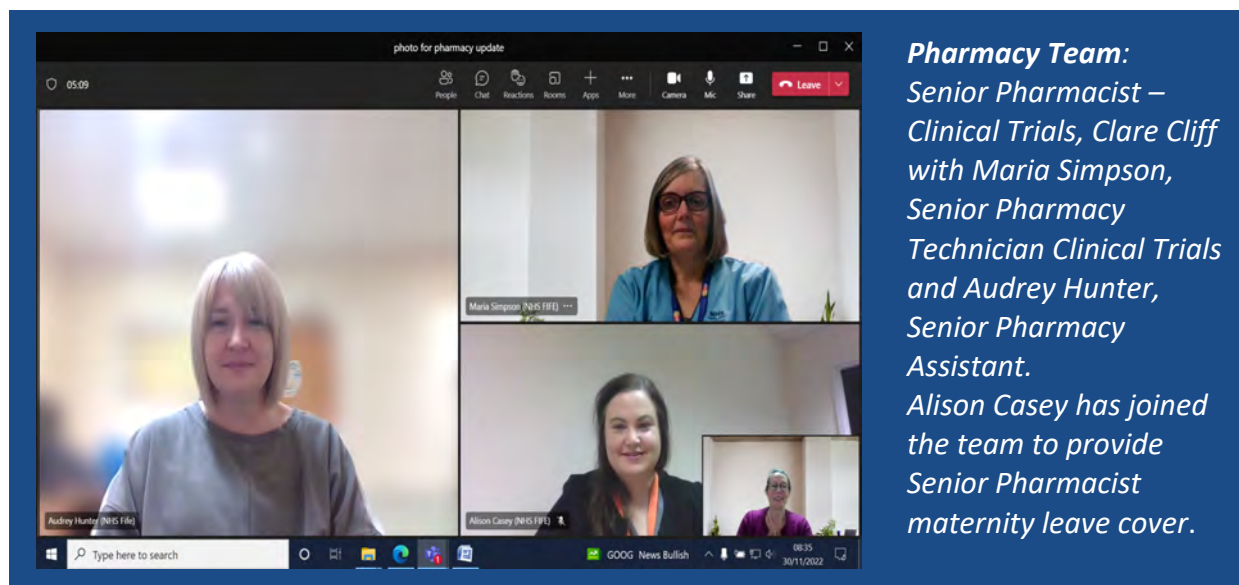
Activity and Highlights: Continuing to dispense treatment for patients randomised to open studies. We also continue to review and provide pharmacy advice for potential studies.

We have worked with the research teams to open several new CTIMP studies (including TICH-3, ARIEL, FOxTROT2, MAGIC, SOT-01, MucAct), 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 training provided to the wider pharmacy team. The wider pharmacy team are vital to dispensing clinical trial prescriptions at both the Queen Margaret Hospital in Dunfermline (QMH) and the Victoria Hospital in Kirkcaldy (VHK).

Pharmacy and Medicines Cost Savings for 2021-2022 were £492,000 (compared to £534,000 for 2020-2021 and £552,000 for 2019-2020).

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.

9. Research Innovation and Knowledge R&D Approvals and Support Team

9.1 R&D Approvals Team and Support

R&D Approvals and Support - From left to right Dr Penny Trotter (R&D Research Coordinator) in post since June 2022, Aileen Yell (R&D Research Coordinator), Roy Halliday (R&D Support Officer), Linzi Wilson, (Approvals Assistant).

R&D Approvals Team

The R&D Approvals Team consists of Aileen Yell, (R&D Research Coordinator) who retired in June 2022 but is currently providing support to her replacement Dr Penny Trotter (R&D Research Coordinator) in post since June 2022 and Linzi Wilson, (Approvals Assistant).

Research Approvals

All research conducted within the NHS must have R&D Management Approval in order to ensure that the legal obligations of the Board are met. Approval also provided insurance/indemnity for research studies under the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS). The Approvals Team ensure that such research studies are reviewed and approved within national timelines. This can include working with researchers and staff to provide advice and assistance 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 and dealing with any queries which arise during the process.

Between April 2021 and March 2022 the number of local management approvals was 51 studies as shown below in Fig. 14. Fig. 15 shows the NHS Fife Local Management Approvals by Financial Year 2019-2020, 2020-2021 and 2021-2022.

Fig. 14 NHS Fife Local Management of Approvals by Month – April 2021 – March 2022
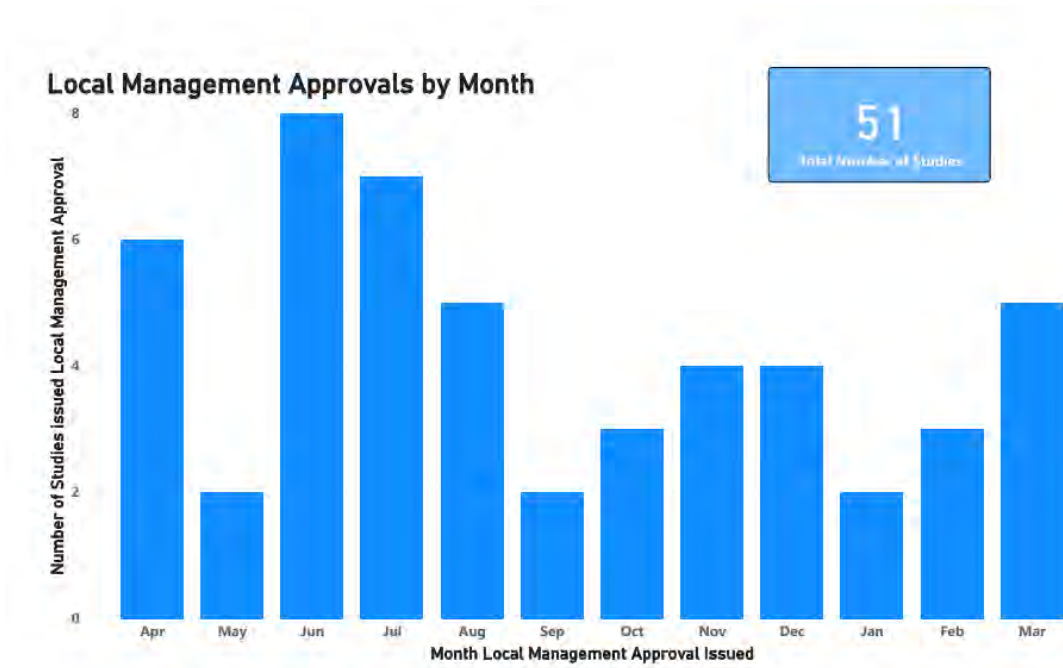
Fig. 15 NHS Fife Local Management Approvals by Financial Year
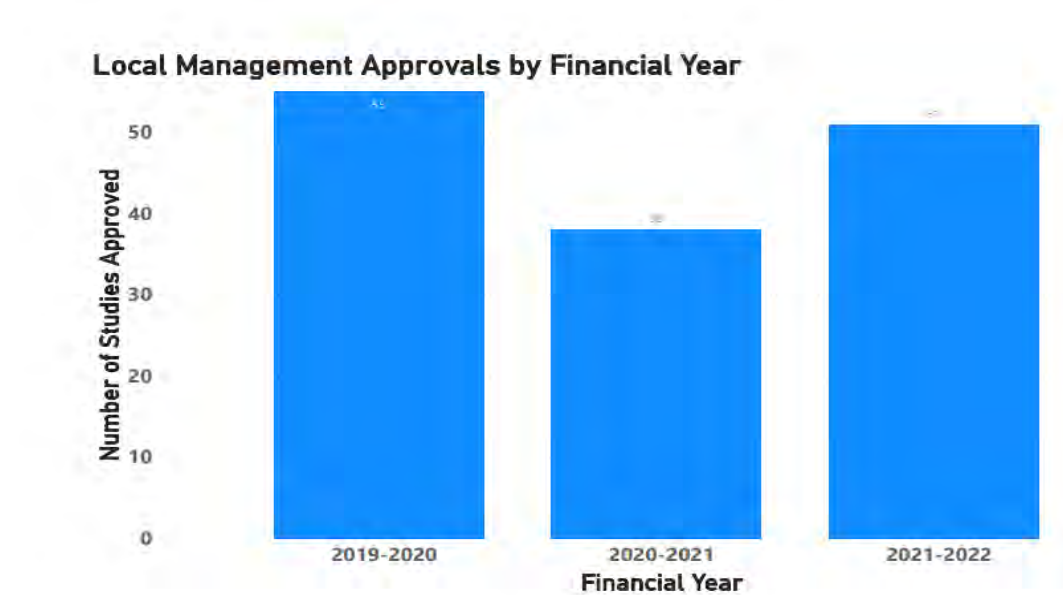
Research Amendments

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 liaise with local study teams to ensure there are no issues around capacity or resources/costings and review and process the amendments timeously.

Between April 2021 and March 2022 the number of local management approvals was 235 study amendments approved as shown below in Fig. 16. Fig. 17 shows the NHS Fife approvals of amendments by Financial Year 2019-2020, 2020-2021 and 2021-2022.

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Fig. 16 NHS Fife Approval of Amendments by Month – April 2021 – March 2022
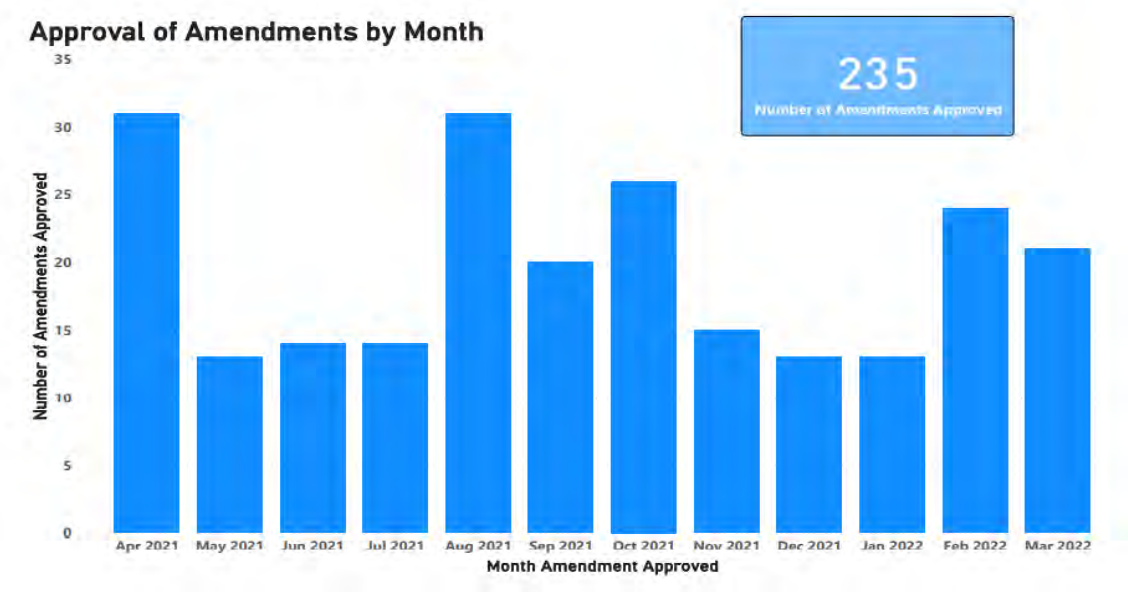
Fig. 17 NHS Fife Amendments Approved by Financial Year
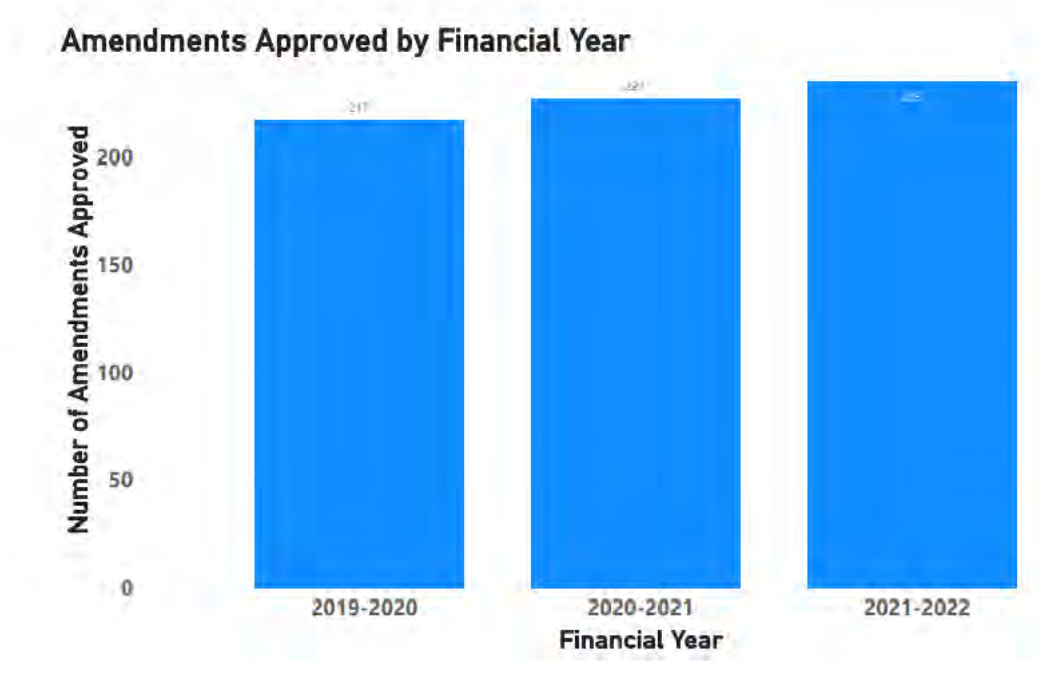
R&D Support

The R&D Support Officer Roy Halliday, provides overall administrative support to the RIK Department, including being a primary point of contact for the RIK Team, responding to all types of enquiries, organising and minuting of meetings, regular production of the RIK Bulletin, providing support to the Assistant RIK Director and other team members where required. The R&D Support Officer is also responsible for the processing of feasibility requests, ordering via the e-Procurement Scotland system (PECOS), Scottish Standard Time System (SSTS) and assisting with the delivery of the R&D Education Programme.

Highlights

The team have continued to be involved in the use of the EDGE Research Management Platform, particularly in relation to the creation and modification of Approvals and Amendment Workflows, Attributes, the creation of new studies, updating and maintaining accurate records in relation to existing studies, amendments, etc. The team have successfully continued to work between home and office.

R&D Approvals and Support - From left to right Linzi Wilson, (Approvals Assistant), Aileen Yell (R&D Research Coordinator), Dr Penny Trotter (R&D Research Coordinator) in post since June 2022, Roy Halliday (R&D Support Officer).

9.2 Research, Innovation and Knowledge Quality and Performance

Quality and Performance
(from left to right):

Julie Aitken (Quality and Performance Lead), Penny Trotter (Quality and Performance Assistant) who became R&D Research Coordinator in June 2022, Rachel Kuijpers (Quality & Performance Assistant in post since August 2022), Isla McBain (Quality & Performance Assistant) in post since September 2022

Between April 2021 and March 2022 the R&D Quality & Performance Team consisted of Julie Aitken (R&D Quality and Performance Lead) and Penny Trotter (R&D Quality and Performance Assistant).

The R&D Quality & Performance Team are responsible for a number of activities including:

Management of SOPs and Work Instructions

Standard Operating Procedures (SOPs) and Work Instructions (WIs) are vital to ensure efficient, controlled and uniform conduct across all studies.

The R&D Quality and Performance Team ensure all SOPs and Work Instructions are constructed in accordance with the standard format, regularly reviewed and distributed and made available to staff as appropriate. They work with R&D Department admin and research staff to review the content of these documents and suggest improvements, as well as identifying gaps in the existing suite of documents where new procedures are required. This is an ongoing cycle and feeds in to the continuous development of the department.

Between April 2021 and March 2022 10 SOPs and 14 Work Instructions and their associated forms and templates were reviewed, updated and re-issued. One new SOP (SOP46, Version 1) was issued in this time period.

Audit

The team are responsible for performing audits across all the clinical research conducted in NHS Fife. This covers a wide range of activities, looking at studies and their activities as well as procedures within the R&D Department itself. The audits are intended not only to ensure compliance to SOPs, WIs and study protocols but to assist those being audited by identifying and addressing issues and helping to identify improvements that can be made to streamline processes.

Tracking Research Activity and Performance

The team liaise with research teams to review study progress and timelines, collate recruitment figures and update local and national databases to track all research activity in NHS Fife.

Highlights

Embedding the EDGE Research Management Platform

Over the last year the team have been busy working with the R&D Approvals Team, Clinical Trials Pharmacy Team and R&D research teams to further develop our use of EDGE for managing all aspects of the life cycle of a research project. As SOPs and Work Instructions are revised and updated, the aim is to develop EDGE workflows and attribute to replace, where appropriate, the forms and checklists associated with the SOPs and Work Instructions. This helps streamline processes and provides increased visibility across all the R&D teams and members of the research team.

All R&D approvals processes and study set-up processes are recorded and tracked on EDGE, details of all recruits are added and study documentation stored on the system. This has helped improve communication between the various teams and allows recruitment activity to be collated quickly.

The team circulate monthly reports to colleagues throughout the department using data from EDGE, which help identify bottle necks in the study set-up process and form the basis of regular reviews of individual study progress.

The R&D Quality and Performance Team delivers ad hoc EDGE training to research teams on the use of EDGE and assist staff with queries as they arise.

9.3 Research, Innovation and Knowledge Education and Training

During 2021-2022 our Senior Research Advisors (Dr David Chinn and Dr Fay Crawford (who left NHS Fife in July 2021) gave Statistics help to 10 staff, advice on writing up a thesis, paper, development of a proposal to 7 staff, advice on funding to 3 staff.

This was In addition to revising study guides, preparing a paper (published in 2022), planning and implementing a survey on research capacity and culture in NHS Fife, analysing data and delivering 7 teaching sessions.

10. Research, Innovation & Knowledge User Experience

Jayne Wilson, Add Aspirin participant

R&D Participant Experience

The Add Aspirin study at NHS Fife was led by Dr Sally Clive, Dr Alan Christie, and Dr Caroline Michie. NHS Fife R&D Senior Oncology Research Nurse Fiona Adam, and her team give a big thank you to Fife patients like Jayne who have taken part in research helping to improve treatments for other patients.

The multi-disciplinary team are invaluable in helping the R&D team produce high quality research data and immense gratitude also goes to everyone in NHS Fife who helps support research.

Quote from Jayne Wilson, Add Aspirin participant
"Taking part in the trial was easy and it also gave me peace of mind as I was regularly monitored. The research team have all been amazing and at the end of the phone if I've ever needed them. Hopefully this research will lead to some positive results and help many people like me in the future."

11. 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 March 2022 for Clinical Research Champion and Clinical 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 Champions (Dr Helen Brotherton, Dr Phil Walmsley, Dr Devesh Dhasmana) and one Clinical Innovation Champion (Dr Susanna Galea-Singer) were appointed.

Clinical Innovation Champion- Spotlight

Susanna Galea-Singer, Addiction Psychiatry
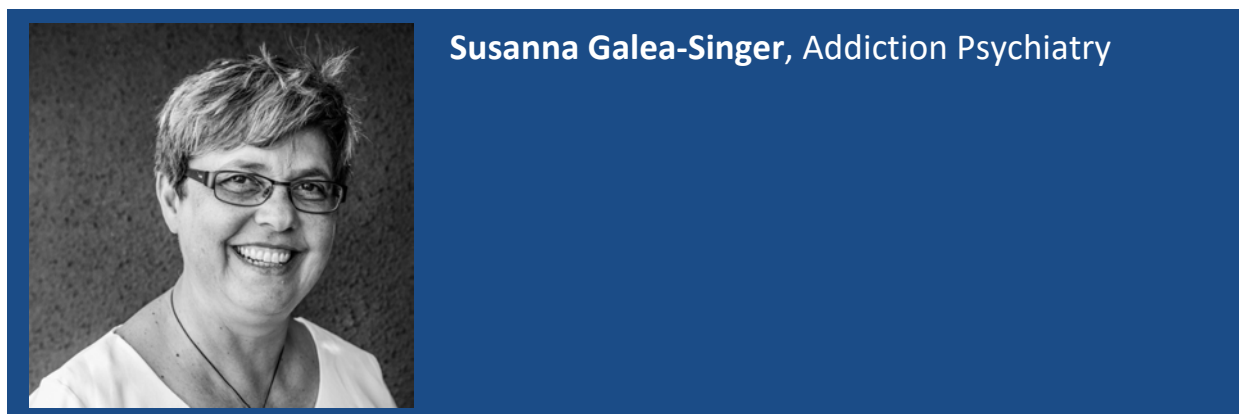
1. What motivates you to fit Innovation into your busy clinical life?

Innovation is a way of finding solutions to complex issues that, as clinicians, we are constantly wrestling with. Innovation gives you the tools and a framework to look at things differently and think differently. Innovation provides a link to Industry and Academia; giving you access to other ways of working and thinking, which might provide a more effective and efficient solution. I also find that Innovation is a great way to bring the team together; defining a challenge to find a solution for – a clear focus. It is often frontline staff, who will have the greatest insights into what a solution might look like.

2. Why did you apply for the Clinical Innovation Champion Award?

I applied for the Clinical Innovation Champion Award because I want to drive and contribute to NHS Fife's journey of transformation. Innovation is about doing things differently – it is about transformation – it is about delivering 'what people value' in the 'way that people value'. In applying for the champion role, I was applying for dedicated time and space for innovation within a busy clinical life.

3. What will be the benefits of your role as Clinical Innovation Champion for NHS Fife and our patients and staff?

The benefits of my role as Clinical Innovation Champion are that I have access to patients, their families, frontline staff, and staff in more leadership and/or managerial positions. I am also exposed to the challenges faced by healthcare and the potential systemic barriers to overcoming such barriers. This means that I am in a position to define challenges and to seek innovative ideas to address such challenges from people who use and are the fabric of the healthcare system. Being also in a leadership position I can serve as the link to facilitate the approval and implementation of such ideas.

4. What advice would you give clinicians/Health professionals thinking about growing Innovation capacity and capability within their area or service?

I would advise clinicians or HCPs to embrace Innovation as a way forward. We often focus on 'improving the known', which is good – but we disproportionately spend little time 'inventing the new'. While we are always improving our services, this doesn't mean that we are taking our service forward; we need to focus on innovative, transformational change. Innovation is a way to find a solution to ongoing problems in your service. Innovation uses evidence and provides a way of testing something in the real world, in clinical practice. To grow capacity in your area, speak with the Innovation Team within RIK; reach out to colleagues who can help drive forward Innovative ideas, allowing you to make the changes needed in your service.

Clinical Research Champion - Spotlight

Phil Walmsley, Orthopaedics and Trauma

1. What motivates you to fit research into your busy clinical life?

Throughout medical training and into consultant practice, I have had a persistent interest in why we use the procedures or treatments we carry out. By devoting time to this activity, it helps develop my understanding and refine my clinical practice, all of which benefits patients.

2. Why did you apply for the Clinical Research Champion Award?

It provides an opportunity to promote and expand clinical research within NHS Fife as well build links with St Andrews University School of Medicine. In addition, I would like to offer help and support to staff who want to become more involved with clinical research at any level.

3. What will be the benefits of your role as Clinical Research Champion for NHS Fife and our patients and staff?

It is beyond doubt that hospitals with an active research culture also provide better care for the patients they treat. Involvement with clinical research assists clinicians with providing care using the most up to date knowledge and improves patient care. By promoting and expanding this activity across the board everyone benefits.

4. What advice would you give clinicians/Health professionals thinking about growing research capacity and capability within their area or service?

Please get in touch if you are interested in taking part in clinical research, regardless of whether you are simply interested in learning more about clinical research or want to develop a more active role. There is support available and you can draw on the experience of others who are doing this currently.

Clinical Research Champion - Spotlight

Helen Brotherton, Paediatrician and Neonatologist

1. What motivates you to fit research into your busy clinical life?

As a Paediatrician and Neonatologist I consider that research is essential to improve outcomes for newborns, children and their families. I first realised this when working in West Africa, faced with unacceptably high mortality rates and a need to identify feasible, effective interventions to improve postnatal newborn care. This is also true in Scotland, where there are still many unanswered questions about how to ensure optimal outcomes for our most vulnerable patients.

2. Why did you apply for the Clinical Research Champion Award?

I applied for the Clinical Research Champion Award to try and promote a positive research culture within the Paediatric Department, especially on the Special Care Baby Unit. We are actively engaged in research studies such as the multi-site FEED-1 trial, and it is important to have dedicated time for research to ensure we contribute high quality data and patient involvement.

3. What will be the benefits of your role as Clinical Research Champion for NHS Fife and our patients and staff?

I am involved in discussions with other NHS Research centres about involvement in multi-site neonatal trials and am promoting the research capabilities of NHS Fife Paediatric department to an external network. This not only adds to the reputation of NHS Fife as a research active health board, but brings potential benefits to staff through enhanced training and for patients via involvement in studies.

4. What advice would you give clinicians/Health professionals thinking about growing research capacity and capability within their area or service?

I would encourage health professionals to liaise closely with the Research & Development (R & D) department when planning local research. The R & D department are a wealth of research knowledge and expertise and are incredibly helpful during research set up. I would also strongly recommend engaging with the NIHR Associate PI Scheme, so that research interested colleagues can undergo formal training and mentorship and be a 'Research Champion' within your department.

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12. Opportunities and Challenges

In order to ensure the successful implementation of the NHS Fife Research Strategy a series of annual 'priorities' have been selected from it, to be progressed. An update on identified priorities / challenges to be taken forward within RIK in 2021 -22 were as follows:

a. R&D participation in the development of the medical and nursing clinical academic career development in Fife has been continued with discussion about the Associate PI Scheme and Clinical Research Practitioners.

b. Preparations for a potential inspection by the Medicines and Healthcare products Regulatory Agency have continued.

c. Details of research-related academic degree programmes and bursaries, encouraging staff to apply, have been circulated and there was a successful outcome in the NRS Career Researcher Fellowship 2022 Round for Dr Adeel Akhtar.

d. Liaising closely with universities and other academic institutions 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 support 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 is 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 2021-2022

During 2021-2022 the Research, Innovation and Knowledge teams within NHS Fife have had to adapt to the impact of COVID-19 on the clinical research profile and priorities and changes to ways of working for all areas, as well as maintained recent advances, delivering: research activity focused on COVID-19 and Urgent Public Health studies; compliance with the research governance framework, monitoring 100% of Fife Sponsored studies; the adoption of a revised R&D Education Programme to online delivery for relevant programmes, the adaptation of Library Services to moving back from primarily online support to onsite, in person support. All teams have risen extraordinarily well to these challenges but they have had an impact on productivity, staff wellbeing and ability to address non-COVID-19 related priorities.

