

NHS Fife Clinical Governance Committee

Fri 01 July 2022, 10:00 - 12:30

MS Teams

Agenda

10:00 - 10:00
0 min

1. Apologies for Absence

Christina Cooper

10:00 - 10:00
0 min

2. Declaration of Members' Interests

Christina Cooper

10:00 - 10:00
0 min

3. Minutes of Previous Meeting held on Friday 29 April 2022

Enclosed *Christina Cooper*

 Item 03 - Clinical Governance Committee Minutes (unconfirmed) 29 April 2022.pdf (11 pages)

10:00 - 10:10
10 min

4. Matters Arising / Action List

Enclosed *Christina Cooper*

 Item 04 - Clinical Governance Committee Action List - 20220701.pdf (3 pages)

10:10 - 10:20
10 min

5. ACTIVE OR EMERGING ISSUES

5.1. Covid-19

Verbal *Helen Hellewell/Joy Tomlinson*

10:20 - 10:50
30 min

6. GOVERNANCE MATTERS

6.1. Annual Internal Audit Report 2021/22

Enclosed *Margo McGurk*

 Item 06.1 - SBAR Annual Internal Audit Report 2021-22.pdf (4 pages)

 Item 06.1 - Appendix 1 Annual Internal Audit Report 2021-22.pdf (41 pages)

6.2. Board Assurance Framework - Quality and Safety

Enclosed *Helen Hellewell/Janette Owens*

 Item 06.2 - SBAR Board Assurance Framework - Quality and Safety.pdf (3 pages)

 Item 06.2 - Appendix 1 Board Assurance Framework - Quality & Safety.pdf (2 pages)

 Item 06.2 - Appendix 2 Linked Operational Risks.pdf (4 pages)

6.3. Board Assurance Framework - Strategic Planning

Enclosed *Margo McGurk/Susan Fraser*

- Item 06.3 - SBAR Board Assurance Framework - Strategic Planning.pdf (3 pages)
- Item 06.3 - Appendix 1 Board Assurance Framework - Strategic Planning.pdf (1 pages)

6.4. Board Assurance Framework - Digital and Information

Enclosed *Alistair Graham*

- Item 06.4 - SBAR Board Assurance Framework - Digital and Information.pdf (4 pages)
- Item 06.4 - Appendix 1 BAF Digital & Information June 2022.pdf (2 pages)
- Item 06.4 - Appendix 2 Digital & Information linked operational risks.pdf (2 pages)

10:50 - 11:20
30 min

7. STRATEGY / PLANNING

7.1. Edinburgh Cancer Centre Re provision - Regional Service Model Discussion

Verbal *Claire Dobson/NHS Lothian*

7.2. Data Sharing Agreement for Use Case Project with Data Loch

Enclosed *Frances Quirk*

- Item 07.2 - SBAR Data Sharing Agreement for Use Case Project with Data Loch + Appendix 1 & 2.pdf (10 pages)
- Item 07.2 - Appendix 3 DataLoch Governance Framework.pdf (18 pages)
- Item 07.2 - Appendix 4 Comparison of HIC and DataLoch.pdf (1 pages)

7.3. Emergency / Resilience Planning

Enclosed *Joy Tomlinson*

- Item 07.3 - SBAR Emergency - Resilience Planning.pdf (5 pages)

11:20 - 11:50
30 min

8. QUALITY / PERFORMANCE

8.1. Integrated Performance and Quality Report Review Progress Report

Enclosed *Susan Fraser*

- Item 08.1 - SBAR Integrated Performance and Quality Report Review Progress Report.pdf (8 pages)

8.2. Integrated Performance and Quality Report

Enclosed *Helen Hellewell/Susan Fraser*

- Item 08.2 - SBAR Integrated Performance and Quality Report.pdf (4 pages)
- Item 08.2 - Appendix 1 Integrated Performance and Quality Report.pdf (29 pages)

8.3. Healthcare Associated Infection Report (HAIRT)

Enclosed *Janette Owens*

- Item 08.3 - SBAR Healthcare Associated Infection Report (HAIRT).pdf (6 pages)
- Item 08.3 - Appendix 1 HAIRT Report for Infection Control Committee on 8 June 2022.pdf (27 pages)

8.4. No Cervix Incident – Lessons Learned

Enclosed *Joy Tomlinson*

- Item 08.4 - SBAR No Cervix Incident - Lessons Learned Report.pdf (6 pages)

11:50 - 12:00 **9. DIGITAL / INFORMATION**
10 min

9.1. Update on Digital Strategy 2019-2024

Enclosed *Alistair Graham*

 Item 09.1 - SBAR Update on Digital Strategy 2019-2024.pdf (9 pages)

12:00 - 12:10 **10. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT**
10 min

10.1. Patient Experience & Feedback Report

Enclosed *Janette Owens*

 Item 10.1 - SBAR Patient Experience and Feedback Report + Appendix 1.pdf (22 pages)

12:10 - 12:20 **11. ANNUAL REPORTS**
10 min

11.1. Clinical Advisory Panel Annual Report

Enclosed *Helen Hellewell*


 Item 11.1 - SBAR Clinical Advisory Panel Annual Report.pdf (2 pages)

 Item 11.1 - Clinical Advisory Panel Annual Report.pdf (4 pages)

11.2. Director of Public Health Annual Report 2020-2021

Enclosed *Joy Tomlinson*


 Item 11.2 - SBAR Director of Public Health Annual Report 2020-21.pdf (3 pages)

 Item 11.2 - Appendix 1 Director of Public Health Annual Report 2020-21.pdf (76 pages)

12:20 - 12:25 **12. FOR ASSURANCE**
5 min

12.1. Delivery of Annual Workplan

Enclosed *Elizabeth Muir*

 Item 12.1 - Delivery of Annual Workplan.pdf (6 pages)

12:25 - 12:30 **13. LINKED COMMITTEE MINUTES**
5 min

13.1. NHS Fife Clinical Governance Oversight Group held on 19 April 2022 (confirmed)


Enclosed

 Item 13.1 - Fife Clinical Governance Oversight Group Minutes held on 19 April 2022 (confirmed).pdf (6 pages)

13.2. Digital & Information Board held on 19 April 2022 (unconfirmed)

Enclosed

 Item 13.2 - Digital & Information Board Minutes Cover Paper.pdf (1 pages)

 Item 13.2 - Digital & Information Board Minutes held on 19 April 2022 (unconfirmed).pdf (7 pages)

13.3. Fife Drugs & Therapeutic Committee held on 27 April 2022 (unconfirmed)

Enclosed

 Item 13.3 - Fife Drugs & Therapeutic Committee Minutes Cover Paper.pdf (1 pages)

 Item 13.3 - Fife Drugs & Therapeutic Committee Minutes held on 27 April 2022 (unconfirmed).pdf (7 pages)

13.4. Fife IJB Clinical & Care Governance Committee held on 20 April 2022 (unconfirmed)

Enclosed

 Item 13.4 - Fife IJB Clinical & Care Governance Committee Minutes held on 20 April 2022 (unconfirmed).pdf (7 pages)

13.5. Research, Innovation & Knowledge Oversight Group held on 24 May 2022 (unconfirmed)

Enclosed

 Item 13.5 - Research, Innovation & Knowledge Oversight Group Minutes held on 24 May 2022 (unconfirmed).pdf (7 pages)

12:30 - 12:30 **14. ESCALATION OF ISSUES TO NHS FIFE BOARD**
0 min

14.1. To the Board in the IPQR Summary

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

12:30 - 12:30 **15. ANY OTHER BUSINESS**
0 min

12:30 - 12:30 **16. DATE OF NEXT MEETING - FRIDAY 2 SEPTEMBER 2022 AT 10AM**
0 min

Fife NHS Board

Unconfirmed

MINUTE OF THE NHS FIFE CLINICAL GOVERNANCE COMMITTEE HELD ON FRIDAY 29 APRIL 2022 AT 10AM VIA MS TEAMS

Present:

C Cooper, Non-Executive Member (Chair) S Fevre, Area Partnership Forum Representative
M Black, Non-Executive Member C McKenna, Medical Director
S Braiden, Non-Executive Member J Owens, Director of Nursing
A Wood, Non-Executive Member

In Attendance:

N Connor, Director of Health & Social Care
P Cumming, Risk Manager (*Item 5.5 only*)
C Dobson, Director of Acute Services
A Graham, Associate Director of Digital & Information
B Hannan, Director of Pharmacy & Medicines
H Hellewell, Associate Medical Director, H&SCP
G MacIntosh, Head of Corporate Governance & Board Secretary
A Mackay, Speech and Language Therapy Operational Lead (*observing*)
M McGurk, Director of Finance & Strategy (*Part*)
E Muir, Clinical Effectiveness Manager
E O'Keefe, Consultant in Dental Public Health (*Item 6.2 only*)
M Paterson, Head of Nursing (*Deputising for L Campbell*)
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair highlighted that as the easing of restrictions continue, there are still unprecedented pressures across the whole health and social care system.

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 Cllr D Graham (Non-Executive Member), R Laing (Non-Executive Member), A Lawrie (Area Clinical Forum Representative), C Potter (Chief Executive) and J Tomlinson (Director of Public Health), and attendees L Campbell (Associate Director of Nursing), G Couser (Associate Director of Quality & Clinical Governance), J Morrice (Associate Medical Director, Women & Children's Services) and M Wood (Interim Associate Medical Director for Surgery, Medicine & Diagnostics).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on 10 March 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.

Following a question on the timescale for action two (further detail to be provided on the number of reported self-harm cases and the link to the Psychological Therapies Services and Addiction Services waiting lists), it was advised that data is being collated and the paper will go to the Executive Directors' Group on 5 May 2022, before a full report is brought to the Committee in July. The Action list will be updated accordingly.

4.1 Covid Update

The Medical Director provided a verbal update on Covid noting that the previous four to six weeks had been challenging. The situation has started improving, however, a further wave of Omicron cases across our Health & Social Care system has put significant pressures on staffing and on elements of health care activity. Discussions on whole system approaches continue at the Executive Directors' Group Gold Command meetings on a weekly basis, and actions are taken.

Following a question, it was advised whole system preparations are being made for any new potential variants. It was reported that there is a new Head of Resilience who has been appointed, and the areas of focussed work are around emergency planning, resilience guidance documents, and assurance for the Business Continuity Plans that are in place across the organisation.

Discussion took place on staff wellbeing and continued working in pressurised and challenging situations. Alternatives are required on managing staff resources, and it was noted the Staff Governance Committee, and various Workforce Groups across all of our partnerships are addressing issues and staff resourcing.

Recognition was provided to staff, and senior nursing staff in particular, in keeping clinical services as safe as possible.

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

5. GOVERNANCE MATTERS

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

The Head of Corporate Governance & Board Secretary provided background and advised that the reports provide the outputs from each of the groups and is a summary of the business undertaken. The reports seek to demonstrate that they have all undertaken and delivered on their individual remits, and that there are no matters of urgency or high risk to bring to the attention of the Clinical Governance Committee at this time that would otherwise be disclosed in the Governance Statement.

The Associate Director of Digital & Information informed the Committee that both the Digital & Information Board and the Information Governance & Security Steering Group Subcommittees recognise improving positions around governance, delivery and assurance that can be provided. The work of both subcommittees has been valued by the attendance of members from the Executive Directors Group and their input in ensuring we are aligned to the organisation's objectives and the development of the strategy.

S Braiden, Non-Executive Member to be added to the attendance schedule, and C Cooper, Non-Executive Member to be removed from the appropriate dates of the attendance schedule, for the Clinical Care Governance Committee of the IJB.

Action: Head of Corporate Governance & Board Secretary

In advance of finalising the Annual Assurance Statement for the Clinical Care Governance Committee of the IJB, A Wood, Non-Executive Member questioned the level of detail within the report, in terms of scope and depth of the business undertaken and provided some examples. The Director of Health & Social Care clarified that the Care & Clinical Governance Committee is a subcommittee of the IJB and is not a subcommittee of the NHS Fife Health Board or the NHS Fife Clinical Governance Committee. Through review of the IJB governance and the strengthening of the operational assurance arrangements then there is the ability to strengthen clarity for this reporting of assurance in the future. This will be able to be defined in the Clinical Governance Framework to demonstrate the connections of assurance. The Director of Health & Social Care accepted the feedback depth and agreed to take forward with the relevant colleagues and make clarification in the Annual Assurance Statement for the future.

Action: Director of Health & Social Care

The financial risks within the Board Assurance Framework were highlighted and it was questioned how this aligns within the Digital & Information Board Annual Assurance Statement 2021/22. The Associate Director of Digital & Information advised an improving position was presented to the most recent Digital & Information Board on the financial risk profile for Digital & Information, and this will be reflected on the next iteration of the Board Assurance Framework.

The Head of Corporate Governance & Board Secretary agreed to share a template for the Statements & Reports, for consistency.

Action: Head of Corporate Governance & Board Secretary

The Committee took **assurance** from the Statements & Reports.

5.2 Clinical Governance Committee Annual Statement of Assurance 2021/2022

The Head of Corporate Governance & Board Secretary reported that the Clinical Governance Committee Annual Statement of Assurance 2021/2022 provides a summary of the business undertaken. It was advised that Covid has had an influence on the workplan throughout the year, and priority meetings had also taken place.

A Wood, Non-Executive Member questioned if a further update is required within the Health & Safety Subcommittee Annual Statement of Assurance 2021/2022, as she felt there are a number of weaknesses within the controls of the health & safety risks. The Board Secretary agreed to discuss with the Director of Property & Asset Management

and add in an update on the Health & Safety Manager recruitment, and relevant health & safety training.

Action: Head of Corporate Governance & Board Secretary

It was agreed to reference the Hospital Standardised Mortality Ratio (HSMR) within the Clinical Governance Committee Annual Statement of Assurance 2021/2022, with a paper to come to a future meeting of the Clinical Governance Committee for assurance. It was also agreed to incorporate reference to the Internal Audit Report.

Action: Head of Corporate Governance & Board Secretary

An updated draft of the Clinical Governance Committee Annual Statement of Assurance 2021/2022 will be circulated to members.

Action: Head of Corporate Governance & Board Secretary

The Committee **approved** the Clinical Governance Committee Annual Statement of Assurance for 2021/2022, subject to members comments regarding amendments necessary, for final sign off by the Chair and submission to the Audit & Risk Committee.

5.3 Board Assurance Framework (BAF) – Quality & Safety

The Medical Director discussed the unlinked risks and risks newly linked to the BAF.

In terms of Risk 2214: Nursing and Midwifery Staffing Levels, it was reported that this risk covers the workforce discussed within the Workforce Sustainability BAF at the Staff Governance Committee, and that there is a potential impact on quality & safety.

Following a question, it was advised workforce remains a high risk due to the current pressures of Covid.

A Wood, Non-Executive Member requested further information on the reasons for not meeting the Cancer Waiting Times 62-day target (Risk 2297). The Medical Director advised this would sit within the Finance, Performance & Resources Committee.

M Black, Non-Executive Member questioned if there should be a separation between Covid and long Covid. The Medical Director agreed long Covid is a separate issue, and advised consideration is required on where long Covid, if considered in a risk, would sit and what the risk of long Covid is to the organisation.

The Committee took **assurance** from the Quality & Safety BAF.

5.4 Board Assurance Framework (BAF) – Digital & Information

The Associate Director of Digital & Information reported that there has been limited change to the BAF since the last Committee meeting. The overall BAF is rated as a high risk.

It was advised that the risks associated with cyber security due to the situation in Ukraine has reflected in a change of rating to Risk 1338: NHS Fife at increased cyber attack risk. A number of actions have been identified by the National Centre of Excellence for Security and from the Digital & Information Team, and ensuring organisational awareness continues.

The Committee took **assurance** from the content and current assessment of the Digital & Information BAF.

5.5 Risk Management Improvement Programme Progress Report

The Risk Manager joined the meeting and spoke to the key points within the Risk Management Improvement Programme Progress Report.

The Committee took **assurance** from this update on the plan to refresh and improve the Risk Management Framework.

5.6 Review of Annual Workplan

The Clinical Effectiveness Manager advised that the Clinical Governance Committee approved the Annual Workplan at the March 2022 meeting. For assurance, the Annual Workplan, presented as a tracked version, will go to each future Committee meeting to enable the Committee to clearly track and monitor items that have been covered, carried forward to a future meeting, or removed.

Following a question, it was advised some national reports would go through the Acute Services Clinical Governance Committee, and any items for escalation would be brought to this Committee.

The Committee took **assurance** from the Annual Workplan.

6. STRATEGY / PLANNING

6.1 Proposed Corporate Objectives 2022/2023

The Director of Finance & Strategy advised a discussion on the Strategic Framework took place at the recent Board Development Session, and the proposed corporate objectives link into the framework as an annual output. Each of the corporate objectives will be linked into each of our four NHS Fife strategic priorities, with a relationship to the National Care Programmes.

It was reported that the 25 corporate objectives, as detailed in the paper, will support moving forward with aspects of our vision against our strategic priorities already agreed. The expectation is that a large number of corporate objectives will feature on the agenda of the Clinical Governance Committee in terms of progress throughout the year and that this may require some additional adjustments to the workplan to ensure they are presented at the appropriate time. Some other corporate objectives will also feature on the Staff Governance Committee and Finance, Performance & Resources Committee. It was noted each Committee will examine the corporate objectives from a specific perspective.

It was advised that Executive Leads have been identified for each of the corporate objectives, and they will be in discussion with the Executive Directors' Group in terms of who will have key contributing roles and supporting roles. Each corporate objective will be delivered as a collaborative effort.

The Director of Health & Social Care informed the Committee of the priority areas that sit under the Health & Social Care Partnership and will involve collaborative working;

Refresh Mental Health Strategy, Delivering Home First, Integrated and Primary Care Strategy and pace of delivery within the localities of Fife.

The Director of Acute Services advised that the corporate objectives within Acute Services require collaborate working in terms of achieving the objectives. The objectives reflect our position at this phase of the pandemic, and learnings from the pandemic in terms of remodelling our emergency department to cope with new levels of demand, how we can offer more interfaced care, early discharges, and recovery and remobilisation of our Elective Care Programme.

Following a question from A Wood, Non-Executive Member, the Director of Finance advised the BAF as it currently stands, does not reflect only corporate level risks, and includes operational risks. The Corporate Risk Register, that will replace the BAF, will reflect anything that could threaten delivery against corporate level objectives. It was noted that risk that is managed on a daily basis is at an operational level.

M Black, Non-Executive Member questioned the definition of Data Loch and was advised that this is the big data project that is a collaboration between Health Boards and Universities. NHS Fife and the Health & Social Care Partnership are in collaboration with the Data Loch team. Updates on Data Loch will be provided to the Committee in due course.

The Committee **considered** and **endorsed** the corporate objectives.

6.2 Emergency/Resilience Planning

The Consultant in Dental Public Health, Emma O'Keefe joined the meeting and provided a verbal update on emergency/resilience planning. The findings from the recent Internal Audit Report indicated the resilience arrangements across NHS Fife were not functioning with effectiveness and resilience. This was identified from within the strategic audit planning process as a high risk due to limited assurance.

It was advised a full system review will be undertaken this financial year as part of the Internal Audit Plan. Key issues and actions will be taken forward with priority. An update on timelines will be provided out with the meeting.

Action: Director of Public Health

A Head of Resilience was appointed on 7 March 2022, and it was reported that they are currently working on a status report for NHS Fife which will be shared with the Committee at the July meeting. It was advised that there is a new Emergency, Preparedness, Resilience & Response Hub which was established on the NHS Fife intranet at the end of March 2022. A business planning review is currently underway across NHS Fife, and Business Continuity Plans are being checked and refreshed across all departments; Business Continuity training is being offered to staff too. It was noted recent testing was undertaken by the Scottish Ambulance Service.

The Director of Finance advised full resilience planning has been ongoing on a daily basis over the pandemic, and an additional paragraph has been requested to be added to the internal audit report to reflect and give this more context.

Following a question from A Wood, Non-Executive Director, it was advised the Major Incident Plan will be included in the report at the July Committee meeting. to the Committee at the July meeting. Did we agree this? I think this sits with Acute CGC

The Associate Director of Digital & Information advised a Resilience Workshop on Cyber Security has been scheduled and will inform an update to the Committee in due course.

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

6.3 Governance of Advanced Practitioners

The Director of Nursing advised that the Governance of Advanced Practitioners paper focusses on Advanced Nurse Practitioners and update was provided, as detailed in the paper.

Following a question from S Braiden, Non-Executive Member it was advised it will be ensured that clinical supervision is very much part of the support of Advanced Nurse Practitioners. It was noted clinical supervision is not mandated.

The Director of Pharmacy & Medicines advised that close working is ongoing around the governance of non-medical prescribing and other areas. The paper describes the beginning of the work for the Advanced Nurse Practitioners, and this will expand to other professional groups.

M Black, Non-Executive Member questioned if there is a financial risk with Advanced Nurse Practitioners. It was reported that developments are ongoing, and business cases will be developed going forward. It was noted the needs of the service will be identified before any posts are put in place.

Following a question from A Wood, Non-Executive Director on the timelines, it was advised work in advance practice has been ongoing for a few years. It has been identified through the work that clinical supervision is not as robust as it should be, and non-clinical time needs to be built in and developed slowly as we move forward. Work is currently ongoing nationally around the Advanced Nursing Practitioner role and it was reported that there are no concerns within NHS Fife, and we are on track with timelines.

The Director of Nursing confirmed that when the publication of a Scottish Government Transforming Roles for Advancing Practice in the Allied Health Professions is received, a paper will come back to the Committee. (Further reports will be brought back to the Committee throughout the year for assurance.)

It was noted that the implementation of a separate uniform for Advance Nursing Practitioners is being taking forward, and this will denote to members of the public and staff.

The Committee took **assurance** from the Governance of Advanced Practitioners paper.

6.4 Early Cancer Diagnostic Centre (ECDC) Report

The Medical Director provided an update and advised that NHS Fife is one of three pilot sites, and funding is available for another year. The ECDC will become an important

part of recovery of cancer services moving forward. It was noted the ECDC is not a centre and is a pathway, and work is underway to define the terminology.

It was highlighted that around 40% of patients are not diagnosed through the existing urgent suspicion of cancer (USC) pathway in Scotland, and that the ECDC may capture more of these patients.

The referral pathway was outlined, and it was noted that there may be reasons why the ECDC pathway is not used.

It was reported that the assessment of the ECDC is being carried out by Strathclyde University, and that patients are being asked to complete an evaluation form with findings published in due course. It was noted there has been some excellent feedback to date.

Following a question from the Chair, the Director of Health & Social Care advised that there is support from MacMillan Cancer Support which is ongoing, and the support will be integrated into the pathway as a partnership approach. Updates will be provided to the Cancer Strategy Group.

Following a question from A Wood, Non-Executive Member, the Medical Director advised that through ECDC it is expected that the number of tests and radiology that people receive could be reduced by avoiding multiple opinions and reviews.

M Black, Non-Executive Member questioned the patient navigator and was advised that this is provided for assurance to patients to move through the processes seamlessly.

It was reported there is too small a sample size to conclude the differential in males and females who have completed the ECDC pathway.

The Committee took **assurance** from the Early Cancer Diagnostic Centre (ECDC) Report.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (IPQR)

The Director of Nursing provided an overview on the Clinical Governance measures and advised that the target for inpatient falls has been achieved locally. Work continues across Acute Services and the Health & Social Care partnership to improve pressure ulcer care, which has not yet reached the local target. It was advised that the measures will be closely monitored.

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

7.2 Progress on Annual Delivery Plan (RMP4) 2021/2022

The Associate Director of Planning & Performance provided an update on the progress of the Annual Delivery Plan (RMP4) for 2021/2022 and advised that the paper covers three related documents: Update on the actions from the RMP4, Winter Review Document and Winter Monitoring Report.

The status of the actions from the RMP4 were highlighted and it was noted that the majority of actions are on track, or the target has been met. Incomplete actions that have not been met will be carried forward. Guidance for next year has been received from the Scottish Government, and it was reported that the majority of the work has already been carried out through the Strategic Planning Resource Allocation (SPRA) process. The key actions for delivery through 2022/2023 from each of the Directorates has been considered, and this has also been reflected in the corporate objectives.

Following a question from M Black, Non-Executive Director it was advised that increasing beds in wards will be influenced by national guidance around the Infection Control Manual and from our Infection Control Department colleagues. The Director of Health & Social Care noted that there is a demand in our system which is affecting the number of available beds, and this is monitored closely between the Health & Social Care Department and Acute Services.

The Committee:

- Took **assurance** from the progress of deliverables within Joint Remobilisation Plan 4 (RMP4)
- Took **assurance** from the lessons learned from Review of National Response to Winter 2021/22
- Took **assurance** from the performance in the Winter Report 2021/22 – Data to March 2022

7.3 Healthcare Associated Infection Report (HAIRT)

The Director of Nursing provided an update on the HAIRT and advised the report covers the previous quarter and highlighted the main areas within the report.

Following a question from A Wood, Non-Executive Director, the Director of Nursing agreed

Action: Director of Nursing

A Wood, Non-Executive Director praised staff noting that high occupancy has had no impact on infection & control.

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

8. PERSON CENTRED CARE / PARTICIPATION / ENGAGEMENT

8.1 Patient Experience & Feedback Report

The Director of Nursing provided an update on the Patient Experience & Feedback Report and outlined the key points from the report.

The Recovery & Improvement Plan describes the work being taken forward to understand and improve the patient experience. The plan also describes how we are redesigning the Patient Relation Service to improve complaints handling. Workload is also being analysed, including length of time to draft responses to complaints. Updates on the Recovery & Improvement Plan will be provided to the Committee.

The new format for the Quarterly Reports that come to the Committee was highlighted, and it was advised that the report will be iterative and will include more detail on complaints. The Director of Nursing advised including staff experiences and stories to the report is being explored.

The contents of the Quarterly Report were outlined.

It was reported complements are recorded on Datix and not all department services use the system, and it is hopeful to encourage sight to the complement reports as we progress with the revised Quarterly Reports.

It was noted an update on adverse events will be added to the Quarterly Report.

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

9. ANNUAL REPORTS

9.1 Radiation Protection Annual Report

The Medical Director advised the Radiation Protection Annual Report is provided to the Committee for assurance on an annual basis and noted there were no issues to highlight.

The Committee took **assurance** from the contents of the Radiation Protection Annual report.

10. LINKED COMMITTEE MINUTES

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

- 10.1 Acute Services Division Clinical Governance Committee Update
- 10.2 Minutes of the Area Clinical Forum held on 7 February 2022 (confirmed) & 7 April 2022 (unconfirmed)
- 10.3 Minutes of the Area Medical Committee held on 8 February 2022 (unconfirmed)
- 10.4 Minutes of the Area Radiation Protection Committee held on 2 March 2022 (unconfirmed)
- 10.5 Minutes of the NHS Fife Clinical Governance Oversight Group held on 15 February 2022 (unconfirmed)
- 10.6 Minutes of the Fife Drugs & Therapeutic Committee held on 9 February 2022 (unconfirmed)
- 10.7 Minutes of the Fife IJB Clinical & Care Governance Committee held on 4 March 2022 (confirmed)
- 10.8 Minutes of the Health & Safety Subcommittee held on 11 March 2022 (unconfirmed)
- 10.9 Minutes of the Infection Control Committee held on 2 March 2022 (unconfirmed)

10.10 Minutes of the Information Governance & Security Steering Group held on 4 March 2022 (unconfirmed)

10.11 Minutes of the Research, Innovation & Knowledge Oversight Group held on 31 March 2022 (unconfirmed)

11. FOR ASSURANCE

11.1 Internal Audit Report B23/22 Resilience - Interim Report

The Committee noted the contents of the report and took **assurance** from earlier discussions. A further paper will come to the Committee in due course.

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

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

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

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

13. ANY OTHER BUSINESS

There was no other business.

Date of Next Meeting – Friday 1 July 2022 at 10am via MS Teams.

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

CLINICAL GOVERNANCE COMMITTEE – ACTION LIST

Meeting Date: Friday 1 July 2022



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	13/01/22	Adult Support and Protection Biennial Report 2018-2020	Further detail to be provided on the number of reported self-harm cases and the link to the Psychological Therapies Services and Addiction Services waiting lists.	JO	01/07/22 02/09/22	29/04/22 – It was advised that data is being collated and the paper will go to EDG on 5 May, before a full report is brought back to the Committee.	In progress
2.	03/11/21	Clinical Governance Framework	An update on the framework and delivery plan to be brought back to the Committee.	GC	29/04/22 01/07/22 31/10/22	<p>04/03/22 – The framework and associated delivery plan has been drafted. The framework, along with a questionnaire, will be shared with members of the committee and other key stakeholders (including Senior Leadership Teams), w/c 7 March 2022. This will provide an opportunity for key stakeholders to provide feedback and allow for the framework to be further updated in advance of the CGC on 29 April 2022 for final review and endorsement.</p> <p>04/04/22 - in view of service pressures the deadline for feedback has been extended to 20th April and as such the document will come to the July meeting.</p> <p>23/06/22 – Deferred to 31 October 2022.</p>	In progress

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
3.	10/03/22	Committee Development Session Topics	Members and attendees were requested to suggest topics to be covered at a development session, twice a year, to delve deeper into topics relevant to the Committee's remit.	All	Second session to be arranged.	First session: Edinburgh Cancer Centre Re provision- Regional Service Model, and Research & Development Session on 10 June 2022. Second session – to be confirmed.	In progress
4.	10/03/22	Health & Safety Workplan	To discuss with key colleagues the Health & Safety workplan and how that will be incorporated into the Clinical Governance Committee.	GC	TBC – CG to confirm	GC to advise if action to be closed.	
5.	29/04/22	Emergency/Resilience Planning	A full system review will be undertaken this financial year as part of the Internal Audit Plan. Key issues and actions will be taken forward with priority. An update on timelines to be provided out with the meeting.	JT	May 2022	23/06/22 – Update paper on agenda. The annual assurance statement is being progressed, following discussion at EDG.	Closed
6.	29/04/22	Healthcare Associated Infection Report (HAIRT)	To seek an update on the hand hygiene trends and report back to the Committee.	JO	May 2022	Covered in HAIRT report.	Closed
7.	29/04/22	Clinical Care Governance Committee of the IJB Annual Assurance Statements	To take forward with the relevant colleagues and make clarification in the Clinical Care Governance Committee of the IJB Annual Assurance Statement (as per the minute dated 29/04/22)	NC	May 2022	Complete.	Closed
8.	29/04/22	Clinical Care Governance Committee of the IJB	To take this action forward with the IJB Clinical Care Governance Committee colleagues that S Braiden,	GM	May 2022	Complete.	Closed

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
		Annual Assurance Statements	Non-Executive Member is to be added to the attendance schedule, and C Cooper, Non-Executive Member to be removed from the appropriate dates of the attendance schedule, for the Clinical Care Governance Committee of the IJB.				
9.	29/04/22	Annual Assurance Statements & Reports from Clinical Governance Subcommittees & Groups	To share a template for the Statements & Reports, for consistency.	GM	May 2022	Complete.	Closed
10.	29/04/22	Clinical Governance Committee Annual Statement of Assurance 2021/2022	To discuss with the Director of Property & Asset Management and add in an update on the Health & Safety Manager recruitment, and relevant health & safety training.	GM	May 2022	Complete.	Closed
11.	29/04/22		To reference the Hospital Standardised Mortality Ratio (HSMR) within the Clinical Governance Committee Annual Statement of Assurance 2021/2022, with a paper to come to a future meeting of the Clinical Governance Committee for assurance. To also incorporate reference to the Internal Audit Report.	GM	May 2022	Complete.	Closed
12.	29/04/22		To circulate to members, an updated draft of the Clinical Governance Committee Annual Statement of Assurance 2021/2022.	GM	May 2022	Complete.	Closed

Meeting:	Clinical Governance Committee
Meeting date:	1 July 2022
Title:	Internal Audit Annual Report
Responsible Executive/Non-Executive:	M McGurk, Director of Finance
Report Author:	T Gaskin, Chief Internal Auditor

1 Purpose

This is presented to the Clinical Governance Committee for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Effective

2 Report summary

2.1 Situation

The purpose of this report is to present the **FINAL** 2021/22 Annual Internal Audit Report to the Committee. This report is for the Committee to consider as part of the wider portfolio of year end governance assurances.

2.2 Background

The Committee is asked to approve this report with completed action plan as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

This annual report provides details on the outcomes of the 2021/22 internal audit and the Chief Internal Auditor's opinion on the Board's internal control framework for the financial year 2021/22.

2.3 Assessment

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

- The Board has adequate and effective internal controls in place;
- The 2021/22 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

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

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

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

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

We noted the following key themes:

- The Board continues to respond positively to the governance challenges posed by Covid19. During 2021/22, NHS Fife has adapted its approach to governance when needed to ensure the organisation could effectively respond to Covid19 and discharge its governance responsibilities, maximising time available for staff to deal with Covid19.
- Operational performance in the face of the challenges posed by Covid has been difficult during the year and it is likely that the challenge will continue in the medium term until strategic solutions can be found, working in partnership with the IJB.
- As previously reported in the 2021/22 ICE report, during 2021/22 the necessary focus has been on the immediate priority of the response to Covid19 and on government mandated actions and performance. The challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. The shape of future strategy will be dependent on a number of complex factors, not all of which are known yet, but the Board has instigated the necessary preparatory work and a risk assessment to ensure the most urgent work is prioritised.
- Whilst the Board planned to update all strategies during 2021/22, this work was necessarily delayed due to Covid19. Updated timetables, detailing the roles and responsibilities of Standing Committees and the Board with key stages and targets documented will aid the progress needed to achieve the March 2023 completion date. Whilst the SGHSCD has set a number of very challenging national objectives, NHS Fife will need to be mindful that its own strategic objectives must be deliverable within acceptable risk tolerances.
- NHS Fife continues to progress its overhaul of its Risk Management Framework. Covid 19 risks will be considered as linked operational risks, corporate risks in their own right, or will be treated as business as usual as part of the Risk Management Framework development.
- This report contains a number of recommendations that reflect the changes to the risk environment in which the Board operates. There are opportunities now further to

enhance governance through the further application of assurance mapping principles. Our recommendations are aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

2.4 Recommendation

The Committee is asked to:

- **APPROVE** this report as part of the portfolio of evidence provided in support of its evaluation of the internal control environment and the Governance Statement.

3 List of appendices

The following appendices are included with this report:

- Annual Internal Audit Report 2021/22

FTF Internal Audit Service

Annual Internal Audit Report 2021/22

Report No. B06/23

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

Gillian MacIntosh, Head of Corporate Governance and Board
Secretary

Audit & Risk Committee
External Audit

Contents

TABLE OF CONTENTS	Page
Section 1	
Introduction and Conclusion	2
Internal Control	3
Added Value	5
Internal Audit Cover	7
Performance against Service Specification	8
Staffing and Skill Mix	9
Follow up of ICE recommendations	11
Section 2	
Detailed findings	19
Section 3	
Key Performance Indicators	39
Section 4	
Assessment of Risk	40

TABLE OF FIGURES	Page
Figure 1: Internal Audit Cover 2020/21	7
Figure 2: Summary of Client Satisfaction Surveys	9
Figure 3: Audit Staff Skill Mix	9

Draft Report Issued	2 June 2022
Management Responses Received	6 June 2022
Target Audit & Risk Committee Date	16 June 2022
Final Report Issued	13 June 2022

INTRODUCTION AND CONCLUSION

1. This annual report to the Audit & Risk Committee provides details on the outcomes of the 2021/22 internal audit and my opinion on the Board's internal control framework for the financial year 2021/22.
2. Based on work undertaken throughout the year we have concluded that:

- The Board has adequate and effective internal controls in place;
- The 2021/22 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

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

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

ACTION

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

AUDIT SCOPE & OBJECTIVES

5. The Strategic and Annual Internal Audit Plans for 2021/22 incorporated the requirements of the NHSScotland Governance Statement and were based on a joint risk assessment by Internal Audit and the Director of Finance & Strategy and were approved by both the Executive Directors Group (EDG) and the Audit & Risk Committee. The resultant audits range from risk based reviews of individual systems and controls through to the strategic governance and control environment.
6. The authority, role and objectives for Internal Audit are set out in Appendix 3 of the Board's Standing Financial Instructions and are consistent with Public Sector Internal Audit Standards.
7. Internal Audit is also required to provide the Audit & Risk Committee with an annual assurance statement on the adequacy and effectiveness of internal controls. The Audit & Assurance Committee Handbook states:

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

INTERNAL CONTROL

8. The Internal Control Evaluation (ICE), issued December 2021, was informed by detailed review of formal evidence sources including Board, Standing Committee, EDG and other papers. The ICE noted actions to enhance governance and achieve transformation and concluded that NHS Fife's assurance structures were adequate and effective. 12 recommendations were agreed for implementation by management.
9. The status of previous recommendations is summarised in the table on page 11. In addition, 3 recommendations from previous Internal Control Evaluations and Annual Reports remain in progress due to the ongoing impact of Covid:
 - Development of Population Health and Wellbeing Strategy.
 - Refinement of the Property Asset Management Strategy to support the Population Health and Wellbeing Strategy.
 - Development of Clinical and Care Governance Strategic Framework.
10. Throughout the year, our audits have provided assurance and made recommendations for improvements. Of these, the ICE was the most significant. We have undertaken detailed follow up of the agreed actions arising from that report as well as testing to identify any material changes to the control environment in the period from the issue of the ICE to the year-end. We have reflected on the ongoing impact of Covid19 on the governance arrangements in place during the year. Some areas for further development were identified and will be followed up in the 2022/23 ICE. Where applicable, our detailed findings have been included in the NHS Fife 2021/22 Governance Statement.
11. Our assessment of the progress to address ICE recommendations is detailed in the table on page 11. NHS Fife has demonstrated good progress with only minor slippage on the majority of actions, although clearly, the revision of the overall and supporting strategies will be a significant task and much work remains to be done. The 2022/23 ICE will provide an update on the remaining actions as well as providing an opinion on the efficacy of implementation of all agreed actions.
12. For 2021/22, the Governance Statement format and guidance were included within the NHSScotland Annual Accounts Manual. Whilst Health and Social Care Integration is not specifically referenced, the guidance does make clear that the Governance Statement applies to the consolidated financial statements as a whole, which would therefore include activities under the direction of IJBs.
13. The Board has produced a Governance Statement which states that:

'During the 2021/22 financial year, no other significant control weaknesses or issues have arisen, in the expected standards for good governance, risk management and control'.
14. Our audit work has provided evidence of compliance with the requirements of the Accountable Officer Memorandum, and this combined with a sound corporate governance framework in place within the Board throughout 2021/22, provides assurance for the Chief Executive as Accountable Officer.
15. Therefore, **it is my opinion** that:
 - The Board has adequate and effective internal controls in place;

- The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.
16. All Executive Directors and Senior Managers were required to provide a statement confirming that adequate and effective internal controls and risk management arrangements were in place throughout the year across all areas of responsibility and, this process has been further enhanced by guidance written by the Director of Finance and Strategy. These assurances have been reviewed and no breaches of Standing Orders / Standing Financial Instructions were identified.
 17. The Governance Statement reflects the necessary changes to Board governance and operating arrangements due to Covid19. The Governance Statement includes details of the Board performance profile and risk management arrangements, and the future intention to revise organisational and supporting strategies. All elements of the Governance Statement have been considered by Internal Audit in previous internal audit annual reports and the ICE and have been followed up in detail in this report.

Key Themes

18. Detailed findings are shown later in the report. Key themes emerging from this review and other audit work during the year, as well as consideration of the overall impact of Covid19 and the need to ensure sustainable services, are detailed in the following paragraphs.
19. The Board continues to respond positively to the governance challenges posed by Covid19. During 2021/22, NHS Fife has adapted its approach to governance when needed to ensure the organisation could effectively respond to Covid19 and discharge its governance responsibilities, maximising time available for staff to deal with Covid19.
20. Operational performance in the face of the challenges posed by Covid has been difficult during the year and it is likely that the challenge will continue in the medium term until strategic solutions can be found, working in partnership with the IJB.
21. As previously reported in the 2021/22 ICE report, during 2021/22 the necessary focus has been on the immediate priority of the response to Covid19 and on government mandated actions and performance. The challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. The shape of future strategy will be dependent on a number of complex factors, not all of which are known yet, but the Board has instigated the necessary preparatory work and a risk assessment to ensure the most urgent work is prioritised.
22. Whilst the Board planned to update all strategies during 2021/22, this work was necessarily paused due to Covid19. Updated timetables, detailing the roles and responsibilities of Standing Committees and the Board with key stages and targets documented will aid the progress needed to achieve the March 2023 completion date. Whilst the SGHSCD has set a number of very challenging national objectives, NHS Fife will need to be mindful that its own strategic objectives must be deliverable within acceptable risk tolerances.
23. NHS Fife continues to progress its Risk Management Framework Improvement Programme. Covid 19 risks will be considered as linked operational risks, corporate risks in their own right, or will be treated as business as usual as part of the Risk Management Framework development.

24. This report contains a number of recommendations that reflect the changes to the risk environment in which the Board operates. There are opportunities now to further enhance governance through the application of assurance mapping principles. Our recommendations are aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance.

Key developments since the issue of the ICE included:

- The April 2022 NHS Fife Board Development session on Culture, Values and the Role of the Board and Developing our Population Health and Wellbeing Strategy.
 - A Risk Management Framework Improvement Programme was approved by the NHS Fife Board in March 2022.
 - The updated Fife IJB Integration Scheme was formally signed off by the Scottish Government on 8 March 2022.
 - Progress against the 4th iteration of the Remobilisation Plan was reported to the May 2022 meeting of the Finance, Performance & Resources Committee (FPRC), with all incomplete action to be included in the 2022/23 Annual Delivery Plan.
 - The development of the Operational Pressures Escalation Levels (OPEL) process to manage day-to-day pressures, with clear triggers for action and escalation.
 - A review of the Integrated Performance and Quality Report (IPQR) content and format to address actions from the Board's Active Governance session and to ensure it remains relevant and clear to Board members.
 - As of April 2022, NHS Scotland is no longer on emergency footing.
25. During 2021/22 we delivered 25 audit products (May 2021 to June 2022) with a further two products issued in draft. These audits reviewed the systems of financial and management control operating within the Board.
26. Our 2021/22 audits of the various financial and business systems provided opinions on the adequacy of controls in these areas. Summarised findings or the full report for each review were presented to the Audit & Risk Committee throughout the year.
27. A number of our reports, including the ICE and Strategy development, have been wide ranging and complex audits and have relevance to a wide range of areas within NHS Fife. These reports continue to assist NHS Fife to build on the very good work already being done to improve and sustain service provision.
28. Board management continue to respond positively to our findings and action plans have been agreed to improve the systems of control. Internal audit have maintained a system for the follow-up of audit recommendations and reporting of results to the Audit & Risk Committee. As reported to the March 2022 Audit & Risk Committee, 37 audit actions were remaining, with 11 risk assessed as Amber – action required, 23 risk assessed as Green – good progress and 3 not yet due.

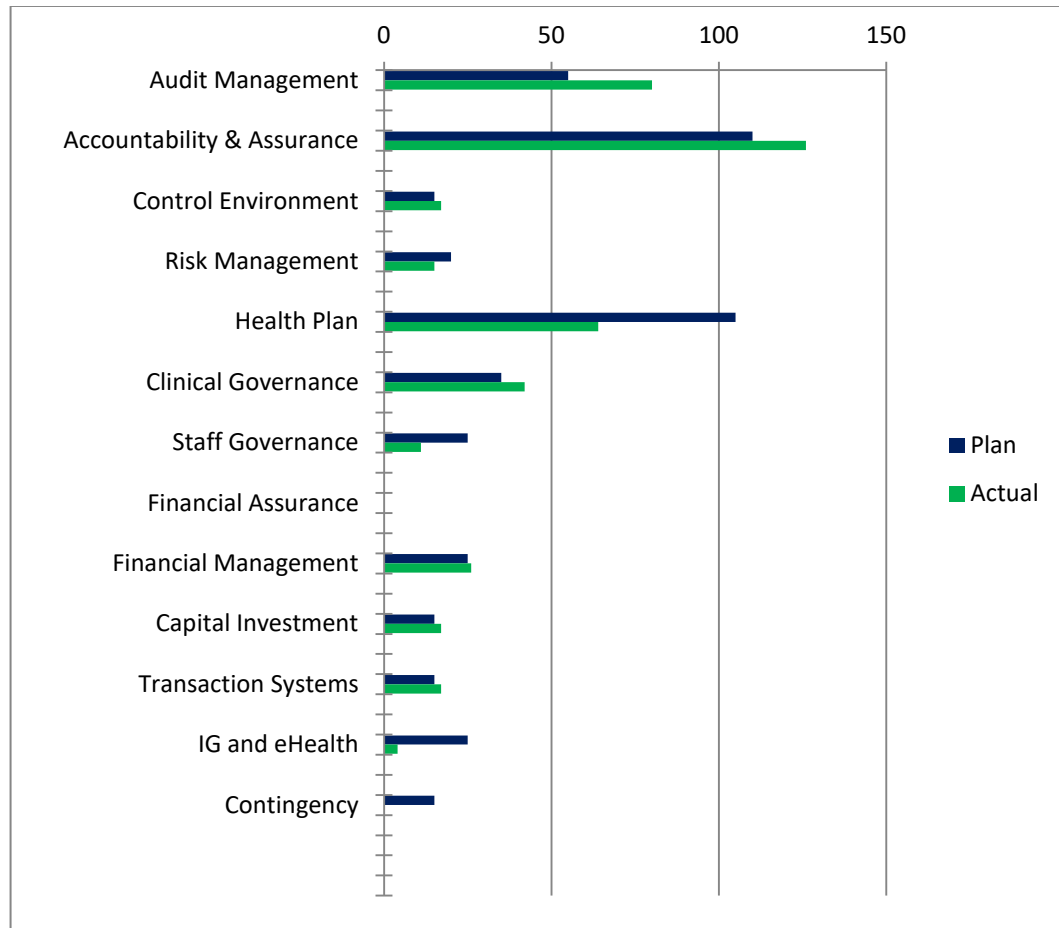
ADDED VALUE

29. The Internal Audit Service has been responsive to the needs of the Board and has assisted the Board and added value by:
- Examining a wide range of controls in place across the organisation.
 - Undertaking Fife IJB internal audits and providing a Chief Internal Auditor Service.
 - For the Fife Integrated Joint Board (IJB), updating and enhancing the IJB Governance Statement self assessment checklist.
 - Providing initial comment on a draft version of the now approved Integration Scheme.

- CIA liaison with the Director of Finance & Strategy, on issues of governance, risk, control and assurance.
 - Assurance mapping and risk management advice, in particular on Digital and Information risk reports.
 - Advice on the revised Terms of Reference for the Digital Information Board, Information Governance and Security Steering and Operational Groups and attendance at their meetings.
 - Assurance reporting regarding Whistle blowing (quarterly and annual).
 - Commenting on Terms of Reference for the Quality Management Assurance Group.
 - Facilitating the work of the Assurance Mapping group and liaising with the Board Secretary to consider how the agreed principles can be adapted to the specific needs of NHS Fife.
 - Highlighting national governance developments with relevance to NHS Fife.
 - Continued development and use of the principles for Health & Social Care Integration (HSCI) governance and sustainability within the Board and its IJB partner.
 - Detailed review of the process for revising NHS Fife's overall Strategy.
 - Providing opinion on and evidence in support of the Governance Statement at year-end and conducting an extensive Internal Control Evaluation which permitted remedial action to be taken in-year. This review made recommendations focused on enhancements to ensure NHS Fife has in place appropriate and proportionate governance, which supports and monitors the delivery of objectives and is commensurate with the challenging environment within which it is operating.
 - Contribution to the development of the NHS Fife Risk Management Strategy and Fife IJB Risk Management Framework.
 - Advice provided to the Fraud Liaison Officer in response to an ongoing incident and attendance at meeting.
30. Internal Audit have also used time made available by necessary senior management prioritisation of Covid19 duties to reflect on our working practices, both to build on action taken in response to previous External Quality Reviews and to adapt to a post Covid19 environment. This has included:
- Update of the Committee Assurance Principles.
 - Development of a good practice template for the process of developing new Strategic Plans in IJBs and Health Boards.
 - Development of the FTF website.
 - Review and update of the FTF self assessment against the Public Sector Internal Audit Standards.
 - Reviewed our recommendation priorities to include an additional category 'Moderate' and updated the assurance definitions.
 - Updated the Property Transaction Monitoring Checklist for FTF clients.
31. The 2021/22 Annual Internal Audit Plan included provision for delivering audit services, together with council colleagues, and providing the Chief Internal Auditor function to Fife Integrated Joint Board as well as progressing the audit plan of Fife IJB agreed with the IJB. Internal Audit has continued to highlight governance and assurance aspects of integration and the need for clear lines of accountability and ownership of risk as well as the requirement for a revised Strategic Plan and working with partners to clear intractable and long-standing issues.

INTERNAL AUDIT COVERAGE

32. Figure 1: Internal Audit Cover 2021/22



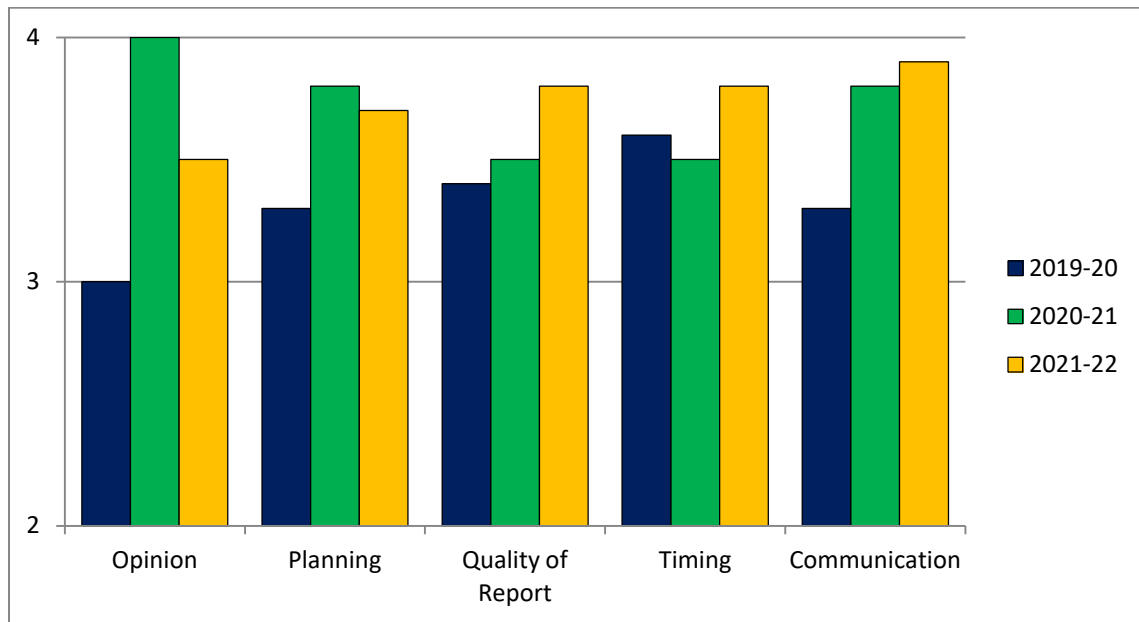
33. Figure 1 summarises the 2021/22 outturn position against the planned internal audit cover. The initial Annual Internal Audit Plan was approved by the Audit & Risk Committee at its meeting on 13 May 2021. It was agreed at that time that the plan would be revised as changes to the risk profile and other factors became better known, and the Audit & Risk Committee approved amendments in March 2022. We have delivered 412 days against the 455 planned days.
34. Following a recommendation from the External Quality Assessment (EQA) carried out on Internal Audit in 2018/19, we continue with the agreed process of risk assessing outstanding 2021/22 audits for inclusion in the 2022/23 plan.
35. A summary of 2021/22 performance is shown in Section 3.

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

36. Due to prioritisation of Covid19 duties, the FTF Partnership Board met only once in 2021/22. The Partnership Board is chaired by the NHS Tayside Director of Finance and the FTF client Directors of Finance are members. The FTF Management Team attends all meetings. During the year the Partnership Board reviewed the Internal Audit Shared Service Agreement 2018-2023 and the Internal Audit Service Specification, as well as approving the 2021/22 budget. The Partnership Board also approved revised risk assessment definitions for internal audit reporting.
37. We have designed protocols for the proper conduct of the audit work at the Board to ensure compliance with the specification and the Public Sector Internal Audit Standards (PSIAS).
38. Internal Audit is compliant with PSIAS, and has organisational independence as defined by PSIAS, except that, in common with many NHSScotland bodies, the Chief Internal Auditor reports through the Director of Finance and Strategy rather than the Accountable Officer. There are no impairments to independence or objectivity.
39. Internal and External Audit liaise closely to ensure that the audit work undertaken in the Board fulfils both regulatory and legislative requirements. Both sets of auditors are committed to avoiding duplication and securing the maximum value from the Board's investment in audit.
40. Public Sector Internal Audit Standards (PSIAS) require an independent external assessment of internal audit functions once every five years. The most recent External Quality Assessment (EQA) of the NHS Fife Internal Audit Service in 2018/19 concluded that, *'it is my opinion that the FTF Internal Audit service for Fife and Forth Valley generally conforms with the PSIAS.'* FTF has updated its self assessment which is due to be presented to the June 2022 Audit & Risk Committee.
41. A key measure of the quality and effectiveness of the audits is the Board responses to our client satisfaction surveys, which are sent to line managers following the issue of each audit report. Figure 2 shows that, overall, our audits have been perceived as good or very good by the report recipients.

42. Figure 2: Summary of Client Satisfaction Surveys

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



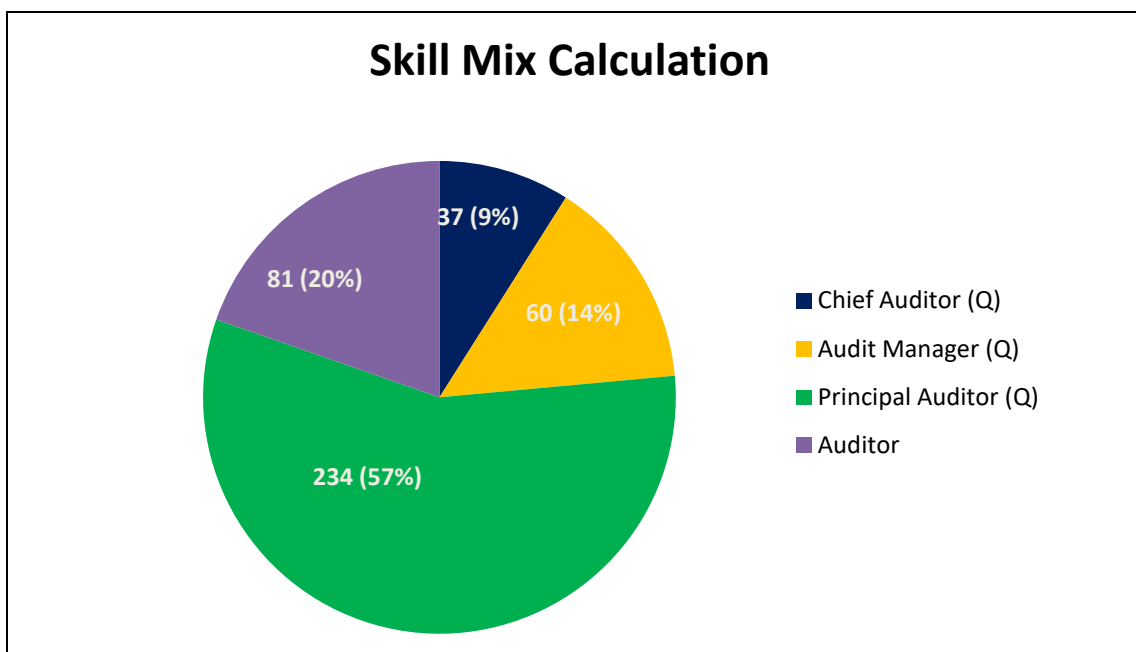
43. Other detailed performance statistics are shown in Section 3.

STAFFING AND SKILL MIX

44. Figure 3 below provides an analysis, by staff grade and qualification, of our time. In 2021/22 the audit was delivered with a skill mix of 81%, which substantially exceeds the minimum service specification requirement of 50% and reflects the complexities of the work undertaken during the year.

45. Figure 3: Audit Staff Skill Mix 2021/22



Audit Staff Inputs in 2021/22[days] Q= qualified input.







ACKNOWLEDGEMENT




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




A Gaskin, BSc. ACA
Chief Internal Auditor



ICE 2021/22(B08/22) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
<p>1. Board Assurance Framework</p> <ul style="list-style-type: none"> The inclusion of appropriate analysis in each SBAR supporting the BAFs regarding the adequacy and effectiveness of key controls and actions would promote/aid further scrutiny by committee members. The Board Assurance Framework should encompass and link Covid19 risks, to ensure the NHS Board has appropriate oversight and transparency over these risks. Once the revised Integration Scheme has been approved by the Scottish Government, the IJB BAF should be revised to ensure that it adequately describes the risk the mitigating controls and appropriately scored. <p>Action Owner: Chief Executive & Director of Finance Original date of expected completion for all of the above is the 31 March 2022.</p>	<p>A detailed Risk Management Improvement Plan has been developed. It was agreed with the EDG in February 2022 and presented for assurance to each Standing Committee in May 2022. This sets out the further work required to complete and embed the changes required.</p> <p>Date Expected Completed – 31 July 2022</p>	 <p>Minor slippage on agreed timelines</p>
<p>2. Performance Reporting</p> <ul style="list-style-type: none"> As part of this Active Governance action plan, consideration should be given to how Performance Reports can provide overt assurance on the accuracy of the narrative and scores for related strategic (BAF) risks as well as the adequacy and effectiveness of key controls. The risk section of Board and Committee papers should be given higher priority than at present and should contain basic information to facilitate a focused discussion on the risk implications, be overtly linked to any operational or BAF risks and contain enough information for members to be able to form a conclusion on whether the score narrative and other elements of the related risk are adequately described. <p>Action Owner: Director of Finance and Strategy Original date of expected completion for all of the above is the 31 March 2022.</p>	<p>A detailed Improvement Plan has been developed and was agreed with EDG in February 2022 and the FPRC in March 2022. This sets out the further work required to complete and embed the changes required. Aspects of the plan have been completed.</p> <p>Date Expected Completed – 30 June 2022</p>	 <p>Minor slippage on agreed timelines</p>



<p>3.Organisational Duty of Candour</p> <ul style="list-style-type: none"> An update on the number of instances Organisational Duty of Candour has been applied in NHS Fife in 2021/22 should be scheduled for presentation to Clinical Governance Committee (CGC) prior to it concluding on its Annual Assurance Report and Statement, which should highlight any issues experienced and be sufficient allow it to conclude whether there were adequate and effective Duty of Candour arrangements throughout 2021/22. The Committee should be informed when it can expect the final report on the year's activity and how arrangements will be developed in future to allow more timely reporting. <p>Action Owner: Medical Director</p> <p>Original date of expected completion for all of the above is the 31 March 2022.</p>	<p>The CGC considered the Interim 2020/21 NHS Fife Duty of Candour report at its 13 January 2022 meeting, and it was noted by Fife NHS Board at their meeting on 29 March 2022, although this related exclusively to Duty of Candour Activity that occurred in the financial year 2020/21.</p> <p>The CGC has not received any update on Duty of Candour Activity occurring in financial year 2021/22.</p> <p>The Medical Director advised that delays to the adverse event process in its entirety are a known consequence of the impact of the Covid-19 pandemic on service pressures. Recovery to a state where more timely reporting is heavily dependent on the recovery of the backlog of closure of adverse event reviews.</p>	 <p>Significant Slippage</p>
<p>4. Adverse Events KPIs</p> <ul style="list-style-type: none"> The revised approach for Adverse Events should include regular reporting of KPIs to CGC on the completion of adverse events within agreed timescales. <p>Action Owner: Medical Director</p> <p>Original date of expected completion for all of the above is the 30 April 2022.</p>	<p>The Clinical Governance Oversight Group (CGOG) merged with the Adverse Events and Duty of Candour Group and its revised Terms of reference were presented to the CGOG meeting on 19 April 2022. These include the responsibility 'To oversee the development and implementation of local guidance relating to Adverse Events and Duty of Candour including monitoring of performance against agreed measures'.</p> <p>For this action to be considered complete we need evidence of the new reporting arrangements to CGOG operating in practice and will report on this in the 2022/23 ICE report.</p> <p>The Medical Director advised that there is currently no plan, unless by escalation, to routinely report these KPI's with the CGC.</p>	 <p>Minor slippage on agreed timelines</p>
<p>5. Succession Planning</p> <ul style="list-style-type: none"> The Staff Governance Committee (SGC) and Remuneration Committee should be assured 	<p>Within the draft Workforce Plan 2022-25 there is a medium term action for</p>	 <p>On track</p>

<p>on succession planning arrangements within NHS Fife and of the potential risks associated with this area.</p> <p>Action Owner: Director of Workforce</p> <p>Original date of expected completion for all of the above is the 31 October 2022.</p>	<p>Directorate level Workforce Plans, to consider succession planning implications for a range of critical roles, including advanced practitioners grades and above. This will give assurance to the SGC that succession planning is being considered, but the SGC and Remuneration Committee still require a full update on the implementation of these arrangements and the potential risks associated with this area.</p>	
<p>6. Staff Governance Standards</p> <ul style="list-style-type: none"> To enable the SGC to fully ascertain the SGS initiatives introduced during 2021/22 and provide a measure of their success in meeting the requirements of the SGS, the assurances given at those meetings should give an equivalent level of assurance to that of previous years (per the previously maintained SGAP), setting out actions and assurances still to be provided and the reasons for any delays. <p>Action Owner: Director of workforce.</p> <p>Original date of expected completion for all of the above is the 31 March 2022.</p>	<p>This recommendation has not been implemented as agreed. For 2021/22 only verbal updates on the action taken to meet the SGS has been provided at the September 2021 and March 2022 SGC meetings. No documented record has been provided of the initiatives introduced and the actions and assurances still to be provided and the reason for any delays.</p> <p>As part of its 2021/22 Annual Assurance Statement the Committee has agreed to “enhancing the signposting on papers and agenda items, to make it clear which strand of the Standards is being addressed, to ensure full coverage across the Committee’s yearly workplan”.</p>	 <p>Significant Slippage</p>

<p>7. IPQR and Financial Sustainability BAF</p> <ul style="list-style-type: none"> • Links between the Financial Sustainability BAF and IPQR should be clear and overtly linked so the controls/mitigations of the BAF provide assurance that challenges within the IPQR is being managed. • The financial sustainability BAF should be updated to include links to Strategy, PMO Savings Programme and relevant External audit recommendations. <p>Action Owner: Director of Finance and Strategy</p> <p>Original date of expected completion for all of the above is the 31 March 2022.</p>	<p>An Improvement Plan has been developed and was agreed with EDG in February 2022 and the March 2022 FPRC. This sets out the further work required to complete and embed the changes required. Concluding this recommendation has clear links to the ongoing requirements of Risk Management Improvement Plan.</p> <p>The development of the Financial Improvement/Sustainability (FIS) Programme will support the delivery of efficiency savings and closing significant external audit recommendations.</p> <p>Date Expected Completed – 31 July 2022</p>	 <p>Minor slippage on agreed timelines</p>
<p>8. Property & Asset Management Strategy (PAMS)</p> <ul style="list-style-type: none"> • The risks around delivery of the PAMs and capital programme would benefit from having a BAF or operational risk which would aid and support the delivery of the future Health and Wellbeing Strategy. <p>Action Owner: Director of Property and Asset Management</p> <p>Original date of expected completion for all of the above is the 31 March 2022.</p>	<p>The Environmental Sustainability BAF presented to the FPRC in May 2022 has committed to a new corporate risk related to the Capital Programme and Property Strategy to be developed within the revised Risk Management Framework.</p> <p>Date Expected Completed – 31 July 2022</p>	 <p>Minor slippage on agreed timelines</p>
<p>9. IG&S Assurance Reporting to CGC</p> <ul style="list-style-type: none"> • Regular assurance reporting from the IG&SSG to CGC should be scheduled in the workplan of CGC for 2021/22 and future years. • This should include a regular Assurance Report as well as IG&SSG minutes. • The Assurance report should include clear, sufficient and reliable assurance on the key aspects of IG&S so that the CGC can conclude on the adequacy and effectiveness of Information Governance arrangements at year end. <p>Action Owner: Associate Director of Digital and Information</p> <p>Original date of expected completion for all of the above is the 28 April 2022</p>	<p>Activity Tracker report provided IG&S assurance to CGC at their meeting on 10 March 2022 and updates are scheduled in the committee's 2022/23 workplan for September 2022 and March 2023.</p>	 <p>Complete and Validated</p>

<p>10. Information Governance and Security Policies</p> <ul style="list-style-type: none"> Assurance provided regarding Information Governance Policies and Procedures should be improved so that a list of all policies and procedures and their review dates is provided to the IG&S Operational Group and percentage compliance, regarding reviewed within scheduled review date, figures are reported to the IG&S Steering Group. Progress towards mitigating the risk regarding lack of resources for Information Governance and Security Policy Management should also be reported to the IG&S Steering Group. The NHS Fife Information Security Policy [GP/I5] and NHS Fife Data Protection and Confidentiality Policy [GP/D3] must be reviewed at the earliest opportunity. The review should specifically consider the impact of the pandemic and the increase in fraud risk and remote working implications. <p>Action Owner: Associate Director of Digital and Information</p> <p>Original date of expected completion for all of the above is the 14 February 2022</p>	<p>The IG&S Key Measures Report to March 2022 IG&SSG includes an update on policies at section 5.</p> <p>Reporting on how the required level of resources was being provided was included in section 4.5 of the IG&SSG Annual Assurance Statement.</p> <p>Revised Information Security Policy (GP/I5) is published on Stafflink with a scheduled review date of January 2025.</p> <p>Although we are advised that the NHS Fife Data Protection and Confidentiality Policy [GP/D3] has been reviewed, and is being presented to the General Policies Group and EDG for approval, the version of the policy published on Stafflink is the old version which had a scheduled review date of 1 June 2021.</p>	 <p>Minor slippage on agreed timelines</p>
<p>11. Information Governance Incident Management</p> <ul style="list-style-type: none"> The assurance route for reporting of assurances on Information Governance incidents needs to be clarified and streamlined to provide sufficient assurance to CGC. <p>Action Owner: Associate Director of Digital and Information</p> <p>Original date of expected completion for all of the above is the 31 March 2022</p>	<p>Section 6.1 of the IG&SSG Annual Assurance Report includes the recommended details regarding IG&S incidents.</p> <p>This was considered by IG&S Steering Group following cancellation of scheduled meeting on 8 April 2022 and then by CGC 29 April 2022.</p>	 <p>Complete and Validated</p>
<p>12. Digital and Information Risk Management</p> <ul style="list-style-type: none"> It is important that the processes for recording and managing risks related to Digital and Information are sufficient to provide CGC with assurance regarding these risks at year end on the accuracy of risk ratings, and the adequacy and effectiveness of key controls and actions. The impact of the pandemic on Digital and Information risks should be considered and specific assurance on this should be 	<p>The risk reports presented to IG&SSG and Digital & Information Board have been updated in format throughout 2021/22 and a review of all risks was undertaken which included revisiting the scoring and considered the impact of the pandemic. The new format includes graphical representation to highlight risks with improved or deteriorating ratings and provides</p>	 <p>Complete and Validated</p>

<p>provided to CGC.</p> <p>Action Owner: Associate Director of Digital and Information</p> <p>Original date of expected completion for all of the above is the 31 May 2022</p>	<p>detailed analysis on the highest ranked risks which provided the Group with additional understanding of the risk and allowed them to consider if the management actions would mitigate the risk within a suitable timescale. To date the Group has been able to provide that assurance for the highest ranked risks.</p>	
ICE Report 2020/21 – B08/21		
<p>1. Long term Strategy</p> <ul style="list-style-type: none"> The EDG should jointly agree how the various strands of work to inform and deliver the long term strategy for NHS Fife will be analysed and translated into a co-ordinated programme, building on the progress already made through the Strategic Planning and Resource Allocation (SPRA) as well as remobilisation planning, considering how best use can be made of existing expertise and data and understanding constraints on resources. This review should also consider how best to ensure effective governance and oversight of this key area in advance of the Board Development Session A timetable for development of the new Strategy and supporting strategies should be reported to the NHS Board. Reporting on progress should be clearly assigned to an Assurance Committee or the NHS Board and should include a broad overview of whether Recovery, Remobilisation and strategy development is on track, key achievements, challenges and risks and any significant implications for strategy and priorities. <p>Action Owner: Chief Executive</p> <p>Original date of expected completion for all of the above is the 31 March 2022.</p>	<p>The recommendation was integrated with the plan to develop the new Population Health and Wellbeing Strategy. Progress was made during 2021/22 on a number of key stages however the ongoing impact of the pandemic has led to delays.</p> <p>A paper detailing the re-phasing of this work was approved by the Public Health and Wellbeing Committee on 8 March 2022 and the NHS Fife Board at the end of March. The paper includes a milestone plan to deliver the new strategy by the end of December 2022, with Board approval by the end of March 2023. The paper also sets out the Portfolio Board arrangements to support the development of the strategy work and the governance route for each activity as the plan is developed.</p> <p>Date Expected Completed – 31 March 2023</p>	<p>Pausing of development activities as a consequence of the pandemic.</p>  <p>Minor slippage on agreed timelines</p>
<p>3. Clinical Governance Framework</p> <ul style="list-style-type: none"> Development of the Clinical Governance Strategy and Clinical Governance Assurance Framework with a focus on risk, informed by Committee Assurance and Integration 	<p>Progress has slipped slightly from original targets to allow further engagement with staff which has been taking place regarding a draft version of the NHS Fife Clinical and</p>	 <p>Minor slippage on agreed timelines</p>

<p>Principles.</p> <p>Action Owner: Medical Director</p> <p>Original date of expected completion for all of the above is the 31 March 2022.</p>	<p>Care Governance Strategic Framework 2022-2025.</p> <p>It has been agreed with the Chair of the CGC, the Medical Director and Nursing Director that the Framework will be presented to CGC for approval at their meeting on 1 July 2022. The Medical Director advised that due to unforeseen circumstances a further extension has been deemed necessary.</p>	
<p>5. Property Management Strategy</p> <ul style="list-style-type: none"> The Property Management Strategy should be reviewed and revised to align it to updated NHS Fife Strategies and future sustainability and should specifically consider the impact of Covid19 around the property infrastructure going forward. <p>Action Owner: Director of Property and Asset Management</p> <p>Original date of expected completion for all of the above is the 30 August 2021</p>	<p>The paper considered by Fife NHS Board on 29 March 2022 on the plan for the Population Health and Wellbeing Strategy included the further development of the PAMS strategy.</p> <p>Date Expected Completed – 30 November 2022</p>	 <p>Minor slippage on agreed timelines</p>
<p>6. Information Governance and Security</p> <ul style="list-style-type: none"> Establishment of IG&S Operational Group and Steering Group Terms of Reference (ToR) Digital and Information (D&I) Board to provide additional support and assurance to IG&S and its alignment to strategy and operational performance – April 2021 IG&S Assurance Report and Framework – March 2021 Assurance report will be made available for consideration at the next Clinical Governance Meeting, following the IG&S Steering Group meeting on 23 March 2021. Risk associated with resources and requirement for business cases when delivering the Digital and Information Strategy will be documented within the related BAF – April 2021 <p>Action Owner: Associate Director of Digital</p> <p>Original date of expected completion for all of the above is the 30 April 2021</p>	<p>IG&SSG and IG&SOG ToRs agreed and meetings taking place.</p> <p>Reporting through Activity Tracker to IG&S Steering Groups and to CGC:</p> <ul style="list-style-type: none"> To 4 March IG&SSG – Tracker & Performance To 10 March CGC – SBAR & Tracker <p>Board Assurance Framework for D&I Strategy Delivery reporting including linked risks provided to CGC via EDG (September 2021, November 2021, and March 2022).</p> <p>Risk Reports including performance analysis and detailed root cause analysis and risk proximity reported to D&I Board and IG&S Steering Group.</p>	 <p>Complete and Validated</p>

Annual Report 2020/21 – B06/22

1. Increased Risk of Harm

- A specific risk should be recorded, delegated to the CGC, to capture the clinical implications of Covid19 on waiting times and the associated impact on patient safety, clinical effectiveness and strategic prioritisation.

The risk should include clear controls and assurance sources looking at reducing avoidable harm caused by delays in diagnoses and treatment and should reflect:

- The key priorities and aims for 2021/22 within the current remobilisation plan.
- Other relevant controls, such as implementation of Royal College of Surgeons guidelines
- A description of controls to address the current pressure on scheduled care as a result of imbalance in demand and capacity; additional pressures due to Covid19; possible pent up demand due to reduction in referral rates.
- Identified requirements to redesign services.

Action Owner: Medical Director

Original date of expected completion for all of the above is the 30 November 2021.

The change to the Quality & Safety BAF was proposed and agreed by CGC at their meeting on 3 November 2021 and the was presented again to CGC at their meeting on 10 March 2022 and the revised risk description is reflected in the version of the BAF presented to CGC on 29 April 2022.

The Quality and Safety BAF Risk description now reflects risk to patients from reprioritisation associated with the pandemic and linked risks include pandemic related risks.



Complete and Validated

Corporate Governance

BAF risks:

Risk 1675 - Strategic Planning – Moderate (12)

- There is a risk that the development and the delivery of the new NHS Fife Population Health and Wellbeing strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements.

Risk 1676 – Integration Joint Board –Moderate (12)

- There is a risk that the Fife Integration Scheme does not clearly define operational responsibilities of the Health Board, Council and Integration Joint Board (IJB) resulting in a lack of clarity on ownership for risk management, governance and assurance.

Strategy

The ICE report highlighted positive progress on the plans to develop the Population and Wellbeing Strategy (PWS) and welcomed NHS Fife's intention to have an approved Strategy in place by 31 March 2022. This was delayed by the ongoing impact of Covid19; a revised timetable was approved by Standing Committees and the Board in March 2022. Consequently with a one year Transitional Strategic Plan will be submitted in line with the Scottish Government (SG) deadline of 31 July 2022. A one year financial plan for 2022/23 was approved by the Board and submitted to Scottish Government in March 2022.