Opportunities for RIK in 2021-2022

One of our aims for 2021-2022 was to understand our own community better, to achieve this we developed and implemented a project involving a validated survey (the Research Capacity and Culture Tool (RCCT)) and including semi-structured interviews for participants willing to discuss their thoughts about Research and Innovation at NHS Fife. The survey also included some additional questions about the perceived impact of the COVID-19 pandemic on participation in Research. We received over 500 responses to the survey and approximately 60 staff volunteered to participate in an interview. The survey identified that lack of protected time was the main barrier to active research participation, that lack of visibility of current research and innovation activity impacted on perceived research culture and the perceived importance of research within NHS Fife. Interview participants provided some useful insights and excellent suggestions for greater connectivity with university partners, increasing the visibility of research and how research could be embedded across teams.

Outcomes from the RCCT Survey and interviews will contribute to informing our RIK strategy for 2022-25.

2021-2022 also saw the finalisation of our Chief Investigator and Principal Investigator Growth Strategy, with review and input from colleagues at the University of St Andrews. Dr Fleur Davey, one of our Senior Research Advisors and Senior Research Nurse has been the main driver for the development of this strategy and this document provides an important platform for the next phase of our capacity and capability growth.

R&D Strategy priorities (2021-2022)

All activities detailed in the prioritised plan of the R&D Strategy for 2021-2022 are ongoing or have been achieved.

13. Conclusions

Significant progress continues to be made implementing many aspects of the Research & Development Strategy, promoting the research and innovation agenda, developing a research and innovation culture and raising the profile of RIK, whilst continuing to build strong alliances with colleagues at HISES, the University of St Andrews and with the wider research, innovation and knowledge communities.

The teams within RIK rose to the continued challenge of the impact of the COVID-19 pandemic on daily operations and priorities and the Clinical Research Team, led by Karen Gray, are to be particularly commended on their agility, flexibility and high standards of professionalism in meeting the priorities of the Scottish Governments Urgent Public Health studies, restarting suspended studies and initiating new ones in a resource constrained environment, maintaining high quality and adherence to MHRA guidelines throughout.

The NHS Fife Executive Lead for RIK, RIK Director and Assistant RIK Director have ensured a significant raising of the profile of NHS Fife RIK and the promotion of Fife as an important, emerging player in the current, and future Scottish research and innovation agenda.

14. Publications

Research and related activity: publications by NHS Fife staff

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15. Appendix 1 – RIK Structure

Research, Innovation and Knowledge Staff Structure

LEAD RESEARCH NURSE

NURSING SUPPORT OFFICER

SNR ONCOLOGY RN

SNR ORTHOPAEDIC RN

SNR ORTHOPAEDIC RN

SNR GENERIC RN

SNR GENERIC RN

SNR HAEMATOLOGY RN

SNR RESPIRATORY RN

SNR STROKE RN

SNR DIABETES RN

SNR GENERIC RN

SNR DERMATOLOGY RN

SNR BREAST CANCER NURSE

RN

RN

RN

RN

RN

RN

CRP

CRP

CRA

CRA

CRA

CRA

CRA

KEY

RN: Research Nurse

CRP: Clinical Research Practitioner

CRA: Clinical Research Assistant

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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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ⓘⓝ linkedin.com/company/nhsfife

CLINICAL GOVERNANCE COMMITTEE
ANNUAL WORKPLAN 2022 / 2023

Governance - General							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Minutes of Previous Meeting	**Chair**	✓	✓	✓	✓	✓	✓
Action list	**Chair**	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	**Chair**	✓	✓	✓	✓	✓	✓
Covid-19 Update							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
General Covid-19 Update	**Director of Public Health**	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Committee Self-Assessment Report	**Board Secretary**						✓
Corporate Calendar / Committee Dates	**Board Secretary**			✓			
Review of Annual Workplan	**Associate Director of Quality & Clinical Governance**	✓	✓	✓	✓	✓	✓ Approval
Review of Terms of Reference	**Board Secretary**						✓ Approval
Annual Committee Assurance Statement (inc. best value report)	**Board Secretary**	✓					
Annual Assurance Statements from sub-committees	**Board Secretary**	✓					
Annual Statement of Assurance for Clinical Governance Oversight Group	**Medical Director / Associate Director of Quality & Clinical Governance**	Deferred to next mtg – CGOG not met yet	Deferred to next mtg	✓			✓
Annual Internal Audit Report	**Director of Finance & Strategy**		✓				
Board Assurance Framework - Quality and Safety	**Medical Director / Director of Nursing**	✓	✓	✓	Corporate Risks replaced this item		
Board Assurance Framework - Strategic Planning	**Director of Finance & Strategy / Associate Director of Planning & Performance**	✓	✓	✓	Corporate Risks replaced this item		

Governance Matters (cont.)

	Lead	29/04/22	01/07/22	02/09/22	04/11/22	13/01/23	03/03/23
Board Assurance Framework - Digital and Information	**Medical Director**	✓	✓	✓	**Corporate Risks replaced this item**		
Corporate Risks Aligned to CGC	**Medical Director/Director of Nursing**				✓	✓	✓

Strategy / Planning

	Lead	29/04/22	01/07/22	02/09/22	04/11/22	13/01/23	03/03/23
Clinical Governance Framework and Delivery Plan	**Medical Director / Associate Director of Quality & Clinical Governance**	**Deferred to next mtg**	**Deferred to Nov '22**		✓	✓	✓
Clinical Governance Framework Delivery Plan	**Medical Director / Associate Director of Quality & Clinical Governance**				✓		
Corporate Objectives	**Director of Finance & Strategy / Associate Director of Planning & Performance**	✓					
Cancer Framework and Delivery Plan	**Medical Director**					✓	
Data Loch	**Medical Director / Associate Director for Research, Development & Innovation**	**Deferred to next mtg**	✓				
Emergency / Resilience Planning	**Director of Public Health**	✓	✓				
Governance of Advanced Practitioners	**Director of Nursing**	✓					
Integrated Unscheduled Care	**Medical Director**				✓		✓
Annual Delivery Plan 2022/23	**Director of Finance & Strategy / Associate Director of Planning & Performance**	**Postponed (awaiting national guidance)**		✓ Private Session			

Quality / Performance

	Lead	29/04/22	01/07/22	02/09/22	04/11/22	13/01/23	03/03/23
Integrated Performance and Quality Report	**Medical Director / Director of Nursing**	✓	✓	✓	✓	✓	✓
Winter Plan / Winter Performance Report	**Associate Director of Planning & Performance**	✓	**Annual Delivery Plan replaced this item**				

Quality / Performance (cont.)							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Healthcare Associated Infection Report (HAIRT)	**Director of Nursing**	✓	✓	✓	✓	✓	✓
Safer Management of Controlled Drugs	**Director of Pharmacy & Medicines**				✓ **Annual Report**		

Digital / Information							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Digital and Information Strategy Update	**Medical Director / Associate Director of Digital & Information**		✓			✓	
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme	**Medical Director**		✓ **(Revised FBC) Private Session**	✓ **verbal**			✓
Information Governance and Security Steering Group Update	**Associate Director of Digital & Information**			✓			✓

Person Centred Care / Participation / Engagement							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Equalities Outcome Report *(also goes to PHWC)*	**Director of Nursing**						✓
Patient Experience & Feedback	**Director of Nursing**	✓ **Q4 Report**	✓ **Q1 Report**	✓	✓ **Q2 Report**	✓	✓ **Q3 Report**
Volunteering Report	**Director of Nursing**				✓ **Annual Report**		

Annual Reports							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Adult Support & Protection Annual Report *(also goes to PHWC)*	**Director of Nursing**		**Presented in Jan '22**			**Deferred to next mtg**	✓
Annual Resilience Report	**Medical Director**			**TBC**			
Clinical Advisory Panel Annual Report	**Medical Director**			✓			
Digital and Information Annual Report	**Associate Director of Digital & Information**					**Deferred to next mtg**	✓

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Annual Reports (cont.)

	Lead	29/04/22	01/07/22	02/09/22	04/11/22	13/01/23	03/03/23
Director of Public Health Annual Report (also goes to PHWC)	**Director of Public Health**	Deferred to next mtg (due to timings)	✓				✓
NHS Fife Equality Outcomes Progress Report	**Director of Nursing**					✓ 2023 Report	
Fife Child Protection Annual Report	**Director of Nursing**					✓ Deferred to April 2023	
Health & Safety Subcommittee Annual Report							✓
IJB Quality & Communities Annual Report	**Associate Medical Director**						✓
Information Governance & Security Steering Group	**Associate Director of Digital & Information**						✓
Integrated Screening Annual Report *(also goes to PHWC)*	**Director of Public Health**			Deferred to next mtg	✓		
Medical Education Report	**Medical Director**	Deferred to next mtg	Deferred to next mtg	Deferred to next mtg	✓		
Medical Appraisal and Revalidation Annual Report	**Medical Director**				✓		
Nursing, Midwifery, Allied Health Professionals – Professional Assurance Framework	**Director of Nursing**		Deferred to next mtg	✓			✓
Organisational Duty of Candour Annual Report	**Medical Director**				Deferred to March 2023		✓
Participation & Engagement Report *(also goes to PHWC)*	**Director of Nursing**		Presented in Jan '22		✓ Combined with Quality Framework Report		
Prevention & Control of Infection Annual Report	**Director of Nursing**				✓		
Radiation Protection Annual Report	**Medical Director**	✓					
Research & Development Progress Report & Strategy Review	**Medical Director**					✓	

Annual Reports (cont.)

	Lead	29/04/22	01/07/22	02/09/22	04/11/22	13/01/23	03/03/23
Research, Innovation and Knowledge Annual Report	**Medical Director**					✓	
Review of Deaths of Children & Young People	**Director of Nursing/Associate Director of Quality and Clinical Governance**						✓ **Annual Review**
Quality Framework for Participation & Engagement Self-Evaluation	**Director of Nursing**			Deferred to next mtg	✓ **Combined with Participation & Engagement**		

Linked Committee Minutes

	Lead	29/04/22	01/07/22	02/09/22	04/11/22	13/01/23	03/03/23
Acute Services Division Clinical Governance Committee	**Acute Services Director**	23/03 **mtg cancelled**	18/05 **mtg cancelled**	✓ 15/06	✓ 07/09	✓ 16/11	✓ 18/01
Area Clinical Forum	**Chair of Forum**	✓ 03/02 & 07/04	09/06 **mtg cancelled**	✓ 04/08	✓ 06/10	✓ 01/12	✓ 02/02
Area Medical Committee	**Medical Director**	✓ 08/02	12/04 **mtg cancelled**	✓ 14/06	✓ 09/08 **mtg cancelled**	✓ 11/10	✓ 13/12
Area Radiation Protection Committee	**Medical Director**	✓ 02/03					✓ 31/08
Cancer Governance & Strategy Group	**Medical Director**	01/04 **mtg cancelled**		✓ 02/06		✓ 19/08 & 04/11	
Clinical Governance Oversight Group	**Medical Director**	✓ 15/02	✓ 19/04	✓ 14/06	✓ 16/08	✓ 18/10	✓ 06/12
Digital & Information Board	**Medical Director**		✓ 19/04	✓ 28/07	✓ 18/10		✓ 24/01

	Lead	29/04/22	01/07/22	02/09/22	04/11/22	13/01/23	03/03/23
Fife Drugs & Therapeutic Committee	**Medical Director**	✓ 09/02	✓ 27/04	✓ 22/06	✓ 24/08 & 12/10	✓ 07/12	✓ 08/02
Fife IJB Quality & Communities Committee	**Associate Medical Director**	✓ 04/03	✓ 20/04	✓ 05/07	✓ 09/09		✓ 08/11 & 18/01
Health & Safety Subcommittee	**Chair of Sub-Committee**	✓ 11/03		✓ 10/06	09/09 mtg cancelled		✓ 09/12
Infection Control Committee	**Director of Nursing**	✓ 02/02 06/04 mtg cancelled		✓ 08/06 & 03/08		✓ 05/10 & 07/12	
Ionising Radiation Medical Examination Regulations Board (IRMER)	**Medical Director**			✓ 24/05			
Information Governance & Security Steering Group	**Director of Finance & Strategy**	✓ 04/03	08/04 mtg cancelled	✓ 06/07		✓ 11/10	✓ 31/01
NHS Fife Medical Devices Group *(New group formed in June 2022)*	**Medical Director**				✓ 16/08	08/12 mtg cancelled	
Research, Innovation & Knowledge Oversight Group	**Medical Director**	✓ 31/03	✓ 24/05 20/06		✓ 22/09	✓ 14/12	
Resilience Forum	**Director of Public Health**				✓ 25/08		✓ 01/12
Ad Hoc Items							
	Lead	29/04/22	01/07/22	02/09/22	04/11/22	13/01/23	03/03/23
Neonatal Adverse Events Update	**Medical Director**	✓	✓				
Early Cancer Diagnostic Centre (ECDC)	**Medical Director**	✓	✓ (Lothian NHS joined mtg)				

Ad Hoc Items (cont.)							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
RMP4 Update	**Associate Director of Planning & Performance**	✓					
Edinburgh Cancer Centre Reprovision- Regional Service Model	**Associate Director of Quality & Clinical Governance**	Private Session					
No Cervix Incident – Lessons Learned	**Director of Public Health**		✓				
Occupational Health & Wellbeing Service Annual Report 2021/22	**Director of Workforce**			✓			
Unscheduled Care Performance	**Director of Acute Services**				Removed from agenda		
Review of Deaths of Children & Young People	**Associate Director of Quality & Clinical Governance**				✓		
Controlled Drug Accountable Officer Annual Report	**Director of Pharmacy & Medicines**				✓		
Development of Assistant Practitioner Role	**Director of Nursing**			✓			
Hospital Standardised Mortality Ratio (HSMR) Update Report	**Medical Director**				✓ **Matters arising item**		
Records Management National Registers of Scotland Keeper Report	**Associate Director of Digital & Information**					✓	
Strategic Planning & Resource Allocation 2023-24	**Director of Finance & Strategy**				✓		✓
Annual Delivery Plan & Winter Actions	**Associate Director of Planning & Performance**				✓		
Laboratory Information Management System Update	**Associate Director of Digital & Information**				✓		
Population Health & Wellbeing Strategy	**Director of Finance & Strategy**					✓	
NHS Fife Response to the Letter from Health Improvement Scotland	**Medical Director**					✓	
High Risk Pain Medicines Patient Safety Programme – Year One Update	**Director of Pharmacy & Medicines**					✓	

Ad Hoc Items (cont.)							
	Lead	**29/04/22**	**01/07/22**	**02/09/22**	**04/11/22**	**13/01/23**	**03/03/23**
Fife Specialist Palliative Care Services - Service Model	**Medical Director**					✓	
Mental Health Estates Initial Agreement	**Medical Director**						✓
NHS Fife Response to the Ockenden Report	**Director of Nursing**						✓
Covid Mortality Report	**Medical Director**						✓
Development Sessions							
	Lead						
Development Session 1 - E-Coli Bacteraemia - Cancer in Fife and NHS Fife's Cancer Framework	**Medical Director**				**01/11/22**		
Development Session 2 - Addiction Services - Medical Education	**Medical Director**						**TBC**

NHS Fife

NHS SCOTLAND

Meeting:	**Clinical Governance Committee**
Meeting date:	**13 January 2023**
Title:	**Proposed Annual Workplan 2023/2024**
Responsible Executive:	**Dr Chris McKenna, Medical Director**
Report Author:	**Shirley-Anne Savage, Associate Director of Quality and Clinical Governance**

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

2   Report summary

2.1   Situation

This paper sets out the proposed Clinical Governance Committee (CGC) workplan for 2023/2024 and summaries the approach adopted to ensure there is a regular review of the workplan to enable the CGC to fulfil its remit.

2.2   Background

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

2.3   Assessment

The 2023/2024 proposed CGC workplan is attached in appendix 1 for consideration of the Committee. Updates to the workplan reflect the establishment of the new Medical Devices Group.

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

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

N/A

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities 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 2023/2024 has been developed in collaboration with Directors.

2.4 Recommendation

The Clinical Governance Committee is recommended to:
- Consider and approve the proposed workplan for 2023/2024; and
- Approve the approach to ensure that the workplan remains current

3 List of appendices

The following appendices are included with this report:
- Appendix 1- Clinical Governance Committee Workplan 2023/2024

Report Contact
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Associate Director of Quality and Clinical Governance
Email shirley-Anne.Savage@nhs.scot

DRAFT CLINICAL GOVERNANCE COMMITTEE
PROPOSED ANNUAL WORKPLAN 2023 / 2024

Governance - General

	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Minutes of Previous Meeting	**Chair**	✓	✓	✓	✓	✓	✓
Action list	**Chair**	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	**Chair**	✓	✓	✓	✓	✓	✓

Covid-19 Update

	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
General Covid-19 Update	**Director of Public Health**	✓	✓	✓	✓	✓	✓

Governance Matters

	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Annual Assurance Statements from Subcommittees	**Board Secretary**	✓					
Annual Committee Assurance Statement (inc. best value report)	**Board Secretary**	✓					
Annual Internal Audit Report	**Director of Finance & Strategy**		✓				
Annual Statement of Assurance for Clinical Governance Oversight Group	**Medical Director / Associate Director of Quality & Clinical Governance**						✓
Committee Self-Assessment Report	**Board Secretary**						✓
Corporate Calendar / Committee Dates	**Board Secretary**			✓			
Corporate Risks Aligned to CGC	**Medical Director/Director of Nursing**	✓	✓	✓	✓	✓	✓
Review of Terms of Reference	**Board Secretary**						✓ Approval

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Strategy / Planning

	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Advanced Practitioners Review	**Director of Nursing**	✓					
Annual Delivery Plan 2023/24	**Director of Finance & Strategy / Associate Director of Planning & Performance**	✓			✓		✓
Cancer Strategic Framework	**Medical Director**				✓		
Clinical Governance Framework	**Medical Director / Associate Director of Quality & Clinical Governance**						✓
Corporate Objectives	**Director of Finance & Strategy / Associate Director of Planning & Performance**	✓					
Data Loch	**Medical Director / Associate Director for Research, Development & Innovation**		✓				
Development Assistant Practitioner Role	**Director of Nursing**	✓					
Integrated Unscheduled Care	**Medical Director**		✓		✓		✓

Quality / Performance

	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Integrated Performance and Quality Report	**Medical Director / Director of Nursing**	✓	✓	✓	✓	✓	✓
Healthcare Associated Infection Report (HAIRT)	**Director of Nursing**	✓	✓	✓	✓	✓	✓
National Cervical Exclusion Audit	**Director of Public Health**			TBC			
Safer Management of Controlled Drugs	**Director of Pharmacy & Medicines**				✓		

Digital / Information

	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Digital and Information Strategy Update	**Medical Director / Associate Director of Digital & Information**		✓			✓	
Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme	**Medical Director**			✓			✓
Information Governance and Security Steering Group Update	**Associate Director of Digital & Information**			✓			✓

Person Centred Care / Participation / Engagement

	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Equalities Outcome Report *(also goes to PHWC)*	**Director of Nursing**						✓
Patient Experience & Feedback	**Director of Nursing**	✓	✓	✓	✓	✓	✓
Volunteering Report	**Director of Nursing**				✓		

Annual Reports

	Lead	05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Adult Support & Protection Annual Report *(also goes to PHWC)*	**Director of Nursing**	✓					
Annual Resilience Report	**Medical Director**						
Clinical Advisory Panel Annual Report	**Medical Director**		✓				
Controlled Drug Accountable Officer Annual Report	**Director of Pharmacy & Medicines**				✓		
Director of Public Health Annual Report *(also goes to PHWC)*	**Director of Public Health**		✓				
Equality Outcomes Progress Report	**Director of Nursing**					✓	
Fife Child Protection Annual Report	**Director of Nursing**	✓					

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Annual Reports (cont.)							
		05/05/23	07/07/23	08/09/23	03/11/23	12/01/24	01/03/24
Integrated Screening Annual Report *(also goes to PHWC)*	**Director of Public Health**				✓		
Medical Education Report	**Medical Director**				✓		
Medical Appraisal and Revalidation Annual Report	**Medical Director**				✓		
Nursing, Midwifery, Allied Health Professionals – Professional Assurance Framework	**Director of Nursing**		✓				✓
Organisational Duty of Candour Annual Report	**Medical Director**						✓
Participation & Engagement Report and Quality Framework for Participation & Engagement Self-Evaluation *(also goes to PHWC)*	**Director of Nursing**				✓		
Prevention & Control of Infection Annual Report	**Director of Nursing**				✓		
Radiation Protection Annual Report	**Medical Director**	✓					
Research & Development Progress Report & Strategy Review	**Medical Director**					✓	
Research, Innovation and Knowledge Annual Report	**Medical Director**					✓	
Review of Deaths of Children & Young People	**Director of Nursing**						✓
Hospital Standardised Mortality Ratio (HSMR) Update Report	**Medical Director**				✓		
Medical Devices Annual Report	**Medical Director**			✓			
Occupational Health Annual Report 2022/23	**Director of Workforce**			✓			

For Assurance							
	Lead	**05/05/23**	**07/07/23**	**08/09/23**	**03/11/23**	**12/01/24**	**01/03/24**
Review of Annual Workplan	**Associate Director of Quality & Clinical Governance**	✓	✓	✓	✓	✓	✓ Approval
Integrated Unscheduled Care Report	**Medical Director**	✓		✓		✓	
Linked Committee Minutes							
	Lead	**05/05/23**	**07/07/23**	**08/09/23**	**03/11/23**	**12/01/24**	**01/03/24**
Acute Services Division Clinical Governance Committee	**Director of Acute Services**	✓ 22/03	✓ 17/05	✓ 19/07	✓ 13/09	✓ 15/11	✓ 17/01
Area Clinical Forum	**Chair of Forum**	✓ 02/02 & 06/04	✓ 08/06	✓ 03/08	✓ 05/10	✓ 07/12	✓ 08/02
Area Medical Committee	**Medical Director**	✓ 14/02	✓ 11/04	✓ 13/06	✓ 08/08	✓ 10/10	✓ 12/12
Area Radiation Protection Committee	**Medical Director**	TBC	TBC	TBC	TBC	TBC	TBC
Cancer Governance & Strategy Group	**Medical Director**	TBC	TBC	TBC	TBC	TBC	TBC
Clinical Governance Oversight Group	**Medical Director**	TBC	TBC	TBC	TBC	TBC	TBC
Digital & Information Board	**Medical Director**	✓ 19/04		✓ 19/07		✓ 18/10	
Fife Area Drugs & Therapeutic Committee	**Medical Director**		✓ 26/04	✓ 21/06	✓ 16/08	✓ 21/10	✓ 20/12
Fife IJB Quality & Communities Committee	**Associate Medical Director**	✓ 10/03	✓ 03/05	✓ 30/06	✓ 07/09	✓ 02/11	
Health & Safety Subcommittee	**Chair of Subcommittee**	✓ 10/03	✓ 09/06		✓ 08/09	✓ 08/12	
Infection Control Committee	**Director of Nursing**	✓ 05/04	✓ 07/06	✓ 09/08	✓ 04/10	✓ 06/12	
Ionising Radiation Medical Examination Regulations Board (IRMER)	**Medical Director**	TBC	TBC	TBC	TBC	TBC	TBC

Linked Committee Minutes (cont.)							
	Lead	**05/05/23**	**07/07/23**	**08/09/23**	**03/11/23**	**12/01/24**	**01/03/24**
Information Governance & Security Steering Group	**Director of Finance & Strategy**	✓ 11/04		✓ 13/07	✓ 10/10		
NHS Fife Medical Devices Group	**Medical Director**	✓ 08/03	✓ 14/06		✓ 13/09	✓ 13/01	
Research, Innovation & Knowledge Oversight Group	**Medical Director**	TBC	TBC	TBC	TBC	TBC	TBC
Resilience Forum	**Director of Public Health**	✓ 01/03		✓ 08/06	✓ 07/09	✓ 07/12	
Ad Hoc Items							
	Lead	**05/05/23**	**07/07/23**	**08/09/23**	**03/11/23**	**12/01/24**	**01/03/24**
Records Management National Registers of Scotland Keeper Report - **TBC**	**Associate Director of Digital & Information**						
Laboratory Information Management System Update - **TBC**	**Associate Director of Digital & Information**						
Development Sessions							
	Lead						
Development Session 1							
Development Session 2							

ACUTE SERVICES DIVISION CLINICAL GOVERNANCE COMMITTEE

(Meeting on 16 November 2022)

Cardiac Arrest Group

To note that this group has been reconvened to enable a refocus on this work.

There were no other issues for escalation.

A NOTE OF THE ACUTE SERVICES DIVISION CLINICAL GOVERNANCE COMMITTEE HELD ON WEDNESDAY 16th NOVEMBER 2022 AT 2.00PM VIA MS TEAMS

Present	**Designation**
Mrs Norma Beveridge	Head of Nursing – Emergency Care Directorate
Mrs Lynn Campbell	Associate Director of Nursing – Acute (CHAIRPERSON)
Dr Ian Fairbairn	Clinical Director – Emergency Care Directorate (until 14:55)
Mrs Donna Galloway	General Manager – Women, Children & Clinical Services Directorate
Mrs Pamela Galloway	Head of Midwifery
Dr Iain MacLeod	Deputy Medical Director - Acute
Dr John Morrice	Associate Medical Director - Women, Children & Clinical Services Directorate
Mrs Elizabeth Muir	Clinical Effectiveness Co-ordinator
Mrs Kerry Perrie	Senior Nurse – Quality & Risk – Emergency Care Directorate
Ms Arlene Saunderson	Head of Nursing – Planned Care Directorate
Mr Satheesh Yalamarthi	Clinical Director – Planned Cre Directorate
Mrs Miriam Watts	General Manager – Emergency Care Directorate

Apologies	**Designation**
Dr Caroline Bates	Clinical Director – Emergency Care Directorate
Mrs Claire Dobson	Director of Acute Services
Ms Aileen Lawrie	Associate Director of Midwifery
Dr Sally McCormack	Clinical Director – Emergency Care Directorate
Mrs Gill Ogden	Head of Nursing – Planned Care Directorate

In Attendance:	
Miss Lynn Godsell	PA to the Deputy Medical Director & Associate Director of Nursing (minutes)
Mr John Ho-A-Yun	Specialty Doctor - Ophthalmology
Mrs Gillian Malone	Clinical Nurse Manager – Emergency Care Director (Observer Status)
Dr Gavin Simpson	Consultant in ICU/Anaesthetics
Dr Kim Steel	Consultant in Palliative Medicine (for Item 5 - until 14:10)
Mrs Andrea Wilson	General Manager – Waiting Times

	ACTION

1 Welcome and Introductions

Mrs Campbell welcomed everyone to the meeting and advised that the meeting would be recorded to assist with the minute taking process.

Mrs Campbell highlighted the significant agenda and asked members and guest presenters to be succinct and provide the highlights of reports the Committee need to be aware of. Mrs Campbell thanked everyone in advance for their co-operation with this.

Mrs Campbell welcomed Dr Iain MacLeod, Deputy Medical Director to his first meeting and also welcomed Dr Simpson, Dr Steel and Mrs Wilson who were attending to present particular items and to Mrs Malone who was in attendance as an observer.

Mrs Campbell highlighted the difference in report formats from the Directorates and questioned if there could be a bit more consistency, noting that these minutes and

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reports are shared with the NHSF Clinical Governance Committee. Mrs Campbell asked the Directorates to give this some consideration.