The approved timetable details a route map for the development of the medium to long term Population Health and Wellbeing Strategy, with a draft Strategy and associated Delivery plan to be presented to the NHS Fife Board by December 2022. The route map provides key steps and dates, with dates established for Standing Committees and the Board to review and influence the work.

The SGHSCD issued the NHS Recovery plan on 25 August 2021. The recent Audit Scotland report NHS in Scotland 2021 stated that *'The ambitions in the plan will be stretching and difficult to deliver against the competing demands of the pandemic and an increasing number of other policy initiatives. The recovery plan will involve new ways of delivering services and these will take a lot of work. There is not enough detail in the plan to determine whether ambitions can be achieved in the timescales set out.'* The SGHSCD have subsequently issued further guidance reiterating its intention for NHS Boards to deliver the objectives within the NHS Recovery Plan. However, it is clear that the workforce and financial assumptions underlying both the NHS Recovery Plan and the Health and social care: national workforce strategy would require very careful risk assessment, before they could be relied upon in local planning.

Whilst the Board will need to be cognisant of SGHSCD ambitions, its priority must be the production of a realistic, achievable strategy which addresses the needs of the local population post-covid within the parameters of available resources, most particularly financial, digital and workforce. This will almost inevitably involve extremely difficult decisions, which may not fully align with public or SGHSCD expectations.

During the Covid pandemic, there was a necessary shift of focus towards operational priorities, which reflected the extreme risks in those areas as well as an influx of Covid related funding which lessened the immediate financial risk. In future, the risks related to financial sustainability are likely to rise sharply and rapidly, with the acute sector in particular facing very significant financial challenges. Consideration of the changes in culture required to adapt to this change should start now. The implementation of the Financial

Improvement and Sustainability Programme in November 2021 will be a key enabler to securing recurring financial balance and sustainability. In March 2022, the Finance, Performance & Resources Committee (FPRC) were provided an update on the Operational Pressures Escalation Levels (OPEL) process, which aims to manage day-to-day pressures, with clear triggers for action and escalation. We commend this development and note the Scottish Government interest in the overall tool. An update report on how the OPEL process is working in practice would be a useful future assurance report to the FPRC.

Covid19 & Governance

NHS Fife has continued to monitor and adapt arrangements to maintain an appropriate level of governance, whilst taking account of the pressures on management and the need to free operational staff to deal with Covid19.

On 20 May 2020 the Board ratified revised governance arrangements for the Board's Standing Committees whereby meetings were to be undertaken by TEAMS. The command structure which was stood down from 31 March 2021 was reinstated in July 2021 due to resurgence in Covid19 cases.

Given the lifting of Covid19 restrictions during April 2022, NHS Fife successfully tested its first face to face meeting for two years at a Board Development session in April 2022.

Covid19 reporting to Board has continued and covers: Covid19 Vaccination, Test and Protect and Covid19 Testing in Fife.

Assurance Mapping

The Chief Internal Auditor, working with officers from NHS Fife and other client Health Boards, developed a set of Committee Assurance principles, together with a series of questions which would help Standing Committees assess the assurances they receive on risks delegated to them. These were considered and endorsed by the NHS Fife Audit & Risk Committee at its meeting in May 2021.

The Board Secretary is working with Standing Committee Chairs to ensure these are embedded within the Board's formal assurance processes and Internal Audit continue to liaise with management on the application of the principles.

Remobilisation

The draft Remobilisation Plan 4 (RMP4) was considered and approved by the NHS Fife Board in private session on 28 September 2021 prior to submission to the SG, with positive feedback received on 19 November 2021.

An action tracker, outlining key actions and progress on deliverables, has helped support the delivery of the RMP and provided scrutiny of its achievements against target dates. The update to 31 March 2022 was provided to the FPRC on 10 May 2022, with:

- 52 actions completed
- 61 on track
- 20 at risk – require attention
- 12 unlikely to meet target

Actions that are unlikely to be completed are delivery of elective care and diagnostics, and improvements in cancer performance and early diagnosis. Incomplete actions will be carried over into the 2022/23 Annual Delivery Plan.

Risk Management

During 2021/22, the 7 BAFs were reported bi-monthly to standing committees, and

subsequently to the Audit & Risk Committee and the Board. The majority of these BAFs have been updated in year, including updates to reflect Covid19, and have shown positive score changes towards target, albeit Environmental Sustainability and IJB have remained static.

The Risk Management Framework update to the March 2022 NHS Board meeting included the development of the risk profile against the NHS Fife Strategic Priorities/Objectives as follows:

- 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

Various risks were identified under each priority/objective and following feedback further risks have been identified for Climate Change and Health Inequalities.

A risk management improvement programme was approved by the NHS Fife Board in March 2022. A comprehensive update was provided to the May Audit & Risk Committee including aims and required actions.

A Board-wide review of risk reporting is currently underway and, when concluded, will make recommendations for the reporting of relevant risks to the Standing committees. It is likely that stand-alone Board Assurance Frameworks (BAFs) in use at present will be replaced by a refreshed Corporate Risk Register, with sections pertinent to each standing committee. This will help each Committee define and monitor risks relevant to their remit once the process becomes fully established. This should help improve the consideration of risk within SBARs to the Board and Standing Committees, which still requires considerable development.

Supporting the Board Strategic Risks will be a Corporate Risk Register, featuring risks that have the potential to affect the whole organisation, or escalated operational split into: Clinical Quality and Safety, Property and Infrastructure (including Digital and Information), Workforce and Finance. In addition, a Risk Dashboard will be developed to enable oversight of the risk level of corporate risks, provide assurance that adequate controls are in place to proactively manage risks, align to improvement actions contained within the Integrated Performance & Quality Report (IPQR) and integrate with Key Performance Indicators (KPIs) and Quality Performance Indicators (QPIs). We also note the intention to refresh the Board Risk Appetite Statement, which should be an important feature of the new system.

Given operational pressures, a Covid19 strategic risk was not included in NHS Fife's extant BAF risk profile. A high level Covid19 risk register is maintained via the Emergency Command structures, which are considered by EDG. At the EDG on 5 May 2022, it was agreed that while some elements of these risks, such as workforce pressures, may remain, they are no longer primarily linked to the pandemic and will now be managed as business as usual, included in the operational risk registers or escalated to the corporate risk register as required.

Performance

NHS Fife has achieved financial breakeven position with non recurring funding of £13.7m received to bridge the financial gap.

The IPQR was presented to each Standing Committee and Board meeting as per each work plan. The IPQR reports on a range of measures covering financial and clinical delivery, with significant challenges highlighted in year.

A review of the IPQR's content and format is currently underway, to address actions from

the Board's Active Governance session and to ensure it remains relevant and clear to Board members.

The IPQR to the May 2022 FPRC provided the latest reported performance for 2021/2022, with data provided to end of March 2022 for Remobilisation Activity and all other targets to February 2022.

Cancer 31-Day Diagnostic Decision to first Treatment (DTT), Inpatient Falls, SABs - HAI and Antenatal are meeting target, with six indicators not achieving target but performing well above the Scotland average: C-Diff Community; 4- Hour Emergency Access; Cancer 62 Day RTT; Patient TTG; New Outpatients; Delayed discharge – Standard Delays.

A further eight areas are neither meeting the target nor the Scotland average: Diagnostics; 18 week RTT; Detect Cancer early; Cancer 62 Day RTT; Delayed Discharge (% bed days lost); Smoking Cessation; CAHMS Waiting Times; Psychological Therapies. Improvement actions to address these areas are included in the IPQR and will take time to embed, and we note that many of these areas are still performing well against the Scottish average.

Integration

The final version of self-evaluation response to the Ministerial Strategic Group (MSG) Integration of Health & Social Care report was submitted by Fife IJB to Scottish Government in May 2019, and detailed areas for further work locally. An update on progress was provided to the Fife IJB Audit & Risk Committee in April 2022, which showed some progress but a number of actions still outstanding. There would be benefit in the NHS Fife Board or a Standing Committee also receiving this report, as the responsibility for implementing actions also lies with the partner bodies, who are reliant on the success of the IJB in a number of key areas.

The NHS Fife Director of Health and Social Care advised the 29 March 2022 Board Meeting that the Integration Scheme (IS) had been formally signed off by Scottish Ministers on 8 March 2022.

Internal Audit has continued to provide advice and highlight governance and assurance aspects of integration and the need for clear lines of accountability and ownership of risk. Internal Audit F05-22 - Strategic Plan is reviewing the process for developing the Fife IJB Strategic Plan. The Fife IJB Strategic Risks were reviewed, updated and presented to the January 2022 meeting of the Fife IJB.

We previously noted that the Integration BAF was significantly out of date and needed to be reviewed. This will be considered as part of the updating of the NHS Fife Risk Management Framework; with the Director of HSCP recommending that the current risk is closed as the Integration Scheme is complete.

Other Governance Areas

General Policies

As reported to the May 2022 FPRC, as at April 2022, 29 (51%) of the 57 General Policies are up to date. 10 (17%) remain beyond their due date and are presently being followed up. Work is underway for 18 (32%) of General Policies, which are either being reviewed or are out for consultation to the General Policies Group. Completion has improved since the last report in November 2021.

Corporate Objectives

During April/May 2022 the Standing Committees endorsed and the Board approved the NHS Fife Corporate Objectives which will inform the development of the Annual Delivery Plan for

2022/23.

Annual Review Letter

The outcome letter from the Scottish Government Annual Review for NHS Fife was received in February 2022 and presented to the March 2022 NHS Fife Board meeting. Overall the feedback received was positive, in particular the organisational actions to the impact of Covid19 and associated activity.

Board and Standing Committee Development Sessions

We commend the timetabling of development sessions for 2022-23 which will provide an understanding in advance of business proposals to Board members and help members to scrutinise papers and understand the topics as they arise at meetings.

Board and Standing Committee Work Plans and Annual Reports

The Audit & Risk Committee will present its annual work plan to each meeting in 2022/23 which will enable the Committee to monitor items that have been completed, carried forward to a future meeting or removed. We recommend that this good practice is extended to all Standing Committees and the Board.

All standing committees' draft annual reports are broadly in line with the FTF Committee Assurance Principles and will be presented to the 16 June 2022 Audit & Risk Committee.


Blueprint for Good Governance and Active Governance

An update was presented to the NHS Fife Board in January 2022 reporting all actions from the initial assessment against the Blueprint for Good Governance as complete.

A Board Development session was held on 2 November 2021 on Active Governance, with a focus on improving how data is presented to the Board and Standing Committees, and how insights from intelligence can be used to assure quality and performance. A plan including a number of actions to improve reporting was agreed. The action plan is due to be completed during the summer of 2022 and then reported to the Board, and will include the recently updated Blue Print for Good Governance.

Code of Corporate Governance

An update to the NHS Fife Code of Corporate Governance was due to be presented to the Audit & Risk Committee in May 2022, but has been delayed to allow the recently issued Model Code of Conduct to be included in the next iteration.

Action Point Reference 1 – MSG Report	
Finding:	
Over the last few years a number of the MSG indicators have progressed but due to Covid there are a number outstanding. An update was provided to the Fife IJB Audit and Risk Committee in April 2022 but no update has been provided to the NHS Fife Board.	
Audit Recommendation:	
NHS Fife should be provided with an update/precis on work being undertaken to foster closer working relationships with colleagues in local authorities and IJBs.	
Assessment of Risk:	
Moderate	 Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.
Management Response/Action:	
A report on the MSG indicators will be presented to the Finance and Performance Committee as a standing committee of NHS Fife Board.	
Action by:	Date of expected completion:
Director of HSCP	September 2022

Clinical Governance

BAF Risk:

Risk 1674 – Quality & Safety – High Risk (15)

- There is a risk that due to failure of clinical governance, performance, and management systems (including information and information systems), NHS Fife may be unable to provide safe, effective, person centred care. Additionally, there is a risk that the effects of the COVID – 19 pandemic, including restricted capacity, reduced elective & non urgent services, and workforce pressures, will impact on the quality & safety of patient care and service delivery

Risk 1677 – Digital & Information – High Risk (15)

- 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 to deliver sustainable and integrated services that are safe, secure and compliant with governance frameworks and associated legislation.

Annual Report

The Clinical Governance Committee (CGC) annual report provided a reflective and nuanced conclusion that the Committee had fulfilled its remit and that adequate and effective clinical governance arrangements were in place throughout NHS Fife during the year. The narrative in the report includes detailed commentary on key areas including pandemic related activity, the risk based approach taken to service pause during the pandemic and mitigating action taken to minimise the impact of this on patient treatment and diagnosis. The report also highlighted business considered during the year including the establishment of the Public Health and Wellbeing Committee, Remobilisation Planning, Population Health and Wellbeing Strategy development, Primary Care Improvement Plan, Complaints Backlog and how this is being addressed, New legislative requirements, New Participation and Engagement Advisory Group, Urgent Care Redesign, East Region Formulary development, Independent review of Paediatric Audiology Services, Revised Integration Scheme, Annual Reports from supporting groups and relevant internal audit and external regulatory body reports.

Pandemic & Immunisation

The CGC received updates on different aspects of work related to the pandemic including the Covid19 vaccination programme and the governance around it and the wider vaccination programme, testing and tracing, communication, infection rates, pressures on services and pausing of elective services and outpatient activity.

An external review of all immunisation programmes in NHS Fife subsequently made recommendations to allow NHS Fife to meet the increasing demands and expectations for childhood and adult immunisation programmes. Recommendations were approved by the EDG at their 6 May 2021 meeting and the Fife Immunisation Strategic Framework 2021-24 was considered and supported by the CGC in September 2021 along with the flu and Covid19 booster immunisation programmes.

Clinical and Care Governance Strategy and Framework

Engagement with staff throughout NHS Fife and the Health and Social Care Partnership has

taken place regarding the draft NHS Fife Clinical and Care Governance Strategic Framework which is to be finalised and presented to the Clinical Governance Committee for endorsement at their meeting on 1 July 2022, later than expected due to service pressures associated with the pandemic. Internal Audit have been consulted on the strategy and have provided comment on governance, integration and assurance aspects as well as on the extent to which the strategy meets the requirements of previous internal audit recommendations.

CGC Governance and Assurance

A Public Health and Wellbeing standing committee has been established with responsibilities related to public health and wellbeing strategy development and assurances regarding this and public health initiatives that were previously within the remit of the CGC. Although terms of reference and workplans have been reviewed, the CGC annual assurance report acknowledges the need for further work to avoid unnecessary duplication and ensure clarity over the different roles and responsibilities of standing committees.

The Clinical Governance Oversight Group has merged with the Duty of Candour and Adverse Events Group and has a revised Terms of Reference which include responsibility for provision of an annual assurance report to the CGC. A newly formed Organisational Learning Group reports to the Clinical Governance Oversight Group, with one of its duties being to review the consistency of external and internal reports.

Risk Management

In response to our finding and recommendation in our 2020/21 Internal Audit Annual Report (B06/22 - pt 1) the Quality and Safety BAF risk was updated by the CGC to reflect the increased risk of morbidity/mortality as a result of necessary reprioritisation of service provision associated with the response to the pandemic as follows: *'There is a risk that due to failure of clinical governance, performance and management systems (including information and information systems), NHS Fife may be unable to provide safe, effective, person centred care. Additionally, there is a risk that the effects of the Covid 19 pandemic, including restricted capacity, reduced elective & non urgent services, and workforce pressures, will impact on the quality & safety of patient care and service delivery'*. The Quality and Safety BAF is linked to relevant operational risks including risks 2214 (staffing levels), 1904 (pandemic associated increased morbidity, mortality and reduced capacity), 1907 (Pandemic associated oversight of Care Homes).

External Review

The NHS Fife CGC Annual Assurance Report referred to the reviews undertaken by regulatory bodies which were reported to CGC during the year along with assurance regarding action being taken to address recommendations made in the reports. The following reports were considered by CGC in 2021/22:

- Healthcare Improvement Scotland (HIS) Healthcare Associated Infection (HAI) inspection - Glenrothes Hospital (7-8 July 2020)
- HIS HAI inspection - Adamson Hospital (28 October 2020)
- HIS Covid focused inspection – Victoria Hospital (May 2021)

In addition the Clinical Governance Oversight Group considered the following additional reports as well as routinely considering the activity tracker including inspection reports. Consultations, reports and publications for awareness and published standards:

- Multi-agency Adult Support and Protection inspection was carried out in Fife between May and August 2021 to provide assurance to the Scottish Government about local partnership areas effective operation of adult support and protection processes and leadership for adult support and protection services

The following reports were referred to in Executive Director Letters but were not reported to the CGC or CGOG:

- Mental Welfare Commission Inspection of Ravenscraig Ward, Whytemans Brae, on 30 September 2021 (update provided to Clinical & Care Governance Committee on 20 April 2022)
- Mental Welfare Commission Inspection of Dunino Ward, Stratheden on 2 November 2021.

Significant Adverse Events

A new post of Lead for Adverse Events has been recruited to and the Lead is co-ordinating the implementation of the Adverse Events improvement plan which includes the review and revision of the Adverse Events Policy. We have been advised that the revised policy will address relevant recommendations in internal audit reports (B08/22, B20/21 & B14/21).

Organisational Duty of Candour

The Annual Duty of Candour (DoC) report covering the 2020/21 financial year was presented to Fife NHS Board at their 29 March 2022 meeting. Neither CGC nor Fife NHS Board have received any information on the application of DoC during 2021/22. The Medical Director has informed us that delays to the adverse event process in its entirety are a known consequence of the impact of the Covid-19 pandemic on service pressures. Recovery to a state where more timely reporting is heavily dependent on the recovery of the backlog of closure of adverse event reviews. .

Clinical Policies and Procedures

The latest report to the Clinical Governance Oversight Group in April 2022 indicated that 97% of Clinical Policies and Procedures had been reviewed by their scheduled review date.

Health and Safety

The 2021/22 Health & Safety Sub-Committee Annual Report confirmed that there were no significant control weaknesses or issues at the year-end which it considered should be escalated to the Clinical Governance Committee or disclosed in the Board's Governance Statement.

Staff Governance

BAF Risks:

- **Risk 1673 - Workforce sustainability** - There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy and the future population Health & Wellbeing Strategy and the challenges and demands associated with the current COVID-19 pandemic.

Workforce Planning and Risk Assurance

The Staff Governance Committee (SGC) considered the draft Interim Workforce Plan on 20 April 2021 prior to submission to SG by the deadline; with final endorsement by the Committee on 15 June 2021. The Interim Workforce Plan complied with the Scottish Governance guidance and template, and reflected workforce elements of the RMP4. No specific update on delivery of the Workforce Plan for 2021/22 has been provided to the SGC; instead the SGC has been advised of its implementation via updates on the RMP4. Whilst this enables the SGC to be kept informed of the workforce actions taken, it does not provide a conclusion on the success in implementing the Workforce Plan for 2021/22 or of its impact on the key workforce risks facing the Board. Whilst compliant with SG direction and timetables, workforce planning remains an area of high risk which is fundamental to the achievement of NHS Fife's strategic objectives and will be integral to the design and delivery of a sustainable Population Health and Wellbeing Strategy.

The National Workforce Strategy for Health and Social Care in Scotland was published in March 2022, and on 1 April 2022, the SG issued associated guidance which required Boards to submit three year integrated health and social care Workforce Plans by 31 July 2022. The risk profile of the national strategy is not available, but our assessment would be that a number of assumptions within the document are very high risk.

The NHS Fife Workforce Strategy will need to inform and be informed by the overall strategy of the Board. When the new Workforce Strategy is presented to the SGC, there would therefore be considerable benefit in a companion paper which describes how it will be monitored by the SGC, how it fits in with Population Health and Wellbeing Strategy and is connected to the developing IJB Strategic Plan e.g. delegated health services, how the associated risks will be identified and consolidated within the new risk register and how assurance will be provided on progress.

The SGC continued to receive regular assurance reports on the strategic workforce risks and received a detailed review of the Workforce Sustainability BAF in October 2021. The workforce risks remained at high; but with greater consideration to workforce sustainability risks relating to service delivery as set out in the Clinical Strategy and the future Health and Wellbeing Strategy, plus the impact of the Covid19 pandemic.

Internal Audit is completing a review of the processes relating to the development of the 2022-25 Workforce Strategy and Workforce plan, using the Workforce Sustainability BAF as the basis to evaluate the design and operation of the controls to inform the Workforce Plan.

Staff Governance Assurances

Reports, such as the Health and Wellbeing Update, indicate that a lot of work is ongoing to meet the Staff Governance Standards (SGS), but there is no reference within such reports as to the specific strands of the SGS that they are addressing or to the resulting outcomes. The SGC also did not receive comprehensive assurance on compliance with the SGS throughout

the year, with only verbal updates on the action taken to meet the SGS being provided at the September 2021 and March 2022 SGC meetings.

The SGC annual report 2021/22 reported that the committee received individual papers to demonstrate that the five strands of the SGS are being met. More detailed, written assurances are required in future to evidence such a conclusion.

Remuneration Committee (RC)

The RC completed an annual assessment of its performance for 2021/22 at its April 2022 meeting. No issues were identified for improvement, with a training session being arranged to further enhance members understanding of their responsibilities. The RC now keeps an Action List to ensure matters carried forward from each meeting are actioned.

Promoting Health and Wellbeing, Appropriately Trained & Developed, and COVID-19 Response

Regular reports have been made to SGC meetings on the impact of the Covid19 pandemic and provision of assurance on the evolving measures being taken to ensure NHS Fife's workforce is being supported during the pandemic. Our review of the Staff Health and Wellbeing update reports presented to the SGC evidenced a good level of detail and showed that NHS Fife continues to respond to the workforce issues presented by the Covid19 pandemic.

The draft Workforce Plan 2022-25 includes an action to consider succession planning implications for critical roles, including advanced practitioners grades and above. It also includes a workforce profile overview for the different medical specialities and each includes a number of actions to sustain each speciality or professional group e.g. Pharmacy Workforce, including training and development.

The sickness absence statistic for March 2022 was 5.59%, which although still high is showing a downward trend since December 2021, when it was 6.98%. For 2021/22, it is reported that there was a staffing reduction of 1.87% due to Covid19.

Appraisal

TURAS appraisal completion continues to be impacted by the Covid19 pandemic, with a 31% completion rate at the end of March 2022. The Area Partnership Forum, which supports partnership working to improve performance, receives updates on both TURAS appraisal and training arrangements, with the SGC receiving copies of its minutes. Arrangements are proposed to include TURAS appraisal performance reporting as part of the IPQR reporting cycle for 2022/23, with reporting to each SGC meeting.

As at 31 March 2022, Medical Appraisal and Revalidation data shows that of 302 Primary Care doctors, 96.7% were appraised and out of 330 Secondary Care doctors 88.8% were appraised. Internal Audit was informed that although appraisals are slowly getting back to normal, there is still a shortage of appraisers in Secondary Care, which has resulted in some being delayed in addition to the existing pressures resulting from Covid19. An update on the appraisal process has recently been issued by the Scottish Government, confirming that the more flexible approach to appraisal recommended over the previous two years should be continued at present. This includes flexibility regarding the amount of supporting information required.


Staff Governance Annual Monitoring Return

The SG advised all health boards in April 2022 that a different approach was being taken to the review of the monitoring return for 2020/21 in recognition of the continuing pressures faced by Boards. As a consequence no further actions/recommendations are being made by

the SG, based on the 2020/21 monitoring return. Although a more streamlined exercise was completed, NHS Fife was advised that the exercise will still allow the SG to measure the application of the SGS and to identify areas of good practice that will be shared to help drive continuous improvement across all NHSScotland Health Boards. The SGC will be advised of the outcome of this exercise once confirmation of the 2021/22 monitoring return format is received from the SG.

Whistleblowing

The SGC and NHS Fife Board were previously advised of the launch of the National Whistleblowing Standards from 1 April 2021 and during 2021/22 it has received updates on how the new standards were being rolled out, including Quarterly Reports detailing the number of concerns raised. Consideration is still being given to the level of detail provided to the SGC to keep it informed on the action taken to address concerns raised. A Whistleblowing Annual Report for 2021/22 will be presented to the September 2022 SGC meeting and thereafter to NHS Fife Board.

Action Point Reference 2: Staff Governance Assurances	
Finding:	
<p>Reports provided to the SGC detailing the actions taken to meet the SGS do not specify which strand they are addressing. In addition, the SGC also did not receive comprehensive assurance on compliance with the SGSs throughout the year, with only verbal updates on the action taken to meet the SGSs being provided at the September 2021 and March 2022 SGC meetings.</p> <p>The SGC annual report 2021/22 reported that the committee received individual papers to demonstrate that the five strands of the SGSs are being met. More detailed, written assurances are required in future to evidence such a conclusion.</p>	
Audit Recommendation:	
<p>To enable the SGC to fully conclude that the SGSs are being met, written reports indicating how ongoing workstream and other activity meets the appropriate SGS(s) should be presented to it in accordance with its Workplan. Any related reports, such as the Health and Wellbeing Update, should also state which strands they provide assurance on and where possible report on the impact as well as the implementation of any actions taken.</p>	
Assessment of Risk:	
Moderate	 Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.
Management Response/Action:	
<p>Work is already underway to respond to this assessment and recommendations</p> <p>In future all reports to Staff Governance Committee will, where appropriate, include an explicit reference to the SGS(s) the paper meets.</p>	
Action by:	Date of expected completion:
Director of Workforce, with specific action taken by the authors of papers to SGC	November 2022

Financial Governance

BAF Risk:

Risk 1671 – Financial Sustainability – Moderate Risk (9)

- There is a risk that the funding required to deliver the current and anticipated future service models, particularly in the context of the COVID 19 pandemic, will not match costs incurred.
- There is a risk that the organisation may not fully identify the level of savings required to achieve recurring financial balance.
- Thereafter there is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework would result in the Board being unable to deliver on its required financial targets.

Risk 1672 – Environmental sustainability – High Risk (20)

- There is a risk that Environmental & Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public and the organisation's reputation

Financial Performance

The draft financial outturn position to 31 March 2022, subject to external audit review, was:

- A £0.380 million under spend on the core Revenue Resource Limit (RRL) of £920.02 million
- A break-even position against the core Capital Resources Limit (CRL) of £32.389 million
- 2021/22 savings delivered of £9.618 million, of which £5.779 million (60%) was recurring,

Total additional Covid19 funding of £95.189m was received from SG in 2021/22. Board Directed Services accounted for £36.464m of the Covid19 costs, and the balance of £58.725m was allocated to the HSCP.

The draft year-end figures for the Health and Social Care Partnership were breakeven for Health delegated, a £1.690m under spend for Social Care with the Fife IJB having a reserve balance of £78.843m.

Financial reporting throughout the year to the FPRC and Board remained consistent and the position was clearly presented, along with the impact of Covid19. Financial forecasts during the year provided an accurate outcome of the year-end position.

Efficiency Savings

The 2021/22 financial plan reflected an overall savings target of £21.7m and assumed £8m was achievable in-year with £4m on a recurring basis and £4m on a nonrecurring basis. Throughout 2021-22 the savings shortfall of £13.7m, as identified in the financial plan, remained a risk to financial balance and Scottish Government (SG) assistance was required. The SG required NHS Fife to deliver a series of actions prior to providing £13.7m to enable NHS Fife to break even for 2021-22.

Significant financial challenges remain as NHS Fife emerges from emergency footing and the Financial Improvement and Sustainability Programme (FISP) will require to ensure there is the required capacity to deliver substantial cost reduction to achieve financial balance in 2022-23 and beyond. The FISP has now been established and its remit endorsed at the January 2022 FPRC. The programme aims to develop and agree productive opportunities and savings targets for 2022/23 and plans for the more medium-term. The Programme will

report directly into the Portfolio Board with governance reporting in place to other Standing Committees and the Board.

Financial Planning 2022/23 and Covid Funding

The Strategic financial plan 2022/23 was approved by the Board on 28 March 2022. This identified a projected budget gap for 2022/23 of £24.1m with plans for this to be mitigated in part through a range of cost improvement plans and a significant capital to revenue transfer. The forecast financial position after the application of these proposed actions is a deficit of £10.4m. A 3-year medium-term plan is being developed to identify a range of cost improvement activity to ensure recurring financial balance at the end of that 3 year period. NHS Fife remain within 0.8% from the full NRAC share.

The Strategic Financial Plan highlighted the risk that Covid19 funding would not match additional costs, but did include provision for Covid consequentials. Subsequently, the SG have advised that *"the UK Government has indicated that in 2022-23 there will be no further specific consequentials to meet the ongoing cost pressures with managing Covid19."*

This guidance was highlighted in a paper to the May FP&R on the budgetary process. However, the paper also stated that *'The financial plan does not assume the continuation of SG funding for Covid19 costs'*, which is not necessarily consistent with the information presented in the March budget. The Director of Finance & Strategy has advised Internal Audit that *"the inconsistency arose due to the timing of the recent notification from Scottish Government that there would be no further Covid consequentials, prior to that i.e., in March 2022 the assumption all Boards had made was that Covid consequentials would continue into 2022/23, albeit at a reduced rate. The IJB Covid reserve is earmarked to cover health delegated budget costs which include acute set aside and therefore that aspect of Covid cost will be funded from that source. The Scottish Government also advised on 1 June 2022 that an additional £7.5m for health board retained acute Covid costs will be allocated."*

Now that this risk has crystallised, the financial impact on NHS Fife budgets for 2022/23 is being fully quantified, as it may lead to an increase in the year-end deficit which will generate the need for even more savings in future years. This aspect of financial planning is currently being reviewed and will be reported to the FPRC and the Board by the end of Quarter 1.

We have been informed that the current Financial Sustainability BAF will be split into two new corporate risks. One will focus on in year delivery of the current financial plan and the second will consider the wider delivery of the 3 year financial plan. This approach should provide a more detailed and focussed management of financial risks as part of the updating of the NHS Fife Risk Framework. The Financial Plan did list a number of constituent risks to financial balance, not all of which were reflected in the BAF; these should be assigned to the relevant strategic financial risk in future where that is deemed appropriate.

Capital Planning and Asset Management

The Five Year Capital Plan 2022/23 was endorsed at the March 2022 FPRC and approved at the NHS Fife Board meeting.

The November 2021 FPRC received the Property and Asset Management Strategy (PAMS) report for the year to 31 March 2021, which is not mandatory but good practice. The PAMS itself was largely retrospective but emphasised the need for a revised NHS Fife Property & Asset Management Strategy to support the development and deliver the objectives of the future Health & Wellbeing Strategy.

Within the 2021/22 ICE report we highlighted the ambition for an NHS Fife PAMS Implementation Action Plan to be developed for 2021/22 and onwards, which will include

actions and outcomes. The development of this plan will be included as part of the process to develop the 2022 PAMS.

The PAMS and Capital Programme will be a vital enabler of the Health and Wellbeing Strategy. Internal Audit previously highlighted the absence of a BAF or operational risk for the Capital Programme and Property Strategy and is pleased to note that the intention is to develop a Property Corporate Risk.

The FPRC receive regular updates on current major capital projects. The Fife Elective Orthopaedic Centre (FEOC) Project is on track and due for completion in October 2022 and plans to be operational in January 2023, with progress regularly reported to the FPRC. Updates to the FPRC highlight the need for an additional 38.5WTE staff above the numbers originally envisaged to allow the FEOC to be fully operational by end of 2022. The reason for this increase was fully reviewed with the Scottish Government who approved additional Scottish Government funding to cover it.

BAF – Financial Sustainability – Moderate Risk

The Financial Sustainability BAF, as reported to the FPRC during 2021/22, recognises the ongoing financial challenges facing the Board, in particular Covid19 funding and savings gaps. The risk score has reduced in year with the confirmation of non repayable funding support from the SG. The BAF risk remains as Moderate, reflecting the underlying financial gap going into 2022/23. We would expect the absence of funding for net additional costs for Covid 19 to be reflected in the risk score.

We note the future ambition that the Financial Sustainability BAF would be split with one part focusing on financial performance and the other would be a risk on financial improvement and sustainability for the medium-term. This approach will allow for clearer linkages to strategy and savings programme.

BAF – Environmental Sustainability – High Risk and Environmental Reporting


A paper was presented to the September 2021 FPRC detailing NHS Fife's ambition to improve the energy efficiency of its buildings, as part of the health sector's drive towards 'net zero carbon' and with funding available from the SG as part of the Low Carbon Infrastructure Programme.

A Policy For NHS Scotland on the Climate Emergency and Sustainable Development - DL (2021) 38, was issued on 10 November 2021, setting out mandatory requirements with immediate effect. A briefing paper for the DL was taken to the Board and Public Health and Wellbeing Committee in May 2022. The DL requirements will almost certainly impact on all NHS Fife Board decision making.

The extant BAF has not materially changed during 2021/22 as the major risk is contingent on the delivery of the Fife Elective Orthopaedic Centre (FEOC) to remove inpatients from the tower block at the Victoria Hospital. As noted above, the Director of Property & Asset Management will develop an appropriate corporate risk including the impact of the net-zero requirement.

Best Value

The draft FPRC Annual Report was presented to the FPRC in May 2022. The report concludes on the NHS Fife Best Value arrangements and reflects on the introduction of both the SPRA and FISP which overall "*facilitates a more effective triangulation of workforce, operational and financial planning*" to supporting the delivery of best value across its resource allocations. The FPRC Annual Report also considered the achievement of Best Value characteristic.

Action Point Reference 3: NHS Fife PAMS Implementation Action Plan	
Finding:	
<p>The ICE highlighted the ambition for an NHS Fife PAMS Implementation Action Plan to be developed for 2021/22 and onwards, to include actions and outcomes and be used by the Capital Groups to assess progress in achieving PAMS outcomes and objectives.</p> <p>We have been informed by management this is not an actual document, but is a 'living plan' that is evidenced by discussions at various Capital Groups.</p>	
Audit Recommendation:	
<p>The Implementation Plan for delivering the PAMS should be properly documented, approved and monitored to ensure the delivery of actions and outcomes and provide assurance to the Board that the PAMS is being delivered.</p>	
Assessment of Risk:	
<p>Moderate</p> 	<p>Weaknesses in design or implementation of controls which contribute to risk mitigation.</p> <p>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</p>
Management Response/Action:	
<p>An Implementation Action Plan will be developed as part of the 2022 PAMS.</p>	
Action by:	Date of expected completion:
<p>Director of Property & Asset Management</p>	<p>30 November 2022</p>

Information Governance

BAF Risk:

Risk 1677 – Digital & Information – High Risk (15)

- 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 to deliver sustainable and integrated services that are safe, secure and compliant with governance frameworks and associated legislation.

Governance Arrangements and Assurance Reporting

Reporting to the Digital and Information Group has been consistent throughout the year; both groups provided update reports to the Clinical Governance Committee during the year and Annual Assurance Reports/Statements at year-end.

In 2021/22 the format of reporting to the Information Governance and Security Steering Group improved and is now standardised with an Activity Tracker and Assessment against key measures now being provided to each meeting. Improvements have also been made to the quality and availability of data for the key measures report, albeit data is not yet available for some measures such as training/education and records management.

We commend the work of the Director of Finance and Strategy, Medical Director and Associate Director of Digital and Information in driving and supporting the considerable improvements made to assurance reporting, particularly to IG&SSG.

The IG&S Operational Group has not met as often as intended in 2021/22 due to service pressures and staffing resource issues in the IG&S Team and as a result the relationship between the Operational Group and the Steering Group is not yet fully resolved.

The improvements in the assurance reporting and governance arrangements, and scheduling of reporting throughout 2022/23 to the CGC in its annual workplan, have completed recommendations made in previous internal audit reports (B08/21, B28/21 & B08/22).

Digital and Information Strategy

Updates on the NHS Fife Digital and Information Strategy 2019-2024 were provided to the September 2021 and March 2022 Clinical Governance Committee meetings. The latest update recognised that *'the Digital strategy would have benefited from a resourcing and financial assessment to achieve the stated ambitions'* and *'noted the impact of the COVID-19 pandemic response and the requirement to align activities to the evolving risk profile within the Digital and Information domains'*. The CGC have been informed of a new prioritisation process launched in February 2022 in order to align the digital deliverables to their operational and strategic requirements and agree a prioritised workplan consistent with available resources, including the use of a revised prioritisation matrix to balance the adoption of existing digital capabilities with the implementation of new ones.

Whilst resources have increased, and there is now a clearer view of how the remaining two years of the Digital and Information Strategy will be delivered, it is clear that elements of the strategy will not be delivered by the end date of 31 March 2024. The CGC should therefore be notified of these changes, and informed of the impact that this will have on the strategic objectives of the Board.

Risk Management

The format of risk reports presented to IG&SSG and D&I Board have improved throughout 2021/22 and all risks were reviewed to ensure the scores reflected the impact of the pandemic. The new format includes graphical representation to highlight risks with improved or deteriorating ratings and provides detailed analysis on the highest ranked risks which provided the Group with additional understanding of the risk and allowed them to provide assurance on whether management actions would mitigate the risk within a suitable timescale.

The latest Digital and Information BAF presented to CGC on 29 April 2022 highlighted the increased threat of cyber attack due to the war in Ukraine.

External Review

The IG&SSG received detailed update on the NIS Audit throughout the year, with the in March 2022 estimating current compliance of 73% with additional assurance that evidence to demonstrate implementation of previous recommendations was underway, ahead of the review audit to be undertaken by the Competent Authority in April 2022. The review audit was completed for 2022 and the report received detailing an overall compliance status of 76%, an increase from 69% achieved in 2021.

IG&SSG await final feedback from the Keeper of the National Records of Scotland on NHS Fife's draft Records Management Plan submitted in February 2021.

The Information Commissioners Office (ICO) will be auditing Boards in NHS Scotland against its accountability framework; NHS Fife is due late summer 2022. In preparation, a self assessment was presented to CGC on 10 March 2022 which considered the 343 activities associated with the 10 categories and 77 expectations in the framework and concluded that:


- 84 activities had yet to start
- 146 activities had been started but were not complete
- 113 activities had been completed and can be evidenced as such.

Information Governance Incidents

Through the year, 14 incidents were reported to the ICO, an increase of 3 on the previous year. Of the 14, 9 (64%) were reported within the 72-hour requirement. Of the 14 incidents, 13 have been confirmed not to require any further follow up and 1 item rejected as it was deemed to not meet the criteria. At present there is no requirement for these to be disclosed in the Board's annual Governance Statement.

ITIL Processes

In response to internal audit B23-21 – ITIL Processes, the D&I Board supported the introduction of Information Technology Infrastructure Library (ITIL) Version 4 to support strategic planning, design, build activities and the efficient running of operations and service management to further enhance the availability of systems and digital capability.





Action Point Reference 4: Delivery of D&I Strategy 2019/24	
Finding:	
Whilst resources have increased, and there is now a clearer view of how the remaining two years of the Digital and Information Strategy will be delivered, it is clear that elements of the strategy will not be delivered by the end date of 31 March 2024.	
Audit Recommendation:	
The CGC should be notified in 2022/23 of any elements of the D&I Strategy that will not be delivered by 31 March 2024 and the impact that this will have on the strategic objectives of the Board.	
Assessment of Risk:	
Moderate	 Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.
Management Response/Action:	
<p>The element of digital strategy that will not be delivered in full or in part will be identified to the CGC. The initial identification will take place for the 1 July meeting; with the fuller impact assessment being presented as part of the strategy update report on 13 January 2023, as per the Committee's work plan.</p> <p>This will be evidenced through the committee's minutes.</p>	
Action by:	Date of expected completion:
Associate Director of Digital & Information	March 2023

Key Performance Indicators – Performance against Service Specification

	Planning	Target	2021/22	2020/21
1	Strategic/Annual Plan presented to Audit & Risk Committee by 30 June.	Yes	Draft presented May 2022	No (July 21)
2	Annual Internal Audit Report presented to Audit & Risk Committee by June	Yes	Presented Audit & Risk Committee – June 2022	No
3	Audit assignment plans for planned audits issued to the responsible Director at least 2 weeks before commencement of audit	75%	100%	79%
4	Draft reports issued by target date	75%	67%	59%
5	Responses received from client within timescale defined in reporting protocol	75%	100%	68%
6	Final reports presented to target Audit & Risk Committee	75%	67%	47%
7	Number of days delivered against plan	100% at year-end	67%	93%
8	Number of audits delivered to planned number of days (within 10%)	75%	91%	77%
9	Skill mix	50%	80%	77%
10	Staff provision by category	As per SSA/Spec	Pie chart	
Effectiveness				
11	Client satisfaction surveys	Average score of 3.5	Bar chart	

Assessment of Risk

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

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

NHS Fife

Meeting:	Clinical Governance Committee
Meeting date:	1 July 2022
Title:	Board Assurance Framework - Quality & Safety
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Author:	Pauline Cumming, Risk Manager

1 Purpose

This report is presented to the Clinical Governance Committee for:

- Assurance

This report relates to an:

- Annual Operational Plan
- Emerging Issue
- Government Policy / Directive

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The purpose of this paper is to update the Committee on the Quality and Safety component of the NHS Board Assurance Framework (BAF) including the associated risks.

The Committee plays a vital role in scrutinising the risks and where indicated, the Chair will seek further information from risk owners. This report provides the current position on the BAF since the last update on 29 April 2022.

2.2 Background

The BAF brings together key information on the above risk, integrating objectives, risks, controls, assurances and additional mitigating actions. It should:

- identify and describe key controls and actions in place to reduce or manage the risk

- provide assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect
- link to performance reporting to the Board and associated risks, legislation & standing orders or opportunities

The Committee is invited to consider the following on receipt of each update on the BAF:

- Does the risk score feel right?
- Do the current controls match the stated risk?
- Will the mitigating actions bring the risk down to its target level?
- If the mitigating actions are fully implemented, would the outcome be achieved?
- Does the assurance provided, describe how the controls are performing?
- Do the assurances come from more than one source including independent sources?
- Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk?

2.3 Assessment

The Committee can be assured that systems and processes are in place to monitor the organisation's performance in relation to quality and safety.

The BAF risk has been reviewed and updated, with the risk level remaining unchanged at High (15). There have been no changes in the risk levels or ratings of the linked risks. Details of the BAF risk and the linked risks are set out in Appendices 1 and 2.

As previously reported, the BAF will be replaced with a Corporate Risk Register. The risks associated with clinical quality and safety to be included in that register are still to be confirmed and will be reported to the next meeting of the Committee on 2 September 2022.

Further information on quality and safety performance is provided in the Board Integrated Performance & Quality Report.

2.3.1 Quality/ Patient Care

Effective risk management underpins the delivery of high quality, person - centred care. Highlighting relevant risks to the Committee, allows for appropriate scrutiny, challenge and monitoring of risks to the delivery of quality health and care services.

2.3.2 Workforce

Optimal staff health and well being can contribute to enhanced performance, improved patient experience and increased job satisfaction. Please see Appendix 2 for specific impacts on staff where applicable.

2.3.3 Financial

Please see Appendix 2 for specific financial impacts where applicable.

2.3.4 Risk Assessment/Management

Please refer to Appendices 1 and 2.

2.3.5 Equality and Diversity, including health inequalities

There are no equality and diversity issues associated with this BAF.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

This paper has been developed in consultation with the Medical Director and the Director of Nursing.

2.3.8 Route to the Meeting

As at 2.3.7 above and following submission to EDG on 16 June 2022.

2.4 Recommendation

The Committee is invited to:

- **Consider** the questions set out above; and
- **Approve** the updated quality and safety component of the Board Assurance Framework

3 List of appendices

Appendix 1, NHS Fife Board Assurance Framework (BAF) Quality & Safety to NHS Fife CGC 010722 V 1.0

Appendix 2, BAF Quality & Safety - Linked Operational Risks to NHS Fife CGC 010722 V 1.0

Report Contact

Pauline Cumming
Risk Manager

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NHS Fife Board Assurance Framework (BAF)

Risk ID	Corporate Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score			Current Score			Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)											Rating (Current)	Level (Current)	Likelihood (Target)	Consequence (Target)	

Board Assurance Framework (BAF) - Quality & Safety

1674	Clinically Excellent, Person Centred	29 April 2022	1 July 2022	<p>There is a risk that due to failure of clinical governance, performance and management systems (including information and information systems), NHS Fife may be unable to provide safe, effective, person centred care. Additionally, there is a risk that the effects of the COVID - 19 pandemic, including restricted capacity, reduced elective & non urgent services, and workforce pressures, will impact on the quality & safety of patient care and service delivery.</p>	4	5 - Extreme	20	High Risk	3	5 - Extreme	15	High Risk	<p>Failure in this area could have a direct impact on patients' health, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme harm can occur daily, the proportion of these in relation to overall patient activity is very small.</p>	<p>Christopher McKenna Medical Director Clinical Governance Christina Cooper</p>	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>Oversight and monitoring of strategy / framework / policy and procedure implementation and impact including:</p> <ol style="list-style-type: none"> Strategic Framework Clinical Strategy Clinical Governance Structures and operational governance arrangements Clinical & Care Governance Strategy Participation & Engagement Strategy Risk Management Framework Governance arrangements established to support delivery of the UK Coronavirus (COVID-19) action plan and Scottish Government Annual Delivery Plan 2022/23 Processes established for reporting and escalation of COVID-19 related incidents & risks NHS Recovery Plan and Remobilisation <p>These are supported by the following:</p> <ol style="list-style-type: none"> Risk Registers Integrated Performance and Quality Report (IPQR), Performance reports dashboard data Performance Reviews Adverse Events Policy Acute Adult Programme (formerly Scottish Patient Safety Programme (SPSP) Implementation of SIGN and other evidence based guidance Staff Learning & Development System of governance arrangements for all clinical policies and procedures Participation in relevant national and local audit Complaints handling process Using data to enhance quality control HIS Quality of Care Approach & Framework, Sept 2018 Implementing Organisational Duty of Candour legislation Adverse event management process Sharing of learning summaries from adverse event reviews Implementing Excellence in Care Using Care Opinion feedback Acting on recommendations from internal & external agencies Revalidation programmes for professional staff Electronic dissemination of safety alerts Organisational Learning Group established in August 2021 Implementing the Adverse Event improvement Programme. Reviewing and updating the Clinical and Care Governance Framework for delivery by 31/10/22. Review of the Risk Management Framework and development of improvement programme now underway. The Child and Young Person Death Commissioning Group is well established 	<ol style="list-style-type: none"> 1. Reviewing together of patient experience, complaints, adverse events and risk information to provide an overview of good practice, themes, trends, and exceptions to the norm 2. Weaknesses in the process for recording completion of actions from adverse event reviews including evidence of steps taken to implement and share learning from actions. 3. Weaknesses in related oversight and monitoring processes at operational level 4. Risk Management Improvement programme to be implemented 	<ol style="list-style-type: none"> 1. Give due consideration to how to balance the stabilisation and remobilisation of clinical services and take forward improvement work while managing staff and public expectations, as we recover from the COVID-19 pandemic. 2. Continually review the Integrated Performance and Quality (IPQR) to ensure it provides an accurate, current picture of clinical quality / performance in priority areas. Incorporate a risk component from late summer 2022. 3. Refresh the extant Clinical Governance structures and arrangements to ensure these are current and fit for purpose as part of the review of the Clinical & Care Governance Framework. 4. Review the coverage of mortality & morbidity meetings in line with national developments and HIS guidance. 5. Review and refresh the current content and delivery models for key areas of training and development e.g. corporate induction, in house core, quality improvement, leadership development, clinical skills, interspecialty programmes, risk management, clinical effectiveness. 6. Review annually, all technology & Digital & Information systems that support clinical governance e.g. Datix / Formic Fusion Pro./ Labs systems. 7. Establish via HIS, the plans for Board reviews against the Quality of Care Framework in order to prepare and understand our state of readiness for a review. 8. Further develop the culture of a person centred approach to care. 9. Executive commissioning of reviews as appropriate e.g. internal audit, external peer and 'deep dives' 10. Align the developing Clinical & Care Governance Framework with the NHS Fife Strategic Priorities, Corporate Objectives and the developing Population Health & Wellbeing Strategy. 11. Identify improvements within the adverse events process taking into consideration communication, roles, use of DATIX and lines of reporting. 12. Build a risk culture which ensures that there is engaged risk leadership and proactive measures with focus in place to address risks. 13. Build a risk culture which links the identification of risk to organisational objectives and strategic priorities. 14. Identify and implement an electronic system/ quality management system for managing policy and procedures to improve efficiency and assurance of document management. 15. Use the Essentials of Safe Care framework as the basis of an organisational self assessment to understand status quo and support development of 	<ol style="list-style-type: none"> 1. Assurance statements from clinical & clinical & care governance groups and committees 2. Assurances obtained from all groups and committees that: <ol style="list-style-type: none"> they have a workplan all elements of the work plan are addressed in year 3. Annual Assurance Statement 4. Annual NHS Fife CGC Self assessment 5. Reporting bi annually on adequacy of systems & processes to Audit & Risk Committee 6. External accreditation systems e.g.. Unicef - Accredited Baby Friendly Gold. UKAS Inspection for Labs 7. External agency reports e.g. GMC 8. Quality of Care review 9. Compliance and monitoring of policies & procedures to ensure these are up to date 10. Locally designed subject specific audits 11. National audits 	<ol style="list-style-type: none"> 1. Internal Audit reviews and evaluation reports on controls and process; including annual assurance and governance review / departmental reviews to Audit & Risk Committee 2. External Audit reviews 3. HIS visits and reviews 4. Healthcare Environment Inspectorate (HEI) visits and reports 5. Health Protection Scotland (HPS) support and feedback 6. Health & Safety Executive visits and reports 7. Acute Adult Programme (formerly SPSP) visits and reviews 8. Scottish Govt Organisational DoC Annual Report 9. Scottish Public Service Ombudsman (SPSO) reports 10. Patient Experience and Feedback (PEaF) Quarterly Report which includes Care Opinion, compliments, and complaints report KPIs. 11. Specific National reporting 12. Mental Welfare Commission (MWC) reviews 	<ol style="list-style-type: none"> 1. Key performance indicators relating to corporate objectives e.g. person centred, clinically excellent, exemplar employer & sustainable 2. We require additional assurances that there is a system in place for oversight, monitoring of actions, and disseminating learning from a variety of sources e.g. audit, adverse events, SPSP, MWC reviews 3. We require additional assurances that there are systems in place for oversight of operational and strategic risks 	<p>Overall, NHS Fife has in place sound systems of clinical governance and risk management as evidenced by Internal Audit and External Audit reports and the Statement of Annual Assurance to the Board.</p>	2	5 - Extreme	10	Moderate Risk	<p>The organisation can identify the actions required to strengthen the systems and processes to reduce the risk level.</p>
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ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
2214	NHSFBD - Nursing Directorate Risk Register	21/10/2021	Nursing and Midwifery Staffing Levels	There is an established and continuing risk that safe nursing and midwifery levels cannot be achieved. NHS Fife is experiencing critical nursing and midwifery shortfalls, similar to other Boards across NHS Scotland. Vacancy rates, sickness absence levels and high activity related to consequences of the pandemic are aligned to the unprecedented demand on clinical services and on nursing and midwifery. There continues to be a heavy demand on supplementary staffing. Impact on quality of care remains a consequential concern.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	<p>10/06/22:</p> <p>BAND 2-4 WORKFORCE: Continues to be developed. Associate Practitioner role (Band 4) to be progressed across NHS Fife once job description and so on agreed with the Health & Social Care Partnership (HSCP).</p> <p>EDUCATIONAL PROVISION: This has been agreed with Fife College and trainees will be appointed under Annex 21. Training period will take 9-15 months.</p> <p>NURSING & MIDWIFERY (N&M) WORKFORCE PLANNING GROUP: Group continues to drive N&M planning & development activity across NHS Fife.</p> <p>RECRUITMENT: 160 student nurses and midwives have been recruited to NHS Fife, coming into post from September 2022 onwards. Nurse Bank has recruited 850 staff in the financial year 2021-22.</p> <p>Health Care Support Worker(HCSW)recruitment: Over 70 Whole Time Equivalent(WTE) Band 2 -3 posts were successfully recruited into by March 22; funding provided by Scottish Govt(SG)for these substantive posts which are in addition to existing establishments, with a focus on expediting patient discharge from hospitals.</p> <p>International Recruitment (IR): NHS Fife welcomed the first IR nurses to Scotland following collaboration with Yeovil Hospital NHS Trust. To date we have an agreement to recruit 40 nurses and 3 radiographers and will have 23 international recruits in Fife by the end of June. Unfortunately, SG funding has not continued beyond March 2022 therefore the Directors of Acute Services and HSCP will be consulted for finance options to allow IR to progress beyond the current 43.</p> <p>Ward Admin Posts: Following a successful recruitment campaign and evaluation, these posts have been made substantive in areas where they were deemed to have added value.</p> <p>National Registered Nurse (RN) recruitment campaign: Unfortunately, this campaign did not yield any benefits for NHS Fife with only 1 RN being appointed from NHS Tayside. All other Boards reported similar results.</p> <p>OPERATIONAL PRESSURES ESCALATION LEVELS (OPEL): Staffing levels are assessed on a shift-by-shift basis and measures are implemented in accordance with the OPEL action cards.</p>	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	3 - Possible - May occur occasionally - reasonable chance	3 - Moderate	Moderate Risk	9	Owens, Janette	Robertson, Nicola	10/06/2022	31/08/2022

1904	NHSFBD – COVID-19 Risk Register	20/08/2020	Coronavirus Disease 2019 (COVID-19) Pandemic	As a result of the current global COVID-19 pandemic, there is a risk of significant morbidity and mortality in the Fife population due to a lack of immunity to this novel disease. This could result in mild-to-moderate illness in the majority of the population, but complications requiring hospital care and severe disease (including death) in a minority of the population, particularly among the elderly and those with underlying health risk conditions. The potential impacts for NHS Fife include increased deaths, increased pressure on healthcare and support services affecting service delivery, reduced capacity for non-urgent services, disruption to supply chains and high levels of employee absence due to personal illness and caring responsibilities.	not	5 – Extreme	High Risk	25	<p>Update agreed at PHAC on 06/04/22 J Tomlinson: Community cases of COVID19 rose sharply during March across Fife and also across Scotland. The Office for National Statistics study recorded the highest prevalence of COVID19 within their most recent assessment with 1 in 11 people testing positive. The numbers of COVID19 cases within Fife hospitals are also at high levels. Studies in other Board areas have concluded roughly a third of cases are directly admitted because of COVID19 infection. The proportion of cases being admitted to hospital is relatively lower than in earlier waves and there remain low numbers requiring ICU treatment. There is no excess mortality detected through weekly monitoring processes nationally. The vaccination campaign continues to provide good protection against the most severe disease and death from COVID19. People who test positive and are at higher risk from adverse outcomes from COVID can also access new treatments which moderate the course of the illness. The planned easing of restrictions continues and there is increased mixing of the population in line with these changes. It is likely that community transmission will remain high, however the role-out of the Spring vaccination campaign is anticipated to boost protection for older age groups in our population.</p> <p>The Scottish Government announced their Transitional Plan for Test and Protect and asymptomatic testing for the general population will stop after Easter and Contact tracing for the general population will stop at the end of April.</p> <p>No change to risk level at this time.</p>	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	4 - Likely - Strong possibility this could occur	3 - Moderate	Moderate Risk	12	Tomlinson, Joy	Nealon, Sarah	08/04/2022	15/07/2022
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2297	Acute Services - ACUTE SERVICES DIVISION RISK REGISTER, NHSFBD - Cancer Services Risk Register, NHSFBD - COVID-19 Risk Register	25/03/2022	Cancer Waiting Times Access Standards	In view of increasing patient referrals and complex cancer pathways there is a risk that NHS Fife will see further deterioration of Cancer Waiting Times 62-day performance resulting in poor patient experience, impact on clinical outcomes and failure to achieve the Cancer Waiting Times Standard.	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	<p>25/03/2022 Cancer Performance & Audit Team carry out daily tracking with local escalations as required.</p> <p>Patient Tracker List (PTL) weekly review with Service Managers and business coordinator continues to ensure robust escalations for patients that are not moving through their pathways.</p> <p>Participation in local and national review of pathways to improve and sustain performance as part of the Cancer Recovery Plan. Current priorities are prostate* and lung.</p> <p>Implementing the SG Effective Cancer Management Framework which is due to be rolled out November 21 with SG visit being arranged.</p> <p>Contributing to national discussions with collaborative working with Boards through Cancer Managers' Forum.</p> <p>Regular review of the Data & Definitions (D&D) Manual to ensure up to date and appropriate waiting times adjustments are consistently applied across Scotland.</p> <p>The Cancer Strategy and Governance Group is now overseeing local performance and taking forward the Cancer Recovery Plan. A 3 year Cancer Framework and delivery plan will be launched for 2022-23. A key cancer commitment is optimal and timed cancer pathway review.</p> <p>An Acute Cancer Services Delivery Group has been established to provide operational oversight and management of CWT performance. including improvement activities</p>	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	4 - Likely - Strong possibility this could occur	3 - Moderate	Moderate Risk	12	Dobson, Claire Nicoll, Kathleen	25/03/2022	15/06/2022
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1296	CORPORATE RISK REGISTER, Corporate Directorate - Estates Risk Register 22/08/2016	Emergency Evacuation, VHK Phase 2 Tower Block There is a risk that a second stage fire evacuation, or complete emergency evacuation, of the upper floors of Phase 2 VHK, may cause further injury to frail and elderly patients, and/or to staff members from both clinical and non-clinical floors.	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	06/06/2022 - Works have started on the programme to repair or replace the doors in the Ward 10 fire compartment boundary with a view to completion by the end of June 2022.	
1907	NHSFBD – COVID-19 Risk Register 20/08/2020	Public Health Oversight of COVID-19 in Care Homes As a result of the current global COVID-19 pandemic, there is a risk of significant morbidity and mortality. It is recognised that adults living in care homes often have multiple health and care needs and many are frail with varying levels of dependence. Many are inevitably at greater risk of poorer outcomes if they were to contract COVID-19 due to conditions such as frailty, multiple co-morbidity, pre-existing cardio-respiratory conditions or neurological conditions. Care homes are environments that have proved to be particularly susceptible to Coronavirus and require whole system support to protect residents and staff. The potential impacts for care home include increased morbidity and mortality, increased pressure on care home staff, high levels of employee absence due to personal illness and caring responsibilities. The COVID-19 vaccination has proved to be effective at reducing the most severe impacts of the virus. This continues to be monitored closely.	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	Update agreed at PHAC on 06/04/22 provided by F Bellamy: No change to risk management or rating. Risk of infection in the wider community remains high, this, alongside new emerging variants of the virus therefore care home residents remain a vulnerable population group. The roll out of the spring booster vaccine is underway, however we are not yet in a position to understand the impact of this dose of vaccination for residents and care home staff against new and emerging strains of the virus. An increase in visiting in care homes as well as trips out of the care home for residents continue which given the rising prevalence may have an impact on cases/outbreaks in care home settings. This remains under regular review. This risk continues to be monitored at the weekly directors care home meeting.	
3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	1 - Remote - Can't believe this event would happen	5 - Extreme	Low Risk	5	McCormick, Neil Ramsay, Jimmy 06/06/2022 31/08/2022
3 - Moderate	High Risk	15	3 - Moderate	Moderate Risk	12	Tomlinson, Joy Nealon, Sarah 08/04/2022 15/07/2022		

Meeting:	Clinical Governance Committee
Meeting date:	1 July 2022
Title:	Board Assurance Framework (BAF) – Strategic Planning
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to the Clinical Governance Committee for:

- Assurance

This report relates to a:

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board Assurance Framework (BAF) is intended to provide accurate and timely assurances to the Committee and ultimately to the Board that the organisation is delivering on its strategic objectives in line with the following:

- NHS Fife Strategic Framework
- NHS Fife Clinical Strategy
- Fife Health & Social Care Integration Strategic Plan

The committee has a vital role in scrutinising the risk and where indicated, the committee will seek further information from risk owners.

This report provides the committee with the next version of the NHS Fife BAF 5.

2.2 Background

This BAF brings together pertinent information on the above risk, integrating objectives, risks, controls, assurances and additional mitigating actions.

- Identifies and describes the key controls and actions in place to reduce or manage the risk
- Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect
- Links to performance reporting to the Board and associated risks, legislation & standing orders or opportunities

The Committee is invited to consider the following:

- Does the risk score feel right?
- Do the current controls match the stated risk?
- Will the mitigating actions bring the risk down to its target level?
- If the mitigating actions are fully implemented would the outcome be achieved?
- Does the assurance provided describe how the controls are performing?
- Do the assurances come from more than one source including independent sources?
- Are limited resources being allocated appropriately i.e., on uncontrolled high risks or in otherwise well controlled areas of risk?

2.3 Assessment

This BAF reflects the changes that have happened over the COVID period and includes the strategic planning for the new Population Health and Wellbeing Strategy for NHS Fife.

The current risk level is assessed as **Moderate**, the expectation is that as we progress through the milestone plan activity in terms of the new strategy development and, as the recently recruited additional PMO capacity embeds, that this risk level should reduce.

Following discussion at previous committees, previous risks have remained on the BAF until the new Strategy is produced. The risks have been reviewed and updated. The BAF and risk also describes how:

- the Strategic Priorities form the focus of strategic planning direction going forward for NHS Fife.
- Work is progressing in the development of the Population Health and Wellbeing Strategy with revised timescales. Engagement planning is ongoing and is being approached jointly with the HSCP as they develop the IJB Strategic Plan. This approach provides exciting opportunities to work collaboratively.
- The process for SPRA for 2022/23 has concluded with the production of a transitional organisational 1-year plan and financial plan. Corporate objectives have now been agreed by the Board in May 2022.
- The Annual Delivery Plan 22/23 is in development currently and the first draft will be shared at committee private sessions in July before submission at the end of July. The actions will be based on Scottish Government guidance, SPRA actions, carried over RMP4 actions and the Corporate Objectives.

The committee are asked to note the current risk level against progress made in the development of the Population Health and Wellbeing Strategy and the robust planning through SPRA.

2.3.1 Quality/ Patient Care

Quality of Patient Care underpins the work undertaken by Strategic Planning and the development of the Population Health and Wellbeing Strategy.

2.3.2 Workforce

Workforce planning is aligned to the work undertaken by Strategic Planning through SPRA and the development of the Population Health and Wellbeing Strategy.

2.3.3 Financial

Financial planning is aligned to the work undertaken by Strategic Planning.

2.3.4 Risk Assessment/Management

Risk Assessment and Management is an integral part of the work undertaken by Strategic Planning.

2.3.5 Equality and Diversity, including health inequalities

Equality and Diversity is part of the work undertaken by Strategic Planning.

2.3.6 Other impact

n/a

2.3.7 Route to the Meeting

This paper was presented to EDG on 2 June 2022 in advance of discussion at other committees.

2.4 Recommendation

The committee is invited to:

- **Approve** the current position in relation to the Strategic Planning risk of Moderate.

Report Contact

Susan Fraser

Associate Director of Planning and Performance

Email: susan.fraser3@nhs.scot

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score				Current Score				Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)											Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	

Board Assurance Framework (BAF) - Strategic Planning

1675	Clinically Excellent, Exemplar Employer, Person Centred, Sustainable	08/06/2022	1 August 2022	<p>There is a risk that the development and the delivery of the new NHS Fife Population Health and Wellbeing strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements.</p> <p>Key Risks from previous BAFs will remain until committees are content they are covered in renewed PHW Strategy.</p> <p>1. Community/Mental Health redesign is the responsibility of the H&SCP/IJB which hold the operational plans, delivery measures and timescales</p> <p>2. Governance of the transformation programmes remains between IJB and NHS Fife.</p> <p>3. Regional Planning - risks around alignment with regional plans are currently reduced as regional work is focussed on specific workstreams</p> <p>4. Clinical Strategy does not reflect that the strategic direction of the organisation following the COVID-19 pandemic.</p>	4 – Likely – Strong possibility this could occur	4 – Major	16	High Risk	3 – Possible – May occur occasionally – reasonable chance	4 – Major	12	Moderate Risk	<p>Following period of COVID-19, portfolio management is being put in place.</p> <p>Programme management approach being refreshed through Strategic Planning Resource Allocation (SPRA) process.</p>	<p>Margo McGurk Director of Finance and Strategy</p> <p>Clinical Governance.</p> <p>Christina Cooper.</p>	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>6/6/22</p> <p>1. Board development session on strategy process was held in April 2022.</p> <p>2. Strategy development ongoing with progress being made. Workshop planned with Public Health team to discuss DoPH report recommendations and alignment with Strategy.</p> <p>3. Joint working on engagement of strategy and HSCP Strategic Plan over the next few months.</p> <p>3. Corporate Objectives have been signed off by the Board</p>	<p>EDG Portfolio Board will provide the required leadership and executive support to enable strategy development - now in place.</p>	<p>PHW Portfolio Board is now meeting monthly. TOR signed off. Governance route will be Public Health and Wellbeing Committee</p> <p>Time period for Strategy has been amended to start from 23/24 rather than 22/23. Annual Delivery Plan for 22/23 providing interim strategic direction. Work will continue during 2022 to ensure delivery of Strategy for 23/24.</p> <p>Responsible Person: Director of Finance</p> <p>Timescale: 31/03/2022</p>	<p>1. Minutes of meetings record attendance, agenda and outcomes.</p> <p>2. Reporting of key priorities to governance groups from the SPRA process.</p>	<p>1. Internal Audit Report on Strategic Planning (no. B10/17)</p> <p>2. Governance committee scrutiny and reporting.</p>	<p>Governance of new arrangements will be agreed to deliver the required assurance. This gap have now been closed.</p>	<p>Corporate Objectives now finalised for 22/23.</p> <p>Annual Delivery Plan due to be submitted in July 22 using SPRA submissions.</p> <p>ADP/RMP4 Q1 update on deliverables to be submitted in July 22 with Q4 update submitted in April 22.</p>	2 – Unlikely – Not expected to happen – potential exists	4 – Major	8	Moderate Risk	<p>Position is improving as Portfolio Board and Public Health and Wellbeing Committee is in place.</p>
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Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
	Nil currently identified				

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
	Nil applicable				

NHS Fife

Meeting:	Clinical Governance Committee
Meeting date:	1 July 2022
Title:	Board Assurance Framework (BAF) - Digital and Information
Responsible Executive:	Dr Chris McKenna – Medical Director
Report Author:	Alistair Graham – Associate Director of Digital and Information

1 Purpose

This is presented to the Clinical Governance Committee for:

- Assurance

This report relates to a:

- Local Policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Board Assurance Framework (BAF) is intended to provide assurances to the Committee and ultimately to the Board, that the organisation is delivering on its Digital and Information strategic objectives as contained in the following:

- NHS Fife Strategic Framework
- NHS Fife Clinical Strategy
- Fife Health & Social Care Integration Strategic Plan
- NHS Fife Digital & Information Strategy 2019 - 24

In addition, the BAF recognises the opportunity to integrate digital capability as part of the development of the Population Health and Wellbeing Strategy.

The Committee has a key role in scrutinising the risk and where necessary, the chair should seek further information. The Committee is required to consider the following:

- Does the risk score feel right?
- Do the current controls match the stated risk?
- Will the mitigating actions bring the risk down to its target level?
- If the mitigating actions are fully implemented would the outcome be achieved?
- Does the assurance provided, describe how the controls are performing?
- Do the assurances come from more than one source including independent sources?
- Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk?
- Is there anything missing you would expect to see in the BAF?

This report provides an update on NHS Fife BAF in relation to Digital & Information (D&I) as at 6 June 2022.

2.2 Background

This BAF brings together pertinent information on the above risk, integrating objectives, risks, controls, assurances and additional mitigating actions.

- Identifies and describes the key controls and actions in place to reduce or manage the risk
- Provides assurances based on relevant, reliable and sufficient evidence that controls are in place and are having the desired effect
- Links to performance reporting to the Committee and associated risks, legislation & standing orders or opportunities

2.3 Assessment

The Committee can be assured that systems and processes are in place to monitor D&I performance and continue to work on the risks as and when resource/funding becomes available.

The high-level risks are set out in the BAF, together with the current risk assessment and the mitigating actions.

Changes since the last report to the Committee are as follows: -

New Linked Operational Risks:

No new linked operational risks.

Previously Linked Operational Risks:

During the period, 2 risk have been removed as linked risks.

Risk 1338 – NHS Fife at increased cyber attack risk

During the period a number of planned mitigations have concluded allowing the risk rating to be reduced to a moderate risk.

Risk 1996 – Office 365 – Unknown Financial Consequences and so risk to licence availability

During the period clarity on the O365 licencing approach was confirmed by the National Programme and processes for management of joiners, leavers and movers improved, allowing the risk rating to be reduced to moderate.

Other Changes

Risk 885 – Digital and Information Financial Position

During the reporting period this risk, while remaining high, has seen significant attention within the D&I Senior Team and presentation via the SPRA process. Some mitigations have been established allowing the risk to reduce from a risk rating of 20 to a rating of 15.

The BAF's current risk level has been assessed as High, with the target score remaining Moderate.

2.3.1 Quality/ Patient Care

No negative impact on quality of care (and services).

2.3.2 Workforce

No change

2.3.3 Financial

Digital & Information continue to identify and quantify the key financial exposures that present risks to be able to operate within the agreed budget. D&I looks to identifying additional funding allocations and changes to operating models to mitigate the levels of financial exposure. A number of opportunities for Cost Improvement Plans (CIPs) are in development.

Further financial planning and business case propositions for remaining items relating to the Digital & Information Strategy will be prepared and presented throughout 2022-23.

2.3.4 Risk Assessment/Management

Please see attached risks and BAF.

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

External stakeholders are engaged where appropriate.

2.3.8 Route to the Meeting

The BAF reflects the consideration and activities from the: -

Digital & Information Board

Information Governance & Security Steering Group

The BAF was presented to the Executive Directors Group on 16 June 2022.