Mrs Campbell also asked the Directorates to consider providing more information on the "so what" parts of reports and also provide information on actions are coming back out of the reports. Mrs Campbell said it provides assurance of what is being done as a result of each of the positions.

2 Apologies for Absence

Apologies for absence were noted from the above named members.

3 Unconfirmed Minute of ASDCGC Meeting held on 7TH September 2022

Mrs Campbell asked for any comments regarding the minutes. Ms Saunderson had provided Miss Godsell with comments and these will be incorporated into the minutes.

There were no other comments.

4 Matters Arising

4.1 Action List

Action 334 – Penicillin Business Case - Mrs Beveridge thought this had progressed but will check. **NB**

Action 382 – SAER Learn Summary - PCD looking into Digital Record keeping – Regard as complete.

Action 405 – ASD CGC Workplan – Directorate reporting timescales for the workplan. Miss Godsell & Mrs Muir had an earlier conversation about this action and Mrs Muir agreed to contact the national team to see if they could provide a timetable of national publications of audits to build into the workplan. **EM**

Action 412 – Medicines Fridge Audit – Mrs Beveridge contacted Graham Smith and has advised the report is in draft format and should be submitted to the next meeting. Add to January agenda. **NB/LG**

Action 414 – Synaptik – Dr McCormack has dealt with – Regard as complete.

Action 415 – RAD Unit – Mrs Beveridge said it was proving quite difficult to separate the data for RAD patients as opposed to other patients who are on the ward for other reasons. The Length of Stay (LOS) meetings have been reconvened weekly and will monitor the LOS and the model in ward 9. The action remains live and it was suggested that a LOS report be considered rather than RAD data. **NB/ECD**

Action 416 – Clinical Services Report - Incorrectly labelled specimens – Ms Saunderson reported that there are ongoing discussions on how best these are reported and responded to. Ms Saunderson advised that she has run a report for the last 3 months and it highlights 3 incidents relating to wrong blood in tube mislabelled specimens – 1 was moderate harm and the other 2 were no harm. Ms Saunderson noted that this has not been included in the Directorate report which was a request at the previous meeting. Action links in with 417.

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Action 417 – Clinical Services Report – Mrs Galloway noted that Actions 416 & 417 are connected and discussions are ongoing. Mrs Galloway said it was important that the information goes back to the correct place in terms of the themes across the front door. The trends and themes will be picked up via Datix. It was agreed to close Action 417 and continue the discussions linked into Action 416. Regard as complete.

Action 422 – Ockendon – benchmarking the recommendations at the ASD CGC. Agenda Item – Regard as complete.

Action 423 – Clinical Services Report – Share the learning example for good practice. Regard as complete.

Action 425 – Divisional Risk Register – Mrs Campbell noted that work is ongoing within the Corporate Division regarding what the Risk Register should look like and although there is some overlap currently, risks should sit either in the Divisional one or the Directorate one. Mrs Campbell asked the Directorates to carry out some internal housekeeping for their risks and decide which register they should sit on. | **Directorates**

Action 427 – Robotic Report – This will be discussed within the Planned Care Directorate report. Regard as complete.

Action 428 – Consent Report – Ms Saunderson referred to the Consent report and provided a brief overview of the background.

The NHS Fife policy obtaining informed consent for treatment and accompanying guidance was reviewed and updated in October 2021 this was accompanied with consent self-assessment, a crib sheet and a consent audit template. Ms Saunderson said that as far as she was aware the self-assessment and audit tool has never been used. Ms Saunderson noted the action consent from the ACGC and asked for clarification from the Committee as to what approach we can take to provide assurance. Mrs Campbell asked what processes were in place at the moment including Adults with Incapacity? Ms Saunderson said she did not have the knowledge to answer. Mrs Campbell asked that for the purpose of assuring the Committee if Ms Saunderson could provide an update on what has been described and when the process was updated and some detail if there are any plans for an audit. | **AS**

Mrs Campbell asked Dr MacLeod for his thoughts. Dr MacLeod said that having a descriptor of the audit process to provide assurance that a consent process is in place will be useful for the Committee. Dr MacLeod suggested that Ms Saunderson draft up a user friendly a one page summary on the process. Dr MacLeod agreed that an audit should be carried out and suggested that this be done within the first half of 2023 (by June 2023) and a report come back to the Committee in March 2023. | **AS**
Miss Godsell to add to the workplan for governance. | **LG**

Action 432 – Histology Wax Supply – Mrs Galloway advised the wax supply has been resolved. Regard as complete.

Action 433 – Syngo User Guide – Mrs Galloway advised that a lengthy email conversation had taken place between herself, Jane Anderson & Professor Wood. The outcome was that Professor Wood accepted that the risks of extending options on the alternative system outweigh the benefits. It was noted that although this was

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to the best contingency for parts, this can be revisited in the future if necessary. Regard as complete.

Action 434 – W&C Report – Return any comments to Mrs Galloway. Action was dealt with within the Directorate. Regard as complete.

Action 435 – ECD Projects – All outstanding projects were chased for an update and updated list is an agenda item. Regard as complete.

Action 436 – Medication Incidents – Added to workplan for January 2023. Regard as complete.

Action 437 – RCPE – Report sent to co-chairs 9/11/22. Regard as complete.

Action 438 – RCPE Neurology Update – Action remains open until the 4th workshop has taken place and an update has been fed back.   **ECD**

Action 441 – Share/Include info re waiting times – No update from Mrs Dobson.
Mrs Wilson queried what the action related to. Mrs Campbell briefly explained.
Mrs Wilson provided an update.   It was noted that it is the national data on the NHS inform website and then there is data that comes from Public Health Scotland (PHS). The data that NHS Fife submit to PHS is analysed on a quarterly basis and this is what has been published on their website and although it is by reported by Health Board it is not calculated in the same way and provides an average wait figure which is inaccurate.   PHS have been made aware and have taken the feedback on board.   Mrs Wilson indicated that in the meantime, waiting times information is provided to the GP which is split by urgent and routine and this is much more realistic. The information is also shared internally with the Consultants, Health records and the medical secretaries.   Regard as complete.

5   **Hospital/Board or Population Level Reports:**

Scheduled Governance Items:

- **End of Life Report/Audit – b/f from September 2022**

Dr Steel, Consultant in Palliative Care spoke to the Committee and noted that she was in attendance to provide an update on the Fife Specialist Palliative Care Service (FSPCS).

Dr Steel advised that the FSPCS is undergoing redesign in Fife and although the service is a Fife wide service all the staff are employed by the Health & Social Care Partnership (HSCP) and they operate within Acute and collaborate closely with physio/pharmacy and occupational therapy and work as one team operationally.

Dr Steel added that there was a significant reduction in the need for hospice beds during the COVID19 pandemic resulting in one of the hospices closing and the team now currently work within the Community. Dr Steel noted that the re-design has been discussed at the Integrated Joint Board (IJB) and the team are currently doing a number of consultation exercises including SLT.

Dr Steel noted that the intention for Acute is that will remain static on any given day with the staffing cohort consisting of a Consultant or Associate Specialist and two or three nurses as well as the usual service. Dr Steel said that essentially, the update

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is to provide assurance that despite any changes the staffing levels within the Acute service will remain static.

Dr Steel said that the redesign helps prevent admissions to hospitals and the ground work regarding discharge support was all done pre COVID. Dr Steel added that we are in a time now where there are more people hence we are heading into a peak of older sicker population.

Mrs Campbell noted that it was helpful for the Committee to hear the update and understand the context.

Mrs Beveridge commented that the Palliative Care service is very well valued and Mrs Beveridge noted her delight that the input to Acute would not change and was keen to maintain working relationships and support where necessary.

Mrs Campbell thanked Dr Steel and noted the positive comments from members and also noted that the Committee looked forward to hearing further updates in the future.

The update was noted.

- **Waiting Times Audit**

Mrs Wilson provided the background on the Waiting Times audit and advised that this a report that was requested specifically around the way that we manage waiting times. The waiting times figures are reported in a number of areas but this concentrates on the way the waiting times are managed – this was as a result of a significant incident in NHS Lothian where an audit revealed that there were significant differences in the waiting times were being recorded and managed, hence the format of the report and the level of detail contained within it.

Mrs Wilson said there was nothing exceptional to highlight from the report but added that for context the waiting times performance figures have been included. It was noted that over the last 2 – 3 years, NHS Fife's performance has deteriorated significantly in relation to inpatients, outpatients and daycases which is a concern when there are long waiting patients. Mrs Wilson said it is important from a data quality point of view to have processes in place to review the patients on the waiting list to determine if conditions have worsened or require to be removed from the waiting list.

Mrs Wilson noted that the unavailability percentage is reducing – this is due to patients waiting so long for their appointment that they are keen to proceed thus making themselves available for appointments.

Mrs Wilson said that the quality of the data is important, as this requires to be accurate within our systems as this is a governance issue in itself. Mrs Wilson advised that audit reports were included for both inpatients and outpatients and there were no concerns for the Committee. Mrs Wilson said that any errors were system or user errors and the major system errors have now been resolved.

Mrs Wilson advised that there is currently a national review of waiting times guidance taking place and Dr McCormack sits on this group so there is genuine clinical representation into the review.

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Mrs Campbell thanked Mrs Wilson for the background information and the assurance around the data quality and he challenges.

The update was noted.

- **Private Provider Report**

Mrs Wilson advised that the Private Providers report was a report prepared for the Committee on a regular basis to update on the number of patients that have been seen, the specialities and the companies that have been used for outsourcing.   Mrs Wilson there was nothing exceptional to raise from the report and added that there were no significant incidents reported. There had been one issue raised around the way of working within a new service that has started recently for Vasectomies and Sexual Health, this has now been resolved and that service is no longer taking place as the backlog had now been cleared.

Mrs Wilson highlighted that there will be very little of this activity in the future as there are no additional monies to fund this outsourcing and also over the years, NHS Fife have tried significantly to reduce private sourced work with our own Consultants doing the work. On the rare occasion outsourcing is required, there is an excellent for tendering involving clinical teams resulting in very few issues.

The report was noted.

- **Deteriorating Patient/Delayed Observation Report (incorp. Cardiac Arrest/Peri-Arrest info)**

Dr Simpson provided an update in relation to the Cardiac Arrest information. The following points were noted:

- Data has been collected for quite some time and looking back to 2015, the cardiac arrest rates show that performance was poor across the whole of the UK with Scotland having one of the highest rates.
- The high rates were not solely due to the sickness of patients but also related to deficits in the processes which were in place.
- "Know the Score" campaign was set up which looked at the fundamentals of managing deteriorating patients including ensuring that observations were taken on time, having a Do Not Attempt Cardiac Pulmonary Resuscitation (DNACPR) in place where appropriate and a Hospital Anticipatory Care Plan (HACP) in conjunction with the DNACPR where appropriate.
- Scottish Structured Response (SSR) was also in place for deteriorating patients. Dr Simpson said that the processes worked very well and the cardiac arrest rates fell up until mid 2020.
- Unfortunately, the rates are increasing and by the end of 2022 they will be on par with the 2016 levels which is very concerning and also very disheartening.
- The reason for the increase was that the fundamentals within our processes are slipping – 1/3 of our cardiac arrests have systemic problems in their management which potentially did not directly cause the cardiac arrest, it may have been due to a process failure.
- There have been a number of SAERs over the last six months associated with cardiac arrest.
- The number of patients who did not have a DNACPR in place has risen too

Directorates

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and on review it seems by 40 – 50% which is worrying, of this 11% was due to a direct systemic problem or lack of process being followed.

- Dr Simpson advised that Observations on time are being carried out in both Acute and HSCP which is around 100,000 sets of observations. The data shows that there has been a decline in improvement of around 8 – 10% over the last 18 months. Dr Simpson added that this is not due to the cohort of patients being sicker as data shows that patients were sicker in 2018 when we were performing well. The decline in performance and increase in cardiac arrests is due to processes and systems slipping.
- It was noted that resources and nursing staff are currently extremely stretched which contributes to the performance.
- Dr Simpson said that we know what works and was hopeful that if we refocus efforts on these measures and tighten up our processes we should see improvements over the coming months.

Mrs Campbell noted that a similar presentation had taken place at the recent Senior Nurse Forum and added that there has been a deterioration across a number of harms where there are some common denominators. Mrs Campbell added that the Forum was very engaging and some wards have begun improvement work.

Mrs Campbell asked members for any comments or questions. Dr Simpson mentioned digital solutions but was aware this came with a price tag. Mrs Campbell agreed a digital solution would make this easier but that should not deter any attempts to secure funding as the aim was to improve efficiency, safety and simplify the process for staff.

Mrs Beveridge noted that some work had been undertaken looking into the monitors and how the data is collected and transferred to the iPAD and added that when it came to replacing monitors this will be considered. Dr Simpson advised there are already 32 within the organisation and the cost for a trial on these monitors is not as high as may be expected. There was also the consideration that a digital solution would be more efficient and also save nursing time. Dr Simpson advised that he had begun preparing a business plan to progress this work. Mrs Campbell commented that she would be happy to assist in any way.

There was a short discussion around nursing staffing shortages and whether there more patients per nurse and not enough time to carry out the required duties. Dr Simpson was concerned that if staff are making arbitrary decisions about what duties they do and don't do this causes issues. Dr Simpson suggested that if the stretched staffing resources are expected to continue, then guidance on what can be paused should be communicated to staff.

Dr Simpson noted that we know what works and wants to communicate the importance of this to the medical staff too, hence Dr Simpson asked for support and thoughts in the best way to communicate this en masse to the medical teams.

Directorates

Mrs Campbell said that there was support from this Committee to progress the improvements.

Mrs Campbell asked that the business case be submitted to herself and Dr MacLeod as soon as possible to enable for early progression.

Mrs Campbell thanked Dr Simpson for the comprehensive update.

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- **SBAR Care Assurance (L Campbell)**

Mrs Campbell referred to the Care Assurance SBAR and advised this was a series of processes, audits, conversations and consideration of data. Mrs Campbell added that since the pandemic, a refresh has been done and the SBAR outlines the items that are incorporated in the discussions. Care Assurance is fundamentally owned by the Senior Charge Nurse in the ward teams and the data should inform them what improvements require focus for their respective areas. Mrs Campbell said that this will be a work in progress initiative and there is an expectation that feedback will be included within the Directorate reports in due course.

The SBAR was noted.

- **IPQR Report – October 2022**

Mrs Campbell advised the IPQR report was included for information with the expectation that any highlights/concerns are being raised and discussed at Directorate level.

The IPQR report was noted.

- **Consent Report – b/f from September 2022**

This item was discussed under Action List – Action 428.

FOR INFO:
- **Medicines requiring Refrigeration Audit**

Mrs Campbell noted the Medicines requiring Refrigeration audit report and added that this links in with the discussions which have taken place around the fridge audits.

The audit was noted.

6 **Planned Care Directorate**

6.1 Directorate Governance – Specialty National Reports

There were no Specialty National reports.

6.2 Directorate Level Outcomes Data:
- **Clinical Audit**
- **OMFS SBAR**

The OMFS SBAR was noted. Nothing was raised by exception from this.

- **SAER LEARN Summaries**

Ms Saunderson noted that Planned Care submit every LEARN summary to the Committee but may need to refine this if it not in line with the other Directorates.

There was 1 LEARN summary categorised as moderate.

6.3 Directorate Reports

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Incidents

There were 302 incidents reported from 1st August to 30th September. 75% of these were reported as No Harm outcome.

The highest incident rate for any theme was for Patient Falls with 5 minor and 1 moderate. Ms Saunderson reported that both AU2 and Ward 33 both reported 11 Falls each and Mrs Ogden is a carrying out a piece of work with all the Clinical Nurse Managers to capture the lessons learned or determine whether further investigations are required.

The Major and Extreme incidents reported during the period relate to:
- Cardiac Arrests – these have highlighted some learning regarding DNACPR And a percentage of patients that should have been reviewed prior to their Cardiac arrest. All the reviews have been closed except one case which awaits Emergency Bleep Meeting review.
- Delay in referral to HPB MDT
- SHDU – unexpected complication following procedure

SAERs/LAERs

There are 10 SAERs being progressed – 6 of these are overdue.
There are 12 LAERs being progressed – 7 of these are overdue.
There are 2 Tissue Viability which are both overdue.

Ms Saunderson explained the delay of these being progressed was due to Covid19 and clinical commitments.

Ms Saunderson noted that the Directorate had a number of outstanding actions arising from these investigations and work continues to finalise these.

Medication Incidents

There were 39 incidents reported.
79% of these had an outcome of no harm and 21% were minor harm. The main theme was missed dose/wrong dose. Ms Saunderson is content with the learning from these incidents.

Mrs Campbell commented that medicines is an issue for many of the Directorates and definitely need to achieve some improvements with the Medicine incidents.

Tissue Viability

There were 11 Tissue Viability related incidents reported as developed on ward. These were all moderate harm.

Incident Themes

The top 5 incident themes re consistently reported to be:
- Patient Falls
- Equipment – CSSD issues remain ongoing in relation to holes in the theatre Drapes. Work is going on to explore cots and alternative supplies. Update awaited.
- Medication Incidents
- Tissue Viability
- Other Clinical Events

SPSO

Ms Saunderson referred to an outstanding SPSO action and elaborated on a case

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which was not tabled on the Planned Care directorate report. The case is complex involving a number of specialities and Directorates. The case relates to a wisdom tooth extraction with the patient developing an infection which subsequently spread to their brain. Ms Saunderson noted the challenges to share the SPSO outcome and asked for support on how best to share the outcome and learning from this case as it has been going on for some time now and wondered if an action should come to this Committee for the SPSO governance aspect?

Mr Yalamarthi agreed it was difficult case and said there is common learning which he was unsure how best to share as we do not currently have a way to share joint learning across direct traits so it is something to think about what is the correct forum. A meeting had taken place with representatives from the respective Directorates but no conclusion was agreed as yet.

Mrs Campbell agreed that the learning would need to be shared and any action shared from this case could shape the learning in SPSO future cases. Mrs Campbell added that in terms of governance, this raises an issue when there are outstanding actions as a result of an Ombudsman report as the Organisation has a duty to conclude any actions in a timely manner. Mrs Campbell said that the Committee would look forward to hearing an update on this.

Legal Claims
There were 3 legal claims – these involved Ward 52, Out-patients/Vascular surgery and Theatres/Orthopaedics Trauma.

Theatres/Anaesthetics
Ms Saunderson highlighted that there are issues with recruiting to Operating Dept. Practitioners posts and the service have tried various different innovative ways and have had some success with pro-active recruitment and the 10 WTE vacancies appointed to which is positive news.

Theatre Accreditation
Ms Saunderson advised that funding has been secured for accreditation with the Association of Peri-operative Practice (AFPP) for all 3 theatre operating sites. The AFPP Accreditation process would assess the quality of the processes followed by theatre staff allowing users of the service to recognise the highest quality care and to continually raise standards in the longer term. The accreditation process does not accredit an individual's capability but awards a seal of approval – an accreditation – to theatre departments showing they meet the defined set of accreditation criteria in processes used to deliver healthcare. This process will start in February/March 2023 and the service is ready for this.

Mrs Campbell noted the positive accreditation news.

Mr Yalamarthi commented on the Directorate report and highlighted that there are a lot of positive stores included in this and the previous report submitted to the September meeting and noted that it was important to capture and share the positive information as well as the negative information. Mr Yalamarthi planned to continue with this reporting format moving forward and commented that the other Directorates may wish to do the same as there were a number of positives happening across NHS Fife which were not being captured.

Mr Campbell responded to Mr Yalamarthi and commented that a discussion had taken place at the beginning of the meeting regarding report formats and the need to

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focus on the "so what" parts of the reports and because this Committee's remit is to provide assurance then it does have to include some of the things that have gone wrong but needs to include what we have done about it and how we have used that learning in the organisation to change practice. Mrs Campbell added that we should also reflect on some of the positive things and the celebrations. Mrs Campbell commented that the Committee may need to look at templates to provide some consistency but would leave that decision with Dr MacLeod.

Mrs Campbell asked Dr MacLeod if he wanted to make any comments or Observations? Dr Macleod said there was so much information contained within the reports and the meeting has evolved over time to the current position. Dr MacLeod said the issue would be to have some sort of standardisation and also to define what information this Committee needs to have whilst ensuring that we cover all the necessary bases. Dr MacLeod added that he liked the positivity and celebrating success but some refining of the agenda would be necessary moving forward.

The report was noted.

6.4 Specialty/departmental audit & assurance data (incl. guidance)

- **Robotic Assisted Surgery – Bi-Annual Report**

Mr Yalamarthi apologised to the Committee for the written report not being submitted in time.

Mr Yalamarthi provided some highlights for the Committee:

- Data collected up to the end of October 2022 has been analysed and reported on.
- Written report to be submitted and added to January 2023 agenda for completeness.
- Robotic Surgery in Fife has now been in place for 15 months and 203 operations have been carried out up to the end of October 2022.
- Confident that the Robotic implementation in Fife has been very successful
- Using the Robotic surgery across the three specialties – Colorectal, Gynae Oncology and Urology.
- NHS Fife currently has 7 surgeons carrying out Robotic Surgery with an 8th starting next month, and a further gradual increase in the number of surgeons doing Robotics.
- There is a robust governance process in place. This includes monthly meetings to discuss the key information on how the services run.
- A fortnightly scheduling meeting has also been introduced to ensure that the robot is being utilised 5 days per week, every week.
- Utilisation has continued to increase with 20 operations per month
- Compared to other Health Boards, NHS Fife has gained the reputation of being one of the best units on how the Robot has been implemented and is being utilised.
- Significant reduction in the length of stay (LOS) for Colorectal Surgery – this is now down to 3 days after major re-section. This has reduced from 6 days.
- There has been a reduction in the number of complications with Laparoscopic surgery.
- There has been 1 mortality from a Colorectal elective procedure. The mortality rate is very low but Robotic surgery does not prevent mortality.

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- Gynae Oncology procedures are being carried out in Fife as Lothian has not started this work yet. NHS Fife have done 68 procedures and Urology have done 48 procedures. Urology are now carrying out Prostate Robotic surgery in Fife so patients are no longer going to Lothian.
- Data collected is submitted to a national group on a designated template on a monthly or bi- monthly basis as requested.
- There a is a national Robotic Group meeting every 4 months where national data and updates regarding how the regional units are performing are shared.

Mrs Campbell noted the comprehensive update and added that it was good to hear about the assurance and governance aspects.

Mrs Campbell asked that the written update is submitted to the January meeting for logging and will subsequently feed through to the NHS Fife Clinical Governance Committee.

PCD

- **Clinical Quality Indicators**

There was nothing raised under this item.

6.5 New Interventional Procedures

There were no new Interventional procedures.

6.6 SPSO Recommendations

This was covered under 6.3 – Directorate report.

7 **Women Children & Clinical Services Directorate**

7.1 Directorate Governance – Specialty National Reports

- **Ockenden Report**

Mrs Galloway spoke to the Ockenden report and provided a summary for members. The report was benchmarked against 15 recommendations and we identified 4 areas that we have within NHS Fife which are amber status, these are:

- Minimum staffing levels have not been agreed nationally
- Recommend that Boards have a safety specialist (noting that we do have a Clinical Risk Midwife but there is still a gap for a Neonatal safety specialist. A paper will be submitted to Senior Leadership Team (SLT) for this in due course.
- Clinicians who are responsible for Clinical Governance should have sufficient time to fulfil this. Job Plan reviews are currently taking place for the medical staff concerned to incorporate time to undertake the Clinical Governance work.
- Clinicians working in a Endo Partrum area should have appropriate regular CTG training and emergency skills training and this must be mandatory. This is currently mandatory for midwives but not for medical staff. Medical staff do not adhere as well to the K2 which is a package of CTG training.

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Mrs Galloway noted that work will take place to address the issues highlighted.

Mrs Campbell acknowledged that the self-assessment was impressive given the significant recommendations that came out of it and noting the Directorate only having 4 amber was an achievement and noting the actions are being progressed whilst recognising the challenges.

Dr Morrice added that in terms of the Clinical Risk Nurse and the support required, this was flagged a number of months ago as a result of a shortfall with human resource to participate in an adverse event cluster review. Dr Morrice said the peri-natal team would agree that this is a gap that requires fulfilling.

Mrs Galloway thanked Mrs Campbell for the positive feedback.

The Obstetrics update was noted.

7.2 Directorate Level outcomes data:

- **Clinical Audit**

There was nothing to report for Clinical Audit.

- **SAER LEARN Summaries**

There were no LEARN summaries highlighted.

7.3 Departmental Reports

- **Women & Children**

- **Clinical Services**

Mrs D Galloway highlighted that there remains an issue for requests for Radiology being cancelled on Trak which does not actually cancel the request so patients may receive an unnecessary scan when not needed.   Mrs D Galloway said that the Directorate are still working through the Comms for this and noted to Dr MacLeod that herself and Jane Anderson may be looking for assistance in getting the information to clinicians.

The information was noted.

- **Neonatal**

Mrs P Galloway said it has been identified that when some babies are admitted to the Neonatal Unit, they are in the unit for less than 6 hours so a short period of observation time.   The unit has identified some improvement work to keep the babies with the mothers and this would be predominately within the intra-Patrum area of the Neonatal Unit.

Mrs P Galloway noted that there were still issues with the lack of trained Specialty Neonatal Qualified Nurses due to a national pause on training. There have been occasions that the unit has had to close externally due to the staff on shift.

The update was noted.

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- **Paediatrics**

Mrs P Galloway said that Paediatrics have had an IT issue identified with vetting and communicating via letters to GPs following referral, this has now been rectified and the number of missing cases has been identified with historical tracing being done to resolve this. Staff are now aware of the correct process when vetting. Mrs Campbell asked how many letters this issue related to? Mrs P Galloway advised it was 642. Mrs Campbell asked that an update be brought back to the Committee following the review.

PG

Mrs P Galloway noted there have been staffing challenges within the middle grade rota in Paediatrics.

There was good news for Paediatrics in that the work on the Anti-Ligature room is almost complete and will be ready for use soon. This piece of work has been ongoing for quite some time. Mrs Campbell noted that it was good to hear as this has been an issue for some time.

- **Gynaecology**

Mrs P Galloway highlighted that there were 2 recent emergencies identified on the same date. Mrs P Galloway added that there is a risk within Ward 24 which houses both early pregnancy and gynaecology emergencies, however outwith office hours there is only 1 trained member of staff on duty. An incident occurred and the incorrect people were called, improvement work has been done as a result and there is now an early pregnancy collapse emergency call which ensures that the correct people are called to attend when an emergency takes place. This remains challenging while staff are working across two different areas - Ward 54 and Ward 24. Mrs P Galloway noted that some staff are finding this difficult and some have left with others intimating the intention to leave. The work is planned to proceed in March 2023. Mrs P Galloway was hopeful that the Directorate can support the staff through this difficult process until the work is complete.

Mrs P Galloway informed members that as a result of recent SAERs, the Oncology team have identified delays in the diagnosis of vulval or vaginal cancers. There are now plans to review cases from the last 4 year period with assistance from the Adverse Events support team.

Mrs P Galloway said there was good news for Gynaecology and Pre-Assessment, they now have a team huddle which has improved communications between the two teams.