2.4 Recommendation

Assurance – the content and current assessment of the Digital & Information BAF is provide to the Committee for assurance. The BAF's current risk level has been assessed as High, with the target score remaining Moderate.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 - BAF Digital & Information June 2022
- Appendix 2 - Digital & Information linked operational risks

Report Contact

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Associate Director of Digital & Information

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NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score			Current Score			Rationale for Current Score	Owner (Executive Director) Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)										Rating (Current)	Level (Current)	Likelihood (Target)	Consequence (Target)	

Board Assurance Framework (BAF) - Digital & Information

1677	Clinically Excellent, Exemplar Employer, Person Centred, Sustainable	06/06/2022	15 August 2022	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 to deliver sustainable and integrated services that are safe, secure and compliant with governance frameworks and associated legislation.	4 – Likely – Strong possibility this could occur	5 - Extreme	20	High Risk	3 – Possible – May occur occasionally – reasonable chance	5 - Extreme	15	High Risk	<p>Failure in this area could have a direct impact on patients care, organisational reputation and exposure to legal action. While it is recognised that several adverse events ranging from minor to extreme can occur daily, the proportion of these in relation to overall activity is very small and reporting to competent authorities is minimal.</p>	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <ol style="list-style-type: none"> 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 Information Governance & Security Governance Groups implemented with improvement and assurance activity plans reviewed and monitored by Steering Group. Caldicott - register maintained and reviewed Review of financial impact of D&I Strategy as part of annual deliver planning and areas of exposure quantified and presented via SPRA process Operational governance lead through SLT focusing on operation controls (finance & resource), lifecycle management, policy/procedure implementation a workforce development Risk management arrangements underpinned by: Policy & Process, Adverse event management, Asset Management Controls, Monitoring and Detection, Defence in Depth security measures and technology; all of which are receiving a higher percentage of budget allocation. Directive on security of network and information systems (NIS) & Cyber Essentials Compliance – Action Plan developed prioritising a series of Cyber workshops informing technical controls and organisational response to Cyber attacks Additional resilience planning and disaster recovery work underway to update alignment to current operating priorities FOI, SAR, records management, DPA improvements being lead through IG&S Steering and Operational Groups Senior Management Team consideration of policy and procedure impact and associated implementation Monthly risk reviews with Operational Leads and escalation/reporting to Governance Groups as necessary Performance Review Participation in national and local audit e.g. NISD Audit Commitment to ensure appropriate implementation of Cyber Defence Measures, including support of national centralised cyber incident reporting and coordination protocols. Staff Learning & Development, both Digital staff and the wider organisation including leadership skills. Business Case development to include costed resilience by design and ongoing support activities. Enhancing monitoring of our digital systems. 	<p>Lack of formal quantification of the financial impact of the remaining items associated with the Digital Strategy, Business Cases in development.</p> <p>Level of financial and resource exposure linked to COVID response items.</p> <p>Lack of long term financial, lifecycle and workforce planning.</p> <p>Lack of evidence of assurance now that systems to maintain ongoing monitoring of compliance and control are established: GDPR/DPA 2018 - Improvements noted in IG&S Assurance Report (Target March 2022)</p> <p>Lack of consideration and commitment to unification of business process on strategic applications and the associated remove of duplicate or legacy systems</p> <p>Lack of training and education resource to ensure our staff and patients are digitally ready - Business Case in consideration</p> <p>Lack of resilience of key digital systems and technical recovery procedures and regular failover (DR) testing. - Plan to address agreed with EDG - April 2021- project now in initiation – Oct 2021</p> <p>Governance and procedures do not fully follow ITIL professional standards - Internal Audit Findings responded to</p>	<ol style="list-style-type: none"> Improving and maintaining strong governance, risk management and operating procedures following Information Technology Infrastructure Library (ITIL) professional standards within early adoption of continuous improvement assessment. (ITIL implementation - Phase 1 Agreed - Phase 2 underway) Organisation to consider the gaps in current operating financial commitments as a result of COVID response and assessment of financial implementation of Digital Strategy presented through SPRA process. Develop long term financial, lifecycle and workforce planning - plan to address is in development Work to become fully compliant with GDPR, DPA 2018, NIS Directive, Information Security Policy Framework and thereafter maintain compliance. 	<p>Second line of Assurance:</p> <ol style="list-style-type: none"> Reporting to D&I SLT, D&I Board, Information Governance & Security Steering Group (IG&SG), EDG & Clinical Governance groups and committees. Annual Assurance Statements for the D&I Board and IG&S Steering Group. Locally designed subject specific audits. Compliance and monitoring of policies & procedures to ensure these are up to date via D&I Senior Management Team. Reporting bi annually on adequacy of risk management systems and processes to Audit & Risk Committee. Monthly SIRO report SGHSCD Annual review SG Resilience Group Annual report on NIS & Cyber compliance External Assurance on Delivery Plan by Scottish Government Update to Assessment following June 2019-Digital Maturity Assessment Periodic Benchmarking for areas of focus 	<p>Third line of Assurance :</p> <ol style="list-style-type: none"> Internal Audit reviews and reports on controls and process; including annual assurance and governance review / departmental reviews. External Audit reviews. Formal resilience testing / DR testing using an approved scope and measured success and mechanism for lessons learned and action plans. Alignment to Cyber Resilience Framework NISD Audit Commissioned by the Competent Authority for Health. Benchmarking with NHS Scotland's Boards 	<ol style="list-style-type: none"> The remaining deliverables as stated in the D&I Strategy have yet to undergone business case assessment against delivery. Findings presented via SPRA and FCIG. Continual development of data assured performance is ongoing across all D&I Domains. Development of workplans aligned to risk continually developed. Assurance reports are consistently provided to D&I SLT monthly and development of data/KPI reports to Governance Groups continue to be developed. These reports will ensure trend and analysis to highlight potential vulnerabilities and provide assurances (including assurances that confirm compliance with GDPR, DPA 2018, NIS Directive, the Information Security Policy Framework is being maintained). Implementation of improvements as recommended in Internal and external Audit ongoing. Adverse Events review to be included Improvements to SLA's (in line with 'affordable performance') is that output still awaited from 4 to provide assurance or otherwise Assurance on patients' readiness/equality impact in the adoption of digital care provision Assurance on organisational readiness for further Digital Adoption 	<p>Overall, NHS Fife Digital has in place a sound systems of</p> <ol style="list-style-type: none"> Governance - agreed ToR and reporting Improving security defences and risk management as evidenced by Internal Audit and External Audit reports Investment has been made to support NIS, GDPR and Cyber resilience and some tools which will improve visibility of the Network. Clear articulation of digital aspiration via the Digital Strategy 2019-2024 Extended corporate governance including EDG attendance Meeting visibility through provision of minutes and delivery plans to EDG/CGC Investment in substantive resources for IG&S, Programme Management office and architecture service. 	2 – Unlikely – Not expected to happen – potential exists	5 - Extreme	10	Moderate Risk	<ol style="list-style-type: none"> Difficulty in securing investment in people, tools and maintaining systems that are resilient and always within support cycles. Fully implementing resistance to attack through 'resilience by design', well practised response plans and recovery procedures. Reduce the 'human factor' through ongoing 'user base education' and improving organisational digital readiness. Enhanced controls and continuing improvements to systems and processes for improved usage, monitoring, reporting and learning are continually being put in place. <p>Aim for Moderate Risk as target rather than Low Risk is due to the fact that likelihood whilst unlikely may still happen and consequence will be extreme due to level of fines that may be imposed, reputational damage and patient harm.</p>
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Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
2192	Risk that Digital & Information Service Management activities are not aligned to ITIL	Active Risk	High Risk	20	Graham, Alistair
1422	Unable to meet NIS & Cyber Resilience Framework compliance	Active Risk	High Risk	16	Graham, Alistair
1934	Loss of Cloud based Email & Collaboration Services	Active Risk	High Risk	16	Young, Allan
537	Failure of the Network causing widespread loss of access to IT systems	Active Risk	High Risk	15	Young, Allan
885	Digital & Information Financial Position	Active Risk	High Risk	15	Graham, Alistair

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
226	Security of data being transferred off/on site	Active Risk	High Risk	16	Graham, Alistair
1338	NHS Fife at increased cyber attack risk due to legacy systems / application versions	Active Risk	Moderate Risk	12	Graham, Alistair
1393	Patch Management Risk	Active Risk	Moderate Risk	8	Young, Allan
1504	Lack of a central IT location to store guidance documents	Active Risk	High Risk	20	McKenna, Christopher
1576	Risk of not meeting Software as a Medical Device full compliance	Active Risk	Moderate Risk	9	McKenna, Christopher
1746	O365 May Cause Disruptive Network Overhead	Active Risk	Moderate Risk	9	Young, Allan
1932	T4 - User error in use of O365 products (including those supporting system)	Active Risk	Moderate Risk	12	Fowles, Malcolm
1996	Office 365 - Unknown Financial Consequence and so risk to licence availability	Active Risk	Moderate Risk	12	Graham, Alistair
529	Information Security Risk	Closed Risk	High Risk	16	McGurk, Margo
913	MIDIS replacement	Closed Risk	Moderate Risk	9	Donovan, Lesly
1424	End of support lifecycle for Microsoft Server Products	Closed Risk	High Risk	16	Young, Allan
1927	Deliberate unauthorised data access or misuse by insiders (staff, contractors etc.)	Closed Risk	Moderate Risk	12	Fowles, Malcolm
1928	T2 - Deliberate unauthorised access or misuse of O365 Email by outsiders (e.g. hackers)	Closed Risk	Moderate Risk	12	Young, Allan
1929	T7 - Inadequate or absent audit trail	Closed Risk	High Risk	25	Young, Allan

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
1934	NHSFBD - Digital and Information Technology Risk Register, NHSFBD - Digital and Information Directorate Risk Register	08/09/2020	Loss of Cloud based Email & Collaboration Services	There is a risk that NHS Fife users and services could be prevented from using Email and Collaboration solutions (such as Teams / SharePoint), also online MS Office Products due to a loss of connectivity to the Internet or Microsoft Azure Infrastructure, resulting in a negative impact upon services, collaboration and communication.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	February 2022 - Situation continues to be monitored. Work continues to find funding for secondary Internet connectivity.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	3 - Moderate	Low Risk	6	Young, Allan Fowles, Malcolm		11/03/2022	23/06/2022
1422	NHSFBD - Digital and Information Technology Risk Register, NHSFBD - Digital and Information Directorate Risk Register	19/02/2018	Unable to meet NIS & Cyber Resilience Framework compliance	There is a risk that not enough resource or funding will be available to implement requirements for the full NIS and Cyber Essentials legislation and standards.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	01/06/22 - Action plan still being progressed in line with NISD recommendations / priorities using appropriate resources vs 'run' commitments. Latest audit shows compliance increased from 69% to 76%, but more work and funding will be required to achieve 80%+.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	4 - Major	Moderate Risk	8	Graham, Alistair Young, Allan		01/06/2022	01/09/2022
2192	NHSFBD - Digital and Information Directorate Risk Register	15/09/2021	Risk that Digital & Information Service Management activities are not aligned to ITIL	There is a risk (As supported by IA ReportB23-21) that the lack of governance and procedures aligned to the maintenance of ITIL standards will result in increased periods of system unavailability and adverse impact to clinical and corporate functions in NHS Fife	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	7/3/22 - Cost benefit analysis agreed at the Digital and Information Board - October 2021. Recruitment of key roles (within Budget) underway. ITIL standards for all IT service management areas e.g. Labs and Radiology - through reinstatement of Labs/Digital Meetings Consider the opportunity presented through the implementation of Service Now supports improved change management processes	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	2 - Unlikely - Not expected to happen - potential exists	3 - Moderate	Low Risk	6	Graham, Alistair Young, Allan		01/06/2022	01/09/2022

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
537	NHSFBD - Digital and Information - Information Technology Risk Register, NHSFBD - Digital and Information Directorate Risk Register	02/05/2006	Failure of the Network causing widespread loss of access to IT systems	There is a risk of localised or widespread extensive and persistent IT network failure caused by failure of any of Local Area Networks, Wide Area Network connections within NHS Fife. Thus resulting in clinicians / admin staff being unable to access data which is pertinent to patient care and administrative services being significantly hindered.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	7/3/22 - Additional funding received from SG to allow some replacement and upgrade of Network infrastructure to take place. Orders placed and wait for delivery and installation of equipment. Longer term financial plan provided to FCIG.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	1 - Remote - Can't believe this event would happen	5 - Extreme	Low Risk	5	Young, Allan	Fowles, Malcolm	11/03/2022	16/06/2023
885	NHSFBD - Digital and Information Directorate Risk Register	31/10/2014	Digital & Information Financial Position	<p>There is a risk that D&I will not be able to provide funding for new IT initiatives due to flatlined or reducing budgets. This is due to the need to ensure the current production infrastructure is appropriately maintained, support contracts paid for and vulnerable equipment upgraded in order to remain safe & secure.</p> <p>The D&I financial position is heavily reliant on non-recurring money issued to the Board by Scottish Government Digital Directorate. This funding is always subject to reduction and designed to support enablement and innovation within NHS Boards. However NHS Fife uses a significant proportion of this funding to run the operational digital service, thus restricting the Board's ability to embark on redesign / service developments, innovation and strategic aims.</p> <p>The D&I department is forced to carry persistent high/red risks due to ever-competing funding challenges, which impact the ongoing ability maintain safe operations.</p>	4 - Likely - Strong possibility this could occur	5 - Extreme	High Risk	20	06/06/22 - SPRA outcome known. Risk still associated with financial commitments associated with the COVID response activity and for larger scale deliverables associated with the D&I Strategy. Business Cases in development.	3 - Possible - May occur occasionally - reasonable chance	5 - Extreme	High Risk	15	2 - Unlikely - Not expected to happen - potential exists	2 - Minor	Low Risk	4	Graham, Alistair	Marshall, Shelley	06/06/2022	15/08/2022

Meeting:	Clinical Governance Committee
Meeting date:	1 July 2022
Title:	Data Sharing Agreement for Use Case Project with Data Loch
Responsible Executive:	Dr Chris McKenna, Medical Director, Executive Lead for RIK
Report Author:	Neil Mitchell, Innovation Manager

1 Purpose

This is presented to the Clinical Governance Committee for:

- Decision

This report relates to a:

- Emerging issue

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

- Effective

2 Report summary

2.1 Situation

NHS Fife has the opportunity to determine the potential value of DataLoch as a South East region Trusted Research Environment (TRE) for research, innovation and service planning to support NHS Fife Population Health and Wellbeing Strategy and evaluation of NHS Fife business needs and priorities. DataLoch is a regional data repository asset integral to the Data Driven Innovation Initiative funded by the Edinburgh and South East Region City Deal. DataLoch has been developed to create an efficient and safe approach to store, link and enable access to data from across the South East Region. It is proposed that NHS Fife engages with DataLoch to pilot a use case demonstration project to enable greater understanding of the governance, data integrity and security processes for DataLoch and how they would work within NHS Fife infrastructure. This would entail the signing of a Data Sharing Agreement (DSA) with DataLoch's current Data Controller (NHS Lothian). Currently, NHS Fife has a Data Sharing Agreement with the University of Dundee Health Informatics Centre (HIC), an agreement first entered into in 2009. A comparison of HIC and DataLoch as TRE's is provided in Appendix 4. Since 2009, NHS Fife data within the HIC TRE has been used in 74 projects. A breakdown of this is shown in Figure 1. Signing a use case demonstration project DSA with DataLoch would provide an opportunity for NHS Fife to test the resource required, determine the additional value of DataLoch as a regional data asset and provide evidence for future decision making with

regard to a more substantive DSA. The Clinical Governance Committee is being asked to support that NHS Fife should trial a use case demonstration project with DataLoch.

Figure 1. Breakdown of HIC projects involving NHS Fife Data

Year	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
No. of Projects	3	7	5	11	8	8	7	14	8	3

2.2 Background

2.2.1 The Edinburgh and South East Scotland City Region Deal

The Edinburgh and South East Scotland (ESES) City Region Deal, agreed in August 2018, is a UK and Scottish Government-led investment in the ESES region designed to accelerate productivity and inclusive growth through the funding of infrastructure, skills and innovation. The Data-Driven Innovation Programme (DDI) is one strand of the Deal, coordinated by the University of Edinburgh and Heriot-Watt University, and was included in recognition of the region's strengths in technology and data science, the growing importance of the data economy for everyone, and the need to tackle the gap in digital skills.

The regional signatory partners within the Deal include six local authorities (City of Edinburgh, Midlothian, East Lothian, West Lothian, Fife and the Scottish Borders), the University of Edinburgh and Heriot-Watt University.

Health and Social Care is a major theme within DDI (HSCDDI) and is being coordinated by the University of Edinburgh's Usher Institute in close collaboration with regional health and social care partners. In addition to the Deal signatories, the three regional NHS Boards (Lothian, Borders and Fife) and a number of regional Universities and Further Education Colleges have indicated their support in principle for the strategic ambitions of the HSCDDI programme. NHS Lothian has recently signed a Collaboration Agreement with the University of Edinburgh in regard to HSCDDI.

DataLoch is the foundation project within HSCDDI with the aim of providing a defined, linked and accessible repository and service for health and social care data across the ESES Region.

The value of the City Region Deal is over £1.3 billion, with £791 million earmarked for Research, Development and Innovation. This is made up of a Government contribution and partner contribution. As partners are made up of regional councils, Fife Council is contributing financially to the City Region Deal, which in turn is financing DataLoch.

Figure 2. Edinburgh and South East Scotland City Region Deal Financial Summary

Theme	Government contribution (£m)	Partner contribution (£m)	Total amount (£m)
Research, development and innovation	£350	£441	£791
Integrated Regional Employability and Skills Programme	£25	N/A	£25
Transport	£140*	£16	£156
Culture	£20	£25	£45
Housing	£65	£248	£313
Total	£600*	£730	£1,330*

**Includes £120m for Sheriffhall roundabout to be delivered by Transport Scotland*

2.2.2 DataLoch Service

The DataLoch service will involve the ingestion of regularly refreshed copies of regional partners' health and care datasets, their quality assessment, cleaning, linkage and the provision of a detailed metadata catalogue outlining the data that is available within the repository. DataLoch will then provide access to this curated data repository, through a clear and secure governance protocol overseen by all contributing Data Controllers, for projects seeking to gain greater insights into potential solutions to regional, and wider, health and care challenges. DataLoch will not provide access to, or directly interact with, partners' live data systems. Appendix 1 provides an example of the integral role DataLoch has within the National Healthy Aging Innovation Challenge (Frailty) Healthy Aging Lab currently running in NHS Lothian with the University of Edinburgh.

Access to the DataLoch repository is only granted following an agreed robust and transparent application and governance process (Appendix 2). Key governance criteria need to be met to ensure the purpose and interest is legitimate and appropriate. Representation from NHS Fife would be included in all governance layers. Applications that are approved will then access data through a secure IT environment. Only specific data will be accessible, and the applicant will not be able to remove data from the secure environment. Data will only be transferred and held within secure networks (such as the NHS N3 or SWAN networks) or using secure file transfer protocols that encrypt data in flight to ensure individuals' privacy is protected. Analytical outputs (e.g. reports, summaries, aggregate statistics, graphs etc.) will be available for users to download only after they have been checked for statistical disclosure by designated analytical staff.

2.3 Assessment

The principle organisational risk is the sharing of confidential corporate and patient data to an organisation external to NHS Fife data integrity and security architecture. As DataLoch currently sits within NHS Lothian infrastructure, assurance is provided that all NHS relevant policies are followed and the infrastructure is supported by NHS Lothian eHealth staff. NHS Lothian is currently the only contributing Data Controller and the University of Edinburgh/DDI DataLoch is the Processor. The necessary written legal terms regulating this position are set out in a Collaboration Agreement between NHS Lothian and the University of Edinburgh. Implementing a use case demonstration project with DataLoch would allow NHS Fife to evaluate any risk, technical or resource challenges and provide an evidence base for further consideration prior to entering into a more substantive DSA with DataLoch.

The future intention for DataLoch is that the infrastructure will migrate from NHS Lothian to the Edinburgh International Data Facility managed by the University of Edinburgh's Parallel Computing Centre. Any such migration will require collective review of the legal relationships between all parties. Any change of state will only occur with the full input and agreement of all contributing Data Controllers.

Participation in a use case demonstration project will give NHS Fife representation on the Data Access Group, which scrutinises all requests for data, therefore will have influence over approval of access to NHS Fife data. NHS Fife would be represented on the Data Controller Board which oversees, manages and monitors DataLoch, including strategy and direction, and Fife Data Protection Officer (DPO) will also sit on the Governance Oversight Board.

2.3.1 Quality/ Patient Care

Subject to the successful demonstration of DataLoch as adding value to NHS Fife strategic direction and priorities, relevant staff will have access to data provided by DataLoch which is anticipated will lead to improvements in patient care, service design and delivery. Access to a wider regional data set from other signatories to DataLoch, could lead to further insights and knowledge to improve patient care, service design and delivery in Fife. As a contributor to DataLoch, NHS Fife can request that DataLoch prepares datasets to support regional health and social care priorities, at no cost. DataLoch is intended to provide vertical and horizontal linkage across the Health and Social Care regional catchment covered by the Edinburgh and South East Region City Deal. This linkage of regional data would allow for projects to align with the evaluation of NHS Fife service and business needs, especially with shared services, such as cancer care. This cannot be achieved with our current Data Sharing Agreements or data linkage projects. The data provided by DataLoch will allow for greater strategic planning across whole of system services.

2.3.2 Workforce

Being a contributor to DataLoch would have resource implications in terms of the requirement of representation at regular meetings for the scrutiny of data access requests, governance, oversight and management of DataLoch. Data Protection Officers would meet with the Governance Oversight Board monthly. There will be a requirement for existing staff time agreeing the necessary documentation and technical links, similar to what is currently performed with HIC.

As Data Controller, NHS Fife will be responsible for instructing Data Processing requests in response to Subject Access Requests (SARs) and/or Freedom of Information (FOI) requests, as appropriate.

As NHS Fife will enter into a legal agreement, this will require input from multiple parties, including Legal Services. The agreement will also be required to be reviewed regularly. Agreements will need to be updated when migration to Parallel Computing Centre takes place.

A use case demonstration project to trial DataLoch's value will provide NHS Fife with an indication of the resource that would be required should NHS Fife give consideration to entering into a full DSA as a contributing partner to DataLoch.

2.3.3 Financial

The DataLoch service will be provided free for regional NHS and local authority partners looking to improve the planning and delivery of their services. Such projects will play a critical role in delivering both public benefit and immediate value to the NHS, local authorities and other partners contributing data. The costs of running the DataLoch service will be covered by a service charge built into supporting non-NHS and local authority research and innovation projects such as grant funded university research projects. Of these those offering the greatest potential benefit to the citizens of the ESES region will be prioritised. As well as funding the costs of supporting individual projects, this charge will also enable capacity building investment in technical and team development.

The intention is that DataLoch will be open to commercial researchers which will generate a financial return, allowing DataLoch to ultimately be self-funding. As a member of the Data Controller Board, NHS Fife along with other contributing partners would have oversight of income and the use of any excess income, as well as applications for access from commercial researchers. The understanding is that the cost to NHS Fife would be negligible with no contribution for the maintenance of DataLoch.

2.3.4 Risk Assessment/Management

DataLoch will ingest data as defined by Data Controllers, within the scope of Health and Social Care data sets for the South East Region. The ingestion of data will be via Secure Managed File Transfer, as defined by NHS Fife IT security. For every data set that is ingested by DataLoch there will be an agreed 'conditions of use' set by NHS Fife, as Data Controller.

DataLoch functions as a Data Processor. DataLoch will only act in accordance with the explicit instructions from the Data Controller, NHS Fife. The terms of the data processing will be set out in the DSA with NHS Lothian, which will recognise both Boards as Joint Controllers. Data held within DataLoch will only be accessible to named employees from University of Edinburgh and NHS Lothian for the purposes of preparation, linkage and de-identification. This process is supported, in the background, by nominated experts from NHS Fife, as Data Controller. All employees working on DataLoch will be trained in Information Governance and laws relating to the protection of individuals' privacy. Employees will also be trained on and work to written standard operating procedures (SOPs). Audit records will also be kept of staff members' access. Trialling a use case demonstration project will allow NHS Fife to assess the processes for the ingest of data to DataLoch to better understand how these operate in real time. The use case demonstration project will also allow NHS Fife to better understand how the joint Data Controller relationship with NHS Lothian would be operationalised.

There will be a data back up in place for all raw data, data tables, and project level extractions. There will be an audit regime put in place, agreed by all Data Controller DPO or their equivalent.

DataLoch will have a live Data Protection Impact Assessment (DPIA) at all times. There will be a live Systems Security Risk Assessment live at all times. The Data Controller Board, which will include NHS Fife representatives, will have oversight of these documents.

For contributing Data Controllers to DataLoch data will be retained indefinitely to support research and service management. Retention reviews will be performed every 5 years.

Alternative retention protocols will be defined as required in line with Data Controllers own privacy and retention polices and articulate in each datasets 'conditions of use', set by NHS Fife.

DataLoch provide limited analytical support; either provide the linked, curated data for the Analytical Services team, or create prototype reports (with coding shared) so that the Analytical Services team can recreate the reports within ongoing dashboards. Ongoing dashboard creation is not a service that is provided by DataLoch.

Risk	Risk Level	Mitigation
Lack of representation from NHS Fife	Low	Places on steering groups and governance groups
Reputational risk to releasing confidential corporate and patient data to another entity and potentially commercial companies	Moderate	All information governance principles will be followed and data is captures in NHS Lothian infrastructure, therefore all NHS polices will be adhered to.
Missed opportunities for service planning, redesign and research and innovation connections to wider South East Region Innovation Community via DataLoch	Moderate	Signing up to DataLoch would allow access to regional and national opportunities, including commercial opportunities
Migration to Non-NHS infrastructure	Moderate	By signing up to DataLoch prior to migration, NHS Fife will be able to influence any migration. Any migration will be subject to legal agreements.

2.3.5 Equality and Diversity, including health inequalities

As DataLoch will bring together comprehensive routine health and care data, including tertiary and quaternary services across the region, to one place this will allow NHS Fife to have a clearer view of patient journeys, across multiple services and Health Boards. This will give NHS Fife the opportunity to evaluate and re-design services based on our population. By contributing to DataLoch, NHS Fife would have the opportunity to conduct comparative evaluations with other regional Health Boards, potentially benefitting NHS Fife's business and operational needs. As Fife Council contributes financially to the City Region Deal, contributing to DataLoch will allow Fife citizens to fully benefit from this investment. Establishing a use case demonstration project would allow appropriate demonstration of how DataLoch can contribute to the region, as well as being aligned to NHS Fife's current business needs.

2.3.6 Other impact

DataLoch will provide the opportunity for NHS Fife to have closer links to the wider Innovation Community, bringing them closer to regional business collaborations and entrepreneurship programmes. There will be a benefit to service planning in Fife, as a regional data asset DataLoch allows access to data on NHS Fife service users as well as Health and Social Care Partnership service user data.

In terms of workforce development DDI offers a Talent programme which is already offering data skills courses tailored to health workforce staff. The number of courses

offered by the Talent programme will be reviewed annually and currently there are 2 Master's level courses and 16 Post-Graduate Professional Development courses, as well as 2 CPD courses, which are non-credit bearing, available. To date, 5 members of NHS Fife staff have benefitted from the Talent programme courses. The Talent programme has attracted staff from a range of levels, disciplines and professional areas, including Digital and Information Services.

2.3.7 Communication, involvement, engagement and consultation

The input of Digital and Information, RIK, DataLoch and HIC team Members has been sought. Digital and Information input from Associate Director D&I Alistair Graham. RIK input from Professor Frances Quirk, Assistant RIK Director. DataLoch team input from Michael Gray, Implementation Lead, Kathy Harrison, Programme Lead, and Stephen Lavenberg, Service Manager. HIC team input from Jenny Johnstone, HIC Information Security and Governance Manager, Chris Hall, HIC Secure Data and Data Linkage Manager.

- Emails and Teams Calls with DataLoch team, May 2022
- Email and Teams Call with HIC, May 2022
- Email and Teams Call with Alistair Graham, June 15th

2.3.8 Route to the Meeting

This paper was submitted to the RIK Oversight Group (20th June 2022) for discussion, support in principle and recommendation to submit to Clinical Governance Committee.

2.4 Recommendation

The Clinical Governance Committee is being asked to support moving to the next step of identifying and developing a use case demonstration project to enable NHS Fife to enter into a use case demonstration project Data Sharing Agreement with DataLoch (Joint Data Controller NHS Lothian).

Recommendation – following discussion provide indicative approval to develop and implement a use case demonstration project with DataLoch.

A use case demonstration project would provide NHS Fife clarity and necessary information in order to consider making a determination about entering into a more substantive DSA with DataLoch at a future date.

3 Resources

1. HSCDDI Talent Programme - [Health and Social Care Talent Programme | The University of Edinburgh](#)
2. DataLoch Service Specification, Version 1.1, Dated 31 May 2021

4 List of appendices

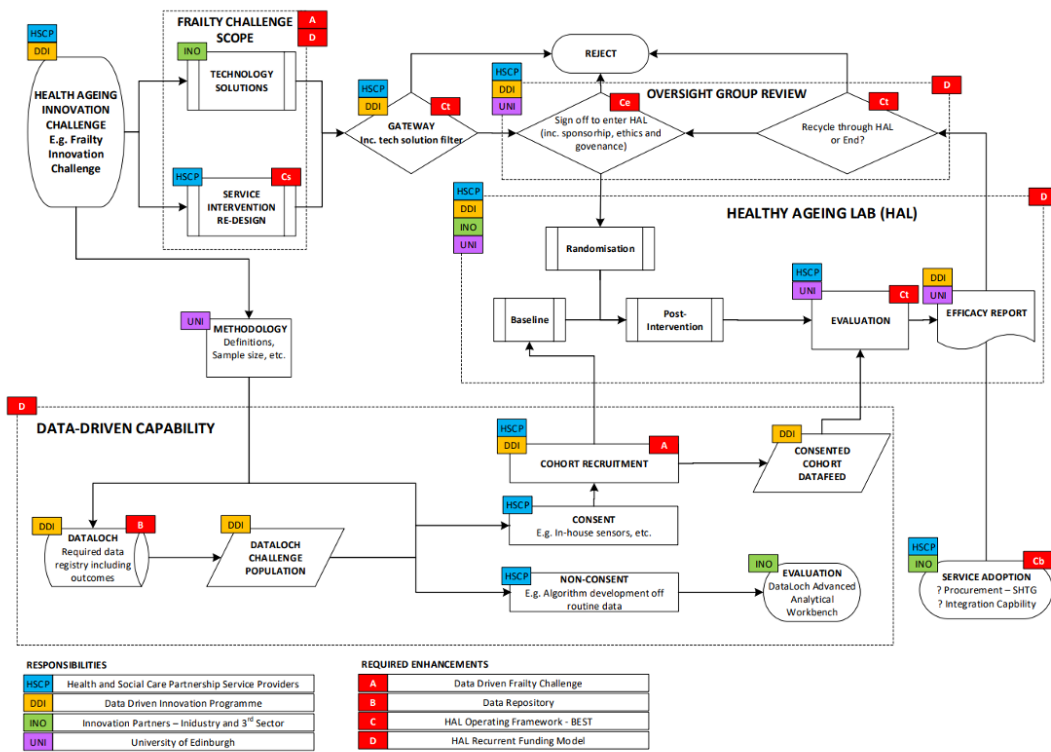
The following appendices are included with this report:

- Appendix 1, Operating framework for Frailty Innovation Challenge
- Appendix 2, Application Process
- Appendix 3, DataLoch Governance Framework
- Appendix 4, Comparison of HIC and DataLoch

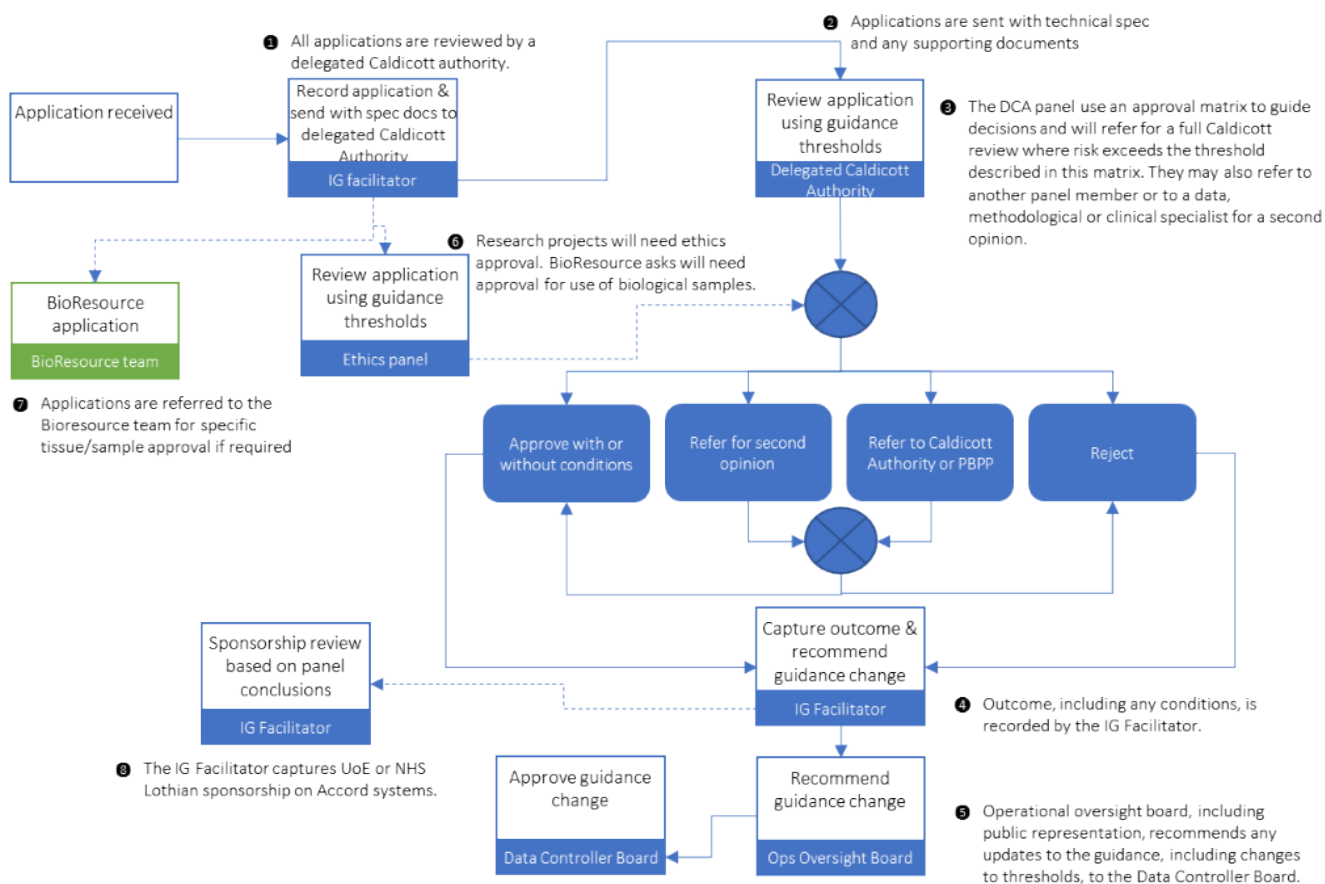
Report Contact

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Innovation Manager
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Appendix 1. Operating framework



Appendix 2 – Application Process





DataLoch Governance Framework

Content

Introduction.....	page 2
Key Relationships.....	page 2
Governance Structure.....	page 4
Governance Groups Terms of Reference.....	page 5
Defined Processes.....	page 8
Approval process with learning loop	page 9
Contractual Agreements	page 10
Appendices.....	page 11

Author: Kathy Harrison, Pamela Linksted
 Reviewers: Nick Mills, Tracey McKinley, Marise Bucukoglu, Tim Walsh, Alison McCallum, Tracey Gillies
 Objective: Outline DataLoch’s governance structure for approval

Document update:
 06/10/20: V2 updated with feedback from Tracey McKinley, Alison McCallum, Nick Mills
 27/10/20: V3 updated with feedback from David Matheson
 09/11/20: V3.1 update to Tor for Governance Oversight Group from Pamela Linksted
 26/11/2020: v3.2 section on ethics review added
 08/04/2021: v3.3 Updated in light of feedback on agreements, corrections and clarifications.
 18/06/2021: v3.4 Update terminology and graphics

Introduction

The DataLoch Programme has been developed to create an efficient and safe approach to store, link and enable access to data from across the South East Region, creating a comprehensive and integrated health and social care data ecosystem.

The governance oversight of the DataLoch Programme comprises team members from NHS Lothian and University of Edinburgh, and will include representatives from other partners within the region as these come on board. Governance will be key to consistent and quality data governance. The governance requirements include: oversight and accountability of the project, process standards, approval criteria and guidance thresholds to help guide consistent decisions, and appropriate oversight of access to and use of data. Critically, these processes and guidance thresholds must be dynamic in terms of being responsive to feedback from the oversight process as well as public perception and any regulatory or legislative changes that may impact the DataLoch Programme's mission.

This governance framework is described in this paper.

The role-out of the DataLoch Programme is also phased and the setup and development of its infrastructure and processes are ongoing as, for example, as new partners are brought on board and new functionality is rolled out. This Framework therefore needs to be dynamic to while maintaining the core underlying principles and safeguards for robust governance, security and protection of privacy.

When we refer to DataLoch in this document, we are referring to the DataLoch Programme, resource or staff managed through the University of Edinburgh and NHS Lothian acting in accordance with the DataLoch Collaboration Agreement and this Governance Framework.

Key Relationships

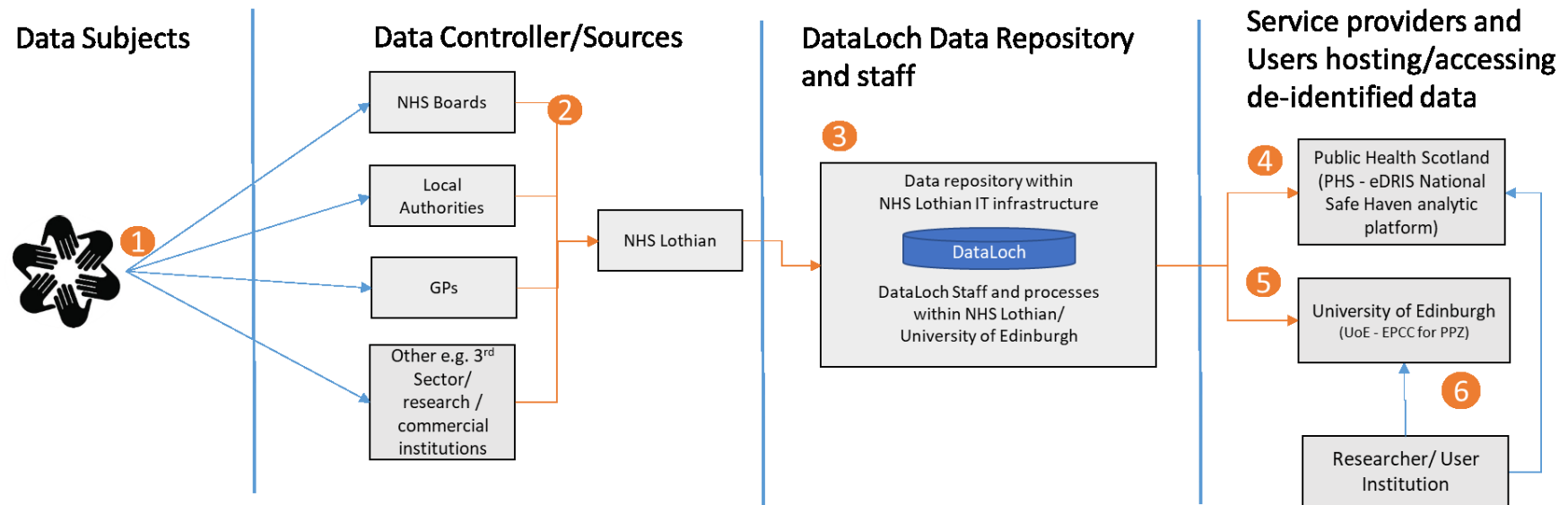
The DataLoch Programme is a collaborative project driven by the University of Edinburgh and NHS Lothian, but will in due course extend to the whole of the South East Region, taking in Fife and Borders NHS boards as well as the 7 local authorities in the region. NHS Lothian will act as Lead Data Controller for data within the DataLoch Programme on behalf of these data owners.

All Data Controllers have a governance role in the DataLoch approvals process, with representation on approval panels and Governance Oversight Group directly or via Lead Controller representation from NHS Lothian (described in more detail on page 4).

Relationship between the partners for hosting and provisioning data is illustrated below

With the contractual agreements relating to these relationships are summarised on page 10.

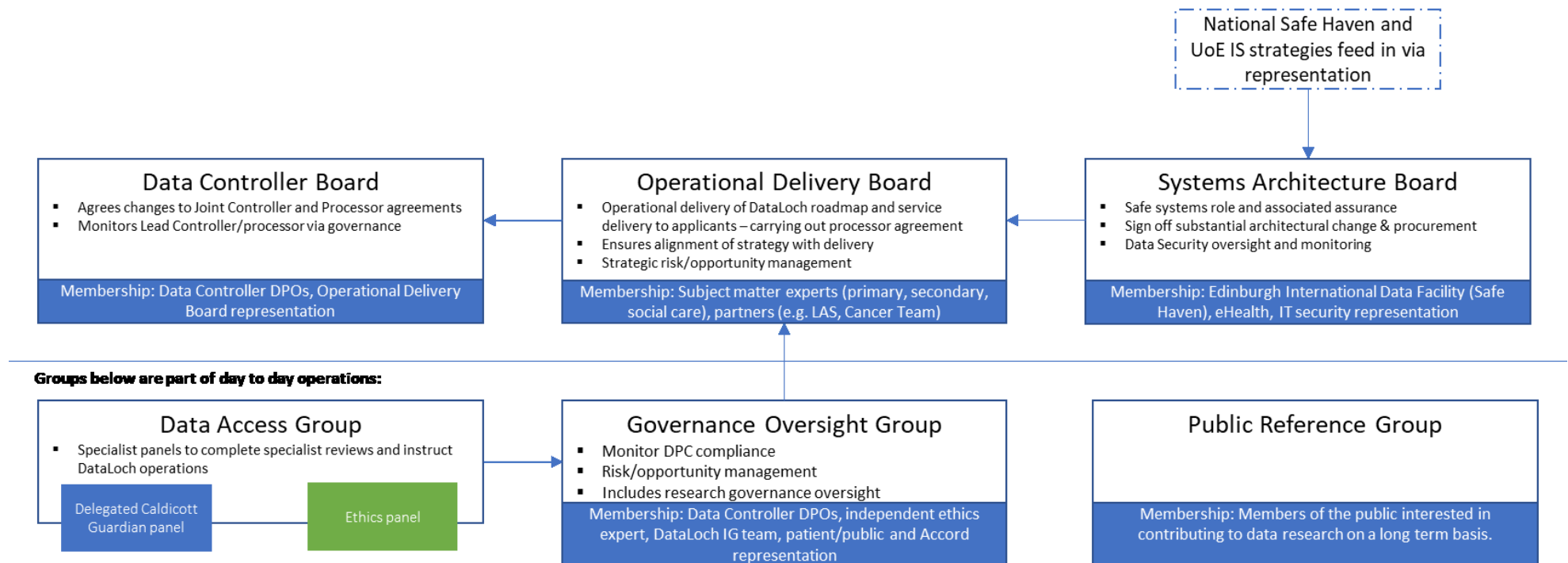
Relationship between the partners for hosting and provisioning data:



- ① Data subject relationship with Data Controllers as part of routine care.
- ② For the DataLoch project NHS Lothian acts as Lead Controller for other health boards, GPs, Local Authorities and third sector organisations.
- ③ DataLoch data repository hosted within NHS Lothian IT infrastructure with DataLoch activity delivered by DataLoch staff from NHS Lothian and University of Edinburgh in accordance with the DataLoch Collaboration Agreement and Governance Framework designed and agreed with the relevant NHS boards (approvals processes etc).
- ④ Public Health Scotland (PHS-eDRIS) as service provider for hosting de-identified data with the secure analytical platform/Trusted Research Environment (TRE)
- ⑤ University of Edinburgh (EPCC) as service provider for hosting de-identified data within a bespoke secure Private Project Zone/Trusted Research & Innovation Environment
- ⑥ Researcher/Users accessing project specific de-identified data via a secure managed access connection to the secure environment

Governance Structure

The governance structure for the DataLoch Programme includes a Data Controller Board with membership from all Data Controllers directly or via a representative. In the case of GPs the representative could be an assigned GP or via NHS Lothian delegated representation. This Data Controller Board will be responsible for defining the terms of the Data Processor role for DataLoch and will set the strategic direction of DataLoch's activities and services. The DataLoch Operational Delivery Board will be accountable for DataLoch Governance and service delivery with a reporting line directly into the Data Controller Board. The terms of reference for these groups is detailed in the following pages.



Governance Groups Terms of Reference

A summary of the terms of reference, with the group purpose, membership and duties are below:

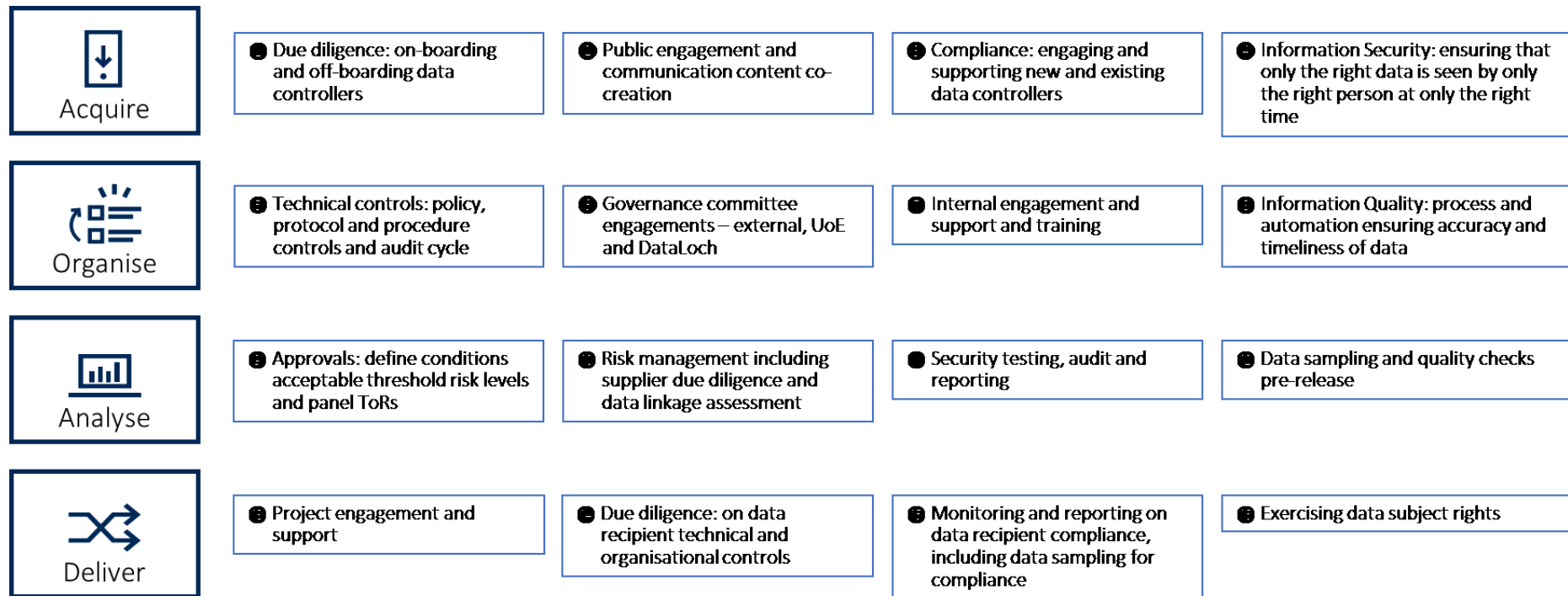
Title:	Data Controller Board Terms of Reference
1. Purpose	<p>The purpose of the Data Controller Board is to oversee, manage and monitor DataLoch. This includes holding the Operational Delivery Board to account for meeting its processor obligations, informing its membership, wider stakeholder engagement and an executive decision-making function.</p> <p>The group will ensure the highest standards of security and privacy are maintained whilst facilitating research, innovation and collaboration.</p>
2. Membership	<p>The Board Shall comprise:</p> <ul style="list-style-type: none"> • A Responsible Manager nominated from each Data Controller body (likely the Data Protection Officer or similar); • DataLoch Operational Delivery Board representation;
3. Duties: Powers and Responsibility	<p>The Data Controller Board shall have the following powers and responsibilities:</p> <ul style="list-style-type: none"> • manage and oversee the DataLoch programme via the Operational Delivery Board; • review and inform improvement of key performance indicators; • ensure relevant agreements remain compliant and recommend changes to the Operational Delivery Board; • review the Data Protection Impact Assessment periodically (as defined by the group) to ensure it is kept up to date with data protection legislation and best practice for information governance; • maintain and proactively support information sharing and collaboration between all stakeholders involved in the DataLoch programme; • role-modelling public and patient engagement in the DataLoch programme and more broadly in research.
Title:	Operational Delivery Board Terms of Reference
1. Purpose	<p>The purpose of the Operational Delivery Board is to oversee DataLoch operational and financial performance, to set the strategic direction, and to manage strategic risks and issues.</p>
2. Membership	<p>The Operational Delivery Board shall comprise:</p> <ul style="list-style-type: none"> • DataLoch senior team (Programme Lead, Clinical Lead, IG Manager, Data Manager); • Subject matter experts (primary, secondary and social care) with new representation as data controllers onboarded; • DDI Programme representation; • Key partner representation from Lothian Analytical Services (LAS); • Finance representation from University of Edinburgh.
3. Duties: Powers and Responsibility	<p>The Operational Delivery Board shall have the following powers and responsibilities:</p> <ul style="list-style-type: none"> • set strategic direction for DataLoch with input from Data Controller Board; • monitor the Governance Oversight Group (GOG) and via this Group the output from the Data Access Group (DAG); • determine the GOG reporting requirements; • recommend membership of the DAG; • monitor the Systems Architecture Board and determine their reporting requirements • agree a set of security tests, audits and reports to be carried out (including frequency); • review and manage DataLoch's financial position to ensure a sustainable service; • approve patient and public communication materials; • manage strategic risks and issues.
Title:	Data Access Group Terms of Reference
1. Purpose	<p>The purpose of the Data Access Group is to oversee and manage requests to use the DataLoch platform. This will involve reviewing project applications to grant or deny access to the DataLoch data as well as recording sponsorship decisions. The Data Access Group will promote the scientific and ethical principles that govern the use of DataLoch, in line with the strategic direction set by the Data Controller Board and that represent the views and interests of the project stakeholders.</p>

2. Membership	<p>The Data Access Group shall comprise of delegated Ethics and delegated Caldicott authority panels as well as representation from the East Region Innovation team for the NHS boards in the region to complete due diligence on commercial applications:</p> <ul style="list-style-type: none"> • Academic research representation; • Clinical representation across disciplines; • DataLoch IG manager and facilitator; • East Region Innovation team representation; • Specialist technical or clinical expertise ad hoc for related projects. <p>It will be managed by the IG Manager, with secretariat support from the IG Facilitator.</p>
3. Duties: Powers and Responsibility	<p>The Data Access Group shall have the following powers and responsibilities:</p> <ul style="list-style-type: none"> • manage and oversee all applications to use the DataLoch Platform including reviewing, approving and denying applications and providing feedback when necessary to applicants, including delegated ethics and delegated Caldicott approvals and seeking other relevant approvals as appropriate e.g. Caldicott Guardian; • record sponsorship on behalf of ACCORD; • feedback learning from every proposal into the system to continuously improve guidance; • track approvals and maintain documentation via the Secretariat.
Title:	Governance Oversight Group Terms of Reference
1. Purpose	<p>The purpose of the Governance Oversight Group is to oversee and manage the operational governance arrangements and considerations of DataLoch, excluding the security arrangements.</p>
2. Membership	<p>The Governance Oversight Group shall comprise:</p> <ul style="list-style-type: none"> • Information governance representation (Data Controller Data Protection Officers); • DataLoch operational representation; • Independent ethics representation; • Patient and carer representation; • ACCORD representation.
3. Duties: Powers and Responsibility	<p>The Governance Oversight Group shall have the following powers and responsibilities:</p> <ul style="list-style-type: none"> • determine audit and reporting requirements; • review Data Access Group decisions through the review of all project review outcomes and share recommendations for continuous learning loop to DataLoch Operational Delivery Board for signoff; • receive and deal with complaints related to DataLoch; • maintain a risk register and log of mitigating controls and reporting that is periodically updated to reflect the changing risk environment; • ensure the Data Protection Impact Assessment is updated based on new changes to processing.
Title:	Systems Architecture Board Terms of Reference
1. Purpose	<p>The purpose of the Systems Architecture Board is to oversee and manage the technical and organisational security measures in place for DataLoch and to set direction for the architectural solution design.</p>
2. Membership	<p>The Systems Architecture Board shall comprise:</p> <ul style="list-style-type: none"> • DataLoch Information governance representation; • eHealth representation; • EPCC representation; • NHS Lothian Information security representation; • DataLoch operational management representation.
3. Duties: Powers and Responsibility	<p>The Systems Architecture Board shall have the following powers and responsibilities:</p> <ul style="list-style-type: none"> • responsible for the development and implementation of robust systems and process; • ensure systems level security policies and procedures are in place; • ensure security control and operation by design is adopted; • undertake or arrange testing, audit and reporting; • monitor and review all elements of the Security and Standard Operating Procedures relating to DataLoch, technical elements of project delivery and inform changes to improve these as required; • report any potential risks and mitigating controls to the Operational Delivery Board;

	<ul style="list-style-type: none">investigate any breaches or potential breaches of security or processes in conjunction with the DataLoch IG team members.
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Defined Processes

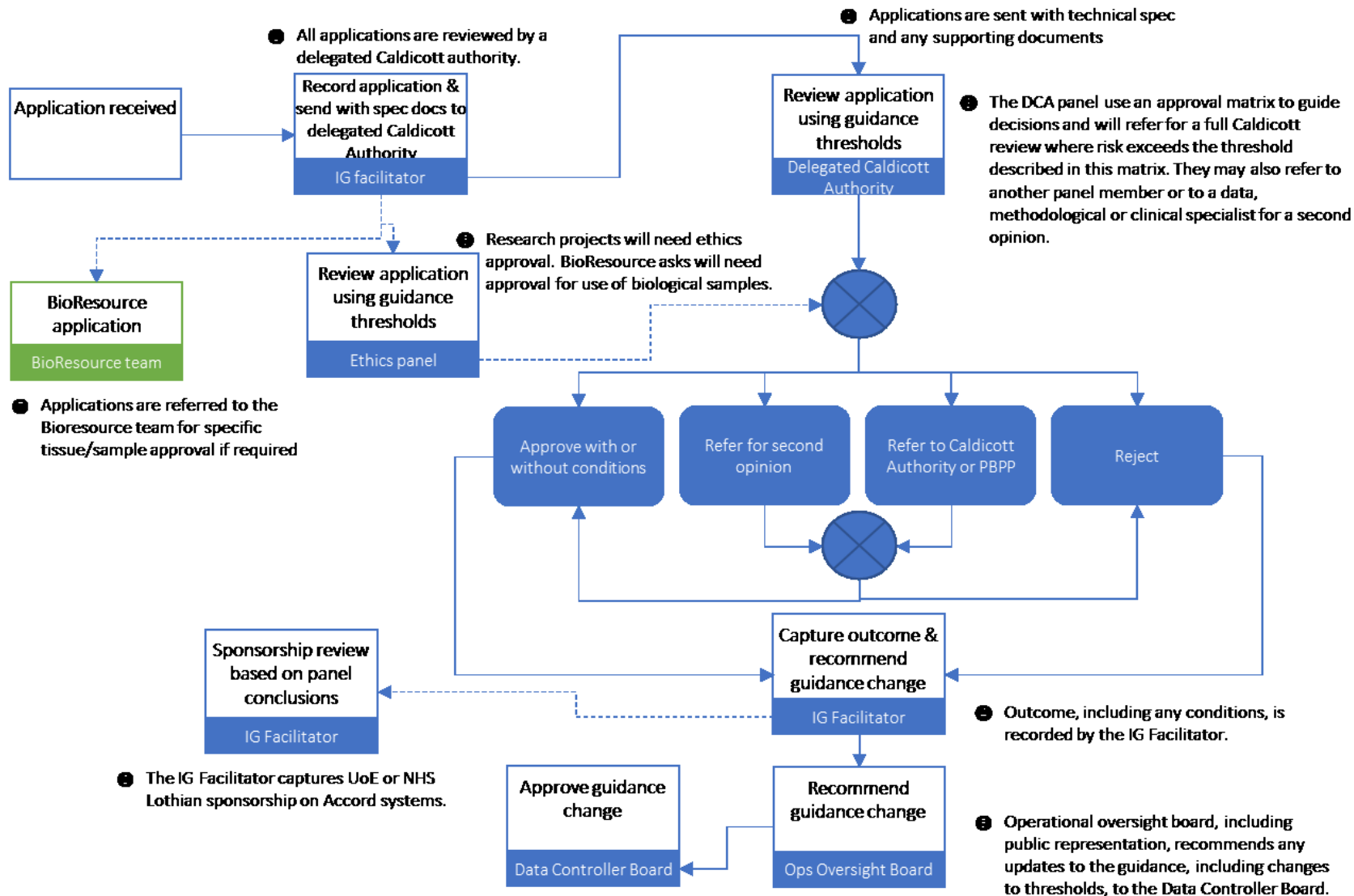
The DataLoch Programme’s governance processes are built on the foundation principles of Safe People, Safe Settings, Safe Data, Safe Outputs, Safe Projects. They are documented within the 4 key process areas of Acquiring data, Organising it, Analysing it and Delivering it.



The approvals process (➒) described below, includes steps for delegated Caldicott review and Ethics panel review (who together make up the [Data Access Group](#)) based on documented decision guidance. In the case of the delegated Caldicott review, the guidance comes in the form of a decision matrix and approval checklist describing the legal basis for data sharing. This guidance is described in full within this document appendix. The approval process established for DataLoch includes a learning loop so that all approvals, whether rejected or approved, inform the guidance for future decisions. This ensures that the approval thresholds reflect NHS Lothian risk appetite and public perception, as well as having their foundation in law.

Approvals are reviewed by the Governance Oversight Group on a monthly basis. Any rejected applications can be referred to this Oversight Group for adjudication and could be escalated to the Data Controller Caldicott Guardian if contested.

Approval process with learning loop



Contractual and Operational Agreements:

Contractual agreements are being established between DataLoch partners, data providers, service providers and user organisations to support robust and legal processing of data.

Operational agreements are also being established with [ACCORD](#) (Academic and Clinical Central Office for Research and Development also a partnership between the University of Edinburgh and NHS Lothian Health Board) to provide research governance support and oversight.

In summary:

Between lead parties

- Collaboration agreement setting out arrangements between the UoE as processor and NHS Lothian as Data Controller (DC). With the agreement covering the hosting, curation and access to data within the DataLoch repository and its use in supporting approved projects.

Within and between other partners

- Data Sharing Agreements between NHS Lothian and other Boards for the hosting, curating and use of their Board data within DataLoch's governance and technical infrastructure and the sharing of this data back to that Board
- Data Sharing Agreements between NHS Lothian and other parties including local authorities within the region and the sharing of this data back to that party
- Non-disclosure Agreements (NDA)/Protocols for members of other parties for operational activity in relation to this sharing of information between these parties

With ACCORD for delegated governance

- Sponsorship agreement describing responsibilities delegated to DataLoch.

Users of the data

- Overarching Service Level Agreement (SLA) between NHS Lothian and Public Health Scotland (PHS) for the National Safe Haven Services (through eDRIS) for use of the analytic platform for DataLoch Programmes
- Individual Project User Agreements between User's institution and NHS Lothian (linked to the SLA above) for every user accessing the analytic platform (e.g. the LRSH/DataLoch-PHS eDRIS user agreements).
- Standard or bespoke Data Sharing Agreement between Users recipient organisation and NHS Lothian for data shared outside of the NHS Lothian infrastructure and outside of an analytic platform. Exceptions include where data is shared back data to one of the health care providers connected with DataLoch for them to manage their service.
- Caldicott Data Release Form for sharing of identifiable information within NHS Lothian but outside of DataLoch NHS Lothian's IT infrastructure for research or innovation activity.

The relationships and corresponding agreements are set out in appendix 4.

Appendix 1: Delegated Caldicott Guardian role description and criteria

Responsibilities:

- A Caldicott Guardian is a senior person within a health organisation who makes sure that the personal information about those who use its services is used legally, ethically and appropriately, and that confidentiality is maintained.
- The NHS Lothian Caldicott Guardian has granted delegated authority to a number of delegated Caldicott Guardians as part of robust Governance Framework within NHS Lothian Research & Development (R&D) and DataLoch.
- The delegated Caldicott Guardian within this DataLoch governance framework will be NHS employees.
- The delegated Caldicott Guardian within this DataLoch governance framework will need to complete a proportionate review for all DataLoch Programmes including:
 - ✓ Consider scientific merit of the proposed work
 - ✓ Review evidence for the project value in terms of benefit to patients and NHS staff
 - ✓ Assess compliance with GDPR and NHS standards of information governance
 - ✓ Consider the track record and expertise of the applicants
- They will consider any second or specialist opinions to support the Caldicott decision.
- They will record the decision and any feedback or caveats to applicants.

Experience:

- The role is a strategic one requiring someone with sufficient experience and seniority to represent and champion confidentiality issues within their organisation and within DataLoch.
- Expertise will be required in both qualitative and quantitative methodologies as well as privacy and confidentiality in research.
- They need excellent influencing skills to be able to instil confidence in their colleagues by making justifiable and practical decisions about uses of confidential personal information.
- They should be comfortable challenging established practice and be able to clearly explain the rationale for their decisions.
- Operationally, they must understand how confidential patient/service user information is used in the organisation and have an understanding of the information sharing requirements.
- They need to be familiar with key influential guidance and legislation such as the Caldicott Principles, the common law duty of confidence and the Data Protection Act 2018.

Training:

- DataLoch induction
- Caldicott role induction
- Scenario based proportionate review training
- Information Governance and Ethics standards

Other considerations:

- Available maximum 2 hours per week
- Must declare any conflict of interest for each project

Supporting material for delegated Caldicott Guardian

Checklist supporting delegated Caldicott decision making:

Is the proposal design and method appropriate to its objectives? <i>whether proposed use of data and method of processing is appropriate - clarity of understanding is important</i>
Has the applicant demonstrated how their proposal will benefit patients or public? <i>to assess whether reasonable case is made for necessity or benefit of proposal, or whether statutory duty exists</i>
Is the use wholly compatible with that for which the data was originally collected?
If required, is the access/use of personal identifiable information absolutely necessary and proportionate for the proposed activity?
Is the extent of the wider data request necessary and proportionate in answering the stated objectives?
Has appropriate peer review, lay consultation or privacy assessment been undertaken?
Does the application pose any privacy or ethical concerns?
Do the applicants have the required skills and/or track record to analyse the data?
Is there any concern regarding commercial interest or involvement in the proposal?

Appendix 2. Supporting Decision Matrix:

All projects requiring access to, or use of, data from DataLoch are required to go through the DataLoch approvals process. Each project application will undergo delegated Caldicott review as outlined in appendix 1. Projects supported by DataLoch that do not directly involve DataLoch data but where governance review is required will also be subject to delegated Caldicott review, an example being DataLoch supporting the processing and hosting of 'User only' datasets for research on the analytic platform.

A Decisions Matrix has been established to support the decision making in considering applications in DataLoch as each use of data within DataLoch needs to be appropriate and legitimate. This matrix considers the **proposed use** of the data, the **proposed user** of that data and **nature** of the data being requested, and where appropriate links this to the legal basis for that processing. The matrix highlights where additional or other specific approvals are required.

The green ticks in the matrix represent the current agreed delegated approval areas where the delegated Caldicott Panel, within the Data Access Group, could approve access to data if criteria for delegated Caldicott review are satisfied (see Appendix 1). Where applications sit outside this area, shown with a red cross, these would need additional scrutiny for examples ethical review for research projects or potentially additional review and approval from a Data Controller in addition to the delegated Caldicott review.

		Contributing health and social care provider body e.g. Health and Social Care Providers				Non-contributing non-NHS body e.g. University of Edinburgh	Non-contributing NHS body e.g. Scottish NHS bodies outside the Joint Controller Arrangement		Non-contributing non-NHS body e.g. private sector bodies	
		1	2	3	4	5	6	7	8	9
		GDPR 9(2)(h)	GDPR 9(2)(h)	GDPR 9(2)(j)	GDPR 9(2)(i)	GDPR 9(2)(j)	GDPR 9(2)(h)	GDPR 9(2)(i)	GDPR 9(2)(j)	GDPR 9(2)(i)
		Medical diagnosis, the provision of health or social care or treatment	Management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional	Scientific research purposes or statistical purposes	Public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care	Scientific research purposes or statistical purposes	Management of health or social care systems and services on the basis of Union or Member State law or pursuant to contract with a health professional	Public health, such as protecting against serious cross-border threats to health or ensuring high standards of quality and safety of health care	Scientific research purposes or statistical purposes	Scientific research purposes or statistical purposes
Special Category Data Identifiable	A	✓	✗	✗	✓	✗	✗	✗	✗	✗
Personal Data Identifiable	B	✓	✗	✗	✓	✗	✗	✗	✗	✗
Special Category Data (Health data) De-identified	C	✓	✓	✗	✓	✗	✗	✗	✗	✗
Personal Data De-identified	D	✓	✓	✗	✓	✗	✗	✗	✗	✗
Disclosure controlled de-identified data e.g. aggregated	E	✓	✓	✓	✓	✓	✓	✓	✓	✓

✗ = Additional scrutiny beyond delegated Caldicott review required for example, ethics scrutiny for research

NB Process to track applications and access for internal service evaluation and management (for example Lothian Analytical Services and the Cancer Informatics Team) to be determined

Approvals required mapping to the use, user and nature of the data in the Matrix above.

	A	B	C	D	E
1	Access permitted for data controllers to their data to support provision of health care via permissions-based security (access limited to their data and not linked data from other controllers) and within their data controller network.				If anonymity level achieved and assured, then suitable for publication without limit in law
2	Requires PBPP/Caldicott approval	Limited use as excludes health and care data. Requires PBPP/Caldicott approval	Preferred option for this purpose.	No health data so of limited use in health setting.	
3	Requires REC . Covered by dCG approval for access outside of direct care team	Some use although excludes health and care data. Requires REC and covered by dCA (as for A3)	Preferred option for this purpose. May require REC (or under Dataloch generic ethics)	No health data so limited use in health setting. May Require REC (or Dataloch generic ethics)	
4	Requires Public Health opinion on public health purpose. Then covered by dCG approval.	Limited use as excludes health and care data. Requires Public Health opinion on public health purpose. Then covered by dCG approval.	Preferred option for this purpose	No health data so of limited use in health setting.	
5	Requires REC. May require PBPP/Caldicott approval	Limited use as excludes health and care data. Requires REC. May require PBPP/local Caldicott approval.	Preferred option for this purpose. May requires REC (or under Dataloch generic ethics)	No health data so of limited use in health setting. May require REC (or DataLoch generic ethics)	
6	Requires PBPP/Caldicott approval	Limited use as excludes health and care data. Requires PBPP/local Caldicott approval.	Preferred option for this purpose. Requires Board approval	No health data so of limited use in health setting.	
7	Requires PBPP/Caldicott approval	Some use although excludes health and care data. Requires PBPP/local Caldicott approval.	Preferred option for this purpose. Requires Board approval	No health data so of limited use in health setting.	
8	Requires REC and PBPP/Caldicott approval	Limited use as excludes health and care data. Requires REC and PBPP/Caldicott approval.	May require REC (or under Dataloch generic ethics)	No health data so of limited use in health setting. May require REC	
9	Requires REC, PBPP/Caldicott and East Regions Innovation Test Bed Panel (ERITBP) approval	Limited use as excludes health and care data. Requires REC, PBPP/Caldicott and ERITBP approval	Requires REC and ERITBP approval	No health data so of limited use in health setting. May require REC and ERITBP approval	

Appendix 3: Research Ethics panel review

The Ethics panel

The Ethics panel is a group of people appointed to review research proposal to assess formally if the research is ethical. As defined in Governance arrangements for Research Ethics Committees (GafREC), this means the research must conform to recognised ethical standards, which includes respecting the dignity, rights, safely and well-being of the people who take part or whose information is used.

The review undertaken by this panel is under the generic Research Database approval granted to Lothian Research Safe Haven (17/NS/0072) and includes non-commercial healthcare related research projects approved by this panel and where the pseudonymised and de-identified data is analysed within a secure IT environment such as the National Safe Haven analytic platform. This approval is currently under review for resubmission.

The deliberations of the DataLoch delegated Caldicott Guardian, which includes consideration of public benefit, form part of the ethical panel review. The membership of the delegated Caldicott panel and Ethics panel, along with representation within the Governance Oversight Group, provide a diversity of opinion.

Responsibilities

To review and approve, or deny, individual proposals (applications) for access to data for research. The principles used in decision making are set out in **Assessment of proposals for the use of NHS Lothian Research Safe Haven resources**. (to be updated as part of generic approval resubmission)

Process and Principles

- The committee will operate a 'virtual' approval process in tandem with occasional face-to-face meetings.
- In determining whether to grant access to individual applications, the committee may seek additional information or advice
- In cases involving data linked to external or bespoke hosted data sources, the Committee will abide by any conditions set down by the owners of that data.
- Decisions of the Committee on whether to grant access to an application will be unanimous. In the event a unanimous decision is not reached the applications may be referred to the Oversight Group for adjudication and could be escalated to the Data Controller Caldicott Guardian if contested.
- The Committee decision is quorate if there is representation from the key areas of governance, technical, clinical and public benefit.

Membership:

To include:

- Chairperson ("Chair") nominated from within the committee.
- Clinical representation across disciplines;
- Academic research representation;
- East Region Innovation team representation when involving innovation/commercial access
- Additional specialist technical or clinical expertise as required.

- Representatives for external bespoke datasets hosted by the DataLoch who can advise on the appropriate use of those data.

Lay representation, research governance and information governance oversight ensured through membership of the Governance Oversight Group that reviews all research applications

Training:

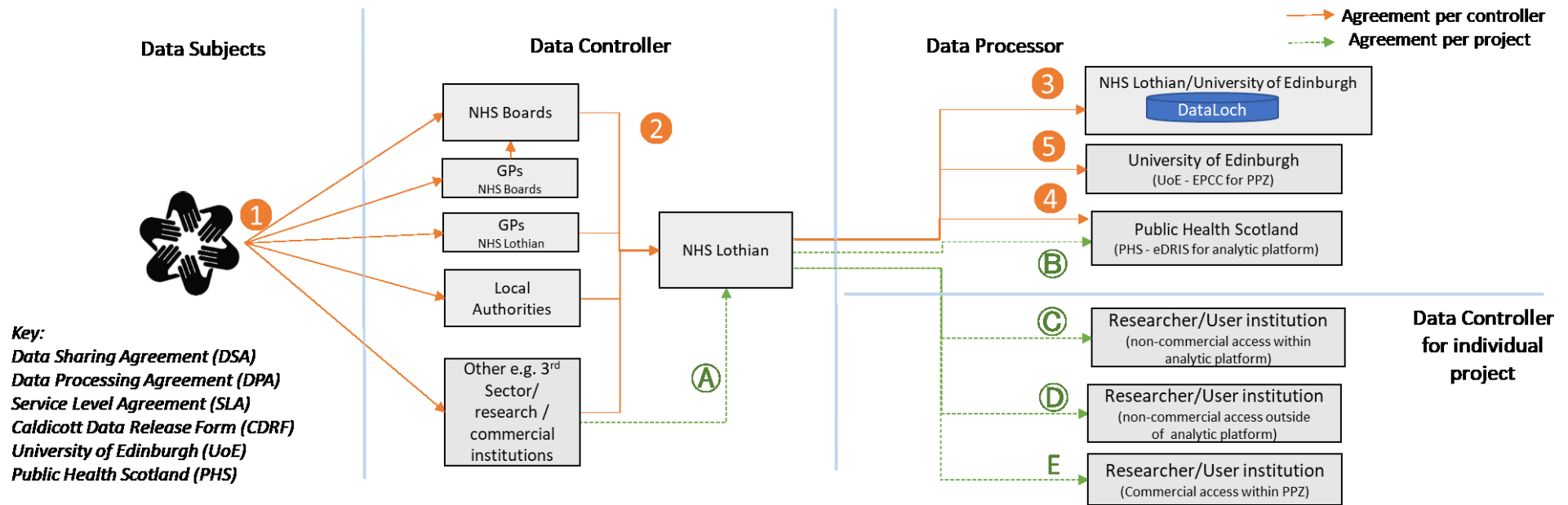
- DataLoch induction
- Ethical panel role induction and training
- Information Governance and Ethics standards

Reference:

Assessment of proposals for use of Lothian Research Safe Haven data and resources 11/7/21 V5

[UK Policy Framework for Health and Social Care](#)

Appendix 4: Contractual Arrangements between partners and with service providers or users



Overarching Agreements (per Controller)

- ① Data subject relationship with Data Controller.
- ② NHS Lothian acts as Lead Controller for DataLoch – any contributing Data Controllers sign DSA to allow the use and sharing of data.
- ③ The DataLoch project processes data within NHS Lothian IT infrastructure based on stipulations set out within a **Collaboration Agreement** between University of Edinburgh and NHS Lothian, and share that data with Researchers/User within a governance framework designed and agreed with contributing controllers (approvals processes etc.)
- ④ NHS Lothian contract PHS under an **SLA** for use of secure analytical platform/Trusted Research Environment (TRE).
- ⑤ NHS Lothian contract with University of Edinburgh (EPCC) under an **SLA** for provision and use of bespoke Private Project Zones (PPZ).

Agreement per Project

- Ⓐ Institutions bringing project specific data have a **DSA or DPA** with NHS Lothian as lead controller outlining what can be done with the data
- Ⓑ For projects using the analytical platform, DataLoch provide PHS with a project specific **Project Record Sheet** as part of SLA (④)
- Ⓒ Researcher/User using the analytical platform sign a **User Agreement** with NHS Lothian and PHS for this service.
- Ⓓ Researcher/User sign either a **DSA** (non-NHS Researcher/User) or **Caldicott Data Release Form** (NHS Lothian staff) for any data sharing outside of the analytical platform.
- Ⓔ Researchers/Users from commercial entity using the PPZ sign **DPA and User declaration**.

Appendix 4: Comparison of HIC and DataLoch

	HIC (FIFE)	DataLoch
Ownership	University of Dundee/NHS Tayside	University of Edinburgh, within NHS Lothian infrastructure
Coverage	Fife and Tayside	Currently NHS Lothian, however, plan is to have NHS Fife and Borders along with all regional Local Authorities and Health and Social Care Partnerships
Organisations data covers	Fife secondary care and some community care	Planned primary care, secondary care and HSCP
Mechanics	Study specific	Being run and funded primarily as part of the Edinburgh City Deal with Edinburgh Parallel Computing Centre the technical backbone
Data Controller	Fife	Fife
Overall Governance	Fife and Tayside	NHS Boards, Local Authorities and other Data Controllers of DataLoch
Timelessness	Study specific	Study Specific
Expense	Fife	Set up costs covered by HSCDDI
Control and remuneration	Tayside	Governance and direction governed by all Data Controllers No remuneration, all monies made via DataLoch is invested back into DataLoch

NHS Fife

Meeting:	Clinical Governance Committee
Meeting date:	1 July 2022
Title:	Resilience Quarter One Report
Responsible Executive:	Joy Tomlinson - Director of Public Health
Report Author:	Susan Cameron - Head of Resilience

1. Purpose

This is presented to the Clinical Governance Committee for:

- Assurance

This report relates to:

- Legal requirement
- NHS Fife Business Continuity (BC) Planning and Interim Internal Audit findings

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

- Safe
- Effective

2. Report Summary

2.1 Situation

The purpose of this report is to provide the CGC an update to business continuity assurance progress and an overview of the key points identified through the recent Interim Internal Audit report of Resilience arrangements.

2.2 Background

NHS Fife is classified as a Category 1 responder, which carries specific responsibilities set out in “*The Civil Contingencies Act (CCA) 2004*” and “*The Civil Contingencies Act 2004 (Contingency Planning) (Scotland) Regulations 2005*”. This legislation includes the requirement for Business Continuity arrangements to be in place.

Progress to the current Business Continuity Assurance statement and overarching Corporate Business Continuity Plan were presented to Executive Director Group (EDG) in June 2022. The timescale to update the assurance statement for 2021/22 was delayed because of a combination of pandemic pressures and key vacancies within the resilience team.

The routine Internal Audit reporting cycle to review Resilience functions for NHS Fife was planned for 2021/22. During the early stages of discussing the work of the audit at the end of 2021, it was decided to produce an interim report as limited information was available to the auditors due to vacancies within the resilience team. The Interim Internal audit has highlighted some issues affecting resilience, noting that limited assurance was possible due to vacancies and additional workload during the COVID-19 pandemic. A further full system review will be undertaken in the 2022/23 Internal Audit Plan.

The audit includes a recommendation that an update is provided to the Clinical Governance Committee. This recommendation was made because Terms of Reference of the Resilience Forum state that the group reports *directly to the Clinical Governance Committee and will supply them with an annual statement of preparedness.*

2.3 Assessment

The Interim Internal Audit highlights the following areas for action:

- Confirmation that local business continuity planning assurance has taken place, incorporating learning
- Formal approval of Major Incident plan
- Confirmation that necessary governance arrangements are in place

The resilience department are working to provide evidenced assurance to the following timescales.

Date	Completion Action
30 September 2022	Business Continuity Assurance
31 December 2022	Major Incident Operational Plan
31 March 2023	Annual Assurance Statement

Achieving the objectives set out within the NHS Fife Corporate Business Continuity Plan will address the first two bullet points highlighted by the Internal Audit report.

Business Continuity Assurance

Objectives set out within the NHS Fife Corporate Business Continuity Plan indicate the following commitments:

- Exercising of the plan at least every two years
- Local business continuity plans reviewed annually, monitored by the relevant Directorate General Managers and supported by Business Continuity Manager
- Briefing sessions on business continuity will be provided at least annually
- Development of mandatory Learn Pro Business Continuity module as part of a wider Resilience module
- Advice and information will be made available for staff on NHS Fife Intranet pages
- A record of all training will be kept by relevant departmental senior managers on an annual basis

Progression towards these commitments is underway, with establishment of dedicated NHS Fife intranet pages in March 2022, a collation exercise to establish baseline availability of local business continuity plans and an offer of business continuity training. There have been challenges in carrying out the baseline process following feedback and the Silver BC group established by EDG will support future engagement planning for this work.

In light of ongoing system pressures EDG have agreed an extended timescale to for business continuity plans assurance with the target date being 30th September 2022.

Major Incident Planning

The remaining steps to finalise NHS Fife's major incident plan are being taken forward. The plan will be ratified in full within the timescales set out within the Interim Internal Audit.

Governance arrangements

The Terms of Reference for the Resilience Forum have changed reporting mechanisms to provide quarterly assurance updates to EDG.

System learning and emerging issues

The quarterly report includes both areas of concern, covered within the Interim Internal Audit, and areas where NHS Fife has received positive assessments from external assurance processes.

Following guidance from the Scottish Governments COVID-19 action plan, NHS Fife implemented Gold, Silver & Bronze command & control hierarchy used in major emergency operations. Use of the command & control structure to manage through the pandemic has been extensively tested by the organisation. This formal command and control structure enables NHS Fife as an organisation to ensure oversight of escalated risks in any resilience event where a major incident response is required.

Incident trend analysis via Datix systems being collated and overviewed by resilience officers to ensure NHS Fife can be proactive to any emerging resilience themes arising.

2.3.1 Quality/Patient Care

Quarterly assurance reporting on resilience arrangements will strengthen the ability of the organisation to protect patients from any unforeseen event due to limited assurance within business continuity & emergency planning.

2.3.2 Workforce

NHS Fife workforce continues to be impacted by COVID-19 pressures combined with pressures remobilising core services. Business Continuity training and planning support is being offered to managers to assist them in their statutory duties.

2.3.3 Financial

There are no direct implications from the assurance report, however emergency and business continuity incidents have the potential to rapidly cause financial pressures. As issues emerge, these will be escalated to EDG.

2.3.4 Risk Assessment/Management

Risk mitigation actions include;

- Annual work planning with key stakeholders to ensure collaboration in approach to resilience planning, information, instruction and training.

2.3.5 Communication, involvement, engagement and consultation

The resilience leads are working collaboratively with key stakeholders in the following areas;

- Digital IT - NHS Fife
- Health & Social Care Partners
- Local Resilience Partnerships (LRP)

2.3.6 Route to the Meeting

The following groups have received updates:

- A verbal update on resilience assurance in response to the Interim Internal Audit report was provided at CGC 30 April 2022
- Silver Business Continuity group meeting - 26 May 2022
- Executive Director Group (EDG) -16 June 2022

2.4 Recommendation

The focus of future resilience assurance reports focus will cover in:

- Quarter 2: Testing and exercising
- Quarter 3: Business continuity assurance statement
- Quarter 4: Major Incident plan formal sign-off

Report Contact

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Meeting:	Clinical Governance Committee
Meeting date:	1 July 2022
Title:	Integrated Performance and Quality Report Review Progress Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Authors:	Susan Fraser, Associate Director of Planning and Performance

1 Purpose

This is presented to the Clinical Governance Committee for:

- Approval

This report relates to:

- Integrated Performance and Quality Report

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Following the Active Governance workshop held on 2 November 2021, a review of the current Integrated Performance and Quality Report (IPQR) commenced by the establishment of a IPQR review group.

The first report presented to the Board on 29 March 2022 described the format of the IPQR and this paper focusses on which metrics are to be included within IPQR in 2022/23.

2.2 Background

The IPQR presents performance data and information on improvement activity across a range of key service areas. The report is considered to be a good example of effective integration of clinical service performance with workforce and financial information. It presents information on performance clearly and sets out improvement actions where performance is challenged. In line with good practice the report presentation is reviewed annually.

The first paper covered the new Public Health section, use of Statistical Process Control (SPC) Charts and pie charts and integration of improvement actions with RMP/SPRA process. This paper is to focus on which metrics are to be included within IPQR in 2022/23.

2.3 Assessment

The IPQR provides performance reporting to the Board and is a key element in effective governance through providing performance against key reporting. The purpose of bringing together performance and quality indicators in the IPQR is to provide the board a sense of performance across the whole health and care system.

The IPQR has historically contained the Scottish Government HEAT Standards but over time this has been extended to include quality and safety measures and relevant local metrics. The indicators included in the IPQR are high level system metrics that form part of an overall performance framework that include operational KPIs that are monitored through the performance review process at operational level.

Some discussion took place around performance metrics that are published on a yearly basis like drug related deaths and post diagnosis dementia support. These metrics are not included in the IPQR as they can not be monitored regularly throughout the year but are presented to the relevant committees after publication as a separate item.

The IPQR group have examined each section in detail and discussed the most important and relevant metrics to include as well as the connectivity between the metrics, risk and other quality measures and agreed these would be included in the new version of the IPQR.

This part of the SBAR will review each of the IPQR sections in turn and propose metrics for inclusion and removal.

Risk Management

Risk management is a critical to the effective running of the organisation and will be included in future IPQRs following this review. The risk section will report on the corporate risks for NHS Fife and will replace the current Board Assurance Framework.

Work is ongoing to sign off the corporate risks and once agreed through the governance structure, a risk section will be added to the IPQR from late summer 2022 with references to risks throughout the performance and improvement actions sections.

Review of Indicators

Clinical Governance Metrics

This is the first time the Clinical Governance section has been reviewed since it was included in the IPQR a few years ago.

Additional metric to be included will be in relation to open actions from Adverse Events which will be linked to the review of the adverse events policy. Meetings have already taken place around data availability with inclusion anticipated in 2022/23 Q2.

Metric relating to Caesarean Sections SSI is to be paused until further notice as mandatory SSI surveillance has been paused since the start of Covid-19 pandemic. Data received is not validated and does not follow NHS Fife methodology. Services are continuing to monitor cases and carry clinical reviews, if necessary.

Clinical Governance Metrics

Major & Extreme Adverse Events	Retain
Adverse Events Actions Open	*NEW*
HSMR	Retain
Inpatient Falls	Retain
Inpatient Falls with Harm	Retain
Pressure Ulcers	Retain
Caesarean Section SSI	Paused
SAB - HAI/HCAI	Retain
SAB - Community	Remove
C Diff - HAI/HCAI	Retain
C Diff - Community	Remove
ECB - HAI/HCAI	Retain
ECB - Community	Remove
Complaints (Stage 1 Closure Rate)	Retain
Complaints (Stage 2 Closure Rate)	Retain

Operational Performance

The group discussed the ongoing inclusion of 18 weeks RTT in the IPQR as this is not routinely performance managed as the Scottish Government focus on the delivery of the

three component areas of this target – outpatients, TTG (inpatients/daycase) and diagnostics. On referencing other NHS board performance reports, the 18 week RTT is no longer being reported.

It was agreed to replace Delayed Discharge counts from the scorecard with bed days lost metric to include code 9 reasons which includes Guardianship and ward closures. The existing performance metric focusses on standard delay codes however there are a high number of delays lost due to code 9 reasons.

The group discussed the revision of Information Governance metrics but it was felt that the proposed metrics were operational and not relevant for inclusion.

Source for Antenatal Access information will change from SMR02 to Antenatal Booking Collection (ABC). This was established in response to the pandemic to monitor the impact of COVID-19 on pregnant women. The data are collected from the clinical information systems, used by the midwives who ‘book’ the pregnant woman for maternity care. The data include all bookings, rather than only those resulting in a delivery, and are available within a few weeks of the booking appointment, rather than a month or more after delivery. Data from this new source is available from April 2019 onwards.

Operational Performance Metrics

IVF Treatment Waiting Times	Retain
4-Hour Emergency Access	Retain
Patient TTG	Retain
New Outpatients	Retain
Diagnostics	Retain
18 Weeks RTT	Remove
Cancer 31-Day DTT	Retain
Cancer 62-Day RTT	Retain
Detect Cancer Early	Retain
Freedom of Information Requests	Retain
ALL Delayed Discharge Bed Days Lost	*NEW*
Standard Delayed Discharge Bed Days Lost	Retain
Delayed Discharge (# Standard Delays)	Remove, figure in drilldown
Antenatal Access	Retain, new source

Public Health & Wellbeing

This is a new section in the IPQR since the creation of the Public Health and Wellbeing Committee in 2021. The two new areas to be included are the vaccination and screening programmes.

There is agreement to include Covid-19 vaccinations in IPQR, this will be fluid and based on relevant cohort. Uptake of flu vaccination will also be included when programme restarts in Autumn. Inclusion in IPQR will replace the production of standalone reports for these topics.

Childhood immunisations for 6-in-1 by 12 months and MMR2 by 5 years are also to be included.

Screening indicators are still being explored.

Public Health and Wellbeing metrics

Smoking Cessation	Retain
CAMHS Waiting Times	Retain
Psychological Therapies Waiting Times	Retain
Alcohol Brief Interventions	Retain
Drugs & Alcohol Treatment Waiting Times	Retain
Dementia Post-Diagnostic Support	Retain
Dementia Referrals	Retain
Covid-19 Vaccination	*NEW*
Flu Vaccination (Sept to Feb)	*NEW*
Childhood immunisation 6-in-1 by 12 months	*NEW*
Childhood immunisation MMR2 by 5 years	*NEW*

Staff Governance

There has been previous discussion about the inclusion of additional metrics in the Staff Governance section. Not all workforce measures lend themselves to routine performance reporting. These will therefore be reported separately e.g. iMatter annual reporting or through provision of Workforce Information reporting introduced in the last year and provided to EDG, Area Partnership Forum and Staff Governance Committee.

However, following discussion at EDG there is agreement that PDPR compliance should be included as soon as possible in addition to our current reporting on Sickness Absence, with discussion already taking place about data availability and visualisation. Core training and Establishment Gap reporting will be explored during 2022/23 for inclusion in due course.

Staff Governance Metrics

Sickness Absence	Retain
PDPR	*NEW*
Core Training	Proposed for future
Establishment Gap	Proposed for future

In terms of Sickness Absence, we note that the existing Board targets were set up to the end of 2021/22, and to date there is no direction about the updating of Scottish Government directed national targets. It is also worth noting the potential implications of any change to the present COVID absence recording and reporting in the course of this year.

2.3.1 Quality/ Patient Care

The IPQR reports on the quality of patient care through a number of core targets, the targets are reported individually.

2.3.2 Workforce

The IPQR currently reports on staff absence rates however it has been agreed that this requires to be developed to report on the important range of activity supporting the health and wellbeing of our staff.

2.3.3 Financial

The IPQR reports on the financial position of the Board, this section is also under development.

2.3.4 Risk Assessment/Management

The IPQR considers organisational risks and there will be a risk section in the IPQR going forward.

2.3.5 Equality and Diversity, including health inequalities

The IPQR considers the appropriate equality and diversity impact.

2.3.6 Other impact

n/a

2.3.7 Communication, involvement, engagement, and consultation

The cross directorate senior leadership group will ensure the appropriate communication and engagement on this review.

2.3.8 *Route to the Meeting*

A previous version of this paper was considered by EDG on 6 December 2021 and the Board on 26 March 2022.

This second paper has been considered by the IPQR Review Group on 8 June and EDG on 7 June 2022.

2.4 **Recommendation**

The Committee are invited to

- **Note and agree** to the proposed update to the IPQR from the IPQR Review Group

2.4 **Appendices**

- Appendix 1: membership of IPQR Review Group

Report Contact

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Appendix 1: Membership of IPQR Review Group

Bryan Archibald, Planning and Performance Manager

Gemma Couser, Associate Director of Quality and Clinical Governance

Susan Fraser, Associate Director of Planning and Performance (CHAIR)

Ben Hannan, Director of Pharmacy and Medicines

Andy MacKay, Deputy Chief Operating Officer

Fiona McKay, Head of Planning, Fife HSCP

Maxine Michie, Deputy Director of Finance

Emma O'Keefe, Deputy Director of Public Health

Kevin Reith, Deputy Director of Workforce

Nicola Robertson, Associate Director of Nursing

Torfinn Thorbjornsen, Information Services Manager

Arlene Wood, Non Executive Director

Meeting:	Clinical Governance Committee
Meeting date:	1 July 2022
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 to the Clinical Governance Committee for:

- Assurance

This report relates to the:

- Integrated Performance & Quality Report

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 (with certain exceptions due to a lag in data availability) up to the end of April 2022.

As is normal at this stage of the FY, the first validated financial information (covering the period up to 31 May) will not be available until the first week of July. This will be incorporated in the version of the IPQR which is presented at the FPR and SG Committees. The version for the CG and PHW Committees has no Financial information.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board. It is produced monthly and made available to Board Members via Admin Control.

The report is presented at the meetings of the Clinical Governance, Staff Governance, Finance, Performance & Resources and Public Health & Wellbeing Committees, and an 'Executive Summary' IPQR (ESIPQR) is then produced as a formal NHS Fife Board paper.

Following the Active Governance workshop held on 2 November 2021, a review of the current Integrated Performance and Quality Report (IPQR) commenced by the establishment of a IPQR review group.

Following the workshop, a new Public Health & Wellbeing section was incorporated previously with report now including Statistical Process Control (SPC) charts for applicable indicators. Following review, list of indicators has been amended with further additions relating to Adverse Events, Immunisations and PDPR to follow in due course. Improvement actions will also be included following finalisation of Annual Deliver Plan for 2022/23.

2.3 Assessment

Performance, particularly in relation to Waiting Times across Acute Services and the Health & Social Care Partnership has been hugely affected during the pandemic. NHS Fife worked according to the Joint Fife Remobilisation Plan for 2021/22 (RMP4), and will now progress to incorporate the targets and aims of the 2022/23 Annual Delivery Plan (ADP), which is currently being finalised before being submitted to the Scottish Government at the end of July.

The Clinical Governance aspects of the report cover HSMR, Falls, Pressure Ulcers, Infection Control (SAB, ECB, C Diff, Caesarean Section SSI) and Complaints. A summary of the status of these is shown in the table below.

Performance is also reported for Adverse Events, SAB (Community), ECB (Community) and C Diff (Community), but these do not have targets.

Measure	Update	Local/National Target	Current Status
HSMR	Quarterly	1.00 (Scotland average)	Above Scottish average
Falls ¹	Monthly	6.91 per 1,000 TOBD	Not achieving
Pressure Ulcers ¹	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	Achieving
C Diff (HAI/HCAI)	Monthly	6.5 per 100,000 TOBD	Achieving
Complaints (S1)	Monthly	80%	Not achieving
Complaints (S2) ²	Monthly	50%	Not achieving

¹ 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.

² Ongoing challenges relating to COVID and staffing levels within the Patient Relations Department has meant that closure performance of Stage 2 Complaints fell

significantly during FY 2021/22. An improvement target of 50% by March 2023, rising to 65% by March 2024 has been agreed by the Director of Nursing.

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

Not applicable.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

None.

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 June IPQR will be available for discussion at the round of July Standing Committee meetings. As explained in Section 2.1, above, the iteration of the report does not include any financial information.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 16 June and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The CG Committee is requested to discuss and take Assurance from this report.

3 List of appendices

- Integrated Performance and Quality Report

Report Contact

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Fife Integrated Performance & Quality Report

Produced in June 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).

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

The IPQR comprises of the following sections:

I. Executive Summary

- a. National Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Projected & Actual Activity
- e. Assessment

II. Performance Assessment Reports

- a. Clinical Governance
- b. Finance, Performance & Resources
 - Operational Performance
 - Finance
- c. Staff Governance
- d. Public Health & Wellbeing

Section II provides further detail for indicators of continual focus or those that are currently experiencing significant challenge. Each 'drill-down' contains further data presented in tables and charts, incorporating Statistical Process Control (SPC) methodology where applicable. Improvement actions will be sourced from Annual Delivery Plan and will be incorporated into the report in due course.

Statistical Process Control (SPC) techniques 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 focusses on the 'outlier' rule identifying whether a data point exceeds the calculated upper or lower control limits.

MARGO MCGURK
Director of Finance & Strategy
21 June 2022

Prepared by:
SUSAN FRASER
Associated Director of Planning & Performance

I. Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit. This section of the IPQR provides a summary of performance against National Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary, which shows current performance, comparison with 'previous' and 'previous year' and a benchmarking indication against other mainland NHS Boards (where appropriate). There is also an indication of 'special cause variation' based on Statistical Process Control methodology.

Amendments have been made to the IPQR following the IPQR Review. This involves the addition of some key indicators, removal of other indicators, updating of the Indicator Summary and data presented in SPC charts where appropriate. The Risk section will be introduced in the next few months.

NHS Boards are currently developing an Annual Delivery Plan (ADP) for 2022/23 to articulate the ongoing recovery of services following the COVID-19 Pandemic. Once agreed, actions relevant to indicators within IPQR will be incorporated accordingly and updated routinely to report to Standing Committees, Board and the Scottish Government.

a. LDP Standards & Key Performance Indicators

The performance status of the 27 indicators within this report which currently have agreed targets is 6 (24%) classified as **GREEN**, 4 (16%) **AMBER** and 15 (60%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory. The indicator 4-hour Emergency Access is displaying 'special cause variation' for April based on data for past 24 months with performance of 77.5% exceeding lower control limit.

Note that the RAG status of the two Finance measures is not available this month.

There were notable improvements in the following areas in April:

- Rate of falls of all Inpatients continuing a downward trend towards the new target for FY 2022/23
- % bed days lost due to patients in delay continuing a downward trend towards target
- Sickness Absence rate at its lowest monthly level since April 2021

Additionally, it has now been a full 2 years since the Cancer-31 DTT performance fell below the 95% Standard.

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). This benchmarking information indicates that whilst a number of areas continue to experience significant levels of challenge, in 90% where we are able to compare our performance nationally (20 out of 22 measures) we are delivering performance within either the upper quartile or the mid-range.

c. Indicator Summary

Section	Measure	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Trend	Benchmarking
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Apr-22	24		▲	▲		●
	HSMR	N/A	Year Ending	Dec-21	1.02		▲	▲		●
	Inpatient Falls	6.91	Month	Apr-22	7.09		▲	▲		●
	Inpatient Falls with Harm	1.65	Month	Apr-22	1.81		▲	▲		●
	Pressure Ulcers	0.89	Month	Apr-22	0.94		▲	▲		●
	SAB - HAI/HCAI	18.8	Month	Apr-22	17.6		▼	▼		●
	C Diff - HAI/HCAI	6.5	Month	Apr-22	7.0		▼	▲		●
	ECB - HAI/HCAI	33.0	Month	Apr-22	28.1		▲	▼		●
	Complaints Closed - Stage 1	80%	Month	Apr-22	72.7%		▲	▼		●
	Complaints Closed - Stage 2	50%	Month	Apr-22	5.9%		▲	▼		●
Operational Performance	IVF Treatment Waiting Times	90%	Month	Apr-22	100.0%		◀▶	◀▶		●
	4-Hour Emergency Access	95%	Month	Apr-22	77.5%	○	▼	▼		●
	Patient TTG % <= 12 Weeks	100%	Month	Apr-22	55.9%		▲	▲		●
	New Outpatients % <= 12 Weeks	95%	Month	Apr-22	53.9%		▲	▲		●
	Diagnostics % <= 6 Weeks	100%	Month	Apr-22	63.0%		▲	▼		●
	18 Weeks RTT	90%	Month	Apr-22	70.4%		▲	▲		●
	Cancer 31-Day DTT	95%	Month	Apr-22	98.0%		▲	▲		●
	Cancer 62-Day RTT	95%	Month	Apr-22	84.9%		▲	▲		●
	Detect Cancer Early	29%	Year Ending	Sep-21	23.2%		▲	▲		●
	Freedom of Information Requests	85%	Month	Apr-22	97.6%		▲	▲		●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Apr-22	12.0%		▼	▲		●
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Apr-22	6.5%		▲	▲		●
	Antenatal Access	80%	Month	Mar-22	82.1%		▼	▼		●
Finance	Revenue Resource Limit Performance		Month							●
	Capital Resource Limit Performance		Month							●
Staff Governance	Sickness Absence	4.00%	Month	Apr-22	5.14%		▲	▼		●
Public Health & Wellbeing	Smoking Cessation (FY 2021/22)	473	YTD	Feb-22	268		—	▲		●
	CAMHS Waiting Times	90%	Month	Apr-22	71.1%		▲	▲		●
	Psychological Therapies Waiting Times	90%	Month	Apr-22	76.5%		▼	▼		●
	Drugs & Alcohol Waiting Times	90%	Month	Feb-22	89.3%		▲	▼		●

Performance Key

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

SPC Key

- Special cause variation, out with control limits

Change Key

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

Benchmarking Key

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

d. Projected and Actual Activity

Better than Projected | Worse than Projected | No Assessment

(NOTE: Better/Worse may be higher or lower, depending on context)

		Month End			Quarter End	Quarter End	Quarter End	Quarter End
		Apr-22	May-22	Jun-22	Jun-22	Sep-22	Dec-22	Mar-23
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	1,012	1,012	1,012	3,036	3,053	3,087	3,087
	Actual	816	1,087		1,903	0	0	0
	Variance	-196	75		-1,133	-3,053	-3,087	-3,087
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	6,180	6,186	6,201	18,567	18,806	19,132	19,166
	Actual	6,036	7,603		13,639	0	0	0
	Variance	-144	1,417		-4,928	-18,806	-19,132	-19,166
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	497	497	497	1,491	1,491	1,491	1,491
	Actual	460	543		1,003	0	0	0
	Variance	-37	46		-488	-1,491	-1,491	-1,491
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	3,996	3,996	3,996	11,988	11,988	11,988	11,988
	Actual	4,759	4,486		9,245	0	0	0
	Variance	763	490		-2,743	-11,988	-11,988	-11,988

e. Assessment

CLINICAL GOVERNANCE		Target	Current
HSMR		1.00	1.02
<p>Hospital Standardised Mortality Ratio (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR that was observed in 2020 has subsequently reduced. Data for 2021 demonstrates a return to a typical ratio for NHS Fife.</p>			
Inpatient Falls	<i>Reduce all patient falls rate by 10% in FY 2022/23 compared to the target for FY 2021/22</i>	6.91	7.09
<p>Falls data/trends continue to be reviewed focussing on areas with higher incidence to support improvement work. The 2021/22 target (a rate of 7.68 falls per 1,000 Occupied Bed Days) was met but note the work required to drive this down. The new target reflects the ambition of SPSP to reduce falls by 30% by 2024 with the approach of a 10% reduction per year being envisaged. The Steering Group is currently updating the workplan to drive the activity toward this year's target for reduction. Imminent changes in Infection Control guidance is expected to reduce some of the environmental challenges that have presented over the last two years.</p>			
Pressure Ulcers	<i>Reduce pressure ulcer rate by 25% in FY 2022/23 compared to the rate in FY 2021/22</i>	0.89	0.94
<p>As we mobilise out of the pandemic and significant pressures continue across the system, the 25% reduction in pressure ulcers (grade 2 to 4) targeted for this FY is thought to be achievable and stretching. Whilst the data continues to show a random pattern, there has been a favourable downward trend over the past 3 months, with the previous 2 months being below the median. ASD have seen a month-on-month reduction in harms over the past 3 months with HSCP seeing the same pattern over the past 2 months. The pressure ulcer report continues to be shared with clinical teams and is one data source used for triangulation in order to drive improvement. Clinical Teams continue to follow the process for Major and Extreme Adverse Events for shared learning.</p>			
SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i>	18.8	17.6
<p>NHS Fife continues to address its SABs and is currently ahead of the trajectory to achieve the 10% reduction by March 2023. There was a single PVC SAB in March and there have been 3 PWID SABs in 2022 to date; positively, there has been no Renal haemodialysis line related SABs since October 2021.</p>			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2023</i>	6.5	7.0
<p>NHS Fife is on target to achieve the 10% reduction by March 2023 although there have been 10 health care associated CDI to date in 2022. Reducing the incidence of CDI recurrence is pivotal to achieving the HCAI reduction target and continues to be addressed. There have been 2 recurrences of infection in 2022.</p>			
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2023</i>	33.0	28.1
<p>NHS Fife is on target to achieve a 25% reduction of HCAI ECBs by March 2023. Reducing CAUTI HCAI ECB incidence remains the quality improvement focus to achieve our targets. There have been 13 CAUTIs in 2022 to date.</p>			
Complaints – Stage 2	<i>At least 50% of Stage 2 complaints will be completed within 20 working days by March 2023, rising to 65% by March 2024</i>	50%	5.9%
<p>There remain challenges in investigating and responding to Stage 2 complaints within the national timescales, primarily due to staffing and capacity issues across all services. We continue to see an increased volume of complaints, the majority being complex or covering multiple specialities/services. The Patient Relations team continues to face capacity and staffing levels, which have been exacerbated by vacancies and staff absence, some of which is long-term. This is having a negative effect on meeting timeframes, due to the increased workload on staff (who are managing multiple caseloads) and individual ability to manage day-to-day ad-hoc work. In order to address these challenges, existing processes have been reviewed in order to streamline workloads and generate efficiencies.</p>			

OPERATIONAL PERFORMANCE		Target	Current
4-Hour Emergency Access	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95%	77.5%
<p>Attendance has continued to be high (a 4-week average of 223 daily attendances), impacting on the 4-hour access target. Escalation actions through OPEL, including additional surge capacity, remains in place within ASD and HSCP to accommodate the additional inpatient demand. The emergency department continue with plans for remodelling to allow for expanded assessment provision and a new approach to enhanced triage and redirection to QMH MIU is being reviewed.</p>			
Patient TTG (Waiting)	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	100%	55.9%
<p>Performance in April has improved slightly. Day case elective activity increased in March due to additional waiting list initiatives, but inpatient surgery continues to be restricted to urgent and cancer patients due to sustained pressures in unscheduled care and COVID sickness absence. The waiting list continues to rise with 4,601 patients on list in April, 50% greater than in April 2021. There is a continued focus on clinical priorities whilst reviewing long waiting patients. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver additional capacity in the plan. No additional activity has been undertaken in April and core activity remains restricted.</p>			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	53.9%
<p>Performance in April has improved slightly following additional waiting list activity; however, core capacity remains restricted due to the ongoing need for physical distancing and the pressures of unscheduled care on outpatient capacity in some specialities. The waiting list has increased, with 22,594 on the outpatient waiting list, 12% higher than in April 2021. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks. The number waiting over 52 weeks has risen to 567 in March mainly in Gastroenterology, General Surgery and Vascular Surgery specialties. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver additional capacity in the plan. No additional activity has been undertaken in April. Following updated infection prevention and control guidance it is anticipated that there will be a reduction in the need for physical distancing. However, the impact of this will be monitored and sustaining the current level of activity is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from COVID.</p>			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	63.0%
<p>Performance improved slightly in April. The improvement has been in Radiology with 67.7% waiting less than 6 weeks whilst the performance in endoscopy has deteriorated to 42.8% of patients waiting less than 6 weeks. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. The overall waiting list for diagnostics has reduced in April to 5,714 although the number waiting for an Endoscopy has increased. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. A new recovery plan has been submitted to the Scottish Government and a decision is awaited around the additional resources needed to deliver additional capacity in the plan. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care along with continued restrictions in activity due to enhanced infection control measures and staff absence due to COVID.</p>			
Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	84.9%
<p>April continued to see challenges, but there was a slight improvement in performance. The number of referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to COVID-19 staffing issues and lack of resources, with particular capacity issues in some specialties. Breast, Oncology and Urology (Prostate) are currently our most challenged pathways. Improvements are being made at the start of the latter to reduce waits between steps and improve patient experience. The range of breaches (majority in Prostate) was 2 to 34 days (average 13 days).</p>			

OPERATIONAL PERFORMANCE		Target	Current
Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay (excluding those marked as Code 9) is to reduce</i>	5%	6.3%
<p>The number of bed days lost due to patients in delay continues to follow a downward trajectory following a spike in February, due largely to the significant covid wave the system has endured and subsequent demand pressures on H&SCP exits. Encouragingly, despite these pressures the position is only 1.3% over target 5%.</p> <p>The H&SCP continues to operate with approximately 44 surge beds and regularly maintains occupancy levels above 110%. On top of this, referrals to the VHK Integrated Discharge hub have never been higher which is putting continued strain on community services. Despite this however we note that the latest Public Health Scotland Data (3rd May 2022) placed NHS Fife as having the lowest number of patients in delay per 100,000 Age 18+ population of the 11 Mainland Health Boards.</p>			

FINANCE		Forecast	Current
Revenue Expenditure	<i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i>		
Initial report for FY 2022/23, up to the end of Month 2, is not yet available			
Capital Expenditure	<i>Work within the capital resource limits set by the SG Health & Social Care Directorates</i>		
Initial report for FY 2022/23, up to the end of Month 2, is not yet available			

STAFF GOVERNANCE		Target	Current
Sickness Absence	<i>To achieve a sickness absence rate of 4% or less</i>	4.00%	5.14%
<p>The sickness absence rate in April was 5.14%, a reduction of 0.45% from the rate in March. The COVID-19 related special leave rate, as a percentage of available contracted hours for April, was 2.46%.</p> <p>To ensure focus on this issue an Attendance Taskforce has been established which will facilitate actions and drive improvements to ensure NHS Fife works to achieve the sickness absence performance target.</p> <p>Pending any additional NHS Scotland guidance on sickness absence targets, we continue to monitor absence against our existing target of 4%. We would anticipate that any national update will reflect the circumstances of the last two years and therefore this target may be subject to change.</p>			

PUBLIC HEALTH & WELLBEING		Target	Current
Smoking Cessation	<i>Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas</i>	473	288
<p>The service is moving into a transitional stage whereby we are using a hybrid approach by continuing to deliver an element of service provision remotely through telephone support while concurrently returning to face to face delivery in Linburn and North Glen GP practices and Lochgelly Community centre. In addition, the mobile unit has been in Cowdenbeath, Templehall and Glamis Centre to build up service awareness and to reach our more vulnerable communities. Successful quits are currently sitting at 288 with room for improvement before final verification at the end of June. A range of service awareness opportunities and benefits of quitting happened on No Smoking Day on 9th March which saw an uplift in referrals of 14% during that week.</p>			
CAMHS Waiting Times	<i>90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral</i>	90%	71.1%
<p>RTT performance has been maintained at the projected level as work on the longest waits continues. Urgent and priority referrals remain high with an increased proportion of staff activity allocated to young people presenting with Acute/High Risk presentations. The process to fill vacant posts continues with a total of 16 posts either in the recruitment process or out to advert across a range of professions that contribute to CAMHS. The longest wait initiative has been implemented through the offer of additional hours and reallocation of PMHW clinical capacity in order to re-align the current position with the predicted position which was negatively impacted by staff absence and cancelled appointments during January and February.</p>			
Psychological Therapies	<i>90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral</i>	90%	76.5%
<p>The demand for PTs increased significantly in the latter half of 2021 compared to the first 6 months of that year and this remains the case in the first 4 months of 2022 so far. This has resulted in an increase in numbers on the waiting list. Issues of workforce availability have negatively impacted the increase in activity that was anticipated from October onwards.</p>			

II. Performance Exception Reports

Clinical Governance

Adverse Events (Major & Extreme)	10
HSMR	11
Inpatient Falls (With Harm)	12
Pressure Ulcers	13
SAB (HAI/HCAI)	14
C Diff (HAI/HCAI)	15
ECB (HAI/HCAI)	16
Complaints (Stage 2)	17

Finance, Performance & Resources: Operational Performance

4-Hour Emergency Access	18
Patient Treatment Time Guarantee (TTG)	19
New Outpatients	20
Diagnostics	21
Cancer 62-day Referral to Treatment	22
Delayed Discharges	23

Finance, Performance & Resources: Finance

Revenue Expenditure	24
Capital Expenditure	24

Staff Governance

Sickness Absence	25
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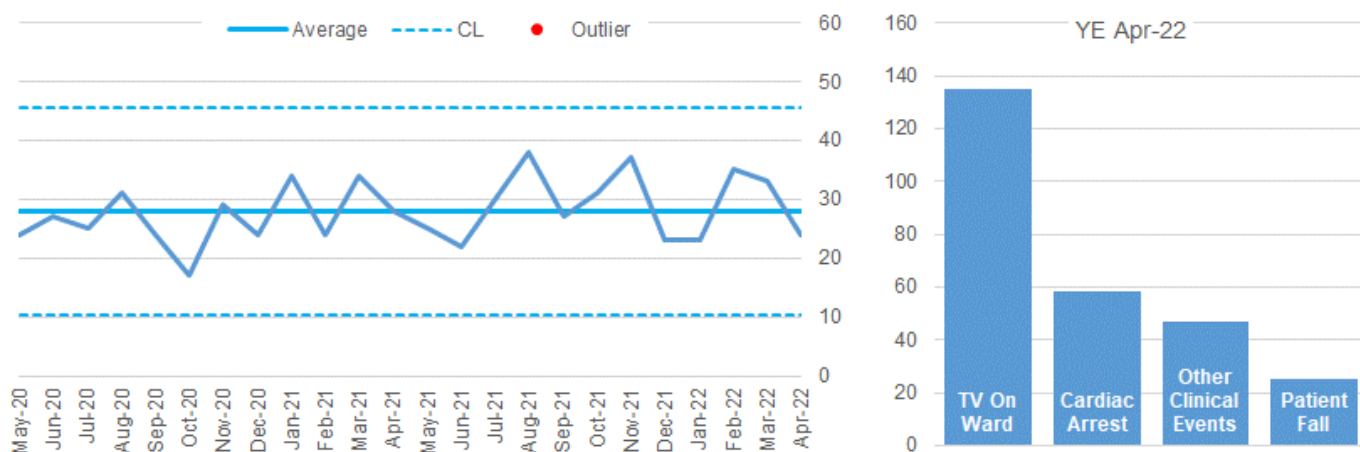
Public Health & Wellbeing

Smoking Cessation	26
CAMHS 18 Weeks Referral to Treatment	27
Psychological Therapies 18 Weeks Referral to Treatment	28

CLINICAL GOVERNANCE

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2021/22												2022/23
		May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
ALL	NHS Fife	1373	1352	1422	1455	1400	1397	1444	1497	1503	1289	1451	1202	
	Acute Services	649	606	630	616	611	649	635	598	615	514	670	518	
	HSCP	682	695	741	801	747	692	750	837	853	725	717	634	
	Corporate	42	51	51	38	42	56	59	62	35	50	64	50	
CLINICAL	NHS Fife	1012	937	1011	958	967	952	1020	973	945	898	1052	822	
	Acute Services	600	547	569	551	538	569	584	538	569	463	616	474	
	HSCP	388	366	412	386	402	353	407	396	361	406	399	328	
	Corporate	24	24	30	21	27	30	29	39	15	29	37	20	

Commentary

Incident numbers in March showed a slight increase, but decreased in April to the lowest level in the past 12 months; overall combined figures for the two month period is in keeping with monthly averages.

The sub category 'Transfer - In-Patient Transfer Problems' specifically relating to communication and delays, showed a significant increase in March. This sits within the 'Access / Appointment / Admission / Transfer or Discharge incidents' category, which is the only category showing any significant variation within March and April.

There were 30 Local Adverse Event Reviews and 6 Significant Adverse Event Reviews completed with formal sign off during March and April.

Focused improvement work continues in relation to falls, pressure ulcers and deteriorating patient. Adverse Events improvement work is ongoing. A dedicated Adverse Events resource folder has been created within Blink, and this holds resources to facilitate adverse events incident management as well as including links to human factors training. Collaborative work on the adverse events improvement plan is ongoing.

IMPROVEMENT ACTIONS

New improvement actions for will be incorporated following approval of Annual Delivery Plan

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.

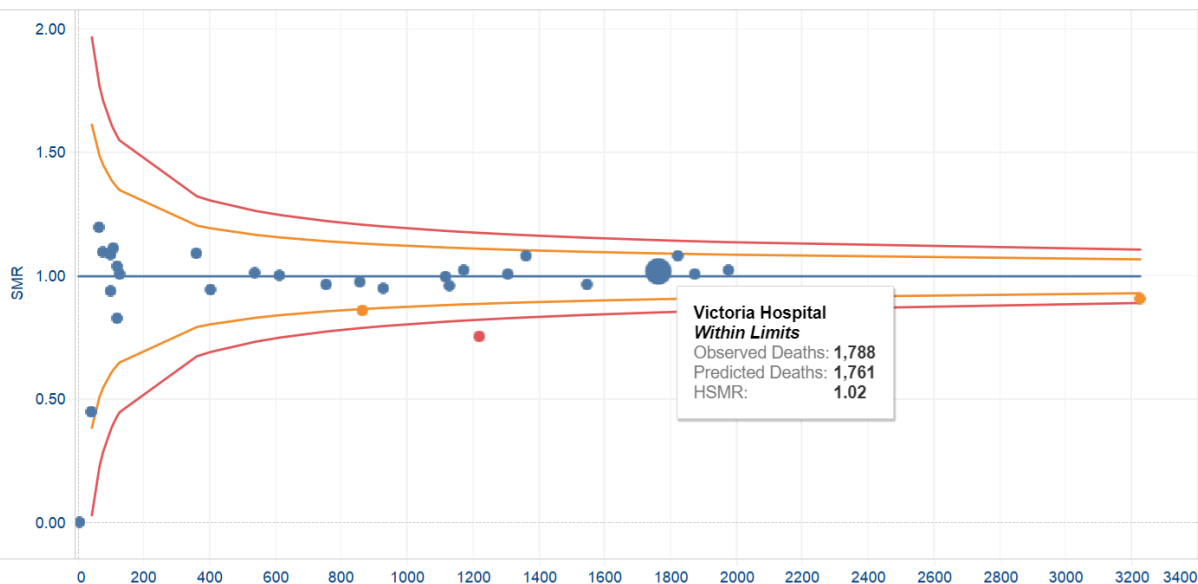
Reporting Period; January 2021 to December 2021^P

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: January 2021 to December 2021

Allows comparisons to be made between each hospital and the average for Scotland for a particular period.



Commentary

Hospital Standardised Mortality Ratio (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR that was observed in 2020 has subsequently reduced. Data for 2021 demonstrates a return to a typical ratio for NHS Fife.

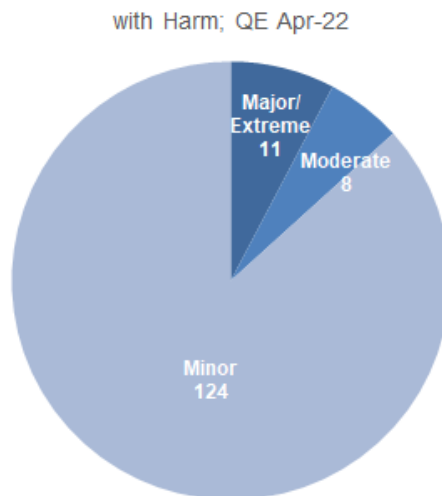
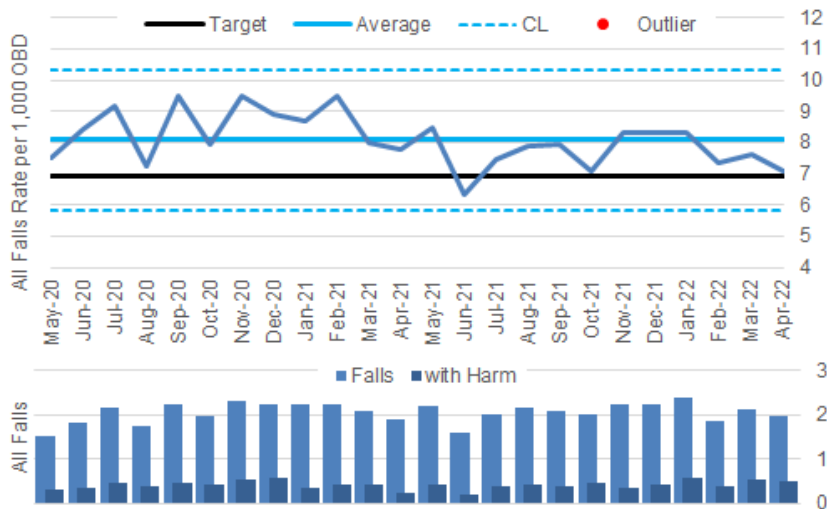
CLINICAL GOVERNANCE

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

Local Performance



Performance by Service Area

	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	8.45	6.32	7.45	7.88	7.93	7.08	8.32	8.29	8.33	7.33	7.62	7.09
Acute Services	8.38	6.14	7.17	8.17	7.61	8.51	8.71	8.55	9.47	7.55	7.18	8.17
HSCP	8.52	6.47	7.70	7.63	8.21	5.85	7.97	8.06	7.34	7.16	8.01	6.14

IMPROVEMENT ACTIONS

20.3 Falls Audit

By Aug-22

As part of the work plan update there will be an annual audit programme set which will include the Care and Comfort Clock Audit and the Falls Intervention Plan

20.5 Improve effectiveness of Falls Champion Network

By Aug-22

This work remains on hold due to staffing challenges, with contact being maintained with existing champions. This work will remain a focus in the forthcoming work plan.

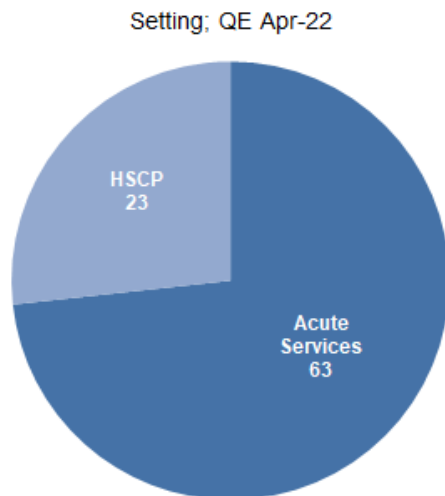
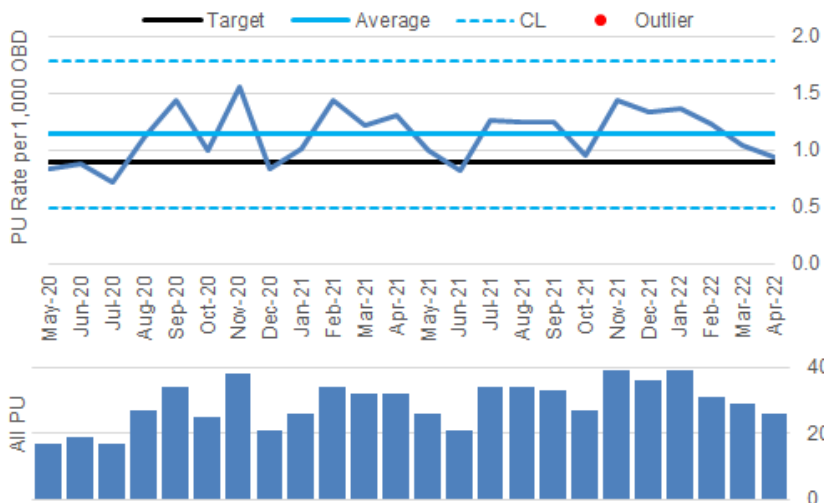
New improvement actions for will be incorporated following approval of Annual Delivery Plan

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

Local Performance



Performance by Service Area

	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	0.99	0.82	1.26	1.25	1.24	0.95	1.44	1.33	1.36	1.23	1.03	0.94
Acute Services	1.60	1.58	2.13	2.36	2.10	1.44	2.54	2.24	2.25	1.84	1.76	1.45
HSCP	0.44	0.15	0.49	0.27	0.49	0.53	0.49	0.55	0.58	0.72	0.40	0.48

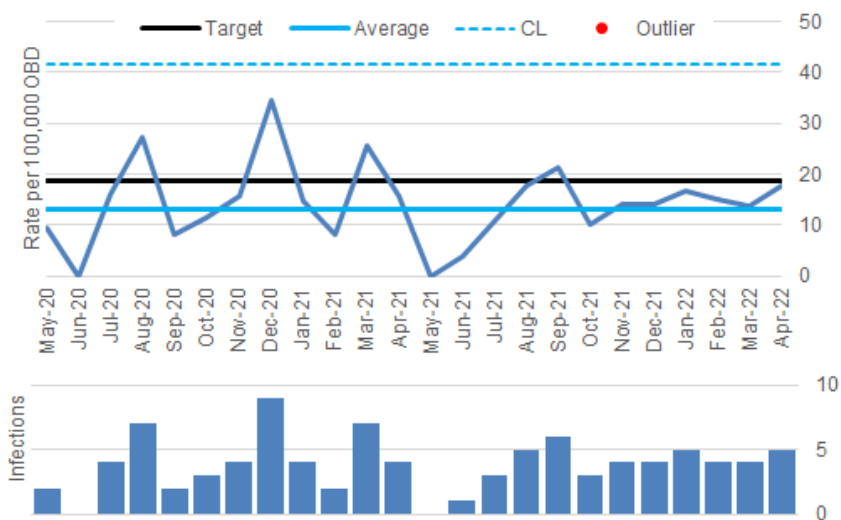
IMPROVEMENT ACTIONS

New improvement actions for will be incorporated following approval of Annual Delivery Plan

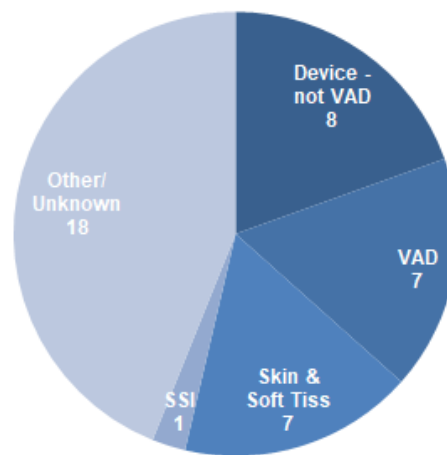
SAB (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

Local Performance



Infection Source; YE Apr-22



National Benchmarking

Quarter Ending	2020/21				2021/22		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	6.3	18.7	20.6	17.8	6.3	16.6	12.8
Scotland	20.3	17.3	18.9	18.4	18.6	18.3	17.3

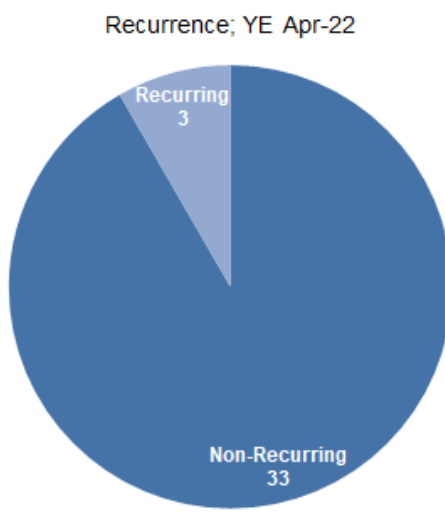
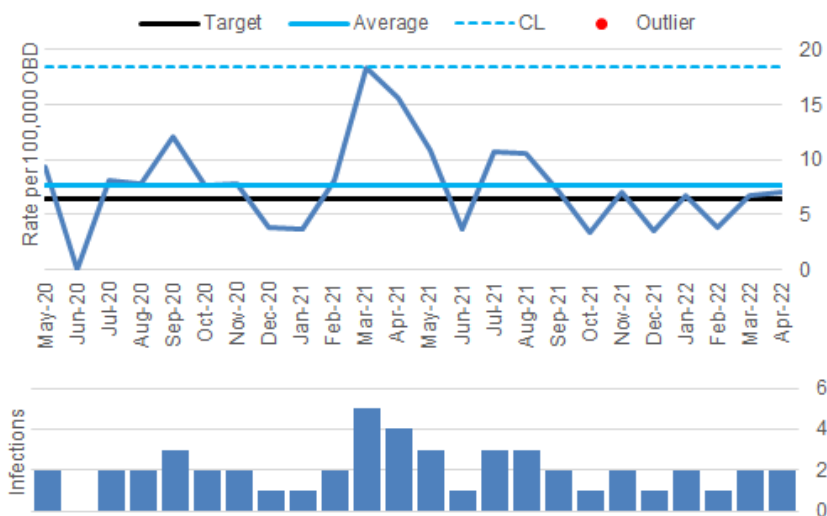
IMPROVEMENT ACTIONS

New improvement actions for will be incorporated following approval of Annual Delivery Plan

C Diff (HAI/HCAI)

Reduce Hospital Infection Rate by 10% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

Local Performance



National Benchmarking

Quarter Ending	2020/21				2021/22		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	7.9	9.3	7.7	14.0	10.0	9.5	4.6
Scotland	15.4	17.4	16.4	15.8	14.6	16.8	13.3

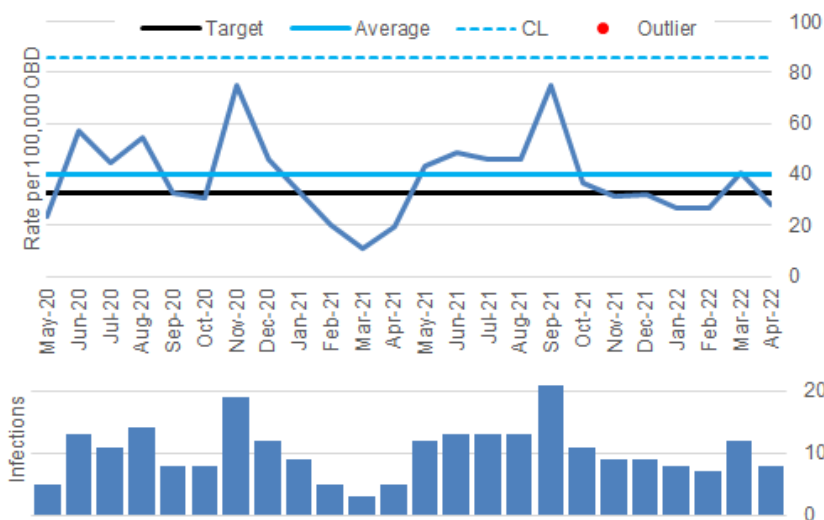
IMPROVEMENT ACTIONS

New improvement actions for will be incorporated following approval of Annual Delivery Plan

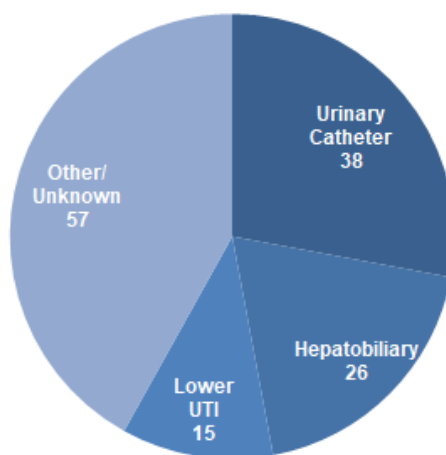
ECB (HAI/HCAI)

Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2022/23

Local Performance



Infection Source; YE Apr-22



National Benchmarking

Quarter Ending	2020/21				2021/22		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	36.4	45.3	50.3	21.6	37.6	60.3	33.6
Scotland	39.7	42.0	40.9	34.7	38.2	41.4	34.1

IMPROVEMENT ACTIONS

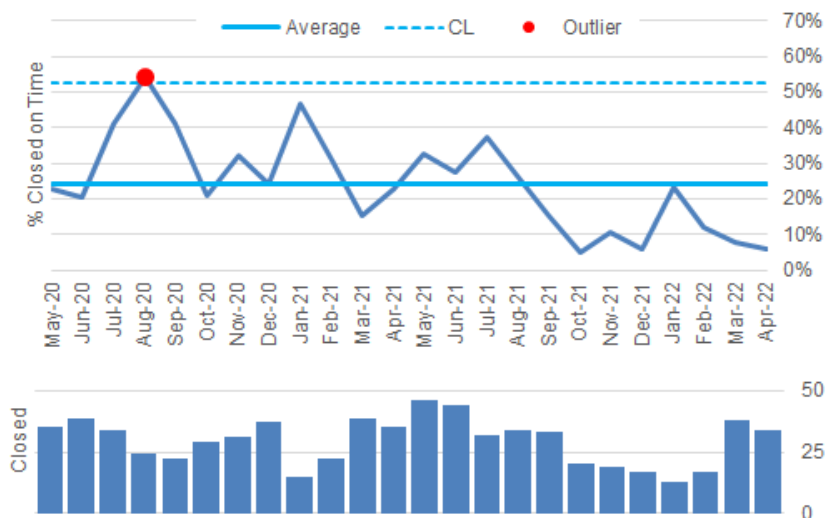
20.1 Optimise communications with all clinical teams in ASD & the HSCP	By Mar-24
<p>Monthly ECB reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB undergoes IPC surveillance and a DATIX is submitted for all catheter associated ECBs, prompting an LAER by the patient's clinical team.</p> <p>NHS Fife is currently on target for achieving the 25% target reduction by the end of March 2023; a further 25% reduction of HCAI ECBs is to be achieved by March 2024.</p>	
20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)	By Mar-24
<p>The UCIG meeting met in May, when initiatives to promote hydration and provide optimum urinary catheter care (including continence care) across Fife were discussed. They cover analysis and update of process, training/education/promotion and quality improvement work.</p> <p>A new eCatheter insertion & maintenance bundle on Patientrack is due to be trialled by Urology before being rolled out across the wards within the ASD & HSCP. This will ensure optimum catheter care is delivered across NHS Fife resulting in a reduction of CAUTIs within the hospital setting.</p>	

New improvement actions for will be incorporated following approval of Annual Delivery Plan

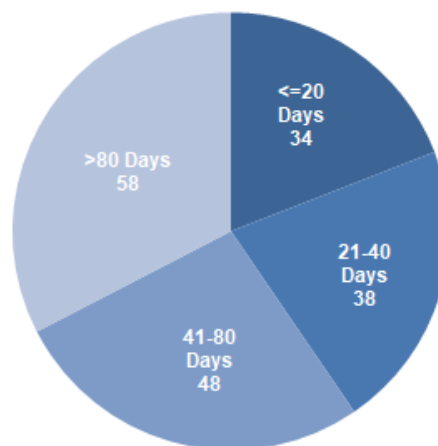
Complaints | Stage 2

At least 50% of Stage 2 complaints are completed within 20 working days by March 2023, rising to 65% by March 2024

Local Performance



Open Complaints; Apr-22



Performance by Service Area

		2021/22												2022/23
		MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	
NHS Fife	% Closed on Time	32.6%	27.3%	37.5%	26.5%	15.2%	5.0%	10.5%	5.9%	23.1%	11.8%	7.9%	5.9%	
	% Acknowledged (3 days)	93.5%	100.0%	96.9%	100.0%	100.0%	100.0%	100.0%	88.2%	84.6%	100.0%	89.5%	88.2%	
Acute Services	% Closed on Time	23.3%	21.4%	26.1%	31.6%	21.7%	0.0%	16.7%	7.7%	30.0%	18.2%	3.6%	8.0%	
HSCP	% Closed on Time	53.8%	16.7%	50.0%	16.7%	0.0%	20.0%	0.0%	0.0%	0.0%	0.0%	14.3%	0.0%	

IMPROVEMENT ACTIONS

22.1 Review complaint handling process and agree measures to ensure quality

By Sep-22

An overall review of the existing complaints handling process by Quality Improvement and Patient Relations teams continues, with a new digital monitoring system in development. This will significantly reduce duplication and negate the need for manual counting to ascertain complaints status.

In March, the Patient Relations Team focused on clearing their backlog of complaints, which was successful in reducing these numbers considerably; however, this has steadily increased again and we once more face a significant backlog of cases requiring drafting and/or progression. This is due to the ongoing increase in complaint numbers, as well as current staffing challenges.

However, the Patient Relations team have recently taken on several temporary staff members from the Contact Tracing team, who are currently receiving training in complaints handling, with a focus on stage 2 response drafting. The aim is for these additional staff members to support the Patient Relations Officers with drafting, which will help to reduce and maintain the number of cases waiting to be drafted, as well as helping to manage overall caseloads.

A new Head of Patient Experience has been appointed to the lead team and will commence in July 2022. The team will be re-branded as the Patient Experience Team and will not only focus on complaints handling (once all backlogs are cleared) but will also proactively lead on obtaining realtime patient feedback to improve patient experience and reduce complaints moving forwards.

22.2 Improve education of complaint handling

By Sep-22

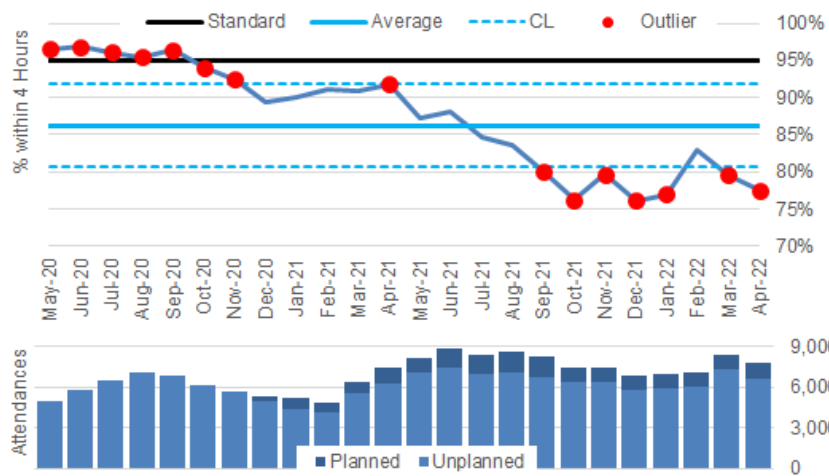
There is an existing aim to improve overall quality by recommencing the delivery of education programmes, such as induction and bespoke training sessions, across all Clinical Services. However, this plan remains on hold at present due to the pressures and capacity within the team as well as the ongoing response to COVID-19. Patient Relations is engaging with the Organisational Learning Group to share learning from complaints, address common themes and target improvements.

New improvement actions for will be incorporated following approval of Annual Delivery Plan

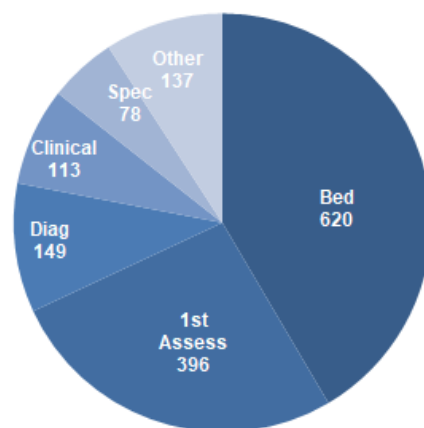
4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

Local Performance



Breach Reason; Apr-22



National Benchmarking

	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	87.2%	88.2%	84.7%	83.6%	80.1%	76.3%	79.7%	76.1%	77.0%	83.0%	79.6%	77.5%
Scotland	87.2%	85.1%	81.5%	77.8%	76.1%	73.5%	75.9%	75.7%	76.0%	74.2%	71.6%	72.1%

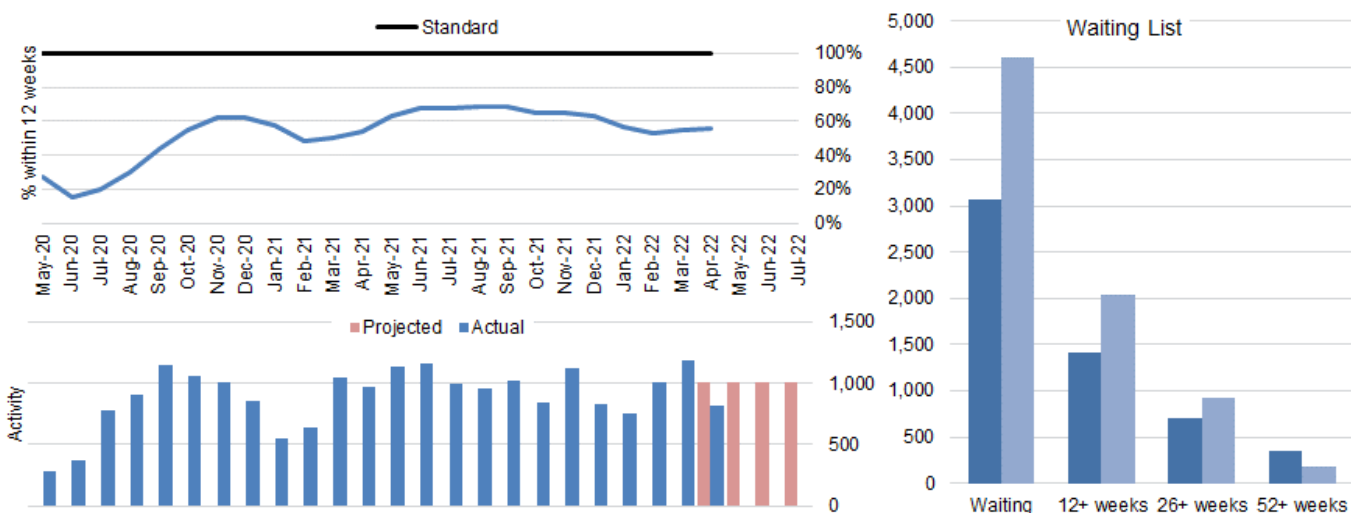
IMPROVEMENT ACTIONS

New improvement actions for will be incorporated following approval of Annual Delivery Plan

Patient TTG

We will ensure that all eligible patients receive Inpatient or Daycase treatment within 12 weeks of such treatment being agreed

Local Performance



National Benchmarking

	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	62.7%	67.9%	67.6%	68.2%	68.2%	64.9%	65.1%	63.1%	56.6%	52.7%	55.2%	55.9%
Scotland	37.2%	38.6%	36.7%	36.5%	34.0%	37.5%	37.3%	34.6%	33.7%	32.5%	34.0%	

IMPROVEMENT ACTIONS

22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling

By Sep-22

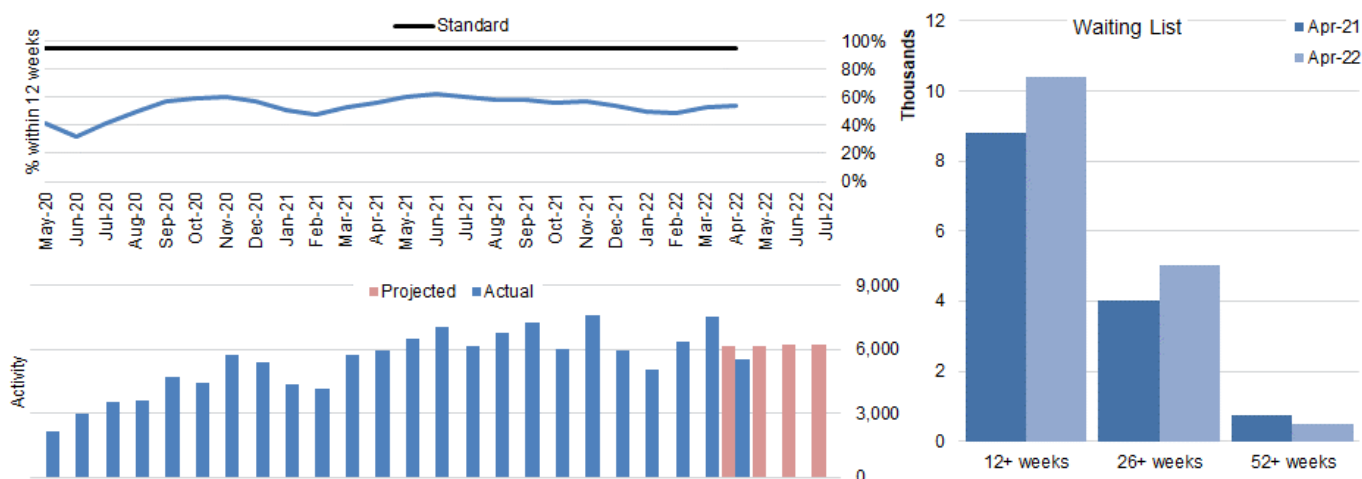
Business case being progressed suitable IT system identified

New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

New Outpatients

95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment

Local Performance



National Benchmarking

	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	60.3%	62.4%	60.7%	58.6%	58.3%	56.5%	57.1%	53.8%	50.1%	48.8%	53.4%	53.9%
Scotland	52.3%	53.4%	51.6%	49.7%	48.1%	48.0%	48.4%	46.5%	45.5%	45.9%	49.6%	

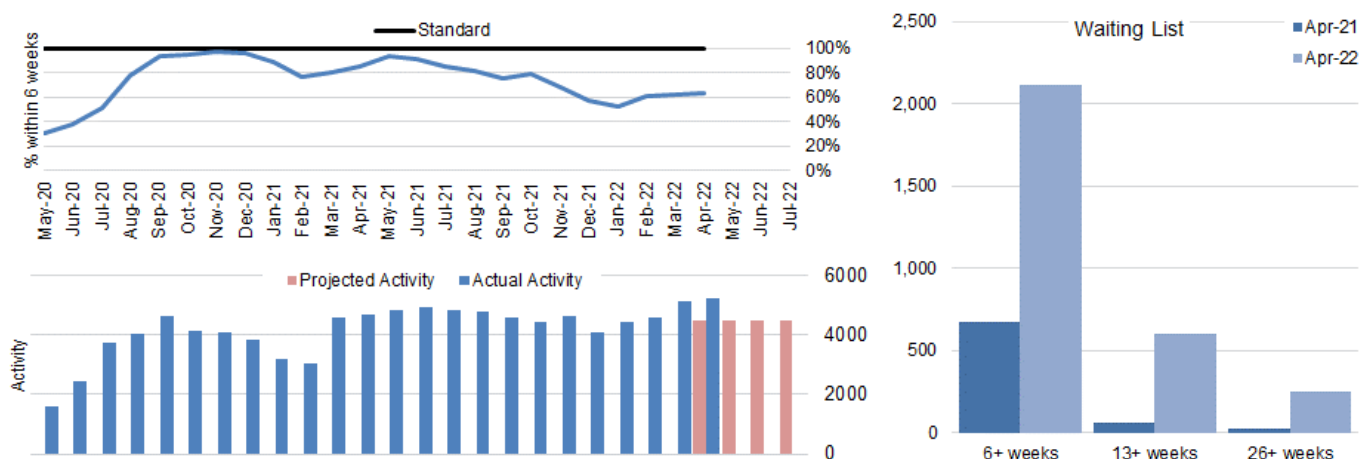
IMPROVEMENT ACTIONS

New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

Diagnostics Waiting Times

No patient will wait more than 6 weeks to receive one of the 8 Key Diagnostics Tests appointment

Local Performance



National Benchmarking

	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	93.5%	90.6%	84.9%	81.2%	75.7%	78.7%	68.3%	57.8%	52.7%	61.2%	61.6%	63.0%
Scotland	64.1%	62.6%	57.2%	56.5%	57.8%	55.2%	56.9%	49.6%	48.1%	50.8%	49.6%	

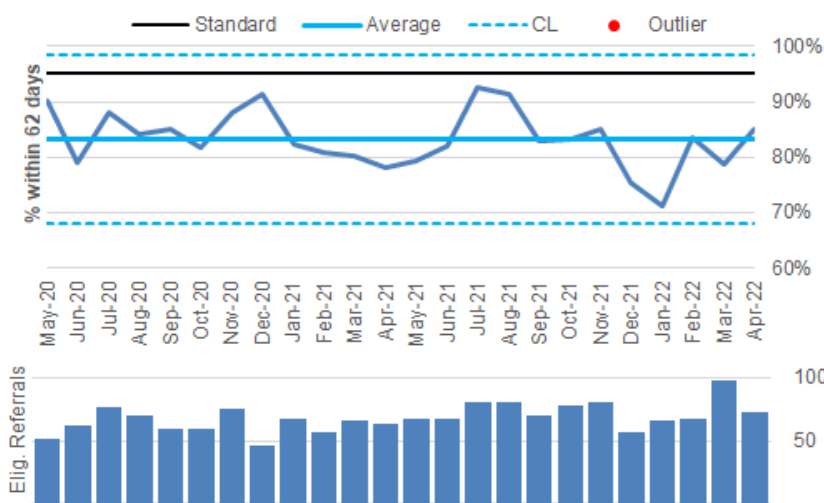
IMPROVEMENT ACTIONS

New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

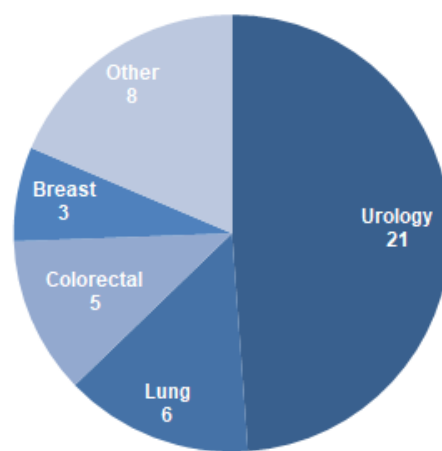
Cancer 62-Day Referral to Treatment

At least 95% of patients urgently referred with a suspicion of cancer will start treatment within 62 days

Local Performance



Breaches; QE Apr-22



National Benchmarking

Month	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	79.4%	82.1%	92.5%	91.3%	82.9%	83.3%	85.0%	75.4%	71.2%	83.6%	78.6%	84.9%
Scotland	83.0%	83.6%	82.8%	83.5%	83.1%	78.8%	78.1%	78.3%	76.3%	77.4%	75.5%	77.0%

IMPROVEMENT ACTIONS

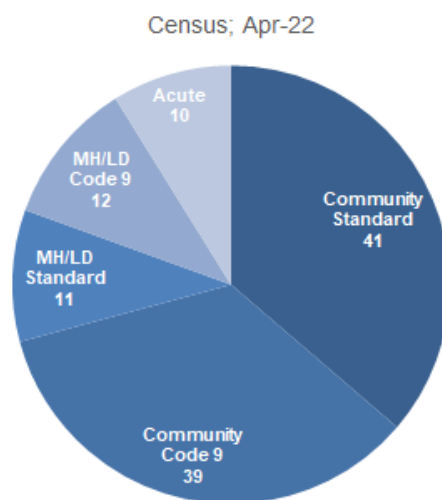
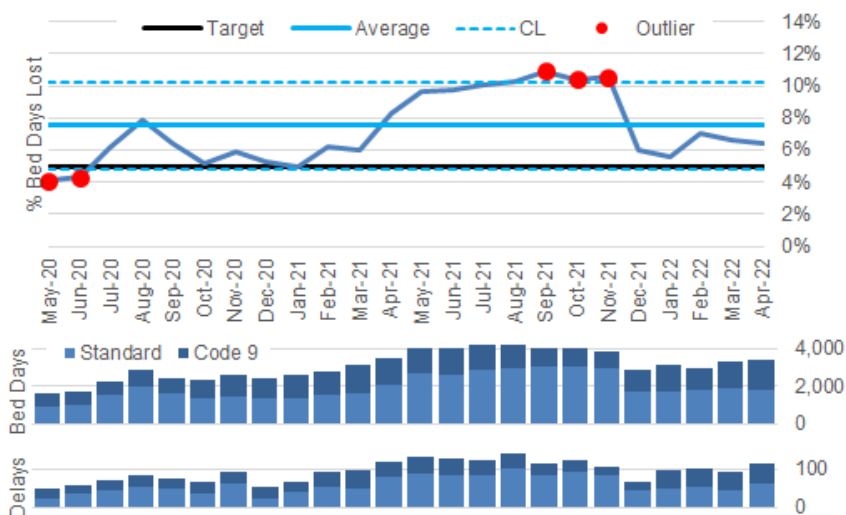
20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points	By Mar-23
This will be addressed as part of the overall recovery work and in line with priorities set within the Cancer Recovery Plan and by the leadership team. Priority will be given to the most challenging pathways, initially prostate, and introduction of the optimal lung cancer pathway will also be prioritised.	
20.4 Prostate Improvement Group to continue to review prostate pathway	By Mar-23
A national review of the prostate pathway will be undertaken as part of the Recovery Plan. Small tests of change have been made within the pathway and further improvement measures continue.	
21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan	By Jun-22
The National Cancer Recovery Plan was published in December 2020. A Strategic & Governance Cancer Group has been established with a Cancer Framework Core Group to develop and take forward the NHS Fife Cancer Framework and annual delivery plan for cancer services in Fife. Engagement is completed and first draft edits have been made. The delivery plan is currently under review and will be tabled at the next Cancer Governance and Strategy Group.	
22.1 Effective Cancer Management Review	Complete May-22
The Scottish Government Effective Cancer Management Framework review to improve cancer waiting times performance is underway. The recommendations from the review will be addressed as part of the improvement process. The Scottish Government will be visiting NHS Fife to introduce the reviewed Framework. An action plan has been completed and forwarded to Scottish Government. A further action to implement the effective cancer management framework will be determined for 2022-23 through the annual delivery plan.	

New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

Delayed Discharges (Bed Days Lost)

We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Local Performance



National Benchmarking

Quarter Ending	2019/20		2020/21				2021/22			
	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	
NHS Fife	% Bed Days Lost - Std	7.2%	8.3%	4.6%	6.8%	5.4%	5.7%	9.2%	10.4%	9.0%
	% Bed Days Lost - All	10.4%	12.4%	8.6%	10.1%	9.6%	10.9%	14.4%	14.8%	12.4%
Scotland	% Bed Days Lost - Std	7.1%	7.3%	3.8%	5.1%	4.8%	4.6%	5.0%	6.8%	7.2%
	% Bed Days Lost - All	8.8%	9.3%	5.9%	7.1%	7.3%	7.3%	7.4%	9.4%	9.7%

IMPROVEMENT ACTIONS

21.1 Progress HomeFirst model / Develop a 'Home First' Strategy

By Dec-22

The Oversight "Home First" group continue to meet on a regular basis, and Project Management Office (PMO) support is in place. Seven subgroups are taking forward the operational actions to bring together the "Home First" strategy for Fife. Monthly meetings take place, and this action will continue for the remainder of 2022.

22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community

Complete May-22

This test of change has now ended. We intend to review lessons learned and consider a second test of change in the community.

New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

Revenue Expenditure

NHS Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

The initial financial report for FY 2022/23, covering the period to 31 May 2022 is not yet available.