Mrs P Galloway noted that the termination of pregnancy tele-md service was a 6 weeks waiting time but the waiting time has decreased to just 7 days waiting time.

Mrs P Galloway advised that Gynaecology have service users who are engaging in developing staff training and supporting women who attend Early Pregnancy as this is a vulnerable time for women and they are keen to support staff.

The update was noted.

- **Obstetrics**

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Mrs P Galloway advised that a pause has been put on the Best Start Continuity Carer team due to a number of members leaving posts within continuity care which was the Bethune Team and there is an exit strategy being undertaken at the moment. Mrs P Galloway said that, unfortunately there was positive outcomes from the women who had been supported by this team. The Directorate are now looking at options on how to re-start this initiative.

Mrs P Galloway advised that the PRAMS (Pregnancy Anaemia Management Study) was due to start imminently. This study is to try and enhance women having an optimum haemoglobin level when they are ready to deliver. Bloods are taken as women book in rather than waiting until finding out iron therapy is required.

Mrs P Galloway said that there was another good news story for Obstetrics with the Birth at Home team were nominated for Midwife category at the Scottish Health Awards, sadly they did not win but it was great to be nominated in that category.

The update was noted.

7.4 Specialty/departmental audit & assurance data (incl. guidance)

- **Clinical Quality Indicators**

There were no Clinical Quality Indicators.

- **Occupational Therapy in ICU**

Mrs D Galloway noted that this was included for information. Mrs Campbell commented that the report on a single page providing the highlights was a really good format.

7.5 New Interventional Procedures

There were no new Interventional Procedures.

7.6 SPSO Recommendations

There were no issues from SPSO.

8   **Emergency Care Directorate**

8.1 Directorate Governance – Speciality National Reports

There were no specialty national reports.

8.2 Directorate Level Outcomes Data

- **Clinical Audit**
- **ECD Projects**

Mrs Campbell noted that a number of the audits are being chased up and was keen to have these finalised and the projects completed.

- **SAER Learn Summaries**

This was covered under Directorate report.

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8.3 Directorate Report

Incidents
There were 628 incidents reported during the two month period, noting an increasing number with documented harm. The top categories remain unchanged – these are notably Falls, Tissue Viability, Medicines and other Clinical events. Mrs Beveridge highlighted that Infrastructure is a top category with this being predominantly around nurse staffing.

The Directorate reported a reduction in major harm during the reporting period (reduced to 19 from 26). More specifically, 9 of the incidents related to Cardiac Arrests and this ties in with the information presented by Dr Simpson earlier. The remaining 10 major incidents are varied.

SAERs & LAERs
The Directorate continue to work hard on the SAERs and LAERs. There are 36 outstanding SAERs and Mrs Perrie is trying to cover some of the historical SAERs/LAERs in clusters. Mrs Beveridge reported there were 4 new SAERs commissioned during August & September which are being progressed.

Mrs Beveridge noted for assurance that any mitigation or learning which arises from the incident is not delayed until the SAER is done, improvement actions and learning are implemented timeously.

Falls
There have been 174 patient falls reported, with 33 of these resulting in patients sustaining harm. The number of Falls has decreased slightly over the past few months but it still remains an area of concern for the Directorate. Ward level reports denote that Ward 32 is the highest reporter of falls due to the ward culture of reporting everything via Datix. Mrs Beveridge added that, for the number of falls being reported, Ward 32 rarely have a major incident.

Mrs Beveridge highlighted concern for AU1 where there has been a significant increase in the number of falls (21 to 31) and advised that AU1 have just started an improvement plan in conjunction with Ward 23 but due to the activity in the area lately, this has impacted in the teams not being afforded the time to implement the required frailty screening, patient placements and preventative actions. Mrs Beveridge added that the unit has just experienced a fall with major harm. Mrs Campbell acknowledged the work that is taking place around the front door and intimated that she was hopeful this would have a positive impact for AU1.

Tissue Viability
There were 110 pressure ulcers reported, 38 of these were hospital acquired and there were 2 grade 3's within those. Again, Ward 32 consistently report the highest number. Mrs Beveridge was hopeful that the Care Assurance programme which started in November will provide the sustained assurance that they are preventative and working on compliance assessments is satisfactory.

Mrs Beveridge noted that ICU have reported a significant increase in on ward pressure damage hence the Directorate asked for a specific overview. The Senior Charge Nurse provided assurance that the care was appropriate for the majority of the patient cohort on the ward. Mrs Beveridge advised that until a new Tissue Viability Lead is in place she has asked the Critical Care Education Co-ordinator to

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take on this responsibility.

Mrs Beveridge reminded the Committee that there had been an increase in device related pressure damage through COVID associated with patients in a prone position but not so much of an issue now.

Cardiac Arrest
Mrs Beveridge noted concern with the number of cardiac arrests during this reporting period. There were 9 and 2 of these patients should have had a DNACPR in place which is a recurring theme coming through the EBM reviews. Improvement work has started in Ward 43 as part of the Deteriorating Patient programme.

Medication Incidents
There were 80 medication incidents reported. Mrs Beveridge advised there is a new Medicines Error Investigation from being developed to address the link between prescribing and administration and Mrs Perrie is working on this in collaboration with Pharmacy colleagues. Mrs Beveridge added that a Cluster review involving AU1 staff, pharmacy staff, ANP's and Consultants is planned for the end of November to review processes in relation to clerk in, prescribing and electronic systems. An update will be brought to the January meeting.

ECD

MCCD (Death Certificates)
There have been 15 incidents reported in relation to incorrectly completed MCCD within ECD. Patient relations have agreed to do a review of any common themes and support improvement actions.

Complaints
There have been 19 new Stage 2 complaints and have also noted a significant increase in the number of complaints progressing to SPSO stage. The Directorate team are now noting improvement actions that are cited in the complaint response and this is being followed up with the teams which eliminates looking for any information/evidence at a later stage.

Risk Register
The Directorate risk register was noted.

Mrs Campbell thanked Mrs Beveridge for the comprehensive update and advised that ICU had been previously highlighted as part of national league tables which Mrs Campbell challenged noting these should be compared with rehab/admission units or similar. Mrs Campbell acknowledged the work that is required in ICU and the efforts from the Directorate.

8.4 Specialty/departmental audit & assurance data (incl. guidance)

- **FROG 6 monthly review – N/A c/f to January 2023**

This review will be submitted in January 2023.

- **Cancer Reports**
- Bladder 2019 – 2020 SBAR/Comparative/QPI Action Plan & Exception Report
- Prostate 2020- 2021 – SBAR/Comparative Report & QPI Action Plan
- Testicular 2020 – 2021 – SBAR & Comparative Report

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- Cancer Waiting Times (CWT) SBAR - Q2

Mrs Beveridge advised that the reports were self-explanatory and that NHS Fife was performing relatively well. There was nothing to highlight by exception.

Dr MacLeod informed Mrs Beveridge that he recently met with Mrs Fulton about the Adverse events work and the sheer number of SAERs and LEARs with common themes.   Both Dr MacLeod and Mrs Fulton were hopeful that generic sentences/paragraphs can be developed to reduce the admin time on these reports.

8.5 New Interventional Procedures

There were no new Interventional Procedures.

8.6 SPSO recommendations

This was covered under Directorate report – complaints.

9   Divisional Risk Register – Active Risks

The Divisional Risk Register was discussed under Item 4.1 – Action List.

10   Review of ToR (October 2022 version) - FOR INFO

The Terms of Reference had been amended to incorporate working around the Committee being quorate.   This will be reviewed again in October 2023.

11   Items for information only:

11.1 NHS Fife Activity Tracker

The Activity Tracker was noted.

11.2 SIGN Guidance

The SIGN Guidance was noted.

11.3 ASD CGC Workplan 2022/2023

The workplan was noted.

11.4 Infection Control Committee Minutes of 5th October 2022

The Infection Control Committee minutes were noted.

11.5 HAIRT Report – August 2022

The HAIRT report was noted.

11.6 NHS Fife CP&PAG Minute of 22nd August 2022

The NHSF CP&PAG minutes were noted.

11.7 Resuscitation Minutes

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N/A – meeting scheduled for 11th November 2022.

11.8 HTC Minutes of 8th November 2022 – N/A – c/f to January 2023

N/A – c/f to January 2023.

12 Dates for 2023/2024 meetings

The meeting dates for 2023/2024 were noted. Diary invites will be sent out.   **LG**

13 AOCB

Meeting duration & reporting
Mrs Campbell summed up that there has been a lot of information presented to the Committee during the meeting and it is often difficult to cut down the time to under 2 hours.   Mrs Campbell said there was something to consider with the reporting methodology and there is an expectation that the detailed discussions have taken place at Directorate level with exception reporting and assurance to this Committee. Mrs Campbell noted that she would like to see the "so what questions" more clearly outlined and this will be the focus of discussions moving forward which will be led by Dr MacLeod and Mrs Beveridge.

Mrs Campbell asked if there was anything members wanted to escalate to the NHS Fife Clinical Governance Committee?   Mrs Muir wondered about the topical subject of the increase in cardiac arrests noting there is a positive for this as the Forum for Deteriorating Patient took place on Monday and improvement work has already started. Mrs Campbell said that it could be included in the summary document.

Mrs Campbell added that the Ockenden report may sit as a separate report with Dr McKenna at the NHSF CGC but asked that this was sense checked so there was   **WCCS**
no double reporting.

Dr MacLeod noted that this was Mrs Campbell's final meeting prior to her retirement and thanked her for all her hard work and leadership with this Committee. Mrs Campbell acknowledged the thanks and noted that there is still some work to be done but the refining of the Committee is moving in the right direction.

14 Date of Next Meeting:

Wednesday 18th January 2023 at 2.00pm via MS Teams

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AREA CLINICAL FORUM

(Meeting on Thursday 1 December 2022)

Dr S Mitchell, Chair of GP sub-committee, wishes escalation to the Clinical Governance Committee, via the Area Clinical Forum, of the pressures being experienced by GP Practices to safely deliver care. There is concern regarding the ability of single person Practice's ability to cope with workload demands, particularly the increasing appointment numbers. There is also increasing concern regarding the number of Practices closing and the effect that this is having on the ability of patients to access a GP, this also has impact on neighboring GP Practices. There is ongoing discussion and planning with the Chair of the GP Subcommittee and the Medical Director.

Fife NHS Board

Unconfirmed

MINUTES OF THE NHS FIFE AREA CLINICAL FORUM HELD ON THURSDAY 1 DECEMBER 2022 AT 2PM VIA MS TEAMS

Present:
Aileen Lawrie, Chair
Ben Hannan, Director of Pharmacy & Medicines
Susannah Mitchell, General Practitioner
Emma O'Keefe, Consultant in Dental Public Health *(part)*
Janette Keenan, Director of Nursing
Nicola Robertson, Associate Director of Nursing
Amanda Wong, Director of Allied Health Professions

In Attendance:
Fiona McLaren, Head of Programme Management Office *(agenda items 1 – 5 only)*
Hazel Thomson, Board Committee Support Officer (Minutes)

1. **Apologies for Absence**

   The Chair welcomed everyone to the meeting, and extended a warm welcome to Nicola Robertson who has joined the Forum and is representing the Nursing Leadership Group (ENMAC), and to Amanda Wong who has joined the Forum and is representing the Allied Health Professionals. Introductions were made.

   Apologies were received from Jackie Fearn (Consultant Clinical Psychologist), Donna Galloway (Women Children & Clinical Services General Manager), Ailie Mackay (Speech and Language Therapy SLT Operational Lead), Paul Madill (Consultant in Public Health Medicine) and Chris McKenna (Medical Director). David Platt (Specsavers Optician).

2. **Declarations of Members Interests**

   There were no declarations of interest from those present.

3. **Minutes of the Previous Meeting held on 6 October 2022**

   The minutes of the previous meeting were **agreed** as an accurate record.

4. **Matters Arising and Action List**

   The Forum noted the closed actions.

   There were no matters arising.

5. **Introduction to Corporate Programme Management Office**

   The Chair welcomed F McLaren who joined the meeting and presented on Corporate Programme Management Office. The presentation will be shared with the Forum.
   Action: H Thomson

N Robertson thanked F McLaren and the PMO team for all their support which has had a positive impact on teams working on projects. F McLaren agreed to feedback to team.

The Chair questioned how support is allocated to those who have improvement plans, and if there is a criteria. In response, F McLaren advised to get in touch in the first instance to discuss the project. It was noted the level of support provided is based on the work being undertaken and is prioritised against other projects or programmes.

The Chair commented that linking up practitioners who have QI training would be a strong benefit.

Following a question from the Chair in relation to feedback on projects to a wider audience, F McLaren advised that consideration is being given to communicating outwith teams, particularly for unscheduled care.

It was noted the Forum will feedback on the Population Health & Wellbeing Strategy questionnaire that was provided

F McLaren was thanked for joining the meeting and presenting on PMO.

6. GOVENANCE MATTERS

6.1 Review of the Constitution & Terms of Reference

The Chair agreed to review the wording on the purpose section of the Constitution & Terms of Reference. H Thomson will circulate and collate feedback.

Action: A Lawrie/H Thomson

6.2 Review Annual Workplan

Discussion took place on the annual workplan, with the following updates agreed:

- A Wong to be the lead for the Scottish Government Rehabilitation Plan
- S Mitchell to replace P Duthie
- Remove B Hannan and replace with N Robertson as the lead for the Nursing & Midwifery linked minutes
- Representative for Pharmacy to be advised in early 2023
- J Keenan/C McKenna to be the leads for the Quality & Improvement Faculty Updates
- Cancer Framework to be added, with a presenter to be invited to join a future meeting
- Equality and Human Rights to be added. J Keenan will take forward

Action: J Kennan

H Thomson will update the workplan.

Action: H Thomson

S Mitchell raised and explained the high level of abuse and hate crime that takes place at General Practitioners. It was noted it would be helpful to share statistics, and send out comms to patients. J Keenan agreed to raise the issue, on behalf of the

ACF, at the Equality and Human Rights Strategy Group meeting on 2 December 2022.

7. STRATEGY / PLANNING

7.1 Population Health and Wellbeing Strategy - Engagement Questions

The Chair advised that the Forum has been given an opportunity to feed into the development of the Population Health & Wellbeing Strategy, and engagement questions were circulated to the Forum, on behalf of the Director of Finance & Strategy, for feedback.

It was agreed each member to discuss the questions with their teams/groups, and feedback before mid-January. It was noted there will a collective high level response from the Fife Local Medical Committee, given the pressures GPs are under. S Mitchell offered an opportunity for the Director of Finance & Strategy to discuss with her team the issues around access and staffing in GPs.

Action: Members

Concern was raised from members on the questions, noting that from a clinicians perspective, some are open ended, could be leading and appear difficult to answer. It was also noted that the analysis of the feedback could be difficult. It was advised consultation is in the late stages and it would be difficult to change the questions at this stage. It was noted that the same questions have been asked to members of the public and at Focus Groups, and themes will be collated. It was agreed to include this feedback when reporting back to the Director of Finance & Strategy, and to also advise of the Forum's interest to be engaged in the strategy as it develops further.

Action: Chair/H Thomson

8. QUALITY / PERFORMANCE

8.1 Winter Systems Pressures Update

J Kennan provided an update on the Systems Flow Group, Grand Round and Inspections.

It was advised that the Systems Flow Group meet every Thursday at 4pm, and the remit of the group is to oversee the system response across Fife and the Fife Health & Social Care, and to seek assurance on any actions that have been taken.

It was reported circa 250 staff attended the recent Grand Rounds. Discussions took place on Winter planning and proactive discharge from the hospital, and actions were taken. J Keenan agreed to share the slides.

Action: J Kennan/H Thomson

Discussion took place on discharges and care packages.

J Kennan noted that Healthcare Improvement Scotland will be carrying out health care inspections in hospitals in the coming weeks. Inspectors will also carry out Healthcare Associated Infections (HAI) within our mental health hospitals. Assurance was provided that work is ongoing to prepare for the inspections.

It was reported that the Winter Plan now forms part of the Annual Delivery Plan which is submitted to the Scottish Government.

9. UPDATES FROM EXTERNAL GROUPS

9.1 Area Clinical Forum Chairs Group for Scotland Update

The Chair provided an update, noting the following:
- Currently in process of electing a new Chair
- Funding for secretarial support has been secured
- New disability payment legislation presentation
- National Care Service will be a topic at a forthcoming meeting.

10. FOR NOTING

10.1 Priority Action Slides

The Forum noted the Priority Action slides.

11. LINKED MINUTES

The Forum noted the linked minutes.

11.1 Allied Health Professions Clinical Advisory Forum held on 5 October 2022 (unconfirmed)
11.2 Area Medical Committee held on 11 October 2022 (unconfirmed)
11.3 Area Pharmaceutical Committee held on 28 November 2022 (unconfirmed)
11.4 Nursing and Midwifery held on 13 September 2022 (unconfirmed)

12. ESCALATION OF ITEMS TO THE CLINICAL GOVERNANCE COMMITTEE

It was agreed to escalate to the Clinical Governance Committee the pressures in GPs.

Action: Chair

13. ANY OTHER BUSINESS

13.1 Primary Care

S Mitchell highlighted the dangerous levels of consultation in GPs, noting the position is likely to get worse as we go through Winter**.**

13.2 Roadshow

J Keenan advised that a roadshow has been scheduled around Health & Social Care safe staffing.

14. DATE OF NEXT MEETING

The next meeting will take place on Thursday 2 February 2023 at 2pm via MS Teams.

NHS Fife

UNCONFIRMED NOTE OF THE MEETING OF THE AREA MEDICAL COMMITTEE (AMC) HELD ON TUESDAY 11 OCTOBER 2022 AT 2PM VIA MS TEAMS

Present:

Chris McKenna (Chair)	Medical Director
Marie Boilson	Clinical Director H&SCP (Fife-Wide)
Sally McCormack	AMD Emergency Care & Planned Care
Glyn McCrickard	Fife LMC Representative
Susie Mitchell	Fife LMC Representative
Joy Tomlinson	Director of Public Health
Phil Walmsley (from 2.20pm)	Chair - Medical Staff Committee

In Attendance:
Catriona Dziech (Notes)

1 APOLOGIES FOR ABSENCE
Helen Hellewell, Fiona Henderson, Claire McIntosh, Susanna Galea-Singer, Morwenna Wood, Iain MacLeod

2 DECLARATIONS OF MEMBERS' INTERESTS
There were no declarations of interest.

3 MINUTES OF PREVIOUS MEETING HELD ON 14 JUNE 2022
The notes of the meeting held on 14 June 2022 were approved.

4 MATTERS ARISING
i) **Revised Constitution – Requirements for AMC in Statute**
To be reviewed annually (October 2023)

5 STANDING ITEMS
i) **Financial Position – Including** *(IPQR considered at Clinical Governance Committee on 2 September 2022)*
Dr McKenna advised the financial position was not good with a deficit of around £10m (now projected to be £21m. A Strategic Finance Group is looking at how savings can be achieved across the whole of NHS Fife. The Director of Finance is making a strong argument with SGHD it will not be easy to achieve financial balance this year, but we need to work towards financial balance across the next three years. This will be difficult given the current system pressures and how do we recover an elective programme and maintain an A&E Department.

ii) **Medicines**
Dr Mitchell highlighted there are a lot of items which are not available, but Pharmacy teams are working hard to find replacements. One item being HRT which is demand led with some of the alternatives being expensive or off licence. There are a lot of items not on Formulary which are being requested by Specialist nurses in Secondary Care (Testosterone for women being an example) for GPs to prescribe. This is an uncomfortable position when it is not supported by SMC. Dr McKenna agreed to take this concern forward and address with the Director of Pharmacy the need to adhere to Formulary.

Action: CMcK

Dr McKenna highlighted the development of the East Region Formulary was going well. Dr Mitchell advised she had been asked to sit on the East Regional Formulary Group as Fife LMC representative.

Dr McKenna suggested it would be helpful for the notes of the NHS Fife Area Drugs & Therapeutics Committee to be included on this agenda.

Action: CMcK

Dr McKenna advised work was underway to understand the demand in prescribing for Melatonin.

Dr McKenna suggested it would be helpful to bring the high-risk pain medicines work to this group as it was important development.

Action: CMcK

iii) **Adverse Events Update – considered at the Clinical Governance Oversight Group**
The Committee noted the Status report considered at the Clinical Governance Oversight Group in September 2022.

Dr McKenna highlighted there is a trend towards an increase in significant events which could be related to service and staffing pressures. There also a trend in the increase of cardiac arrests. Work is underway in the deteriorating patient group to understand why. One reason may be the lack of conversation around DNACPR being completed when appropriate. Dr Boilson agreed to check the position in old age psychiatry with Dr Katie Paramore. A paper from the cardiac arrest team around the improvement work underway within Acute Services to address the issues will be taken to the Clinical Governance Oversight Group.

Action: MB

Another area of concern is the unwanted behaviours and physical assault. This is happening mainly in Psychiatric Services and LD but also in the Acute setting and is the focus of our Health & Safety Officers in improving the training available to staff. This is unfortunately a reflection of the position in healthcare now.

In taking comment it was noted some GPs in Fife maintain a locked door policy due to aggression.

Dr McKenna suggested the time may be right to have a conversation about the relationship between the population and NHS and how that determines healthcare inequalities? There are multiple generations of relationships between communities and the NHS that almost fuel health inequality due to different perceptions. If this was understood better, it could help redesign services moving forward and form part of the new Population Health and Wellbeing Strategy.

iv) Medical Staff Committee
Mr Walmsley advised currently there is no functioning Medical Staff Committee. Attitudes have changed since Covid and when pressures abate, he suggested polling staff to see what they would want as structures have changed and are out of date. Dr McKenna suggested there should be a concerted effort between Mr Walmsley (as Chair), and the management leads who would have previously been AMDs/CDs to reinvigorate the Medical Staff Committee and feedback medical staff input to this Committee.

It was agreed an email could be circulated to staff via Lynn Godsell setting a date for a meeting in November 2022. This should also include Psychiatry and Secondary Care.

Action: PW, IMacL, SMcC,JM

v) Update from GP Sub Committee
Dr Mitchell advised there was nothing to report other than she had a very difficult meeting with Finance regarding the SGHD clawing back underspent money. This means GPs will not be able to fulfil some aspects of what was set out in the GP contract. It was noted this is a complex issue.

vi) Realistic Medicine
Nil to Report other that DNACPR discussed as at Item 3iii above.

vii) Medical Workforce
Dr McKenna highlighted the main area of concern from a secondary care perspective was mental health. Dr Boilson advised there is a significant problem with workforce retention and recruitment of Consultants and Specialty Grades across Fife. Services were recently retracted within Kirkcaldy and Levenmouth as staff had to be moved to cover IPCU.

There are also problems at QMH. There are no competitive jobs and the older adult teams have not recruited for over three years. The service is being delivered by agency staff who cannot undertake clinical supervision of trainees and can leave at very short notice. There is no Community Forensic Psychiatrist, so another Consultant is covering this role as well as their own. The system is under extreme stress and continuity is being impacted and ways need to be found to sustain the service.

Dr McKenna said with the appointment of Dr MacLeod, DMD he will now have more time to focus on the issues within the Mental Health Service.

Dr McCormack advised in terms of a whole system approach MOE is coping but there are concerns for the future. Several people are retiring next year but have been successfully clawed back.

viii) Education & Training
Dr McKenna advised there had been challenging feedback on training from the GMC and work is required to improve junior doctor experience. Junior doctor monitoring is currently challenging, but work is ongoing to resolve. It is hoped the Gateway Programme will be successful.

6   STRATEGIC ITEMS
i)   Update from Health & Well Being Portfolio Board
Dr McKenna advised a summary of the previous Clinical Strategy will be taken to the next Board which gives a stocktake of what was said we would do, what we did, what we are not going to do that we said we would, and what needs to be carried forward into the next Clinical Strategy aspect of the Population Health and Wellbeing Strategy. It is important all the work is acknowledged, and the ongoing issues remain an important part of the Strategy moving forward.

ii)   GMS Implementation
Nil to report.

iii)   COVID & Remobilisation
The situation appears to have settled but is a consistent presence albeit not a high level. There have been a few Community hospital ward closures and the risk to the whole system needs to be monitored.

7   ITEMS FOR INFORMATION
i)   Notes of the GP Sub Committee held on:
17 May 2022, 21 June 2022, 16 August 2022
Noted.

ii)   Notes of the Clinical Governance Oversight Group:
14 June 2022
Noted.

8   AOCB
8.1   Proposed Dates for 2023
Calendar invites with Teams link issued 17 October 2022.

9   DATE OF NEXT MEETING: Tuesday 13 December 2022 at 2pm via MS Teams

NHS FIFE CANCER GOVERNANCE & STRATEGY GROUP

(Meeting on 19 August 2022)

No concerns were raised.

NHS FIFE CANCER GOVERNANCE & STRATEGY GROUP (CGSG)

Unconfirmed Note of the Meeting Held at 14:30 on Friday 19ᵗʰ August 2022 via Microsoft Teams

Present:	Designation:
Izzy Corbain (IC)	Patient Representative
Gemma Couser (GC)	Head of Quality and Clinical Governance
Claire Dobson (CD) Acting Chair	Director of Acute Services
Susan Fraser (SF)	Associate Director of Planning & Performance
Nick Haldane (NH)	Lead Cancer GP
Ben Hannan (BH)	Director of Pharmacy & Medicines
Alistair Graham (AG)	Associate Director Digital and Information
Jennifer Leiper (JL)	Patient Representative
Neil McCormick (NM)	Director of Property and Asset Management
Margo McGurk (MMcG)	Director of Finance and Strategy
Chris McKenna (CM) Chair	Medical Director
Kathy Nicoll (KN)	Cancer Transformation Manager
Janette Owens (JO)	Director of Nursing
John Robertson (JR)	Lead Cancer Clinician - Surgery
Nicola Robertson (NR)	Associate Director of Nursing, NHS Fife
Amanda Wong (AW)	Associate Director of Allied Health Professions
Apologies:	**Designation:**
Paul Bishop (PB)	Head of Estates
Joanna Bowden (JB)	Consultant – Palliative Care
Catherine Jeffery Chudleigh (CJC)	Consultant in Public Health
Nicky Connor (NC)	Director Health and Social Care
Murdina MacDonald (MM)	Lead Cancer Nurse
Frances Quirk (FQ)	Assistant Director Research, Development & Innovation
In Attendance:	**Designation**
Alex Chapman (AC)	Urologist
Rebecca Hands (RH)	Clinical Governance Administrator (minute taker)
Megan Mowbray (MMo)	Consultant in Dematology

		Action
	Welcome	
	CM welcomed everyone to the meeting.	
1.	**Apologies for absence**	
	Apologies for absence were **noted** from the above named members.	
2.	**Unconfirmed Note of the previous NHS Fife Cancer Governance & Strategy Group Meeting of 02 June 2022 via Microsoft Teams**	
	The Unconfirmed Note of 02 June 2022 was **accepted** as an accurate record.	
3.	**Matter Arising/Action list**	
	The public health risks will be discussed under item 4.1.	

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4.	**GOVERNANCE**		
4.1	**Cancer Risks**		
	GC advised there are 12 risks associated with the delivery of cancer services. GC advised 6 are graded as high and 6 are graded as moderate. GC advised since the previous meeting there has been no change. GC advised there was a discussion at the last meeting around these risks and how they are more operationally focused, and as such should sit with the Acute Cancer Services Delivery Group. GC advised there are 2 risks for consideration. GC advised they both relate to issues that have been picked up through the cervical national screening programme. GC advised one relates to the coding of no cervix exclusion, and the other relates to the misuse of suspicious malignancy function in SCCRS. GC advised both of these risks currently sit within the public health register. GC advised after reviewing these risks, it is an appropriate place for these risks to sit. GC advised there is a risk that has emerged in relation to histology wax supply issues. GC advised there is a risk that we will not be able to process samples due to the global histology wax supply issues, and this would have an impact on cancer pathology. GC advised this risk will sit more operationally. GC advised there needs to be a decision as to what risks should be tabled at this group. GC advised risks associated with the delivery of the cancer framework should be the focus and that a summary risk report will would come to this group for noting with a further summary all of the cancer risks across the organisation. The group agreed with GC's comments. JR advised a further emerging cancer risk for the group to be aware of is due to an impending shortage of Moviprep. JR advised this could have a very significant impact of endoscopy. CD advised this was raised by the Hospital Control Team and is being discussed operationally. CM asked if there was anything in the risks that does not sit within the acute services but sits with community. GC advised she does not believe there is. GC advised what they will see when the framework starts to deliver is that they probably will see more risks being added in relation to primary care and the community.		
4.2	**Acute Cancer Services Delivery Group Update**		
	CD advised the last meeting was cancelled due to the number of apologies and operational pressures.		

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	CD advised the group is making good progress in terms of discussion around the operational delivery of cancer services across Fife. CD advised they have had a look at some pharmacy issues through the group. CD advised they have also discussed the delivery of SACT and how the service is currently functioning. CD advised the group is due to meet in September. BH advised they are getting into the swing of things, particularly in regard to understanding some of the day unit operational issues.	
5.	**STRATEGY/PLANNING**	
5.1	**Cancer Framework & Delivery Plan**	
	KN advised they are coming up to the last leg of finalising the framework. KN advised she had sent out an email to the group asking if everyone can take the action plan and the framework to each SLT for endorsement. KN advised once this has been done, the aim is to bring it back to this group, however, as this group does not meet again until November it has been suggested an extraordinary meeting is arranged to carry out any final endorsement prior to submission at EDG in October and thereafter onto the Clinical Governance Committee in November for sign off. CM agreed to the extraordinary meeting. RH to set up meeting. KN asked if this should go to the Acute Cancer Services Delivery Group or would it be sufficient enough to go to the SLTs. CD advised it should be shared with the Acute Cancer Services Delivery Group.	**RH**
5.1.1	**Draft Cancer Framework v0.9**	
	This was shared with the group.	
5.1.2	**Management of the Cancer Delivery Plan**	
	KN advised they had agreed that the cancer delivery plan objectives will be overseen by the Cancer Leadership Team. KN advised at the last Cancer Leadership Team meeting she put through a proposal to ensure a concise approach, to inform progress and exception reporting, and provide assurance to the Cancer Governance and Strategy Group. KN advised they will use the LCAS approach: leading, critical, active contributor, and supporter. KN advised there will be an action tracker for each of the objectives. GC advised it is important that they have assurance in terms of the various work streams that are going to be delivering this. GC advised whilst the framework is going to be coming through for endorsement, a number of the work streams that have been identified have started.	
5.2	**Single Point of Contact Hub Update**	
	KN advised the pilot is launching on the 1st of September.	

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	KN advised the pathway navigators have been recruited and have undergone significant training. KN advised they were fortunate to have a Macmillan training package specifically aimed at pathway navigators which has really helped with the clinical knowledge requirements of the role along with the David O'Halloran cancer for non clinicians training. KN advised they also have a skills matrix to monitor competency.

KN advised the first cancer sites to be piloted are our most challenged, colorectal and urology. KN advised they will also be looking at breast or another service to pilot. KN advised they have done high level process maps and a SOP to support the team in this new service.

KN advised they have developed communications for the public, staff and GPs to promote the hub which are currently just being finalised. KN advised this will include a piece for local media as a good news story. KN advised they have also developed a website for patients to access which will be available when they launch, and it will also link in with the general cancer patient facing website being developed by MM.

KN advised in order to evaluate the service they have some baseline measures and the team will complete a patient enquiry questionnaire after each contact. KN advised they will also do patient questionnaires at intervals to be agreed and encourage use of Care Opinion. | |
| **6.** | **FUNDING** | |
| | KN shared the cancer funding streams with the group.

KN advised there has been a delay to release of cancer funding streams for 2022-23.

KN advised they have just had an update advising that the CWT funding is due to be released any time soon and the letters to confirm are still with John Burns. KN advised they expect our full NRAC share of £10 million (£685,996).

KN advised she has no update regarding the release of the £1.5m for Acute Oncology/SACT to date.

KN advised year 2 funding has been confirmed for ECDC pilot sites. KN advised discussions are still underway in relation to bids put forward for ECDC in more Boards as well as NHS Fife's bid to expand the principles of ECDC into tumour specific groups.

KN advised Single Point of Contact Hub funding has been confirmed however they are still awaiting release. KN advised she has been advised that it's expected at the beginning of September. | |

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KN advised Detect Cancer Early funding allocation is due to be confirmed any time now. KN advised there will be funding available to support implementation of the optimal lung pathway and NHS Fife community pharmacy have put forward a proposal for consideration – discussions are still underway.

CM asked if BH knew about the community pharmacy pathway. BH advised his understanding was that it had not gone any further that what they had discussed previously in terms of bringing ECDC together as a more strategic proposal. BH advised he has not supported this going any further than it had done. KN advised it was more of an exploratory to the Scottish Government as to whether they would consider it and believed everyone was aware of this. GC advised that CM, BH, NH, Alec Murray and herself all need to meet but due to the system pressures it has not been possible to get that set up. GC advised the purpose of including it on the slide today is that it is a potential funding stream that may be in the pipeline. GC advised there has been no commitment given from Scottish Government for allocation of funding; however, they are keen to hear a bid from us.

GC/CM/ BH/NH

CM advised he has not seen any papers in relation to bids towards ECDC. CM advised they had a lot of conversation about what EDG's anticipation of this project was and before it was expanded it would go through EDG and CGC. CM asked if a proposal has been put forward to the Scottish Government for more funding. GC advised her understanding through discussion with Murray and the planned care team is that there has been a bid developed, and there has been discussion with the Scottish Government, although she has seen no formality come through. GC advised this highlights the importance of the governance, and that they need to make sure it is in place. GC advised the discussion that she had with Murray was the requirement for it to be going through SLT and then onto EDG. GC advised she will pick this one up offline.

GC advised with funding streams like SPOCH where there is a commitment to give it on a recurring basis but there is still this annual allocation and the anxiety it creates. GC advised she is unsure if there is a way to feed this back to Scottish Government colleagues. KN advised this was brought up at the National Cancer Delivery Group a few weeks ago.

JL advised it would be helpful to see these funding streams against the current funding that they have. CM advised this would be tricky as cancer funding does not sit separately to other service funding as cancer service delivery sits within departments that also do other things, it would be hard to see what would just be for cancer. CM advised BH can tell how much money they spend on cancer drugs. CM advised we can bring this to the next meeting and can bring something about the trajectory that it is going in. BH advised himself and CD can take a walkthrough in terms of the challenges with the increase in spend in cancer therapy. CD advised they need to look what the cancer spend is within their larger budgets, and

BH/CD

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		perhaps an indication about how much activity that they drive through some of the programmes relating to cancer.	
7.	**QUALITY/PERFORMANCE**		
7.1	**Cancer Waiting Times**		
7.1.1	**Quarter 1 2022**		
		KN advised the performance continues to deteriorate for the 62 day standard across Scotland achieving 76.9% for Quarter 1 2022, and Fife achieved 78.4% for this period which is above the Scottish average. KN advised the breaches ranged from 1 day over to 97 days over the 62 days and 28% of them breached by 10 days or less. KN advised she has looked at the draft figures for Q2 2022. KN advised no Boards have met the standard and Fife have achieved 85.1% for 62 day (2nd best performer across Scotland next to the Borders) and 97.5% for 31 days. KN advised Scotland continues to achieve the 31 day standard with 96.3%. KN advised Fife achieved 100%. KN advised going into quarter 2 they expect to see the impact of the removal of the non standard technology waiting times adjustment for robotic prostatectomy. KN advised initially this won't affect us as we currently don't perform this in Fife, however, as this service moves to Fife we may see an impact on our performance if waits exceed 31 days from decision to treat. KN advised a further impact on our performance will seen with the eventual removal of the waiting times adjustment that we can currently apply for self isolation prior to surgery. KN advised one of the key objectives of the effective cancer management framework is to ensure effective breach analysis. KN advised a national 'Once for Scotland' is to be taken and a SLWG has been set up to agree how we can manage and learn from breaches. KN advised the first meeting is at the beginning of September.	
7.2	**Quality Performance Indicators**		
7.2.1	**Melanoma 2020-21**		
		MMo went through the papers that were shared with the group. Case ascertainment for NHS Fife is 87%. NHS Fife met 6 of the 14 (including sub-QPIs) QPIs for melanoma. QPIs not met: • QPI3: The target was not met showing a shortfall of 1.7% (4 cases). For these cases, 1 patient declined further (definitive) treatment (stage IIA), 1 case was diagnosed by WLE (stage IA), 1 case had no further treatment due to co-morbidities (stage IA), and 1 patient experience rapid progression and died, with excision only performed (stage IV).	

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- QPI6: The target was not met showing a shortfall of 1.9% (4 cases). For 1 of these cases WLE was not performed due to disease progression, 1 case identified metastatic disease by CT and WLE was no longer appropriate, 1 patient had significant co-morbidities, and 1 patient declined further treatment.
- QPI7(i): The target was not met showing a shortfall of 33.3% (18 cases). For these 18 cases, 4 were patient induced delays, 2 had no WLE performed, 2 experienced both admin errors by both Pathology and Dermatology and issues with plastics capacity, 2 experienced a delay in Dermatology referral to plastics, 2 had issues with Plastics capacity, 2 patients were complex cases, with the first requiring a pathology 2nd opinion and the second with co-morbidities causing surgical delay, 1 case experienced both an issue with Plastics capacity and patient induced delay, 1 case was a plastics delay in listing for MDM, 1 delay in referral to MDM and issues with Plastics capacity, and 1 case had a Pathology delay.
- QPI7(ii): The target was not met showing a shortfall of 28.3% (4 cases). For 3 cases patients had no WLE performed, and for 1 case there was a patient induced delay.
- QPI9: The target was not met showing a shortfall of 52.1% (8 cases). For these 8 cases, 3 patients were upstaged following a positive SLNB, for 3 cases no reason for the delay was identified, 1 patient had initial CT request rejected as an eGFR was required, and 1 patient had an usual pathway with CT prior to diagnosis.
- QPI10: The target was not met showing a shortfall of 60.0% (3 cases). For these 3 cases, 2 patients were treated with Best Supportive Care due to co-morbidities, and 1 patient had rapid progression of disease and died shortly after presentation.
- QPI12: The target was not met showing a shortfall of 16.5% (17 cases). For these 17 cases, 9 patients had no excision biopsy prior to WLE, 7 patients had a diagnostic excision biopsy but margin was not recorded, and 1 case was an incidental finding of a 5mm excision for dysplastic naevus (patient choice for removal)
- Clinical Trials: Numbers of patients being consented for melanoma trials are small because it's currently a small subset of metastatic patients that are being offered trials.

There were no Board specific actions identified for NHS Fife.

7.2.2	**Renal 2020**	
	AC went through the papers that were shared with the group.	

Case Ascertainment for NHS Fife is 108.1%

In NHS Fife 67 patients (61 previous cohort) were diagnosed with renal cancer.

NHS Fife met 8 of the 18 QPIs for Renal cancer (including sub-QPIs). 5 QPIs had no patients applicable.

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	QPIs Not Met: • QPI 1: Radiological Diagnosis with cross sectional imaging. A shortfall of 0.6% (2 cases) – 1 patient had CT without contrast and 1 patient did not have a CT chest. • QPI 3: Clinical staging – TNM. A shortfall of 14.4% (11 cases) - 4 had no TNM staging documented. 7 had incomplete TNM documented. • QPI 10: Prognostic scoring for metastatic disease. A shortfall of 43.3% (8 cases) No prognostic scores recorded. • QPI 11: Leibovich score. Not used as a risk stratification tool in NHS Fife. Therefore, performance for this QPI is 0%. • QPI 14: Clinical Trial QPI– 4.8% There were three actions identified for NHS Fife: • Suggest a new section in the MDM list with TNM prompt required to ensure that TNM is recorded at MDM. • Oncology colleagues to be reminded of this QPI requirement and prognostic scoring should be noted at MDM. • NHS Fife to explore why NHS Fife are not involved in the tissue banking studies currently available.	
7.2.3	**Sarcoma 2020-21**	
	CM advised this is here for information only. A summary of the sarcoma QPI performance for the 2020/21 audit period is presented below, with a more detailed analysis of the results set out in the main report. Data are analysed by location of diagnosis or treatment and illustrate NHS Board or treatment-centre performance against each target and overall national performance for each performance indicator. It is evident that many of the QPI targets set have been challenging for centres to achieve and several areas for improvement have been highlighted. It should however be noted that given the rarity of sarcoma, numbers included within the measurement of most indicators are small and therefore percentages should be compared with caution. Data capture has improved over the six-year period which provides a good foundation from which to measure service improvement. All regions met QPI targets for primary flap reconstruction, multi agent chemotherapy for Ewing's sarcoma and 30-day mortality following curative treatment 299 patients were diagnosed with sarcoma in 2020-2021. 80.2% of cases diagnosed in Year 7 were in patients' ≥ 50 years. 54.8% were male and 45.2% were female. Scotland met 11 (+1 n/a) of the 20 QPIs (including sub-QPIs). Reasons for not meeting the QPIs are documented within the report.	

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		There was 1 action identified across Scotland: • QPI 3: All centres to ensure recording of TNM for all sarcomas The NMCN will actively take forward national actions identified, and NHS Boards are asked to develop local Action/Improvement Plans in response to the findings presented in the report.	
8.	**SCAN UPDATE**		
8.1	SCAN Update		
		GC advised Nicola McCloskey-Sellar has been appointed as the SCAN Network Manager, taking up post on 26 September 2022. GC advised NHS Fife has written back to NHS Lothian confirming NHS Fife's support of the Initial Agreement for reprovision of the Edinburgh Cancer Centre. GC advised within that they have asked for reassurance around ongoing regional discussions in terms of workforce and the service models for the regional cancer centre. GC advised they have also given their support for further exploration of the decentralised radiotherapy model, asking for some outline in terms of how that process would be managed.	
9.	**LINKED COMMITTEE MINUTES**		
9.1	**Cancer Managers' Forum (29/04/2022 & 22/07/2022)**		
	This was noted by the group.		
9.2	**Cancer Leadership Team (17/05/2022)**		
	This was noted by the group.		
9.3	**Early Cancer Diagnosis Centres Oversight Group (30/06/2022)**		
	This was noted by the group.		
9.4	**Cancer Delivery Board (03/08/2022)**		
	This was noted by the group.		
10.	**Items to Note**		
	No items to note		
11.	**ISSUES TO BE ESCALATED**		
	No issues to be escalated		
12.	**ANY OTHER BUSINESS**		
	None		

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13.	**Date of Next Meeting:**	
	An extraordinary meeting will be arranged, date TBC. The next meeting would be on Friday 04th November 2022 at 2.00pm via Microsoft Teams.	

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NHS FIFE CANCER GOVERNANCE & STRATEGY GROUP

(Meeting on 4 November 2022)

Develop of Rapid Cancer Diagnosis Service to be taken to EDG then to the Clinical Governance Committee.

Single Point of Contact to be taken to EDG then to the Clinical Governance Committee.

NHS FIFE CANCER GOVERNANCE & STRATEGY GROUP (CGSG)

Draft Note of the Meeting Held at 14:00 on Friday 04th November 2022 via Microsoft Teams

Present:	Designation:
Claire Dobson (CD)	Director of Acute Services
Nick Haldane (NH)	Lead Cancer GP
Ben Hannan (BH)	Director of Pharmacy & Medicines
Janette Keenan (JK)	Director of Nursing
Jennifer Leiper (JL)	Patient Representative
Chris McKenna (CM) Chair	Medical Director
Kathy Nicoll (KN)	Cancer Transformation Manager
Frances Quirk (FQ)	Assistant Director Research, Development & Innovation
John Robertson (JR)	Lead Cancer Clinician - Surgery
Shirley-Anne Savage (SAS)	Head of Quality and Clinical Governance
Amanda Wong (AW)	Associate Director of Allied Health Professions
Apologies:	**Designation:**
Paul Bishop (PB)	Head of Estates
Joanna Bowden (JB)	Consultant – Palliative Care
Catherine Jeffery Chudleigh (CJC)	Consultant - Public Health
Nicky Connor (NC)	Director Health and Social Care
Izzy Corbain (IC)	Patient Representative
Gemma Couser (GC)	Head of Quality and Clinical Governance
Susan Fraser (SF)	Associate Director of Planning & Performance
Alistair Graham (AG)	Associate Director Digital and Information
Murdina MacDonald (MM)	Lead Cancer Nurse
Rishma Maini (RM)	Consultant - Public Health
Neil McCormick (NM)	Director of Property and Asset Management
Margo McGurk (MMcG)	Director of Finance and Strategy
Nicola Robertson (NR)	Associate Director of Nursing, NHS Fife
In Attendance:	**Designation**
Rebecca Hands (RH)	Clinical Governance Administrator (minute taker)
Ian Mitchell (IM)	Consultant – Urology Planned Care

			Action
	Welcome		
	CM welcomed everyone to the meeting.		
1.	**Apologies for absence**		
	Apologies for absence were **noted** from the above named members.		
2.	**Unconfirmed Note of the previous NHS Fife Cancer Governance & Strategy Group Meeting of 19 August 2022 via Microsoft Teams**		
	The Unconfirmed Note of 19 August 2022 was **accepted** as an accurate record.		
3.	**Matter Arising/Action list**		

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		020622#1 – CD to take this action away to look into.	**CD**
		CM advised it would be helpful to know about all the national cancer groups and what each group does. CM asked KN if this can be brought back to the next meeting. CM advised that they can liaise with Nicola McCloskey-Sellar about this.	**KN**
		190822#2 – action can be closed.	
		190822#3 – BH advised they met to discuss the community pharmacy project and RCDC. BH advised they have asked for a service spec to be produced which allows and protects the change.	
		190822#4 – BH advised they are taking an interim prescribing report. BH advised this will come to the next meeting.	
4.		**GOVERNANCE**	
4.1		**Acute Cancer Services Delivery Group**	
		CD advised GC had a discussion with them in regards to 62 day and 31 day target. CD advised they recognise the 31 day target is coming under increasing pressure. CD advised they are looking into bringing that into the risk under the 61 day target to reflect both pressures.	
		CD advised they had a good presentation and update from Alison around cancer targets and performance overall. CD advised they are anticipating a paper and an action plan in regard to CEL 30.	
4.2		**Cancer Risks**	
		KN advised Pauline Cumming has done a paper to provide an update on the risks. KN advised this update is to provide assurance to the group that there is effective management and oversight of risk to the delivery of cancer services across the organisation	
		KN advised there was one closed risk:	
		• The aims and ambitions of the clinical strategy and national framework for palliative and end of life care will not be achieved due to lack of investment funding. The rationale for closure was down to the detailed financial analysis which tool place and determined this could be delivered in existing resources.	
		KN advised at the last governance meeting GC advised there was an emerging risk which has now been added in association with histology was supply issues which could impact on the processing of cancer pathology samples.	
		KN advised there are currently a total of 12 risks, 7 high risk and 4 moderate.	
		KN advised going forward the Acute Cancer Services Delivery Group will be asked to consider the merit of commissioning a deep dive on selected	

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	risks. KN advised the CWT performance risk (2297) was originally aligned to the clinical governance committee for assurance, following discussion at EDG it was agreed the risk should now be realigned with Finance, Performance and Resources. KN advised this risk has been identified for a deep dive which will be reported to Finance, Performance and Review on 10 November. KN advised arrangements are being made to take forward identification of risks associated with the delivery of the Cancer Framework and Delivery Plan. KN advised she has drafted some risks which she will forward on when done. CM advised that himself, KN, CD, BH and Pauline will liaise to discuss risks. CM advised the wording in the risk that says a lack of vascular access service is not correct as we do have a vascular access service. SAS advised she will take this away to their monthly meeting.	**CM/KN/ CD/BH**
4.3	**NHS Fife-wide CWT Standard Operating Procedure**	
	KN advised this updated Standard Operating procedure is to assure the group that there is a formal process in place to effectively manage patients referred urgent suspected cancer or diagnosed with cancer. KN advised there was an update of this is in relation to action 4.1 of the Effective Cancer Management Framework: • 4.1 - The process of dynamic tracking and escalation should be agreed and detailed in the cancer management standard operating procedure which should be updated annually. KN advised the CWT SOP has been updated and widely disseminated for comment and KN requested that it was taken through SLTs. KN advised this will be tabled at the next NHS Fife Policy Group in December for final approval prior to it being disseminated via Staff Blink and email.	
5.	**STRATEGY/PLANNING**	
5.1	**Draft Cancer Framework & Delivery Plan**	
	KN advised the Cancer Framework and Delivery Plan has been widely circulated via the Cancer Governance and Strategy Group members for discussion at their local SLTs. KN advised updates have been made and the group is now asked to support the draft Cancer Framework and Delivery Plan for EDG approval.	
5.2	**Single Point of Contact Hub Update**	
	KN advised NHS Fife secured funding to develop a Single Point of Contact Hub to enhance our already existing Central Referral Unit, which was launched 1st September.	

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KN advised they have been able to help patients with a wide range of queries or signpost to relevant services using a PRAG approach.

KN advised on some insights:
- They have had 830 calls up to the end of October. The majority of calls are outgoing (74%), mainly to introduce the service however over the last month they have seen an increase in the number of incoming calls (now 26% of calls) as patients are becoming more aware of the service.
- 90% of all queries were resolved by the Hub.
- 79% of incoming calls were resolved by the Hub with 21% requiring signposting to other services.
- Feedback from our patients who have called has been very positive and they are delighted to have a single contact number.
- They aim to continually improve the service we provide through extensive learning, training and development of the team.
- They are now looking to extend the service to all colorectal and urology patients who have a suspicion or are diagnosed with cancer, not just those referred directly by their GP.
- They will use the findings from the patient experience map to continue to improve this service and they are finalising their Patient Satisfaction Questionnaire which they aim to send out to patients in December/January in order to evaluate how they are doing so far.
- Feedback from the staff working in the Hub is that they feel a great sense of satisfaction being able to help and support patients at what can be a very anxious time.

5.3	**Rapid Cancer Diagnosis Service Update**	

KN advised this SBAR is presented to the group on behalf of MM for assurance and support to extend the principles of RCDS in to UGI pathways as a test of change, starting with HPB and UGI.

KN advised this has been supported by the Acute SLT. CD advised this paper has been to the Acute SLT on a few occasions. CD advised the finance has been confirmed. CD advised there were a few points of clarity have been asked for by Acute SLT, one around nursing and one around an additional radiology requirement. CD advised that has now all been resolved.

CM asked how do they make sure there is no duplication of work that the SPOCH and RCDS do. KN advised she has raised this at various meeting and has been assured there is an operational process.

NH advised one concern is and point of caution is that they don't end up with very iniquitous pathways into the system depending on the presentation and type of tumor. NH advised they need to have one eye on what happens next.

CM asked how do they make sure that does not happen and what

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	governance route they should take. CD advised she will take this offline and will discuss with KN to bring something back to the next meeting. This will be taken to EDG then onto the Clinical Governance Committee.		**CD/KN**
6.	**FUNDING**		
6.1	**Funding Governance Process**		
	KN shared the funding governance process flowchart with the group. KN advised the group are asked to consider the process for the management of funding streams to ensure transparency, appropriate support mechanisms and governance is in place. CD advised she will liaise with KN offline to discuss the bottom section of the flowchart.		**CD/KN**
6.2	**Confirmed Funding Update**		
	KN advised the approval letters were with the papers for today. Scottish Government have now confirmed the following funding streams for 2022-23. Giving a total cancer funding allocation of £1,277,260.		
6.2.1	**Cancer Waiting Times (CWT)**		
	KN advised the funding has been confirmed. KN advised the funding amount is £685,996.		
6.2.2	**Rapid Cancer Diagnosis Service (RCDS) inc Expansion**		
	KN advised the funding has been confirmed. KN advised the funding amount for RCDS is £282,131. KN advised the funding amount for RCDS Test of Change is £133,779.		
6.2.3	**Single Point of Contact Hub (SPOCH)**		
	KN advised the funding has been confirmed. KN advised the funding amount is £107,354 which is recurring.		
6.2.4	**Systemic Anti Cancer Treatment (AO/SACT)**		
	KN advised SACT funding, which was AO/SACT but SCAN have confirmed recurring funding will be allocated against SACT only. KN advised NRAC of share £1.5m recurring which will be approx. £68,000. KN advised she met with SAS to confirm request originally put forward in April is still relevant. KN advised they will forward the original requirements to SACT and Pharmacy services to ensure that it is still relevant.		
7.	**QUALITY/PERFORMANCE**		
7.1	**Cancer Waiting Times**		
7.1.1	**Quarter 2 2022**		

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		KN advised across Scotland there was an increase of 5.5% of eligible referrals compared to the previous quarter and 76.3% of patients started treatment within 62 days. KN advised in Fife we achieved 84.5**%** (an improvement from the previous quarter of 78.4%). KN advised the number of urgent suspected cancer referrals remains above pre COVID levels and the conversion rate to cancer is currently 8% (pre COVID averaged around 10%) indicating these additional referrals are not converting into cancers. KN advised for the 31 day there was an increase of 6.4% of eligible referrals on the previous quarter. 95.5% of patients started treatment within the 31 day standard and in Fife we achieved 97.5**%.** KN advised reasons for breach were variable and attributed to annual leave, vacancy and delayed impact from absence due to COVID. Introduction of the robot reduced capacity which affected nephrectomies. As mentioned above the increase in referrals has impacted on capacity (patients still need to be seen and investigated up to point of exclusion). KN advised as previously indicated they expect to see deterioration in the 31 day standard due to the removal of a Waiting Times Adjustment for self isolation and introduction of the robot in Fife for prostate surgery. KN advised whilst they did not achieve the target for September 2022 with 93.2%, draft figures show they have achieved the standard for October. KN advised the backlog of patients who have breached without a treatment date has significantly reduced from 36 the previous month to 21 as of Wednesday.	
7.2	**Cancer Waiting Times Data Quality Assurance Report**	
		KN advised this SBAR has been presented to assure the group of good quality data collection for cancer waiting times as per the data and definitions manual. KN gave an overview: • The target is 95% • NHS Fife achieved a 98% accuracy rate • NHS Scotland achieved a 98% accuracy rate • The range of accuracy achieved within Boards was 95.7% in Lothian and 99.5% in Greater Glasgow and Clyde KN advised this means the group can be assured that source data is of a good quality for performance management and ad hoc reporting. KN advised Fife recommendations were to continue to collect high quality data.	