Capital Expenditure

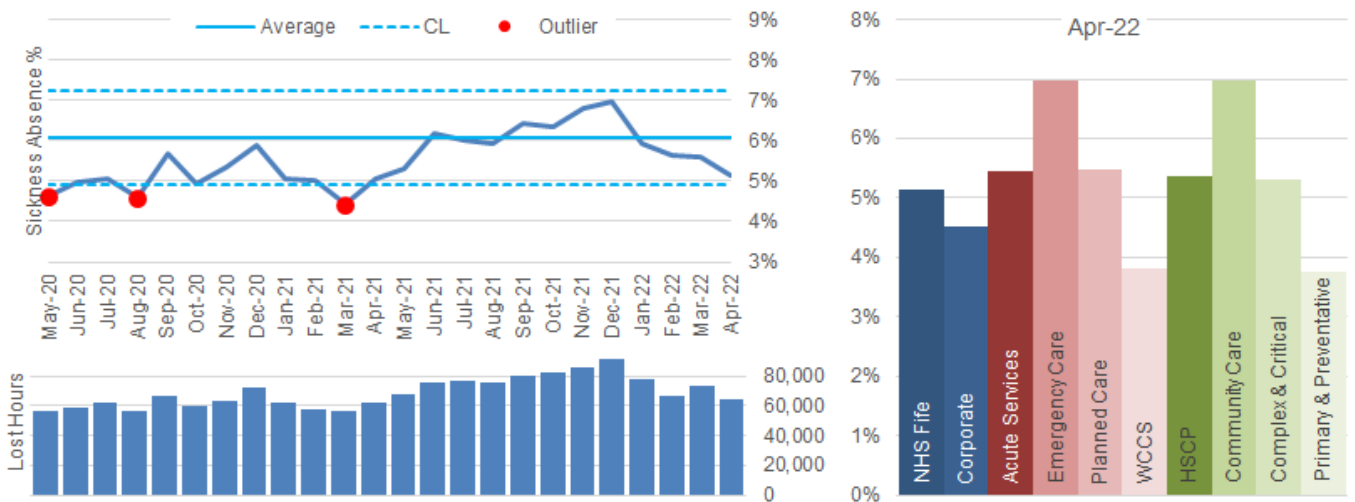
NHS Boards are required to work within the revenue resource limits set by the Scottish Government Health & Social Care Directorates (SGHSCD)

The initial financial report for FY 2022/23, covering the period to 31 May 2022 is not yet available.

Sickness Absence

To achieve a sickness absence rate of 4% or less (Improvement Target for 2022/23 = TBD%)

Local Performance



National Benchmarking

Month	2021/22											2022/23
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
NHS Fife	5.31%	6.17%	6.03%	5.95%	6.42%	6.34%	6.79%	6.98%	5.93%	5.63%	5.59%	5.14%
Scotland	5.04%	5.52%	5.62%	5.76%	6.12%	6.30%	6.37%	6.23%	5.37%	4.96%	5.47%	5.10%

IMPROVEMENT ACTIONS

22.1 Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions

By Mar-23

Work is being progressed in a number of areas:

1. Continued early Occupational Health (OH) intervention for staff absent from work due to a mental health related reason, drawing on the specialist expertise from the OH Mental Health Nurse
2. Continued targeted managerial, Human Resources (HR) and wellbeing support for staff absent from work due to mental health related reasons
3. Introduction of Chartered Institute of Personnel and Development (CIPD) approved mental health checklist as a tool for managers to use to support staff experiencing mental health issues.

22.2 Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence

By Mar-23

Work is being progressed in a number of areas:

1. Provision of core HR, OH and staff wellbeing support to assist with achieving a reduction in sickness absence in line with the Annual Delivery Plan standard
2. Establishment of the Promoting Attendance Task Force chaired by the Chief Executive, to support the reduction in absence within NHS Fife; the first meeting of the Group is set for 9 June

The aims of this Group include:

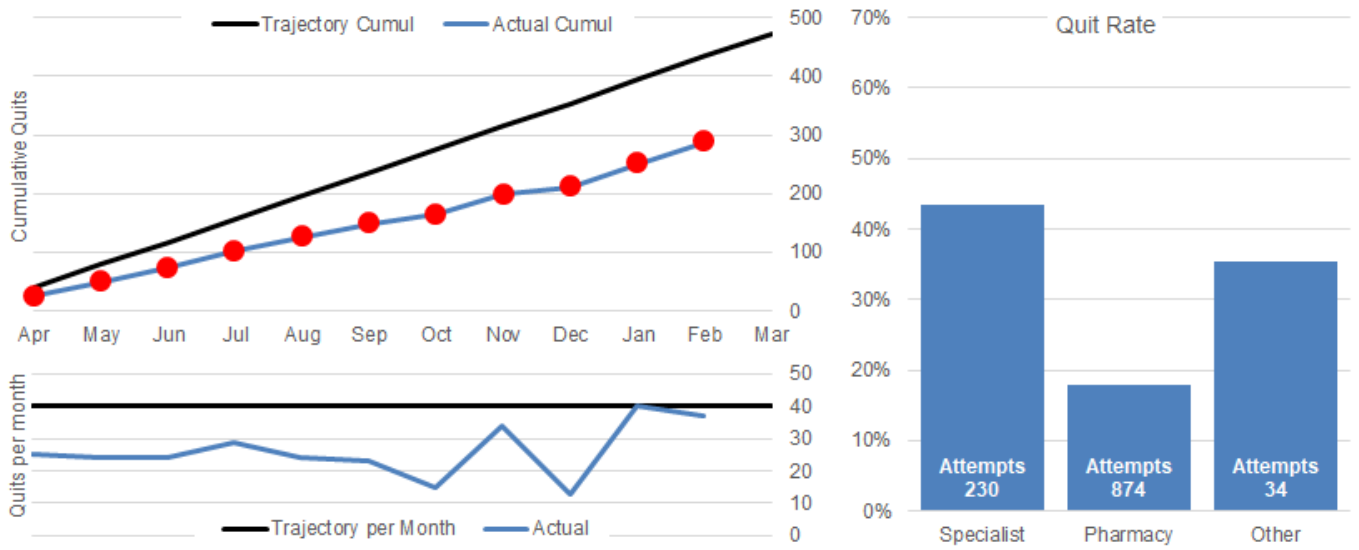
- To facilitate NHS Fife to meet the requirements of attendance management in relation to Staff Governance Standards and NHS Scotland average of less than 4%
- To drive forward improved attendance management in line with the target set, noting that from 1 April 2019 the aim was to work towards reducing sickness absence by 0.5% per annum over 3 years to 2022 with the target of achieving an overall NHS Scotland average of less than 4%
- To enhance accountability of attendance management at Executive level
- To support the implementation of locally agreed action plans
- To refresh the current promoting attendance training offered within the Board and align it with the actions of the Attendance Task Force, alongside promotion of the Once for Scotland eLearning module to managers and staff.

New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

Smoking Cessation

In 2021/22, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance (lag due to 12-week follow-up from quit date)



National Benchmarking

		2021/22											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	25	24	24	29	24	23	15	34	13	40	37	
	Actual Cumul	25	49	73	102	126	149	164	198	211	251	288	
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	62.5%	62.0%	61.9%	64.6%	64.0%	63.1%	59.4%	62.9%	59.6%	63.7%	66.4%	
Scotland	Achieved			92.4%			82.0%						

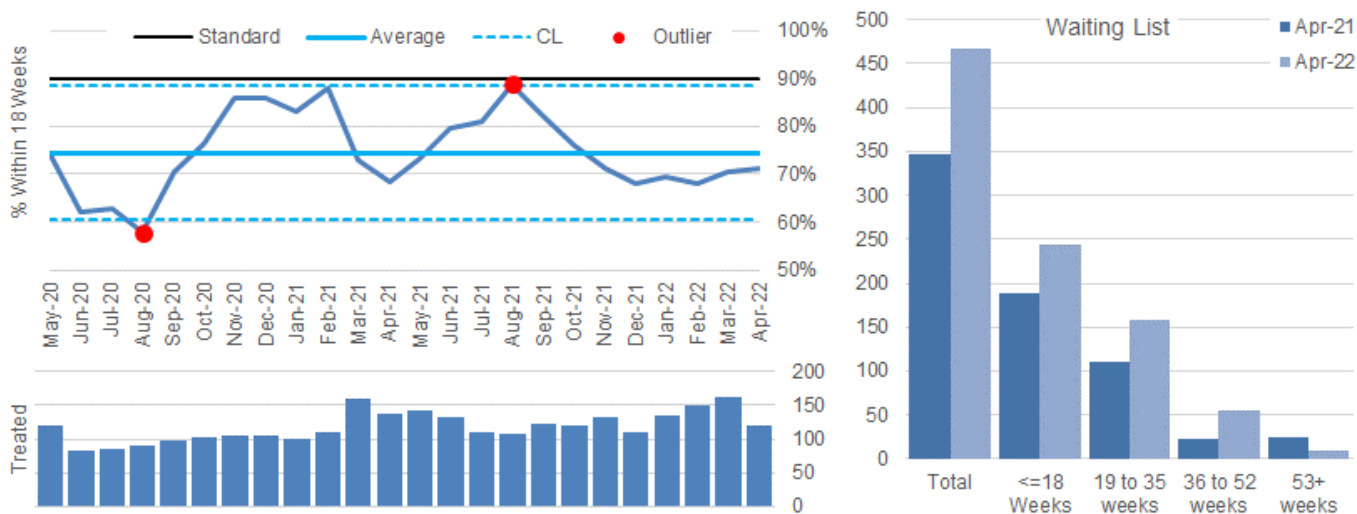
IMPROVEMENT ACTIONS

New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

CAMHS 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Local Performance



National Benchmarking

Month	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	73.4%	79.5%	80.9%	88.8%	82.1%	76.0%	71.2%	68.2%	69.4%	68.0%	70.6%	71.1%
Scotland	71.8%	74.8%	75.9%	77.4%	82.1%	71.5%	70.5%	68.9%	73.9%	71.9%	73.8%	

IMPROVEMENT ACTIONS

21.3 Build CAMHS Urgent Response Team (CURT)

By Oct-22

The CURT model is in place. Responsiveness to A&E and Paediatric inpatient unit has been extended with same day assessments available if young people are considered fit for assessment. Presentations to Emergency department due to self harm/suicidal ideation remain high with a 180% increase through 2022. A second round of recruitment is underway following limited applications. This aims to increase the existing CURT staffing capacity from 2.8 wte to 6.6 wte to address the increasing referral trend for urgent presentations. A review of activity and effectiveness of the model is ongoing utilising improvement methodology.

22.1 Recruitment of Additional Workforce

By Oct-22

Recruitment is ongoing across multiple service areas to improve RTT, longest waits and CAMHS service provision. From the 12 staff identified to address immediate capacity issues, 9 have been appointed with remaining posts re-advertised at lower banding to improve uptake. All new staff have worked through an induction programme to ensure they are competent to take on caseloads and are incrementally increasing clinical activity towards full capacity. This is balanced against staff departures and retirements which have created 6 additional posts for recruitment.

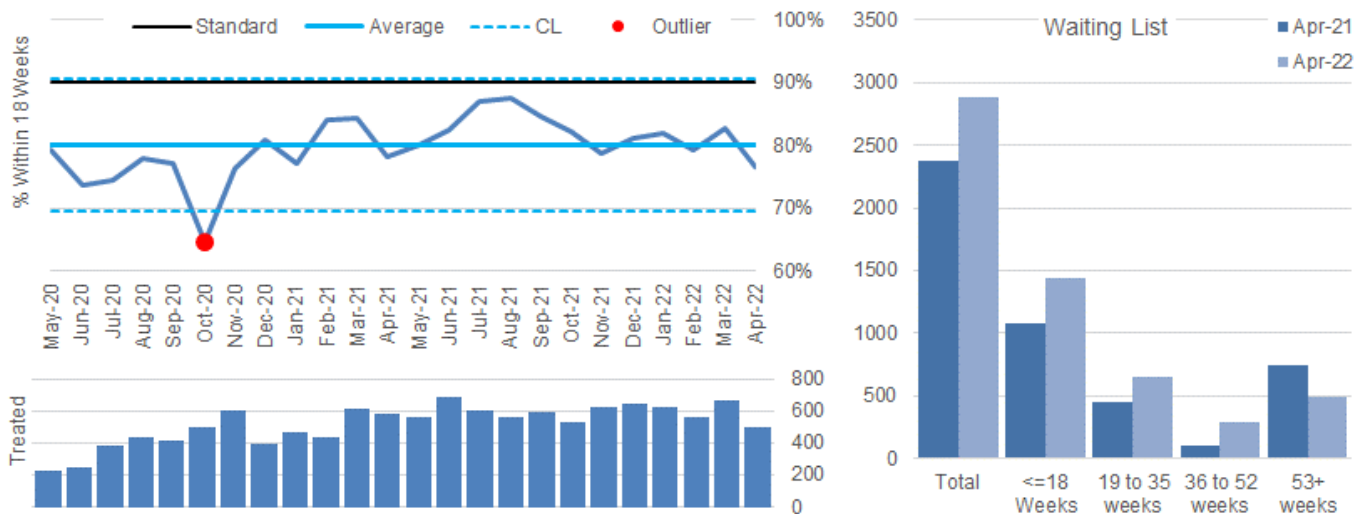
Phase 1 and Phase 2 recruitment as part of the SG Recovery & Renewal fund is underway. Currently Fife CAMHS has 16 wte posts either out to recruitment or in development with additional roles in admin (5.0 wte) and AHP (3.0 wte) at interview stage.

New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

Psychological Therapies 18 weeks RTT

At least 90% of clients will wait no longer than 18 weeks from referral to treatment

Local Performance



National Benchmarking

Month	2021/22											2022/23
	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
NHS Fife	80.0%	82.6%	86.9%	87.4%	84.5%	82.3%	78.8%	81.1%	81.8%	79.2%	82.7%	76.5%
Scotland	82.5%	84.3%	88.5%	87.0%	86.1%	85.5%	83.0%	85.1%	82.6%	82.0%	84.5%	

IMPROVEMENT ACTIONS

22.3 Recruit new staff as per Psychological Therapies Recovery Plan

By Aug-22

There remain significant national issues with workforce availability for staff who can provide highly specialised PTs which would address our WL backlog. The service has been successful in recruiting other grades of staff to increase delivery of PTs for people with less complex problems and free some capacity amongst staff qualified to work with the more complex presentations. The NHS Education for Scotland national recruitment campaign was less successful than hoped but 1.8 WTE staff accepted offers and are going through pre-employment.

22.4 Waiting list management within General Medical Service in Clinical Health

By Aug-22

Staff are continuing to undertake a focused piece of work to clear the backlog on the assessment waiting list, and this is having a positive impact on the assessment waiting time. This has helped ensure that only those for whom psychological therapy is the best option remain on the waiting list. It will also inform next steps in development of clinical pathways. A key driver is the need to differentiate patients with functional neurological disorder (FND) from those with other needs in order to inform development of appropriate clinical pathways. Recruitment of a Specialist Clinical Psychologist to lead on development of the FND pathway is underway. In addition successful recruitment of a 0.8 WTE additional member of staff from the National Recruitment drive will increase capacity within General Medical.

New improvement actions for 2022/23 will be incorporated following approval of Annual Delivery Plan

Meeting:	Clinical Governance Committee
Meeting date:	1 July 2022
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 (IP&C) for June 2022, to provide assurance that all IP&C priorities are being and will be delivered.

This is presented to the Clinical Governance Committee for:

- Assurance

This report relates to a:

- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

Update for Infection Prevention and Control for June 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 June 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, *Clostridioides 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 Q4 2021 (Oct-Dec), NHS Fife was below the national rate for 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 3 PWID (People who inject drugs) related SABs, so far, during 2022, whereas there were only 4 cases in the whole of 2021. IPCT continue to support the Addictions Service in addressing this issue.

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 the 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 23/5/22; some progress has been made with the PGDs and they should be available soon and the refresher training video will be re-shared with staff.

CDI

- During Q4 (Oct-Dec), NHS Fife was below the national rate for HCAI & CAI.
- The cumulative total of CDIs from Jan-April 2022 (11 cases) is lower than during the same time period in 2021, when there were 19 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 (EPM) regime aiming to prevent recurrent disease in high risk patients.
- Bezlotoxumab for recurrent CDI currently used in Fife.

ECB

- During Q4 (Oct-Dec), NHS Fife was below the national rate for HCAI & CAI.
- Considering the time period Jan-April 2022, the number of ECBs (89 cases) has risen, compared to the same time period the previous year (Jan-Apr 2021), when there were 58 ECBs.

Current ECB Initiatives

- The Infection Prevention and Control team continue to work with the Urinary Catheter Improvement Group (UCIG).
- This group aims to minimize urinary catheters to prevent catheter associated healthcare infections and trauma associated with UC insertion/maintenance/ removal and self-removal to establish Catheter Improvement work in Fife.
- 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
- Patienttrack CAUTI bundles still to be implemented for Acute services/HSCP but in progress with eHealth

COVID-19 pandemic

The IPCT has continued proactive work in preventing healthcare outbreaks, supporting clinical areas with outbreak management and support the safe remobilisation of services.

Surgical Site Infection (SSI) Surveillance Programme

The CNO suspended the national SSI Surveillance programme in March 2020 in response to the COVID-19 pandemic, DL (2022) 13, published on the 11th May 2022 stated that resumption of the surveillance is due to commence in Q4 2022.

Caesarean Section SSI

Local SSI surveillance is being undertaken by the midwifery team to provide local

assurance. The surveillance team are in communication with the team & supporting this work.

Large Bowel Surgery SSI and Orthopaedic Surgery SSI

Surveillance has been temporarily paused due to the COVID-19 pandemic as per CNO letter.

Outbreaks (March – April 2022)

- **Norovirus**

There has been 2 new ward closures due to a Norovirus outbreak

- **Seasonal Influenza**

There has been NO new closures due to confirmed Influenza

- **COVID-19**

Thirty-nine ARHAI Scotland reportable outbreaks/incidents of COVID-19 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 4 (Jan - March 2022) was **96.2%**.

National Cleaning Services Specification

- The National Cleaning Services Specification – quarterly compliance report result for Quarter 4 (Jan - March 2022) shows NHS Fife achieving **Green** status.

Estates Monitoring

- The National Cleaning Services Specification – quarterly compliance report result for shows Quarter 4 (Jan - March 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

Effective infection prevention and control include assessments of equality and diversity impact as appropriate

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

This paper has been considered by the Infection Control Manager

2.3.8 Route to the Meeting

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

This is a summary of the HAIRT submitted to the Infection Control Committee June 2022

2.4 Recommendation

- **Assurance** – For Members' information only.

3 List of appendices

N/A

Report Contact

Julia Cook

Infection Control Manager

Email Julia.Cook@nhs.scot



HAIRT Report

HAIRT Report for Infection Control
Committee on 8th June 2022.

(Validated Data up to April 2022)

June 2022



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Published Month Year

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Contents

- Board Wide Issues.....3
- Surveillance.....4
- Summary.....16
- Appendix 1 References and Links16
- Appendix 2 Categories of Healthcare & Community Infections17

Board Wide Issues

Key Healthcare Associated Infection Headlines

1.1 Achievements:

***Staphylococcus aureus* Bacteraemia Prevention (SAB)**

During Q4 2021 (Oct-Dec), NHS Fife was below the national rate for healthcare associated infection (HCAI) and community associated infection (CAI).

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

During Q4 (Oct-Dec), NHS Fife was below the national rate for HCAI & CAI.

***Escherichia coli* bacteraemia (ECB)**

During Q4 (Oct-Dec), NHS Fife was below 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 3 PWID (People who inject drugs) related SABs, so far, during 2022, whereas there were only 4 cases in the whole of 2021. IPCT continue to support the Addictions Service in addressing this issue.

ECBs

Considering the time period Jan-April 2022, the number of ECBs (89 cases) has risen, compared to the same time period the previous year (Jan-Apr 2021), when there were 58 ECBs. The number of HCAI (HAI + HCAI) cases has also risen during Jan-April 2022 (35 cases), in comparison to Jan-Apr 2021 when there were 22 cases.

CDI

The cumulative total of CDIs from Jan-April 2022 (11 cases) is lower than during the same time period in 2021, when there were 19 cases. This improvement is also reflected in the number of Healthcare associated (HAI + HCAI + Unknown) CDIs; in Jan-April 2022 there were 7 cases, compared to 12 in Jan-Apr 2021 and 10 in Jan-Apr 2020.

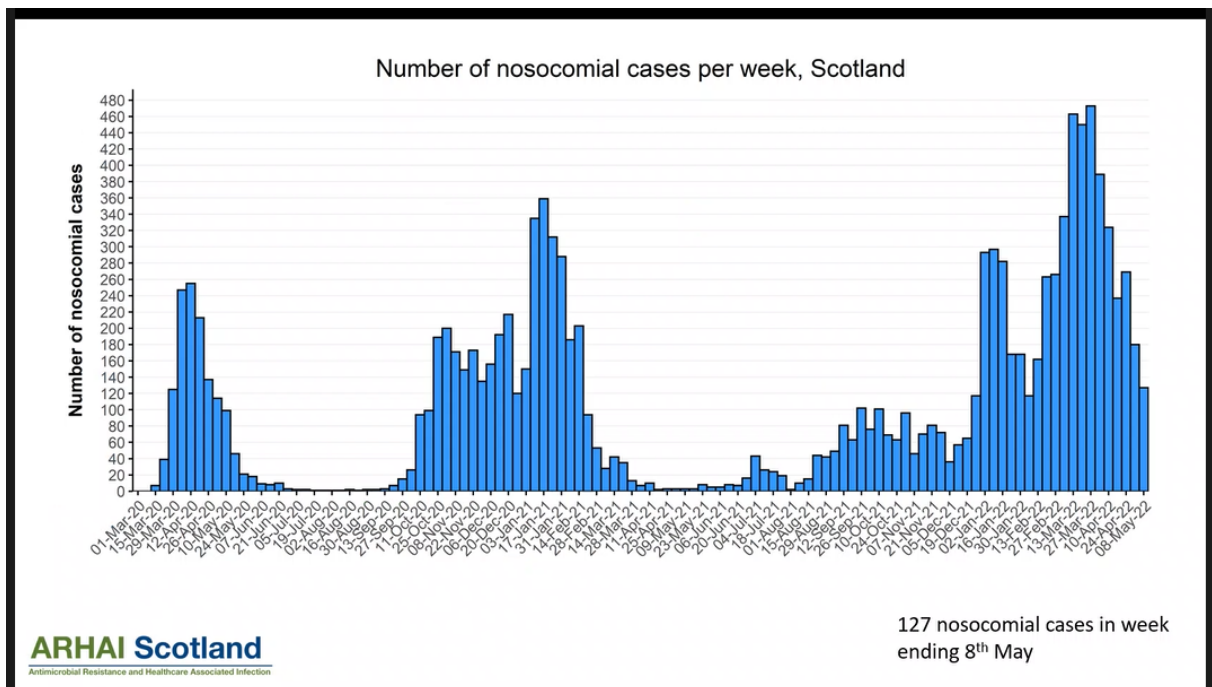
It remains an ongoing challenge to meet/sustain the HCAI target reduction.

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 is due to commence in Q4 2022. Much preparation and extra resources will be required prior to this taking place.

COVID-19

In Scotland, the number of nosocomial cases per week peaked in March 2022, which also resulted in an increase in the number of clusters/incidents reportable to ARHAI Scotland across Scotland and NHS Fife.



Surveillance

2. Staphylococcus aureus incorporating MRSA/CPE screening compliance

2.1 Trends – Quarterly

Staphylococcus aureus Bacteraemias (SABs)				
Local Data: Q1 2022 (Jan-Mar)				
(Q1 2022 National comparison awaited)				
In Q1 2022 NHS Fife had:	23 SABs	13 HCAI/HAI	This is UP from	20 Cases in Q4 2021
		10 CAI		

Q4 2021 (Oct-Dec) - ARHAI Validated data with commentary			
Healthcare associated SABs		Community associated SABs infection	
HCAI SAB rate: 12.8	Per 100,000 bed days	CAI SABs rate: 8.5	Per 100,000 Pop
No of HCAI SABs: 11		No of CAI SABs: 8	
This is BELOW National rate of 17.3		This is BELOW National rate of 9.9	
NHS Fife was WITHIN the 95% confidence interval in the funnel plot analysis for HCAI & CAI.			

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 December 2021 (HPS)			
SAB by rate 100,000 Total bed days	13.4 per 100,000 TBDs		
SAB by Number of HCAI cases	44		

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 no further dialysis line related SABs since the most recent case on 15/10/21. The IPCT continues ongoing surveillance and provides support to the renal staff around VAD care.

As of 10/05/2022 the number of days since the last confirmed SAB is as follows:

CVC SABs	19 Days
PWID (IVDU)	51 Days
Renal Services Dialysis Line SABs	207 Days
Acute services PVC (Peripheral venous cannula) SABs	54 Days

Please see other SAB graphs & report attachments within 4.1b of Agenda

2.2 Current SAB Initiatives

Fife-wide Collaborative Improvement Initiatives: NHS Fife will continue to:

- Collect and analyse SAB data on a monthly basis to understand the magnitude of the risks to patients in Fife.
- Provide timely feedback of data to key stakeholders to assist teams in minimising the occurrence of SABs where possible.
- Examine the impact of interventions targeted at reducing SABs.
- Use results locally for prioritising resources.

- Use data to inform clinical practice improvements thereby improving the quality of patient care.
- Liaise with Drug addiction services re PWID (IVDU) SABs. The most recent meeting took place on 23/5/22; some progress has been made with the PGDs and they should be available soon and the refresher training video will be re-shared with staff.

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 Q1 (Jan-Mar) 2022									
This was UP on Q4 2021 (93%) & ABOVE the compliance target of 90%.									
The National Scottish average for Q1 has still to be published.									
MRSA Critical risk assessment (CRA) screening KPI compliance summary:									
Quarter	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022
	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
Fife	83%	98%	88%	98%	95%	98%	88%	93%	98%
Scotland	88%	87%	86%	82%	83%	84%	81%	82%	N/k

CPE (Carbapenemase Producing Enterobacteriaceae)									
From April 2018, CRA has also included screening for CPE.									
NHS Fife achieved 100% compliance with the CPE CRA for Q1 2022 (Jan-Mar)									
This is UP from 98% in Q4 2021									
The National Scottish average for Q1 2022 is still to be published.									
Quarter	Q1 2020	Q2 2020	Q3 2020	Q4 2020	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022
	Jan-Mar	Apr-Jun	Jul-Sept	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar
Fife	93%	95%	85%	98%	88%	90%	100%	98%	100%
Scotland	85%	80%	85%	79%	82%	83%	82%	80%	N/k
CPE CRA screening KPI compliance Summary- Commenced from April 2018									

MDRO CRA Patienttrack Update

- Following a successful pilot of the electronic MDRO CRA in AU2, Patienttrack has now added the CPE and MRSA assessments which were rolled out across the Board in September 2021
- The IPCT available for support to clinical teams
- Ongoing quality assurance will continue throughout 2022

3 Clostridioides difficile Infection (CDI)

3.1 Trends

Clostridioides difficile Infection (CDI)				
Local Data: Q1 Jan-Mar 2022				
(Q1 2022 HPS National comparison awaited)				
In Q1 2022 NHS Fife had:	7 CDIs	5 HCAI/HAI/Unknown	This is UP from	5 Cases in Q4 2021
		2 CAI		
Q4 (Oct-Dec) 2021 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: 4.6	Per 100,000 bed days		CAI CDIs rate: 1.1	Per 100,000 Pop
No of HCAI CDIs: 4			No of CAI CDIs: 1	
This is BELOW National rate of 13.3			This is BELOW National rate of 4.8	

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 December 2021 (HPS)			
CDI by rate 100,000 Total bed days	9.4 per 100,000 TBDs		
CDI by Number of HCAI cases	31		

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.

4.0 Escherichia coli Bacteraemias (ECB)

4.1 Trends:

Escherichia coli Bacteraemias (ECB)				
Local Data: Q1 (Jan-Mar) 2022				
(Q1 2022 HPS National comparison awaited)				
In Q1 2022	66 ECBs	27 HAI/HCAIs	This is UP from	60 Cases in Q4 2021
NHS Fife had:		39 CAIs		
<p>Q1 2022 There were 7 Urinary catheter associated (2 of which were following self- catheterisation) ECBs, which was the same as in Q4 2021</p> <p>There was 1 trauma related CAUTI in Q1 2022.</p>				

Q4 (Oct-Dec) 2021			
HPS Validated data ECBs with HPS commentary			
<p>*Please note for HPS reporting- the ECB denominator may vary from locally reported denominators.</p> <p>Due to some Fife resident Community onset ECB allocated back to NHS Fife, even though they were treated at other Health boards.</p>			
Healthcare associated ECBs		Community associated ECBs infection	
HCAI ECB rate: 33.6	Per 100,000 bed days	CAI ECBs rate: 39.2	Per 100,000 Pop
No of HCAI ECBs: 29		No of CAI ECBs: 37	
This is BELOW National rate of 34.1		This is BELOW National rate of 39.8	
<p>For HCAI ECBs: NHS Fife was WITHIN the 95% confidence interval in the funnel plot analysis</p>			

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 December 2021 (HPS)		
ECB by rate 100,000 Total bed days	38.6 per 100,000 TBDs	
ECB by Number of HCAI cases	127	

2) 50% Reduction ECBs - 2023/2024		
New standards for reducing all Healthcare Associated ECB by 50% by 2023/2024 (from 2018/2019 baseline)		
Standards application for Fife:	ECB Rate Baseline 2018/2019	ECB 50% reduction target by 2023/4
ECB by rate 100,000 Total bed days	44.0 per 100,000 TBDs	22.0 100,000 TBDs
ECB by Number of HCAI cases	160	80

2021-2017 NHS Fife's Urinary catheter Associated ECBs –			
HPS data Q2 data still awaited			
Hospital Acquired Infections (HAI) (Acute & HSCP Hospitals)			
CATHETER Device related <i>E.coli</i> Bacteraemia			
Count of Device- Catheter over Total Fife HAI ECBs			
	NHS Scotland	NHS Fife	Rate calculation
2022 Q1	TBC	0%	* Locally calculated data- TBC by HPS when Q4 data published on Discovery
2021 TOTAL	16.0%	15.4%	
2020 TOTAL	16.4 %	27.5 %	
2019 TOTAL	16.1 %	24.5 %	

2018 TOTAL	14.5 %	24.2 %	
2017 -TOTAL	11.8 %	10.4 %	
Data from NSS Discovery ARHAI Indicators			
Healthcare Associated Infections (HCAI) CATHETER Device related <i>E.coli</i> Bacteraemia Count of Device- Catheter over Total Fife HCAI ECBs			
	NHS Scotland	NHS Fife	Rate calculation
2022 Q1	TBC	24 %	* Locally calculated data- TBC by HPS when Q4 data published on Discovery
2021 TOTAL	27.0%	36%	
2020 TOTAL	24.1 %	23.0 %	
2019 TOTAL	22.8 %	28.0 %	
2018 TOTAL	22.1%	36.6 %	
2017 TOTAL	18.3 %	35.3 %	
Data from NSS Discovery ARHAI Indicators			

4.2 Current ECB Initiatives

Urinary Catheter Improvement Group work was commissioned following raised ECB CAUTI incidence. The IPC Surveillance team continue to liaise with the Urinary Catheter Improvement Group last held on 13/05/2022. 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 LAER to provide further learning from all ECB CAUTIs.

Monthly ECB reports and graphs are distributed within HSCP and Acute services
There has been 1 trauma associated ECB to date in 2022.

CAUTI bundles have now been installed onto Patientrack in February 2022 and are currently being trailed on V54 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.

An update on the CAUTI QI project at Kelty practice is awaited.

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 4 (Jan-Mar 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).

- **National Cleaning Services Specification**

Domestic Location	Q4 Jan-Mar 22	Q3 Oct-Dec 21
Fife	96.2% ↑	95.9%
Scotland	TBC	95.3%

- The National Cleaning Services Specification – quarterly compliance report result for Q4 (Jan-Mar) 22 shows NHS Fife achieving **GREEN** status.

- **Estates Monitoring**

Estates Location	Q4 Jan-Mar 22	Q3 Oct-Dec 21
Fife	96.8↑	96.6
Scotland	TBC	96.4

- The Estates Monitoring – quarterly compliance report result for Quarter 4 (Jan-Mar) 22 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

March – end of April 2022

Norovirus

There has been 2 new ward closures due to a Norovirus outbreak since last ICC report

Weekly national Laboratory reports of Norovirus in Scotland- week 17 2022 (Week ending 1st of May 2022)

- The provisional total of laboratory reports for norovirus in Scotland up to the end of week 17 of 2022 is 348.
- In comparison, to the end of week 17 in 2021 PHS received 15 laboratory reports of norovirus. In 2020 PHS received 190 laboratory reports of norovirus to the end of week 17. The five-year average for the same time period between years 2015 and 2019 was 622.

Seasonal Influenza

There has been no new closures due to confirmed Influenza since the last reporting period.

Weekly national seasonal respiratory report- week 17 2022 (Week ending 1st of May 2022)

- There were 82 influenza cases: 75 type A (subtype unknown) and seven type A(H3).
- In week 17, parainfluenza, coronavirus (non-SARS-CoV-2), HMPV, RSV, rhinovirus and *Mycoplasma pneumoniae* were at **Baseline** activity level. Adenovirus was at **Low** activity level.
- The hospitalisation rate for influenza was 0.6 per 100,000 in week 17, with the highest hospital admission rate for confirmed influenza noted in patients in the under 1 age group (4.1 per 100,000).
- The vaccination programme ended on the 31st March.

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-19 incidents/clusters/outbreaks March – April 2022, there has been 39 new COVID-19 outbreaks/incidents reportable to ARHAI Scotland during this reporting period.

COVID-19 outbreaks/incidents reported to ARHAI Scotland March/April 2022	
Hospital	Ward
HSCP	
Queen Margaret Hospital	OPD Renal Dialysis Ward 1 Ward 2 Ward 2 Ward 3 Ward 3 Ward 4 Ward 5 Ward 6 Ward 6 Ward 7 Ward 8
Lynbank Hospital	Levendale
Cameron Hospital	Balcurvie Balcurvie Balfour Letham SGSU
Glenrothes Hospital	Ward 1 Ward 2 Ward 3
Stratheden Hospital	Dunino Lomond Muirview Muirview
St Andrews	Ward 1 Ward 2
ASD	
Victoria Hospital	AU1 V5 V6 V9 V23 V32 V41 V42 V42 V44 OPD Renal
W&CS	
Victoria Hospital	SCBU

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. Further clarity is awaited.

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 HCAs. However, the number of HCAs 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
- Addressing Lower UTI related ECBs
- **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). SSI surveillance due to recommence Q4 2022. Increased resources and months of preparing will be required to successfully recommence surveillance.

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
Jan-22	5	4	9	2	0	2	8	16	24
Feb-22	4	2	6	1	0	1	7	10	17
Mar-22	4	4	8	2	2	4	12	13	25
Apr-22	5	2	7	2	2	4	8	15	23

Cleaning Compliance (%) TOTAL FIFE											
	June 21	July 21	Aug 21	Sep 21	Oct 21	Nov-21	Dec-21	Jan 22	Feb 22	Mar 22	Apr 22
Overall	95.6	95.6	96.0	95.6	95.8	95.7	96.2	96.1	96.4	96.1	96.2

Estates Monitoring Compliance (%) TOTAL FIFE											
	June 21	July 21	Aug 21	Sep 21	Oct 21	Nov-21	Dec-21	Jan 22	Feb 22	Mar 22	Apr 22
Overall	96.4	95.7	96.3	96.1	96.0	96.6	97.1	96.3	97.4	96.6	96.6

Victoria Hospital

VHK			
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
Month	<u>HAI</u>	<u>HAI</u>	<u>HAI</u>
Jan-22	2	0	0
Feb-22	1	0	3
Mar-22	4	2	2
Apr-22	2	1	2

Cleaning Compliance (%) Victoria Hospital												
	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
Overall	95.3	95.8	95.5	96.0	95.9	95.7	95.4	96.4	95.2	96.2	96.0	95.9

Estates Monitoring Compliance (%) Victoria Hospital												
	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar-22	Apr-22
Overall	96.4	97.2	96.5	96.8	96.8	96.5	97.3	97.7	96.3	98.0	98.0	97.4

Hand Hygiene Audits VHK: LanQIP Dashboard VHK

Hospital	Ward	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Victoria Hospital	Accident and Emergency	96%	100%	100%	92%	95%	100%	92%	93%	96%	93%	100%	83%
	Admissions Unit 1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		
	Admissions Unit 2	100%	95%						100%		100%	100%	100%
	Childrens Ward	95%	95%	95%	95%	100%	100%	100%	95%	100%	100%	95%	100%
	Day Intervention Unit	100%	100%	95%	100%	100%	100%	90%		100%	100%	100%	100%
	Dermatology	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	ENT			100%	100%	100%	100%	100%	95%	100%	100%	100%	100%
	Hospice	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	92%	100%
	Maternity Assessment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Maternity Ward	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Neonatal Unit		100%	100%	100%	100%	100%	100%	100%				
	OPD	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
	Ophthalmology	100%	100%	100%	100%	100%	100%	100%	100%	97%	100%	100%	100%
	Orthodontics							100%					
	Renal Outpatients	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Special Care Baby Unit									100%	100%	100%	
	Surgical Pre-Assessment	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Urology Centre	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward 10	100%	85%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward 21	100%	100%	100%	100%	100%							100%
	Ward 22	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%
	Ward 23	100%	100%	100%	100%								
	Ward 31	100%	90%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward 32	98%	100%	100%	100%	100%	100%	100%	98%	100%	100%	95%	100%
	Ward 33	95%	100%	95%	100%	100%	100%	100%	100%	95%	100%	100%	100%
	Ward 34	100%	100%	100%									
	Ward 41	100%	95%	100%	100%	95%	95%	88%	100%	100%	100%	100%	100%
	Ward 43	100%	100%	95%	98%	100%	90%	95%	100%	100%	100%	95%	100%
	Ward 44	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward 51	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Ward 52	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Ward 53	100%						100%	100%					
Ward 54	100%	98%	100%	100%	95%	100%	98%	100%	100%	100%	95%	100%	
Ward 9	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%		

Queen Margaret Hospital

	QMH		
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
	<u>HAI</u>	<u>HAI</u>	<u>HAI</u>
Month			
Jan-22	1	0	0
Feb-22	0	0	0
Mar-22	0	0	0
Apr-22	0	0	0

Cleaning Compliance (%) Queen Margaret's hospital												
	May 21	Jun-21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
Overall	96.7	96.7	96.3	97.0	96.3	96.7	97.0	96.9	97.5	97.8	96.0	97.2

Estates Monitoring Compliance (%) Queen Margaret's hospital												
	May 21	Jun-21	July 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22	Apr 22
Overall	94.3	95.3	94.6	95.3	95.5	95.7	97.0	97.4	96.4	96.5	96.6	96.0

Hand Hygiene Audits VHK: LanQIP Dashboard QMH

Hospital	Ward	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Queen Margaret	CIU	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Colposcopy	100%	100%	100%			100%	100%		100%		100%	100%
	Dermatology	100%	85%	100%	100%	100%	100%	100%	100%	100%	96%	100%	100%
	DSU	95%	100%	100%	100%	100%	87%	100%	95%	100%	95%	95%	95%
	Endoscopy	100%	100%	100%	100%	100%			100%	100%	100%	100%	100%
	Haematology Day Bed Unit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	OPD	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	92%	100%
	Ophthalmology	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Plastics	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Radiology	100%	100%	100%	90%	80%	100%	90%	100%	100%	100%	100%	95%
	Renal Outpatients	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward 2	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward 3	100%	100%	100%	100%	100%	100%	100%	96%	100%	100%	96%	100%
	Ward 4	76%	80%	85%	92%	85%	80%	76%	80%	88%	85%	90%	100%
	Ward 5	95%	96%	95%	95%	96%	95%	95%	96%	96%	96%	95%	95%
	Ward 6	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Ward 7	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	
Ward 8	100%							100%	100%	100%	100%	100%	

Community Hospitals

	COMMUNITY HOSPITALS		
	SAB >48hrs admx	CDI >48hrs admx	ECB >48hrs admx
	<u>HAI</u>	<u>HAI</u>	<u>HAI</u>
Month			
Jan-22	0	1	0
Feb-22	0	0	0
Mar-22	0	0	0
Apr-22	0	0	0

Hand Hygiene Audits VHK: LanQIP Dashboard HSCP

Hospital	Ward	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
Adamson Hospital	MIU_OPD	95%	93%	90%	95%	93%	100%	100%	96%	95%	100%	100%	
	Tarvit Ward	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Cameron Hospital	Balcurvie	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Balgonie	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Letham	96%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	SGSU		100%	96%	100%			100%	100%	100%		100%	
Glenrothes Hospital	Ward 1	100%	100%	100%	100%			96%	100%	100%			
	Ward 2	100%	95%	100%	100%	100%	93%	100%	100%	100%	90%	90%	
	Ward 3	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	
Randolph Wemyss Memorial Hospital	CRU	100%	100%	100%	100%	80%	100%	100%	100%	100%			
STACH	MIU_OPD	100%	100%	100%	100%		95%	100%	100%	100%	100%	100%	100%
	Renal Unit	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	95%	100%
	Ward 1	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Ward 2	92%	100%	100%	90%	90%	100%	100%	96%	100%	100%	100%	100%
Stratheden Hospital	Bayview	100%	100%	100%	100%	100%	100%	100%	95%	100%	100%	100%	
	Cairnie									100%	100%	100%	100%
	Dunino	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Elmview	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	IPCU	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Lindores	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Lomond	100%	100%	100%	100%	100%							
	Muirview	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	Radernie	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%
	Weston Day Hospital	100%	100%	100%	100%	100%	100%	93%	100%	100%	100%	100%	100%

Out of Hospital Infections

OUT OF HOSPITAL						
SAB <48hrs admx		CDI <48hrs admx			ECB <48hrs admx	
	<u>HCAI</u>	Community / Not Known	HCAI / UnKnown	Community	<u>HCAI</u>	Community / Not Known
Month						
Jan-22	2	4	1	0	8	16
Feb-22	3	2	1	0	4	10
Mar-22	0	4	0	2	10	13
Apr-22	3	2	1	2	6	15

Appendix 1 References and Links

References & Links

Understanding the Report Cards – Infection Case Numbers

Clostridioides difficile infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month by Healthcare Associated (HCAI & HAI) & Community (Community/Unknown) onset. More information on these organisms can be found on the NHS24 website:

Clostridioides difficile: <https://www.hps.scot.nhs.uk/a-to-z-of-topics/clostridioides-difficile-infection/>
Staphylococcus aureus: <https://www.hps.scot.nhs.uk/a-to-z-of-topics/staphylococcus-aureus-bacteraemia-surveillance/>

For each hospital, the total number of cases for each month are those, which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered confirmation that the infection was contracted prior to hospital admission and will be shown in the “out of hospital” report card.

Targets

There are national targets associated with reductions in C.diff and SABs and from 2019 for e.coli bacteraemias (ECBs). More information on these can be found on the Scotland Performs website: <http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance>

Understanding the Report Cards – Hand Hygiene Compliance

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. Each hospital report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used.

Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

Understanding the Report Cards – ‘Out of Hospital Infections’

Clostridium difficile infections and *Staphylococcus aureus* bacteraemia cases can be associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infections from community sources. The final Report Card report in this section covers ‘Out of Hospital Infections’ and reports on SAB and CDI cases reported to NHS Fife which are not attributable to a hospital.

For HPS categories for Healthcare Associated Infections:

<https://www.hps.scot.nhs.uk/web-resources-container/quarterly-epidemiological-commentary-for-the-surveillance-of-healthcare-associated-infections-in-scotland-methods-caveats/>

Appendix 2 Categories of Healthcare & Community Infections

Categories of Healthcare & community Infections			
		Quarterly Epidemiology Commentary category	
		Healthcare associated infection case	Community associated infection case
CDI¹ Enhanced ECB² Enhanced SAB³ surveillance category	Hospital acquired infection (HAI)	X	
	Healthcare associated infection (HCAI)	X	
	Community infection (CA)		X
	ECB/SAB not known		X
	CDI unknown	X ¹	

HPS ECB & SAB definitions for Hospital Acquired, Healthcare Associated, Community or Not known	
<p><u>Hospital Acquired Infection (HAI):</u> Positive Blood culture obtained from patient who has been -Hospitalised for >48 hours If the patient was transferred from another hospital the duration of the in-patient stay is calculated from the date of the first hospital admission OR -The patient was discharged from hospital in the 48 hours prior to the positive blood culture being obtained OR -A patient receives regular haemodialysis as an outpatient</p> <p><u>Community Infection</u> -Positive Blood culture obtained from a patient with 48 hours of admission to hospital who does not fulfil any of the criteria for the healthcare associated blood stream infections</p> <p><u>Not known:</u> -Only to be used if the ECB is not a HAI and unable to determine if community or HCAI</p>	<p><u>Healthcare Associated Infection (HCAI):-</u> Positive blood culture obtained within 48 hours of admission to hospital and fulfils one or more of the following criteria: -Was hospitalised overnight in the 30 days prior to the +ve blood culture being obtained. OR -Resides in a Nursing home, long term facility or residential home OR -IV,IM, Intra-articular or sub cut medication in the 30 days prior to the positive blood culture, but EXCLUDING IV illicit drug use. OR -Underwent venepuncture in the 30 days before +ve BC OR -Underwent medical procedure which broke mucous or skin barrier i.e. biopsies or dental extraction in the 30 days before +ve BC OR -Underwent any care for chronic medical condition or manipulation of medical device by a healthcare worker in the community in the 30 days prior to the +ve BC being obtained i.e. podiatry or dressing of chronic ulcers, catheter change or insertion OR -Has a long term indwelling device (i.e. catheter, central line, drain (excluding a haemodialysis line)</p>

HPS CDI Definition for Hospital Acquired, Healthcare Associated, Unknown or Community onset	
HPS Linkage Origin Definitions	
CDI Origin	Origin sub category : definitions
Healthcare	HAI : Specimen taken after more than 2 days in hospital (day three or later following admission on day one)

	<p>HCAI : Specimen taken within 2 or less days in hospital and a discharge from hospital 4 weeks prior to specimen date; or specimen taken in the community and a discharge from hospital within 4 weeks of the specimen date</p> <p>Unknown : Specimen taken 2 or less days in hospital and a previous discharge from hospital 4-12 weeks prior to specimen date; or specimen taken in the community and a discharge from hospital in 4-12 weeks prior to the specimen date</p>
Community	CAI : Specimen taken 2 or less days in hospital and no hospital discharges in the 12 weeks prior to specimen date; or not in hospital when specimen taken and no hospital discharges in the 12 weeks prior to specimen date.

CDI Surveillance Protocol link: <https://www.hps.scot.nhs.uk/web-resources-container/protocol-for-the-scottish-surveillance-programme-for-clostridium-difficile-infection-user-manual/>

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

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

To find out more about accessible formats contact:

fife-UHB.EqualityandHumanRights@nhs.net or phone 01592 729130

NHS Fife

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Meeting:	Clinical Governance Committee
Meeting date:	1 July 2022
Title:	No Cervix Incident – Lessons Learned
Responsible Executive:	Dr Joy Tomlinson, Director of Public Health
Report Author:	Dr Olukemi Oyedeji, Consultant in Public Health, NHS Fife Adult Screening Programme Coordinator

1 Purpose

This is presented to the Clinical Governance Committee for:

- Assurance

This report relates to a:

- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

2 Report summaries

2.1 Situation

The purpose of this paper is to give an update on the investigation into incorrect exclusion of some women from routine cervical screening in Scotland. An audit of an initial cohort of 191 NHS Fife patients was conducted in 2021. The outcomes and lessons learned from the 2021 No Cervix Exclusion Audit are outlined in this report. A number of safeguards have been put in place to prevent incorrect exclusions from cervical screening in the future. They are outlined in this report.

Preparations are ongoing for the audit of a wider cohort of patients. This paper will summarise the estimated timeline, and possible risks of the wider cohort audit to routine services within NHS Fife.

The Clinical Governance Committee are asked to note this report for awareness and assurance.

2.2 Background

The Cervical Screening Programme is part of the 6 national screening programmes. It aims to reduce the number of cases of, and deaths from cervical cancer by early detection of High-Risk Human Papilloma Virus (Hr-HPV) infection and precancerous changes in the cervix.

National guidance states that individuals who have had a total hysterectomy (i.e., complete removal of cervix) can be excluded from screening. However, women who have had a sub-total hysterectomy must continue to be screened regularly. The agreed mechanism for excluding individuals from screening is that exclusions are put in place by the responsible clinician, usually the General Practitioner of the patient.

The 2020 invasive cancer audit carried out in one NHS Board in Scotland identified two women who developed cervical cancer. They were found to have been excluded from cervical screening programme due to “no cervix no follow up” exclusion. The audit investigation found that the cervix had not been removed following their hysterectomies (sub-total hysterectomies) and the “no cervix no follow up” exclusion was incorrectly applied.

In 2021, Scottish Health Boards were required to investigate some records on Scottish Cervical Call Recall System (SCCRS). These were records of patients indicating that a sub-total hysterectomy had been carried out, and to which the “no cervix exclusion” had been applied.

In NHS Fife, 191 patient records were investigated. None of these patients are known to have come to harm following exclusion from the cervical screening programme.

Preparations are ongoing for the audit of additional patients record in relation to the No Cervix Exclusion Incident. This wider cohort in NHS Fife includes around 12,000 patients. The audit is anticipated to commence soon. However, work is ongoing to finalise the database for the audit which is likely to require around four months to complete. The audit is planned to be completed by June 2023.

2.3 Assessment

Initial Cohort, No Cervix Exclusion Audit 2021

One hundred and ninety-one (191) NHS Fife patient records were audited, including records of patients who had obstetric hysterectomies. The audit was carried out by a multidisciplinary team in accordance with guidelines from the National Service Division. Some patients had their surgeries in other health boards from where relevant information was obtained.

Following the review of records, patients were categorised and managed as follows:

- 106 participants had been appropriately excluded from cervical screening. This is either because they had undergone total hysterectomy or had completed the cervical screening cycle which runs from age 25 to 64. For this cohort, no further action was required.
- 26 participants had been incorrectly excluded from cervical screening. 16 of them who were still within the cervical screening age were reinstated into the cervical screening programme through primary care and invited for cervical screening. The remaining 10 participants were beyond the cervical screening age and as a result, invited for gynaecological assessment and appropriate follow up.
- For a further 15 participants, there was insufficient information to determine whether they had been correctly excluded from cervical screening. These participants were also invited for gynaecological assessment and follow up.
- 44 participants were deceased as at the time of the investigation. However, none were found to have died from cervical cancer.

Patients whose records were investigated, and were still alive, were contacted with relevant information and advice. Jo's Cervical Cancer Trust also made their helpline available to anyone who was affected or concerned about the incident. In Fife, an email address was set up to receive any relevant enquiries regarding the investigation

Overall, none of the 191 participants whose records were investigated, and who have responded to follow up invitations have come to harm following exclusion from the cervical screening programme. 17 participants who were either invited for cervical screening through their General Practice or invited to gynaecology clinics failed to attend.

Current Safeguards to Prevent a Repeat of Similar Incidents in the Future

A. Changes to Cervical Call/ Recall:

In March 2021, the National Service Division made the following immediate changes to safeguard the Cervical Call/ Recall process.

- The cervical screening laboratories were required to obtain confirmation of type of hysterectomy from operating gynaecologist before adding hysterectomy information to patients' record.
- General Practitioners were temporarily prevented from adding cervical screening exclusions until a more robust process was in place to verify GP-added exclusions.

B. Instructions from Chief Medical Officer regarding Patient Records:

In January 2022, the Scottish Chief Medical Officer issued further instructions for immediate action as follows:

- Health Boards were required to ensure that following a hysterectomy, the operation note and discharge letter both contain a clear statement regarding the presence/absence of cervical tissue and the ongoing need for cervical screening.
- A copy of the discharge letter should also be sent to the patient to ensure that they are aware of their ongoing requirement for cervical screening.

Audit MDT Lessons Learned Session/ Outcome

The audit MDT had a lesson learned session in February 2022 and noted the following areas for effective audits in the future:

- Effective planning and engagement with all relevant partners, including the National Service Division, Health Boards, and other stakeholders.
- Dedicated time for all concerned to ensure that they are not carrying out the investigation either at a risk to their contracted workload and/or to their health and wellbeing.
- For large scale audits of patient records, funding for local teams to employ and train a team to undertake all aspects of audits.
- Patient records that are more easily accessible.
- Realistic timeframes for audit investigation, based on pressures on clinical workloads.
- Safe retention and prompt access to medical records.
- Clear clinical documentation.
- Promoting Health Literacy among patients, enabling them to understand medical procedures they have undergone.

The full report of the lessons learned session is attached for reference.

2022 No Cervix Exclusion Wider Cohort Audit

The wider cohort audit would involve a review of about 12,000 records in Fife. The National Service Division are developing plans for this audit in consultation with local health boards.

2.3.1 Quality/ Patient Care

Cervical screening can lead to early clinical intervention to reduce the risk of developing cervical cancer or to diagnose it at an early stage. Inappropriate exclusion from cervical screening could result in patients developing cervical cancer which could have been avoided or presenting with symptoms and signs of cervical cancer at an advanced stage. This could result in unsatisfactory patient experience and clinical outcomes, including long term incapacity or disability. There could also be complaints from screening participants, adverse local and national media publicity, and reduced public confidence in screening programmes.

Across Scotland, about 200,000 patient records will be investigated in the 2022/2023 wider cohort audit. It is anticipated that the No Cervix exclusion could lead to between 20 and 300 cases of missed cervical cancer in this cohort.

2.3.2 Workforce

The 2021 Initial Cohort Audit was carried out at a time when services were dealing with Covid19 related pressures on staffing capacity. This, coupled with tight deadlines for completion of the audit placed additional pressure on members of the Multidisciplinary Audit Team. Some staff needed to work extra hours to ensure that their routine workloads were not adversely impacted by participation in the audit.

The wider cohort audit will require significant staffing resources, which would have to be sourced outside the existing staffing capacities within both the Public Health Screening Team and the Cervical Screening Clinical Services. This would ensure that the audit does not put existing services at risk.

2.3.3 Financial

The 2021 phase of the No Cervix Exclusion Audit did not have any financial impact on NHS Fife.

The Wider Cohort Audit will require significant staffing resources and some funding for equipment. The Scottish Government is expected to provide funding to cover this cost.

2.3.4 Risk Assessment/Management

The major risk associated with the Wider Cohort Audit is the requirement for significant staff input across a range of staff banding levels. The anticipated funding support from the Scottish Government will be essential to ensure that the audit process does not have an adverse impact on routine patient care, both at

the primary care level and gynaecological services. However, there could be challenges with staff recruitment to support the audit process.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed for this audit process.

2.3.6 Other impact

The Wider Cohort Audit could negatively impact on the capacity of the NHS Fife Cervical Screening Programme to meet recommended targets if there is no additional funding and staffing resources to carry out the audit.

The audit could also result in anxiety and concerns for patients whose records are being audited, especially if they are found to have been incorrectly excluded from the Cervical Screening Programme.

2.3.7 Communication, involvement, engagement, and consultation

The 2021 Audit was carried out by a multidisciplinary team, including, Public Health Screening Team Members, Cervical Call/Recall Officers, Colposcopists, Women & Children Services Manager, Consultant Pathologist and Pathology Service Manager. The NHS Fife Medical Records Team were also involved in the audit.

The 2022/2023 Wider Cohort Audit team includes members from the 2021 MDT in addition to General Practice Leads, NHS Fife Medical Records and Clinical Audit Teams.

2.3.8 Route to the Meeting

The first version of this paper was considered by the Executive Directors Group on 16th June 2022 and has been updated following feedback from the group.

2.4 Recommendation

- **Assurance** – For Members' information only.

3 List of appendices

N/A

Report Contact

Dr Olukemi Oyedeji

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Meeting:	Clinical Governance Committee
Meeting date:	1 July 2022
Title:	Update on Digital Strategy 2019-2024
Responsible Executive:	Dr Chris McKenna – Medical Director
Report Author:	Marie Richmond, Head of Strategy and Programmes, Digital and Information

1 Purpose

This is presented to the Clinical Governance Committee 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

As we enter year four of the five year Digital and Information Strategy (2019-2024), this paper is presented as an update to the delivery plan designed to best meet the strategic ambitions which were outlined in 2019. The paper also seeks to provide assurance that the plan is aligned to the current organisational priorities and able to be adapted to support any requirements identified within the development of the Population Health and Wellbeing strategy.

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.

Each of these ambitions consisted of multiple deliverables which, when completed, would evidence a significant movement to realising the key ambitions. This paper will discuss the progress of the originally defined deliverables, the path towards the key ambitions and whether identified obstacles to delivery remain.

In addition, reference is made to the Digital First Model design to supplement clinical care capabilities, as we support the health and care system to stabilise and improve. The Digital First Model contained in Appendix 1, sourced from Gartner, will also form a model to support discussion for the digital enablement framework required as part of the Population Health and Wellbeing Strategy.

2.3 Assessment

As previous outlined in assurance reports provided through 2021-22, the Digital strategy would have benefited from a resourcing and financial assessment to achieve the ambitions stated. The previous reports also noted the impact of the COVID-19 pandemic response and the requirement to align activities to the evolving risk profile within the Digital and Information domains.

The financial impact alone identifies the requirement for re-prioritisation to take place over the remaining term of the strategy and through the organisation's SPRA process.

Engagement & Prioritisation

Recognising the need for consistent prioritisation and ranking of projects and initiatives, a new engagement model commenced in February 2022. Through the work of the Digital and Information Board, the Digital and Information team will work with the Senior Leadership Teams (SLT) of the Acute and HSCP to align the digital deliverables to their operational and strategic requirements. The primary focus will be to agree a prioritised workplan for the

remaining 2 year of the strategy, that matches the resource and finance availability and to raise general visibility and identify support necessary for digital projects at an SLT level.

A revised prioritisation matrix is being introduced in this engagement to balance the adoption of current capability with the development of new capabilities, recognising the challenge of matching local demand with regional and national priorities for delivery.

Reviewing progress against the 5 ambitions the items 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 development of supporting outpatient appointments and waiting list management via Patient Initiated Reviews (PIR) and Active Clinical Referral Triage (ACRT), which are available for wider adoption across services, and the team are actively highlighting the potential benefits of implementation to the Acute SLT and the Integrated Planned Care Board. The digital maturity assessment identified several opportunities for improvement within the areas of Digital Infrastructure and Digital Readiness.

Digital Infrastructure maintenance and improvement is closely aligned with the capital plans and continuous investment in the technical infrastructure. The Digital readiness of our staff and patients is a key focus for the remaining period of the strategy. To support our adoption of digital working and extended delivery of services through digital means, the Digital and Information Workforce plan has aligned resources to a Digital Enablement team. The enablement team being constituted consists of Senior Nursing and Allied Health Professional digital roles, digital enablement coordinator, facilitators and trainers who will deliver support throughout Fife, including Primary Care services.

Current implementations are ongoing and will extend into 2022-23. 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, while consulting with Local Authority and 3rd Sector to identify other opportunities for similar venues in our communities across Fife. The Digital Hub (acting as the Digital Front Door in Appendix 1) is also under development which aims to support 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 – Fife Orthopaedics. The Digital Hub also provides an opportunity to support the work for Cancer Single Point of contact and Technology Enabled Care and provide digital interaction with patients in or near to home.

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 we move into 2022-2023, again 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, while providing the structured data required to support the requirement to allow patients and their carers to their own health data in support of prevention.

Delays to the National Programmes for Laboratory Information Management Systems (LIMS), GP-IT Re-provisioning and Child Health system, see the delivery of these projects move to 2023-24 for earliest delivery of business cases and start of implementation. In some instances, this has increased the risk of service interruption, with additional mitigations being planned. Given the delays the likelihood of completing these elements of the strategy within the current period is at risk. Although it is recognised, there is the potential that these deliveries will be rapid rollout when taken forward.

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, although it is recognised there may be some further development based on the new National programme for Urgent and Unscheduled Care.

The following projects continue to be progressed with final delivery expected to complete in 2022 – 23, community and mental health system (Morse), upgrade to the Health and Social Care Portal and Trakcare, with the latter a requirement to support the TrakCare Maximum Utilisation work which will deliver a significant modernisation to the user interface, to promote ease of use and a move to more real time entry of information alongside the new interface there will be a review of existing functionality to see if there is the potential to extend use further within NHS Fife. 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.

The most significant change in the reporting period is the decision to cease contract negotiations with the preferred supplier for Hospital Electronic Prescribing and Medicines Automation (HEPMA). The requirement to re-procure will result in an alteration to the programme, with the upgrade to the stock control system being completed in 2022-23 and the replacement of the current, at risk, electronic discharge system (eIDD) commencing in 2022-23 alongside a new medicine reconciliation system. In addition, work continues on 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 for 2022-23. These include the opportunity to test the integration of medical devices with Patientrack, the implementation of National Early Warning Score Version 2 (NEWS2) and the development of an approach to results sign off and reconciliation and extending the order communications functions to include Primary Care.

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.

Within this domain, we remain active as an NHS Board, with the current active consultation for Scotland' first, Health and Social Care data strategy.

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.

Fife Safe Haven has been completed ahead of target. The NIS and Cyber Resilience framework audits also completed in 19/20 and 21/22, however, this remains a constant deliverable to continue to improve NHS Fife's security posture. The last audit was completed in April 2021 and demonstrated an overall compliance status of 76% and increase from 69% achieved in 2021. The details from this outcome will 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 a business case for the replacement of the current telephone system during 2023-24.

Workforce and Business Systems

e-Rostering Programme will commence in 2022-23 for delivery over multiple years and the establishment of a business-as-usual function for the ongoing delivery of e-rostering functionality. Digital and Information continue to work on delivery of the improved digital literacy for all our staff and patients and seek to embed the learning over the pandemic period to support digital inclusion and demonstrate consideration of equality in the design and approach taken. Future phasing of Office 365 as new tools and capabilities are made available from the national teams and the continued adoption of existing digital capabilities remains at the forefront of the revised engagement and communications plans.

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, as the costs of delivery are significant and so a measured approach to appropriate prioritisation is required.

Digital at the Heart of Deliver is an ambitious strategy. Regular review of these ambitions to ensure they continue to meet the needs of services and patients continues, and the opportunity to develop a digital framework as part of the Population Health and Wellbeing Strategy will ensure we maximise the remaining opportunity through the strategy for a consistent digital delivery model within NHS Fife.

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 a number of 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

At the end of the third-year delivery point in the strategy there remains a significant number of fixed term employees within the Digital and Information team and vacancies which have been through the recruitment cycle on two or more occasions. There has also been a large turnover of staff within this period, with the NHS funded posts competing for resource with the private sector where salaries are significantly higher for a number of key roles. 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.

Additional risk has also been recognised in the supply chain resulting in suppliers being unable to fulfil their commitments for delivery within financial years. 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 Board Assurance Framework, 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

An impact assessment has not been completed because it would not be relevant for the overall strategy, being more closely aligned to the individual areas of work.

2.3.6 Other impact

Not Applicable

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 reflects the work of the Digital and Information's SLTs, Digital and Information Board, Information Governance and Security Steering Group and many key programmes that operate within their established governance structures.

2.4 Recommendation

- **Assurance** – Provided to the Committee for assurance of suitable progress for the Digital and Information Strategy 2019-2024, despite challenges to complete the implementation of new capabilities within the remain term of the Digital Strategy.

3 List of appendices

Appendix 1 – Digital First – Digital Domains

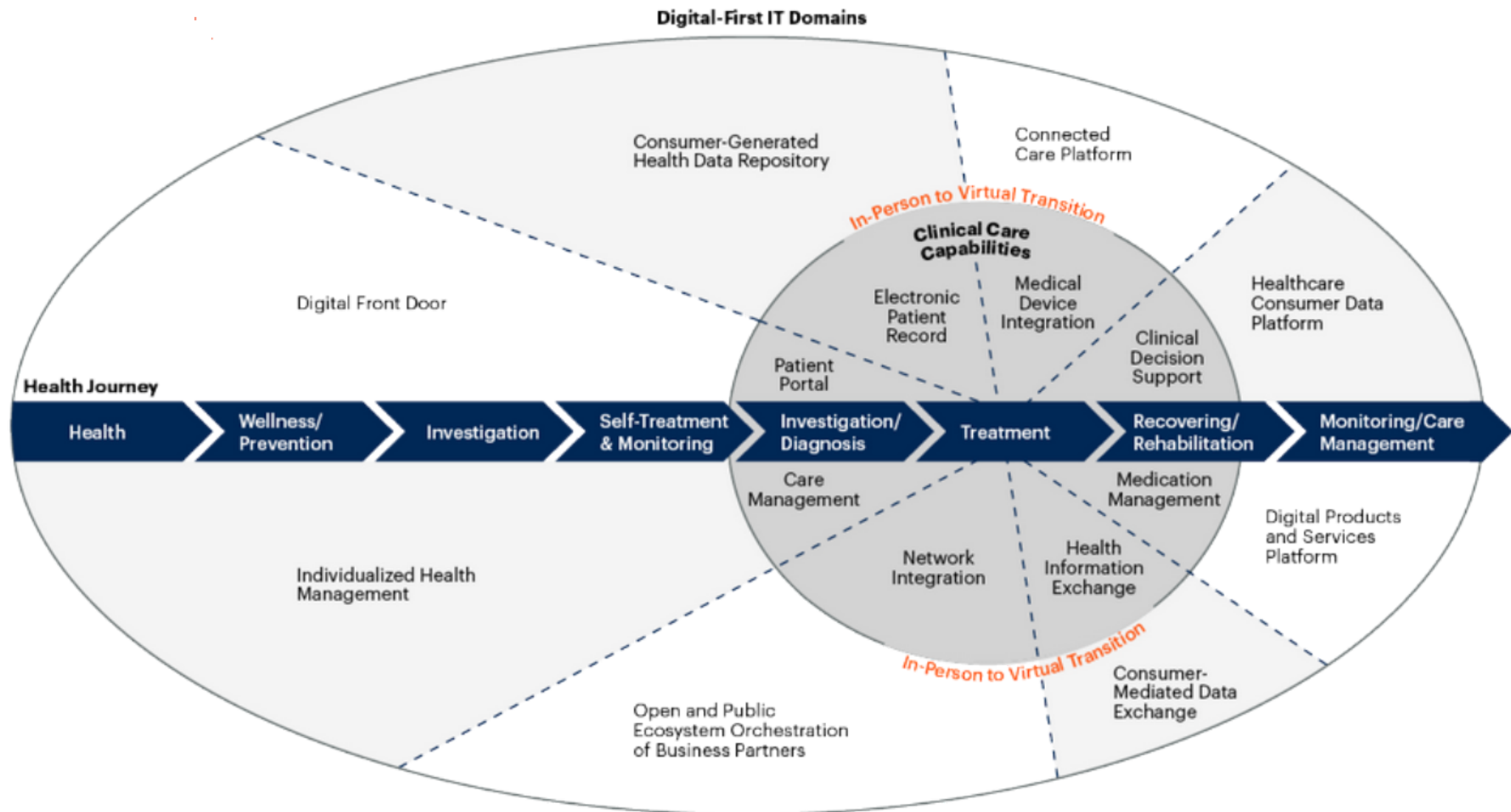
Report Contact

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Digital-First Health IT Domain Platforms Complement Clinical Care Capabilities



Meeting:	Clinical Governance Committee
Meeting date:	1 July 2022
Title:	Patient Experience and Feedback Report
Responsible Executive:	Janette Owens, Director of Nursing
Report author(s)	Nicola Robertson, Associate Director of Nursing Ashley Skachill, Quality Improvement Project Manager, Corporate PMO

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 to the Clinical Governance Committee for:

- Assurance
- Discussion

This report relates to a:

- Emerging issue
- Government policy/directive
- Local policy

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

- Person Centred

2 Report summary

2.1 Situation

Patient complaints are reported on a monthly basis through the Fife Integrated Performance and Quality Report (IPQR). The indicators are identified as:

- Stage 1 Closure rate (target 80%)
- Stage 2 Closure rate (revised target 50% by 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 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

A Patient Experience and Feedback quarterly report has been developed for the Clinical Governance Committee. The first iteration of this report, covering the 4th quarter of 2021/22 was submitted in May.

2.3 Assessment

A Recovery and Improvement Plan (Appendix 1) has been developed to guide the redesign of the Patient Relations service, focussing on patient experience and feedback.

A quarterly report has been developed for the Clinical Governance Committee which captures information on 'Measuring the Experience' and 'Improving the Experience'. The report provides information on different methods of gathering feedback and, as we emerge from the pandemic, will report on work being taken forward to understand and improve the patient experience.

The report also captures performance data which is required as part of the Model Complaints Handling Procedure.

Importantly, in line with the Organisational Learning Group, emerging themes, lessons learned, and quality improvement initiatives will be highlighted in future reports.

An improvement project has launched with support from the Corporate PMO to streamline the patient complaints process and reduce the backlog of outstanding complaints. It has been identified that within the current process there are multiple tasks which result in the duplication of manual administration. This is due to the utilisation of two systems, one for official reporting to Scottish Government and the second being used as a live worklist by the Patient Relations Team. An Options Appraisal (Appendix 2) was conducted and concluded that there is an opportunity for the live worklist to be created using Microsoft 365 SharePoint Lists. This solution will result in an instant reduction in administrative input alongside future benefits through the automation of notifications, letters, and reports. The new worklist is being built in partnership with the Microsoft 365 Programme Team, Digital and Information and due to begin June 2022. The worklist will be piloted in the

Emergency Care Directorate (Acute Services) in collaboration with the Head of Nursing.

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.

Care Opinion Update, from Fraser Gilmore, Executive Director & Head of Scotland, Care Opinion:

“Over the period of 2021/22 NHS Fife has done incredibly well in encouraging feedback through Care Opinion. In just 1 year, the board received 800 stories about NHS services across Fife, which is double the amount of stories the board received in the previous year. Moreover, in this period, more stories were shared from NHS Fife residents than any other board in Scotland and the board received the second highest amount of stories told about their services, with a response rate of over 95%.

During this time, NHS Fife increased the number of service listed on Care Opinion, engaged in a whole host of training and worked with our team to create project packs and QR codes to further support services and encourage feedback. Some stand outs include;

- NHS Fife listing and encouraging feedback from Covid 19 vaccination centres and creating co-branded materials to promote story telling in this important area. This led to the board receiving more feedback about Covid 19 vaccinations than any other board in Scotland.*
- The addition of new cancer services on NHS Fife’s service tree, with accompanying project packs and links to training, which has massively increased the story numbers in this area.*

Overall, NHS Fife should be very proud of what has been achieved over the past year in terms of increasing story numbers and engaging well in feedback across services on Care Opinion. The Participation and Engagement team at NHS Fife have engaged really well with Care Opinion in 2021/22 and we are already planning some exciting training for the board in the coming year.”

2.3.2 Workforce

Workforce planning

The Patient Relations Team establishment is under review, examining workload and workforce planning. Understanding the complexity of complaints and the time required to draft a response, for example, will support workforce planning and the model of complaints management.

The team consists of a Band 7 team leader; 3.4WTE Band 6 Patient Relations Officers; 1.8 WTE Band 4 Patient Relations Support Officers; 2WTE Band 3 Administrators.

The post of Head of Patient Experience (HoPE) has been successfully recruited to, with the post holder commencing in early July 2022. The post holder will provide leadership, direction and oversight to the Patient Relations Team.

Additional support is being provided by redeployed Test and Protect team members. The members of staff are undergoing some training and will be part of the Patient Relations Team until September.

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 Relations Team and considered at EDG on 17 June 2022.

2.4 Recommendation

Clinical Governance Committee is asked to support the direction of travel indicated in the report.

Report Contact

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Patient Experience and Feedback Recovery and Improvement Plan

June 2022



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CONTENTS

<u>RECOVERY</u>	1
<u>‘MEASURING THE EXPERIENCE’: ANALYSIS AND REPORTING</u>	2
<u>COMPLAINTS HANDLING SERVICE MODEL</u>	3
<u>‘IMPROVING THE EXPERIENCE’: QUALITY IMPROVEMENT</u>	3
<u>WORKFORCE</u>	4

ISSUE: 1 RECOVERY					
OBJECTIVE	Backlog of 'ready to draft' complaints responses is addressed. 40 responses to be drafted by PR officers as at 01/02/22. This number will inevitably increase as more statements from services are received. Aim is to have no backlog, to allow PR officers to focus on managing new complaints within the Model CHP timescales, and support services to provide statements.				
No	ACTIONS	LEAD	DATE	PROGRESS	STATUS
1.1	Provide weekly report on complaints in system to share with operational teams: ECD, PCD, W&CS, CCS, PPCS, C&CS, corporate services	PRT Admin	31/03/22	Weekly report produced providing information on number of complaints within 15 days (green); 15 – 20 days (amber); >20 days (red); status (awaiting statements, for approval etc).	complete
1.2	Prepare complaint information, statements to draft	PRT Admin	31/03/22	Packs prepared for weekend drafting	complete
1.3	Identify staff, experienced in complaints management, to support focused drive on drafting responses	ADoN	31/03/22	Senior nurses working additional hours at weekends to reduce backlog, supporting PRT	complete
1.4	Focus on 'ready to draft' responses by PROs	PR Lead	31/03/22	PROs prioritised drafting backlog of responses	complete
1.5	Highlight 'ready to draft' responses: number, complexity	PRT Admin	31/03/22	Backlog of 'ready to draft' responses cleared	complete
OBJECTIVE	Define timeline / trajectory for improvement in complaints response times				
No	ACTIONS	LEAD	DATE	PROGRESS	STATUS
1.6	Re-establish weekly meetings with service SPOC	PR Lead	8/4/22	Weekly /bi-weekly meetings re-established	Complete
1.7	Reduce backlog of statements from services and expedite Final Responses awaiting approval	PR Lead / SPOC	31/5/22	Challenges remain with receiving statements within timescales. PRD officers workforce remains challenged, mainly due to sickness absence.	In progress
1.8	Analyse data from process mapping exercises and agree improvement trajectory with services	PR Lead / HoPE	30/6/22	Process mapping complete and SharePoint solution being developed. Improvement trajectory not yet discussed with services.	In progress
1.9	Establish focus groups to discuss complaints management with services	PR Lead / HoPE	30/6/22	HoPE not commencing in post until 4/7/22.	Not started

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	1/8/22	Initial meeting taken place to identify potential 'addition' to DATIX system. This action is being taken forward in collaboration with developments to improve complaints recording and monitoring.	In progress
2.2	Data collection and analysis systems to be developed to facilitate 'live' status of complaints, avoid duplication and enable bottlenecks to be identified	ADoN / HoPE	1/5/22	Data systems being developed on SharePoint	In progress
2.3	Arrange meeting with Digital and Information Services to ensure systems are not being duplicated	DoN / ADoN	1/5/22	Solution identified and agreed.	Complete
2.4	Capture data required for 9 KPIs in the Model Complaints Handling Procedure	PR Lead	8/6/22	Data systems being developed to capture requirements for KPI measurements	In progress
2.5	Develop criteria against which quality of statements are assessed	PR Lead	22/4/22		Not started
2.6	Develop criteria against which quality of draft responses are assessed	PR Lead	22/4/22		Not started
2.7	Develop criteria against which complaints are assessed as being upheld, not upheld or partially upheld	PR Lead	22/4/22		Not started
2.8	Design template for EDG and CGC SBARs reporting	DoN / ADoN	8/6/22		Complete
2.9	Design quarterly report template for CGC, including MCHP which will inform Annual Report	DoN / ADoN	8/6/22		Complete
2.10	Complete Annual Report for SG	HoPE	30/9/22		Complete

ISSUE: 3 COMPLAINTS HANDLING SERVICE MODEL					
OBJECTIVE		Review and redesign service model to improve effectiveness and efficiency of processes			
No	ACTIONS	LEAD	DATE	PROGRESS	STATUS
3.1	Carry out detailed process map of PRO work	PR Lead	22/3/22	Process mapping being arranged with Quality Improvement project manager	In progress
3.2	Carry out detailed process map of PR administrators' work	PR Lead	22/4/22	Process mapping undertaken	Complete
3.3	Review outcomes and implement recommendations from process mapping sessions	ADoN	1/5/22	Outcomes being reviewed and recommendations considered	In progress
3.4	Benchmark complaints management teams / processes across other Boards and public sector agencies	PR Lead	1/5/22	Contact to be made with all Boards	Not started
3.5	Process mapping analysis to elicit gaps, duplication, more efficient way of working	PR Lead	22/4/22	Process mapping underway with Quality Improvement project manager	In progress
3.6	Proactively seek feedback from complainants re the complaints handling process (as per KPI) (will also support QI)	PR Lead	22/4/22	Questionnaire sent with all final response letters as of 1/4/2022	Complete

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
5.1	Link with Organisational Learning Group	ADoN	1/6/22	OLG in early stages of development. ADoN co-Chair. Systems and processes being worked through	In progress
5.2	Identify small Tests of Change in department	ADoN	1/4/22	Blended approach to office working has been established, minimum 50% office-based	Complete
5.3	Identify small Tests of Change in Complaints Handling	PR Lead	1/5/22	Identify ToCs following review of outcomes and recommendations from process mapping	Not started
5.4	Ensure feedback loop with services	PR Lead	1/5/22	Processes to ensure effective feedback to be indentified	Not started
5.5	Capture data / action plan / lessons learned on Datix	HoPE	1/8/22		Not started

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
4.1	Support staff well-being	ADoN	22/4/22	'Spaces for listening' session arranged with Chaplain 16/6/22	In progress
4.2	Appoint additional PR officer via bank contract to focus on expediting draft responses	ADoN	1/5/22	Commences in post 31/5/22	Complete
4.3	Leadership: recruit Head of Patient Experience (HoPE)	ADoN	7/4/22	Post appointed to. Commences 4/7/22	Complete
4.4	Ensure PDPs undertaken to support staff development	PR Lead	1/5/22	ADoN to confirm progress with PR Lead	Not started
4.5	Source training opportunities for PRT	PR Lead	1/5/22	ADoN to confirm progress with PR Lead	Not started
4.5	Develop system to categorise complaints from 'simple' to 'complex' to provide approximate time to draft response	HoPE / PR Lead	1/5/22		Not started
4.7	Measure workload to support workforce planning	PR Lead	1/5/22	ADoN to confirm progress with PR Lead	Not started



NHS Fife

Meeting:	Executive Directors Group
Meeting date:	16 June 2022
Title:	Options Appraisal for Digital Improvement to the Patient Complaints Handling Reporting Process
Responsible Executive:	Janette Owens, Director of Nursing
Report Author:	Ashley Skachill, Quality Improvement Project Manager, Corporate PMO

1.0 Situation

The purpose of this paper is to provide clinical and service leadership and decision makers with the relevant information and a framework upon which to make a decision on a new digital solution for patient complaints handling reporting process.

Due to the circumstances surrounding COVID-19, services have been under significant pressures which have resulted in limited time available to respond to patient complaints, resulting in long response times which are exceeding government guidelines. In addition, the Patient Relations team has similarly experienced a reduction in workforce due to vacancies and absence. This has resulted in an opportunity to review systems and processes to explore efficiencies.

2.0 Strategic Overview

There are key benefits to digitally improving the patient complaints handling process which will work towards NHS Fife's strategic objectives. Moving the work list of live patient complaints to a more powerful digital process will allow for manual administration tasks to be automated along with streamlined processes for staff to provide feedback and updates on their open cases quicker.

These improvements will in turn result in a reduction of response times, along with providing the patient relations team with more time to carry out other responsibilities.

Patient feedback, concerns and complaints provide us with an opportunity to continuously review all provisions of healthcare and ensure that these are person centred at the forefront.

3.0 Current Service

The current pathway is attached in Appendix A which details how both stage 1 concerns and stage 2 complaints are handled currently in NHS Fife. For the purpose of this paper, we will be focusing on the live worklist and reporting functionality within the pathway, which can be viewed in Appendix B.

Other improvements may be identified within the process which will undertake separate tests of change, depending on the result of this options appraisal. Currently, the patient relations team input the complaint onto two separate systems; the first being DATIX, which is used for official documenting and reporting to Scottish Government to analyse how the service is meeting targeted timelines.

The second aspect of the pathway is the live work list which the Patient Relations team use on a day-to-day basis. This is held on an Excel spreadsheet saved on the network drive which only the Patient Relations team can access to update. The report is updated and saved on a weekly basis and distributed via email to all services, the administration staff from the team must also check all cases against DATIX to ensure both systems are kept up to date.

Updates are then provided either directly to the patient relations administrators via email, alternatively, the Patient Relations team leader holds a weekly meeting with each directorate to discuss open cases and seek updates. In both instances, the Patient Relations administrator will update both DATIX and all tabs on the spreadsheet if the case is across multiple directorates. This results in a duplication of work and is a resource intensive process to ensure all systems contain the same information.

4.0 Scoring Criteria & Weighting

The criteria set out below were developed with two focuses. Firstly, that we continue to provide a person-centred service and secondly, we need to ensure that any decision we make complements and adds to the stability of current services rather than the opposite.

<i>Criteria</i>	<i>Scoring</i>	<i>Rationale</i>
Person Centred - Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values, and which demonstrate compassion, continuity, clear communication and share decision-making: Access, Environment, Collaborative, Continuity and Clinical Excellence.	15	This improvement should be heavily influenced by scoring on person centred criterion as patient complaints sit at the forefront of how we engage with the public and feed directly into service design and improvements.
Safe - There will be no avoidable injury or harm to people from healthcare, advice or support they receive, and an appropriate, clean and safe environment will be always provided for the delivery of healthcare services.	10	This criterion ensures that any improvement to the service will continue to protect patients and patient information.
Effective - The most appropriate treatments, interventions, support and services will be provided <u>at the right time</u> to everyone who will benefit, and wasteful or harmful variation will be eradicated	10	This criterion ensures that any improvement will streamline the process and those that require additional manual steps would not score well.
Timescale - The impact of differing start times for services	15	This criterion allows us to make a measured judgement about the attractiveness or otherwise of when an improvement is likely to 'go-live'. Consideration should be given to the level of support that would be available and the resource commitment required to make this work.
Feasibility - The feasibility of delivering the proposed option within the limiting factors of cost, skilled staff and equipment	10	This criterion is focused on the skill set of staff within the service as new technologies may be implemented and consideration should be made to levels of training required. This will also consider any additional cost or resource required.
Sustainability - Effect on additional pressures placed on existing Fife services – recruitment, retention, ability to cover on-call rota, etc	10	This criterion will focus on the additional pressures existing on Fife services and whether services have the capacity to maintain and support the proposed option.

5.0 Considerations

5.1 Safe

Any solution implemented should be discussed and considered with colleagues from the Information Governance and Security team to ensure that any patient information contained on a system is secure and accessible to only those who require it. Infrastructure of systems should be considered for storage of information and how it is accessed under GDPR regulations and in line with freedom of information guidelines.

5.2 Effective

The solution should save time and resource from manual report handling and provide current administration staff with time back to complete other areas of work. This should also be simple and straightforward for staff to understand and require minimal training on any new process to be implemented.

5.3 Timescale

Due to the current backlog of responses for complaints any new solution should be able to be implemented quickly to prevent a further delay on response times. A new solution should have the ability to be built and ready for testing within approximately 1 month. Testing will conclude with a couple of directorates to ensure that the new solution is robust and meets the needs of all parties. Any changes can be reviewed and implemented before an official roll out in the subsequent weeks.

5.4 Feasibility

A new solution should take into account staff skills and knowledge and any training which may be required. This should also not impede on time for clinical staff and potentially prevent or delay them from carrying out clinical duties.

5.5 Sustainability

Any new solution should take into consideration the current infrastructure across the organisation. A system which is embedded within NHS Fife would prove to be more favourable, however, this should also consider the legacy and longevity of the system and how quickly it can become out of date and replaced. The new process will require continuous review and improvement as changes are likely to occur to the service with staff changes and improvement of other processes, but any new solution should be adaptable with the ability to be improved based on the needs of the service.

6.0 Options

Initial exploratory discussions with Risk Management Coordinator, DATIX administrator, Office 365 Programme Manager, ServiceNow Project Manager and Service Manager to scope out potential options using systems already available and in use within NHS Fife.

Option 1 – Do Nothing	
Description	<i>Continue with the current process of using DATIX for official recording and MS Excel for live work list.</i>
Advantages / Benefits	<i>No Benefit.</i>
Disadvantages	<i>Carrying out the current process means that patient relations staff are duplicating the input of data manually onto two separate systems and various tabs of an Excel spreadsheet depending on type/complexity of the complaint.</i>
Risks	<i>Legal, reputational, professional.</i>
Costs	<i>No additional.</i>
Comment	<i>This is not a preferred option.</i>

Option 2 – DATIX only	
Description	<i>Use DATIX as both official recording method and live work list.</i>
Advantages / Benefits	<i>Reduce number of systems being used and maintained by staff.</i>
Disadvantages	<i>Due to nature of the DATIX system there is a risk that allowing many users to input on a complaint logged would result in insufficient or incorrect data which is used for reporting to Scottish Government.</i>
Risks	<i>Legal, reputational, professional</i>
Costs	<i>No additional</i>
Comment	<i>This is not a preferred option</i>

Option 3 – ServiceNow	
Description	<i>Use ServiceNow for live complaints</i>
Advantages / Benefits	<i>Audit trail of users who accessed complaint. Calls can be locked down to individual teams limiting access across the system.</i>
Disadvantages	<i>Whilst access to records can be limited to teams there is a risk that those with Fulfiller access would be able to view the records due to administration rights of system. Depending on the complexity of information required to be uploaded by PR the team may require developer time from supplier. Staff would be unable to work simultaneously on a case at one time unless using 'child tasks' which would increase manual administration tasks for the administrative staff. ServiceNow has been designed to deal with IT reporting which could prove difficult for training purposes where staff have limited IT skills and knowledge.</i>
Risks	<i>Legal, reputational, professional</i>
Costs	<i>If development time required from supplier this could incur a cost up to £10,000</i>
Comment	<i>This is not a preferred option</i>

Option 4 – Microsoft SharePoint and Power Automate	
Description	<i>Use SharePoint as live work list for ongoing complaints.</i>
Advantages / Benefits	<i>Allows services with complaints to update on their own behalf instead of PR team chasing up on emails. Staff able to update in real time. Ability to automate reports and reminders which are sent to the services via scheduled emails. Ability to lock down rows so services can only see cases relevant to themselves. Staff used to Excel based format so minimal training required.</i>
Disadvantages	<i>Questions over direction of office 365 programme nationally which may impact NHS Fife.</i>
Risks	<i>Legal, reputational, professional</i>
Costs	<i>No additional</i>
Comment	<i>This is the preferred option</i>

Option 5 – Excel upload to Teams

Description	<i>Use existing Excel spreadsheet whilst uploaded to Teams.</i>
Advantages / Benefits	<i>Allows services with complaints to update on their own behalf instead of Public Relations Administrators chasing up on emails. Ability to update in real time. Staff used to Excel spreadsheet so minimal training required.</i>
Disadvantages	<i>Questions over direction of office 365 programme nationally which may impact NHS Fife. Inability to automate processes from Excel on Teams.</i>
Risks	<i>Legal, reputational, professional</i>
Costs	<i>No additional</i>
Comment	<i>This is not the preferred option</i>

7.0 Options Appraisal

Options were weighed against each other and ranked 1 (Best) to 5 (Worst). Scoring was completed by the Project Manager supporting this piece of work. A pre-agreed weighting was applied to individual scores. The best option was identified as the option with the highest cumulative score when all 6 elements are considered. Results are as follows:

	<i>Criteria Description</i>	<i>Weighting</i>	<i>Option 1</i>	<i>Option 2</i>	<i>Option 3</i>	<i>Option 4</i>	<i>Option 5</i>
1 – Person Centred	Mutually beneficial partnerships between patients, their families and those delivering healthcare services which respect individual needs and values, and which demonstrate compassion, continuity, clear communication and share decision-making: Access, Environment, Collaborative, Continuity and Clinical Excellence	15	5	10	15	15	15
2 - Safe	There will be no avoidable injury or harm to people from healthcare, advice or support they receive, and an appropriate, clean and safe environment will be provided for the delivery of healthcare services at all times	10	5	3	3	10	8
3 - Effective	The most appropriate treatments, interventions, support and services will be provided at the right time to everyone who will benefit, and wasteful or harmful variation will be eradicated	10	0	1	5	10	5
4 - Timescale	The ability to achieve an effective digital pathway for patient complaints reporting	15	15	15	5	10	15
5 - Feasibility	The feasibility of delivering the proposed option within the limiting factors of cost, skilled staff and equipment	10	10	7	2	10	10
6 - Sustainability	Effect on additional pressures placed on existing Fife services – recruitment, retention, ability to cover on-call rota, etc	10	0	5	10	10	10
Total		70	35	41	40	65	63

8.0 Assessment

The process of consultation included project management from TCT, Administration staff and the Team Leader from the Patient Relations Team, and Associate Director of Nursing.

Options were appraised by Ashley Skachill, any expert knowledge questions were answered by Gavin Donaldson or relevant staff from Digital and Information relating to the options proposed.

The score marginally favours Option 4, where the process would utilise SharePoint Lists and Power Automate to handle the live worklist of patient complaints. The only significant differences between Options 4 & 5 were the ability for future improvements to be made the process by utilising Power automate for reminder emails and to send a generated report weekly if required.

The influencing factors include the IT skills of staff, SharePoint Lists offers a similar look and feel to Excel which is already heavily utilised within the Patient Relations Team and across the organisation, this would benefit staff as it would result in reduced training requirements compared to the utilisation of a new system.

SharePoint lists offers multiple users to update in real time, meaning that administration staff do not need to spend time seeking updates as they will be aware when this is done via the List. SharePoint Lists also offer functionality to lock down cells so that only relevant individuals can view and update, this functionality eliminates the requirement for separate tabs on a spreadsheet to keep records separate for each of the directorates. This improvement will result in a time saving for the administration staff as they will not be required to update each case for the directorates, only to update the information on Datix for reporting purposes.

Finally, SharePoint Lists also offer the ability to import rows via an Excel Spreadsheet, the formatting of the List will mimic the information required within DATIX, this can then be exported and uploaded to the SharePoint List meaning that there is a reduction in the duplication of manual data input and a further time saving.

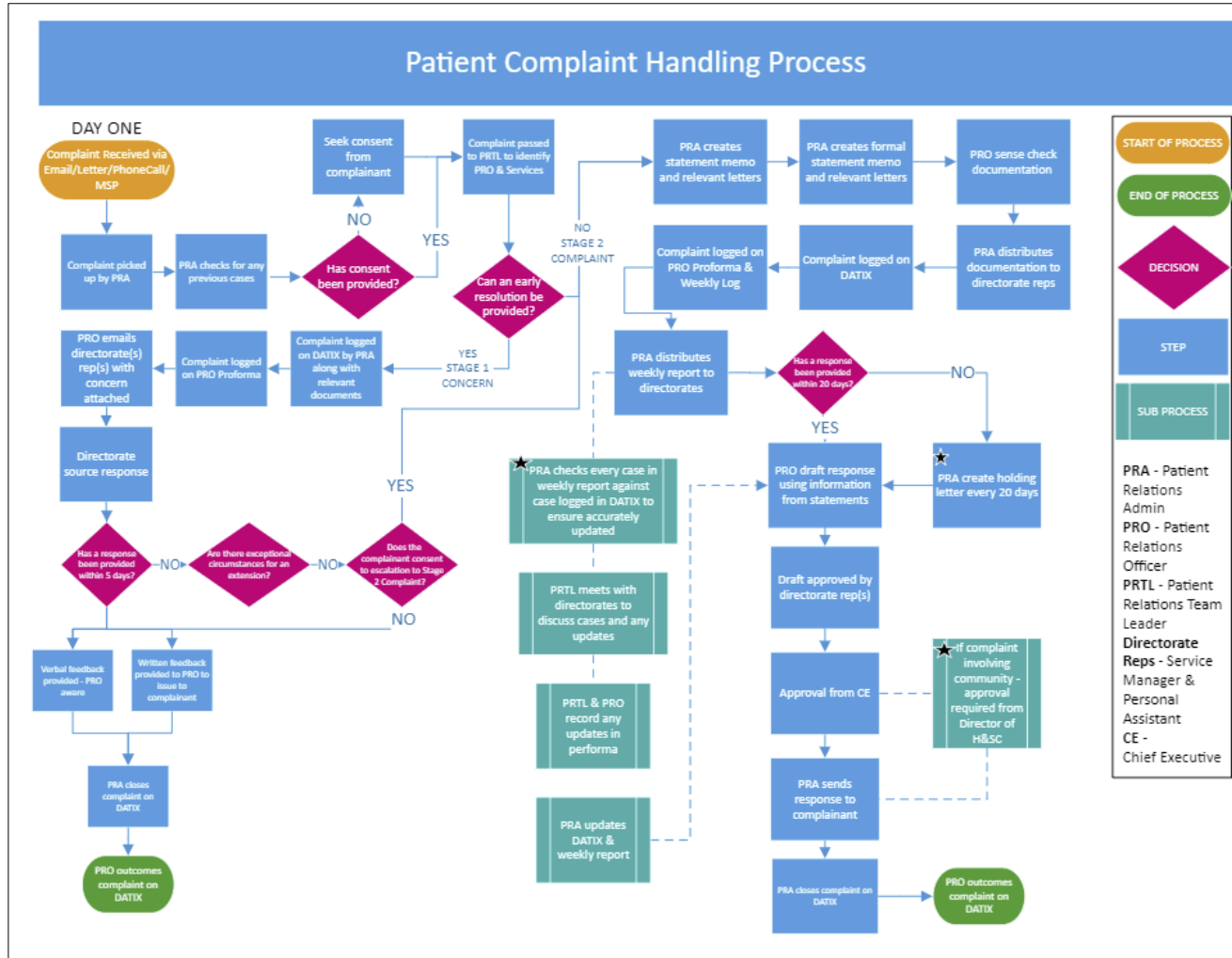
As mentioned previously within this paper, whilst this process looks directly at the report handling aspect of this pathway, there is clear areas for improvement which could be investigated once this solution had been implemented i.e., automation of the holding letter which is distributed to the complainant every 20 days that the response is overdue, a further review will be undertaken before this test of change begins.

9.0 Recommendation

It is recommended that Option 4 is approved to progress.

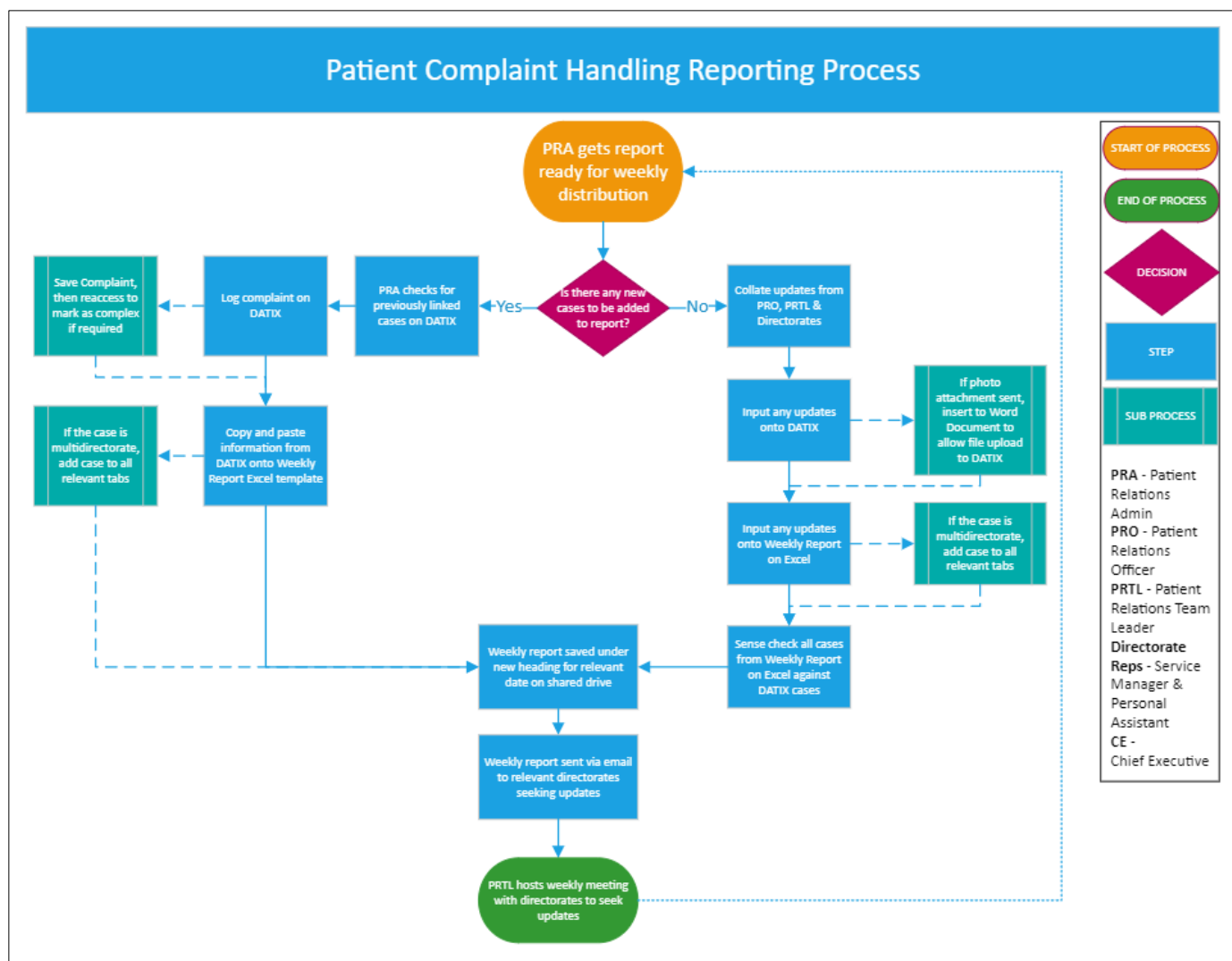
10.0 Appendices

10.1 Appendix A



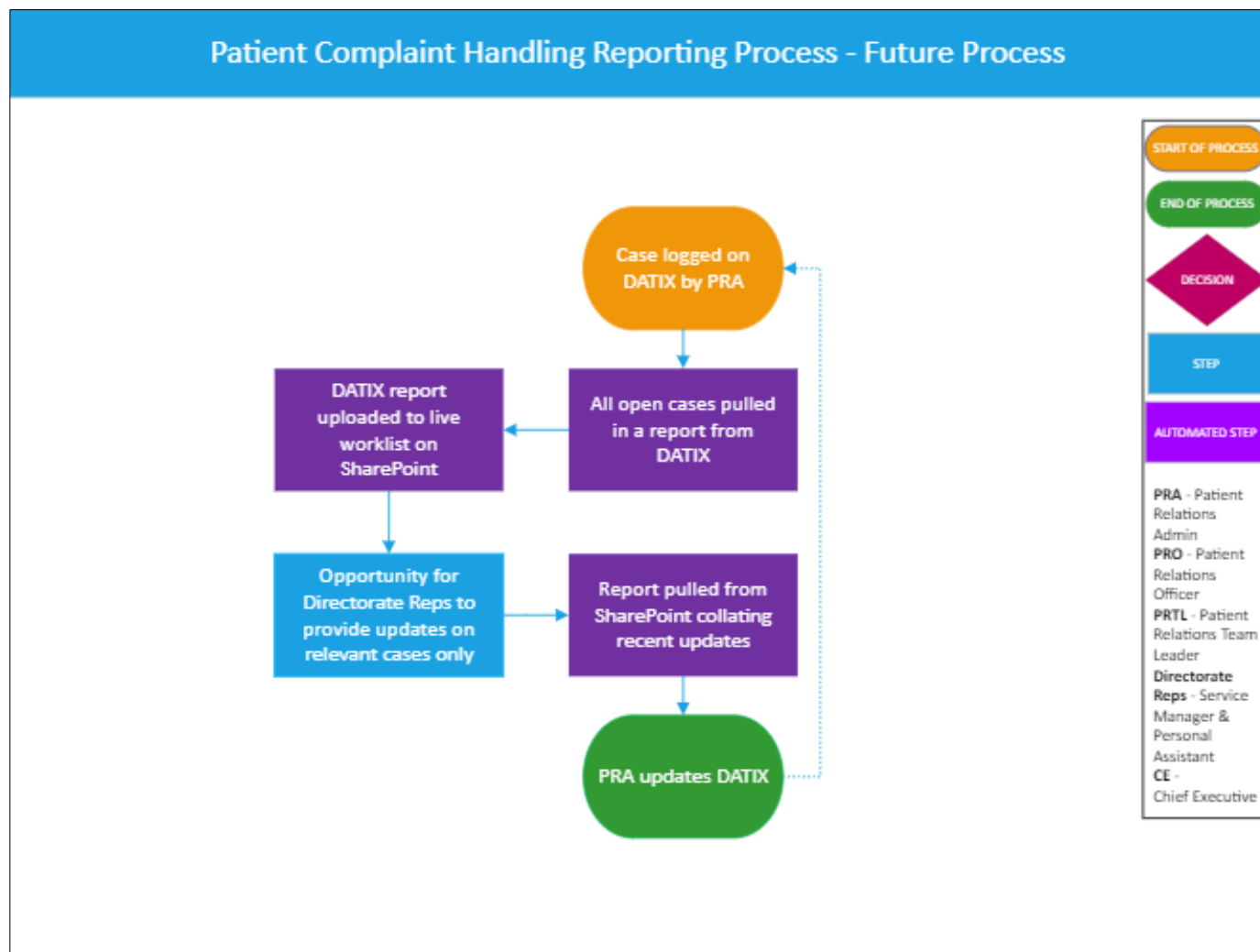
Patient Complaint Handling Process – As Is May 2022

10.2 Appendix B



Patient Complaint Handling Reporting Process – As Is May 2022

10.3 Appendix C



Patient Complaint Handling Reporting Process – Future State Process

Meeting:	Clinical Governance Committee
Meeting date:	1 July 2022
Title:	Clinical Advisory Panel Annual Report
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Author:	Catriona Dziech, PA

1 Purpose

This is presented to the Clinical Governance Committee for:

- Discussion

This report relates to a:

- Local policy

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Clinical Advisory Panel overseas requests for out of area treatment for Fife patients to ensure there is a governance process for decision making about these requests.

2.2 Background

The Panel considers applications from clinicians to refer patients to Service Providers outwith Fife and has a membership to enable objective decisions based on a set of principles to be made in each case. The Panel regularly reviews the types of referrals to determine if there is a gap in service delivery, which should be addressed locally.

2.3 Assessment

The attached report summarises the activity of the Panel for year 2021/2022 it also gives details of the expenditure incurred as a result of the decisions.

The Panel provides a clinical review process to balance the needs of individual patients and the best use of available resources.

During the period, 2021/2022 there was one Appeal made to the Chief Executive.

2.3.1 Quality/ Patient Care

Safe clinical expert care outwith NHS Fife or its Regional SLA arrangements.

2.3.2 Workforce

No issues

2.3.3 Financial

For 2021/22, £1,416,999 was spent on out of area referrals to the independent sector.

2.3.4 Risk Assessment/Management

There can be appeals to the Chief Executive if patients do not agree with the decision.

2.3.5 Equality and Diversity, including health inequalities

The Panel see all requests anonymously and describes the diversity of the Panel.

2.3.6 Other impact

n/a

2.3.7 Communication, involvement, engagement and consultation

n/a

2.3.8 Route to the Meeting

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.

- NHS Fife Clinical Advisory Panel on 11 May 2022.

2.4 Recommendation

- **Assurance** – For Members' information only.

Report Contact

Dr C McKenna

Medical Director NHS Fife

Christopher.mckenna@nhs.scot

CLINICAL ADVISORY PANEL (CAP) ANNUAL REPORT 2021 / 2022

TO BE CONSIDERED BY NHS FIFE CLINICAL GOVERNANCE COMMITTEE ON 1 JULY 2022

PURPOSE

- To provide assurance that a clinical review process is in place and effective in balancing the needs of individual patients and the best use of available resources.
- The work of the Clinical Advisory Panel (CAP) is subject to annual review.

1 BACKGROUND

- 1.1 The CAP considers applications from clinicians to refer patients to service providers outwith Fife. In general, this is to access services such as investigations, assessments, treatments, or placements not routinely provided in Fife. On occasion patients may be considered to display exceptionality, to be highly complex or to have exhausted conventional options.
- 1.2 Requests are also received from clinicians outwith Fife often in tertiary centres seeking clinical support for funding of onward referral or for specialised equipment.
- 1.3 In some instances, requests to access second opinions are made but in general, these are not granted if a second opinion is available within Fife.
- 1.4 Cases for exceptionality may be made when it is felt that standard referral or access criteria do not apply in individual circumstances and CAP is asked to take a view.
- 1.5 CAP's decision making is driven by consideration of clinical and cost effectiveness. Absolute cost is not the major consideration.
- 1.6 The facility exists, where cases are considered urgent, for cases to be considered virtually outwith formal meetings. Details are circulated by email to CAP members and opinions collated. In extreme circumstances, the Medical Director can provide instant decisions, which are subsequently reported to CAP for ratification.

2 ACTIVITY IN 2021-22

2.1 CAP meets every six weeks. In 2021/2022 there were eight regular meetings and one Extra-ordinary meeting. CAP considered a total of 36 new requests for out-of-area and exceptional referrals. All eight meetings were held in person via MS Teams. One meeting was not Quorate but considered the New Cases which were submitted for decision.

2.2 The cases considered by CAP in 2021/22 can be broken down as shown in Table 1 below.

Table 1		
	No	%
Total number of cases considered	36	
Number of cases considered in formal meetings	30	83%
Direct Referrals brought to CAP for Ratification	5	14%
Number of cases considered at Extra-ordinary meeting	<5	3%
Number of cases approved	22	61%
Number of cases declined	7	19%
Number of Cases Decision Awaited	<5	11%
Number of Cases Withdrawn	<5	3%
Number of Cases Treatment agreed outwith CAP	<5	3%
Number of Cases unable to support due to service restrictions	<5	3%

2.3 The clinical areas considered by CAP vary considerably. The breakdown by diagnostic grouping is shown in Table 2 below.

Table 2	
Medical – General	
Medical – Cardiology	
Medical – Epilepsy	
Medical – Neurology	
Surgical – General	
Surgical – Orthopaedic	
Surgical – Plastic Surgery	
Treatment of Cancer	
Reproductive Health	
Psychiatry – General	
Any Other Treatment	

2.4 In the course of 2021 / 2022 several cases which had been considered by CAP in previous years came back to CAP for consideration of additional treatment. These are summarised in table 3 below.

Table 3			
MEETING DATES	TOTAL NUMBER OF CASES	APPROVED	DECLINED
Between April 2021 and February 2022	12	10	<5

- 2.5 The number of Panel referrals has fallen this year which is likely due to the Covid-19 Pandemic, with reduction in routine health care activity.
- 2.6 One Case was submitted to an Appeals Panel who found there was insufficient clinical evidence to support the appeal and upheld the Panel's decision.

3 FINANCIAL

The CAP considers applications from clinicians to refer Fife patients to services in other NHS Scotland Boards, to other NHS providers within the UK and to the Independent Sector providers.

There are established referral pathways for a wide range of specialist services to other Boards and such referrals do not require coming to the CAP.

There will however be times where the circumstances dictate the need for an application to CAP. Referrals to Scottish Boards will fall under the existing Service Agreement arrangements and referrals elsewhere in the UK will be on a cost per case basis.

All Elective referrals outside Scotland require prior authorisation and NHS Scotland's policy (supported by NHS England) is that without such prior authorisation we are entitled to withhold payment.

Table 4 below provides the financial details for referrals to the Independent Sector for 2021/22 and as a comparator 2020/21

	Table 4	
	2020/21	2021/22
<u>Mental Health</u>		
Ayr Clinic	£808,876	£770,432
The Priory	£47,227	£50,641
Harris Howard Psychology	£26,700	£23,700
	£882,803	£844,773
<u>Learning Disability</u>		
Ayr Clinic	£409,058	£383,812
Wallace Hospital	£336,002	
	£745,060	£383,812
<u>Neuro Rehab</u>		
Chaseley Trust	£75,253	£75,253
<u>Neurophysiology</u>		
Quarriers	£139,420	£97,520
<u>Plastic Surgery</u>		
Spire Laser	£14,537	£0
BPAS	£21,798	£10,172
Other	£4,688	£5,469

Total	£1,883,559	£1,416,999
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4 CONCLUSION

This paper provides a clear description of the purpose and activity of the CAP and assurance that it's work is subject to regular review.

DR C McKENNA
Medical Director NHS Fife
April 2022

NHS Fife

Meeting:	Clinical Governance Committee
Meeting date:	1 July 2022
Title:	Director of Public Health Annual Report 2020 - 2021
Responsible Executive:	Joy Tomlinson, DPH
Report Main Authors:	Catherine Jeffery Chudleigh CPH, Mhairi Gilmour, Clare Campbell

1 Purpose

This is presented to the Clinical Governance Committee for:

- Assurance

This report relates to a:

- Legal requirement
- NHS Board/Integration Joint Board Strategy or Direction
- National Health & Well-Being Outcomes

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Director of Public Health Annual Report provides a mechanism to present the key issues relating to health and wellbeing for local areas and enable more targeted local responses to be developed. The most recently published DPH annual report for Fife covered the time 2018/2019. This new report covers a longer time period, the calendar years 2020 and 2021 as the normal cycle of reporting was interrupted by the pandemic.

2.2 Background

This Director of Public Health Annual Report is structured around the six Public Health priorities for Scotland. The Public Health Priorities were published in 2018 as part of the Public Health reform process which also established the new national body, Public Health Scotland. The priorities were jointly supported by Scottish Government and COSLA and have a 10 year lifespan. They were created to help focus effort around key areas of population health following an extensive consultation process. The priorities were created in recognition that the health of the population in Scotland was lagging behind the health of

similar countries in Europe. The aim of setting these nationally agreed priorities was to build momentum addressing the risk factors which result in poor health in the population.

The Fife Director of Public Health Annual Report published in 2018/19 was structured around the six priority areas, setting out the key issues for the population of Fife. This new report follows the same outline approach as in 2018/19 and incorporates data relating to COVID19 where this is available.

2.3 Assessment

The report provides an overview of the demographic changes across the population of Fife along with updates across each of the six public health priority areas.

Key findings include:

Demographic changes

The total population grew during 2020, one of only 12 local authority areas in Scotland to do so. There was very little change in published life-expectancy data for Fife during the time period 2018-2020 in contrast with Scotland, which saw a measurable fall in life-expectancy. Inequalities are detectable across Fife. There is a difference of 10 years in life-expectancy between men from communities most affected by deprivation and those least affected. For women a difference of 8 years was found.

COVID in brief

The pandemic saw collaboration across agencies and within communities which together provided support for different settings and for individuals required to isolate. Figures up to and including 30th April 2022 show a cumulative total of 127,094 confirmed positive COVID-19 cases among Fife residents since the first positive case in March 2020. Although case-rates of infection were lower among those aged >65yrs, those who were older than 65 experienced higher death rates and more severe illness. There were inequalities in COVID-19 mortality observed between the most and least deprived areas of Fife. Dedicated COVID19 services were established including contact tracing, testing and vaccination. Since the start of the vaccination campaign more than 830,000 vaccinations were carried out (as at 7th April 2022).

Public Health Priorities

For each of the Public Health Priorities, the report provides an overview of the key issues and areas of progress. At the end of each chapter are listed our ambitions and future opportunities, which includes opportunities for public health, NHS and other partners.

2.3.1 Quality/ Patient Care

The Director of Public Health report provides a focus on areas of population health and wellbeing that would benefit from strengthening. The Health and Wellbeing review which was completed to support the DPH report will also support the development of the Population Health and Wellbeing strategy.

2.3.2 Workforce

There is no direct impact on workforce from this report. However, it could only be produced through collaboration and support from staff working in Public health, Health Promotion, Fife Council and wider partners. It is a tribute to their commitment that the report has been produced during the pandemic.

2.3.3 Financial

There are no direct financial impacts from this report.

2.3.4 Risk Assessment/Management

The risks to health which are described within this report are part of existing programmes of work and services.

2.3.5 Equality and Diversity, including health inequalities

This report considers the health of the population of Fife overall. It therefore contributes towards NHS Fife's duty to the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes. An impact assessment has not been completed because this is a descriptive report, covering the whole of the population.

2.3.6 Communication, involvement, engagement and consultation

The report has been developed in collaboration with a range of partners including NHS Fife Public Health, Fife Health and Social Care Partnership, Fife Council and other partners. The key points will be embedded in the wider engagement work carried out in advance of the NHS Fife Health and Wellbeing strategy.

2.3.7 Route to the Meeting

The text of the report was shared with EDG at their meeting on 21st April and finalised version with infographics shared by email on 5th May. The report was tabled with the Population Health and Wellbeing Committee at their meeting on 16th May and presented to the NHS Board on 31st May 2022. Committee members were thoughtful about the wider impact of the COVID-19 pandemic on health services and the anticipated future impacts of worsening economic conditions on health and wellbeing. An additional recommendation was made to consider highlighting areas of improvement or deterioration within future reports.

2.4 Recommendation

The Committee are asked to consider the emerging issues set out within the Director of Public Health Annual Report and to endorse the future opportunities listed for each priority.

3 List of appendices

The following appendices are included with this report:

- **Appendix No 1.** DPH Annual Report 2020 and 2021: Health and Wellbeing in Fife

Report Contact

Catherine Jeffery Chudleigh

Consultant in Public Health

Email catherine.jefferychudleigh@nhs.scot

Director of Public Health Annual Report

Health and Wellbeing in Fife

2020 - 2021



Acknowledgments

I am grateful to my colleagues within our Public Health Department and from our colleagues and partners within Health Promotion Service, Fife Health and Social Care Partnership, Fife Council and the third sector for their significant contributions to this report. We are all part of the Fife public health team, and it is good to see examples of this work throughout the report.

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Published May 2022

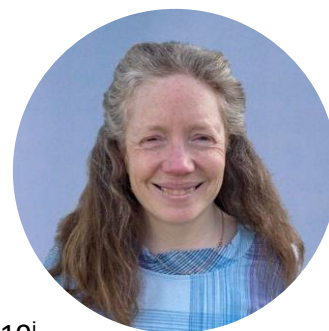
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Contents

Foreword.....	2
Public Health Priorities and Ambitions	3
Fife – In brief	5
Priority 1: A Fife where we live in vibrant, healthy and safe places and communities.....	15
Priority 2: A Fife where we flourish in our early years	25
Priority 3: A Fife where we have good mental wellbeing.....	32
Priority 4: A Fife where we reduce the use of and harm from alcohol, tobacco and drugs.....	37
Priority 5: A Fife where we have a sustainable inclusive economy with equality of outcomes for all.....	45
Priority 6: A Fife where we eat well, have a healthy weight and are physically active.....	54
Conclusions	62
Glossary.....	64
References	65

Foreword



Welcome to the 2020/21 Director of Public Health Annual Report for Fife. This is my first report since coming to Fife as Director of Public Health and the timing is significant. This report comes with an invitation to pause and reflect on the health and wellbeing of the population after two very difficult years of living through the COVID-19ⁱ pandemic.

While it feels in some ways that everything changed during the pandemic, fundamentally many of the same underlying challenges to health and wellbeing remain. With that in mind, this report is set out with the same chapter structure as the 2018/19 Director of Public Health Annual report presented by my predecessor Dona Milne and is focused around the Public Health priorities for Scotland. The report captures the key issues impacting on health and wellbeing in Fife and highlights ambitions for the future and areas where there are concerns emerging.

It will be some years in the future before the legacy of the COVID-19 pandemic is fully understood and the data within this report does not cover the entirety of the pandemic. Some of the direct impacts on health are clear, and where this is the case, we have included comment within the report. Amongst very difficult times, the response of communities and agencies across Fife has been incredible. Some of that response is described within the report. The rapid establishment of support for people so they could isolate safely and protect the wider community demonstrates to all the importance of looking after each other. Entirely new services were established to test for the virus and take every opportunity to interrupt transmission as well as setting up a vaccination programme.

I would like to thank everyone who has contributed to the different chapters of this report, together these provide an updated perspective of progress across the different Public Health priorities. One of the recurring themes through the report is the widening in health inequalities which was apparent even before the onset of the pandemic. This can be seen in a number of statistics, including a widening of the gap in life-expectancy between those who are most affected by deprivation and those who are least affected. This is important because these differences are avoidable.

Dr Joy Tomlinson
Director of Public Health,
NHS Fife

ⁱ COVID-19: Coronavirus disease is an infectious disease caused by the SARS-CoV-2 virus

Public Health Priorities and Ambitions

In Fife we have adopted the Scottish Government Public Health priorities which reflect the most pressing health and wellbeing concerns for Fife, which we should focus on over the next decade to improve the health and wellbeing of the population¹. They focus on the upstream determinants of health which are shared ‘risk factors’ for many of the leading causes of poor health and wellbeing in Fife.

We want to see:

1	A Fife where we live in vibrant, healthy and safe places and communities.
2	A Fife where we flourish in our early years.
3	A Fife where we have good mental wellbeing.
4	A Fife where we reduce the use of and harm from alcohol, tobacco and other drugs.
5	A Fife where we have a sustainable, inclusive economy with equality of outcomes for all.
6	A Fife where we eat well, have a healthy weight and are physically active.

Responding to and supporting recovery from the COVID-19 pandemic has since been identified as a clear additional priority for public health in Fife.

This report describes why each priority is important for Fife and sets out our ambitions for each priorityⁱⁱ. It also describes some of the wide-ranging activities undertaken across Fife focused on these priorities in 2020 and 2021 and discusses the impact of the COVID-19 pandemic on this work.

Population health in Fife is influenced by the actions and efforts of many organisations within the public and third sector as well as private sector organisations and community groups, and this is reflected across the report.

The Public Health priorities are clearly aligned with several national and local strategies and plans including the Plan for Fife Recovery and Renewal Priorities, Fife’s Health and Social

ii For each of our Public Health priorities, NHS Fife together with Health and Social Care Partnership (HSCP) have developed ambitions for improving the health and wellbeing of our population. These were developed in 2019, prior to the start of the COVID-19 pandemic

Care Partnership's (HSCP) Strategic Plan and Scottish Government's Coronavirus (COVID-19) Recovery Plan.^{2,3,4} The report also therefore reflects on potential opportunities for public health and our partners for the coming years to contribute together to further improving the health and wellbeing of people in Fife.

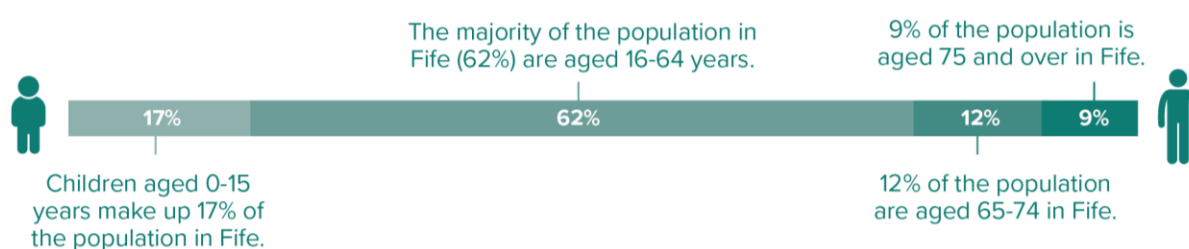
Public health activities often intersect across multiple priorities. For the purposes of this report, we have attempted to avoid duplication by describing our activities under a single priority respectively.

Fife – In brief

In this chapter we look at the size and structure of the current population of Fife, births, deaths and diseases.

In 2020

374,130
people live in Fife



3,143 In 2020, there were **3,143** babies born in Fife.

4,285 In 2020, there were **4,285** deaths in Fife.

81.4

Life expectancy is **81.4** years for females and **77.2** years for males in Fife.

77.2

59.0

Healthy life expectancy is **59.0** years for females and **57.4** years for males in Fife.

57.4

In 2016–2020 life expectancy in Fife was **10 years** lower in the most deprived areas than the least deprived areas among males, and **8 years** lower among females.

Why this is important

It is important that we regularly review what we know about the population of Fife, examine differences within Fife and look at changes in Fife over time. Understanding our population helps us understand their needs which helps us, together with our partners, prioritise actions and interventions that can improve population health and reduce inequalities and ensure existing and new services meet population needs.

In each Director of Public Health Report, we look at the size and structure of the current and future population of Fife, births, deaths and diseases, but also look at other factors that are important for creating and maintaining health and wellbeing, such as our education, employment, income, social networks, housing and broader socio-economic, cultural and environmental factors. These determinants are experienced unequally in our society with correspondingly worse health outcomes and life expectancy experienced by people living in the most deprived areas of Fife. People from other diverse or vulnerable groups also unjustly experience inequalities and can experience less good health and wellbeing as a consequence.

As such, although Fife is made up of different areas such as electoral wards, localities, or area committees, the main focus of this report is the health and wellbeing of the population of Fife and inequalities throughout Fife as a whole. In this chapter we provide an overview of the population of Fife and births, deaths and diseases of Fife residents using the most current figures available and drawing on national trends where appropriate.

The remaining chapters contain key information about the health and wellbeing and its determinants of the Fife population, relating to each of our public health priorities. Where known, we reflect upon the impact of COVID-19 on our population, however our understanding of the impact of COVID-19 upon population health is still developing.

Due to the pandemic, some data was not collected in 2020 and therefore some of the data used in this report predates the pandemic. Where we do have more recent data, much of this is for the early phase of the pandemic, limiting our impact to draw firm conclusions on the impact of COVID-19 for population health over the full course of the pandemic, and/or may not be from the usual routine health information sources which limits comparability with pre-pandemic data.

Further information about Fife and its residents, including those living in different areas, can be found from a number of sources including KnowFife (<https://know.fife.scot>), Our Fife (<https://our.fife.scot>) and ScotPHO Profiles (<https://scotpho.org.uk>).

Population

The population of Fife grew in 2020, one of only 12 council areas in Scotland to see growth. At June 2020, an estimated 374,130 persons lived in Fife, 580 more people than in 2019, resulting in an annual growth rate of 0.2%, higher than the national growth rate of 0.05%, which was the lowest growth since 2003.⁵

Children aged 0-15 years make up 17% of the population with 64,152 children living in Fife. The majority of the population in Fife (62%) are aged 16-64 years, whilst 12% of the population are aged 65-74 and 9% aged 75 and over.⁵

Current population projections estimate that by mid-2028, the population of Fife will be a similar size with a 0.1% decrease in the total population compared to 2018. Within the Fife population the number of people aged under 65 is estimated to fall by mid-2028, but the number of people aged 65-74 is estimated to increase by 10% and the number aged 75 and over by 31%.⁶

At the 2011 Census the population of Fife was predominantly of white ethnicity (97.6%), with 1.6% Asian ethnicity and 0.8% of people being from minority ethnic groups.⁷ We know that there is diversity within the population of Fife (in terms of ethnic group, gender identity and sexual orientation) and findings from the recently held 2022 Census will provide us with a greater insight into this diversity to better understand the future needs of our communities and reduce inequalities in population health between groups.

Births

In 2020 there was a 6% reduction in the number of babies born in Fife compared to in 2019, with 3,143 babies born.⁸ This continues a reducing trend of births in the last ten years and is the lowest annual number of births since 1991. Fertility rates in Fife, although falling, continue to be higher than the rates for Scotland, 47.1 per 1000 women aged 15-44 years compared with a national rate of 45.5.⁸

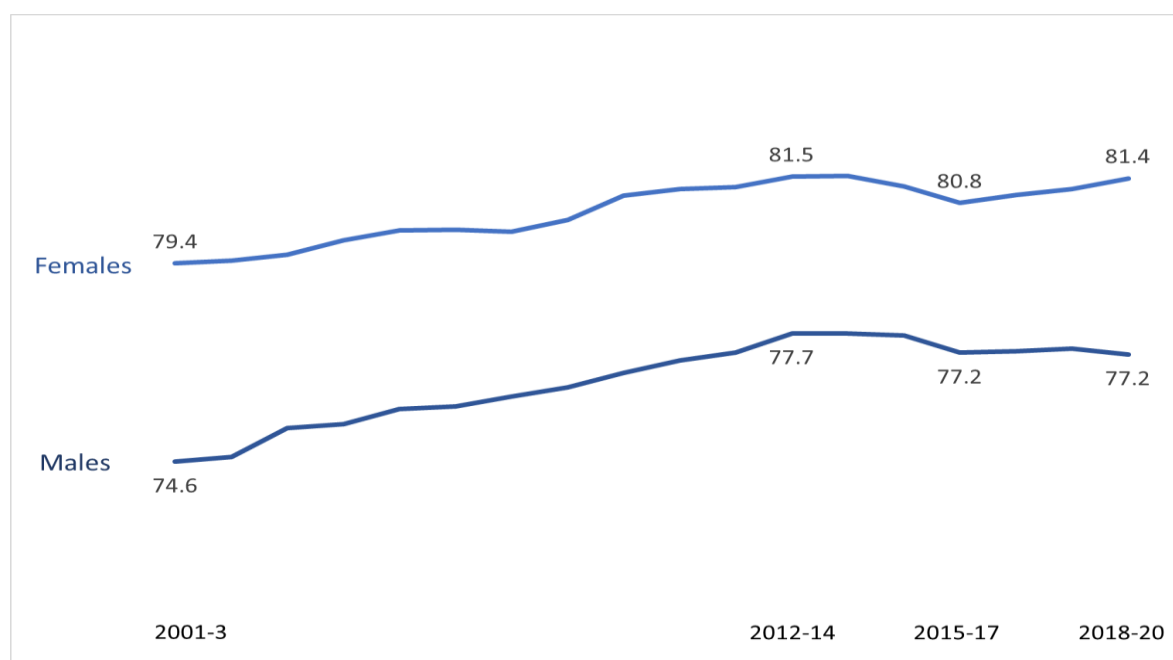
Of the 3,143 babies born in Fife over half (59%) were born to mothers aged 25-34 years, 5% to mothers aged 19 and under and 4% to mothers aged 40 and over. Since 2000 the number of births to mother aged 19 and under has decreased by 61% whilst births to mothers aged over 40 have more than doubled.⁸

Life expectancy

Life expectancy at birth in Fife was 77.2 years for males and 81.4 years for females in 2018-2020.⁹ This was a small annual fall in life expectancy in males and a small rise in females since the last estimates of 77.3 and 81.2 years respectively in 2017-2019 (Figure 1). Nationally during the same time-period life expectancy fell by the largest annual amount since these statistics began, to 76.8 years for males and 81 years for females.⁹

This large annual fall was mainly driven by COVID-19 deaths, but drug-related deaths and deaths from external causes (including accidents and suicides) also contributed to the fall in male life expectancy. The full impact of COVID-19 on life expectancy will be clearer in future estimates that cover the whole period of the pandemic as current estimates only include 2020.⁹

Figure 1: Life Expectancy in Fife; Males and Females 2001-2003 to 2018-2020



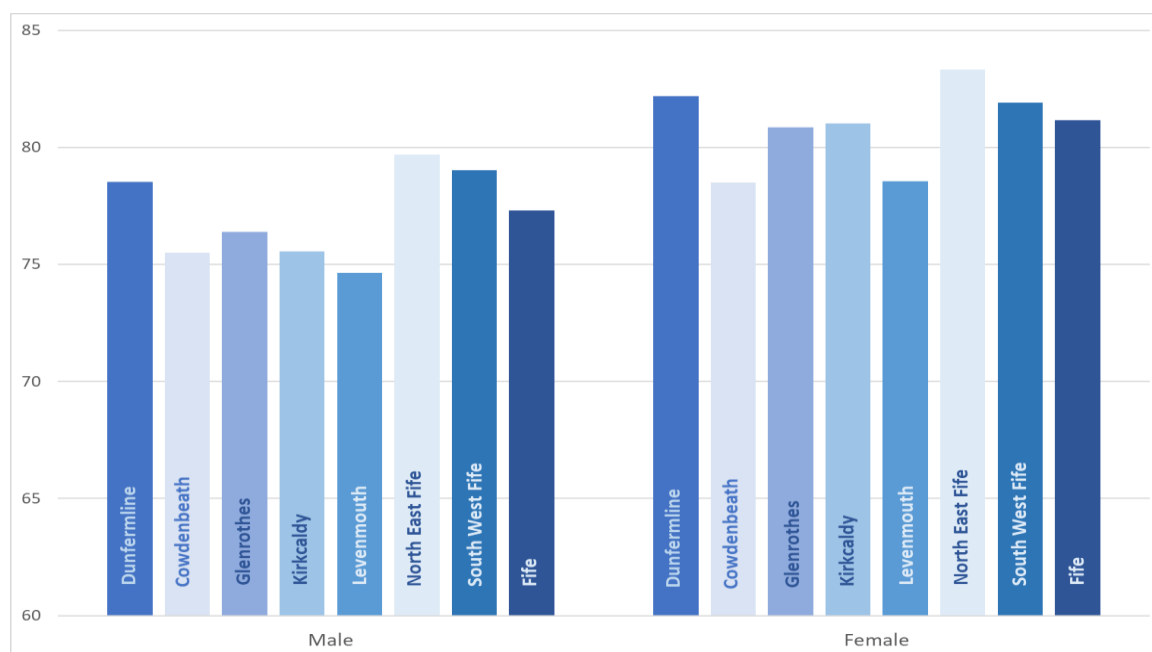
Source: NRS

Although recent changes in life expectancy in Fife have been small, more significant changes have been seen since 2012-14, the point at which Scotland and other countries experienced an unprecedented slowing of life expectancy growth. Female life expectancy fell in Fife from 2012-14 to 2015-17 but has increased a little each year since this point (Figure 1). This has resulted in a much lower rate of growth from 2012-14 to present compared to between 2001-3 and 2012-14. Among males in Fife life expectancy decreased between 2012-14 to present compared to growth from 2001-3 to 2012-14.⁹

The trends in life expectancy are of public health importance and a programme of work to understand the cause of these trends is being coordinated by Directors of Public Health, with findings expected to be published later in 2022.

There is variation in male and female life expectancy within Fife, which is illustrated by the 2016-20 figures for the seven HSCP localities/Area Committees in Figure 2.¹⁰ Both male and female life expectancy were higher than the Fife average in Dunfermline, North East Fife and South West Fife areas and lower than average in the other four areas.

Figure 2: Male and Female Life Expectancy; HSCP Locality/Area Committee 2016-20



Source: PHS

However, the full extent of inequality in life expectancy across Fife is most apparent when you look at the differences between the life expectancies of the populations living in most and least deprived areas (quintiles) in Fife.ⁱⁱⁱ In 2016-20 life expectancy in Fife was 10 years lower in the most deprived areas than the least deprived areas among males, and 8 years lower among females. Wide inequalities were seen across Scotland with life expectancy in the 10% most deprived areas 13.5 years lower among males and 10.5 years lower among females than in the 10% least deprived areas in 2018-20. These differences in national life expectancy have widened since 2013-15.⁹

iii Most and least deprived areas are used in the report to refer to the most deprived and least deprived Fife SIMD 2020 population quintiles as measured by the Scottish Index of Multiple Deprivation. These are derived by ranking the datazones in Fife based on their SIMD score from most to least deprived and then splitting them into five groups (quintiles) based on their level of deprivation with each group representing roughly a fifth (20%) of the population. This approach is also used nationally and can be split into ten groups (deciles or 10%) if appropriate.

Deaths

There were 4,285 deaths in Fife in 2020, an increase of 130 (3%) on 2019.¹¹ Rates of all-cause mortality in Fife in 2020 were below the Scottish average, 1118 per 100,000 population compared to 1212.^{iv} 36% of these or 1,529 deaths were in people aged under 75s, which equates to a rate of 421.8 per 100,000 population. In line with deaths at all ages, mortality rates in the under 75s increased from 2019 but remain below the Scottish average of 457 per 100,000 population.

There are significant inequalities in mortality rates in the under 75s, which have persisted over the last 10 years. Over this period rates in the under 75s have been between 2 to 3 times higher in the most deprived areas than in the least deprived areas, and the current rate is currently sitting at 2.9 times higher.¹⁰

Even greater inequalities are seen in the rates of death among those aged 15-44 in Fife. Rates of death in this age group have risen for Fife as a whole since 2013-15, with rates rising from 98.2 per 100,000 population in 2013-15 to 115 in 2020, slightly below the Scottish average of 116 per 100,000 population.¹⁰ During this time rates in the least deprived areas decreased whilst rates in the most deprived areas increased, widening the absolute gap between them. In 2013-15 rates in the most deprived areas were 3.9 times greater than rates in the least deprived areas which rose to 6.7 times greater in 2018-20.¹⁰

Causes of death

Grouped together cancers were the most common cause of death in Fife (and Scotland) with 1,112 deaths being attributed to malignant neoplasms in 2020, 26% of all deaths.¹¹ The most common cancer death was lung cancer which accounted for almost a quarter (23%) of all cancer deaths and 6% of all deaths.

Heart disease, the majority of which were ischaemic heart disease, was the next most common cause of death accounting for 13% of deaths followed by dementia and Alzheimer's disease (11%) and cerebrovascular diseases (7%). Mortality rates among the under 75s for both cancer and heart disease have fallen in Fife in the last 10 years, but inequalities are evident in both these causes of death.¹⁰ The most deprived areas experienced 44% more early deaths from cancer than the Fife average in 2017-19, and rates in the most deprived areas were twice those in the least deprived areas. There were greater inequalities in early deaths from ischaemic heart disease, with the most deprived areas experiencing 69% more early deaths than the Fife average and rates in these areas being 3.1 times greater than in the least deprived areas in 2018-20.¹⁰

iv In the report where rates are provided, unless stated otherwise, they are standardised for age and sex. Age-standardised rates account for population size and age structure and provide more reliable comparisons between groups or over time. Fertility rates and crude rates are not age-standardised.

Up to the 31st March 2022 there have been 791 deaths recorded in Fife where confirmed or suspected COVID-19 was mentioned on the death certificate.¹¹ This equates to a rate of 98 per 100,000 population which was lower than the Scottish average of 127 per 100,000 population. Most COVID-19 deaths were to persons aged 75 and over. Latest data available at the time of writing showed that across Scotland, between February 2020 and August 2021, 72% of COVID-19 deaths were in this age group. During this time rates of death involving COVID-19 were 2.4 times higher in the most deprived areas than in the least deprived. This is wider than the gap (1.9 times) seen for all causes of death and has widened since the early stages of the pandemic.¹²

Healthy life expectancy

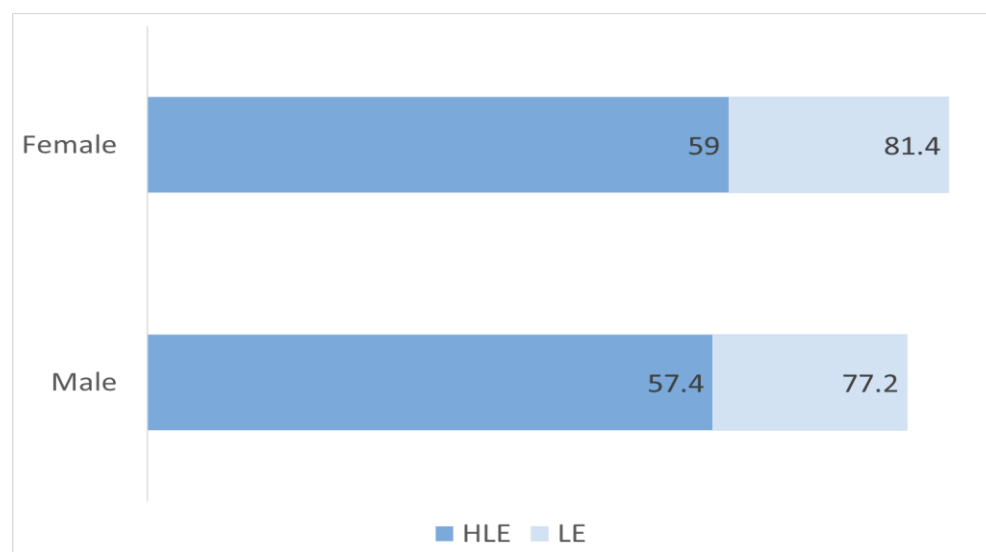
Healthy life expectancy (HLE) is an estimate of the number of years lived in 'very good' or 'good' general health derived from self-reports of general health and deaths and population data.¹³ Healthy life expectancy used alongside life expectancy provides additional insight into the health of our population as well as their current years of life expectancy and can be expressed as the proportion of life spent in 'good' health.

Since 2016-18 estimates of healthy life expectancy have been published for health boards and councils together with national estimates.^v Healthy life expectancy was 59.0 years for females and 57.4 years for males in Fife in 2018-2020 (Figure 3). Both estimates were lower than the estimates for Scotland which were 61.8 and 60.9 years respectively. Among males, current estimates for Fife were the lowest of all health board areas and third lowest among females.^{9,10} The most recent Fife estimates are the lowest reported across the time series available for both males and females. Nationally longer time trends show that healthy life expectancy increased from 2009-11 to 2015-17 among males and to 2014-16 among females but has decreased since then and was lower in 2018-2020 than it was in 2009-2011 for both males and females.¹³

Expressing healthy life expectancy as a proportion of life expectancy, the proportion of life spent in 'good' health in Fife was estimated at 72% for females compared to 75% for males in 2018-20 (Figure 3). Both estimates were lower than the national averages of 76% and 79%.¹³ In Fife and across Scotland females spend a greater proportion of life in 'poor' health than males. Nationally the proportion of life spent in 'good' health is lower for both males and females now compared to 2010-12, which means that a greater proportion of life is likely to be spent in 'poor' health now than in previous years.

v Due to the method of calculating HLE there can be uncertainty around the estimates which can impact on the ability to reliably compare over time and across areas. The figures for 2018-20 cover nine months of the COVID-19 pandemic which would be expected to have an impact on the estimates, however it is difficult to quantify this effect due to method of calculation.

Figure 3: Life and Healthy Life Expectancy in Fife; 2018-2020



Source: NRS

For both males and females, deprivation has a significant impact on healthy life expectancy. In the most deprived areas of Scotland healthy life expectancy was more than 24 years lower for both males and females than in the least deprived areas in 2018-20. This difference was much larger than the difference in life expectancy, resulting in people living in the most deprived areas having shorter life expectancy and spending a smaller proportion of life in 'good' health.¹³

The proportion of life estimated to be spent in 'good' health in the most deprived areas of Scotland was 65% for females and 66% for males compared to 85% for both males and females in the least deprived areas meaning that both males and females in the most deprived areas spend more than a third of their life in 'poor' health.¹³

Burden of Disease

Burden of Disease studies assess the years of health lost due to disease and injury, through living in ill-health and from early death, thus preventing populations from living longer lives in better health.¹⁴ These studies can help us understand the disease and injury that causes the biggest health loss in our population, and how these may be experienced differently and change over time.

Figures from the 2019 Scottish Burden of Disease study showed that in Fife (and Scotland) the leading groups of causes of health loss were cancers followed by cardiovascular diseases, neurological disorders, mental health disorders and musculoskeletal disorders.¹⁴ These five disease/injury groups accounted for almost two thirds of total burden of health loss across the whole Fife population.

Lower back and neck pain, depression and headache disorders were the top three leading individual causes of ill-health in Fife in 2019 and ischaemic heart disease, lung cancer and Alzheimer’s disease and other dementias were the top three individual causes of early death.¹⁴

Figure 4: Top Ten Causes of Burden in Fife from Ill-Health and Early Death; 2019

Ill health	Early death
1 Low back and neck pain	1 Ischaemic heart disease
2 Depression	2 Lung cancer
3 Headache disorders	3 Alzheimer's disease and other dementias
4 Anxiety disorders	4 Cerebrovascular disease
5 Osteoarthritis	5 Other cancers
6 Diabetes mellitus	6 Drug use disorders
7 Cerebrovascular disease	7 Chronic obstructive pulmonary disease
8 Other musculoskeletal disorders	8 Colorectal cancer
9 Alcohol use disorders	9 Self-harm and interpersonal violence
10 Age-related and other hearing loss	10 Lower respiratory infections

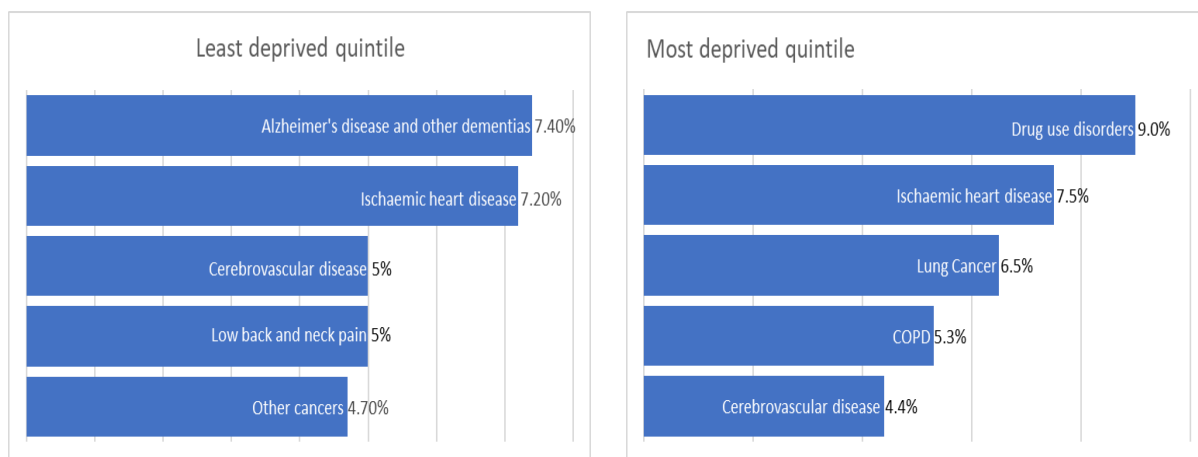
Source: PHS

As our population ages the contribution to the overall total burden of health loss from ill-health and early death changes. For Fife as a whole, 64% of the burden is due to early death and 36% to ill-health in the population, however, in younger age groups contribution from early death is much lower, 28% in the age group of 15-24 years, and increases with age to 84% in the those aged 85 and over.¹⁴

Health loss from ill health and early death, is not experienced equally. 2019 figures (Figure 5) showed health loss in the most deprived areas was almost double the least deprived areas of the East Region of Scotland^{vi} (Fife, Lothian and Borders Health Board areas). In the most deprived areas in the region drug use disorders, ischaemic heart disease and lung cancer were the three leading causes of health loss compared to Alzheimer’s disease and other dementias, ischaemic heart disease and cerebrovascular disease in the least deprived areas.¹⁴

vi Regional analysis undertaken: not available at Fife level

Figure 5: Top 5 causes of health loss in 2019 by deprivation quintile; East Region of Scotland



Source: PHS

Priority 1: A Fife where we live in vibrant, healthy and safe places and communities

Where we live directly affects our health through the quality of our housing, our access to services, what we can do for work, our sense of community or isolation, experience of crime, and how able we are to participate in physical and enriching activities and to access opportunities.



60% of people reported that their neighbourhood was a very good place to live.



Around three quarters of the Fife population typically live within close proximity (5-minute walk) to usable green or blue space.



People living in the most deprived areas are less likely to report their neighbourhood was a very good place to live (32%).



24% of households are living in fuel poverty.



2,542

There were 2,542 homeless applications in 2020/21.

COVID-19 pandemic



There has been a total of **127,094** confirmed positive COVID-19 cases (as at 30 April 2022).



More than **830,000** vaccinations have been administered to Fife residents (as at 27 April 2022).



92% of the 12+ population in Fife have had at least one dose and **89%** of the 40+ population have received their primary and booster vaccinations (as at 27 April 2022).

Why Priority 1 is important

Where we live directly affects our health through the quality of our housing, our access to services, what we can do for work, our sense of community or isolation, experience of crime, and how able we are to participate in physical and enriching activities and to access opportunities.

Because of this the assets, resources and support available in our communities has a tremendous impact on our health and wellbeing and long-term life chances. Our environment also has the potential to directly affect our health through exposure to communicable disease; environmental hazards and the impact of climate change.

The following sections will consider a range of health impacts of 'where we live' and the Public Health actions to address these factors these, in terms of:

- Places and communities (including homes and housing)
- Public health care services (vaccination, screening and dental public health)
- Environmental and communicable disease exposures (including climate change)

Places and communities

Healthy places and communities should include affordable quality secure housing, safe open space and facilities for play, physical activity and recreation provision and public realm, healthy food environments, a sense of community and safety from crime. Healthy places should also limit access to harmful substances and gambling; ensure protection from environmental hazards; and safeguard against potentially negative impacts of unsustainable development and climate change.^{vii}

60% of adults in Fife reported that their neighbourhood was a 'very good' place to live in 2019, slightly more than in Scotland (57%).¹⁵ However, people living in the most deprived areas across Scotland are far less likely to report this (32%), compared to those living in the least deprived areas (77%). 30% of the population of Fife lived within 500m of a derelict site in 2019, compared to 28% across Scotland.¹⁶ Around three quarters of the Fife population typically live within close proximity (5-minute walk) to usable green or blue space, and this is used by more than half of Fife residents at least once a week.¹⁵

vii A Placebased Approach, is concerned with the interconnection of people and their environment. Partners and communities collectively consider and address physical, social and economic aspects of an area to maximise its potential for being a resilient, sustainable, vibrant, healthy and safe place for everyone to live, work and play in.

The absence of affordable, safe, secure or warm housing affects health and wellbeing across the life course. Tackling homelessness is a crucial part of creating healthy places where everyone has access to a secure, good quality, affordable home. A person or family may be classed as homeless, or being threatened with homelessness, if they have nowhere to live or cannot stay where they live. Currently there is unprecedented pressure on housing in Fife. 2,542 homeless applications were made in Fife in 2020/21 and 708 households were living in temporary accommodation.¹⁷ This will likely be further exacerbated as a result of the significant rise in energy bills putting households into fuel poverty and making it unsustainable for many to meet their budgets. In 2017-2019, 24% of households across Fife were living in fuel poverty.¹⁸

Environmental and communicable disease exposures

Healthy places offer protection from the impact of infectious disease and environmental, chemical and radiological threats.

Over the last two years our population has faced unprecedented exposure to a communicable disease through the COVID-19 pandemic. The first case in Scotland was confirmed on 1st March 2020.¹⁹ COVID-19 was declared a pandemic by the World Health Organization (WHO) on 12 March 2020.¹³

Figures up to and including 30th April 2022 show there has been a cumulative total of 127,094 confirmed positive COVID-19 cases among Fife residents since the first positive case in March 2020.^{viii,20} Figure 6 shows the course of the pandemic in Fife using rolling 7-day totals of positive cases as a crude rate per 100,000 population.^{ix} The highest case rate for a 7-day period was seen on 5th January 2022, which equated to 8,293 cases.