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7.3	**Quality Performance Indicators**		
7.3.1	**Prostate 2020-21**		

IM went through the papers that were shared with the group.

Case ascertainment for NHS Fife is 91.3**%.**

NHS Fife met 6 of the 11 (including sub QPIs) QPIs for Prostate cancer.

QPIs Not Met:
- **QPI 7(ii)**: Immediate Hormone Therapy and Docetaxel Chemotherapy - Target = 40%
  The QPI target was not met showing a shortfall of 20% (20 cases) 16 were deemed not fit for chemotherapy. 1 died before chemotherapy started. 1 started chemotherapy outwith the recommended 90 days.
  SCAN regional sign off: "This QPI is out-dated and requires to be reviewed in light of new additional therapies e.g., Abiraterone or Enzalutamide. Also consider exclusion criteria for elderly patients unsuitable for chemotherapy on basis of age or co-morbidities and where cases patients are not reviewed by the Oncology service."
- **QPI 11**: Management of Active Surveillance - Target = 95%
  The QPI target was not met showing a shortfall of 58% (17 cases). 9 had the surveillance MRI out with the recommended timescale. 8 did not have a surveillance MRI but remained on Surveillance follow up. The median time was 420 days (range 226 – 675). During the 2021/22 cohort a new protocol has been put in place for active surveillance follow up. Patients will be followed up in a standard manner by the cancer nurse specialist team and an increase in performance is expected as a result of this.
- **QPI 13**: Clinical Trials – Target 15%
  Fife – 0.8% recruitment.
- **QPI 14ii**: Diagnostic Pre-biopsy MRI - Target = 95%
  The QPI target was not met showing a shortfall of 46.4% (71 cases) all had no Likert/PI-RADS score recorded by radiology These MRIs were reported by Lothian radiologists on behalf of NHS Fife. Local Fife radiologists are consistent at recording LIKERT on MRI reports.
- **QPI 15i**: Low Burden Metastatic Disease - Target = 95%
  The QPI target was not met showing a shortfall of 65% (28 cases) Burden of metastatic disease has not been recorded. After the 2019-20 results Fife added a burden of metastatic disease question to the MDM proforma. This has now been fully implemented and we anticipate an increase in performance for 2021-2022 report.

There was 1 action identified for NHS Fife:
- **QPI 15 (i)**: "Services to encourage burden recording as high or low".

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			Action
7.3.2	**Bladder 2019-20**		
	IM went through the papers that were shared with the group. Case ascertainment for NHS Fife was 165%. Fife reported 99 new cases of Bladder cancer. NHS Fife met 13 of the 23 (including sub-QPIs) QPIs for bladder cancer. QPIs Not Met: **QPI 2**: Quality of TURBT at initial resection - Detailed description with tumour location size, number, appearance (6 cases), Where the resection is documented as complete or not (6 cases), Where detrusor muscle is included in the specimen at initial TURBT (17 cases). **QPI 4**: Early TURBT - All T1 or Ta where multifocal or >3cm NMIBC to have re TURBT within 42 days from TURBT1 (23 cases), HG or LG G2 NMIBC with no Detrusor muscle at TURBT1 to have re TURBT in 42 days (15 cases), NMIBC where resection was incomplete at TURBT1 to have re TURBT in 42 days (3 cases). **QPI 7**: Time to Treatment (MIBC) - Radical treatment within 3 months of diagnosis of MIBC (2 cases). **QPI 9**: Oncological Discussion: MIBC patients who had radical surgery who met with an oncologist prior to radical cystectomy (4 cases). **QPI 10**: Patients with TCC of the bladder (stageT2-T4) undergoing radical radiotherapy *who receive concomitant chemotherapy.* (2 cases). - Clinical Trial Uptake: 1.7% There were 2 actions identified for NHS Fife, both of which were related to QPI 2: - The urology team will standardise the use of the bladder pro-forma op note. The Cancer Audit Facilitator will annotate the comments box in eCASE as to whether the bladder proforma has been used for TURBT cases or not (or is missing from the notes).		
7.3.3	**Testicular 2020-21**		
	IM went through the papers that were shared with the group. Case ascertainment for NHS Fife is 85%. NHS Fife met 8 of the 11 QPIs for testicular cancer. QPIs Not Met: **QPI 3**: Primary Orchidectomy (surgery should be carried out within 3 weeks of diagnostic USS). The QPI target was not met showing		

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		a shortfall of 25% (3 cases). 2 cases, with the longest waits from ultrasound to orchidectomy were 34 days. 1 case had surgery scheduled within 3 weeks; however, this list was cancelled due to the pandemic. • Clinical Trial QPI: 0% recruitment. (0% for all boards within SCAN). No actions for NHS Fife were identified.	
8.		**LINKED COMMITTEE MINUTES**	
8.1		**Cancer Managers' Forum (14/10/2022)**	
		This was noted by the group.	
8.2		**Acute Cancer Services Delivery Group (29/09/2022)**	
		This was noted by the group.	
8.3		**Cancer Leadership Team (23/08/2022 and 27/09/2022)**	
		This was noted by the group.	
8.4		**Early Cancer Diagnosis Centres Oversight Group (29/09/2022)**	
		This was noted by the group.	
8.5		**Cancer Delivery Board (01/10/2022)**	
		This was noted by the group.	
8.6		**CWT Data & Definitions Group (07/10/2022)**	
		This was noted by the group.	
8.7		**Regional Cancer Strategy Group (01/10/2022)**	
		This was noted by the group.	
9.		**Items to Note**	
		No items to note	
10.		**ISSUES TO BE ESCALATED**	
		Develop of RCDS to be taken to EDG then to the Clinical Governance Committee. SPOC to be taken to EDG then to the Clinical Governance Committee.	
11.		**ANY OTHER BUSINESS**	
		No any other business	
12.		**Date of Next Meeting:**	

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	The next meeting will be on Friday 13 January 2023, 2pm – 4pm via MS Teams	

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NHS FIFE CLINICAL GOVERNANCE OVERSIGHT GROUP

(Meeting on 18 October 2022)

Concerns were noted around deteriorating patient rise in cardiac arrests and a decline in the number of observations taken on time. The chair requested a development a plan is produced to address the issue.

UNCONFIRMED MEETING NOTE OF THE NHS FIFE CLINICAL GOVERNANCE OVERSIGHT GROUP HELD ON TUESDAY 18 OCTOBER 2022 AT 13.00 via MICROSOFT TEAMS

Attendees

Lynn Barker (LB)	Associate Director of Nursing, Health and Social Care Partnership (HSCP)
Dr Sue Blair (SB)	Consultant in Occupational Medicine
Lynn Campbell (LC)	Associate Director of Nursing, Acute Services Division
Pauline Cumming (PC)	Risk Manager
Gemma Couser (GC)	Associate Director of Quality & Clinical Governance
Fiona Forrest (FF)	Deputy Director of Pharmacy & Medicines
Dr Helen Hellewell (HH)	Associate Medical Director, HSCP
Catherine Gilvear (CG)	Fife HSCP Quality, Clinical Care & Governance Lead
Janette Keenan (JK)	Director of Nursing
Dr Iain MacLeod (IM)	Deputy Medical Director, Acute
Dr Chris McKenna (CMCK) (Chair)	Medical Director
Elizabeth Muir (EM)	Clinical Effectiveness Manager
Geraldine Smith (GS)	Lead Pharmacist, Medicines Governance
Amanda Wong (AW)	Director of Allied Health Professions

In attendance

Rebecca Hands (RH) (minute taker)	Clinical Governance Administrator
Dr Gavin Simpson (GSI)	Consultant in Anaesthetics

Apologies

Claire Fulton (CF)	Lead for Adverse Events
Benjamin Hannan (BH)	Director of Pharmacy & Medicines
Aileen Lawrie (AL)	Associate Director of Midwifery
Sally O'Brien (SO'B)	Head of Nursing, Fife HSCP, Nursing Directorate
Siobhan McIlroy (SM)	Head of Patient Experience
Dr John Morrice (JM)	Associate Medical Dire tor of Woman & Children
Nicola Robertson (NR)	Associate Director of Nursing, Corporate Division
Prof Morwenna Wood (MW)	Consultant Nephrologist – Renal Medicine

	Items	Action
1	**Apologies for Absence**	
	Apologies for absence were noted from the above members.	
2	**Minutes of the last meeting held on 16th August 2022**	
	The Group confirmed that the note from the meeting held on the 16th of August 2022, was a true reflection of what was discussed.	
3	**Matters Arising/Action List**	
	All actions will be discussed under the appropriate agenda item.	

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4	**GOVERNANCE**	
4.1	NHS Fife Clinical Policy & Procedure Update **(EM)**	
	EM advised at their August meeting, the NHS Fife Clinical Policy & Procedure Coordination & Authorisation Group approved three new Fife Wide Procedures. EM advised as an organisation, we now have 92 clinical policies and procedures. EM advised there are also some new procedures coming to the meeting that is due to be held on 24 October 2022. EM advised the 3 new Fife Wide Procedures that were approved at the August meeting were: • FWP-MBC-01 - NHS Fife Procedure on the Management of Blocked Catheters and Use of Catheter Maintenance Solutions in Adults • FWP-SCP-01 - NHS Fife Wide Procedure for Supporting care provision for people with additional support needs in an Acute Hospital Setting • FWP-CPDP-01 - NHS Fife Wide Procedure for Discharge Planning where there are Safeguarding/Child Protection Concerns EM advised within policies and procedures, there was a slight glitch within the database so eight procedures were not reviewed on time. EM advised that of the eight procedures that were overlooked, six of them have now been reviewed and will be submitted to the 24 October meeting for approval. EM advised of challenges in getting updates on the following 2 items: i) Policy IC-02 - NHS Fife Infection Control Policy for the Risk Assessment for Transmissible Spongiform Encephalopathy Agents including CJD and vCJD This will be escalated to the chair of the group, who is aware of the issue. ii) Acute Services Division procedure ASD-BP-01 Boarding Procedure for Patients within the Acute Services EM advised that LC is aware of this and informed LC that she has not had a response.	
4.2	NHS Fife Activity Tracker **(EM)**	
	EM advised since the last meeting there has been one new consultation which has been shared with colleagues across NHS Fife. EM advised it is the 'Bairns' Hoose Standards'. Healthcare Improvement Scotland (HIS) is working with the Care Inspectorate to develop a set of Standards for a Barnahus (Bairns' Hoose) model in Scotland and have developed draft standards for consultation. EM advised the deadline for any feedback is 4 November 2022. EM advised we had recently received another two Scottish Health Technology Group guidelines: • **vCreate Neuro for the diagnosis and management of adults and children with epilepsy and other neurological disorders:** vCreate Neuro may add value to the delivery of care for people (adults and children) who have epilepsy and other neurological disorders by reducing people's waiting times, more efficient triage and improving	

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		information available for diagnosis and treatment. In addition, vCreate Neuro may lead to resource savings for NHSScotland. • **Bluetooth Tagging – evaluation of potential for efficiency gains from tracking medical equipment:** Published literature relating to the tagging of medical equipment was limited in quantity and quality, but illustrates the potential time and resource savings that could be gained from equipment tagging compared with no tagging and manual equipment searching. A survey of NHSScotland health boards found limited use of medical equipment tagging and no use of Bluetooth tagging beyond recent pilot studies. EM advised that she has not acted on either of these as she is unsure after the discussion at the last meeting of the governance process for these. EM asked if the medical devices guideline should go to the Medical Devices Group in December. EM advised they do not have a standard process at the moment for sharing all these guidelines that are beginning to come in. CMcK advised that they will take this offline for discussion. EM asked if the guideline relating to neurological disorder should be shared with the consultants and copying in the Associate Nursing Director and Medical Director for the acute so that the directorates can bring their updates through the Acute Services Division Clinical Governance Committee. CMcK agreed to this.	**CMcK/EM**
4.3		Corporate Risk Register **(PC)**	
		PC advised that the Board approved the corporate risks on 27 September 2022. PC advised the content is very high level at the moment and some of the risks are pre-existing. PC advised that the next step is to further develop and update the content to reflect the current position. PC advised she will be working with colleagues on this over the next few weeks. PC advised this means that we have achieved the goal of ceasing the use of the Board Assurance Framework and moving towards a Corporate Risk Register. PC advised the first cycle of reporting on the corporate risks will be through the Governance Committees in November 2022. PC advised the baseline starting position will largely be based on the extant risks. PC advised that by the next round of Committees in January 2023, the risks and any associated reports should show some movement and indications of improvement or deterioration. PC advised they are going to start to build in deep dive risk reviews to committee reports. PC advised the decision on risks for a deep dive will be agreed through routes including discussions at EDG, the committees and the Risks and Opportunities Group. PC advised that as the process evolves, this group will play a key role in the continued development of the risk profile.	
4.4		Annual Assurance Statement **(GC)**	
		GC advised the NHS Fife Clinical Governance Committee (CGC) have now approved the Annual Assurance Statement and it had come back to the group today for final sign off. The group approved the Assurance Statement.	
5		**STRATEGY/PLANNING**	

5.1	Draft Clinical Governance Framework **(GC)**	
	GC advised papers were sent to the group which include the draft Clinical Governance Framework, the draft delivery plan, and the framework summary. GC advised there is some further work that needs to be worked through in respect of the new Heath and Social Care Governance reporting structures. GC advised the latter have gone in as draft detailing how they link into the overall Clinical Governance structure. GC advised editing also needs to be done by our Communications team. GC advised this will going to NHS Fife CGC on 4 November 2022. GC advised the most important thing is the overview document that summarises the aim of our Clinical Governance Framework, and that is delivering safe, effective, person-centred care in an organisation which listens, learns and improves. GC advised that the Clinical Governance Framework will be going to EDG on Thursday 20 October for review. It will then go in draft form to the CGC on 4 November. GC advised that EM will be collating any feedback that comes in.	
5.2	National Hub for Learning and Reviewing of Deaths of Children and Young People Update **(JK)**	
	JK advised Scotland has a higher child mortality rate for under 18s than any other western European Country, with over 300 children and young people dying annually. It is estimated that a high proportion of deaths could be prevented. JK advised that on 1 October 2021 a national system for the reviewing and learning from the deaths of young people was established. JK advised the scope includes all deaths of babies and children up to their 18th birthday and young people up to their 26th birthday if they continue to receive aftercare or continuing care at the time of their death. JK advised NHS Fife Review Of Children & Young People Deaths Commissioning Group was established in October 2021. JK advised over the last year there have been 21 deaths which meet criteria for review. JK advised this suggests that the number of deaths being reviewed this year will be slightly lower than the anticipated 30-35 reviews per annum. JK advised all 21 deaths have been discussed at the monthly commissioning group. JK advised two reviews, including associated completed data sets, have been approved by the group and are ready for submission to the National Hub when this becomes live. JK advised the outstanding 19 reviews and are at varying stages of the process. JK advised 10 of the 21 deaths were expected deaths, under the categories of prematurity of the newborn with associate complications and genetic or life limiting illness including teenage cancer. JK advised 11 deaths were unexpected; where these deaths have occurred in hospital, a Significant Adverse Event Review (SAER) has been commissioned. JK advised 4 of the unexpected deaths occurred in the community owing to suicide or road traffic accident. JK advised these 4 cases will require a bespoke child death review	

	that will be lead by the Child Death Review Coordinator. JK advised all the key requirements of the national guidelines are being achieved with the exception of: • engaging families, for which a plan is in place • the submission of completed data sets to the National Hub		
5.3	**NEWS 2 Progress Update (GC)**		
	GC advised there was a delay in progressing the case for NEWS2. GC advised this has come to the group for noting and the paper that was sent out is going to EDG to get support. GSI advised they felt like it is the right time to move over to NEWS2. GSI advised it will make improvements in many areas and hopefully in the next 6-12 months they will see progress. CMcK advised there is an issue with oxygen. GSI advised there has been ongoing discussion in regards to oxygen. GSI advised he is trying to get an interim process in place before moving to NEWS2.		
5.4	**Datix Standardisation Once for Scotland Approach (GC)**		
	GC advised NHS Wales have progressed a standardisation of Datix coding to allow for increased learning across the country. GC advised there has been an appetite for that in Scotland for a period of time. GC advised that HIS are now looking at progressing this work. GC advised they are currently at the scoping stage. GC advised it has come to this group for noting. GC advised it will come back to the group once it has been developed further.		
6	**QUALITY/PERFORMANCE**		
6.1	NHS Fife Integrated Performance & Quality Report (IPQR) August 2022 **(CMcK)**		
	GC advised this report has been to the CGC for approval, and the September report is due to go for approval to the next CGC on 4 November. CMcK advised it may be helpful to have the next report for any comment by this group. LC advised she is thoughtful about the discussion that often comes from the Non-Execs in relation to this report and the fluctuating nature of a lot of the responses within a particular report. LC advised in particular around falls last time they had a very small amount to write as across the board they are fluctuating along the line. LC advised they are not getting worse but very slowly getting better. LC asked how they manage that key information that they provide to support the expectations. JK advised that it would be helpful to report complaints to this group. JK advised we have 20 days to answer a complex complaint. JK advised the problem the Team is experiencing is that they are doing a lot of work and have caught up with a significant backlog, however, trying to respond within 20 days is proving challenging. JK advised they received 50 complaints last month and only one has been answered in 20 days, which takes them to 2%.		

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	JK advised that they are looking into where these complaints are delayed, whether with medical staff, nursing staff or just the complexity of the complaint. JK advised the largest amount of complaints is coming from the Emergency Department (ED). CMcK advised his view on complaints is to take your time and do not rush a response. CMcK advised it does take the clinicians time to carry it out.	
6.2	Q1 Deteriorating Patient Report **(GSI)**	
	GSI thanked Cheryl Waters, Elizabeth Muir and their team for pulling together these reports. GSI shared slides which showed cardiac arrest numbers over the last few years. GSI advised this is all drawn from the quarterly reports and the reports for cardiac arrests. GSI advised cardiac arrests are important as it is a hard outcome measure of how we manage all deteriorating patients in our hospital and how our systems work. GSI advised people who deteriorate to the point of having a cardiac arrest have been upheld by the systems and processes in our hospital. GSI advised that in 2015 we had one of the highest cardiac arrest rates in the UK. GSI advised systems were put in place to improve this. GSI advised from 2015 to 2020 things improved and we became one of the best performers in Scotland. GSI advised that during 2021 and 2022 the numbers have increased and if this continues, we will go back to the 2015 figures. GSI advised they analyse all the cardiac arrests individually and look at why they are occurring. GSI advised in the last 12 months they identified that a third were due to system issues. GS advised four have been through SAERs. GSI advised that in 2015, 2016, and 2017, they started to put DNACPRs in place which accounts for the reduction of cardiac arrests. GSI advised an important part of what we can do in Fife is measure the **'observations on time'**. GSI advised it is a fundamental part of the safety net. GSI advised they do up to 90,000 obs on time per month. CMcK advised that this concerning and they need to develop a plan to address this issue. CMcK advised he will update the Chief Executive and make NHS Fife Clinical Governance Committee aware. CMcK advised that a working group needs to be set up. LC, LB, HH and IM to meet to discuss this and liaise with the Clinical Effectiveness Team. CMcK advised he is conscious that the Resuscitation Committee has not met since May. CMcK advised he will chair the November meeting until the new chair is ready to take up post. EM was asked by the chair to arrange the meeting.	**LC/LB/HH/IM** **EM**

7	**Adverse Events & Duty of Candour Status Update**	
7.1	Adverse Events KPIs and Incident Flashcards **(GC)**	
	GC advised she would like to focus on the last KPI which is new. GC advised this focuses on the closure of improvement actions associated with LAERs and	

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	SAERs. GC advised our current performance is round about 50% of actions being closed within the time period. GC advised they are eager to put in a stretch target of 70%. GC advised the flashcards show themes of what we see every month. GC advised nothing has changed. GC advised that due to the pressures across the systems, the majority of SAER Oversight meetings have been cancelled in the last few months. GC advised she is bringing this to the group to flag this and as we head into the winter months, to consider an alternative approach.		
8	**Adverse Events Improvement Work**		
8.1	Adverse Events Improvement Plan **(GC)**		
	GC advised that the improvement slides show that CF has run a questionnaire with 168 responses around staff support. GC advised the majority of those who have been involved in a SAER are not aware of the support that is available across the organisation. GC advised that just over 50% get support from colleagues instead of a line manager. GC advised within the papers there is a SBAR along with appendices. GC advised they are looking to get endorsement today from the group for two key aspects of the improvement plan. The first relates to the implementation of new templates for SAERs, LAERs and instructions for a Complex Care Review template. GC advised that the timescales for this would be the start of January 2023. The second relates to the electronic SBAR for escalation. GC advised this is about making the process more efficient and they are keen to launch this as soon as possible. . CMcK asked why all of this cannot be done now instead of waiting as it is such a huge piece of improvement. CG advised she has spoken with CF and there are lots of internal processes out there within teams, and it is to ensure that it is easier on the teams to have a set date. CMcK asked if GC can take this away and if we can aim for 01 December. The group approved this.	GC	
8.2	Adverse Events Local Network **(GC)**		
	This will be carried forward to the next meeting.		
9	**LINKED COMMITTEE MINUTES**		
9.1	NHS Fife Clinical Policy & Procedure Coordination & Authorisation Group 22nd August 2022 **(EM)**		
	The minutes of the meeting were noted by the Group.		

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9.2	NHS Fife In Patient Falls Steering Group **(LC)**	
	The minutes of the meeting were noted by the Group.	
9.3	NHS Fife Point of Care Testing Committee 7th September 2022 **(EM)**	
	The minutes of the meeting were noted by the Group.	
9.4	NHS Fife Tissue Viability Working Group **(LB)**	
	The minutes of the meeting were noted by the Group.	
10	**ITEMS TO NOTE**	
10.1	NHS Fife Excellence in Care visit 11th November 2022 **(JO)**	
	This was noted by the group.	
11	**ISSUES TO BE ESCALATED**	
	CMcK advised the deteriorating patient work should be escalated. However, in order to give assurance at that next stage, there needs to be an action plan and a team who will be taking that forward. CMcK and GC to meet regarding this.	**CMcK/GC**
12	**ANY OTHER BUSINESS**	
	No Other Competent Business.	
	Date of Next Meeting 20th December 2022 15.00 via Microsoft Teams	

| NHS Fife Clinical Governance Oversight Group | Issue: Unconfirmed | Date:27/10/2022 |
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AREA DRUG & THERAPEUTICS COMMITTEE

(Meeting on 7 December 2022)

No issues were raised for escalation to the Clinical Governance Committee.

NHS Fife

MINUTES OF THE MEETING OF THE FIFE DRUGS AND THERAPEUTICS COMMITTEE HELD AT 1.00PM ON WEDNESDAY 7 DECEMBER 2022 AT 1.00PM VIA MICROSOFT TEAMS

Present: Mr Ben Hannan (Chair)
Dr Ian Fairbairn
Ms Claire Fernie
Ms Fiona Forrest
Ms Catherine Gilvear (on behalf of Lynn Barker)
Dr Helen Hellewell
Mr Euan Reid
Ms Rose Robertson
Ms Andrea Smith
Ms Doreen Young

In attendance: Ms Shona Cheyne (item 7.2)
Mrs Sandra MacDonald, Administration Officer (minutes)

ACTION

1   WELCOME AND APOLOGIES FOR ABSENCE

Mr Hannan welcomed everyone to the December meeting of the ADTC.

Apologies for absence were noted for Dr Chris McKenna, Dr Marie Boilson, Shona Davidson, Claire Dobson, Dr Iain Gourley, Dr David Griffith, Dr Claudia Grimmer, Dr Sally McCormack, Dr John Morrice, Nicola Robertson, Olivia Robertson, Mr Satheesh Yalamarthi.

It was noted that Olivia Robertson has now changed role and Shona Davidson will be the H&SCP Nursing representative on the ADTC going forward. Mr Hannan thanked Ms Robertson for her valuable contribution to the ADTC.

It was also noted that Euan Reid, ADTC Professional Secretary, is leaving NHS Fife at the beginning of February to take up a post in NHS Forth Valley. Mr Hannan thanked Mr Reid for his service as Lead Pharmacist and ADTC Professional Secretary.

2   MINUTES OF PREVIOUS MEETING ON 12 OCTOBER 2022

The minutes of the meeting held on 12 October were accepted as a true record.

3   ACTION POINT LOG

The action list was discussed and actions updated/completed as agreed.

Shared Care of Medicines

Mr Hannan advised that a Shared Care workplan for 2023-24 is being developed to enable discussions around resource implications to be progressed. **Action closed**.

Feedback around recommendations from Specialist Nurses for medicines not included on the ERF
A letter has been drafted for circulation to the nursing leadership group. **Action closed.**

Sapropterin for the Adjunctive Treatment of Phenylketonuria
Due to the existing pricing and low volumes it has been agreed to keep under review within the ordinary course of monthly financial monitoring. **Action closed.**

4   ANY OTHER MATTERS ARISING FROM THE MINUTES

There were no other matters arising from the minutes.

5   DECLARATION OF INTERESTS

There were no declarations of interests.

6   ADTC SUB-GROUP UPDATE REPORTS

6.1   East Region Formulary Committee

Mr Reid provided a verbal update from the East Region Formulary (ERF) Committee on 30 November 2022 and highlighted key points from the meeting.

The meeting on 30 November was the first meeting with NHS Fife in the Chair. The majority of adult BNF Chapters have now been reviewed across the East Region. Chapter 8, Malignant Disease & Immunosuppression is the final Chapter to be reviewed and this will be presented to the ERFC meeting in February. Next steps include development of a Paediatric Formulary and progression towards business as usual once the implementation phase is complete.

The ADTC noted the update from the East Region Formulary Committee and the good collaboration across the Region.

6.2   MSDTC

Ms Andrea Smith provided a verbal update on behalf of the MSDTC and highlighted key points from the meeting on 26 October 2022. The plan is to bring a 6 monthly update report to the next ADTC meeting.

Several pieces of guidance were discussed and approved at the meeting, including a new BBV prescription form and a number of Diabetes Guidelines. An Opioid Patient Leaflet was provisionally approved subject to minor amendments. The following guidelines were not approved at this time

2

and require to be resubmitted to the MSDTC following revision: The NHS Fife Guidance for Rivaroxaban and Apixaban Rapid Reversal, Naloxone & Flumazenil Protocols, and Clinical Guideline for the use of Roxadustat (Evrenzo®).

The ADTC highlighted the Roxadustat Clinical Guideline and potential implications for shared care around renal anaemia. Ms Smith to follow this up.

AS

Discussions at the MSDTC around a suitable platform for the hosting of Clinical Guidance documents were also highlighted. Consideration is being given to a location on Blink in the interim pending further ongoing discussions.

The ADTC noted the comprehensive update on behalf of the MSDTC.

7   **SBARs**

7.1   **Non-Medical Prescribing Oversight Group - Progress Update**

Ms Fiona Forrest introduced the progress update on behalf of the Non-Medical Prescribing Oversight Group, along with the Terms of Reference and the Clinical Policy for Non-Medical Prescribing.