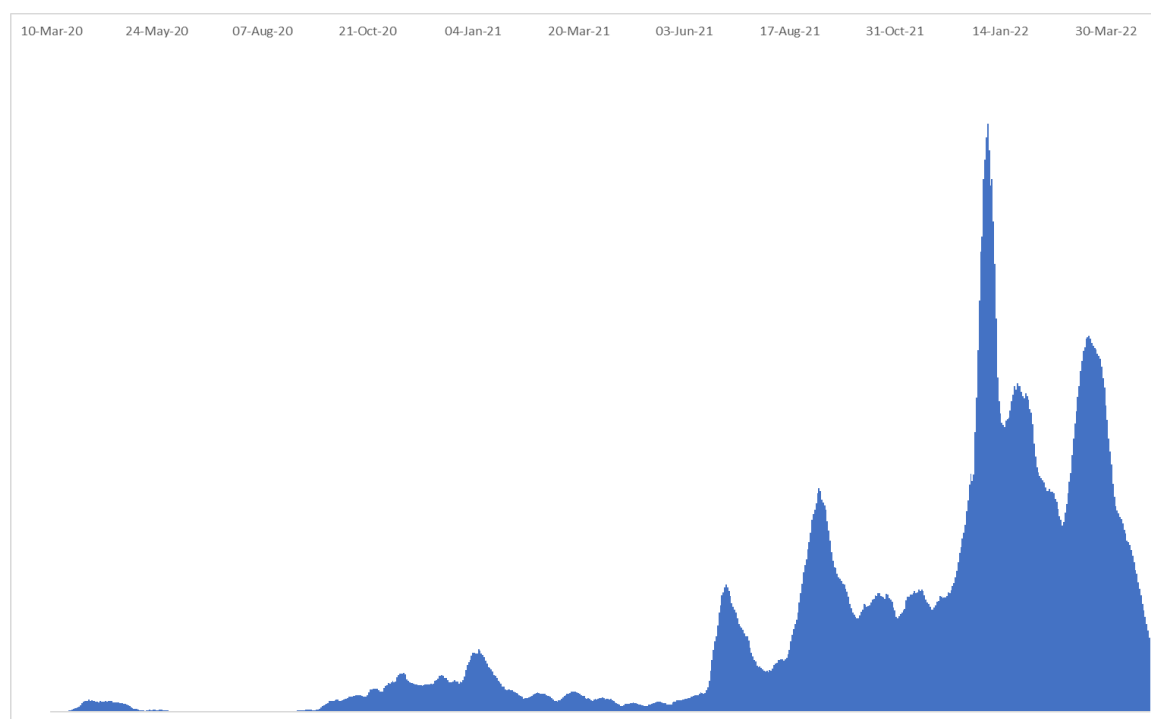
Distribution of COVID-19 cases by age has changed over time and by variant. Across Scotland, for the cumulative number of cases up to 30th April 2022, the highest crude case rates were among those aged 20-24 years and 15-19 years.^x Crude case rates were lower among those aged 65 and over. Crude case rates were highest in the most deprived areas in Scotland, but rates did not decrease in line with decreasing deprivation as the least deprived areas did not have the lowest case rates.²⁰ Conversely deaths associated with COVID-19 were higher in the older age groups and increased relative to increasing levels of deprivation.²¹

viii Positive cases are now determined from PCR or LFD positive test results and include new infections and possible reinfections (defined as individuals who test positive 90 days or more after their last positive test). This definition has been applied retrospectively. Snapshot was taken on 3rd May and may be subject to change.

ix It should be noted that testing for the general population was not available in the early stages of the pandemic and there have been changes to testing strategies over time. Figure 6 should be interpreted with this in mind.

x These rates will not account for any differences in the age structure of these areas.

Figure 6: Fife COVID-19 positive cases; 7-day total rate per 100,000 population up to 30th April 2022



Source: PHS

Long COVID is a commonly used term to describe signs and symptoms that continue or develop after acute COVID-19 infection. Long COVID is an emerging condition and we do not yet have a full understanding of the number of people experiencing long COVID or the determinants, distribution and natural course of it. Experimental statistics from the UK COVID-19 Infection Survey estimated that, in the four weeks to the 5th March 2022, 2.7% of the UK population were experiencing self-reported long COVID (defined as symptoms persisting for more than four weeks after the first suspected COVID-19 infection, that were not explained by something else).²² 47% of those experiencing long COVID stated that it affected their ability to undertake day-to-day activities ‘a little’ and a further 20% ‘a lot’. More than two thirds (69%) of long COVID sufferers reported it was at least 12 weeks since they first had COVID-19.

Rates of many other communicable diseases had reduced greatly during the pandemic, responding to the same measures used to manage COVID-19. This is likely to be associated with disease control measures implemented during the pandemic disrupting normal routes of transmission for example widespread use of face coverings, social distancing and more frequent hand washing.

Public health care services

Ensuring that vaccination coverage is not only high overall across Fife, but also within underserved communities, is essential for disease control and elimination strategies, and equality. Uptake of vaccinations including COVID-19 has been lower in more deprived areas in Fife and in certain ethnic minority communities.

Screening Programmes aim to save lives or improve quality of life through the early identification of a condition, or by decreasing the chance of developing a serious condition or its complications. The Director of Public Health is the executive lead for the coordination and quality assurance of the national screening programmes delivered for the Fife population. Uptake of screening in Fife is generally similar to or exceeds uptake in Scotland. In general, across all the screening programmes, levels of participation in screening in Fife decrease as levels of deprivation increase.

Dental Public Health aims to protect and secure the oral health of communities and populations and reduce inequalities in oral health, including amongst the most vulnerable populations in Fife.

Our ambitions for Priority 1

- The places where people live, work and socialize are safe and have positive impacts on health, wellbeing and ecological restoration
- People are empowered and motivated to be involved in local decision-making and improving their communities
- Affordable and sustainable travel is accessible to all, including rural communities
- There is protection from environmental hazards, communicable disease and other health risks including pollution and climate change mitigation
- Safe, affordable, warm and secure housing is available to all
- There is equity of access to high quality and sustainable health and care services, including preventative and early intervention health services across the life course such as screening, immunisation, dental health, and reproductive and sexual health care

Focus of work for Priority 1 in 2020 and 2021

The focus of work has been to reduce the transmission and impact of COVID-19. We have also delivered routine vaccinations, including COVID-19 vaccinations to protect population health, alongside strategic projects to support improvements in vaccination delivery. We have strengthened partnership work to support places and communities during the COVID-19 pandemic, progressed work on planning and public health, and supported the review and implementation of the updated 'Plan for Fife'. Additionally, we have delivered and supported remobilisation of routine screening and dental health services.

Places and communities

COVID-19 pandemic

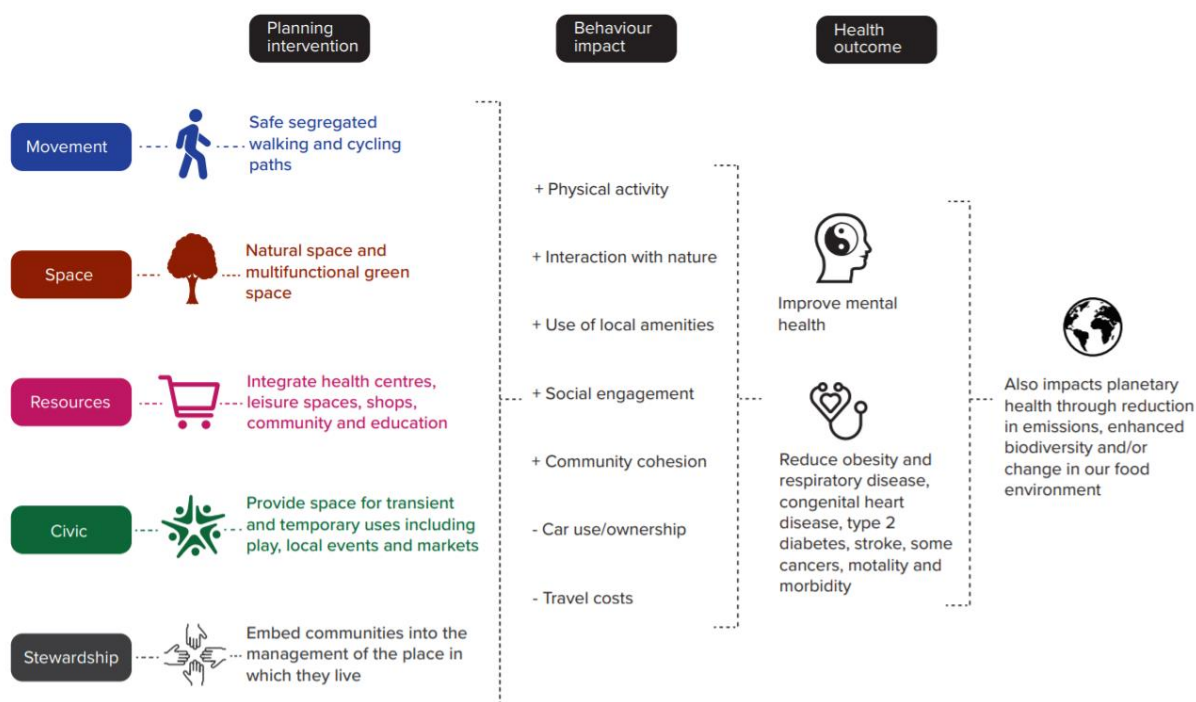
The COVID-19 pandemic has had a transformational effect on our places and communities, and already disadvantaged population groups and communities have suffered disproportionately across many areas of their lives. However, there has also been a positive transformation in how we work together as partners to support those most in need. During the pandemic, multi-agency partners across public and third sector organisations worked successfully together to establish community assistance hubs, responding to the needs of our most disadvantaged individuals and communities, including those who were shielding and self-isolating. Much was learnt from this and the willingness and adaptability of partners collaborating to implement testing and contact tracing, and supporting isolation and vaccination. This model of collaborative working has also now resulted in the establishment of longer-term People and Place locality groups in Fife.

Work was also taken forward to implement the 'Spaces for People' programme. Working with local communities and stakeholders, this allowed spatial modifications in town centres to facilitate pedestrian flow and social distancing. Some of the lessons learnt from this programme will help inform how health and spatial planning in Fife can work together to develop healthier and more sustainable places in the future.

Planning and public health

Recent local collaborations have signalled a shared ambition for transformation in spatial planning and public health to improve health and wellbeing and reduce inequalities across Scotland's communities, reflecting national policy developments. Figure 7 shows an example of how planning interventions can support and encourage behaviour change, which can result in health improvements. We are seeing the benefits of this approach through The River Leven Programme and the Whole Systems Approach to Obesity Prevention described in this report.

Figure 7: Planning and Wellbeing Process Diagram²³



The Plan for Fife

In other key areas of work, Fife’s Community Plan, The Plan for Fife, was reviewed in 2021 resulting in a set of Recovery and Renewal Priorities being identified along with a refresh of the partnership arrangements and delivery of the 12 Plan for Fife ambitions.² Many of the activities associated with this refreshed strategy will contribute to this public health priority, such as ambition 7: ‘Every community has access to high quality outdoor, cultural and leisure opportunities’.

Environmental and communicable disease exposures

COVID-19 & emergency preparedness

Health protection provides expert advice and implements measures to prevent and mitigate the impact of infectious diseases, environmental and other threats. Over the last two years the overwhelming majority of the workload for the Health Protection Team (HPT) has been management of COVID-19. The HPT workforce has increased greatly, with additional specialist nurses and the establishment of Test and Protect teams. COVID-19 testing and contact tracing teams have been essential to understanding and responding to the virus, engaging directly with the public, and reducing risk to the most vulnerable groups.

Our response has required a multi-agency approach including, for example, a robust care home support process led by a directors group with representatives from relevant agencies. Maintaining these networks will be essential to effective working going forward.

Work is underway to evaluate the local response to the pandemic, and at a wider level to evaluate the national response, in order to share key learning and to inform our emergency preparedness plans for future pandemics.

Protection from climate change

New ways of working implemented during the COVID-19 response have brought forward the use of some technologies that will help to reduce avoidable car travel, such as online staff meetings and online clinical consultations. There has been a renewed public interest in outdoor physical exercise and access to our green and blue spaces. 2021 also saw international discussion and promotion of the need to mitigate climate change as Scotland hosted the UN climate change conference, COP26, and the launch of NHS Scotland's consultation on its sustainability strategy. We have contributed to the national discussion, as well as continuing to advocate for sustainable and climate protecting options in our local partnerships and plans.

Public health care services

Immunisation programmes

There has been a significant increase in vaccination activity over the last two years with the expanded flu vaccination programme from September 2020 and the introduction of the COVID-19 vaccination programme in December 2020. The COVID-19 vaccination programme has been an incredible collaborative effort and has been implemented in the context of a national programme to transform vaccination.^{xi} Since the start of the vaccination programme more than 830,000 vaccinations have been administered to Fife residents (as at 27th April 2022).^{xii} At this time 92% of the 12+ population in Fife have had at least one dose and 89% of the 40+ population have received their primary and booster vaccinations. Uptake is higher in older age groups for primary and booster vaccinations, with booster uptake in the under 40s being lower compared to those over 40 to date.²⁴

The formation of an Immunisation Inclusion working group, with participation from local partners, has focused on taking action to enable marginalised and disadvantaged groups to access COVID-19 vaccination in Fife.

Importantly, throughout the pandemic the routine infant, childhood and teenage immunisation programmes have continued to be delivered and monitored. Where programmes were disrupted due to the pandemic (for example, the HPV programme in secondary schools), subsequent mop-up activity has taken place to minimise the impact on population health.

xi The Vaccine Transformation Programme has since 2018 has been transitioning all vaccination delivery out of General Practice and will complete in March 2022.

xii Primary vaccinations include first and second doses. Snapshot was taken on 27th April and may be subject to change.

Screening programmes

At the end of March 2020, all screening programmes were temporarily paused in response to the COVID-19 outbreak. By mid-October 2020, routine screening had resumed across all programmes with some reduction in capacity due mainly to physical distancing and other infection prevention and control measures. Since restarting, efforts have focused on recovery from the backlog of participants waiting to be screened and the slippage in recommended screening intervals. The recovery has been challenging due to continued COVID-19-related infection and prevention control protocols including distancing and staff absences, shortages and recruitment challenges.

Dental Public Health

NHS Fife responded to the challenges faced by dental services during the pandemic by collaborating with wider colleagues including primary care, secondary care and dental public health colleagues. This collaborative approach ensured the maintenance of an Emergency and Urgent Dental Care Service in Fife at all times. The team have supported high street dentists to safely remobilise to provide more routine care where challenges continue.

A range of activity to support vulnerable groups has continued, including the distribution of tooth brushing equipment to children, foodbanks and locations supporting people experiencing homelessness.

Priority 1: Opportunities and areas of focus for public health and partners for the coming years

- **River Leven Programme** – The River Leven Programme is a regeneration project with people and the environment at its heart. The programme, which encompasses the Levenmouth Reconnected railway development, provides unprecedented scope for partners to come together and make sure opportunities to benefit individuals and communities are maximised. The River Leven Programme has a Health and Wellbeing theme, with Public Health and Health & Social Care Partnership (HSCP) Health Promotion Service providing leadership and input to this on aspects such as social referrals and community engagement.
- **Local area community assets and plans** – ‘People and Place’ groups will continue to develop their work to engage with communities, identify assets and gaps and review local area community plans. NHS Fife Public Health will support this work with interpretation of intelligence and data to inform assessment of local plans and priorities. HSCP Locality Planning Groups will be refreshed and reviewed with a view to further developing service integration and joint priorities with local community plans.

- **Spatial planning and local transport strategy** – NHS Fife Public Health will contribute to work to promote health and wellbeing through spatial planning in collaboration with Fife Council and other partners. Development of the Local Transport Strategy will provide another opportunity to improve health, wellbeing and sustainability for Fife’s people and places.
- **Tackling homelessness** – Fife’s Rapid Rehousing Transition Plan²⁵ is crucial to tackling homelessness and a priority will be to reinvigorate and refresh this work to prevent and address homelessness over the next five years.
- **Non-COVID-19 infections** – As pandemic measures ease, non-COVID-19 infections are likely to re-emerge in a population that may now be more vulnerable. Training and development of the HPT are priorities to ensure the team is fully prepared.
- **Pandemic preparedness** – We will need to ensure learning from the COVID-19 pandemic is built into future pandemic preparedness plans.
- **Reducing inequalities in screening** - Working to address inequalities in uptake of screening programmes within our population.
- **Recovery of oral health improvement programmes** - Support the national recovery of oral health within oral health improvement programmes focusing on the impact of the pandemic and also reducing inequalities.
- **Remobilisation and recovery of screening and dental services**
 - Whilst acknowledging that recovery from COVID-19 will remain a challenge for some of the screening programmes for the next few years, we will continue to work with and support the screening programmes in this recovery process.
 - Support the recovery of dental services across Fife to pre-pandemic levels
- **Fife Immunisation Strategic Framework 2021–2024** – We will provide public health expertise and leadership for the implementation of vision of the Fife Immunisation Strategic Framework 2021-2024. This will include:
 - Supporting the optimisation of immunisation coverage across the life-course, ensuring equitable access for all eligible groups and
 - Develop and implement an immunisation community engagement plan and
 - Enhancing the monitoring and evaluation of immunisation programmes within Fife.

Priority 2: A Fife where we flourish in our early years

The effects of poor health and wellbeing, and inequalities in experience and opportunity, can accumulate over a person's life, starting in childhood, and result in poorer health and life chances as a person ages.



Around 1 in 5 children in Fife are estimated to live in relative poverty.



Most children living in poverty live in working households.



36% of school leavers in the most deprived areas of Fife achieve 1 or more SCQF at Level 6 compared to **75%** in the least deprived areas.

For all of these indicators of child health and wellbeing there are inequalities between the least and most deprived areas of Fife.



30% of babies in 2021 were exclusively breastfeeding at 6-8 weeks.



74% of Primary 1 children in 2020 had no obvious dental decay.



23% of Primary 1 children measured are at risk of overweight or obesity.



25,000

Around 25,000 adults in Fife are estimated to have experienced four or more Adverse Childhood Experiences (ACEs).

For example experiencing abuse, neglect, violence, homelessness or growing up in a household where adults are experiencing poor mental health or harmful use of alcohol and drugs; which are known to contribute to poorer health and wellbeing.

Why Priority 2 is important

Not only is good health and wellbeing of great importance for children in Fife, it is also a foundation for adult health and wellbeing. The effects of poor health and wellbeing, and inequalities in experience and opportunity, can accumulate over the life course of an individual and result in poorer health and life chances as a person ages. Children's health and wellbeing are influenced by a wide range of socio-economic factors and are closely linked to the other public health priorities detailed in this report. Unfair differences in the life chances of children growing up in the most deprived areas of Fife and those living in poverty will have a significant impact on their current and future health and wellbeing.

Poverty and inequalities

The health of children and young people is impacted by the economic stability of their families. Around 1 in 5 children in Fife are estimated to live in relative poverty, and for many families a single missed wage or delayed payment could signal crisis and poverty.²⁶ The proportion of children living in relative poverty across Scotland has gradually risen since 2011/12 to 26% in 2019/20.²⁷ More than two thirds (68%) of children living in relative poverty after housing costs were living in working households.²⁷ Almost 90% of families in poverty in Scotland are in the six priority groups: lone parent families; minority ethnic families; families with a disabled adult or child; larger families (with 3 or more children); families with a youngest child aged under 1; families with a younger mother (mothers aged under 25).²⁸

The mechanisms by which poverty and disadvantage can interact with child, and subsequently adult, health and wellbeing outcomes, are complex and interconnected. For example, the effects of poverty can contribute to mental health, financial problems and substance misuse in parents which can affect parenting and children's wellbeing. In severe cases this can contribute to abuse, neglect or major adversity, which affect children's health and wellbeing in the immediate and longer term. Relative child poverty was rising pre-pandemic but the restrictions and economic impacts have increased hardship and crisis for many families.^{29,30}

There are significant inequalities in indicators of child health and wellbeing between the most deprived and least deprived areas of Fife, reflecting in part the effect of poverty on child health and wellbeing. For example, breastfeeding rates, smoking in pregnancy and vaccine uptake is lower in the most deprived areas compared to the least deprived areas.¹⁰

Education

Education affects many outcomes including employment, future earnings, involvement in crime, and health and wellbeing. We know that poverty can unfairly limit the development and educational attainment of children and young people from low income families through, for example, affecting their access to learning opportunities.³¹

There were 50,078 children in school in Fife at the 2021 Pupil Census, with 44% in secondary school.³² Across Scotland 63% of pupils leave school after S6, and in 2019/20 3,406 children left school in Fife, 92% went onto a positive destination. The top 3 positive destinations were higher education (38%), further education (36%) and training (4%). The majority of school leavers in 2019/20 (97.2%) achieved 1 or more SCQF Level 3 qualifications or higher, which is slightly higher than the figure for Scotland at 96.3%, with 95% of school leavers in the most deprived areas achieving this. However, social deprivation impacts on achievement as the level of qualification increases, with only 36% of school leavers in the most deprived areas achieving 1 or more SCQF at Level 6 in Fife compared to 75% in the least deprived areas.³²

Mental health and wellbeing and experiencing adversity

Protecting the mental health of children and young people is important to ensure their wellbeing and future health, mental health and resilience. A wide range of socio-economic factors can have a significant impact on children's and young people's mental health, including poverty or chronic health problems. Mental wellbeing scores for 13- and 15-year-olds in Fife are similar to those reported for Scotland (2018).³³ Death by suicide in young people aged 11-25 has occurred at a similar rate as observed in Scotland (9.5 per 100,000; 2015-2019), with very few deaths occurring under the age of 15 at a Scotland level.¹⁰

Cumulative exposure to multiple sources of adversity in childhood are also known to be associated with increased risk of mental health problems, further adversity and health consequences in adults. People who have had multiple adverse childhood experiences (ACEs), for example experiencing abuse, neglect, violence, homelessness or growing up in a household where adults are experiencing poor mental health or harmful use of alcohol and drugs; are likely to have poorer health and wellbeing as adults, including increased risk of chronic conditions.³⁴ In 2019, just over one in seven adults reported having experienced four or more adverse childhood experiences in the Scottish Health Survey.³⁵

The child protection register is a list of children who have been identified as being at risk of harm or further harm in Fife. There were 258 child protection registrations in Fife in 2020/21, a rate of 4 per 1000 children aged 0-15 which was similar to the rate in Scotland.³⁶ 817 children were looked after in Fife at July 2021, a crude rate of 11.4 per 1000 children aged 0-17, lower than the Scottish rate of 12.9.

Looked after children may experience further risk factors affecting their health and wellbeing, in addition to those facing all children.³⁷

General health

Breastfeeding has long term benefits for babies, including reducing the likelihood of infections and obesity, it also has known health benefits for mothers. 30% of babies in Fife were exclusively breastfed at 6-8 weeks compared to 32% across Scotland in 2020/2021.¹⁰

Being overweight or obese can significantly affect a child's health, wellbeing and self-esteem, as well as have long-term consequences for their health. In the school year 2019/20, just over three quarters (76%) of children in primary 1 (approximately 5 years old) in Fife had a healthy weight and 23.3% were at risk of overweight or obesity. In the last ten years levels of overweight and obesity have remained relatively stable in children in Fife fluctuating between 21.1 and 23.5%.³⁸

Monitoring of body mass index (BMI) for Primary 1 (P1) school children through school-based reviews has been significantly impacted by the COVID-19 pandemic with fewer children being reviewed and the most recent figures are not available at a Fife level. Public Health Scotland reported an increase in the proportion of children who were at risk of overweight and obesity from 22.7% in 2019/20 to 29.5% in 2020/21, with the biggest increase in the proportion of children at risk of obesity.³⁹ Having looked at the data in detail in terms of comparability with previous years, they have concluded that 'the scale and consistency of observed changes in 2020/21 suggest that there are true differences in the BMI distribution of P1 children and cannot be accounted for solely by differences in the size and composition of the dataset'.

In 2019/20 in Scotland, 27% of children living in the most deprived areas were at risk of overweight and obesity, compared with 17% of children living in the least deprived areas. Levels of overweight and obesity increased in both areas in 2020/21, but the increase was greater amongst children in the most deprived areas (increased to 35.7%), widening the gap between the most and least deprived areas.³¹

In terms of dental health, 74% of P1 children in Fife and across Scotland had no obvious dental decay in 2020.⁴⁰ This is a significant improvement on the 45% reported across Scotland in 2003 and the 67% reported in 2012. Inequalities are evident, 58% of P1 children in the most deprived areas of Scotland showed no obvious dental decay compared with 87% of P1 children in the least deprived areas in 2020, but the size of this difference has decreased since 2018.

Impact of COVID-19

All aspects of children and young people's lives have been affected by the pandemic, including critical windows of development socially and educationally, and access to leisure

activities and healthcare. Emerging evidence has highlighted the significant negative impacts of COVID-19 to mental health and wellbeing affecting children and young people.^{41,42,43} These may have long lasting consequences for Fife. There have been particularly stark impacts on single-parent families, those living with children with a disability or serious illness, families affected by substance use, and those with a parent in jail, and others. The pandemic has occurred on top of an already concerning situation for child health and wellbeing, and the challenge is to recover, improve and change to better support families and children in Fife.

Our ambitions for Priority 2

- The drivers of child poverty (cost of living, income from employment, income from social security benefits) are tackled
- Children and young people enjoy high quality childcare, education and leisure opportunities, including use of the outdoor environment
- There is a whole-society approach to prevent, reduce and mitigate childhood adversity including violence, abuse and neglect
- There are high quality, effective early interventions to improve children and young people's physical and mental health and to build resilience
- Children and young people's rights are promoted and integrated within service delivery

Focus of work for Priority 2 in 2020 and 2021

Work to support a healthy start in the early years has focused on responsive, comprehensive actions to mitigate the impact of child poverty, improve mental health and wellbeing with a particular focus on early intervention and prevention, increase access to support and implement a whole family approach to substance use. A family focused Healthy Weight Service aims to support positive family friendly lifestyle changes, including eating well and physical activity.

Child poverty

Fife's third Child Poverty Action Plan was published in 2021 and details positive actions taken to mitigate the impact of poverty.⁴⁴ It recognises that actions need to go beyond those that target children specifically and need to be based on listening and responding to the experiences of those living in Fife.

Children in both primary and secondary education accessing free school meal provision has increased during the past 2 years and services in Fife have been working to ensure that those families who can access free school meals know how to do so.

Initiatives around personalised income maximisation advice and support to parents and carers of children in the school setting have also been put in place.

Supporting mental health and wellbeing

Work to develop Fife's Our Minds Matter Framework for supporting young people's emotional wellbeing continues to focus on the development of partnership approaches to staged intervention practices (a structured approach to identify the level of support required), with a particular focus on early intervention and prevention.⁴⁵ In 2021, work to increase access to mental wellbeing support took place with feedback from young people and families, and examination of data across partners leading to a key focus on the provision of supports which are available digitally, support available to young people without the need for a professional referral and investment in the provision of locality-centred offers.^{46,47}

Besides these extended service-offers, themes for early intervention have also been identified. These have responded to the impacts of the COVID-19 pandemic and have included extension of supports for bereavement and loss, extension of strategies to support emotional literacy and listening and talking, and development of relationship supports.⁴⁸ In the next few years evaluation and development of these approaches will continue.

Whole family approach to substance use

Making it Work for Families was relaunched in October 2020 supporting lone parent, low income or out of work families affected by current, historic or at risk of substance use where there is a young person living at home who is in S1 or S2 at High School. ⁴⁹ The project provides tailored holistic whole family support to families through a co-ordinated approach, offering a safe space for families to overcome barriers and progress at their own pace.

Child Healthy Weight and Healthy Families

The Child Healthy Weight Programme in Fife, Fife Loves Life supports positive family friendly lifestyle changes, including eating well and physical activity. ⁵⁰ The programme can also signpost families to other services as required. Improvements have been made such as referral and care pathways being developed and implemented, running a marketing campaign to increase awareness of the service and to encourage self-referral and developing a toolkit to enable staff to signpost, refer or deliver first line key messages. The service was delivered online and via telephone due to COVID-19.

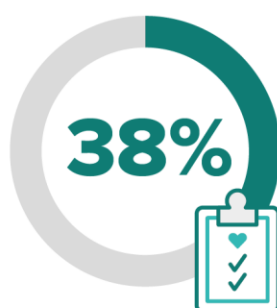
Early years funding has been secured for training the trainer on Healthy Families: Right from the start (known as HENRY). ⁵¹ HENRY Core Training builds the skills of early years practitioners to support families and children (0-5 years) to improve their health and wellbeing by changing behaviour and attitudes towards a healthy lifestyle.

Priority 2: Opportunities and areas of focus for public health and partners for the coming years

- **Income maximisation** - Support work to increase access to income maximisation programmes in the early years
- **Anchor institution** - work to support NHS Fife as an anchor institution in supporting those in low paid work, and access to work for child poverty priority groups
- **Children's rights** - Raise awareness of and realise children's rights across mainstream services, including Article 24 (healthcare for children and young people should be as good as possible) and Article 26 (children and young people should get financial support from the government when their parents or guardians are unable to provide them with a good enough standard of living by themselves) of the United Nations Convention on the Rights of the Child (UNCRC)
- **Ongoing work** - Continue work to support breastfeeding, physical activity, good diet, oral health and healthy weight

Priority 3: A Fife where we have good mental wellbeing

Good mental health and wellbeing is imperative as it enhances quality of life and survival, and improved engagement with positive health behaviours, education, employment, family and community.



38% of people report they are extremely satisfied with their life (2016/19).



10% of respondents to the Scottish Health Survey in 2019 reported that they felt lonely often or all of the time in the previous two weeks.



Depression was the second largest cause of ill health in 2019 and anxiety disorders were the 4th largest cause.



1 in 5 people were prescribed drugs for anxiety, depression or psychosis in 2019/20.



The most deprived areas have **36%** more prescriptions for anxiety, depression, psychosis than the overall average.



There was an annual average of **50** deaths from probable suicide between 2016/20.

For all these indicators of mental health and wellbeing, there are inequalities between the least and most deprived areas of Fife.

Why Priority 3 is important

Good mental health and wellbeing is imperative as it enhances quality of life and survival, and improved engagement with positive health behaviours, education, employment and community. Connections with others can help us cope with difficulties and adversity as well as improving our health and wellbeing. Poor mental health and wellbeing can have a considerable impact on individuals, their families and the wider community and often occurs alongside other health conditions. Inequalities are evident in both mental wellbeing and mental health problems.

Wellbeing and loneliness

Findings from the Scottish Health Survey in 2016-2019 reported that 38% of respondents in Fife were extremely satisfied with their life, slightly higher than the rate in Scotland, and a third of Fife respondents reported below average life satisfaction.⁵² Mental wellbeing, as measured by Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was 49.9, similar to a mean of 49.7 in Scotland.^{xiii} Mental wellbeing, as measured by WEMWBS, increases with decreasing deprivation, with mean scores of 46.5 among respondents to the Scottish Health Survey 2019 in the most deprived areas in Scotland to 51.5 in the least deprived areas.

The effect of social isolation and loneliness on mortality is estimated to be similar to that of other health risk factors such as smoking, obesity and physical inactivity.⁵³ 10% of respondents to the Scottish Health Survey across Scotland in 2019, reported that they felt lonely often or all of the time in the two weeks prior to the survey and those who reported this had lower mental well-being than respondents who were rarely or never lonely.⁵⁴ Reports of feeling lonely 'often or all of time' increase with increasing deprivation from 6% of respondents in the least deprived areas to 17% in the most deprived.

Mental health problems

17% of Fife respondents to the Scottish Health Survey reported a General Health Questionnaire (GHQ)-12 score of four or more, an indicator of potential mental health problems, the same as in Scotland.⁵² A trend of increasing prevalence of reports of two or more symptoms of depression and anxiety has been seen since 2012-13, with current figures for depression of 12% and for anxiety of 14% being the highest recorded in the time series of the survey.⁵⁴ Adults living in the most deprived quintile were more than twice as likely in 2018-2019 to report two or more symptoms of depression and twice as likely to report two or more symptoms of anxiety than those living in the least deprived quintile.³⁴

xiii The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) is a scale of 14 positively worded items for assessing a population's mental wellbeing, including both feeling and functioning aspects of mental wellbeing. The WEMWBS scale runs from 14 (the lowest level of wellbeing) to 70 (the highest).

1 in 5 people in Fife (20.8%) were prescribed drugs for anxiety/depression/psychosis in 2019/20, slightly higher than Scotland (19.7%). This trend has increased year on year since 2014/15.¹⁰ The most deprived areas had 36% more people receiving prescribed drugs for anxiety/depression/psychosis than the Fife average in 2019/20, with the proportion of the population in the most deprived areas (27%) almost double that in the least deprived (15%).¹⁰

Suicide

Between 2016 and 2020 there were a total of 250 deaths from probable suicide registered in Fife, an annual average of 50 deaths.⁵⁵ The rate of suicide mortality in Fife in 2016-20 was similar to Scotland, 13.9 per 100,000 population compared to 14.1 per 100,000 population. Across Scotland more than 70% of people dying from suicide were male, with the highest numbers in men aged 35-39 and highest numbers in women aged 45-49.⁵⁶ One in every five suicide deaths in Scotland in 2020 was to someone under the age of 30. The suicide rate in most deprived areas of Scotland was three times the rate in the least deprived areas in 2020.¹⁰

Impact of COVID-19

We are not yet able to quantify the full impact of COVID-19 pandemic on mental health and wellbeing with the data available to us. Studies and surveys, mainly from 2020 and early 2021, have shown a range of impacts on mental health and wellbeing across the population, with some groups being more adversely affected. The pandemic and in particular lock downs have been associated with increased loneliness, anxiety, depression and stress.^{57,58}

Our ambitions for Priority 3

- There is promotion of mental health and wellbeing throughout society and a culture where stigma and discrimination is challenged
- Public spaces promote intergenerational social connections, people feel included in their community and social isolation is reduced
- There is widespread awareness of Adverse Childhood Experience (ACE) and trauma-informed practice
- There is access to timely and person-centered mental health advice and services across the life course

Focus of work for Priority 3 in 2020 and 2021

The focus of work for this priority has been on mental health improvement, suicide prevention, workforce development, building capacity for trauma informed working and workforce support during the pandemic. Work continued to deliver local activity in line with local and national strategies and plans.^{59,60,61,62} Fife also continues to support national campaigns to promote their key mental health and wellbeing messages where possible.^{63,64,65}

Mental health improvement

The #ItsEveryonesJob workplace campaign launched in 2021 and encouraged Fife's workforce and employers to have healthy conversations around mental wellbeing, mental health and suicide.⁶⁶ A range of materials were developed with employers and Fife Voluntary Action's Lived Experience Team including a digital toolkit, traumatic incident framework, lived experience case study and web based information.⁶⁷ Lived Experience Team volunteers have since gone on to support a number of strategic developments including the review of the MoodCafe website and work on improving pathways of care in mental health services in Fife, including for complex trauma.^{xiv} Work to launch the Fife Mental Health Peer Support Network has also taken place with the aims of improving services and employment pathways for people who have experienced mental health challenges. There has also been mental health and wellbeing support for students attending Fife College through awareness raising, health information, advice, support and training.

Workforce development including building capacity for trauma informed practice

During the pandemic, workforce training moved to '*digital by default, face to face by exception*', with training relating to improving mental health and prevention of self-harm and suicide for adults, children and young people being provided to ensure our workforce have the tools and skills needed to support people in Fife's mental health and wellbeing. Good Conversations Training and support for staff to implement this has also continued. Training around trauma has also been implemented to develop knowledge and skills in psychological trauma across all public, private and voluntary sectors by ensuring the workforce receive the appropriate training to support the delivery of trauma-informed practice.

xiv Moodcafe. Promoting Mental Health from Fife. Available: <https://www.moodcafe.co.uk/>

Suicide prevention

Work continued throughout the pandemic particularly around identifying, gathering and analysing local and national data on suicides to inform timely responses to incidents and provide a basis to plan interventions in a more targeted way. A monthly e-newsletter kept stakeholders up to date on relevant activity around suicide prevention, including local and national updates, training, research and campaigns.

Workforce support during the pandemic

During the pandemic the increased importance of supporting staff across the health and social care system and wider partners to take care of their own mental well-being was recognised, including sleeping, eating well and exercising. A range of opportunities were promoted across the system with lots of collaborative working to support staff resilience such as:

- Creation of staff Health and Wellbeing Hubs
- Staff Listening Service
- Online peer support sessions
- Mindfulness and self-compassion drop in sessions
- Information sessions for managers to clarify range and types of support
- Inspiring Kindness online conference.

Priority 3: Opportunities and priorities for public health and partners for coming years

- **Improving professional awareness and navigation of available support** – Funding has been secured to undertake work to ensure frontline staff and members of the public are aware of, and able to navigate, the range of mental health and wellbeing support and services available in Fife.
- **Support for young people** – Support for young people attending Fife College will continue.
- **Workforce development** – We will continue to equip staff to support the mental health and wellbeing of people in Fife, as well as their own wellbeing, through a suite of training and development opportunities, including Good Conversations and strengthening trauma informed practice.

Priority 4: A Fife where we reduce the use of and harm from alcohol, tobacco and drugs

Smoking and alcohol consumption continue to be leading causes of illness and early death in Fife. Deaths associated with drug use have also increased significantly in recent years. There are persistent inequalities in harms caused by smoking, alcohol consumption and drug use.



Rates of smoking have decreased significantly since the early 2000s with less than **1 in 5** of the population over 16 reporting they smoke.



Around **one third** of the population over 16 in our most deprived populations currently smoke.



Smoking during pregnancy is high with **1 in 5** expectant mothers who smoke continuing to do so.

There are inequalities evident on smoking rates in the most and least deprived areas.



Over **1 in 4** people report they exceed the recommended **14 units** of alcohol per week.



There was an annual average of **71** alcohol-specific deaths between 2016/20.



87% more alcohol-specific deaths in the most deprived areas compared to the average.



Drug-related hospital admissions have increased in Fife and across Scotland in the last 10 years.



There was an annual average of **64** drug related deaths between 2016/20, more than double the five-year average of 30 deaths in 2006/10.



Drug related deaths were **15** times higher in the most deprived areas of Fife compared to the least deprived.

Why Priority 4 is important

Smoking and alcohol consumption continue to be leading causes of illness and early death in Fife. There are persistent inequalities in both smoking and alcohol consumption and the harm they cause. Deaths associated with drug use have increased significantly in recent years and also constitute a public health emergency, with much higher rates of drug related death occurring in the most deprived areas of Fife.

Smoking

Smoking is one of the leading causes of death, responsible for many cancers (the leading cause for lung cancer), cerebrovascular disease, respiratory conditions such as chronic obstructive pulmonary disease and pneumonia. In pregnancy it increases the risk of complications such as miscarriage, still birth and having a low birth weight baby.⁶⁸ Rates of smoking have decreased significantly since the early 2000s, with less than 1 in 5 of the population over 16 reporting that they smoked in Fife (18%) and Scotland (19%) in 2019.⁶⁹ Figures for smoking levels among adolescents have also decreased since 2006; the proportion of 13- and 15-year-olds who were regular smokers in 2018 was 2% and 8% compared to 6% and 16% in 2006.⁷⁰

Despite the overall decrease in smoking levels in adults aged 16 and over, rates of smoking have continued to be higher in the more deprived areas across Scotland than the least deprived, currently at 32% and 6% compared to 45% and 17% in 2003.⁵² A similar pattern is seen in reports of smoking in pregnancy, with an average of 35% of Fife expectant mothers reporting smoking in the three years to the end of 2020/21, which was almost nine times the rate in the least deprived areas (4%).¹⁰ In line with other smoking indicators, smoking in pregnancy has decreased since 2003/4 in both Fife and Scotland to current levels of 20% and 14% respectively, but Fife levels have remained higher throughout this time.¹⁰ The risks associated with smoking increase the longer a person continues smoking. However, these risks can reduce substantially when a person stops, adding further weight to the importance of cessation policies, interventions and initiatives. In 2019/20, there were almost 3,000 attempts to stop smoking made with the help of NHS Fife smoking cessation services.⁷¹

Drugs

Use of drugs can lead to a variety of health problems including transmission of communicable diseases including human immunodeficiency virus (HIV), hepatitis, injecting related injuries, mental health problems and overdose.⁷² Due to the nature of drug use it is difficult to get a full understanding of the number of individuals with problematic drug use but the most recent estimates (2015/16) suggest this could be almost 1 in 60 (1.62%) of the

population aged between 15 and 64 in Scotland, and 1.19% in Fife^{xv},⁷³. Drug-related hospital admissions have increased significantly in Fife and across Scotland in the last 10 years, although a fall was seen in 2020/21, which may have been expected due to impact of the COVID-19 pandemic.⁷⁴ Since 2012/13, rates in Fife have been consistently higher than the Scottish average and are currently 278 per 100,000 population, compared to 235 per 100,000 population nationally and may reflect differences in care pathways in different areas. Half of all patients with a drug-related hospital admission in 2020/21 lived in the most deprived areas in Fife, with admission rates in the most deprived areas being 18 times greater than those in least deprived areas.⁷⁴

Use of drugs can also be associated with (or the consequence of) social problems which also have a long term impact on health and the health and wellbeing of families, for example crime, violence, unemployment, family breakdown and homelessness. Rates of Child Protection Case Conferences where parental drug misuse was recorded (with or without alcohol misuse) was higher in Fife than in Scotland with a crude rate of 11.8 per 100,000, compared to 7.8 per 100,000 in Scotland (2019/2020).¹⁰

In Fife, as in Scotland, an increase in drug-related deaths has been observed. The current (2016-20) five-year average in Fife of 64 deaths is more than double the five-year average of 30 deaths in 2006-10.⁷⁵ During this time Fife has had a lower drug-related death rate than Scotland which recorded the highest ever annual number of drug-related deaths in 2020. Males account for the majority of drug-related deaths in Fife and across Scotland. The average age of drug-related deaths in Scotland has increased over the last 20 years from 32 in 2000 to 43 in 2020, with the highest rates of death being among the 35-44 age group.⁷⁵ Stark inequalities are evident in drug-related deaths with rates of drug-related deaths 15 times higher (2015-19) in the most deprived areas compared to the least deprived areas in Fife.^{10,xvi} The Drugs Deaths Taskforce was established in July 2019 to tackle the rising number of drug deaths in Scotland.⁷⁶

It is increasingly understood that people with severe mental illness combined with problematic use of substances have significantly poorer health outcomes than average, and often have difficulty accessing effective treatment and support.^{xvii} It is not clear how many people are affected by such a dual diagnosis, but estimates have included that this could

xv More recent estimates are not available at the time of writing this report

xvi Erratum: Page 39, paragraph 3
In previously circulated versions of the NHS Fife Director of Public Health Report 2020-21 an inadvertent error was included on page 39.
The corrected text reads as follows:
Stark inequalities are evident in drug-related deaths with rates of drug-related deaths 15 times higher (2015-19) in the most deprived areas compared to the least deprived areas in Fife. The Drugs Deaths Taskforce was established in July 2019 to tackle the rising number of drug deaths in Scotland.

xvii including schizophrenia, schizotypal and delusional disorders, bipolar affective disorder and severe depressive episodes with or without psychotic episodes

affect up to a third of those in secondary mental health services and 6-15% in substance misuse settings.⁷⁷

Alcohol

Drinking alcohol is a risk factor for many health conditions, including many cancers, high blood pressure, cerebrovascular disease, liver disease and mental health problem.⁷⁸ The harmful use of alcohol can also result in social and economic impacts for both individuals and wider society, including violence and accidents.

Self-reported alcohol consumption figures estimate that just over 1 in 4 people (22%) in Fife drank more than the weekly recommended level of 14 units per week with men more likely to report this than women in 2016-19.⁵² Surveys consistently obtain lower consumption estimates than those derived from alcohol sales data. In 2019 the equivalent of 9.9 litres of pure alcohol for every person aged 16 years and over was sold in Scotland, which converts to 19.1 units per adult per week.⁷⁹ During the COVID-19 pandemic, alcohol sales (litres of pure alcohol per adult) were 9% lower in 2020 and 16% lower up to May 2021 than the average for the same time periods in 2017–19.⁷⁹ During both these times there was a noticeable increase in alcohol off-sales (shops and supermarkets) and a substantial fall in sales within licensed premises. This level of alcohol sales during the pandemic suggests that population-level consumption continued to be above recommended levels, at an average of 17 units per adult each week.⁷⁹

There was a fall in alcohol-related hospital (acute) admissions in Fife in 2020/21 (584 per 100,000 population), compared to 2019/20 (701 per 100,000 population).⁸⁰ The COVID-19 pandemic and measures put in place to respond to the pandemic are likely to have contributed to this fall. Prior to this fall, rates in Fife had increased year on year since 2015/16 and have shown an upward trend since 2011/12, in contrast to the downward trend seen nationally during the same time period.⁸⁰

Between 2016 and 2020, there were a total of 356 alcohol-specific deaths registered in Fife, an annual average of 71 deaths and a rate of 18.5 per 100,000 population.⁸¹ This was the highest five-year rate since 2008-12 but was lower than the Scottish average, which has been a consistent trend since 2000-04. Men are more likely than women to die from an alcohol-specific death and be admitted to hospital for an alcohol-related condition.

There are large and persistent inequalities in both alcohol-related hospital admissions and alcohol-specific deaths which are both five times higher in the most deprived areas in Fife compared to the least deprived areas. The most deprived areas had double the admissions in 2020/21 and 87% more alcohol-specific deaths in 2016-20 than the Fife average.¹⁰

Our ambitions for Priority 4

- Cultural norms have changed and smoke-free, alcohol-free and drug-free facilities and events are widespread across Fife
- Decisions on the location and number of licensed premises are informed by public health intelligence
- There is a holistic and integrated approach to improving the health of those who have contact with police, criminal justice or homelessness services
- People are supported to make healthy life choices
- People are supported to access and remain in drug and alcohol treatment services
- A whole-family approach is taken to drugs and alcohol rehabilitation

Focus of work for Priority 4 in 2020 and 2021

The work to reduce harms related to alcohol and drugs in 2020 and 2021 included the establishment of a new system for the review of drug related deaths, and increased prevention activity. To address tobacco use and the wider harms associated with smoking and reduce associated health inequalities, work has centred on three priority areas: Prevention, Protection and Smoking Cessation.

Review of drug-related deaths

In 2020, the lead public health consultant and ADP (Alcohol and Drugs Partnership) colleagues established a process for reviewing all suspected drug related deaths in Fife to learn lessons to contribute to reducing the number of drug related deaths in Fife. To date, the group has learnt some very important lessons in relation to:

- Improving access to alcohol and drug services
- Improving communication and information sharing across multiple agencies and service users
- Need for a case management approach/lead agency, assertive outreach or additional support during high-risk times
- Adult Protection concerns not being identified or cases not meeting the criteria for protection
- Improving overdose awareness in people at risk and family members
- Making appropriate referrals following disclosure of physical/sexual assault
- The review also found a small number of cases where, due to COVID-19 restrictions, face to face meetings were not available and people found it difficult to engage via telephone or online.

Service changes implemented as a result of learning from the drug related deaths review process have included enabling nurses and navigators based in police custody suites to be able to make direct referrals to addiction services and training social work staff on the increased risk of overdose at significant anniversary dates. Community Pharmacies are now working to ensure missed doses of medication are reported quickly. Furthermore, a community pharmacy audit has been carried out on prescribing rates of certain high risk drugs and liaising with GP practices as appropriate.

Other work with ADP partners to increase prevention work

A Near Fatal Overdose project has implemented an 'assertive outreach' approach to engage people with services, advice and naloxone. Distribution of naloxone and injecting equipment has expanded, including peer naloxone and injecting equipment. A new anonymous reporting system has been developed to improve our capacity to quickly identify dangerous batches of drugs. There is now a Lived Experience Panel which has contributed strongly to ADP meetings.

Levenmouth locality work

Focused work with the Levenmouth locality group since 2020 has concentrated on increasing the presence and awareness of drug services embedded within the community and wide availability of injectable and nasal naloxone and injecting equipment, and support for family members. Educational opportunities on harm reduction and overdose have been available to individuals, families and friends, and key local professionals within the community.

Tobacco prevention

Fife looks to create an environment where individuals, particularly children and young people, choose not to smoke. Key pieces of work included delivering educational programmes, which encourage children and young people to consider how smoking sits alongside other risky behaviours such as drinking alcohol and drug taking. These were delivered in alternative formats as a result of the pandemic.

Tobacco protection

An important piece of work was completed to understand the issues and identifying opportunities to reduce smoking for people who are being cared for in NHS Fife's Mental Health sites, resulting in a new Temporary Abstinence Model in Mental Health sites to align with other areas of NHS Fife acute services and smoke free campaign. A challenge due to COVID-19 was the lack of access to members of the Mental Health workforce for training, particularly around medication interactions during the quitting process.

Smoking cessation

Prior to the pandemic, evidence-based smoking cessation support was available through the NHS Quit Your Way Specialist service and the midwife led service providing intensive one to one support over 12 weeks within GP Practices, Heath Centres, Hospitals and a variety of community venues. All Community Pharmacies also provided a brief stop smoking intervention. However, COVID-19 affected service availability due to staff redeployment and changes in the way people could access support, resulting in a shift to providing support remotely affecting rapport and access.

Across all three priority areas of prevention, protection and smoking cessation, the COVID-19 pandemic has impacted our ability to access community partners and conduct health promotion, awareness-raising opportunities and engagement activities at a local level.

Priority 4: Opportunities and priorities for public health and partners for coming years

- **Implementing recommendations for drug specialist services** – Improve the way drug specialist services are commissioned to address the deficits outlined in previous locally-commissioned reports such as the public health synthesis of recommendations from 2019.
- **Prevention focus for drugs and alcohol** – Make the case for more resources to be spent ‘upstream’ of the point at which overdoses or severe alcohol related complications occur, including an over-provision policy to support licensing decision making.
- **Mental health integration with substance misuse** – Find ways of providing better mental health provision and liaison for high risk individuals with both a mental health condition and substance misuse.
- **Strategic multiagency response to alcohol and drug misuse** – Some of the issues identified by the drug related deaths review process require a strategic and multi-agency response. Planning for this process is under way.
- **Implementing ‘Medication Assisted Treatment (MAT) Standards’** – The ADP is in the process of establishing a ‘Medication Assisted Treatment (MAT) Standards’ sub-group to coordinate local action to improve rapid access to medically assisted treatment.
- **Smoking Prevention** – We will work collaboratively with key stakeholders to increase engagement on Tobacco Issues, adapting and delivering prevention and education activities with children and young people at the heart, with areas of work looking at the environment in and around the school gates and children’s play parks.

- **Protection from second-hand smoke and the wider harms of smoking** – Leadership and further cultural change will be a focus in expanding smoke-free environments to ensure all are protected from second-hand smoke and the wider harms of smoking. NHS Fife can lead and manage change by refreshing our Smoking Policy to reduce smoking on our sites.
- **Smoking Cessation** – We will remobilise face to face smoking cessation services within health and community venues, and re-establish community outreach work, to improve accessibility and uptake of support that is sympathetic to people living in the most disadvantaged circumstances. We will build on opportunities to support patients to quit while in our care.

Priority 5: A Fife where we have a sustainable inclusive economy with equality of outcomes for all

The greatest opportunity to improve health and wellbeing in Fife lies in reducing differences in health and wellbeing outcomes associated with poverty and deprivation. The drivers of poverty and deprivation are closely associated with income, quality employment and social inclusion, as well as the nature of the places in which we live.



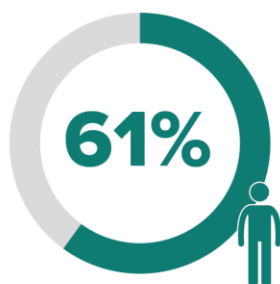
It is estimated that **19%** of Scotland's population were living in relative poverty after housing costs, in 2017/20. In Fife this would equate to **71,085** people.



12% of the population (adults and dependent children) are in receipt of key benefits in relation to being out of work or in receipt of low income.



71.3% of 16-64 year olds in Fife were in employment.



61% of the working age adults living in poverty in Scotland in 2017/20 lived in a household with at least one adult in paid work.



The median household monthly income was **£481** in 2017/20 (after housing costs).



Nearly **1 in 10** people were classed as employment deprived.

Why Priority 5 is important

The greatest opportunity to improve health and wellbeing in Fife lies in reducing differences in health and wellbeing outcomes associated with poverty and deprivation. The drivers of poverty and deprivation are closely associated with income, quality employment and social inclusion, as well as the nature of the places in which we live.

Relative Multiple Deprivation

The Scottish Index of Multiple Deprivation (SIMD) helps us to understand the extent to which parts of Fife are more or less deprived in relation to income, employment, education, health, access to services, crime and housing. Throughout this report we have seen that this measure can illustrate stark inequalities in life circumstances and across many health and wellbeing outcomes according to the level of multiple deprivation assigned to the area in which people live, which highlights the importance of addressing social determinants of health to improve health and wellbeing.^{xviii}

Income and poverty

Income is a fundamental social determinant of health, and in turn impacts many other wider determinants of health, for example what we can eat, our access to transport and leisure activities, our experience of financial strain etc. Societies with greater income generally have better health and research indicates that this relationship is causal i.e. earning a higher income improves health. The greatest benefits of increasing income are derived by those with the lowest incomes.⁸²

Across Scotland, median household weekly income before housing costs has seen a gradual rise since 2010-13 from £496 to £533 in 2017-20, with current weekly income after housing costs £481.⁸³ However, income inequality is evident across Scotland: in 2017-20, the top 10% of the population had 21% more income (before housing costs) than the bottom 40% combined. Across Fife, 12% of the population were categorised as income deprived in 2020, living in households in receipt of key benefits in relation to being out of work or having a low income. This varies significantly across neighbourhoods within Fife from 1.4% to 31.6%, with more deprived areas having significantly higher proportions of their population income deprived.⁸⁴

xviii Having said this, we must also take care not to generalize too far in relation to the experiences of people and families living in the different SIMD areas, for example some people and families living in the 'least deprived' areas defined by SIMD, could also be experiencing poverty or inequality depending on their own circumstances; conversely others living in the 'most deprived' areas may experience a comfortable standard of living.

It is estimated that 19% of Scotland's population were living in relative poverty after housing costs, in 2017-20. In Fife this would equate to 71,085 people. Relative poverty, the most commonly used indicator of poverty, is a measure of whether the lowest-income households are keeping pace with middle income households across the UK.⁵⁹ Estimates suggest that 10% of the population could currently be living in persistent poverty, defined as living in relative poverty for three out of the last four years. The Fairer Scotland duty places a legal responsibility on certain public bodies, including the NHS, to actively consider how they can reduce inequalities associated with socio-economic disadvantage.

The full impact of the COVID-19 pandemic on income and poverty rates is not yet known, however, reports published covering 2020 and in particular the first lockdown, suggest that the economic effects fell disproportionately on those on low pay with little savings.⁸⁵

Employment

Another important wider determinant of health is access to quality employment, which can provide income as well as meeting social and psychological needs. In 2020/21, 71.3% of those aged 16-64 years in Fife were in employment which was slightly lower than the rate for Scotland at 72.8%.⁵ Employment rates in both Scotland and Fife fell from 2019/20, but the size of the fall in Fife was not significant, (0.1%) compared to the 1.7% fall nationally. Nearly 1 in 10 people in Fife (9.4%) were classed as employment deprived, which is the same as in Scotland. In January 2022, rates of people in Scotland claiming benefits due to being unemployed was 24% higher than the pre-pandemic level in February 2020.⁸⁶ Many of the impacts of COVID-19 such as longer term impacts of working from home, furlough and future employment opportunities remain unknown.

It is important to recognise, however, that access to employment is not guaranteed to lift families out of poverty if work is low paid or insecure; and low-quality employment can contribute to poorer health outcomes. The majority (61%) of the working age adults living in poverty in Scotland in 2017-20 lived in a household with at least one adult in paid work.⁵⁹

Protected characteristics and vulnerable groups

Protected characteristics are aspects of a person's identity that makes them who they are⁸⁷. Nine characteristics are outlined in the Equality Act 2010, they are:

1. Age
2. Gender
3. Race.
4. Disability
5. Religion or belief
6. Sexual orientation
7. Gender reassignment
8. Marriage or civil partnerships
9. Pregnancy and maternity

These characteristics may affect people's health and wellbeing and their use and experience of public services, including healthcare. The Public Sector Equality Duty includes a requirement to assess the impact of new or revised policies and practices in relation to the protected characteristics.⁸⁸

Other groups also potentially face inequalities in health and wellbeing outcomes and may have a different experience of health services. For example people who experience homelessness; people who use substances; vulnerable migrants and victims of trafficking; Gypsy, Roma and traveller communities; people in contact with the justice system and many other diverse people. Whilst these people may have very different life experiences to one another they are more likely to be affected than the rest of the population to experience inequalities associated with their particular living and working conditions or social circumstances, and they may face different challenges in accessing and using health services⁸⁹.

Our ambitions for Priority 5

- The adverse impacts of welfare reforms are mitigated, income through social security benefits and income through employment are maximized
- People’s physical and mental health needs including disabilities are recognized by employers and their capacity to engage with employment supported
- There are thriving locally-rooted businesses and social enterprises offering local employment opportunities that deliver within a wellbeing economic model: fundamental human needs are met (to be valued and respected, to have a sense of dignity and purpose); income and wealth are fairly distributed; and planetary boundaries are not breached
- Employers have an inclusive workforce that reflects the communities where they are based, including protected characteristics^{xix}

Focus of our work for Priority 5 in 2020 and 2021

The focus of work has been creating the groundwork for community wealth building; supporting the early stages of establishing NHS Fife as an anchor institution; building employability policy; supporting Fife workplaces to promote health and address inequalities; and promoting the health and wellbeing of vulnerable people and communities.

Community wealth building

The review of the Plan for Fife identified that “Our current ways of working are not preventing problems early enough or addressing the economic, environmental and other challenges we face quickly enough”. In response to this, work to embed Community Wealth Building principles was taken forward.⁹⁰ Community wealth building is a people-centred approach to local economic development to improve communities and their wellbeing, redirecting wealth back into the local economy, placing control and benefits into the hands of local people. Examples of work identified to take forward include targeting interventions to address under-representation in Fife’s workforce, promoting opportunities to join credit unions and increasing the number of organisations paying the Real Living Wage.⁹¹

xix Age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation

Anchor institutions

NHS Fife aims to be an anchor institution within its population area. Anchor institutions have been described as organisations that have an important presence in a place, usually through a combination of being large scale employers, the largest purchasers of goods and services in the locality, controlling large areas of land and/or having relatively fixed assets. In addition, anchor institutions are tied to a particular place by their mission, histories, physical assets and local relationships. The Health Foundation 2019 report, “Building healthier communities: the role of the NHS as an anchor institution” highlighted how decision makers across the health care system can maximise the contribution the NHS makes to the social, economic and environmental conditions that shape good health.⁹² The worsening of inequalities due to COVID-19 has brought the importance of this work into sharper focus. By working as an anchor institution, NHS Fife can have an impact on reducing health inequalities, particularly through our policies for employability, procurement and spend, estates, property and land.

In 2021 NHS Fife established an Anchor Institution Programme Board. Areas of work have included:

- Widening access to employment, working in partnership with Fife Council to establish the Kickstarter programme for young people
- Exploring the proportion of spend and which areas of spend from procurement can go into the local economy
- Conducting greenspace audits for all of our estates and buildings facilities and developing sustainability plans to reduce environmental impact

Financial inclusion and advice work

Work has continued to increase financial awareness, maximise incomes and improve health outcomes for people including: people attending maternity services, people with caring responsibilities and people who have received a cancer diagnosis. During 2021, new services included specialist advice services within foodbanks in Fife to support those who are living with food insecurity and the development of a financial advice service for NHS Fife staff.

Employability

Fife's employability partnership, Opportunities Fife, aims "to influence and drive innovative approaches to skills and employability services that reflect the current and future needs of individuals and employers".^{xx} Work to 'refocus employability support more on those with multiple barriers to employment', led to the commissioning of new employability services in 2021/22 and 2022/25 under the banner of No One Left Behind Fife.⁹³ The consultation and ultimate commissioning process for No One Left Behind Fife was co-designed with people who currently use unemployment services, those from key equalities groups and key delivery partners.⁹⁴

Supporting Fife's workplaces to promote health and wellbeing

Work has continued to support employers in Fife to identify workplace health and safety and wellbeing issues; develop and implement supportive policies and practices to protect and improve physical and mental health, and support employees to remain in and return to work. During the pandemic staff were directed to frontline health and social care services. However, workplaces still requested help and advice in relation to health, safety and wellbeing matters, particularly in relation to COVID-19 risk assessment and control measures, both in the workplace and for those working at home. Latterly, requests have related to measures to be implemented in the recovery from the pandemic. Social media platforms were used to raise awareness of local and national campaigns and activities and to signpost to supporting services. Case studies were developed to identify and share good workplace practices on promoting health at work.^{xxi}

xx Opportunities Fife: Available: <https://www.opportunitiesfife.org/>

xxi [Frontline Fife](#), [Police Scotland](#), [Youth 1st](#)

Inclusion health

Building on existing outreach work to address health inequalities in access to sexual health and blood-borne viruses (BBV) services, during the pandemic Sexual Health and BBV services staff in partnership with “We Are with You” workers maintained outreach harm reduction and support services to people across Fife most at risk, extending this to people experiencing homelessness.^{xxii, 95,xxiii} This included providing practical support like access to phones, food, medicines and other supports and maintaining capacity to continue HIV and Hepatitis C treatments through outreach. Innovative ways of working included the use of the NHS Fife Public Dental Service Childsmile bus, street work in town centres and liaison with homeless accommodation units. This extended to include roll out of LFD kits and promotion of immunisation in homeless units.^{xxiv} This way of working is here to stay.

A new collaboration with the University of Dundee and the Scottish Drugs Forum focused on oral health improvement for people with experience of drugs. The collaboration has included capturing lived experience in a series of comics highlighting oral health issues that are pertinent to this population, and an oral health training programme for addiction workers supporting people in recovery. The next stages of development of the programme are currently being planned.

NHS Fife also formed part of the response for Afghan refugees including providing health screening, childhood immunisations, support to access health services and emergency dental care, and short courses of dental treatment where needed.

xxii We are with you is Fife’s Specialist Harm Reduction Service, offering a range of services to help reduce drug related harm.

xxiii This work uses the ACORN approach (Access Care Respond to Needs).

xxiv Childsmile is a national programme to improve the oral health of children in Scotland and reduce inequalities in dental health and access to dental services

Priority 5: Opportunities and priorities for public health and partners for coming years

- **Embedding the Anchor Institution principles:** Anchor Institution development work will continue. This will help NHS Fife and key partner organisations prioritise work on areas such as employability and procurement that will promote community wealth building in Fife. Employability and poverty initiatives such as the Kickstart programme and Living Wage Accreditation will be crucial elements of this. The focus of the work should include:
 - Widening access to quality work for the NHS with inclusive workforces reflecting their communities, including protected characteristics
 - Purchasing more locally and for social benefit including developing involvement in the NHS Community Benefit Gateway⁹⁶
 - Using buildings and spaces to support communities
 - Reducing environmental impact
 - Working more closely with local partners
- **Anti-poverty measures:** Continue to work on interventions that are upstream and prevent crisis, including developing a plan for delivering a range of anti-poverty measures across a variety of settings such as GP practices, acute hospital settings and community venues.

Priority 6: A Fife where we eat well, have a healthy weight and are physically active

Poor diet and physical inactivity are major risk factors for many chronic diseases, as well as contributing to mild and moderate mental health, depression and anxiety and social isolation.



Around **two thirds** of adults are overweight (including obese).



Around **two thirds** of the adult population meet the recommended levels of physical activity.



Over a **quarter** of people report having low or very low activity levels.



1 in 5 people report eating the recommended five portions of fruit or vegetables per day.



1 in 10 people report eating no fruit or vegetables.



It is estimated that more than **27,720** people in Fife are food insecure (**9%**).



Rates of obesity and Type 2 diabetes among adults are higher in older adults and the most deprived areas compared to the least deprived.

Why Priority 6 is important

Poor diet is a major risk factor for obesity and chronic diseases including cancer, heart disease and Type 2 diabetes, as well as contributing to mild and moderate mental health, depression and anxiety and social isolation. The social dimension of food is significant, including its potential to build connection and community, however, there are also clear links between food insecurity, diet and health inequalities. The COVID-19 pandemic has affected food security, cooking and eating habits and levels of physical activity.

Overweight and obesity

The circumstances and behaviours that contribute to obesity are influenced by a complex combination of biological, psychological, environmental and social factors. Many of the factors overlap and interact with each other, with deprivation increasing the risks. The bidirectional link between mental health and physical health cannot be ignored. Experiencing mental health problems, particularly depression, significantly increases a person's risk of being overweight, with those experiencing severe mental illness (SMI) at even more risk. Obesity and overweight are associated with a wide range of health complications and premature mortality, including emerging evidence indicating that excess weight is associated with a heightened risk of serious COVID-19 outcomes.⁹⁷

Around two thirds of adults in Fife (68%) were overweight (including obese) and 31% of adults were obese in 2016-19, similar proportions to Scotland.⁵² Across Scotland, gradual increases in overweight levels have been seen since 2011 and are currently (2019) at their highest levels since 2003. Scottish Health Survey data from a smaller telephone survey in 2020, reported that 39% of people in Scotland stated their weight had increased since March 2020.⁹⁸

Males (69%) are more likely to be overweight (including obese) than females (67%) in Fife (2016-19) and in Scotland.⁵² The levels of overweight (including obese) and obesity increases with age until the age group of 75 and over when levels decrease. Obesity rates among adults are higher in Scotland's most deprived areas compared to the least deprived, particularly for women amongst whom rates in 2019 were 40% in the most deprived areas compared to 18% in the least deprived.⁵⁴

Type 2 diabetes

Rising obesity levels are contributing to increased rates of Type 2 diabetes, which is preventable. The most recent Scottish Diabetes Survey (2019) reported that there were 20,390 people with known Type 2 diabetes in Fife, a crude prevalence of 5.5%. Type 2 diabetes is more common in older people; 53% of all people with diabetes recorded in the survey were aged 65 years or older.⁹⁹ With an ageing population, the prevalence of Type 2 diabetes is expected to continue to rise. There are wide inequalities in Type 2 diabetes across Scotland with prevalence in the most deprived areas (12%) three times greater than in the least deprived areas (4%).⁹⁹

Diet and eating well

Scotland has long faced significant challenges to improve its diet, and consumption of foods such as cakes, biscuits and sugary drinks remain at higher than recommended levels to maintain good health.¹⁰⁰

Adults in Fife eat around three portions of fruit or vegetables a day, similar to the Scotland average. Only 1 in 5 people in Fife report eating the recommended five portions of fruit or vegetables per day (21% compared to 22% in Scotland), and around 1 in 10 people (11%) report eating no fruit or vegetables (10% in Scotland).⁵²

Whilst the COVID-19 pandemic has seen increased purchases of fruit and vegetables there is also evidence that snacking, purchases of discretionary foods and takeaways have increased, however, this occurred alongside decreased eating out. Around a third (34%) of parents in Scotland reported their diet had become less healthy and 17% reported their children's diets had also worsened.⁹²

Food insecurity

Household food insecurity has significant implications for health and wellbeing including hunger. It is defined as “the inability of one or more members of a household to consume an adequate quality or sufficient quantity of food that is useful for health, in socially acceptable ways, or the uncertainty that they will be able to do so”.¹⁰¹ While poverty is the major cause of food insecurity, there are other contributory factors, for example, the skills and knowledge to prepare healthy, nutritious food, or access to adequate equipment to do so.

In 2019, 9% of adults in Scotland were estimated to be food insecure, which equated to 27,720 people in Fife. Food insecurity was more common among younger adults (13% in 16-44 year olds) and among single parents (31%).⁵⁴ Adults (12%) and children (14%) living in relative poverty in Scotland were much more likely to live in very low food security households compared to the population as a whole (4%).

During the past 15 months, local partnership groups in Fife's seven areas have increasingly identified food insecurity as a significant issue. COVID-19 had knock on effects to community food providers and foodbanks, who had to find alternative ways of delivering services at a time when need was even greater. Increases in both food and fuel prices are expected to exacerbate these issues in the coming months.

Physical activity

Physical activity offers a protective effect against many chronic conditions, including coronary heart disease, obesity, Type 2 diabetes and mental health problems, and can increase social connectedness, reducing isolation.¹⁰²

Around two thirds of the adult population in Fife meet the recommended levels of physical activity (67% compared to 65% Scotland, 2016-19). But over a quarter of people (27%) report having low or very low activity levels, similar to the rate in Scotland (25%).⁵² The proportion of adults meeting recommended levels declines with age and in all age groups men are more likely to meet recommended levels than women. Across Scotland, 71% of children aged 2-15 met physical activity levels for their age group, with two thirds participating in sport in the week prior when interviewed, but participation in sports was lower in children aged 13-25.⁵⁴ 51.8% of school pupils in Fife surveyed in 2020 said they normally travel to school in an active way, without any form of motorised transport. Walking was the most popular mode of active travel to school (46%).

The COVID-19 pandemic appears to have changed our physical activity levels in different ways depending on individual circumstances.⁹¹ In Scotland, whilst there are indications that recreational walking and cycling have increased, overall walking does not appear to have increased compared to previous years, whilst cycling has.¹⁰³ This reflects the changes in levels of routine exercise in daily life such as travel to work or shops, as a consequence of COVID-19 restrictions.

Our ambitions for Priority 6

- There are cultural and structural changes to support active travel, healthy eating and breastfeeding as norms
- We have consistent approaches to healthy eating and physical activity across multiple sectors - health, education, welfare, social care, workplaces and the voluntary sector
- Individuals and communities are empowered to access and participate in healthy eating and physical activity throughout the life course, including the ageing population and addressing food insecurity

Focus of our work for Priority 6 in 2020 and 2021

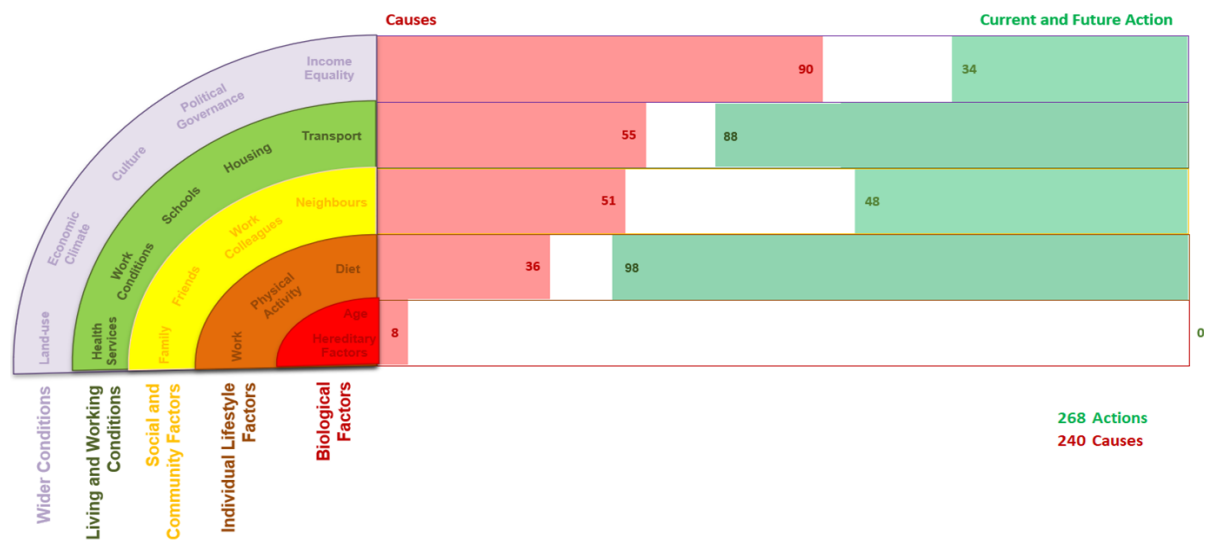
The focus of work has been partnership, working with a wide range of partners on a number of multi-pronged collaborative programmes focused on preventing Type 2 diabetes and obesity, and strengthening the food system in Fife. Physical activity interventions across the life course are being delivered and physical activity interventions are embedded in much of the broader partnership work.

East Region Type 2 Diabetes Prevention Partnership

The East Region Type 2 Diabetes Prevention Partnership was created in 2019, with work continuing throughout 2020 and 2021.¹⁰⁴ Health and social care providers have joined forces with partners from the public, third and private sectors to address the increasing rates of preventable diabetes across the whole system. The partnership focuses on four areas: adult weight management, children and young people, piloting a whole systems approach to diet and healthy weight, and an employer workstream. Activities have included research into outdoor advertising around schools, exploring and understanding the 27-30 month review of Health Visitor data, and working with education and early years colleagues to support sport and exercise extra-curricular activities.

The whole systems approach aspect of the work involves applying systems thinking to collectively better understand and address obesity, with pilot work in Dunfermline and Cowdenbeath areas. This work aims to encourage ownership and achieve change in prioritised actions to address inequalities. Collaboratively, a wide range of stakeholders mapped the causes of obesity and the activities already happening in Cowdenbeath and Dunfermline. From this, 10 themes were identified with many of these associated with the 'upstream factors' or wider conditions that affect health, however, of existing interventions in place many were more commonly linked to individual lifestyle factors (Figure 8). Three themes of Home Environment, Transport and Availability of Unhealthy Food emerged as priorities for action. Keeping wider upstream determinants of health in mind will be very important as plans to address and prevent obesity in our communities develop.

Figure 8: Current and Future Actions Mapped Against the Perceived Causes of Obesity



Feeding Fifers

New initiatives such as the introduction of Feeding Fifers were made possible through online collaboration during the pandemic.¹⁰⁵ This joint initiative engaged with communities across Fife to share healthy eating tips, meal ideas and recipes using social media. Recipe cards were distributed across Fife via community assistance hubs and promoted across local food initiatives to ensure support and information were available to as many people as possible.

The Food4Fife Partnership

This partnership, established in 2021, is about people in Fife (individuals, communities and businesses) coming together to work across all aspects of the food system to help solve some of today’s health, environmental and economic challenges, strongly aligned to all of Fife Partnership’s Recovery and Renewal priorities.^{xxv} The Partnership’s vision is to create a sustainable food culture for a healthy Fife via a strategy and action plan that will include ‘6-pillars’ as described in Figure 9.

xxv Fife Partnership’s Recovery and Renewal priorities are: Community Wealth Building, Addressing the Climate Emergency, Tackling Poverty and Preventing Crisis and Leading Economic Recovery.

Figure 9: Creating a Sustainable Food Culture, for a Healthy Fife



Physical activity

During 2021, a Physical Activity and Sport Strategy was developed with the aim of realising ‘An Active Fife where everyone has opportunities to be more active, with better physical and mental health and wellbeing’.¹⁰⁶ Recognising the impact COVID-19 has had on many people in Fife, actions from the strategy are themed around:

- Reducing inequalities in physical activity and sport across Fife
- Increasing and sustaining physical activity, physical confidence and sports participation
- Building resilient communities that are physically active and participate in sport
- Investing in facilities and infrastructure for physical activity and sport.

Partnership work continued in 2020 and 2021 to link physical activity to health outcomes such as improved mental health and in a variety of settings, including workplaces, care settings and with a variety of population groups, including incorporating physical activity within a new ‘Be Well-Get Active’ programme. Work has also taken place to link with the Older Adults Care Network to promote physical activity in care settings and to support care providers with physical activity ideas to enable their service users to maximise independence. Resources have also been developed specifically for people with dementia and work is underway to help support those living with chronic pain through instructor-led physical activity programmes.