The Non-Medical Prescribing Oversight Group has been established to provide strategic direction for non-medical prescribing within NHS Fife. The first priority for the Group was to review and update the Policy for Prescribing for Non-Medical Healthcare Professionals, within the Safe & Secure Use of Medicines Policy. The updated Policy has been developed by the Group in collaboration with other relevant stakeholders.

The Policy covers the whole of NHS Fife and outlines all governance arrangements and the different processes in place to support independent and supplementary prescribers within NHS Fife to follow appropriate good practice. Implementation of the Policy will ensure governance measures are in place to improve patient access, experience and outcomes. It was noted that the Policy is specifically aimed at staff employed by NHS Fife but would be considered best practice for non-medical prescribers employed by independent contractors. A strategic framework for implementation of the Policy is being developed.

The ADTC welcomed the comprehensive review of the Policy for Prescribing for Non-Medical Healthcare Professionals. Comments were raised around any potential impact on the volume of prescribing and the funding resource for non-medical prescriber education. It was noted that it is not anticipated that the Policy will have any impact on the volume of prescribing. Ms Young provided an update on the available funding models for education/training through NES/Practice & Professional Development.

Minor changes to the Policy were noted including updated hyperlinks to local policies and updating of terminology from Fife Formulary to East Region

3

Formulary. Mr Reid to collate and forward to Ms Forrest.   **ER**

The template for service audit (appendix 4) was highlighted and it was suggested that an optional outcomes box be added. It was also suggested that use of embedded documents within the formatting of the Policy be avoided.

The ADTC noted the progress update and Terms of Reference for the Non-Medical Prescribing Oversight Group. The Clinical Policy for Non-Medical Prescribing was approved subject to agreed amendments. An update from the Non-Medical Prescribing Oversight Group including information on the comprehensive launch of the Policy and audit/evaluation of compliance to be brought to the ADTC in June 2023.   **FF**

7.2   **Guidance for the Safe Delivery of Systemic Anti-Cancer Therapy (SACT) CEL 30 (2012) - Progress Update**

Ms Cheyne introduced the progress update report on Guidance for the Safe Delivery of Systemic Anti-Cancer Therapy (SACT) CEL 30 (2012) and briefed the ADTC on the background to this.

To support NHS Boards to implement and monitor compliance with CEL 30 (2012), Healthcare Improvement Scotland convened a multidisciplinary expert group to develop a governance framework to support quality assurance and develop a national audit tool. The three Regional Cancer Networks were tasked with supporting their NHS Boards to undertake the required Board and site audits through self-assessment and intra-regional external peer review.

The report details the progress of the current NHS Fife site self-audit and the action plan developed to ensure compliance with CEL 30 (2012). The NHS Fife Board self-audit which had been delayed pending appointment of an NHS Fife CEL 30 Lead Clinician is now underway.

Ms Cheyne took the ADTC through the action plan in detail and the progress made to date/actions proposed going forward.

The ADTC noted the update report and was assured with the progress underway to take forward the actions identified. Updates on the actions to be taken to the Acute Cancer Service Delivery Group on a monthly basis going forward.

8   **Risk Register**

Mr Reid took the ADTC through the risks scheduled for review and agreed current risk levels and review dates:

Risk 2304 - East Region Formulary
It was noted that the current risk level is moderate, possible. The good progress made with implementation of the East Region Formulary was noted. It was agreed that the current risk level should remain moderate

4

pending completion of the development phase of the East Region Formulary, at which stage the expectation is that the risk will be refined/closed. Review date: June 2023.

Risk 1575 - Insufficient input into medicines management and governance
It was noted that the current risk level is moderate, possible. The risk has been refined down as governance committees have mobilised their activity and committees are working well in terms of attendance/input. It was agreed that due to the potential increase in winter pressures the current risk level should remain. Review date: June 2023.

Risk 1504 - Central IT Repository
It was noted that the current risk level is high, major/almost certain. Discussions with Digital and Information around the evaluation of two potential platforms and work ongoing through the MSDTC around uploading guidelines to our current local platforms were noted. It was agreed that the current risk level should remain at present. It is expected that the risk level will trend downwards as work through the MSDTC/Digital and Information progresses. Review date: June 2023.

It was agreed that going forward a summary paper of the risks to be reviewed, with recommendations for discussion points should be produced. Ms Smith and Mr Hannan to take forward.   **AS/BH**

| 9 | **ADTC-COLLABORATIVE/SCOTTISH GOVERNMENT COMMUNICATION** |

| 9.1 | **Medicines Procurement Newsletter** |

The ADTC noted the Medicines Procurement Newsletter October 2022.

| 10 | **EFFECTIVE PRESCRIBING** |

| 10.1 | **Early Access to Medicine Scheme** |

None for noting.

| 11 | **HEPMA Update** |

Mr Hannan provided a verbal update on the implementation of HEPMA. The contract has been agreed and work towards implementation will progress.

| 12 | **PACS/SMC Non Submissions** |

| 12.1 | **Latest Submissions** |

The table detailing the latest PACS2/SMC non submissions was noted.

| 13 | **ADTC Attendance Record** |

The ADTC noted the record of attendance December 2021-October 2022

and thanked members for good engagement. It was noted that there has been a change in meeting start times (now 2.00pm) going forward which should help to facilitate continued improvement in engagement.

14 POINTS FOR RAISING AT CLINICAL GOVERNANCE COMMITTEE

There were no items identified as requiring escalation to the Clinical Governance Committee.

Dr McKenna to consider highlighting for noting: approval of the Clinical Policy for Non-Medical Prescribing and the assurance taken towards continued CEL 30 (2012) compliance.

CMcK/ BH

15 ANY OTHER COMPETENT BUSINESS

There was a discussion around Streptococcus A/penicillin stock levels. The ADTC noted that actions are in hand at UK level and no escalation is required at this point.

Other Information

a   **Minutes of Diabetes MCN Prescribing Group 27 September 2022**. For information.
b   **Minutes of Respiratory MCN Prescribing Sub-Group.** October meeting cancelled.
c   **Minutes of Heart Disease MCN Prescribing Sub-Group 1 December 2022** - not available at present.
e   **Date of Next Meeting**
    The next meeting is to be held on **Wednesday 8 February 2023 at 2.00pm via MS Teams**. Papers for next meeting/apologies for absence to be submitted by 25 January.

INFECTION CONTROL COMMITTEE

(Meeting on 5 October 2022)

No issues were raised for escalation to the Clinical Governance Committee.

NHS FIFE INFECTION CONTROL COMMITTEE
05ᵀᴴ OCTOBER 2022
VIA MICROSOFT TEAMS

Present	Lynn Campbell Associate director of Nursing (Chair, LC), Julia Cook, Infection Control Manager (JC), Lynsey Delaney Infection Control Surveillance Audit Midwife (LD), Prya Venkatesh (PV), Keith Morris, Consultant Microbiologist (KM), Stephen Wilson, Consultant Microbiologist (SW), Lizzie Dunstan, Senior Infection Prevention and Control Nurse (ED), Jamie Gunn, Health Protection Nurse Specialist (JG), Fiona Bellamy, Senior Health Protection Nurse Specialist (FB), Sue Blair Consultant in Occupational Medicine (SB), Yvonne Chapman, Adverse Events and Risk co-ordinator (YC), Catherine Gilvear, Fife HSCP Quality Clinical and Care Governance Lead (CG), Aileen Lawrie, Associate Director of Midwifery (AL), Gordon Keatings, Sector Estates Manager (GK), Lynn Barker, Associate Director of Nursing (LB), Bev Young, P.A./Office Manager (BY)
Apologies	Janette Keenan, Suzanne Watson, Pauline Cummings, Paul Bishop, Esther Curnock, Jim Rotherham, David Griffith, Lorna McCallum, Midge Rotherham (MR),

1	**APOLOGIES** Apologies were **noted** as above.	
2	**MINUTE OF PREVIOUS MEETING – August 2022** Group approved previous minute as an accurate reflection	
3	**ACTION LIST**	**ACTION**
	Action list updated	
4	**STANDING ITEMS**	
4.1	**HAIRT Report** LD advised report covers validated data up to August 2022. Quarter 2 data has been published however this report is for Q1. LD updated the committee with regards to achievements, Jan to March 2022, firstly for SABS, NHS Fife was below the national rate for both healthcare associated and above for community. For CDI NHS Fife national rate for both healthcare and community acquired was below. However for ECB NHS Fife was above for both healthcare and community acquired infections. Our agreed standards and indicators have been extended until 2023. LD updated the number of PWID SABS there have been 6 reported PWID which is higher than 2021 in its entirety. The IPCT continue to work with addiction services and next meeting is due to take place on 17ᵗʰ October 2022. LD advised the board ECB Jan to Aug 2022 the number of ECB has risen compared to last year 188 cases 2022 versus 160 in 2021. This is also reflected in HAI cases. CDI's accumulative total Jan to Aug 20322 is significantly lower compared to last year 2021 28 cases compared to 35 cases and improvement is reflected in health care associated, however a further reduction is required to meet our targets, The SSI surveillance was hopeful to resume in Q4 2022however this has been delayed further and an update will be provided. LC addressed the committee members for comments and questions.	

KM raised concerns surrounding the SAB are continuing to increase, however the biggest increase is around the ECB coming into the acute setting, which will be monitored.

JC reported to the board members that COVID-19 there has been changes to testing particular in the general community in the last year. ARHAI Scotland are continuing to publish a nosomical paper which has a time lag. There have been spikes in April and end of June 2022 and we did in turn see an increase in outbreaks in NHS Fife.

LD talked through the SAB data, for Q2 there was 23 SABS which was the same as the previous quarter. NHS Fife was below the national rate for health care associated and above for community. LD advised the data for PWID, CVC, renal SAB's as of the 12th September; 49 days from the last CVC SAB and 20 days from the last PWID SAB, 332 days from last SAB in renal services and dialysis line SAB and 179 from our last acute services PCV SAB results.

MRSA and CPE Screening compliance, MRSA and CPE Q2 April to June 2022 is 98% compliance, above target.

For CDI, 12 cases which is significantly higher that quarter one where we had 7. As of the end of March standards reported as 7.7 per 100,000 bed days and this needs to be further reduced. All of CDI initiatives continue as before.

ECB Q2, 70 cases which is an increase from 66 in Q1. From this there was 11 CAUTIs 1of which was super pubic catheter. However the standards shows being above target and work will be needed to reduce this,
LD.

UCIG group meeting continue and the next meeting is due to take place in October. CAUTI bundles have now been installed onto patient track and awaiting a pilot in ASD and HSCP Maintenance bundles and the catheter passport to be implemented within 4 care homes as a QI project with the aim to rollout to all care homes, led by Care Homes Senior IPCN.

JC advised that the flash report will be published yesterday indicates that a similar pattern has been maintained. For SABs, CDI we remain below national average but ECB we remain above national average. One of the success story was MRA and CPE screening local data indicated above 90% compliance and for CPE the data is showing 100%.

JC also advised ARHAI annual report published at the end of September reduction target was to reduce ECB by 25% by this march and then by 50% by 2024 which seemed highly ambitions as nationally there is only a 5% reduction.

KM advised the board that good work and excellent surveillance is being completed by the IPCT team and within the HCSP a group which has been formally agreed with Shona Adams and this will be working to reduce the numbers of CAUTI and once set up within in the HCSP will work to develop within the acute division.

YB: advised the board that KM supported with Datix subcategory codes will be added to the system in due course.

LB advised for National Cleaning services for Fife, Q1 April to June 2022 the rate was 96%. Estates monitoring April to June was 96.3%.

LC advised that Lanquip is no longer funded or licensed by Fife so data should not be used.

JC advised that ED has been working with D&I Team with regards to staff

		accessing this information and feedback will hopefully be provided at the next ICC meeting. JC advised the board that from July to End of August 2022 there have been no Norovirus or influenza outbreaks. For COVID-19 however there was 14 reported. One of the main differences as there have been no deaths reported. Full reports are listed further on in the agenda. Nationally there was a lessons learned from ARHAI which was shared with HCT which has now ceased, the IPCT are looking to complete this locally. For the ASD introduction of COVID into the wards looked at included a patient tested on day 5, incubating upon admission. HSCP and Acute patients' compliance with on face mask use is low. On the back of this learning guidance was introduced at our older VHK such as 5, 6, 9 and SSSU. Learning from HSCP include patients leaving the ward, unable to isolate a positive case. LC agreed that a learning summary report would be beneficial to share with the clinical teams. Members **noted** the update.	
4.2		**Care Home Update** JC updated the committee with the continuing work the Care home team provides. HIS IPC Standards for care homes have been implemented within the care homes and audit resume beginning of September. Quality improvement project of the introduction of a catheter improvement passport to care homes from 1st October. Team have been supporting a number of care homes with specific issues and working on winter preparedness. Members **noted** the update.	
4.3		**NHSS National Cleaning Services Specification** Report noted by the committee. LC advised board members that if any further questions to be reported to BY for feedback to MR for next ICC meeting. Members **noted** the update.	
4.4		**Risk Register** YC advised the board there are 21 risks, 2 of which are high and no changes to note, grading remains unchanged. No risks have been added to the system since last report and risk 1456 has now been closed. JC advised the board IPC risks. The IPCT team was involved in legionaries AU2 and this is being managed with the water safety group KM brought to the board's attention that he is concerned with the cataract unit at WMH. As there have been 2 infections with the same pathogen which is very unusual. Investigations are ongoing and this needs to be raised at the highest level. If a third infection is identified with the same organism cataracts operations will need to cease. KM advised he visited last week and has concerns about the ceiling. Upon visit found the ceiling that balls of dust were found after running his fingers over the ceiling. LC advised that this can be looked at further with stake holders out with the ICC meeting. Members **noted** the update.	
4.5		**Learning Summaries** Members **noted** the update	

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4.6	**National Guidance** <u>Appendix 13, 21 and 22</u> <u>DL's</u> JC advised the changes embedded within the appendices and director letters. JC advised the board SLWGs were set up in order to ensure changes were made within the ASD and HSCP settings. The changes to covid restrictions and testing will be constantly reviewed. Members **noted** the update	
4.7	**HEI Inspections** JC advised the committee board of the current inspections completed within NHS Scotland. JC advised inspections included all patient Care and not all actions were IPC. Members **noted** the update	
4.8	**Quality Improvement Programme (for information only)** **UCIG** **PWID** JC advised the committee the next meeting is to be held on 17th October 2022 Members **noted** the update	
4.9	**Education** JC advised the IPCT team have reviewed all education materials. SICPs presentation sessions have been completed. Face to face have been requested within the domestic staffing and volunteers. For those who are unable to attend face to face, animated videos will be available on blink for staff to access. Members **noted** the update.	
4.10	**Infection Prevention & Control Audit Programme** JC: Two year rolling programme continues. Workforce challenges within the team, Rosemary Shannon has been supporting and HR discussions have taken place looking to a more permeant role within the IPCT team. Members **noted** the update	
4.11	**Prevention and Control of Infection Work Programme 2021-2022 (for noting)** JC advised the IPC policy is overdue for review and has been sent to the policy group for approval. Education strategy to go out November for final comments and a SLWG to be set up for final reviews. KM advised that JC has updated the information on sessions microbiologists support the IPCT team. To advise the committee we have been unable to fill the vacancy and further challenges may arise if we have further staff leave. Members **noted** the update.	
5.	**NEW BUSINESS**	

4

5.1	**COVID-19** **Legionella:** - JC advised the board committee the background as embedded within the SAB report for Legionella in AU2. Evidence was found that the issue was isolated to 2 bays and issue was not systemic, water testing will continue and AU2 will be monitored. SW noted that the source was likely a local issue, with remedial works resolving the issue. **Opthalmitis** KM advised first case was reported in March 2022 the patient developed endophthalmitis from a cataract surgery in QMH. However 2 weeks ago a second case was reported with the same organism. We have had no cases in the cataract unit for years, to suddenly have 2 with the same organism raises concerns. KM stressed his concerns with the ceiling currently within the cataract theatre. KM advised this is currently under investigation and action added. **Hepatitis A** JC advised patient was admitted to VHK and tested positive of Hep A. During the PAG it became apparent patient was linked to a known previous positive Hep A patient. Contacts were identified and treatment administered. Work was completed with the clinical team to advise if any further cases this is required to be reported to Hep A. To note the Public Health Team are also reviewing the community index case interview and contact tracing. **Members noted the update**	
5.2	**Outbreaks and Triggers** JC offered the associates an opportunity to further discuss any of the outbreaks, key learning or review if anything needs to be done differently including changes to the environment. **Members noted the update**	
6	**NHS FIFE INFECTION CONTROL COMMITTEE'S SUB GROUPS**	
6.1	**Infection Prevention & Control Team** Nothing from this meeting to highlight to group. Members **noted** the notes of the meeting	
6.2	**NHS Fife Decontamination Steering Group** Nothing from this meeting to highlight to group. Members **noted** the notes of the meeting	
6.3	**NHS Fife Antimicrobial Management Team** Nothing from this meeting to highlight to group. Members **noted** the notes of the meeting.	
6.4	**NHS Fife Water Safety Management Group** Nothing from this meeting to highlight to group. Members **noted** the notes of the meeting.	
6.5	**NHS Fife Ventilation Group** Nothing from this meeting to highlight to group. . Members **noted** the notes of the meeting.	
6.6	**HAI SCRIBES**	

		Members **noted** the notes of the meeting	
6.7	**Quality Reports** Quality reports attached to agenda for information. Reports are for **noting** only		
6.8	**Capital Planning** **NTC Orthopaedic Centre** Reports attached to agenda for information **Lochgelly and Kincardine Health Centre** JC advised the committee as advised by Ben Johnstone, reports regarding Lochgelly and Kincardine health centre will be available for the next ICC Meeting in December.		
7	**ANY OTHER BUSINESS** **Hospital onset Covid 19 mortality report** **Members noted the update** **NES Built Environment Information & workforce Development strategy** JC advised these papers were added for the board's information and further report will be given at the next ICC. **HIS IPC Standards** JC advised work has been ongoing and more focus on quality improvement and learning from events, improvement actions plans to be completed after an incident and/or outbreak. Awaiting for approval and new process can commence as of October. Another area highlighted was the AMR work and this will be picked up with Pharmacy and Janette Kennan. KM advised with regards to the AMR microbiology has been unable to support due to staffing issues. KM requested clarification regarding QMAG for Acute. LC advised this can be taken through senior nursing group for structure. **Changes to face mask use.** JC advised the board committee that an FAQ will be issued to staff surrounding face mask use. This will be made available on blink. Members **noted** updates.		
8	**DATE OF NEXT MEETING** The next meeting of the Committee will be held on Wednesday 7th December 2022 at 14:00 via Microsoft Teams.		

6

INFECTION CONTROL COMMITTEE

(Meeting on 7 December 2022)

No issues were raised for escalation to the Clinical Governance Committee.

NHS FIFE INFECTION CONTROL COMMITTEE
07TH DECEMBER 2022
VIA MICROSOFT TEAMS

Present	Janette Keenan, Director of Nursing, (Chair, JK) Lynn Campbell Associate director of Nursing (Chair, LC), Julia Cook, Infection Control Manager (JC), Keith Morris, Consultant Microbiologist (KM), Lizzie Dunstan, Senior Infection Prevention and Control Nurse (ED), Fiona Bellamy, Senior Health Protection Nurse Specialist (FB) Sue Blair Consultant in Occupational Medicine (SB), Yvonne Chapman, Adverse Events and Risk co-ordinator (YC) Catherine Gilvear, Fife HSCP Quality Clinical and Care Governance Lead (CG), Aileen Lawrie, Associate Director of Midwifery (AL) Lynn Barker, Associate Director of Nursing (LB Pauline Ann Cumming, Risk Manager (PC) Pauline Young, Infection Control Nurse (PY) Norma Beveridge, Head of Nursing (NB) Mirka Barclay, Senior Infection Prevention and Control nurse, (MB) Sally O'Brien, Head of Nursing, (SB)
Apologies	Bev Young, Prya Venkatesh, Stephen Wilson, Jamie Gunn, Lynn Barker, Midge Rotheram, Sue Blair,

1	APOLOGIES Apologies were **noted** as above.	
2	MINUTE OF PREVIOUS MEETING – August 2022 Group approved previous minute as an accurate reflection	
3	ACTION LIST	ACTION
	Action list updated	
4	STANDING ITEMS	
4.1	<u>HAIRT Report</u> ED presented the HAIRT report which covers the validated data for Quarter 2. <u>SABS, CDI AND ECB</u> SABS, NHS Fife was below the national rate for both healthcare associated and for community. For CDI NHS Fife national rate for both healthcare and community acquired was below. However for ECB NHS Fife was above for both healthcare and community acquired infections. Ongoing challenges with Covid target has been extended until 2023. PWID 8 have acquired infection and IPCT continue to liaise with this service. Covid 19: ED demonstrated the graph, rise in cases march to April and then again in June and July 2022. CDI: rates are lower than 2021, there were 40 cases and reoccurring infections are being worked on. SABS: Local data in quarter 3, 24 SABS, 14 healthcare and 10 community which was higher than last quarter. Nationally remain below national line, national targets to achieve and rolling total of 51 cases,	

	which is below however this needs to be maintained. KM noted that the vascular access devices concern in figures. Work will be required on patient trak to include CVC, Midline and pick lines. LC commented that the increase has been noted within clinical areas. Surveillance continues and any SAER are datix'd PVC compliance continues to be reported to heads of nursing. **MRSA**: compliance and screening patients upon admission as improved significantly since screening has been added to patient track, most recent quarter is 98% compliance. **CPE**: current quarter is 100% compliance. **CDIF**: 11 in total. 9 health care associated and 2 community, sitting below for both health care and community but work continues to reduce numbers. **ECB**: 77 ECBS reported 33 HAI and 44 community which was an increase form quarter 3. Q3, 5 were urinary catheter associated. National data currently above for both HAI and Community, rate is to be reduced to 120 cases by march and further reduction required beyond that. Work is continuing within the CAUTI improvement group. Catheter improvement work beginning trial and will be rolled out throughout HSCP and Acute in due course. **Hand Hygiene:** wards should be preforming monthly observations for hand hygiene. Ward dashboard is no longer supported as is lanquip. Staff are being advised audits still are required to be submitted on lanquip. LB has advised all nursing staff can no longer use lanquip. ED advised wards are submitting and gain assurance this information is being submitted for audit purposes. Work is ongoing for a fife wide dashboard for these rates. NB noted that wards are not using Lanquip but it would be beneficial to see what wards are still using it. NB stated that wards are not completing monthly hand hygiene audits. JC stated that the assurance should not sit with IPCT, this could possibly be included in the safe and clean audit. Other NHS board's audit tools vary. Discussion to continue out with the ICC to establish a plan to ensure hand hygiene monthly audits are being completed. **National cleaning Service Specification**: For domestic services most recent quarter currently at 96.2% and estates 96.3%. **Outbreaks**: JC reported from Sep to October no flu outbreaks following this time period 2 have been reported 1 in acute and 1 in HSCP. No norovirus and for Covid 19 there have been 20 outbreaks reported to ARHAI. Full outbreak reports are embedded in the agenda and local lessons learned main contributing factor is due to workforce challenges. Lessons learned also highlighted staff working who were symptomatic, issues with noncompliance with PPE, issues with visitors using face masks and this is becoming increasingly challenging, hand hygiene, AST testing ceased. High use of bank and agency staff, testing as per local guidance not been followed for patients being admitted. Members **noted** the update.	
4.2	**Care Home Update** JC updated members of the meeting winter preparedness training has been ongoing and will continue throughout December. Referrals have been filtering through HPT. Improvement works are also ongoing. Quality improvement work is underway with the implementation of the urinary	

	catheter bundle , 4 care homes have been recruited and in early new year focus groups to be begin. Members **noted** the update.	
4.3	**NHSS National Cleaning Services Specification** No updates for this meeting. Members **noted** the update.	
4.4	**Risk Register** PC advised members of the team the fundamental position has not changed since last the ICC in October. PC presented slides infection prevention and control risk profile. Slides covered breakdown of active risks, issues arising and actions agreed. **Current risk levels** 2 high risk, 16 medium risks, 0 low and 1 very low. **Changes** 5 risks have been closed, 1 potential risk, risk level/ rating remains at 18. **Target risk achieved** 3 of risks have targets have been achieved, newest risk which was opened October 2022 remains at a level 2. **Next steps** PC suggested to the members of the meeting next steps with regards to the risk register. Are the logged risks on the register are the in alignment and reflective in terms of IPC. PC also highlighted the difference between a risk and an issue with education required across the board. JK raised to the members of the meeting the new format is better way to understand the risks, the largest risk across the board are staffing issues. KM raised the risk with regards to intravitreal injections this can be removed as work has been completed. PC advised the risk was focused on the treatment room and has now been closed. Members **noted** the update.	
4.5	**Learning Summaries** PC addressed members of the team the falling policy and insertion and maintenance bundle with PVC. KM advised this will be addressed at a meeting to be held on 19th December 2022. JK advised there are an increase of SAER SBAR filtering through there have been 11 noted. LB assured members of the meeting meetings are being held to address these. Members **noted** the update	
4.6	**National Guidance** JC advised there is no updated to NIPM, appendix 21 and 22 are under review with a view to amalgamate into 1 appendix. **Alerts** Alerts have been shared including Group a strep and IGAS. An unusual high numbers for these infections. Alert is to increase awareness in acute and primary. To ensure testing levels are low and advice to parents.	

3

	JC advised there is an increase in IGAS cases in the acute and support is being given to the HPT for a community IGAS case. KM addressed it is also important to note that staff presentism working with symptoms has led to an outbreak of Group A strep. It would be important to reiterate to staff not to come to work when symptomatic. Members **noted** the update	
4.7	**HEI Inspections** JC addressed the members of the meeting presented to the meeting are the most recent inspections added to agenda the first was Western General, the IPC issues was focused around face masks and awareness of staff accessing masks. Ensuring essential maintenance works and maintaining a clean environment and water flushing is carried out. Royal hospital sick kids: no specific areas for IPC Mental health services: inspections are to be completed in this areas, inspection tools are in works and a further update will be given in due course. Tanya is completing works and self-assessments are being completed. SLWG weekly is also ongoing in order for preparedness for the audit. Members **noted** the update	
4.8	**Quality Improvement Programme (for information only)** **UCIG** **PWID** Members **noted** the update	
4.9	**Education** ED advised IPCT are providing training in the appropriate format. Face to face is on an ad hoc and twice weekly winter preparedness is ongoing via MS teams and advertised on blink. Pre-recorded videos are also available for staff to access on blink. Domestic training has also been completed with over 60 domestic staff completed training, JC advised a paper will be distributed with the importance of hand hygiene due to complaints and hand hygiene audits. This will likely consist of roaming training, online. LB raised the concerns that training in each directorate needs to be looked at and online training is the only numbers are considered. The directorates have been requested to look at a development strategy. ED advised all training either online of face to face is captured. Members **noted** the update.	
4.10	**Infection Prevention & Control Audit Programme** ED advised a permanent member is now in post. IPCN also support. Audits have bee completed on 12 wards, 9 outpatient, 14 hand hygiene and 13 re audits across NHS Fife. On track with audit programme. Only 2 ward within VHK and 1 ward in HSCP that are out with audit deadline. JC advised an SBAR has been added into Vernicare. Onsite and QMH and VHK looking at sharps boxed, commodes and macerators. Unsure if reports have been sent to clinical manager and update will be requested at next meeting to ensure correct training is being administered. 85% compliance was reported. 74% at VHK and 84% at HSCP.	