With walking being a key recreational activity in the pandemic, walking challenges continued to be developed by creating virtual interactive maps enabling engagement within communities, as well as promoting walking for older people through linking with local history.

Priority 6: Opportunities and priorities for public health and partners for coming years

- **Focus on upstream determinants of health to prevent obesity:** Continue engagement with Fife Partnership agencies and emphasise the need to work upstream in order to achieve our goals. Progress Phase 2 of our Whole Systems Approach to obesity prevention within Cowdenbeath and Dunfermline and share learning on whole systems way of working with appropriate partnerships across Fife.
- **Diabetes prevention:** Continue to be part of the East of Scotland Type 2 Diabetes Prevention Partnership, implementing the recommendations from various evaluations, working both across the region and within Fife.
- **Physical activity pathway:** Implement the Physical Activity Pathway within NHS Fife and support the different developing approaches to increasing physical activity within Fife, as well as the Fife Physical Activity and Sport Strategy.
- **Implementation of a sustainable healthy food culture:** Continue to develop and implement the Food4Fife Partnership strategy action plan to realise the vision of creating a sustainable food culture for a healthy Fife.

Conclusions

The Fife population is ageing and is expected to continue to do so, whilst the proportion of years lived in good health is reducing. The difference between the life expectancy and healthy life expectancy of people living in the most deprived and in the least deprived parts of Fife is stark, and in younger age groups inequalities in the rates of early death are even more marked. Increasing healthy life expectancy and reducing the ingrained differences in health outcomes are fundamental to improved overall population health, but not straightforward.

Rates of obesity, levels of alcohol consumption, sedentary activity and smoking, and experience of childhood adversity, are higher in Fife than they should be for good health and there is a marked difference in the prevalence of these risk factors between the most and least deprived parts of the region. The effects of many of these health risk factors accumulate from an early age, highlighting a need for focus on these risk factors across the life course.

The burden of anxiety, depression and loneliness, and more severe mental health problems, also limit the wellbeing potential of the Fife population, including children and young people, and again there is a clear relationship between deprivation and poor mental health. We see the same distribution of inequalities with problematic drug use, on a background of increasing drug related deaths.

Whilst focus on preventing health conditions that have the greatest impact on health and wellbeing, and the direct risk factors for poor health is crucial, we must equally turn attention to the broader 'upstream' factors that have a more insidious effect on our health. These are the 'social determinants of health' that interact to shape our lives, influence our health behaviours and generate unfair differences in our society from a young age. By systematically addressing these root causes of poor health and wellbeing in Fife, we will have a far greater chance of creating change in health outcomes across our population in years to come. For example, by preventing, mitigating and undoing the impact of poverty on health and wellbeing; reducing inequalities in education attainment, and facilitating access to quality employment and safe and secure housing.

One approach to this is committing to work with communities and partners to foster healthy places in the areas of Fife most affected by multiple deprivation, building on the assets within those communities, such as the Levenmouth project and The River Leven Programme. Additional approaches include supporting and or collaborating with particular populations more vulnerable to poor health outcomes to improve their health and wellbeing. Working with the Fife homeless community during the COVID-19 pandemic, and the Alcohol and Drugs Partnership lived experience panel, are examples of good work in support and collaboration.

There remain opportunities to systematically consider and address the broader determinants driving specific public health challenges, in a similar way to how we are addressing obesity in Fife, working together as a whole system. Similarly, there are opportunities for Fife public sector institutions to consider their role in addressing social determinants of health through policy and even beyond their normal sphere of influence; for example through promoting financial inclusion pathways and becoming 'anchor institutions' for the benefit of our Fife communities.

The COVID-19 pandemic has generated an unprecedented challenge to population health in Fife and for the first time has contributed to a drop in life expectancy across Scotland. Our population have experienced both the direct impacts of the disease, and also wider harms associated with restrictions on life, including changes to employment, education, social isolation, travel and diet, which all affect health. At this stage we do not fully understand the effect of these changes on health, but early indications are that this has resulted in serious and potentially lasting impacts.

Whilst the pandemic has made it challenging to conduct the full range of public health work, this report reflects on a huge range of activities that have been undertaken despite this. The pandemic has resulted in innovative and collaborative efforts across Fife communities and partners, from which lessons have been learned to support improved ways of working for the future.

Improving the health and wellbeing of the population of Fife requires a concerted and collaborative effort including partnerships to address complex challenges, evidence of which is demonstrated throughout this report. Continuing and further developing such work and placing consideration of health at the centre of all policy making in all sectors, will enable us to further strengthen efforts towards improving health and wellbeing for the people of Fife.

Glossary

ACE	Adverse Childhood Experience
ADP	Alcohol & Drug Partnership
BBV	Blood Borne Virus
BMI	Body Mass Index
COP26	United Nations (UN) Climate Change Conference
GHQ-12	General Health Questionnaire-12
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HLE	Healthy Life Expectancy
HPT	Health Protection Team
HPV	Human Papillomavirus
HSCP	Health and Social Care Partnership
LFD	Lateral Flow Device
MAT	Medication Assisted Treatment
NHS	National Health Service
NRS	National Records of Scotland
P1	Primary 1
PCR	Polymerase Chain Reaction
PHS	Public Health Scotland
RNA	Ribonucleic Acid
S6	Sixth year in Scottish secondary schools
SALSUS	Schools Adolescent Lifestyle and Substance Abuse Survey
ScotPHO	Scottish Public Health Observatory
SCQF	Scottish Credit and Qualifications Framework Partnership
SIMD	Scottish Index of Multiple Deprivation
SMI	Severe Mental Illness
UN	United Nations
UNCRC	United Nations Convention on the Rights of the Child
WEMWBS	Warwick-Edinburgh Mental Wellbeing Scale
WHO	World Health Organisation

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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	✓	✓	✓	✓	✓	✓
Board Assurance Framework - Strategic Planning	Director of Finance & Strategy / Associate Director of Planning & Performance	✓	✓	✓	✓	✓	✓

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	✓	✓	✓	✓	✓	✓
Strategy / Planning							
	Lead	29/04/22	01/07/22	02/09/22	04/11/22	13/01/23	03/03/23
Clinical Governance Framework	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 Strategy	Medical Director					TBC	
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				✓		
Redesign of Urgent Care	Medical Director				✓		✓
Annual Delivery Plan 2022/23	Director of Finance & Strategy / Associate Director of Planning & Performance	Postponed (awaiting national guidance)		✓			
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	✓			✓	✓	✓

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			✓			
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	✓			✓
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 (<i>also goes to PHWC</i>)	Director of Nursing						✓
Patient Experience & Feedback	Director of Nursing	✓	✓	✓	✓	✓	✓
Volunteering Report	Director of Nursing				✓		
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 (<i>also goes to PHWC</i>)	Director of Nursing		Presented in Jan '22			✓	
Review of Deaths of Children & Young People	Director of Nursing/Associate Director of Quality and Clinical Governance			✓ Added			✓ Annual Review
Clinical Advisory Panel Annual Report	Medical Director		✓				
Digital and Information Annual Report	Associate Director of Digital & Information					✓	

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	✓					
Fife Child Protection Annual Report	Director of Nursing					✓	
Integrated Screening Annual Report (also goes to PHWC)	Director of Public Health			✓			
Medical Education Report	Medical Director	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				✓		
Participation & Engagement Report (also goes to PHWC)	Director of Nursing		Presented in Jan '22		✓		
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					✓	
Quality Framework for Participation & Engagement Self-Evaluation	Director of Nursing			✓			
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 added	✓ 20/07	✓ 16/11	✓ 18/01

Linked Committee Minutes (cont.)							
	Lead	29/04/22	01/07/22	02/09/22	04/11/22	13/01/23	03/03/23
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	✓ 11/10	✓ 13/12
Area Radiation Protection Committee	Medical Director	✓ 02/03			✓ 31/08		
Cancer Governance & Strategy Group	Medical Director	01/04 Mtg cancelled		✓ 03/06 & 19/08		✓ 04/11	
NHS Fife 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		
Fife Drugs & Therapeutic Committee	Medical Director	✓ 09/02	✓ 27/04	✓ 22/06	✓ 24/08 & 12/10	✓ 07/12	
Fife IJB Clinical & Care Governance Committee	Associate Medical Director	✓ 04/03	✓ 20/04	✓ 05/07	✓ 09/09	✓ 08/11	
Health & Safety Subcommittee	Chair of Sub-Committee	✓ 11/03		✓ 10/06	✓ 09/09	✓ 09/12	
Infection Control Committee	Director of Nursing	✓ 02/02		✓ 08/06 & 03/08	✓ 05/10	✓ 05/12	
		06/04 mtg cancelled					
Ionising Radiation Medical Examination Regulations Board (IRMER)	Medical Director			✓ Date tbc			
Information Governance & Security Steering Group	Director of Finance & Strategy	✓ 04/03	08/04 Mtg cancelled	✓ 06/07	✓ 04/11		✓ 10/01

Linked Committee Minutes (cont.)							
	Lead	29/04/22	01/07/22	02/09/22	04/11/22	13/01/23	03/03/23
NHS Fife Medical Devices Group <i>(New group formed in June 2022)</i>	Medical Director				✓ 16/08	✓ 08/12	
Research, Innovation & Knowledge Oversight Group	Medical Director	✓ 31/03	✓ 24/05	✓ 20/06 & 31/08		✓ 24/11	
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 joining mtg)				
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		✓				
Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	29/04/22	01/07/22	02/09/22	04/11/22	13/01/23	03/03/23

**Confirmed Meeting Note of NHS Fife Clinical Governance Oversight Group
On Tuesday the 19th April 2022 at 1300 hrs via MS Teams**

Present

Lynn Barker (LB)	Associate Director of Nursing, Health and Social Care Partnership (HSCP)
Lynn Campbell (LC)	Associate Director of Nursing, Acute Services Division
Pauline Cumming (PC)	Risk Manager, NHS Fife
Claire Fulton (CF)	Lead for Adverse Events
Cathy Gilvear (CG)	Quality, Clinical & Care Governance Lead, HSCP
Dr Helen Hellewell (HH)	Associate Medical Director
Aileen Lawrie (AL)	Head of Midwifery/Nursing Women and Children's Directorate
Elizabeth Muir (EM)	Clinical Effectiveness Manager
Janette Owens (JO) Chair	Director of Nursing
Geraldine Smith (GS)	Lead Pharmacist, Medicines Governance & Education

In Attendance

Dorothy Gibson (DG)	Clinical Governance Administrator
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Apologies:

Gemma Couser (GC)	Associate Director of Quality & Clinical Governance
Benjamin Hannan (BH)	Director of Pharmacy and Medicines
Dr Chris McKenna (CMcK)	Medical Director, NHS Fife
Lizzie Gray(LG)	Patient Relations Team Lead
Amanda Wong (AW)	Associate Director of Allied Health Professionals
Prof Morwenna Wood (MW)	Consultant Nephrologist - Renal Medicine

Item		Action
1	Apologies	
	Apologies for absence were noted from the above named members.	
2	Minutes of previous meeting held on the 15th of February 2022 at 13.00, via MS Teams	
	The Group approved the minutes of the previous meeting.	
3	Matters Arising/Action List	
3.1	The group noted the updates and also the closed items on the Action List.	

Confirmed meeting Note NHS Fife Clinical Governance Oversight Group 19 th April 2022	Version: Confirmed	Date: 19/04/2022
Clinical Governance	Page 1 of 6	

4	GOVERNANCE	
4.1	NHS Fife Clinical Policy & Procedure Update 28 March 2022	
	<p>At the 28 March 2022 meeting the group approved <u>one</u> new Fife Wide Procedure and <u>one</u> new Acute Services Division Procedure. Extensions were given to <u>two</u> policies and <u>one</u> procedure currently under review.</p> <p>The group were informed that there is <u>one</u> policy and <u>two</u> procedures past their review date.</p> <p>AL asked about the Unborn Child Policy, AL informed the group that the Lead for Child Protection is retiring and if she could be copied in when the policy is due to be reviewed.</p> <p>At present 97 % of all clinical policies and procedures are current and in date.</p>	
4.2	NHS Fife Activity Tracker	
	EM advised that since our meeting in February 2022 Healthcare Improvement Scotland had published no new reports or publications on their website.	
4.3	CE Register Flash Report	
	<p>EM advised the Clinical Effectiveness Flash Report details the variety of audit and improvements projects that have been registered in Fife. Due to clinical pressure there has been some slippage in the last year of projects finishing and reports being produced in the estimated timeframe, new target dates have been set by the project lead.</p> <p>GS asked if the category under Pharmacists in Datix could be amended to read Safer Use of Medicines in the report. EM advised that she would ask the question with colleagues and advise GS in due course.</p>	EM
4.4	Annual Assurance Statement	
	Due to clinical pressures, members of the group were asked to ensure to feedback directly to GC by 18 May 2022 to allow for the clinical governance annual assurance statement to be finalised and help identify improvement actions for the forthcoming year.	ALL
4.5	Updated Terms of Reference	
	CF advised that the terms of reference for the Adverse Events and Duty of Candour group has now been amalgamated into this group.	
5	STRATEGY PLANNING	
5.1	Clinical and Care Governance Framework	

Confirmed meeting Note NHS Fife Clinical Governance Oversight Group 19 th April 2022	Version: Confirmed	Date: 19/04/2022
Clinical Governance	Page 2 of 6	

	EM advised the group that before going on annual leave, GC had extended the deadline for feedback to the 18 May 2022. The intention is to submit the final draft of the framework to NHS Fife Clinical Governance Committee on the 1 July 2022.	ALL
5.2	Adverse Event Process and Policy Improvement Plan	
	<p>CF provided a summary of the adverse events improvement plan, key updates and next steps.</p> <p>There are 7 main work streams –</p> <ul style="list-style-type: none"> • Adverse Events process • Policy • Training & Education • Staff Support • Patient & family involvement • Team infrastructure • Open Culture <p>Process mapping completed in summer 2021 has guided the initial focus of the work.</p> <p><u>Key updates</u></p> <p>A dedicated adverse events folder has been set up on blink within the Quality and Clinical Governance folder. Within the folder resources such as human factors training, blank templates and root cause analysis tools can be found to assist with the management of adverse event reviews. The key document is a step by step guide which includes links within the document to all the tools required to progress a review from initial reporting until completion.</p> <p>A patient and family information leaflet on SAER's has been devised based on the recommended information leaflet provided by HIS. This early draft is available for use from the blink page. Comments from HON's are around a similar leaflet for LAER or adapting the language in the SAER leaflet so that it can be used for both levels of event reviews. This work is ongoing.</p> <p>Ongoing work with patient relations in terms of complaints, looking at the complaints module and how we can link complaints with significant adverse events. LG & CF have had various conversations regarding the linkage between patient relations and how it will all link into the SAER's and LAER's. LC really supports what is being put in as a process in making this easier to manage.</p> <p>A monthly incident flashcard which provides an overview of adverse events is being circulated on blink for all staff.</p> <p><u>Next steps</u></p> <p>CF is participating in work with the joint commission and other boards to develop national accredited training/resources for staff for SAER's and LAER's and will provide an update at a future date.</p> <p>An electronic SBAR for all major adverse events is in the early stages of</p>	CF

CF

Confirmed meeting Note NHS Fife Clinical Governance Oversight Group 19 th April 2022	Version: Confirmed	Date: 19/04/2022
Clinical Governance	Page 3 of 6	

	<p>development. When ready this will go into testing with clinical senior team members.</p> <p>Engagement with the clinical teams to get feedback on how the datix reporting and reviewer forms could be more efficient will be arranged once clinical pressures allow.</p> <p>CF will lead short life working group to devise a questionnaire for all staff on the support they perceive is available to them following involvement in an adverse event. From the response the group will identify any gaps and improvement work that needs to be taken forward.</p>	CF
5.3	National Hub for Learning and Reviewing Deaths of Children and Young People – Update	
	CF advised that the funding has been approved for a band 7 and a band 4. The band 4 post has gone out to advert. Healthcare Improvement Scotland National Hub Team are attending NHS Fife Review of Children’s Commissioning meeting on 20 May 2022 to discuss our progress and shared learning.	
6	QUALITY/PERFORMANCE	
6.1	NHS Fife Integrated Performance & Quality Report	
	<p>There has been a lot of work been done around refreshing the format of the IPQR and deputies have been meeting to reformat the report. JO advised that the newer version of the data is looking much clearer</p> <p>PC advised that there is work underway to develop a risk component to align with the refreshed IPQR and advised that she hopes to be able to provide something more concrete in terms of what this might look like at the next meeting. The intention is to add a dashboard related to corporate risks at the start of the IPQR before the Indicator Summary, and weave brief narrative related to the risks into respective sections of the report.</p> <p>AL asked how we go back to the teams and advise them what our measure of safety and quality is. As some of what is in there AL wouldn’t necessarily equate to knowing from a maternity point of view that “maternity was safe”. AL asked if there was ever a time where you would go back to the clinical leads and ask if there is anything that needs added or taken away. What the clinical teams would call important when talking about risk and assurance around care. JO was intending to have a meeting with the Associate Directors around the assurance framework. This was put on hold due to clinical pressures; this was looking at a mixture of excellence in care. The only issue again is the “lag” in data, and there is work happening about capturing patient experience and to make sure that what we are auditing etc that it fits in with an appropriate framework.</p> <p>PC advised that she and GC are having engagement meetings with the senior leadership teams for each part of the organisation. PC will let AL know when the Acute SLT is taking place. As well as describing plans for taking forward risk</p>	PC

Confirmed meeting Note NHS Fife Clinical Governance Oversight Group 19 th April 2022	Version: Confirmed	Date: 19/04/2022
Clinical Governance	Page 4 of 6	

	management across the organisation, one of the things that we will look to discuss is around the risks that have yet to be identified . PC/AL to discuss further offline.	PC/AL
6.2	HSCP Quality Report	
	<p>LB advised that the HCPR Quality Report was just for noting. LB advised that their data is discussed on a weekly basis and the report is being reviewed along with other reports so that the data can be shown as up to date as possible.</p> <p>LC advised that a conversation had taken place with GC that the Acute don't have a separate report, and LC isn't proposing that one is done. The NHS Fife Clinical Governance Committee receives the minutes of the Acute Services Division, Clinical Governance Committee.</p>	
6.3	Adverse Events Status Update	
	<p>CF presented an incident flash card with the proposal to share this on Blink monthly. It gives an overview of the number of incidents reported up until March 2022. The top 10 reported categories and the 3 top reported sub categories. The flashcard has a link to the adverse events management page for staff wishing any further information. The proposal also includes the addition of a 2nd page which will have a spotlight on areas of adverse events that have been significant over the month.</p> <p>CF shared the Adverse Events Key Performance Indicators (KPI's). A total of 6 KPI's were shared with the group. Off note the KPI relating to compliance with SBAR submission times over the last 12 month period was highlighted. 73 SBARS were received within the 5 working days and there were 27 SBARs submitted later than 5 working days from event.</p>	CF
7	PERSON CENTRED CARE, PARTICIPATION AND ENGAGEMENT	
	<p>JO advised that the complaints performance is sitting at 7% at the end of December 2021. Fortunately it rose to 12.2% in January 2022; there has been some focus work on that. NR met with the Heads of Nursing and they have pulled together a lot of the outstanding complaints that were reading for drafting, that the patient relations team hadn't had time to manage. We had over 40 complaints in draft at the end of February 2022, and although there had been others added on but by the end of March 2022 these had been cleared. An improvement plan has also been put in place so therefore we should get better reporting and slicker in responding to complaints.</p> <p>There is also a report being sent to the Clinical Governance Committee providing patient experience and this will be growing and changing. The new Head of Complaints has now been appointed.</p>	
8	LINKED COMMITTEE MINUTES	
	The group noted the following linked Committee and Group minutes.	
8.1	NHS Fife Clinical Policy & Procedure Coordination & Authorisation Group 28 th March 2022	

Confirmed meeting Note NHS Fife Clinical Governance Oversight Group 19 th April 2022	Version: Confirmed	Date: 19/04/2022
Clinical Governance	Page 5 of 6	

8.2	NHS Fife In Patient Falls Steering Group	
8.3	NHS Fife Point of Care Testing Committee	
8.4	NHS Fife Tissue Viability Working Group	
8.5	NHS Fife Resuscitation Committee - cancelled due to clinical pressures.	
9	ITEMS TO NOTE	
	An action was for a discussion to take place with GC to look at standardising templates that are asked to be submitted and completed prior to meetings i.e. cover sheets etc.	ALL/GC
10	ISSUES TO BE ESCALATED	
	Nothing to note.	
11	ANY OTHER BUSINESS	
	Date of Next Meeting 14 th June 2022 10.00 via Microsoft Teams	

Confirmed meeting Note NHS Fife Clinical Governance Oversight Group 19 th April 2022	Version: Confirmed	Date: 19/04/2022
Clinical Governance	Page 6 of 6	

Digital and Information Board

19 April 2022

No issues were raised for escalation to the Clinical Governance Committee.

**MINUTE OF THE DIGITAL AND INFORMATION BOARD HELD ON TUESDAY 19TH APRIL 2022,
0945, VIA MS TEAMS**

Present:

Chair - Dr Chris McKenna	Medical Director
Alistair Graham	Associate Director, Digital & Information
John Chalmers	Clinical Lead, Digital & Information
Amanda Wong	Associate Director, AHPs
Miriam Watts	General Manager, Emergency Care
Janette Owens	Director of Nursing
Philip Duthie	General Practitioner
Duncan Wilson	Lead Pharmacist (on behalf of Director of Pharmacy & Medicines) -
Margo McGurk	Director of Finance & Strategy
Lynn Barker	Associate Director of Nursing
Eileen Duncan	Directorate Solutions Manager H&SC

In Attendance:

Andy Brown	Principal Auditor
Claire Neal	(Minute) PA to Associate Director, Digital & Information
Marie Richmond	Head of Strategy and Programmes, Digital & Information
Allan Young	Head of Digital Operations, Digital & Information
Margaret Guthrie	Head of Information Governance and Security Manager/DPO)
Fiona McLaren	Head of PMO
Tom McCarthy	Portfolio Manager
Claire Crombie	Communications Officer

Apologies:

Nicky Connor	Director Health & Social Care
Claire Dobson	Director of Acute Services
Helen Hellewell	Associate Medical Director
Jillian Torrens	Senior Manager, Mental Health & Learning Disabilities Service
Torfinn Thorbjornsen	Head of Information Services, Digital & Information

1 WELCOME AND APOLOGIES

Dr McKenna welcomed everyone to the meeting and a round of introductions were provided. Apologies were noted to Board.

2 MINUTE & ACTIONS OF MEETING HELD – 25th January 2022

Minutes were reviewed and agreed. Updates were provided for completed and ongoing actions.

3 MATTERS ARISING

3.1 Password Complexity

A Young introduced and provided background to paper noting they are seeking approval for this item.

A few years ago advice from National Cyber Security Centre recommended the password length be increased from 8 to 12 characters. Through further security investigations it has shown that it would take 317 days to crack a password with 12 characters compared to 587 years with a password of 14 characters. Due to the heightened cyber risks, the current climate, and also the highly sophisticated attacks that took place last year. Guidance and recommendations from the Scottish Government Competent Authority and Microsoft have been issued recommending an increase in the number of characters to 14.

A Young noted the intention would be for a gradually implemented through natural expiry of existing passwords but staff can change if they wish prior this expiry. Further guidance and notifications will be issued via comms and desktop background. Service Desk have been informed so are aware of potential additional calls that may arise.

Dr McKenna provided feedback noting from an organisational perspective security of our systems is paramount. Evidence is there to promote the additional timeframe for cracking these passwords. The advice of random 3 words is easier to remember rather than long passwords with special characters in them.

A Brown queried the frequency of password changes and once up and running with the new password will the current one year still be in place for updating. A Young noted they intend to keep with the change to once a year, as this is the recommended timescale. The length of characters was also queried and A Young noted Microsoft and NCSC who recommends using 14 characters so this aligns with industry recommendations. Possibly could also become an NISD audit point in 2022.

A Graham noted also this is an operational recommendation, the password policy will require to be updated if approved.

No other comments were raised.

Approved by Board

3.2 Password Management Improvements

A Young presented paper to Board noting approval and support to this item.

A Young provided feedback advising that 40% of calls to the D&I Service Desk are either password resets or account unlocks. This is a high level of calls and this creates considerable overheads in providing a sustainable front line service and due to this, we would like to change the approach on how we manage this.

The last 4 years a third party, Dacoll has been paid to provide an overflow support service to help reduce the waiting times on our calls. They have approached us to confirm the service is no longer commercially viable for them and they are potentially looking for additional costs. Due to this we have undertaken some internal investigations and have found that 30% of calls were falsely routed to Dacoll either due to user error or a password reset that Dacoll could not administer. Due to this, we felt that it would be best to bring this back in-house and to cease the contract with Dacoll from July 22. The monies that is used for Dacoll and additional funding received for M365 would allow for additional resource to be allocated in the Account Management team.

We also would like to introduce a self-help management feature, 2 step multi factorial system to allow staff to be able to reset their own passwords.

Dr McKenna provided brief feedback to the above noting this is good. If staff are aware they can manage their own passwords this could be well received and will be good to explore. Clear identification of the ability to self serve a password reset should be considered. A Graham also noting feedback and conscious to the joiners, leaver's process continue to be considered organisationally.

No more comments were raised.

Approved by Board.

4 RISK MANAGEMENT

4.1 Risk Management Report

A Graham delivered a presentation and noting that attendees will hopefully becoming familiar with the format of this report as there is a lot of data held within report so would like to highlight some brief points:

- One additional risk has been added since previous report.
- There are currently 6 high risks with mitigations in support of these.
- Work is ongoing with moderate risks.
- Performance – for High risks there have been 9 improvements from the original 14, with a deterioration of one risk that relates to the Risk of Cyber attacks.
- For moderate risks, there have been 5 improvements.
- Within table 1, the asterisks items are currently part of the D&I BAF.
- Support has been received via the SPRA process so this has helped with risks relating to staff resource from fixed term to substantive posts. Recruitment has helped.
- Risk Item 1338 - Ongoing exercises to Cyber Intrusion. Event which was due April has been delayed due to pressures in NHS Fife, this has been rescheduled for May. Work continuing.
- Risk Item 2192 Information Service Management. Ongoing recruitment for this. Delays experienced with amendments to the job description but this is in review and additional recruitment now in post so able to proceed with actions to mitigate these.

A Graham finally wanted to highlight to the Board, that mitigations are currently aligned with risk proximity.

Dr McKenna, thanked A Graham for the clear and helpful document.

No comments were raised.

For **noting** to Board.

5 PERFORMANCE

5.1 D&I Performance Summary

A Young presented D&I Performance Summary noting the below:

- **EOL 2003** – Progress is continuing, we are now reduced to a very few and these are proving difficult with additional funding required and legacy applications
- **EOL 2008** – this is reducing, now commencing with GP upgrades from May onwards. Proof of concept is successful in testing with GP Kelty & St Brycedale Surgery.
- **Win 10** – this is held due to Pharmacy. It is hoped the upgrade will be through summer of 22. A Young noted that NHS Fife is far ahead than other NHS Boards.
- **General SLA's** – Issue with account provisioning, they are aware of this and processes have been reviewed and changed.
- **Cyber Score** – this is reducing, NSS deem 24 as a good score but would like to keep this currently at amber, until this is below 15 as I feel this is a good score.

Dr McKenna queried servers, A Young noted this is ongoing work and every effort is made to maintain the exceptions list down to zero.

Dr McKenna thanked the D&I teams, this performance summary is testament to all the hard work.

No other comments were raised.

6 Strategy & Programmes/Projects

6.1 Programme & Projects Update

M Richmond noted background to the Programmes & Projects updates and provided a brief summary to some of the current ongoing projects:

- New Communications Lead for D&I now recruited. Thanks to K MacGregor for her support.
- HEPMA – The contract was not awarded to the preferred supplier, so now looking at Procurement for the 2nd choice company. Meeting scheduled for 2nd May to see if this is viable.
- M365 – work ongoing. Looking to progress to phase 3 business case to consider the introduction to SharePoint.
- Morse – This is going exceptionally well. Still currently green. Require to recruit to post as the current PM now promoted to another post. Currently under review.
- Endoscopy – Go live date has been delayed till start of May. There has been a few technical challenges but these have now been resolved. Want to ensure everything in place prior to go live.
- Urgent Care Transformation – working with Adastral integration.
- Digital Pathology – currently on hold due to recruitment to application support resources. As this is very technical, don't want to progress without.
- National Treatment Centre – Fife Orthopaedic Centre – Working with team to see what we can deliver. Work ongoing with Information Governance re Buddyhealth.
- GP Back Scanning – currently closed due to no project manager but this is with BAU and in contact D Gowans. Will update.
- eRostering – meeting scheduled to commence discussions. J Owens will be SRO.
- New structure within Strategy & Programmes, thanked for finance support to all this to progress. Recruitment ongoing.

Dr McKenna thanked Marie for the informative paper and for all the good progress being achieved. Noting disappointing regarding HEPMA but hopeful we will have some positive news for the next Board.

J Chalmers raised concerns re HEPMA and the clinical impact. Aware of meeting but maybe need to think about medicines reconciliation and how to we tie these together. Feedback provided to J Chalmers comments and content with recent activities and confident this can be progressed.

A Graham wished to highlight to the Board the Chief Executive responsible for the National M365 Programme Board has changed and the new Chief Executive has requested a pause to allow a review of the project due to national financials incurred.

No other comments were raised

Paper for **noting**.

6.2 Annual Plan

A Graham delivered a presentation and provided a brief background to the item.

- This is a management delivery plan
- This is used to track internal functions, activities and the classification that D&I use.
- Allows to review the last 2 years of the Digital Strategy.

Currently the demand exceeds the capacity so we are currently reviewing to ensure we are working on the right project at the right time.

A Graham provided a brief update to each some of the functional programmes on the presentation.

- TrackCare – Following the upgrade planned for May, work will progress with the adoption of the new User Interface for TrakCare. A number of additional features are being considered for implementation that could help to make a difference to capacity and flow and patient care.
- Business Cases are due this year e.g. for GPIT.
- Telephony system upgrade. Business case development will commence in 2022-23 with opportunities recognised to consider changes to how we work and the ongoing recurring costs associated.

Dr McKenna thanked A Graham for the paper and the information provided which highlights the commitment and the scale of work with also BAU. Through various other discussions it has highlighted the importance of right recruitment and substantives post not fixed term posts. Recruiting skilled staff and retaining. Extremely time consuming recruiting and training.

M McGurk also noted thanks to A Graham for the paper as this shows the complexity and brings to life the work involved when it is displayed in this format. M McGurk raised a query regards to the assurance and the risks associated with financial provision. A Graham noted there a few activities that need to ensure the assurance is delivered. Decision making by this Board and SLTs are necessary to ensure the correct prioritisation and if this can be evidence the risk profile could be amended.

No other comments were raised.

Support was noted to the Board.

7 Business Cases / Proposals

7.1 SBAR Staff Link Utilisation and Cost

M Richmond presented item to Board and noted they are speaking on behalf of K MacGregor due to leave.

During COVID 19 a decision was taken to move from the current platform to Staff Link. A brief background was provided to Board regarding Staff Link. We are currently paying an ongoing sum to Blink and are looking to review this. Staff Link is currently funded through the COVID 19 finance fund and we are now at a point where this requires to be funded mainstream. We are looking to commit to a 3 year delivery rather than year on year and we seeking approval from Board for this.

Currently the annual software licence is around £80,000, discussions have been undertaken with Blink and they are willing to reduce this fee by a further 8 pence per user. This may not seem like a huge cost saving but when initial negotiations were taking place we already managed to secure a heavy discount, this was around 86% less than other companies.

Dr McKenna queried if this paper has been presented to EDG first? M Richmond noted they thought this would come to D&I Board first, with a recommendation, this can then better inform EDG.

Brief conversations were undertaken regards to the 3 year term and the relationship between Staff Link and the Microsoft 365 tools.

M McGurk noted the limited financial incentive provided by the supplier however this year's financing for 22-23 would be a candidate for COVID 19 fund as this is still current but requires more information regards to the financials and user interaction with Staff Link. It was agreed the paper be updated to reflect the 1 year commitment from COVID funds to allow EDG to review and if it is decided to go past this year this should be taken through the SPRA process.

No more comments were raised.

Action: Paper to be updated and brought to EDG.

8 Annual Workplan 22/23

8.1 2022 – 2023

A Graham noted the draft workplan was presented to the Board in January, comments were noted and the workplan has been updated to reflect this change. This paper is being brought back to Board for approval.

No comments were raised.

Approved.

8.2 D&I Review of TOR

A Graham noted the draft ToR was presented to Board in January and feedback was received and updated and now looking for approval.

Discussions were undertaken regarding the attendance and adding representation from Staff Side and also Property Management. Brief discussion was held on it 4.12 but after this discussion it was agreed to remain as.

No other comments were raised.

ToR **approved** with the caveat to the changes to attendance.

8.3 Annual Assurance Statement

A Graham noted the Annual Assurance has been amended from recommendations received from A Brown and looking to seek approval from Board.

Dr McKenna noted the assurance report is really comprehensive, documents good governance and the improvements achieved and is happy to approve this assurance statement.

M McGurk also noted this report is really strong and also others support as this links with the IG&S Steering Group. Combining both together they signal a strong performance for 21-22. Team should be commended and thanked all for their hard work.

No other comments were raised.

Approved.

9 AOCB

No other competent business was raised and no further comments were received.

Dr McKenna thanked all for their continued hard work and for attendance.

10 DATE OF NEXT MEETING

28th July 2022, 1330, via MS Teams

AREA DRUG & THERAPEUTICS COMMITTEE

(Meeting on 27 April 2022)

No issues were raised for escalation to the Clinical Governance Committee.

UNCONFIRMED

MINUTES OF THE MEETING OF THE FIFE DRUGS AND THERAPEUTICS COMMITTEE HELD AT 1.00PM ON WEDNESDAY 27 APRIL 2022 VIA MICROSOFT TEAMS

Present: Dr Chris McKenna (Chair)
 Mr Ben Hannan (Vice-Chair)
 Ms Shona Adam (representing Directorate of Nursing)
 Ms Claire Fernie
 Dr Iain Gourley
 Dr John Kennedy
 Mr Fraser Notman (on behalf of Mr Euan Reid)
 Mr David Pirie
 Ms Rose Robertson
 Ms Andrea Smith

In attendance: Mr Ryan Headspeath, Shared Care Pharmacist (item 8)
 Mrs Sandra MacDonald, Administration Officer (minutes)

1 WELCOME AND APOLOGIES FOR ABSENCE

Dr McKenna welcomed everyone to the meeting. Apologies for absence were noted for Ms Lynn Barker, Dr Marie Boilson, Ms Claire Dobson, Dr David Griffith, Dr Helen Hellewell, Dr John Morrice, Mr Euan Reid, Ms Nicola Robertson, Ms Olivia Robertson, Ms Doreen Smith, Professor Morwenna Wood.

Issues with quorate were highlighted. It was agreed that the meeting should proceed and that the minutes would be circulated to the quorate for approval.

ACTION

SMacD

2 MINUTES OF PREVIOUS MEETING ON 9 FEBRUARY 2022

The minutes of the meeting held on 9 February were accepted as a true record.

3 ACTION POINT LOG

The action list was discussed and actions updated/completed as agreed.

4 ANY OTHER MATTERS ARISING FROM THE MINUTES

There were no other matters arising from the minutes.

5 DECLARATION OF INTERESTS

There were no declarations of interests.

6 ADTC SUB-GROUP UPDATE REPORTS

6.1 East Region Formulary Committee

Mr Notman introduced the minutes from the East Region Formulary Committee meeting on 2 February 2022 and highlighted key points. Minutes from the subsequent meeting on 30 March have only just been released and these will be included on the agenda for the next ADTC meeting.

Three revised East Region Formulary Chapters (Cardiovascular, Respiratory and Endocrine) were tabled and approved at the February meeting and a further three Chapters (Obstetrics & Gynaecology, Genito-Urinary and Musculoskeletal) were discussed and agreed at the subsequent meeting in March. Nine Chapters in total have now been agreed through the Chapter Expert Working Groups and East Region Formulary Committee. The next Chapter scheduled for review is the Central Nervous System.

Several Formulary applications were approved at both the February and March meetings, the majority of which related to cancer medicines. There is good adherence to the Formulary submission paperwork and minor issues around appropriate sign-off by each of the three Boards prior to submission to the Committee are being addressed.

Mr Notman highlighted an issue with operational membership due to job changes/retirement. Upcoming gaps in NHS Fife membership include Consultant representation, Acute Pharmacy representation and GP representation. NHS Fife representation vacancies to be discussed with Ben Hannan, Professor Morwenna Wood and Dr Helen Hellewell as required.

FN

The ADTC noted the update from the East Region Formulary Committee and the good collaboration across the three Boards.

6.2 MSDTC

Ms Smith provided a verbal update on behalf of the MSDTC and highlighted key points from the meeting on 23 February 2022.

It was noted that Ms Smith has now taken over the role of Vice-Chair of the MSDTC; Professor Morwenna Wood remains Chair.

A number of Clinical Guidance documents were approved, including Retinoid Prescription; Methoxypsoralens (PUVA) Prescription; Fife Rheumatic Diseases Unit Guidelines; and Splenectomy Guidance. The Phototherapy PGDs and Supply Protocol; High-cost Drugs Psoriasis Pathway; and VTE Anticoagulation guidance were approved subject to minor amendment. The Management of Long-term Medications guidance was not approved at this stage and will be reviewed by Pharmacy prior to re-submission to the MSDTC.

A change to the meeting dates for the MSDTC due to conflicting diary issues was highlighted.

The ADTC noted the update report from the MSDTC and Minutes from the meeting on 23 February.

6.3 Fife Prescribing Forum

Mr Hannan introduced the update report on behalf of the Fife Prescribing Forum and briefed the ADTC on the background to establishment of the Forum.

The Forum has a medicines governance role and also links into the medicines efficiency workstream. Clinicians, Lead Pharmacists, Service Managers and Finance Business Partners from Specialities are invited to present their Service Update reports to the Forum and a programme of work for the coming year has been agreed.

There has been excellent engagement with the Specialities and the quality and detail in the reports presented to the Forum is consistently of a high standard. Common themes identified include: realignment of budgets across specialties, ambulatory care unit capacity, Homecare for specialist medicines, shared care of medicines and prescribing guidance. Challenges due to the response to the Covid-19 pandemic were acknowledged.

The ADTC noted the update report on behalf of the Fife Prescribing Forum.

6.4 Safe Use of Medicines Group

Mr Hannan introduced the update report on behalf of the Safe Use of Medicines Group.

The ADTC noted the significant number of achievements since the last update report including the launch of version 9 of the SSUMPP, completion of several audits (medicines requiring refrigeration, patient group directions, and medical gas).

It was noted that the audit timetable for 2022 is being reviewed due to the impact of winter/covid -19 pressures. The frequency of meetings has been reduced to two monthly, with a smaller group relating specifically to controlled drugs meeting every other month.

The ADTC noted the update report/minutes from the Safe Use of Medicines Group and the re-assuring work ongoing.

6.5 PGD Group

Mr Notman introduced the update report on behalf of the PGD group.

The ADTC noted the achievements since the last update report and the wide-ranging variety of work undertaken, including the review and approval of several out of date PGDs; urgent updates to vaccine PGDs; and the development of 12 new PGDs. An end-user audit was undertaken and

although the number of responses was lower than expected mainly due to the pressures on all services, the results demonstrate an overall compliance rate of 98%.

The workplan for the next six months includes the review of PGDs scheduled for review in 2022, finalising the backlog of Hospital at Home PGDs, vaccine PGD updates and development of new PGDs. The impact of COVID-19 PGD amendments was highlighted.

The ADTC noted the update report on behalf of the PGD group and the success of the work carried out to date.

7 SBARs

7.1 SBAR - Melatonin

Mr Hannan presented the SBAR - Melatonin Prescribing in NHS Fife and briefed the ADTC on the background to this.

This report describes the suite of actions proposed to rationalise prescribing of melatonin to ensure that initiation and ongoing prescribing is appropriate. A system wide Short Life Working Group with stakeholders from the range of disciplines involved in initiating and continuing to prescribe melatonin is being established.

A discussion ensued around the background to the licensing of melatonin in Scotland and growth in prescribing nationally.

Potential issues for patients with regard to the review policy and process for self-recording of data were highlighted. Mr Hannan to arrange for the Short Life Working Group to engage with Claire Fernie to discuss further.

BH

It was noted that section 2.3.5 of the SBAR had not been completed appropriately. An amended version of the paper to be brought to the next ADTC for noting. A Smith to take forward.

AS

The ADTC noted the paper and supported the proposals for rationalisation of melatonin prescribing going forward. An update to be brought to the ADTC in 6 months.

8 ADHD Shared Care Agreements

Mr Hannan briefed the ADTC on the background to the establishment of the Shared Care Group in NHS Fife and the work ongoing to progress the review and development of Shared Care Agreements (SCAs).

Mr Headspeath introduced the updated SCAs for Atomoxetine, Lisdexamfetamine and Methylphenidate, along with the new SCA for Guanfacine, for Children (aged 6 years and over) and Adolescents with Attention Deficit Hyperactivity Disorder (ADHD). Two supporting guidance documents were also highlighted - Guidance for General Practitioners on

Managing Recommendations from Private ADHD Clinics and a Pathway for Transition to General Practice for ongoing Repeat Prescribing.

Mr Headspeath highlighted the key changes including clarification around the classification of patient stability, transfer to Primary Care and an update to generic contact details.

The SCAs along with the supporting guidance documents were recently discussed at the GP Sub-Committee. There was positive feedback from the GP Sub-committee in relation to the SCAs and accompanying guidance. An amendment to the wording in the SCAs (point 3, GP responsibility section) to give clarification that patients remain under the care of the ADHD service and do not require to be re-referred to the service in the event of an issue, was proposed. It was highlighted that the Guidance for Managing Recommendations from Private ADHD Clinics had the potential for wider implications for GPs, particularly in North-East Fife.

There was positive feedback from the ADTC and GP representatives present welcomed the availability of the Guidance.

The ADTC approved the updated/new SCAs. The approval process for shared care in Fife from a medicines governance and professional advisory perspective to be discussed and finalised in due course.

9 RISKS DUE FOR REVIEW IN DATIX

Mr Notman took the ADTC through the risks scheduled for review and agreed current risk levels and review dates.

Risk 1442 - Single National Formulary

It was noted that a new risk around the East Region Formulary has been opened. The ADTC agreed to close risk 1442: Single National Formulary.

Risk 522 - Prescribing Budget

It was noted that a slight underspend in the GP prescribing budget was reported at the end of February 2022. The forecast is break even position at the year end. A budget uplift has been allocation to the H&SCP in line with Scottish Government guidance.

The ADTC noted the update and agreed that no change was required to the current risk level.

Risk 1621 - Medicines Shortages

It was noted that the potential cost pressure reported in 21-22 has been contained within the slight underspend highlighted. At present there has been no increase in medicines costs due to shortages however this position is likely to change.

The ADTC noted the update and agreed that no change was required to the current risk level.

Risk 2304 - East Region Formulary

The ADTC noted the content of risk 2304 which replaces risk 1442 - Single National Formulary. The ADTC noted the potential for increased costs due to widening of Formulary choices. A potential increase in workload was also noted.

Dr McKenna, Mr Hannan and Mr Reid to discuss the Risk Register to ensure that it is fit for purpose and bring back to the next ADTC meeting.

**BH/ER/
CMcK**

The ADTC noted issues with reading the spreadsheet and agreed that going forward a covering papering detailing the risks should be brought to the ADTC.

ER

10 ADTC-COLLABORATIVE/SCOTTISH GOVERNMENT COMMUNICATION**10.1 ADTCC Forum - Sapropterin Update**

The update on the use of sapropterin for the adjunctive treatment of phenylketonuria and confirmation of NHS Fife ADTC's support of the ADTC Collaborative proposed approach was noted.

11 EFFECTIVE PRESCRIBING**11.1 Early Access to Medicine Scheme - Lutetium vipivotide tetraxetan**

The ADTC noted the Early Access to Medicine Scheme operational guidance for Lutetium vipivotide tetraxetan for the treatment of adult patients with prostate-specific membrane antigen (PSMA)-positive metastatic castration-resistant prostate cancer.

12 HEPMA Update

Mr Hannan provided a verbal update on progress with the implementation of HEPMA. The contract terms with the preferred supplier have not been concluded and negotiations have discontinued. The way forward to be agreed by the HEPMA Board and an update brought to the ADTC in due course.

13 PACS/SMC Non Submissions**13.1 Latest Submissions**

The table detailing the latest PACS/SMC non submissions was noted.

14 POINTS FOR RAISING AT CLINICAL GOVERNANCE COMMITTEE

There were no items for escalation to the Clinical Governance Committee.

15 ANY OTHER COMPETENT BUSINESS

NHS Fife Woundcare Formulary

Mr Notman highlighted that the NHS Fife Woundcare Formulary is undergoing revision in line with the National Woundcare Formulary and sought clarification on the appropriate governance route. Historically this would have been through the Fife Formulary Committee however there are no current plans for approval of Woundcare Formularies through the East Region Formulary Committee process. Ms Smith and Mr Notman to discuss whether the Nursing governance route would be more appropriate.

AS/FN

Other Information

- a **Minutes of Diabetes MCN Prescribing Group** 8 March 2022. For information
- b **Minutes of Respiratory MCN Prescribing Sub-Group.** Next meeting April 2022
- c **Minutes of Heart Disease MCN Prescribing Sub-Group.** Next meeting April 2022
- d **Date of Next Meeting**
The next meeting is to be held on **Wednesday 22 June 2022 at 1.00pm via MS Teams.** Papers for next meeting/apologies for absence to be submitted by 8 June.



Fife Health & Social Care Partnership

Supporting the people of Fife together

UNCONFIRMED MINUTE OF THE CLINICAL & CARE GOVERNANCE COMMITTEE WEDNESDAY 20TH APRIL 2022, 1000hrs - MS TEAMS

- Present:** Councillor Tim Brett (Chair)
Councillor Rosemary Liewald
Martin Black, NHS Board Member
Councillor David J Ross
Councillor Jan Wincott
- Attending:** Dr Helen Hellewell, Associate Medical Director
Lynn Barker, Associate Director of Nursing
Kathy Henwood, Head of Education and Children's Services (Children and Families/CJSW and CSWO)
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Catherine Gilvear, Quality Clinical & Care Governance Lead
Lynne Garvey, Head of Community Care Services
Joanna Clark, Service Manager (Fife Macmillan Improving the Cancer Journey)
Hazel Close, Lead Pharmacist - Public Health and Community Pharmacy
- In Attendance:** Jennifer Cushnie, PA to Associate Medical Director (Minutes)
- Apologies for Absence:** Wilma Brown, Employee Director
Nicky Connor, Director of Health & Social Care
Chris McKenna, Medical Director
Rona Laskowski, Head of Complex and Critical Care Services
Bryan Davies, Head of Preventative and Primary Care Services
Sinead Braiden, NHS Fife Board Member

No	Item	Action
1	CHAIRPERSON'S WELCOME AND OPENING REMARKS Cllr Brett welcomed everyone to the meeting. Cllr Brett hoped everyone had kept well, he acknowledged there still remains a lot of Covid in Fife and advised he, himself, had suffered from Covid the previous week. He stated this would be his final meeting and would like to say a few words at the end of the meeting.	

2	<p>DECLARATION OF MEMBERS' INTEREST</p> <p>No items raised.</p>	
3	<p>APOLOGIES FOR ABSENCE</p> <p>Apologies were noted as above.</p>	
4	<p>MINUTES OF PREVIOUS MEETINGS HELD ON 04 MARCH 2022</p> <p>Cllr Brett advised in future minutes, Sinead Braiden should be entered under 'Present' not 'Attending'.</p>	JC
5	<p>ACTION LOG</p> <p>Cllr Brett asked if the items in the Action Log could be pressed for action by HH / LB as these were to take place in early 2022.</p>	LB / HH
6	<p>GOVERNANCE</p>	
	<p>6.1 Reducing Harms Presentation</p> <p>LB introduced the presentation which discussed harm in its various forms - these include Falls, Pressure Ulcers and Catheter Associated Urinary Tract Infections (CAUTI). LB explained the meaning of the data and statistics relating to occurrences of harm within Fife Healthcare settings. LB acknowledged Covid and staffing problems have contributed significantly to the occurrences experienced. She gave details around the work which takes place to reduce and prevent harm.</p> <p>The aim is to achieve a 25% reduction in occurrences of harm in 2022 and a further 25% reduction in 2023. The many factors which slow progress and the quality improvement systems in place to support improvement in each form of harm, were discussed.</p> <p>MB queried the footwear being used, he remembered this was investigated and reviewed a few years ago, resulting in safe footwear being provided. He also asked if the urinary tract infections are experienced by people who have long-term catheters fitted outside of healthcare settings. LB advised the CAUTI is for short and long terms catheters. The slipper-socks are provided and a risk assessment is carried out.</p> <p>Cllr Liewald queried pressure sores within the community for bed-bound patients and asked if ripple mattresses and other devices are provided and what the procedure is. LB advised a home visit is carried out by a Community Specialist, District Nurses, OT or GP and the situation will be assessed to ascertain what equipment is required.</p> <p>Cllr Brett queried the use of Morse. LG, who Chairs the Morse Board, confirmed 80% of services have transferred over to Morse, with only a few remaining. This is on target, in terms of transitions set within the Paper, and is not a risk.</p>	

	<p>6.2 Clinical Quality Report</p> <p>Covered above.</p>	
	<p>6.3 MWC Update – Dunino and Ravenscraig Ward</p> <p>LB gave apologies on behalf of Rona Laskowski who had been called to an urgent meeting. She advised, RL was happy to take questions or actions off-line.</p> <p>There was much discussion relating to both reports. A summary of all discussion and the questions raised will be passed to RL. There was agreement the Paper will come back to the next meeting for presentation by RL.</p>	<p>RL</p>
	<p>6.4 Delayed Discharge Update</p> <p>LG introduced the update report which focuses on performance. She advised the report follows the detailed Delayed Discharge Paper which was brought to IJB in October 2021. The ask from the Chair was an update, in terms of performance, against Fife’s difficult Delay position, which was poor in relation to the whole of Scotland. This update is brought to the Committee to give assurance around performance.</p> <p>LG gave context by explaining Fife have experienced a very difficult winter with several significant outbreaks of Covid/Omicron being felt in the bleakest months. Increase in emergency department presentations, demographic changes and complexities, whole system pressures increasing, with up to 34% absence all made for a very difficult period.</p> <p>Proportions of delay were presented in Oct 2021, these have now improved significantly and LG talked through the various improved percentages. She explained how care homes are being used as interim placements rather than patients remaining in hospital.</p> <p>LG reported referrals have massively increased, going from 56 referrals into discharge hub at VHK pre-Covid, to around 70-80 currently, requiring social care exits. She stressed she was encouraged the service has shown great flexibility to accommodate people getting out of Acute settings.</p> <p>Census data will show an improving picture from a national perspective Fife have improved compared to other Boards, from Oct’21-Feb’22 there has been a 18.5% reduction of daily beds occupied and per 100K of population a 39.4% reduction. Delays in Acute wards to free capacity for Covid, has also seen a significant improvement.</p> <p>Cllr Ross queried the average length of stay for patients in a care home who are awaiting a care package at home. LG gave details of work led by FMcK with Scottish Care, who have set up a collaborative, whereby, external care at home providers have grouped together with a focus on bringing people out of care homes, who are in interim beds. LG offered to share data to give assurance to the Committee.</p>	<p>LG</p>

	<p>Cllr Ross also queried Social Housing and Guardianship. LG explained proportions are 38% guardianship vs 2% for complex housing. Delays mainly relate to awaiting court dates and legal aid. Cllr Brett queried why the workaround used during Covid could not continue to be used. LG advised this is being used and detailed the complexities.</p> <p>Cllr Liewald was greatly encouraged by the improvements seen since Oct '21.</p>	
	<p>6.5 Fife MacMillan Improving the Cancer Journey – Update Report</p> <p>JC gave an update of the progress within the ICJ Service since the previous report which came to Committee on Feb 2020. She advised last year, despite Covid restrictions, the highest number of enquiries into the Service were seen – 1028. JC went on to give statistics around the enquiries, with 58% completing the whole process. She told of greatly improved relationships with colleagues and partners within NHS and HSCP and how the service has now moved to an opt-out, rather than opt-in service.</p> <p>Execution of the Test of Change was another significant improvement seen and JC told of learning from ICJ used to provide support for other long-term conditions. Encouraging partnership working was outlined.</p> <p>Cllr Brett queried future funding for the Service. FMcK, lead for MacMillan Cancer, advised current funding will sustain the Service for the forthcoming year and she is in discussions with Fife MacMillan re ongoing support. Additional funding is being sought through Scottish Government by MacMillan as a spike, post-Covid, is expected. FMcK advised, consolidation is being considered as the Partnership cannot support a standalone Cancer programme. The work looking at other conditions gives evidence Fife can support a range of other long-term conditions. Cllr Brett asked for an update to come back to Committee once discussions are concluded.</p> <p>Cllr Ross queried the impact the pandemic has had upon the service. JC advised support was provided primarily through telephone and NearMe to enable the service to continue. Face-face has restarted where appropriate.</p> <p>Cllr Liewald had previously touched on the Opt In/Out and asked if there are patients on the cancer journey who do not take up the Service. JC stated MacMillan report, approx. 30% of cancer patients are able and happy to look after themselves and do not need/seek support, The Opt In/Out has brought more control to the Service and explained how the Service is 'sold' and patients are engaged with.</p>	<p>FMcK</p>
	<p>6.6 Duty of Candour Reports – NHS & FC</p> <p>HH introduced the NHS Duty of Candour report which comes to Committee on an annual basis. HH outlined the process of Duty of Candour, particularly the organisational duty of candour and how this relates to more serious incidents which happen to individuals and how these are communicated. The report details how many times this has arisen and a summary of events. HH highlighted, only the Practices</p>	

which are 2C are included within the report. Practices which are not 2C, have their own Duty of Candour Reports. Significant changes, which have been made because of Duty of Candour, are outlined in the report. HH discussed the importance of any learning being shared and communicated across all Services.

FMcK introduced the FC Duty of Candour Report. She highlighted the lessons learned paper and stressed the importance of transparency of communication when incidents happen. She told of good work within older people residential and day services resulting in significant improvements. She advised there have been 7 incidents which have been through a rigorous process.

Cllr Brett queried the exact process around Duty of Candour - HH clarified. He asked how quickly a patient or their family are informed if something goes wrong. HH advised patients/families are informed as quickly as possible but acknowledged the pandemic has slowed this process in some cases.

Cllr Brett was encouraged to see the learning taken forward and changes implemented from the reports.

6.7 Corporate Parenting

KH gave a verbal update around Corporate Parenting. She explained the previous report looked at the restructuring of the Corporate Parenting Board and the development of six panels of expertise. These were drawn from the care experience community and sit above the Local Area Committees. They will inform and give a view on practices, design and delivery of services going forward. They will also give a sense-check of what works and what does not.

KH told of three improvement activities which were committed to by the Corporate Parenting Board:

- How to support children/young people and their families who have returned to Fife through the 'Belonging to Fife Strategy', 2 years ago there were 149 in residential places, currently there are 32 - a massive shift. KH told of difficulties due to the pandemic and how these have been overcome and the sense checks which are in place to measure success and the feedback received.
- Supporting young people (17/18yo) with a range of emotional health and wellbeing needs who are prone to high risk-taking behaviour. Linking with the Young People's Team with involvement from CAMHS. KH stated there is still a good deal of work to take place to get the support right and good work is taking place towards achieving correct team support.
- School attendance improvement for young people in residential care (currently 32) to optimise their attainment, employment and life chances. Strides have been taken to address this which KH described.

KH explained how the above work has brought into sharp focus where improvements are required. She told of Embrace Care Five which is a communication strategy website, developing hubs for the care community to come together to share experience and look at how to

	<p>work in a more holistic way across the services to better meet needs. KH told of lots of activity taking place but felt there is still a lot of work to be done.</p> <p>Cllr Brett asked if young people are choosing to remain with the service once they are of age to leave. KH advised, young people are encouraged to remain with the Service as very few with care experience have the resources and skills to live independently. She told of ways this is made attractive to young people, either through providing accommodation or support. She told of funding which has been made available and work with young mums.</p> <p>Cllr Liewald was very supportive of the work undertaken by the Corporate Parenting Board and looks forward to learning how the work progresses.</p>	
7	EXECUTIVE LEAD REPORTS & MINUTES FROM LINKED COMMITTEES	
	<p>7.1 Fife Area Drugs & Therapeutics Committee Unconfirmed Minute from 09.02.22</p> <p>Cllr Brett queried HEPMA – HH advised this is Hospital Electronic Prescribing and Medicines Administration, the new digital system which will be used for electronic prescribing within hospitals.</p> <p>No other items to highlight to C&CGC.</p> <p>7.2 Minute of the Quality Matters Assurance Group Unconfirmed Minute from 02.03.22</p> <p>Cllr Brett queried the mental health and ligature update and felt a good deal of business had been deferred to the next meeting. This was discussed and LB advised the mental health risk is to be reviewed and updated.</p> <p>Cllr Brett queried the reference to severe assaults to members of staff from patients in Acute admission wards. LB gave assurance, the 2 instances which occurred, have been thoroughly investigated with actions to be taken identified.</p>	
8	ITEMS FOR ESCALATION No items for escalation.	
9	AOCB No further items raised.	
10	DATE OF NEXT MEETING - Tuesday 05 July 2022 at 1000hrs MSTeams Cllr Brett advised the format of the next meeting is likely to change to the new format. He hoped the changes will simplify and clarify arrangements and wanted to acknowledge the topics and issues discussed at C&CGC have not always been easy and wanted to thank all members. His hope and aim was always for the Committee to be a 'critical friend'. He offered his best wishes to all who continue to work with the Committee. He particularly wanted to thank Helen, Lynn, Cathy and Jenny for their support.	

Unconfirmed

RIK OVERSIGHT GROUP

20 June 2022

SBAR DataLoch Use Case which is covered in Section 7.2 of the Clinical Governance Committee agenda

Confirmed

**RESEARCH, INNOVATION & KNOWLEDGE OVERSIGHT GROUP MEETING
MINUTES**



Microsoft TEAMS,

20 JUN 2022 (2-3pm)




ACTION

	<p>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) Alistair Graham, Associate Director, Digital & Information (AG) Nicola Roberston, Associate Director of Nursing (NR) Benjamin Hannan, Director of Pharmacy & Medicines (BH) Maxine Michie, Deputy Director of Finance (MM) Donna Galloway, General Manager, Women & Children’s Services (DG) Marie Paterson, Head of Nursing, Acute Services (MP) Neil Mitchell, Innovation Manager (NM) Emma O’Keefe, Consultant in Dental Public Health (EO) Alan Stewart, Deputy Director of Research, St. Andrews University (AS) Robert Rea, Head of Innovation, InnoScot Health (RR) Fiona Schaefer, Innovation Manager, InnoScot Health (FSch) Anne Haddow, Lay Advisor (AH)</p> <p>In Attendance: Roy Halliday, R&D Support Officer – minutes (RH)</p>	
<p>1.0</p>	<p>CHAIRPERSON’S WELCOME/APOLOGIES AND OPENING REMARKS Apologies;</p> <ul style="list-style-type: none"> • Dr Joy Tomlinson, Director of Public Health • Nicky Connor, Director of Health and Social Care Partnership • Ken Campbell, Laboratory Services Manager • Prof. Frank Sullivan, Director of Research, University of St. Andrews • Gemma Couser, Associate Director of Quality & Clinical Governance • Prof. Morwenna Wood, Director of Medical Education • Prof. Peter Donnelly, Chair In Public Health, University of St. Andrews <p>All attendees introduced themselves and described their roles.</p>	
<p>4.2</p>	<p>INNOVATION SCOUT – BUSINESS CASE CMcK introduced guest speakers at today’s meeting Robert Rea (RR) and Fiona Schaefer (FSch) who discussed the “Innovation Scout” pilot project. The proposal for the ‘Innovation Scout’ pilot is that staff who have an interest in innovation are supported and trained by InnoScot Health to develop an Innovation Scout network within NHS Fife. Trained Innovation Scouts can then be approached by staff who have innovation or intellectual property idea’s and need advice/direction as to what the next step would be in progressing these. The additional benefit would be</p>	

	<p>developing an internal culture that is open to innovation.</p> <p>RR added that they were looking for people who, with their Line Managers support, could make available a small amount of time each month (2-4 hrs) to work with InnoScot Health in developing a network within NHS Fife. These staff could also be helped and mentored in developing their careers as future innovators.</p> <p>CMcK noted that there was no funding associated with this project to backfill time. The biggest challenges would be” do people have capacity?” and “is there capacity within the system to free people up?”</p> <p>CMcK questioned how this would align with the Organisational Learning Group and the Faculty for Quality Improvement which have similar remits, and noted that these groups would need to be aligned</p> <p>EO questioned how this initiative would link to Realistic Medicine which aims to put the patient at the centre of decisions made about their care. Improvement and Innovation is one of the six focuses of realistic medicine, EO queried how these groups could be aligned to make all the aims work?</p> <p>FQ commented that this might be supported initially as a pilot with the help of Susanna Galea Singer (SG-S), our newly appointed Clinical Innovation Champion, SG-S is already communicating with the Improvement Academy although not yet directly with the Realistic Medicine team. It would be seen as part of SG-S role to act as liaison in bringing these groups together and ensuring that there was opportunity to align and not duplicate effort.</p> <p>RR agreed that implementation of the Innovation Scout pilot would rely on goodwill from Health Boards and staff.</p> <p>CMcK added that he is keen to support this and ensure that it ties in with the other groups, as getting it right might lead to better care and cost efficiencies.</p> <p>FQ added that she and NM met with RR and FSch last week to discuss how to support this and how it would articulate with our proposed Innovation Governance Framework to ensure there would be a clear route for proposals and ideas coming through and a supported pathway for how ideas might move through the system.</p> <p>RR stated that he and FS would work with NM and FQ to better understand the organisational learning environment in NHS Fife and would refine their proposal based on what we already have in place.</p> <p>FQ asked that RH note an Action to arrange meetings to facilitate discussion with RR/FSch/FQ/NM/SG-S, the Organisational Learning Group, the Faculty for Quality Improvement and Realistic Medicine Team.</p>	<p>RH</p>
<p>2.0</p>	<p>STANDING ITEMS</p>	

<p>2.1</p>	<p>OVERSIGHT OF R, I K OVERSIGHT GROUP MINUTE</p> <p>The RIK Oversight Group Minutes were accepted with no amendments.</p>	
<p>2.2</p>	<p>OVERSIGHT OF RIK OPERATIONAL GROUP MINUTE AND ACTION LIST</p> <p>No items needed to be escalated to this Group nor the Clinical Governance Committee</p>	
<p>3.0</p>	<p>STRATEGIC PRIORITIES/INITIATIVES</p>	
<p>3.1</p>	<p>RESEARCH AND DEVELOPMENT</p> <p>FQ spoke to the accompanying Flash Report, adding that there were no specific R&D papers to be discussed at today's meeting and gave an overview of RIK activity since the last meeting.</p> <div data-bbox="331 831 1262 931" style="border: 1px solid #ccc; padding: 5px; background-color: #e0e0e0;"> <p>RIK Oversight Group- FLASH REPORT Agenda item 3.1 RIK Overview</p>  </div> <div data-bbox="331 936 810 1155" style="background-color: #28a745; color: white; padding: 5px;"> <p>Delivered:</p> <ul style="list-style-type: none"> > Development Day follow up (28th April) > JRO Executive Summary > JD for RIK Clinical Lead > Representation on NMAHP Research Committee > Board Development Session (10th June) > Recruitment <ul style="list-style-type: none"> > Clinical Research Nurses, Band 6 and Band 5 > Quality and Performance Assistants Band 4 (x2) > Research Coordinator Approvals Lead </div> <div data-bbox="820 936 1270 1155" style="text-align: center;">  </div> <div data-bbox="331 1167 810 1357" style="background-color: #ffc107; color: white; padding: 5px;"> <p>Coming up:</p> <ul style="list-style-type: none"> > Recruitment and Appointment to <ul style="list-style-type: none"> > RIK Clinical Lead > Clinical Research Nurse, Band 5 > SHARE recruitment letter with O/P letters > Support promotion of 2nd Round of DTP > RIK Wellbeing Champion </div> <div data-bbox="820 1167 1270 1357" style="background-color: #17a2b8; color: white; padding: 5px;"> <p>In Development:</p> <ul style="list-style-type: none"> > Annual Report '21/'22 > RIK Strategy > Implementation of Innovation Governance Framework > Scoping of NHS Fife/USTAN 'research community' profile in SciVal > Database of NHS Fife Publishing Authors </div> <p>There is ongoing conversation with the SHARE team about how we can support an uplift in recruitment onto SHARE, one suggestion being that we include recruitment letters with our outpatient letters, FQ will discuss further with CMcK and NR.</p> <p>CMcK noted the thorough update and liked the format.</p>	<p style="text-align: right;">FQ</p>
<p>4.0</p>	<p>INNOVATION</p>	
<p>4.1</p>	<p>INNOVATION UPDATE</p>	

	<div style="border: 1px solid black; padding: 10px;"> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="background-color: #4a7ebb; color: white; padding: 5px;"> RESEARCH, INNOVATION AND KNOWLEDGE 4.1 RIK Oversight Committee-Innovation Update </div> </div> <div style="display: flex; margin-top: 10px;"> <div style="background-color: #008000; color: white; padding: 5px; width: 45%;"> <p>Delivered:</p> <ul style="list-style-type: none"> ➢ Innovation Manager appointed and integrated ➢ Clinical Innovation Champion appointed and integrated ➢ Relationships forged with NHS Borders and NHS Forth Valley ➢ Supported discussions for applications to SHIP Innovation Fellowships ➢ Applications for additional infrastructure support submitted to SHIP with HISES partners ➢ Paper for use case demonstration project with DataLoch </div> <div style="width: 55%; border-left: 1px solid #ccc; padding-left: 10px;"> <ul style="list-style-type: none"> • Submitted to rii.innovation@nhs.uk • Risk Assessment (Innovation Manager) • Feedback from Potential Stakeholders <hr/> <ul style="list-style-type: none"> • Review Template • Support Services Impact and Feasibility • Alignment with Priorities <hr/> <ul style="list-style-type: none"> • RIK Operational Group and Information Governance and Security (Recommendation) • RIK Oversight Group (Endorsement) <hr/> <ul style="list-style-type: none"> • Monitoring • Evaluation • Adaptation/Spread </div> </div> <div style="display: flex; margin-top: 10px;"> <div style="background-color: #ffcc00; color: white; padding: 5px; width: 45%; border-radius: 10px 10px 0 0;"> <p>Coming up:</p> <ul style="list-style-type: none"> ➢ Stakeholder input on Innovation Governance Framework ➢ SHIP Innovation Challenges – Women and Children’s Innovation Challenge EoJ June 30th and Mental Health Challenge to launch June 22nd ➢ Intellectual Property training for Fife innovators ➢ EPSRC Digital Health Hub Pilot Scheme funding application in development </div> <div style="width: 55%; background-color: #007bff; color: white; padding: 5px;"> <p>In Development:</p> <ul style="list-style-type: none"> ➢ Initial project discussions with NHS Fife Innovators with aim to move projects through innovation pathway ➢ Eye Health SBRI with NHS Forth Valley ➢ Discussion about Innovation Scouts network with SHIL ➢ Development of Peer Network with Innovation counterparts across Scotland </div> </div> <p>NM advised that he has been forging relationships with his counterparts across NHS borders and NHS Forth Valley to gain insights into their innovation systems, governance and frameworks. NM and FQ have supported two staff to submit applications to the new Scottish Health and Industry Partnership (SHIP) Innovation Fellowships round, which closed Wed 15th June. Shortlisted candidates will be interviewed in July. NM noted that additional funding of £750,000 from SHIP has been made available to open bidding by the Regional Test Beds (RTB’s) and all the Health Boards for infrastructure support. Through HISES, NHS Fife supported several applications, including an SBAR for a Project Manager to increase Innovation awareness and engagement within NHS Fife and NHS Borders</p> <p>The Scottish Health and Industry Partnership (SHIP) has released two Catalyst Challenges, the first, a Women and Children’s Innovation Challenge, the expression of interest closes on June 30th, the second is a Mental Health Challenge, which launches on Wednesday 22nd, the Challenge calls and information has been circulated to relevant staff/teams within NHS Fife and through the University of Saint Andrews.</p> <p>CMcK thanked NM for his update and noted it was good to see the progress being made since he joined in April.</p> </div>	
4.3	SBAR DATALOCH USE CASE	

	<div style="border: 1px solid black; padding: 10px;"> <div style="background-color: #e6e6fa; padding: 5px; display: flex; justify-content: space-between;"> RESEARCH, INNOVATION AND KNOWLEDGE-Oversight  </div> <p>4.3 Agenda Item- DataLoch SBAR</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <div style="background-color: #008000; color: white; padding: 5px; margin-bottom: 10px;"> <p>Delivered:</p> <ul style="list-style-type: none"> > Edinburgh and South East City Region Deal signed with £791M investment in Research, Development and Innovation > Health and Social Care (HSC) is major theme in Data-Driven Innovation (DDI) > DataLoch is the foundation project within HSCDDI > NHS Lothian currently signed Data Sharing Agreement to contribute to DataLoch </div> <div style="background-color: #ffa500; color: white; padding: 5px; margin-bottom: 10px;"> <p>Coming up:</p> <ul style="list-style-type: none"> > Identify a Use Case Demonstration Project <ul style="list-style-type: none"> > Health and Social Car Partnership project > Use Case Demonstration Project between NHS Fife and DataLoch to provide evidence for decision making in regard to a future substantive DSA > Use Case Demonstration Project would indicate resource requirements of DataLoch in terms of legal agreements, D&I colleagues for ingestion of data to DataLoch and DPO input in Oversight Board </div> </div> <div style="width: 50%; text-align: center;">  <p style="font-size: 8px; margin: 0;">Part of the Edinburgh & South East Scotland City Region Deal</p> <div style="background-color: #333; color: white; padding: 10px; margin: 10px 0; display: flex; align-items: center; justify-content: center;">  DataLoch </div> <div style="background-color: #00aaff; color: white; padding: 5px; margin-top: 10px;"> <p>In Development:</p> <ul style="list-style-type: none"> > RIK Oversight Group to confirm onward progression to Clinical Governance Committee for decision on NHS Fife to enter into a use case demonstration project Data Sharing Agreement </div> </div> </div> </div>	
	<p>NM advised that DataLoch has been developed to create an efficient and safe approach to store, link and enable access to data from across the South East Region. It is proposed that NHS Fife engages with DataLoch to pilot a use case demonstration project to enable greater understanding of the governance, data integrity and security processes for DataLoch and how they would work within NHS Fife infrastructure.</p> <p>The RIK Oversight Group are being asked to consider a recommendation to Clinical Governance Committee (July 1st 2022) that NHS Fife should trial a use case demonstration project with DataLoch.</p> <p>AG advised that there has been previous conversations with FQ and NM and that there are quite significant considerations for NHS Fife in terms of data, the benefit that we're looking to get, but is supportive of the next stage via EDG to Clinical Governance Committee.</p> <p>BH added that he has previously done some work with the DataLoch team and whilst there is significant potential for this to benefit NHS Fife consideration is needed of the right way to approach this to ensure benefit is realised over time.</p> <p>CMcK advised that this SBAR will be presented by FQ at the Clinical Governance Committee meeting on 01st July and AG will also be in attendance to reflect the RIK Oversight Group discussion.</p>	
<p>5.0</p>	<p>LIBRARY & KNOWLEDGE SERVICES FQ advised that there were no substantive updates.</p>	
<p>6.0</p>	<p>PARTNERSHIP UPDATES</p>	
<p>6.1</p>	<p>DOCTORAL TRAINING PROGRAMME AS advised that a call for project proposals has been released with a submission deadline of 18th July, looking for projects in three different areas, prevention and management of multimorbidity, physical and mental health associated with multimorbidity and polypharmacy.</p>	

	<p>FQ added that the intention is for the University of St Andrews Doctoral Training Programme (DTP) team to run an information session/workshop to identify some potential projects that align with Fife priorities and the teams across NHS Fife. The call has been advertised around NHS Fife and also via the postgraduate Medical Education Committee.</p> <p>AS also added that the School of Medicine are hosting a Research Away Day on 17th August (Gateway building opposite School of Medicine), to showcase the research that's going on within the School of Medicine and also NHS Fife.</p>	
6.2	<p>JOINT RESEARCH OFFICE</p> <p>FQ advised that a list of research and innovation education and training offerings across both organizations has been compiled. The major barrier potential users identified was equitable access, as some of those offerings sit behind firewalls and are only accessible by the relevant organisations staff or Honorary appointees. A plan is in development to enable shared access to these resources.</p> <p>FQ noted that a joint University of St. Andrews and NHS Fife Research and Innovation Symposium is scheduled to take place on 26th October 2022.</p>	
6.3	<p>NHS FIFE & UNIVERSITY OF ST. ANDREWS PARTNERSHIP</p> <p>CMcK noted that there had recently been interviews for a Professor of General Practice, awaiting an update regarding the successful candidate.</p> <p>CMcK also added that work is ongoing with the Medical Education team around the development of a new Medical Degree (Undergraduate entry) at the University of St. Andrews.</p> <p>The ambition is that this is a Community based programme, differentiated from SCOTGEM as it would be for school entry students. The focus would be on expanding the generalist workforce through community based learning.</p>	
6.4	<p>R&D/FIFE COMMUNITY ADVISORY GROUP.</p> <p>AH updated from her report which had been attached to the agenda, advising that on 24th May members attended, either in person or online, a lecture entitled “Cancer Early Diagnosis - The role of Science and Business in Addressing a Critical Health Need” by Sir Harpal Kumar and hosted by the Mackenzie Institute. A link is available for those who could not attend to watch.</p> <p>FQ added that she would like to thank and acknowledge the input that the FCAC provide.</p>	
7.0	<p>AOCB</p> <p>AH requested that when acronyms are used in reports and updates that they initially be provided in full.</p>	
8.0	<p>DATE AND TIME OF NEXT MEETING</p> <p>Thursday 22nd September 2022, 14.00 – 15.00</p>	