4

	Members **noted** the update	
4.11	**HAI Scribe** MB addressed the members of the meeting with the following updates: **National treatment centre:** nearing completion and handover date 30th Jan 2023. Snagging visits have been completed by IPCN, action plan is ongoing. Ventilation and water safety group is also set up for this project. Commissioning work for water, ventilation and gases are underway. **Lochgelly and Kincardine**: at outline of business case stage. 1 in 50 design reviews have been completed. **Radiology Phase 2 and 3**: phase 2 is at prestart meeting stage Project team meeting have been set up with estates to incorporate equans and St Andrews to enable us to capture projects before they commence. JC requested an update regarding mental health re design project. JK advised this is currently at the looking at the model. The estates aspect is not yet been agreed. This will be raised at the next meeting,	
4.12	**Capital Planning** No update for this meeting	
4.13	**Infection Prevention and Control of Infection Work Programme 2021-2022 (for noting)** JC addressed members of the meeting with regards to areas of slippage, audit programme and a new piece of work will commence in the new year looking at Audit programme to include sense check and how audits are being reported. PC also noted with regards to the audit tool to lease with Elizabeth Muir in the clinical effectiveness team for advice around the audit tool. Members **noted** the update.	
5.	**NEW BUSINESS**	
5.1	**COVID-19:-** Outbreak reports embedded in agenda Phase 1 VHK- HSCP KM raised to the meeting that phase 1 is not fit to house patients who have respiratory illness. As the bays are very small and they cannot be closed and bays isolated, as there are no toilet and wash facilities within the bays. KM suggested this risk be added to the risk register and a standard aimed for, as an action be a wash facility within each bay. JC advised during the refurbishment of ward 6 IPC recommended WC and washing facilities be added to the ward but this was not completed. NB advised the challenges within 6, 9 and SSSU and these wards being	

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over established.

JC advised the environment plays a huge role within the spread of respiratory virus, KM agreed.

PC requested clarification if the areas raised been raised at EDG meetings with the registering of concerns. JK advised the capacity issues are raised daily but the Opthalmitis has not.

KM advised in the risk register it would be advisable to ensure it is noted that when refurbishing wards that they must have adequate wash and toilet facilities in each bay.

Opthalmitis

KM brought to the board's attention the micro-organism surrounding the Opthalmitis. An environmental investigation and the environment was swabbed and organism was not detected, however concern surround the ceiling within the cataract theatre unit. The ceiling is not seen in any other theatre in fife. This needs to be raised as a risk and added to the register as more cases of this organism may be foreseen with this ceiling. The ideal outcome would require the ceiling to be changed.

LB advised with regards to the Opthalmitis support the change to the ceiling and would agree to add to the risk register. However there may be constraints as to budget for ceiling to be changed.

PC recommended that the risk is reported and added to datix for scoring and current actions, also to involve estates within the discussion. The ownership will have to reside with an individual. PC is happy to support this and can provide a template.

Hepatitis A

ED advised this was in connection with HPT with a patient was admitted with Hep A.

ICU MRPA

ED briefed the team upon the overview of the 3 cases of MRPA within the ICU. Index case was known and managed with contact precautions. 2 further cases and organism is potentially in the environment or a HCSW. IMT have been held. Water flushing has been ongoing and testing where MRPA was found, strain yet to be confirmed. Environmental testing is to be completed and assurance work continues, hand hygiene is being monitored and supported by IPCT. AMT review has also been completed however this was not specific to ICU. The two areas were out with the ward area these area are in a staff wash hand basin and Blood lab room. Formal hypothesis has not yet been confirmed.

KM noted there are 2 working hypothesis, sink has this organism and is reaching patients via aerosol droplets or from staff. The second hypothesis is the laboratory where the blood gas lab is the staff are contaminated with the organism and when returning from the lab are infecting the patients. ARAHI have cause for concerns as it is pseudomonas and the other is that this is an environmental organism. The lead microbiologist is in discussions with the microbiology group and support within the microbiology group is being maintained.

LB reassured that there is a robust investigation ongoing

Members noted the update

| 5.2 | **The Infection Prevention Workforce Strategic Plan 2022-2024**
Verbal update | |

	JC provided an overview of this piece of work began in early 2020, this is looking at the 3 specialities of HPT, IPCT and AMR. Looking at the workforce across health and care both locally and nationally looking at care to identify gaps and building sustainability. There are 15 recommendations, update will be provided at the next ICC meeting.	
5.3	**The HCAI Interim Strategy Development** JC advised this work is with key stakeholders to work with boards to develop a 2 year IPC strategy and aiming to have published by March 2023. In order to support boards as a result of the pandemic.	
6	**NHS FIFE INFECTION CONTROL COMMITTEE'S SUB GROUPS**	
6.1	**Infection Prevention & Control Team** Nothing from this meeting to highlight to group. Members **noted** the notes of the meeting	
6.2	**NHS Fife Decontamination Steering Group** Nothing from this meeting to highlight to group. Members **noted** the notes of the meeting	
6.3	**NHS Fife Antimicrobial Management Team** JC advised the members of the meeting the AMR group has not met since June due to clinical pressures. Members **noted** the notes of the meeting.	
6.4	**NHS Fife Water Safety Management Group** Nothing from this meeting to highlight to group. Members **noted** the notes of the meeting.	
6.5	**NHS Fife Ventilation Group** Nothing from this meeting to highlight to group. Members **noted** the notes of the meeting.	
6.6	**HAI SCRIBES** Members **noted** the notes of the meeting	
6.7	**Quality Reports** Quality reports attached to agenda for information. Reports are for **noting** only	
6.8	**Capital Planning** **NTC Orthopaedic Centre** **Lochgelly and Kincardine Health Centre** Reports attached to agenda for information	
7	**ANY OTHER BUSINESS** **IPC Policy** JC advised clerical changes has been updated and for committees awareness this has now been submitted to the policy group.	

	VHK/Pandemic Preparedness: JC advised PPE donning and doffing has been looked over and new ensemble is due to be launched in due course. **Vaxsac Pilot**:JC advised piolet has been going well so far. **Uniform**: JK addressed the board that communication has been highlighted throughout NHS fife staff and uniform policy. JC advised Elaine Paton has also been working with us around agency staff with lack of uniform policy with nails, hair loose and **ARHAI:** KM advised the members of the meeting that ARHAI are looking to complete remote surveillance, this is currently being trailed.	
8	**DATE OF NEXT MEETING** The next meeting of the Committee will be held on Wednesday 15th Feb 2023 1400-1600	

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INFORMATION GOVERNANCE SECURITY & STEERING GROUP

(Meeting on 11 October 2022)

Escalation of NHS Fife Records Management Plan

NOTE OF THE INFORMATION GOVERNANCE AND SECURITY STEERING GROUP HELD ON TUESDAY 11TH OCTOBER, 0900, VIA MS TEAMS

Present:

Chair - Margo McGurk	Director of Finance & Strategy/ Deputy Chief Executive
Dr Chris McKenna	Medical Director
Susan Fraser	Associate Director of Planning and Performance
Margaret Guthrie	Head of Information Governance & Security / DPO on behalf of Associate Director Digital & Information
Claire Dobson	Director of Acute Services
Janette Keenan	Director of Nursing
Sharon Mullan	General Practitioner
Duncan Wilson	Lead Pharmacist on behalf of Director of Pharmacy & Medicines
Fiona McKay	H&SC - Head of Strategic Planning Performance and Commissioning on behalf of Director of Health & Social Care
Helen Hellewell	Associate Medical Director
Joy Tomlinson	Director of Public Health

In Attendance:

Andy Brown	Principal Auditor
Kirsty MacGregor	Associate Director of Communications
Gillian MacIntosh	Head of Corporate Governance
Claire Neal	(Minute) PA to Associate Director, Digital & Information
Allan Young	Head of Digital Operations, Digital & Information,
Philip Adams	Information Governance & Security Assurance Manager
Brian McKenna	HR Manager

Apologies:

Frances Quirk	Assistant RIK Director
Nicola Robertson	Associate Director of Nursing
Elizabeth Gray	Patient Relations Officer (on behalf of head patient relations)
Linda Douglas	Director of Workforce

1   CHAIRPERSON'S WELCOME AND APOLOGIES

M McGurk welcomed everyone to meeting and apologies were noted.

2   MINUTE & ACTIONS OF PREVIOUS MEETING 06/07/22

Minutes were reviewed and agreed they were a true record and actions were discussed and updated accordingly.

3   MATTERS ARISING

3.1 Records Management Plan – Keeper Report and Steering Group

M Guthrie provided a highlight to the Records Management Plan and confirmed we have been successful in providing sufficient evidence for the Record Keeper to agree and an award letter was forwarded to C Potter. A project plan has now been established, and the keeper recommendations now have been aligned. Keeper has identified gaps and recognises NHS Fife plan and has accepted.

M Guthrie noted a huge amount of work has been undertaken to achieve this, but this is great news. M McGurk also noted the award of this report and thanked for all the hard work achieved. It is unusual to see so many greens, so this is confirmation to this. M McGurk queried how we compare to other Boards. M Guthrie advised each plan is published and NHS Fife is doing well in comparison to other Boards. It took some time to go from the red into green, but this is due to the great team. M Guthrie noted that elements 4 and 11 were due later but these have been brought forward as a priority. A query was raised on how we moved from red into green and M Guthrie noted new elements were introduced.

G MacIntosh also noted this is very positive from the keeper as when EDG first reviewed this 3-4 years ago we were in a worse position. It was noted there wasn't a designated person for records management but with this now in place this has allowed for improvement. We still have 2 ambers to work through and these are big pieces of work.

A Brown queried how do we update the keeper over the next 5 years. M Guthrie advised we have good engagement with the keeper, M Guthrie receives a highlight report weekly on how this is progressing, and a monthly highlight report which is discussed with A Graham. Any issues that are highlighted are actioned. This report will also be added to SIRO report.

M McGurk requested as a point of process that an SBAR be produced so we are sure on the outcome, a discussion is undertaken, and are we taking assurance.

A brief discussion was held, and it was noted this should be provided to other meetings, Clinical Governance Committee and EDG. The next EDG is scheduled for 20th October so it would be helpful for an SBAR be produced, and to note assurance with a couple of additional points on the next steps.

Action – MG to create SBAR for report to be presented to EDG. **MG**

Assurance was noted and no more comments were raised.

4. IG&S ASSURANCE ACTIVITY TRACKER

4.1 ICO Accountability and NISD/Cyber Resilience Framework Mapping

M McGurk noted this paper has been brought to Group for initial discussion and will be brought back in January for final approval. This paper is to bring all the accountabilities within one document.

M Guthrie gave a brief overview and noted there are various methods of reporting through all Groups, and they have undertaken some discussion with A Graham to bring this reporting into one document for ease for EDG and Clinical Governance Committee. This is not going to stop reports being provided to the necessary authority, but this is an internal report, hoping this is "one stop shop for reporting".

A Brown provided feedback this is a great document, it is very complex, and to try and simplify and highlight, the areas, that have challenges or barriers, whilst providing assurance on others. This can possibly be used in other areas, but raised a query with

proposals for reporting, they will provide feedback to A Graham and M Guthrie after this meeting.

Dr McKenna also reiterated the information contained and governance on this information with the complexities of this must have been a significant to bring into one document, which is workable and understandable.

J Tomlinson advised there could be co-ownership and offered to take this framework to the Resilience Forum to raise awareness and for comment.

JT

Action - JT will present paper to Forum.

A query was raised if this will replace the current tracker, a brief discussion was undertaken and confirmed this will replace but FOI's will remain on the continuous tracker.

M McGurk noted this group is being asked to review and provide comments / suggestions, of anything to add, can these be forwarded to M Guthrie by end of October.

ALL

Action – ALL to provide comments / suggestion to MG re the framework.

Assurance noted. No other comments were raised.

4.2 IG&S Activity Tracker

M Guthrie provided a brief update to each section in action tracker:

Data Protection and GDPR

- **Subject Access requests (SARs)** - Processes now in place to manage. Conversations are ongoing and have engaged with a single point of contact (SPOC). They have reviewed the processes of other Boards and Fife Council and have a proposal going forward. SARs will be brought into the SPOC, this will be much user friendly, there will be one email, and one telephone number, in line with the current process for FOI's.
- **Review of all Organisational Contracts** – Improvement work underway on the asset register, there is a now a designated member of staff for this. There has been a delay with the ICO audit due to COVID 19, but this has now commenced, and this will be in the 1st qtr. of next year, allowing some time for improvement. M McGurk queried what is specifically required, M Guthrie advised they are developing an asset register for the whole organisation. They are now working with Procurement / IT Procurement. There is a lot of work attached with the register. M McGurk advised the description and action requires to be updated on tracker as this refers to EU exit, this has already happened.

 Action – MG to update description / action.

MG

Freedom of Information.

- Actions within the tracker are complete.

Public Records Management
- **Policies** - All IG policies are up to date and are tracking and working on other policies that are required to be reviewed throughout the business.
- **Records Management** - Significant amount of work required. Project initiated and implementation commenced. M Guthrie provided feedback to a tool that is being used for records management. Work required with Community records; this has been reviewed for some time. Discussion with A Brown to assist with this work. Hopeful the scoping work will be completed by end of October. Feedback will be provided on what is required. The community records are now being scoped by the records management department however further conversations around resource to manage this are required
- **Technical Controls** - List of systems for review to be reviewed for development and consideration for mitigations. Improvement work underway on the Clinical Portal e.g., role based access. M McGurk noted this is to be completed by Q3, is

this likely? A Young replied this will probably be pushed back to Q4 as work is still ongoing.

Action AY- compliance target date requires to be updated by next report.

A Young provided a brief update to the below:

NIS D

- **Risk Relationship No – 2103** - Re-established training team within Digital and Information, we would like to test and evidence of new systems e.g., HEPMA.
- Action plan for legacy systems e.g., Win 10, these are still on our exemption list as we have systems that cannot work on Win 10. This is due to suppliers, but we are working closely with this. We are further ahead than other Boards, this does only cover 1% of our whole estate.
- Controls around personal devices. We have deployed Intune, which is a mobile device management system which allow us to manage devices e.g., smart phones. Will be able to evidence this once established.

M McGurk asked for any additional queries or comments. None were received so **assurance** has been provided.

4.3 IG&S Key Measures

M Guthrie provided an update to this paper noting brief updates below:

- **Subject Access Requests** (SARs) – currently at 84%, unfortunately a decrease of May's figure of 88% but a huge improvement from April of 67%
- **Information Asset Register** – expected number of information assets 560, current catalogued information assets 360. Work ongoing and the asset register will highlight what work is still required.
- **Training and Education** – new start, figure unknown – current staff that have completed IG&S training in last 3 years, 5568, but the exact figure is difficult to establish as no feedback from Learning and Development. B McKenna will have an offline conversation with M Guthrie.
- **FOI's** – Continuous improvement, figures for Sep 22 were 82 received with a response rate of 86.3%.
- **Policy Compliance** – Number of policies owned by IG are 5 and all are up to date.

A Young provide a brief update:

- **Adverse Events** – there was a cyber attack on the out of hours service provided by supplier, One Advanced. A work around was quickly established but currently still ongoing. This is being managed nationally and locally and regular update meeting are taking place.

From the above items the following comments / queries were raised.

Updating of General Policies, a brief discussion was undertaken regarding updating of policies and when these have been updated the removal of the previous versions. M Guthrie noted they have a meeting scheduled with Communications in November to review comms for projects, so will ensure this is discussed.

Action - MG to have an offline conversation with comms regarding the removal of out of date policies.

Information Asset Register, a brief discussion was held and a request for the next meeting a link with the key measures and other documents.

Freedom of Information, Dr McKenna highlighted the amount of FOI's that are received within the business, and they usually are among the same themes. What can we do to review repeated topics as some of these answers are available within our public domain? M Guthrie advise they will query with the IG team. **Action** - MG to take back IG team

reviewing of FOI's and if available to point the requestor to known sites. K MacGregor offered to take this conversation offline with M Guthrie.

5   RISK MANAGEMENT

5.1 Risk Management Report

M McGurk provided an update to report and noted there was great improvement with the high risk level going from 19 to the current risk level of 9, but an increase within the moderate risk level of 9 to 17.

A Brown queried risk item 1500, this has deteriorated from moderate risk to now a high risk, but the target level is still low but we at level 16, high risk. Is this realistic that we will achieve this target by March 2023 and is this acceptable, should this be reached sooner. A Young replied they require to speak with A Graham regarding. The biggest issue is cyber resilience and the supply chain. Cyber attacks that have been suffered are a secondary supply chain. This proves very difficult to maintain on current systems, but when purchased new we review this, but mitigations are in place. After a brief conversation with Group, it was agreed this would be reviewed.

Action – AY & AG a conversation to be undertaken regarding risk 1500 and for this to be reviewed and updated.   **AY/AG**

A Young noted that risk 1338 and 1550 target levels require to be reviewed and updated, but this is constant work.

M McGurk requested feedback to this and can this be presented to the Risk and Opportunities Group.

No more comments were raised.

6   MATTERS FOR ESCALATION TO CLINICAL GOVERNANCE COMMITTEE

An agreement was reached that the keeper report should be presented to the Clinical Governance Committee.

7.   AOCB

No other items were discussed.

M McGurk thanked all the team for production in the detailed papers. This is a great record of improvement that are ongoing.

M McGurk, thanked all for attending.

8   DATE OF NEXT MEETING:

Tuesday 10th January 2023, 0900, via MS Teams

RESEARCH, INNOVATION & KNOWLEDGE OVERSIGHT GROUP

(Meeting on 14 December 2022)

No issues were raised for escalation to the Clinical Governance Committee.

NHS Fife Research, Innovation and Knowledge

NHS Fife

RESEARCH, INNOVATION & KNOWLEDGE OVERSIGHT GROUP MEETING
MINUTES
Microsoft TEAMS,

		14 DECEMBER 2022 (11-12 am)	ACTION
		Present: Dr Chris McKenna, Medical Director, Executive Lead for Research, Innovation & Knowledge (CMcK) Prof. Frances Quirk, RIK Assistant Director (FQ) Dr Grant Syme, Physiotherapist Consultant (GS) Neil Mitchell, Innovation Manager (NM) Anne Haddow, Lay Advisor (AH) Sally Tyson, Head of Pharmacy, Development & Innovation (ST) - representing Ben Hannan Doreen Young, Head of Practice & Professional Development (DY) – representing Nicola Robertson. Alistair Graham, Associate Director, Digital & Information (AG) Prof. Colin McCowan, Head of Population Health and Behavioural Science Division, University of St. Andrews (CMcC) Shirley-Anne Savage, Associate Director of Quality and Clinical Governance (S-AS) Karen Gray, Lead Nurse (KG) In Attendance: Roy Halliday, R&D Support Officer – minutes (RH)	
1.0		**CHAIRPERSON'S WELCOME/APOLOGIES AND OPENING REMARKS** **Apologies;** Prof. Peter Donnelly, Chair In Public Health, University of St. Andrews Ben Hannan, Director of Pharmacy & Medicines – will be represented by Sally Tyson Nicola Robertson, Associate Director of Nursing – will be represented by Doreen Young	
2.0		**STANDING ITEMS**	
2.1		**OVERSIGHT OF R, I K OVERSIGHT GROUP MINUTE** The RIK Oversight Group Minutes were accepted with no amendments. Action: Study Archiving - FQ advised that ongoing conversations are being had with Estates and Records Management, 16 boxes have been moved to Stratheden. Action: Publicising Innovation – NM advised Innovation is now part of the monthly meetings with Comms and work is in progress to update the Innovation section of the NHS Fife website. Action: SHARE recruitment letters – FQ advised that conversations have been taking place around ways of using electronic invitations rather than paper invites.	

2.2	**OVERSIGHT OF RIK OPERATIONAL GROUP MINUTE AND ACTION LIST** No items needed to be escalated to this Group.	
3.0	**STRATEGIC PRIORITIES/INITIATIVES**	
3.1	**RESEARCH AND DEVELOPMENT** FQ discussed the recent activities of the team as per her flash report, describing the inaugural joint symposium with colleagues from St. Andrews which had been very successful and very well attended, planning will start soon for the next one. NHS Fife submitted an expression of interest to the Scottish Health & Industry Partnership to be the lead board for the "Reducing Drug Death's" innovation challenge, with a successful outcome. FQ advised that she has recently been interviewed and appointed as a Professor of Health Services Research at St. Andrews for one day per week focussing on research capacity and capability building through fellowship support and supervision and developing the partnership. The team received funding from the Fife Health Charity for a "Thank You "event and spent the afternoon in Pittencrieff Park, Dunfermline, FQ thanked the Health Charity for funding this and also thanked the team personally for all the exceptional work that has been done in a challenging year.	
3.2, 3.3, 3.4	**RIK RISK REGISTER, RIK ANNUAL REPORT 2021/22, RIK STRATEGY 2022/23** FQ advised that these documents had been added for review and feedback before being submitted to the Clinical Governance Committee in early January, constructive feedback has been received from the Fife Community Advisory Committee and their contributions were well received. AH thanked FQ for the opportunity to make comments.	
4.0	**RESEARCH AND DEVELOPMENT**	

NHS Fife Research, Innovation and Knowledge
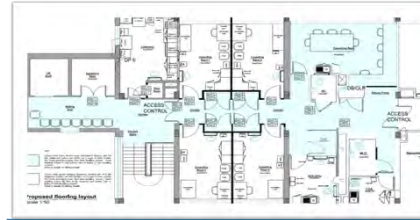
4.1	**CLINICAL RESEARCH UPDATE**	

RESEARCH, INNOVATION AND KNOWLEDGE
4.1 RIK Oversight Committee- Clinical Research Update

Delivered:
- Draft National Framework for Clinical Research Practitioner (CRP) Band 4 post – Job Description, Person Specification and competencies in development
- Roll out of the Associate Principal Investigator (PI) scheme
- Good Clinical Practice (GCP) delivered in St Andrews University
- Recruitment
  - Clinical Research Practitioner – Band 4
  - Senior Breast Cancer Research Nurse – Band 6

Coming up:
- Draft CRP framework presentation to Chief Scientists Office (CSO) from Clinical Research Facilities (CRF) managers group representative
- New Principle Investigator training course
- Supporting Cardiologists and new PI support in area
- Recruitment
  - Clinical Research Assistant on redeployment trial
  - Band 5 nurse to support Dermatology

In Development:
- Competency and training programme for CRP
- Pilot to trial a triage system for studies in Emergency Department
- Safe staffing for clinical research document
- Urology and Prostate cancer study support
- Meeting between Fife and Lothian oncology and pharmacy teams to review potential pathways for chemocare prescriptions for Fife only studies

	KG discussed the delivery of a draft national framework for the Clinical Research Practitioner (CRP) role, she is part of a national group developing a consistent approach throughout Scotland with regards to job description and person specification. Two CRP's (out of the 3 in Scotland) are in our own team. CMcC aksed KG if she would be interested in potential contribution to the development of a Health Professionals Masters which is being put together at St. Andrews. CMcC would be happy to make the introductions with Veronica O'Carroll who is leading on this. KG also discussed a proposed meeting with NHS Fife Pharmacy and our colleagues in Lothian to discuss options for issuing Chemo care prescriptions for oncology clinical trials in Fife which currently cannot be undertaken.	**KG/FQ**
5.0	**INNOVATION**	
5.1	**INNOVATION UPDATE** NM advised that our Innovation Fellowship recipient Joyce Henderson has started her project looking at AI powered diagnostics using portable ultrasound scanners for the early diagnosis of dysplasia of the hip, and he is also working on agreement documentation for the Canadian Industry partner. The Scottish Health and Industry Partnership's Mental Health Open Innovation Challenge has closed and two companies wish to work with HISES, The two projects involve companies who wish to develop mobile apps using AI technology that help direct young people to advice and guidance for self-management, a project board will commence next week which will include members of the Child and Adolescent Psychiatry team from Fife. NM noted that as FQ discussed earlier NHS Fife has been selected as the lead board to manage the administration of the Reducing Drug	

	Deaths open innovation challenge, this will be a collaboration between the Scottish Health and Industry Partnership and the UK Office for Life Sciences and will allow applicants to apply for a share of £5 million available funding. As this is a priority area for both the Scottish and the UK Government, it is likely to be quite high profile. CMcK requested that an SBAR be developed for bringing this to the awareness of EDG.	**NM/FQ**
5.2	**INNOVATION SCOUT** NM noted that in our June meeting there had been a presentation from Innoscot Health about the Innovation Scouts proposal and a paper has been attached to the agenda for review, Fiona Schaefer from Innoscot Health put together the business case and RIK Oversight Group is asked to endorse progressing to a pilot of 3 to 5 Innovation Scouts across the organisation. It will require half day/full day per month commitment, which would be unfunded.. CMcK advised that his stance on this has not changed since the June meeting and it would be very hard for staff/Line Manager's to do additional work at a time when they are extremely busy. CMcK felt this should be raised at the Executive Director's Group first of all to gain their support and if they agreed could work its way down via the Service Manager's. NM to develop an SBAR to be submitted to EDG.	**NM**
6.0	**LIBRARY & KNOWLEDGE SERVICES**	
6.1	**LIBRARY STAFFING REVIEW** FQ advised that there was no strategic updates at this time.	
7.0	**PARTNERSHIP UPDATES**	
7.1	**DOCTORAL TRAINING PROGRAMME** CMcC advised that this programme provided four year funding at a clinical level with six months run in, 3 three years PhD, six months post doctoral which is open to all the health professions. NHS Fife was successful with two Fellowships in the first round (projects focus on Public Health and Palliative Care). CMcC also advised that two candidates have been selected for round 2 which will commence in August 2923, the first candidate is a research nurse from NHS Lothian who is looking to do a PhD around falls, the second candidate is an Infectious diseases trainee again from NHS Lothian who will be doing an international global PhD.	
7.2	**JOINT RESEARCH OFFICE** FQ advised there has been discussions regarding the development of the business case options with the Business Transformation Office at University of St Andrews. There is a plan in place to have the document drafted early January and finalised by the end of 1Q 2023.	
7.3	**NHS FIFE & UNIVERSITY OF ST. ANDREWS PARTNERSHIP** CMcK advised that there would be interviews in January for a Joint Chair of Infectious Diseases.	

7.4	**R&D/FIFE COMMUNITY ADVISORY GROUP.** AH updated from her report (attached to the Agenda) advising that the Community group members would like to thank everyone for the invitation to the Inaugural Symposium in October and have increased their knowledge and understanding of research.	
7.0	**AOCB** FQ asked if everyone was happy with the change of format of the agenda with the adding of a TEAMS channel in which larger agenda documentation could be added. CMcK thanked all for attending and wish all a Happy Christmas.	
8.0	**DATE AND TIME OF NEXT MEETING** TBC	